

How racism hampers health care in French Guiana

April 12 2017, by Estelle Carde



Saint-Laurent du Maroni Hospital. Some of the building's structures go back to the time when French Guiana was mainly known for its prisons. Credit: Dennis Lamaison

Oft-overlooked French Guiana, one of France's five overseas departments, has suddenly captured [international media attention](#). And the news from this small South American territory is not good.

Crime, overcrowding in schools and hospitals, unemployment, the cost of living and slums [have reached alarming levels](#).

Citizen discontent led to a massive demonstration this March, the most intense such strike [since 2009](#). Demonstrators are asking for [a \\$US2.7 billion emergency aid package](#) from the French government to assist in the territory's social and economical crisis.

Health care is a particular concern in the former penal colony of 276,000 people. [Hospitals are under-staffed](#) and technical facilities are lacking. In some areas, [the nearest hospital](#) is a two-day canoe trip away.

The [recent deaths of five premature babies](#) from infection at Cayenne hospital, in the capital, have heightened concerns.

But there's one critical health care-related issue that almost no one is talking about: racism. In a diverse territory comprised of people of European, African, Asian and indigenous descent and a growing immigrant population, limited access to health care is exacerbated by everyday discrimination based on ethnicity and national origin.

Too many foreigners?

Foreign-born residents of French Guiana are among those impacted by discrimination in the health-care system.



In the territory's rural interior region, people sometimes use canoes to reach the hospital. Credit: Dennis Lamaison, Author provided

Though socioeconomically the territory lags severely behind the rest of France, French Guiana constitutes a regional haven of wealth whose attractiveness has grown since the 1960s. Today, [more than one in three](#) inhabitants is [born abroad](#). People from Suriname, Brazil and Haiti represent the largest immigrant groups.

This "tidal wave" of immigration is often cited as the main cause of French Guiana's current socioeconomic crisis, even in some [French political circles](#). The discriminatory behaviours that sometimes result from such widespread immigrant-blaming may be only thinly veiled.

State health office assistants might apply stricter conditions than legally necessary to those seeking medical benefits. Some, for instance might ask the foreign-born applicants to give proof of longer residency than required by law, thinking that it will discourage them from settling in the territory.

The same arguments are, in fact, used to justify similar discriminatory practices against immigrants in [mainland France](#), too. But in Guiana they are more [openly displayed](#).

Ethnic categorisations

Immigrants are not the only group that experiences discrimination in accessing health care in French Guiana. [Members of minority populations](#), whether they are French or not, can also be affected.

This is partly because in French Guiana, [people commonly use ethnicity](#) to identify themselves and others. Creole, Maroon, Amerindian, Hmong, Chinese or French *Métropolitains* (mainlanders) are frequently invoked categories.

Under French law, [the government cannot collect data or use it based on ethnicity](#). But in Guiana such usage goes back to the territory's early times as a slave colony.



Foreigners and minorities of various ethnic backgrounds experience discrimination when accessing health care. Credit: Dennis Lamaison

And, of course, each grouping comes with its stock of stereotypes: "Maroons are child-like", for instance, or "Hmongs are disciplined" and "Amerindians drink their dole money".

But these assumptions are not set in stone. Because they serve to justify power relations between groups, they tend to change with the ethnic identity of the speaker. This social dynamic plays out in French Guiana's health-care system.

In Saint-Laurent-du-Maroni, French Guiana's second largest city, Maroons – [the descendants of escaped former slaves](#) – are the majority population and therefore the largest group of health-care users. Health-care professionals, on the other hand, are primarily Creoles or French mainlanders.

These professionals often point to the [Maroon people's history](#) to explain certain patient behaviours. In the 18th and 19th centuries, slaves who escaped from plantations would hide in the forest, creating communities that remained more or less isolated from coastal Guianese society for almost 200 years.

In 1969, the large territory they still occupy – mainly tropical forests in the country's interior – was finally integrated into the Department of Guiana. At that point, they began to gain access to French citizenship and public services such as education and health.

Doctors, nurses and other [health professionals](#) readily highlight these facts to explain Maroons' difficulties in accessing treatment, inferring that they are not yet used to doing things "the Western way".

'Them' and 'us'

Such references to historical facts are charged with connotations. Some Creole professionals suggest that [Maroon people are undeserving](#) of care because they only had to "leave their forest" to access to such services. Contrasting that status with their own position as "Guianese taxpayers" who fund these services, some may use this as justification to refuse Maroon people help in accessing treatment.



The territory's one main road serves the coast. Credit: Sémhur / Wikimedia Commons, CC BY-ND

This attitude can be better understood considering the Creole people's own history in French Guiana. Their process of accessing civil rights was slow and gradual. Social empowerment came only at the tail end of a gradual Westernisation process that began with slavery in the 17th century.

After emancipation and the granting of French citizenship in 1848, this population slowly rose to local economic and political power, spurred along by Guiana's transformation into a French department (1946) and a national policy of decentralisation (1982).

Now hard-won Creole dominance is [threatened](#) by Maroon people, who recently obtained the same civil rights as them, and whose numbers have surpassed their own numbers in the Western part of Guiana.

Health professionals from the French mainland, for their part, tend to emphasise the "cultural differences" of these "new citizens". They cite, for example, the "traditional" way in which Maroons transmit information (watching without asking questions) and their way of "living in the moment" to explain their apparent inability to request health coverage prior to needing treatment.

This tendency to highlight cultural differences [can also end up amounting to discrimination](#) because it overshadows systemic failures that do impact access to health care, such as the lack of health coverage offices in the country's rural inland regions. This tendency is more present among professionals who have been in Guiana for just a few months and who readily admit to being allured by the very different culture of this "exotic" overseas corner of France.

Discriminatory behaviours among [health](#) professionals therefore exacerbate the failures of the ailing [health-care](#) system now under protest by Guianese demonstrators. Foreigners and Maroon people are the first

victims of administrative failures due to their vulnerable socioeconomic status. They are also worst hit by geographical obstacles because they represent a majority of inhabitants in the territory's remote rural areas.

But this [accumulation](#) of racist, economic and geographical inequalities is no accident. It is the result of centuries of history of Guianese society.

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