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Racial and ethnic minorities, immigration and the role of trade unions in combating discrimination and xenophobia

Third Report : Results of Sector C fieldwork and analysis
(French National Report)

Health

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1. CHARACTERISTICS OF THE HEALTH SECTOR.

The health sector is a major element of the French economy : in 2002, national health spendings of health amounted to 148 billion euros, (9,7 % of the French GDP)[1]; on January 1st 2003, the health sector employed more than 1,8 million persons (equivalent to 1,6 million full-time jobs)[2]..
This sector of activity is characterized by its complexity, both from the point of view of its field of intervention and the nature of the operators who intervene therein. If the law distinguishes the sanitary sector (which groups together the structures of medical and social care) and the social and medico-social institutions (which have the function of accompanying and receiving people experiencing problems) ; in realty, the boundaries between the various fields of intervention are not always clear. For example, more than 250 000 nurses work in structures related to the social or from the medico-social field. That is why most of the Trade unions (CGT, CFDT, SUD, notably) have federal structures common to workers of the health, social end medico-social sectors, which come under the responsability of the same ministerial supervision. In each of these three domains where health professional workers intervene, we found public operators (of various statutes) and private ones, those with for-profit purpose (establishment and services with a commercial character, liberal professions) and those with non-profit purpose (associations, mutual insurance and NGO establishments). Within the framework of this research, we limited ourselves to the health sector, such as it is defined by the hospital law of July 31st 1991, focusing our attention more specifically on hospitals.

1.1. The health establishments

1.1.1. The structuration of the health establishments

In France, it is the law which defines the field of intervention of the structures of care : the law of 1941 which asserts the privileges of the State in hospital orientation ; the prescription of 1958, creating the University Hospital complexes to integrate the medical teachers to hospitals ; law of sanitary planning and frame of the spending in 1970; the law of 1975 bounding the fields of competence of the sanitary and the social sectors ; hospital law of 1991 which reaffirms the principle of equality in access to care and strengthens hospital planning by creating regional plans of sanitary organization, to organize the complementarity between public and private hospitals ; the prescription of 1996 strengthening the regionalization of the organization of health with the creation of the Regional hospitalization agencies; the prescription of 2003 which regionalizes the planning of the supply of care. It is a whole set of legislative and statutory texts which organizes the cohabitation between three big types of establishments which vary according to their legal status, their source of financing, their missions and the status of their employees.

1/ The public establishments : constituted by a thousand legal entities[3], arranging more than 300 000 beds for full-time hospitalization and 30 000 places for part-time hospitalization[4].

[1] Source, Insee. *La France en Bref*.
[2] Source Ministère de la santé et de la protection sociale, DREES, *Données sur la situation sanitaire et sociale en France en 2004*, p.194.
[3] Up to one recent period, the hospital information systems questioned only the legal entities of the public sector. However those can gather several establishments as it is the case of the Assistance Publique-Hospitaux de Paris (AP-HP) which gathers 38 hospitals or hospital complexes. We thus do not have precise data on the number of public hospital establishments.

They are financed by a total allocation provided by the regimes of social insurance. We can distinguish three types of public establishments organized according to a hierarchy of the supply of care :

- the *Centres hospitaliers régionaux* (CHR = Regional Hospital complexes) which, besides their mission of university education and research, assure the most specialized care at the regional scale and thecommunity care ;
- the local hospitals, which have neither service of surgery nor service of obstetrics, and which distribute current care by appealing to the services of private general practitioners ;
- the hospital complexes which enter none of previous two categories.

2/ the 923 private establishments with non-profit purpose : as the above, they participate in the public hospital service. Having 68 000 beds and 9 000 places (day-hospital admission), financed by a global endowment, they result generally from the initiative of charities (as the Red Cross, for example) or of the mutual insurance sector.

3/ To these two categories we must add 1 136 private for-profit establishments, grouping together 93 000 beds and 8 700 places, financed by a system of mixed payment.

Over the past ten years, the number of hospitals has decreased, primarily in the private for-profit sector whose manpower dropped by 300 units between 1992 and 2002. This retreat indicates a movement of reorganization of the medical sector related to the reduction of the number and duration of hospital stays at the hospital, because of technical progress, the diversification of the supply of care (with in particular a development of the home medical care) and budgetary constraints of the sector. This movement of restructuration is accompanied by a reinforcement of the specialization of the various hospital sectors : "In 2002, the for-profit private clinics hold 73% of the places in ambulatory surgery (...). The private non for-profit hospitals gather more than the half of the part-time hospitalization in care of continuation and readaptation and 18% in psychiatry. The public hospitals occupy a dominating place in the part-time hospitalization in medicine, gynaecology-obstetrics and in psychiatry "(DREES, 2005, p.214). This distribution of the specialities reflects also a massive investment of the most profitable sectors and customers of health by the private clinics, the other missions being left in great majority to the public body alone. So the delays of wait for the non-urgent interventions, sometimes very long in the public establishments, can be shortened thanks to the appeal to the private hospitalization… on the condition of being able to pay, or charging its insurances, to pay the excess of medical fees and doubling, even trebling of the fixed price for hospitalization.

[4] The public establishments of health offer five lmodes of assumption of responsability (DREES, 2005, p215-216) :

- the full-time hospitalization which supposes that the patient is lodged at the hospital and that it spends at least a night there ;
- the alternatives to the hospitalization return to forms of assumption of responsibility of the patients not exceeding the day or the night (part-time hospitalization ; ambulatory anaesthesia and surgery which make it possible to the patient to return home he very day of the act ; home medical care).
- ambulatory treatments and cures, requiring specialized equipment and generally organized in sequences of half-day (radiotherapies, dialyses...)
- external consultations given by medical practitioners in the buildings of the hospital or the private clinic ;
- the service of urgencies which accomodate and treat 24 hours a day, requests for not-programmed care.

1.1.2. Employment in the health establishments

The disparity of the statutes of establishments is also reflected by a variety of collective agreements and statutes of the staff of the health establishments. The for-profit private sector has a collective agreement unified since 2002. In the non-lucrative private sector, most of the establishments depend on three main collective agreements : that of private establishments of hospitalization, care, cure and nurse with non-profit purpose ; that of the centres of fight against the cancer; that of the Croix-Rouge française.
The employees of the public establishments depend, for the most part, of the status of the hospital Public Service which includes a clause of nationality reserving jobs to the nationals of the countries of the European Union.

Throughout the second half of the XXth century, the hospital sector was transformed and got modernized. This movement accelerated from the 1970s, entailing a very strong growth of the hospital health occupations : "9 082 wage-earning doctors and 55 000 nurses in 1965, respectively 56 500 and 179 000 in 2002"[5].

According to the *Données sur la situation sanitaire et sociale en France en 2004*, published by the Ministry of Health in 2002, the health establishments, all statutes combined, employed 160 332 medical staff (doctors, biologists, odontologists and pharmacists) exercising in a wage-earning or liberal way and 911 000 non-medical wage earners.
If the medical workforce increased only 0,9 % between 2001 and 2002, the non-medical workforce increased by 2,2 % over the same period (and by 2,6 % in the public establishments) prolonging a very steady growth since the beginning of the 1970s. So, between 1998 and 2002, the number of nurses increased by 10,7 % in full-time jobs equivalents, the nurses'aids increased by 8% and the agents of hospital services by 3,4 %. Employment in the health establishments thus continues to grow and this movement should continue in the context of an increase of chronic pathologies and an ageing of the total population.

Not-medical manpower of the health establishments in full times equivalents

2002	**Public Establishments**	**Private Establishments**	**Total**
Administrative staff	*77 496*	*32 851*	110 347
Nursing and educational staff	*492 455*	*159 729*	652 684
Among whom : - Midwives	*7 555*	*2 789*	10 344
- Managers of the health-care staff	*23 617*	*6 738*	30 355
- Nurses	*192 575*	*61 441*	254 016
- Nursing auxiliary	*167 932*	*45 665*	213 597
- Agents of hospital offices and other staff	*74 924*	*31 694*	106 618
- Others	*26 352*	*11 402*	37 754
Medical-technical staff	*33 868*	*6 841*	40 709
Technical staff	*84 606*	*22 875*	107 481
Total	688 925	242 296	911 221

Source : SAE, DREES.

[5] SCHWEYER François-Xavier, "l'hôpital sous tension" in *Sciences Humaines*, hors série n°48, mars-avril-mai 2005, pp. 60-63

Among the non-medical employees of health care centres, part-time job sharply progressed, passing from 17 % in 1995 to 21 % in 2002, that is a level significantly higher to that of the whole French economy (13,7 % in 2003). It concerns in particular the most qualified occupations (a third of the midwives and a quarter of the nurses in 2002). It would seem however that, with the application of the reduction of the working week to 35 hours, this tendency reversed since 2002. This weight of the appeal to the part-time jobs is to be linked with the strong feminization of health staff (76 % against 44,8 % in the whole of the economy). This feminization is even more important if we consider the public health establishments of at least 300 agents alone :

Sex by socioprofessional groups in the public health establishments

Categories of staff	**Part of women**		
	1997	**2000**	**2002**
Hospital *practitioners*	*NR*	*35,5%*	*34,3%*
Assistants	*NR*	*40,8%*	*41,3%*
Practitioners in training	*NR*	*49,6%*	*51,2%*
Total médical staff	*NR*	*40,6%*	*41,0%*
Administrative staff	*87,6%*	*88,0%*	*88,1%*
Nursing and educational staff	*83,5%*	*84,3%*	*84,6%*
Technical staff	*23,2%*	*29,1%*	*27,3%*
Médico-technical staff	*74,3%*	*76,9%*	*77,0%*
Total non-médical staff	*NR*	*77,4%*	*77,7%*

Sources : Ministère des solidarités, de la santé et de la famille, Synthèse annuelle des données sociales hospitalières.

Overall, feminization covers two distinct situations : on the one hand, among the not-medical staff one finds gendered specializations with a very strong majority of women among the office, médico-technical and nursing employees while the men occupy about the three quarters of technical job, especially of working jobs ; on the other hand, among the medical staff, a more balanced sex ratio is accompanied by a gendered hierarchisation of the functions : the less high the professional statute, the more important the proportion of women. This hierarchisation, partly related to an effect of age because of a relatively recent feminization of the medical professions, results in a variation of remunerations of 22% “for the executives (medical or not), while it oscillates, all sectors combined between 1,5 and 4% for the other professions”[6].

Compared to the whole of the economy, the manpower deployment of the public hospitals is characterized by a strong growth of the middle managers and higher intellectual professions (category A of the public function) and by an over-representation of the intermediary professions (categories B of the public function), in spite of the reduction in their relative share due to a reform of the statute of nurses which, in 2002, organized the passage of certain specialized nurses from the category B to category A :

[6] COLLET, M, "Les rémunérations dans les établissements de santé", *Série Etude* n°45, mars 2005, DREES : p. 18

Distribution by status et qualifications

Statutory Categories of the Public office	Public health establishments 1997	1999	2002	Whole of the Economy Socio-professional Categories	1999
Catégory A	*9,9%*	*11,4%*	*16,8%*	Executives and higher intellectual professions	*13,12%*
Catégory B	*41,2%*	*41,5%*	*37,0%*	Intermediary professions	*23,07%*
Catégory C	*48,9%*	*47,1%*	*46,3%*	clerks and workmen	*54,46%*
Total	*100%*	*100%*	*100%*		*89,65%*

Sources : Ministère des solidarités, de la santé et de la famille, Synthèse annuelle des données sociales hospitalières. INSEE, Recensement général de la population, 1999.

According to a 2004 report of the Conseil économique et social, the whole health sector is confronted with a problem of the ageing of its workforce. In the hospital public body, more than half of the agents should retire in the coming 10 years, among which 94 000 nurses and 100 000 auxiliary nurses. This demographic evolution should increase the current problems of recruitment of skilled persons, because already, numerous posts remain unfilled, for lack of candidates. The CGT estimates at 80 000 the unfilled posts, either for lack of candidates, or because of an postponement of the hiring. Finally, the health establishments have rescourse permanently to "helped jobs" (job subsidized by the State : CES, CEC, Emplois-jeunes) which represented approximately 3 % of the workforce (in equivalents full time of public establishments, that is about 22 000 persons in 2002).

1.1.3. Remuneration and working conditions in the health establishments

In light of the difficulties in recruitening skilled persons, a social protocol was concluded in 2001 to revalorize the public hospital careers. It resulted in an indexical increase and a global reorganization of the system of promotion and also by some specific improvements for the nurses. However these improvements were counterbalanced by the policies of limitation of public expenditure carried out by the successive governments (cf supra) which resulted in a fall of the purchasing power of the civil servants because of a revalorization of the point of index lower than the level of inflation. All trade unions agree in estimating that in the last 10 years, the civil servants of the health establishments lost purchasing power, rising to 15% for certain professions. Whereas the French salary scale is marked by particularly important inequalities, the health care hospital staff experienced a relative fall of their level of remuneration : thus, according to the CGT, whereas in 1980 a nurse at the end of his career earned 2,3 times the SMIC[7], he earned no more than 1,9 times the SMIC in 2005. In the same way, the wages of an clerk of hospital office at the end of his career passed from 1,5 the SMIC in 1980 to 1,2 today.

The remunerations are not better in the private sector. On the contrary, in spite of a fusion of the collective agreements,aiming to increase the attractivity of the sector in terms of wages and evolution of career, they on average remain lower than those of the public body, except for the medical staff (Collet, 2005). These comparisons, however, do not take into account the differences as regards duration of the work and time constraints related to the sectors and the establishments. In a general way, for the health care personnel, working conditions in the for-profit private sector are less difficult than in the public. Not having to support the obligations related to the continuity of the public utility, the employees of the private clinics have in particular more regular and better planned schedules.

[7] SMIC : Guaranteed minimum wage. It is the monthly minimal remuneration fixed by the law, revised regularly. It is used as comparative reference, like here, for the salary range.

Compared to the sector of the mass distribution or that of public transport, the wages are raised appreciably, reflecting overall the higher levels of qualification.

Monthly net wages average declared in March 2001 (in euros)

Catégories professionnelles	**Public Sector**	**Private Sector [8]**
Senior Executive (Cadre supérieur)	*2390*	*2350*
Administrative and technical intermediary professions (Professions intermédiaires administratives et techniques)	*1600*	*1360*
Clerks	*1270*	*1130*
Workers	*1270*	*1170*
Nurses	*1770*	*1630*
Other ancillary medical (Autres paramédicaux)	*1720*	*1590*
Health care assistants (Aides-soignants)	*1370*	*1130*
Agents of ward (Agents de service hospitaliers)	*1110*	*980*

Source :Enquête emploi de l'INSEE, mars 2001

Working conditions in the health sector are traditionally marked by hourly constraints[9] (guarding and imposed changes of schedules) and a sifficult work entailing a strong rate of incapacity : 18 % of the hospital staff retire with a disability pension and this rate amounts to 28,4 % for the health care assistants. These conditions seem to have strongly worsened over the last few years under the influence of the combination of a set of factors : the reorganization of the supply of health modifying the relations between the nursing and the patients but also between the staff ; administrative logics which increase the productivity of the work; incapacity of authorities to anticipate the needs for a skilled workforce in this sector…

The supply of hospital aims to answer to two big demands : "that of a fast diagnostic and therapeutic coverage, more and more technical (…) in a short process and that of an accompanying of chronic pathological situations or of slow evolution, implying less equipments than the know-how of the professionals and the participation of the patients themselves in the care" (DREES, 2005, p205). The need of a "mass medicine" adds to these demands. Within the framework of the public utility, it compensates partially for the socio-economic or territorial disparities in the access to care by means of the external consultations and of the reception to the emergency services[10]. Since about fifteen years, the answers brought to these big needs were of three orders. First of all, the search for technical and scientific improvements allowed a decrease of the duration of the diagnostic and therapeutic procedures. This saving of time, often by avoiding the full-time hospitalization, made possible a more extensive use of the hospitable means. Then, the times of coverage of the chronic diseases or in slow evolution in the hospital were shortened by developing alternative structures of care for which 48 000 places were created. These first two answers ended in a net decrease of full-time hospitalization (removal of 74 600 beds between 1992 and 2002) whereas the part-time hospitalization increased by 7 % between 1998 and 2002 to reach 11 million. Finally, at the same time, the admissions in the emergency services experienced a growth of about 5 % a year since the end of the 1990s. Thus, in 2002, the emergency services

[8] These data amalgamate the private nonprofit sector and the private commercial one.

[9] In 2002, 8,8% of the hospital personnel (except medical personnel) worked during the night, and 42,6% with alternating schedules day-nights. Source : DREES, *Données sur la situation sanitaire et sociale en France en 2004*, p.130.

[10] Since 1990, the hospital reception of the stripped people is ensured, generally in the emergency services.

recorded 13,7 million admissions which, related to the metropolitan French population, represents a rate of 23% whereas it was only 17,5% in 1996. (DREES, 2005, p263).

This reorientation produced, in particular, an acceleration of the rotation of the patients at the hospital. This prevents the construction of a personalized relation between looking after and looked after, and results in tensions, sometimes violent, in particular in the emergency reception where social and medical problems are often inextricably mixed. The reduction of working time (35 hours) was only very partially compensated by recruitings : "In September 2003, the public hospitals had engaged only 11 000 full-time not-medical employees on the 37 000 who were envisaged over the period 2002-2004, in comparison with the initial estimation of 45 000, necessary for the compensation" (Conseil économique et social, 2004 : II.73). This caused an increase in staff workloads, but also a decrease in the time devoted to the collective time of reflexion, transmission, of information at the moment of the changes of team... and to friendliness. The staff are thus confronted with an intensification of work but also with an atomization of the teams which, while returning them to an individual face-to-face relationship with the patients, is a factor of stress and embitterment in the situations of tension.
On the whole, the Conseil économique et social draws up a report of disenchantment of the personnel which we found in the discourses of several of our interviewees[11] : "the feeling always to avoid the emergency, to be able to deal with only the most visible problems, to forsake the relationship with the patient, the feeling of a dehumanization to the profit of the technicality of the acts, take part of a deep dissatisfaction compared to the inherent mission in these activities, and physical and psychic tiredness" (Conseil économique et social : II.93).

1.2. EVOLUTIONS IN THE HEALTH SECTOR

1.2.1. Reorganization and "new gouvernance"

In the summer of 2002, the Minister for Health announced a "rescue plan" for the public hospital. This plan named "Hospital 2007", presented on 20 November in the Council of Ministers, is organized around three principal points : an acceleration and a deepening of the reorganization of the health-care supply by the orientation of the hospital investment ; a recasting of the mode of financing of the establishments by the passage to tariffing by activity ; a new way of management of the public hospitals.
The revival of the hospital investment should represent 6 billion euros, composed of one third public subsidies and two thirds authorizations of bank loans. It relates to all the establishments, public and private, and should be distributed by hospital regional Agencies (ARH) responsible for planning the supply of care on their territory. This programme envisages the continuation of disappearances of establishments (including 200 public establishments) by closure or fusion. It also aims at a more thorough overlap between public and private sectors with the creation of "medical groups of co-operation" making it possible for private clinics to have the heavy equipment of public hospitals, the delegation to private companies or mixed investment companies of the construction of new hospital buildings and of the maintenance of new establishments and, finally, the generalization of the subcontracting of the tasks which do not relate directly of the maintask of the work (“cœur de métier”) i.e. the production of care (cleaning, laundry, sterilization...).

[11] For a more detailed analysis, cf. LE LAN, R, "working conditions of the professionals of the establishments of health : a typology according to the requirements, the autonomy and the environment of work ", *Etudes et Résultats* n° 373, février 2005, DREES.

The public and private nonprofit establishments should not be financed any more by a total dotation calculated starting from the budget of the former year, but according to the nature and the quantity of the acts. The cost of the total assumption of each type of pathology will be evaluated and the hospital will receive corresponding funds. It has to adapt its expenditure to these contractual costs or to give up the nonprofitable activities, except for the activities known as of general interest (urgencies, treatment of rare pathologies, research, training) which should be given complementary financial ressources.
The "new gouvernance" of the hospital is characterized primarily, in addition to the reinforcement of the capacity of supervision of the regional Agencies of hospitalization, by the constitution of "poles of activities", organized by specialities or types of pathology in services under a doctor's direction, or types of functions within the technico-médical and logistic administrative services. These "poles" will manage their budget and their staff with the obligation to keep their budget balanced, according to contracts of objectives and means signed with the direction of the establishment. The aim is to extend the managing responsibility to all the hospital personnel, and in particular to the medical personnel.

These projects were analyzed by the principal trade-union organizations of the sector (except the CFDT and the UNSA) as an offensive intended to subject the public hospital to the logic of the market, to make of it a "hospital-company" functioning according to criteria of profitability. Some, like SUD-Santé, see a desire to privatize the public hospital : "It is the statute of the public hospital which will be (…) undoubtedly transformed into industrial and commercial public establishment (EPIC), having missions of public utility but of private statute. (...) The employees in place would preserve their public statute (...) but all the new recruits would be under private law.
Given that, in the ten years to come, it is more half of the titular personnel of the Public Sector which will retire, the moment is very appropriate to operate this 'counter-reform'[12]". On May 7, 2004, the federations of Health CGT, FO, SUD and CFTC, like six trade unions of hospital doctors, published a common official statement asking the government to withdraw the plan Hôpital 2007 and to open overall negociations on the future of the health system.

1.2.2. Subcontracting in the health establishments

The health sector tends to rely more and more on companies for sub-contracting for the activities which do not directly concern the production of care. The trade-union organizations are thus confronted with new layers of salaries in peripheral situations compared to the core of statutory employees of the public or the private sectors. One thus heightnesses a graduation of the statutes : civils servant hospital or salaries in CDI in the private sector ; personnel on precarious contracts and on assisted jobs, engaged by the establishments ; more or less precarious employees of the subcontractant companies, even of subcontractors of the subcontractors... And this hierarchy of status of employment tends more or less to coincide with an ethnic or national stratification :

> *We (in my CHRU) there is a building site. You will see who work there. It is the Portuguesse, the Morrocans, etc … and there is no one factory inspector which comes to check what occurs in it.* (man, in charge of the health Federation, SUD).

A person in charge of the Health federation of the CFDT estimates that more than half of the private clinics already externalizes their logistic services. However this recourse to

[12] "Hôpital 2007 : la fin programmée de l'hôpital public !", janvier 2004, http://www.sud-sante.org/article279.html

subcontracting makes the employees leave the framework of the collective agreements of Health, blocking the possibilities of intervention of the trade unions of establishments and supporting the situations of overexploitation and precariousness among the least qualified employees. The public sector tends to follow the same way, with the restoration of certain maintenance tasks.
In the private sector, the health trade unions can hardly intervene differently than by alerting and informing their local confederal structures or the corresponding federations of the branches of industry concerned. In the public sector, they can influence the working conditions imposed by the subcontractors, taking care within the framework of the equal authorities and/or by exerting their right of scruiting and concern on the terms of hygiene, safety and employment of the personnel of these companies by the means of the CHSCT

> *In our hospital, there is a sector which was externalised, it is the cleaning for public spaces. And the room of these women is installed below the trade-union offices. Thus we were brought to speak with them and we intervenedto the direction on their workloads etc. There was an indirect intervention. But there is no syndicalisation in external enterprises...* (man, in charge of the health Federation, SUD).

The trade unions can intervene indirectly by putting pressure on the direction of their establishment, which is also the client, but they cannot directly unionize the personnel of these private companies. To circumvent this obstacle, two ways are explored. The first consists in "sponsoring" the constitution of trade-union organization in the most precarious sectors by those of the public sector and more stable, more powerful and equipped with indirect tools of intervention :

> *There is the case, in transport with the SNCF, SUD-Rail set up SUD-Nettoyage, and thus there is a very close bond with company of cleaning which are linked to the SNCF. But they have vocation to extend to all the companies for cleaning. Thus we are a little bit in combinations to build links.* (man, in charge of the health Federation, SUD).

The second track of work, much more remote and answering the traditional fields of unionisation, is evoked by some activists of the CGT. It takes as a starting point an experimental action undertaken the shipyards of Saint-Nazaire. It would consist in unionizing in a common framework all the employees of all the companies intervening in one single establishment, trying to align all the contracts on the best collective agreements.

1.2.3. Health and job culture

These evolutions often produce contradictory situations with respect to the common ethics to which the personnel of health sector remains very attached. Many of our interviewees reaffirmed their vocation to accomodate and treat with humanity all people who are suffering, independently of their origin, their class, their sex, their age... They also shared with their increasing difficulties in achieving their mission of public utility. The intensification and the technicisation of hospital work produce damaging effects as much for the patients and their close relations, (who often behave as demanding and impatient consumers), as for health-care staff, who sometimes develop dehumanizing defensive strategies. The management of the institution tends to be reduced to a countable logic. In this context of transformation of the relationship to the care, the question of (verbal, physical) violence at the hospital, seemed essential, so much so that their prevention constitutes a priority axis of an agreement concluded between the government and the trade-unions in March 2000[13].

[13] FORISSIER, VOLCKMANN, LANDIER, "Violence à l'hôpital : observer pour mieux prévenir", *Informations sur les ressources humaines à l'hôpital*, n°21, octobre 2001, pp 11-25.

The modernization of the hospital also involved a redefinition of the relations between certain categories of personnel within the establishments, calling into question their corporative cultures. Perhaps still more than in the transport sector, that of health is marked by job culture, all the more strong as many of the health professions are regulated by the Code of public health, which determines who can exert them and the acts that they can practise. Other professions of health which are not regulated by this Code, in particular health care assistants (404 816 persons to the 01/01/2005), the clerks of hospital services (247 229), the ambulance men... Finally, the health sector employs working professions, and in particular professions which take indirectly part of the production of the health services (mechanics, launderers...).
Among the professions of health, the difficulties of recruitment of skilled personnel, the budgetary constraints and the demands of the interested parties[14] resulted in engaging a reflexion on a re-articulation of the professions, in particular of the transfers of competences between doctors, nurses and health care assistants which results in a certain competition, mainly between the last two professions.

[14] In particular, the nurses, since the great fights of 1988 which developed « coordinations », mainly in margin of the trade unions, obtained elements of substantial revalorization of their profession.

2. MINORITY WORKERS IN THE HEALTH SECTOR

Immigrants and foreign workers encounter a double obstacle to obtaining job in the health sector : on the one hand, certain professions, which represent more than 750 000 posts among the most qualified are regulated (cf supra note 15) and their full exercise supposes the possession of a diploma of the European Union ; on the other hand, the essence of health sector employees works for public establishments (it is the case of about the three quarters of the non-medical professions) in which the access to a non-precarious statute is reserved to nationals of the European Union.

2.1. Legal discrimination : the clause of nationality in the hospital public office.

We saw that, except for the medical staff, foreigners are not numerous in public establishments because of the clause of nationality. They are however not totally absent and trade unionists report cases of some non-European workers, in particular among the oldest staff, who were always blocked in their advancement and penalized as regards their retirement rights.
There is thus an awareness of the discriminatory character of the clause of nationality in the access to job within the hospital public body, more especially as they do not concern the "kingly" functions of the State. For as much, that does not mean that this conscience results in acts to end with this legal discrimination :

> *- A thing which one too seldom evokes, it is that in the public office, there is a system of national preference. Thus it is a very discriminatory factor.*
> *Q. : Did SUD discuss the clause of nationality in the public office ?*
> *- I do not know. Our Union is not so old...* (man, in charge of the health Federation, SUD).

If SUD-Santé can assert the recent character of its creation to justify its absence of standpoint, this argument cannot be used by the other trade-union organizations. A federal responsible of the CGT evokes the possibility of a discussion on the supression of the clause of nationality at the time of the next congress of the federation of civils servants, but it does not seem that this idea found a concretization. As for the CFDT, for the person in charge of the federation, this assumption does not appear credible :

> *The first trade union which asks that, by imagining that there is a minister whom says, ok we will work about that… that means to accept to reopen the question of the of the Public body status, and thus to take the risk to see called into question the acquired advantages.*

This type of argumentation seems to indicate that the health sector trade-union organizations did not really consider the question. A priori, nothing obliges to renegotiate the statute of the Public office to remove this restrictive clause of nationality. Thus, within the framework of European construction, the widening of this clause to the UE Community nationals was done, so to speak, in an automatic way. Moreover, certain sectors of the Public office, including Public office of State, such as research and the University, are not subject to this clause. A contrario, the case of the RATP shows that, when the trade-union organizations present a unanimous position on this question, it can be solved without difficulty.

2.2. Doctors with a non-European Union diploma.

The recourse to foreign or french practitioners who obtained their diploma an a non European country, is posed in different terms from the other personnel, because of the particular statute of the medical personnel (since many hospital employees are not civil servants) and of the very strong shortage of workforce in certain specialities or certain services, consecutive with

the policies carried out by the successive governments over the past twenty years, with the introduction of a very strict system of numerus clausus at the entry in the Faculty of Medicine.

Foreign nationals' proportions among the medical staff of the public health establishments in 2002

Catégories	European Union (%)	Out of European Union (%)
Hospital practitioners	*0,7*	*1,5*
Assistants	*1,7*	*9,8*
Practitioners in training	*1,5*	*14,2*
Total	*1,3*	*7,6*

Source : Ministère des solidarités, de la santé et de la famille, Synthèse annuelle des données sociales hospitalières.

Since the beginning of the 20th century, various measures against "foreign doctors"have followed one another. A solid tradition of legal discrimination limits their access to certain the exercise of their profession or disadvantages them as regards statutes and remunerations. However since the Eighties, in lignt of the shortage of French or European candidates for the hospital, the derogatory recruitment of many doctors having obtained their diploma outside the E.U. was developed. Thus, in 2002, in the public hospitals, nearly 9% of the medical personnel was of foreign nationality, essentially from outside of the European Union. For as much, they are concentrated in the hierarchically low statutes, and many had access only to various precarious contracts, implying conditions of exercise and remuneration definitely weaker than those of their statutory colleagues. They can't be enregistreded on the Ordre des médecins (French medical association)— registration normally being necessary to practice in the hospital and absolutely obligatory for the liberal exercise.

This extremely uneven situation — and the fact that the public hospital sector is mainly dependent on their activity — caused a mobilization of the interested practioners, but also of the trade-union organizations. Several trade unions or "collectives" were created by the doctors concerned (Syndicat national des praticiens adjoints contractuels, Médecine+, Metek…) and their demands were more and more clearly supported by the great trade-union confederations (CGT, FO...), by an increasing part of the trade associations, even by some "grands patrons" (professors of medicine, heads of service...). These increasingly pressing protests succeeded, gradually, with the installation of successive measures, complex and "piled up" onn each other, in order to improve the statute of the "praticiens adjoints à diplôme hors Union Européenne" = "PADHUE"[15]) within the hospitals. Those are however far from having regulated the situation and there remains today still a considerable "stock" of these doctors whose situation is institutionally discriminatory.

It is impossible for us to evaluate the non-medical foreign labour in the whole of the health establishments, but their proportion in the schools of initial and continuous training of the health personnel (looking after staff, medico-technical professionals and professional health managers) public and private sectors combined, indicates a weak presence : of 14 236 students, 919 were of foreign nationality (6,5% i.e. a proportion close to that of foreigners in the working population in France, according to the 1999 census). These data are to be relativized. In 2002, foreign nationals represented only 0,6% of the total staff of the non-medical personnel of the public health establishments alone, for half Europeans and half non-Europeans, with an almost identical distribution within the hospital hierarchy. These data do not take into account the growing phenomenon of subcontracting with companies where prevails the massive recourse to foreign employees having a more or less precarious statutes.

[15] "Associated practioners with diploma out of European Union"

Our various interviewees agree to note, over the past few years, the increasing presence, although noncountable, of descendants of migrants originating in the Maghreb and sub-Saharan Africa among the health personnel in the public sector. It seems that their entry in the hospital was done mainly according to an ethno-stratification of the qualifications and statute, with a concentration of minority in the categories C and the precarious professional statute :

> *Here, the composition of the personnel, one finds some descendants of immigrants, who are French, in the categories B, but really very little. There is more in nursing auxiliary. After, among the contractuals, they are numerous, the "helped contracts" ! You take all theCES, the precarious things, with different labels… 80 % are... (…) to check then at the national level, but us, on a CHRU of 6 000 people it is rather in the categories C and in more in the precarized categories C, without statute. There are people in the categories C with statute, a little. Category B, that go down, you know them all one by one. For A, there is not. Doctors, there are 2 of them : one descendant of immigrant and the other immigrant.* (man, in charge of the health Federation, SUD)

Historically, the very strong growth of manpower of the hospital civil servants could be done only while resorting to internal migrations and in particular from the Overseas Departments (DOM) towards the European territory of France.

From the end of 1950, emigration from the DOM was organized systematically by the State at the same time to alleviate the demographic, political and social tensions that were developing in the overseas societies confronted with the crisis of the plantation economies and to respond to the specific needs for low qualified jobs in the metropolitan public office. The State created a public agency to supervise migration of workers of the DOM towards the metropolis, the BUMIDOM[16],, which was involved in the departure of approximately 160 000 people towards France between its creation in 1963 and its end in 1981[17].

With the left governments of the Eighties, the State put an end to organized immigration and dissolved the BUMIDOM, replacing it, in 1982 with the National Agency for the insertion and the promotion of Overseas Workers (ANT) which receives three main types of missions : to discourage emigration to the metropolis ; to facilitate the reinstalment Overseas of the immigrants according to opportunities ; to support the socio-professional insertion of the migrants and their children born in the metropolis (including the maintenance of bonds with their department of origin). If a good share of these missions were very partially filled, this reorientation of the public action initially resulted in a reduction in the flows of "organized" emigration and a growth of "spontaneous" flows. However, the recourse to the Overseas French for certain jobss of the public office (supervisors of the prison authorities, for example) continued until today.

In 1999, nearly 360 000 native people of the Dom-Tom lived in the metropolis, of which more than half resided in Ile-de-France. With them lived more than 200 000 children of less than 25 years, born in themetropolis[18]. This concentration particularly concerns the migrants from West Indies ("Antilles") (nearly 70% of them are "franciliens") and is explained mainly by the institutional management of these labour flows. Thus, today still, of 18 000 hospital civil servants born Overseas and working in the metropolis, 12 000 are employed by the

[16] Bureau pour les Migrations Intéressant les Départements d'Outre-Mer.

[17] CONSTANT Fred, "La politique française de l'immigration antillaise de 1946 à 1987", *REMI* vol 3, n°3, 1987.

[18] To estimate the population originating Overseas in the metropolis it would be necessary to add to these numbers the children of migrants of more than 25 years and those having their own housing,, as whole or part of the grand children of migrants… We do not have statistical data concerning these populations.

Assistance Publique-Hôpitaux de Paris (AP-HP) alone. This concentration confers a significant weight to their expression of specific demands.

3. TRADE UNIONS IN THE PUBLIC HEALTH SECTOR.

In France, having lost approximately half of their members between the middle of the 1970s and the beginning of 1990s, trade unions seem recently to have managed to curb this tendency and to begin an ascent of their influence[19] : their membership slightly increased last years and with 1.845.000 union members in 2003, they would organize 8,2 % of the employees; they improved their implantation in the workplaces (40 % in 2003 against 38 % in 1996), and more still on the scale of companies and administrations (55 % in 2003 against 50 % in 1996), their electoral results in the Comités d'entreprise (Joint production comitees) improved to the detriment of non-union members' lists to reach 77 % of the votes in 2003.

Trade unionists of the public sector, trade unionists of the private one

2003			**Présence syndicale**	
	trade unionists (in thousands)	**rate of unionisation**	*On the workplace*	*In the company or the administration*
State, Local Communities, Public Hospitals	*890*	*15,1*	*52,7*	*76,2*
Public companies, Social security	*160*	*15,6*	*70,7*	*89,3*
Private companies	*834*	*5,2*	*31,2*	*41,9*
Total	*1884*	*8,2*	*38,5*	*52,9*

Source : Enquêtes permanentes sur les conditions de vie des ménages, 1996 à 2003, Insee.

Moreover, the trade-union presence grows with the size of the establishments. It is in the establishments of more than 500 wage-earners that it reaches its maximum, and in the public hospitals, less than 6% of the staff worked in establishments of less than 500 employees.

3.1. Trade unionism in the public health establishments : bodies and functioning

Except FO, of which the federal structure groups together the health sector and the territorial public office, all the main trade-unions (CGT, CFDT, CFTC, G10 Solidaires, UNSA) are equiped with federal structures whose field of syndicalisation covers the private and public medical, social and medico-social sectors. Even though these federations address to all the employees of health and some had specific structures to receive them, in the facts, they organize marginally the medical staff since the latter are represented for the most part by their own corporative organizations.

Within the sphere of the hospital public office, the trade unions play a significant role of representation in many representative or equali institutions from the establishment level to the national scale. In particular :
- in each establishment the Technical Committee of Establishment (CTE) which has an advisory role in the field of organization of work, working time, premiums, budget and training and the Committee of Hygiene, Safety and Working conditions (CHSCT) in charge of the health and and safety of staff ;
- at the local and departmental levels, the Joint Administrative Commissions (CAPL and CAPD) qualified on all the problems related to the career of the staff (dismissal, statute, advance, notation...) and can constitute themselves as a disciplinary and reform commission to evaluate situations of disability or incapacity ;

[19] AMOSSE Thomas, "Mythes et réalités de la syndicalisation en France", *Première Synthèse* n°44.2, DARES, octobre 2004.

- at the national scale, the Conseil Supérieur de la Fonction Publique Hospitalière (Higher Council of the Hospital Public office), an advisory authority on the main questions concerning the hospital sector and its statute, and the Commission Technique Paritaire (Joint Technical Committee) which is the authority of dialogue on the situation of the agents at the central level.

These elective functions of representation, are often very technical and need the control of multiple files to be exerted correctly. They absorb a good deal of the energy of the trade unionists. But, beyond these tasks, they declare that they are often solicited by the agents for various requests which go from technical information on the ins and outs of the administrative steps necessary for the implementation of rights, to the psychological support vis-a-vis recurring situations of tension.

> *It is incredible, I have to do social work I make psychological listening, when I return, I put on my fireman helmet, my fire hose, I am a fireman, psychologist... psychopathe also sometimes, I am obliged to become... (laughter) psychiatrist, welfare officer, doudou...* (Woman, Secretary of Section CGT)

These various requests are difficult to assume by trade-union teams often restricted, proportionally with the size of the establishments and having difficulties recruiting new members. As always in France, it is difficult to give reliable data concerning the number of members and trade-union militants in the public health establishments. As an indication the federation of Health and of the social action of the CGT claims 55 000 members, the Health-social federation of the CFDT 120 000 and the federation SUD 10 000, for a field of unionisation which concerns nearly 1,9 million employees. In general, the trade-union persons in charge that we met evaluate between a third and a tenth the share of the active militants among the members. However, the number of adhesions posted announced by the CFDT is surprising enough, compared with the results of this organization in the professional elections, and knowing that it has experienced for several years a movement of erosion which benefits to SUD in particular. Thus, during the last renewal of the departmental joint administrative Commissions of the hospital public office, at the end of 2003, the CGT arrived clearly at the head with 33% of the votes (+2% compared to 1999) followed by the CFDT to 24% (- 5%), FO with 22% (-1%), SUD with 8% (+4%) and the UNSA with 5%.

Independently of the numbers announced, we can underline differences in establishment of the trade-union organizations. Thus the CGT is particularly strong in the large establishments and in particular in the public sector and among the categories C; the CFDT in the private sector, the establishments of less than 1500 employees and among the categories A and B; SUD, recent organization in full growth, is characterized by its concentration in four areas : the Île-de-France, the Nord, the Lot-et-Garonne and the Seine Maritime.

3.2 Trade unions and the question of racism and discriminations in the health sector

3.2.1. A professional sphere which thinks itself immune from racism

The question of racism in the health sector does not seem to be a high priority for the trade-unionists we met. They don't ignore the question but they perceive the hospital sphere as relatively protected for several reasons.
First, discrimination in recruitment would not be useful, because of the employment situation :

I think that we are in such a situation of under staffing and shortage of skilled professionals that this question is completely subordinat... I do not think that that returns in the criteria, even hidden criteria, of recruitment. (Woman, in charge of health Federation, CFDT).

Collective operation and the universalistic vocation of the hospital sphere would make it possible to escape racism in the working relationships :

One can have the impression to be in a little protected environment in the sense that the occupational approach makes that... if you want, people when they arrive in a hospital, they are sick, they are dealt with… For the users, the racist question takes little into consideration, even if, here or there, professionals can have, from an individual point of view, reserves, that does not prevent them from doing the work. After, the question, inside the professional community in itself, the feeling which we have overall, it is that all communities, practically all the communities, whatever they are, can be rather easily integrated, i.e. we are seldom challenged on acts or remarks of racist type " (woman, in charge of health Federation, CFDT).

The hospital is a little particular place, since normally everyone is accommodated. It does not have there discriminations (..) We find, not inevitably in the same proportions, these types of demonstrations, but always hidden with regard to the professionals. Concerning the users, d it is rather current (man, in charge of health Federation, SUD).

The fact of being a very feminized universe is also perceived as a positive factor protecting against racism.

This kind of trick, we don't tolerated, because we are women, also, perhaps, I don't know. I think that that must also play, the women... the fact that we are... mothers… Finally...we are perhaps more...". (woman, federal person in charge, CGT Santé).

We are nevertheless in a primarily female environment. I believe that the reflexes are not completely the same ones, despite everything, despite everything... [...] It sometimes happens to go in the subway with my son-in-law who is guadeloupean, I /understood what that meant, these glances, these... that yes ! But [...] in a hospital, including with militants who can be black ,with whom I walked, that never. No remarks or glances or tricks a little scorning... never" (woman, federal person in charge, CFDT- Santé).

The difficulty of the working conditions, in particular the situations marked by violence in certain services like the urgencies or psychiatry, can seem at the same time as a factor unifying the personnel whatever their origins, and at the same time the source of a feeling of expression of racism :

We know so much violence caused by the lack of staff. You will discuss with the service of emergency, the girls are beaten, including by... people who come from the other countries because they wait 4 hours in the emergency service and they do not /understand. The girls at the reception desk, they receive... violences... I have the impression that when they work at the hospital, the West-Indians mixed with metropolitans, it is so difficult that, for them, it is not most serious problem...

3.2.2 The relation between patients and carers

The therapeutic relation, with the physical nearness which it supposes, appears as a frame favourable to the open expression of racism on the part of the patients and ending in situations of conflict which are not easy to manage :
In the absence of protection from manifestations of racism, the personnel of the hopitals present them as primarily confined at the more or less pathological attitudes of the patients and relatively controlled by the professionals.

You have an African or Asian doctor, thus a difference of colour of skin and you have frequently conflicts around that. The patient who says : 'I do not want a Black to touche me,

etc.'. Idem in old people's homes. I have a friend of Cameroonian background who stopped because she was fed up with rejection by the old women. Thus this question there affects the whole hospital, from the heightto the bottom, […]. But, at the same time, given that there, there is a physical contact, a direct contact, it is not the same thing as in the street, thus it is much more tense). We are really in physical contact. In the cinema, we leave a seat. There there is not a seat anymore. It is an important source of conflict (man, in charge of health Federation, SUD).

But the management of this type of situations, which can be very painfully experienced by the minority staff, is not apparently the object of a systematic reflection on behalf of trade union federations :

I have the impression that the concerned person, the rejected) person, she does not speak about, about it. And ultimately if she speaks about it to you, it is maybe because you are outside the institution. Because we, we do not know, if the management does not know, because if he knows it is scandalous (…).If the management does not know, there is an that arrangement between colleague,s and my feeling it is that that arranges rather like that between colleague. There are things about which nobody speaks. That is, if it exists in a important way it ismore serious maybe because we do not speak about it. That would explain maybe also why we are little called on these questions. (woman, in charge of health Federation, CFDT)

3.2.3. The relation between carers and patients

In this relation health care staff-patients, the personnel is not free from racist attitudes. Those can be expressed "in slides" and reflect the stereotypes largely associated, in the whole of the French society, with the minority groups :

Another example which a colleague gave me recently. It is a young "Beur" who fall off a scooter, a 17 year old young person. Thus it was taken care in urgency because, nevertheless, we did not have to wait. And well, in the room of pause, in the back, what was said, it is : "didn't it fall because he wanted to flee the police force?". The second trick it is : "hadn't he stolen the scooter?". All that because it was maghrébin. There would have been "white", it would not have been this type of reactions. We are in an impregnation nevertheless very strong of a latent racism which is the demonstration of some ones, but which often poisons us. It is necessary to have convictions for saying stop, to appear to do so that this kind of matter is not... Is not ! (man, in charge of health Federation, SUD).

But these attitudes can also be expressed "on scene" and be translated in practice, in particular under cover of a global and essentialist perception of the culture of the minority :

The " maghrébin syndrome", it is (...) if you are hospitalized, you suffer, you moan, etc, Your pains will be taken into account and the expression of these pains will be taken into account. If it is Maghrébian person, one will consider that he exaggerates because it is sensitive, etc. Therefore : "stop crying, stop groaning"That is the "maghrébin syndrome", that is to say, according to your apparent origin, you will not be given consideration, your suffering will not be considered in the same way. And this is something that occurs very, very frequently. We find that for example in a maternity ward, a white woman who suffers will be given considerationt, a woman of a different culture will be regarded as hysterical. That occurs very frequently (...) the "maghrébian syndrome. It is all the time, finally, they are certain people, obviously, who analyze things... who take into account the other in a differentiated manner. (man, in charge of health Federation, SUD).

It should be stressed that this type of reflexion is completely exceptional and that its formulation is probably linked with professional training and the experience in psychiatry of our interlocutor. In general, the trade unionists seem to exclude the therapeutic relation from their field of competence. It is partially true in the cases of aggression by patients of a person from the health care staff, and almost systematic when discrimination occurs in the contrary

direction. The other exceptions which we met correspond to the presentation, by trade unionists, of situations in which the discriminatory attitudes of a health care person caused conflicts between colleagues. This goes back probably at the same time to a kind of sacralization of the medical relation, which would place it out of the trade-union intervention, and at the same time to an analysis of the racism which does not conceive racism as a social relationship, likely to be expressed through any relation, including the therapeutic relation. And indeed, among our federal interlocutors, racism tends to being analyzed in terms of political ideology and/or in terms of ignorance and prejudices : "*Roughly, one rejects that which one does not know, thus one lives on preconceived ideas of the other*" (woman, in charge of health Federation, CFDT).

3.2.4. Relations where the racism is difficult to decode

The relations between the patients, those who accompany them and the personnel are all the more complex to analyse by the trade-unionists that the operating mode of the institution is not always easily decipherable and that some ordinary practises can, sincerely or insincerely, being considered as racists by dissatisfied users :

> *What also counts, in a general way, it is a difference between felt and the reality which can be very significant. For example, of the people of origins... what is the minorities as you say, the people of color etc, for example on the level of a request of these people at the personnel, if there are a refusal or an answer "not now, etc"., "yes, it is because you are"... "finally it is a racist demonstration. That is to say, there is a frustration, there is an authority which says no, and thus you have something which can be lived... and that it is frequent.* (man, in charge of health Federation, SUD).

The expressions of racism arrive thus at being perceived jointly as being about the obviousness, of the routine, and about the incommensurable one, incomprehensible for the majority ones.

> *When you are with a white blouse, one calls you doctor or one says to you that you are a nurse even if you are not. It is like that … Because for the user is in a hospital, everyone is a nurse (...).*
> *Other professionals? But of course. Some time I have the impression that it is harder between professionals, the remarks or... That can be harder between professionals than between user and professionals. I do not know. I do not know, honestly I do not realize. Moreover, it sometimes happens to me to think that... I am not sure that one can really realize that of living... because... Because in France, one is there and he is nor black neither Arab. I think that it must be something rather deep, and I am not sure that one can really understand what occurs, to look at it or feel it, etc.* (woman, in charge of health Federation, CFDT).

3.2.5. The relations between employees

When they are questioned on the ethnic relations between employees, the trade unionists concentrate on the attitude of the minorities and speak finally very little about what occurs between persons of majority and minority groups, except with regard to the question about the “congés bonifiés” (accumulated and subsidised vacations) which we will also consider in addition. It is thus rather of “communautarisme” that it is question :

> *In a general way, in the hospitals, on the level of the "different" people, it is above all the people coming from our overseas departments (...) At the AP of Paris, (...) you have a species of communautarism, finally we rally to feel warm.* (man, in charge of health Federation, SUD).

This “communautarism” can be described as a problem and, then, it is the “communautarist” danger which is evoked :

> *Then, there is another problem, (...) I was very struck by a thing, it is the temptation of these communities, for reasons which I am unaware of, I do not manage to understand, perhaps*

because they feel rejected, I do not know, to rally. They speak Creole between themselves, for example. Perhaps do they speak in Creole between themselves because they do not feel integrated, well but, but the others feel rejected from their community, all that there are collateral effects which are rather curious and I am convinced that that would ask researches, and that is nota question of the skin colorn (...) It is things on which we have very little knowledge (...) It is more the question of the communautarism which can be posed for Domiens but which can be posed for other communities which, in fact, are a little less numerous. (woman, in charge of health Federation, CFDT).

The minority ones are then presented as tending to exclude themselves by excluding the others from their sociability. They can even develop aggressive behaviors *:*

They are very, very hard even on each other. Very hard on each other. Between "Domiens", betweenpeople from La Réunion, from Guadeloupe, Martinique, etc. Then they, they recognize on each otherm. Me, seeing from the outside, they are all blacks eh, I am unable to know from where they come while looking at them … the remainder… I am unable to know.On each other, they recognized. (woman, in charge of health Federation, CFDT).

The problem with this type of description is that relations may be strained, within communities constituted in the migratory context - who, moreover, can confirm lines of cleavage partly political and partly ethnicized or racized such as they exist in the societies of origin - it is rather that this aspect of things tends to hide the rest of the relations between colleagues.

3.2.6. The Institutional racism

Beyond the individual attitudes, it is the organization of the hospital institution which can incite staff to implement discriminatory practices against the most deprived patients and among them, the ethnicized or racized persons :

The girls, they complain about that, that, they are upset about it, now we ask them to sort out the patients at reception […] that the girls theyare upset about it […] In hospitals, exactly in emergency services, it is true that when you have no bed, when you put people in corridors, obviously we are rather going to put on the wait beds the immigrants, those about whom we know that nobody will come to see them. At least nobody will see that they are in corridors. But we do the same thing with the old persons (…) And the the friends, the doctors and the nurses, they do not do that by racism. They do it because they don't have the choice and that one, as he has no family, so worse, at least nobobody shall see it. (woman, in charge of health Federation, CGT).

According to this trade-unionist in charge of the Health Federation of the CGT, it would be the combination of the shortage of means of the public hospital facing an increasing demand with a certain ethics of the hospital civil servants worried about protecting the brand image of the public service that would end in an institutional system of discrimination.

However, the institutional dimension of the discriminatory practices is hardly treated by the trade-unionists, as shown by the question of the durable continuing of the descendants of migrants and the native Overseas in the jobs of category C, which puts, notably, the question of their access to trainings and professional promotion :

That they are, for much of them of category C, I think that it is exact because indeed, much of them were recruited without particular qualification and thus which starts like agents of ward and which, possibly, can become health care assistants and so on (…). But would it be a discrimination ? I do not know. If it is the case it is serious [...] We are in a professional field where there are many regulated professions, which requires diplomas, etc (…)They do not have access to th evocational training [...] Afterwards, in the Hospital Public office, the people who the most easily have access to the training, are people who have less need for it : Categories A, even some time, category B. Thus, from this point of view, it is true. But

discrimination, it applies to the categories C overall. Therefore, that it is true overall in the hospital Public office, but it is true also in our private establishments. (woman, in charge of health Federation, CFDT).

We find here, in a underlying way, a restrictive definition of racist discrimination which supposes the existence of an intention to inferiorise according to origins. The analysis in exclusively social terms of the disparities, hides the question of the reproduction, in the hospital universe, of a racist social order which assigns to the members of a minority group the lowest places in the professional hierarchy. This way of understanding can moreover be claimed as an element entering a strategy of class struggle, as far as, concretely, facing this type of indirect discriminations put the difficult problem of the proof.

J : No, for me it is not discrimination. For example, in the prisons there is an over-representation of descendants of immigrants. It is not because it is cultural but because there are social roots. It is not an accident if these populations are in the most precarious jobs.
M : In the public office, discrimination is not visible. It must exist but it is not visible because it is prohibited. That a person was not established because... it is possible, but honestly, it is marginal. The sociological question of the training, of the level of qualification, there yes. That concretely touches a population resulting from immigration and a working population not resulting from immigration who lives such or such district. There it is visible.
J : It is more social than racial
M : Yes, afterwards, it is known that there are cases but they should be prooved with elements which support it. And that, we do not have them. It is marginal. (persons in charge of health Federation, SUD).

3.2.7. At the national level, trade-union organizations rarely consulted.

All our interviewees state that national authorities of their trade unions are very seldom called by concrete situations of discriminations or racist attitudes. Cases can obviously occur, and they know some, but those are generally treated by the local militants

- *On the level of the trade union, we are rarely sollicited* (man, in charge of health Federation, SUD)
- *We was never called on these questions, it may occur that locally trade unionists are seized... I do not know if it is very frequent...* (woman, in charge of health Federation, CFDT)*)*
- *The friends say that they are victims of words and racist attitudes, but there, while speaking with you, I realize that these are not questions that we... then that rather treats in the local trade unions, when the buddies learn, perhaps not all, but they act locally in general. But it is true that that does not go up on the level of the federal direction (*man, in charge of health Federation, SUD).

In the absence of being solicited by their base, the federations did not look further into this question and the relating weakness of their forces vis-a-vis the multiple files which they have in charge does not encourage them either to take the initiative in this field *:*

- *Overall we worked on these questions little* (woman, in charge of health Federation, CFDT).
- *We don't treat this question well, but it is not only [...] because we are not numerous enough. We treat especially employment, the training, because it is very significant for us, it is a sector where one cannot work without qualification, working conditions, policies of health...* (man, in charge of health Federation, SUD)

The health federations take part in the national antiracist campaigns (against the extreme-right, in support at undocumented workers...), with sometimes the local relays, as this section SUD of a hospital of province which sponsors two undocumented workers. They invite their militants to take part in confederal training *"on the question of racism, the training is given by the confederation, our militants take part in it like other"* - CFDT) or leave the care to their local authorities to organize general trade-union trainings on the programme of the National Front and the history of immigration. But none sought to think systematically and to train its

militants about the particular forms of racism and discriminations in the health sector. Moreover no federation of the sector had a person in charge of antiracist activity.

3.2.8. A lack of specific demands

If we except foreign doctors (see above), and the overseas natives we will see in the case study, the trade union federations are not puting forward specific claims concerning the ethnicized or racized workers. The speech of the persons in charge for SUD is particularly clear on the question : *"there is not a national positioning but, in the trade-union activity, there are concrete interpellations as well for the patients and for the health care-staff"*. The difficulties which can emerge around the assertion of an ethnic or religious identity - food without pork, leave for the Moslem or jewish religious festivals, the request of women to be looked after by a female doctor or Islamic scarf by female health care staff - are very rare. They are individually regulated by negotiation within the services and of the establishments - generally without great problems.

From a strategic point of view, it is a question of reinstating the question of racist discrimination within a global universalist framework which makes it possible to achieve the unity of salaries vis-a-vis the employers :

> *I would say that the only national binder, it is the question of precariousness and there, our argumentation it is of saying that affected people who are underprivileged people, and among them, people resulting from immigration […] So, the trade-union demand is carried in a unifying way and not in a specific way […] No, carrying specific claims for the immigrants and descendants of immigrants, for the 3rd or the 4th generations, it would be a political error, since the majority resulting from these districts (…) know the same situation. one will find inside each one of these groups of the marked out courses of obstacles different, from lived different […] If you are black, well you have different problems. Thus it is treated that, but it is not treated in a specific way while saying, yes, it is necessary... because the end it is the quota isn't it? [.../...] We know a chronic lack of manpower. Thus when one opposes the number of precarious to this problem, the claim is simple. Inside that we will not say : it is necessary to give to... that would be a political error to do that.* (man, in charge of health Federation, SUD).

This absence of specific demands justifies the absence of regular forms of specific intervention towards such or such a group of minority workers :

> *Twenty years ago, there were leaflets of which the verso were written in Arabic. Today, in France, honestly that is not useful.*
> *Thus it is almost finished, except periodically on such or such aspect [as on the question of Palestine] (man, in charge of health Federation, SUD).*

3.3. The minority workers within the trade-union organizations

From a quantitative point of view, as it is customary in France, unions do not count their members nor their activists by ethnic origin. The federal people in charge thus have, at best, a very vague idea of the proportion of members of minority groups in their workforce.

3.3.1. The access to the responsibilities and the representation of the members of the minority groups

They quoted minority activists among the people in charge or the federal permanent employees, without that reflecting to a systematic intention of internal promotion to their organization. On the contrary, the position asserted by the people in charge of the SUD or of CFDT is rather that of the voluntary colour blindness :

When we have to treat questions of a political nature, we do not look either at the colour or whatever it is […] In the same way for the recruitment, the responsibilities etc. We do not have … Here, in the fédé. in the people in charge we have a Malian, well, of malian background, we have somebody from the Comoro Islands, employees who are from the Maghreb, for example (…) .No one bothered about that. Finally, no one bothered if they respect the Ramadan. They do not want to eat ? They do not want to eat, it is their problet. Nobody speaks about it. (woman, in charge of health Federation, CFDT).

In CGT, if the arrival of people in charge stemming from ethnic minorities is wished, it is neither organized nor aroused systematically until now. The situation is comparable in the other unions :

I have never seen that we refuse buddies according to their origin. On the contrary, when there is who proposes : " great we have a Moroccan, or a… ", you see. There is no intention not to put them, it is that does not take up local trade unions. (woman, in charge of health Federation, CGT)

This situation is all the more paradoxical, as the crisis of the "militant vocations" entails real difficulties filling the totality of the posts of federal permanent employees. But the access to the national responsibilities supposes that the militants already could prove reliable in their establishments or the departmental structures.

In the CFDT, the question of the presence of minority employees in eligible position at the the professional elections is not regarded as a priority, and the representation of the diversity of the personnel is very much conceived in terms of sex and professional categories :

In fact our concerns are more on the socio-professional origins or man-woman than on the question of the origin of the people (…) I.e.clearly, if it is said that it is necessary to be represented in the nurse group, the problem is not to know if the nurse in question is black or white, it is to know if it is a male nurse or a female nurse... And that's all !.
Conversely you can have the reflex to put people originating in the DOM on the lists for example, for precisely having people of... You see, it is ambiguous, it is ambiguous.
That shocks me if it is the only reason and that shocks me if there is not the same reasoning compared to the women, for example. I.e. when we have 80% of female personnel, we don't put the question to know if it is necessary to put more women on the lists. We put men without hesitating. And I think that it is necessary that we must have the reflex. If we want to be representative of the personnel, that does not shock me. But, in that case, it is necessary to be so consistently. (woman, in charge of health Federation, CFDT)

The stake which represents the capacity of a trade union to represent the whole of the personnel, including the minority, is however not completely ignored. The trade-union representatives are preoccupied with their image, and seek to represent the diversity of their militants. This person in charge of the health federation of the CGT shows that in the illustrations of the trade-union press, and in particular on the photographs of the demonstrations, there is always which put in scene overseas natives :

To that, we are there very, very attentive. And for the campaigns of syndicalisation, even for the congress, we arrange so that there are several faces, we pay a great attention to that, that everybody can see themselves through our label, you see.

3.3.2. The absence of autonomous organization of minority groups

Not a single trade-union organization of the health sector created specific forms of organization intended for minority workers. That is coherent with the fact that they are not carrying specific demands. Even the CGT, which in certain companies or certain sectors organizes "commissions immigration" did not build structures of this type in the health sector : *"Then, we do not have "collectives immigration" where we could work that with everybody inside"* (woman, in charge of health Federation, CGT-Santé).

Even concerning the Originating Overseas, who, them, has specific rights and demands, no trade-union organization constituted autonomous organization. The CFDT and SUD have, of course, on the federal level, specialists who work on the technical aspects of the implementation of specific rights like the *congés bonifiés* (improved vacations) or the *prime d'éloignement* (distance premium), but for the remainder, the specific organization of members originating in Dom-Tom is left to associations :

> *Not, they do that within the framework of their trade unions, but it is very mixed, it is everyone. I do not see why they would work them alone on the statutory questions. It is as if one said, the nurses will work on their own statute, health care assistant on their own statute. At this time there… It is not usefull to have an interprofessional trade union* (man, in charge of health Federation, SUD).

As for the CGT, it has particular collective structures, the "collectifs Outre-mer", which are today experienced many contradictions. It thus constitutes an exception on the matter, but an ambiguous exception.

3.4. Persons originating of overseas and the trade unions

During the second half of the 1970s, facing their social and economic marginalization in the metropolis, the Overseas migrants - in particular those employees of the PTT and the AP-HP - developed an autonomous campaining movement ; Important demonstrations took place in 1976, 1977 and 1978, around three main demands : the right "for the accumulated leave in countries for the agent and his family every two years with paid travel; two weeks more of annual leave" ; the "establishment of the auxiliaries in metropolis and the stop of the recruitment of the auxiliaries in Dom-Tom" ; the economic development of the countries of origin and "massive creation of jobs with corresponding vocational training, priority of recruiting and of change for the Overseas natives"[20].

If the CGT and the CFDT supported, at least formally, these first mobilizations, they balked at integrating in their overall campaigns steps these specific requirements and particularly those which concerned the more political dimensions of the future of the colonized societies of origin. These reserves of the trade-union organizations caused a debate between the Overseas activists over the modes of most effective structuring and mobilization. Two major options erase : the constitution of a specific trade union committed to the fight for the independence of the DOM or activism in the large confederal organizations with the prospect of constituting inside specific groups able to influence the trade-union apparatuses and their leadership. If the partisans of the "autonomous" line never obtained the means for implementing it, those of the intervention inside the CGT and the CFDT obtain a limited success, blocked in their strategy by the weak syndicalisation of the Overseas nationals and by the opposition of the trade-union leadership which suspected them of leftism[21].

At the end of the 1970s, in a global context of ebb of the struggles and the ascent of the unemployment, without real relays in trade unions confederations, the mobilizations of the Overseas migrants ran out of steam. The beginning of the next decade thus saw the native Overseas "desert as a specific group the ground of trade union struggle for the benefit of the associative life" with the creation of hundreds of structures[22]. Except for the CGT, unions

[20] Quoted by GIRAUD M, MARIE C-V, "Insertion et gestion socio-politique de l'identité culturelle : le cas des Antillais en France.", *REMI*, vol.3, n°3, 1987 : p35.
[21] Cf. GIRAUD M, MARIE C-V, op. cit. p39-40
[22] GIRAUD M, MARIE C-V, op. cit. p36

noted, in a sense, this reorientation of the commitment in associations by leaving them the organisation and the mobilization in a specific way tof he native Overseas, accompanying more or less the movement.

3.4.1. Members originating Overseas in the CGT.

If the collective investment of the DOM-people in the trade-union confederations ran out of steam at the end of the Seventies, it therefore did not disappear, in particular in the CGT, and it reflects the statutory ambiguity of these militants a little "à part" who are at the same time immigrants and nationals, coming from the last "confettis" of the colonial empire. The confederation recognizes the right to self-determination, and they benefit from a specific organisational treatment, in the Overseas departments as well as in the metropolis.

In other forms than in the Seventies, these collectives express the concerns which reflect the double dimension of originating in the DOM, which are at the same time immigrant populations and colonized populations. The first one is related to the defense of the right to *congés bonifiés*, while the second one found a new ground of expression in the struggle for the recognition of the black and slave trade as a crime against humanity[23].

A specific structure, the “Groupe d’Impulsion à l’activité en direction des originaires d’Outre-Mer” ("Group of Impulse to the activity in direction of people originating Overseas"), was created in the middle of the Eighties. It concerns two confederal sectors : the international sector and the "protest action" (“action revendicative”) sector.

This “Groupe d’Impulsion” is a national confederal structure which coordinates the activity of local collectives, primarily in the Paris area, - and of groups formed in the branches of industry where the migrants of Overseas are concentrated - in particular the Health one. These group and collectives are not elected and thus do not have decision-making power. Neither they have the function of gathering together the people Overseas originating separately. The presence of other militants is desired besides them. They have for function to have their claims and their specific axes of mobilization taken in account by the different regular trade-union authorities.

According to many militants, this taking into account is not self-evident. Very often, the trade-union structures oscillate between the delegation of the actions and the disinterest, when they do not express purely and simply mistrust. The tendency to delegation appears when a question dealing with specific demand appears. Those problems are often technically complex to manage, but their treatment is essential to preserve an electoral and militant base. More generally, several militants of this sector complain about that all the situations, even if very banal, are addressed to them since they relate to the people originating Overseas. The disinterest is expressed in the place granted to people originating Overseas and their specific demands in the meetings : last point put on the agenda ; difficulties to speak, to be listened and to reach trade-union responsibilities. But, beyond a certain indifference, it also happens that reactions of mistrust, of fear of "particularism" or charges of "communautarism" are expressed.

This feeling of being rarely and/or badly taken into account by the "ordinary" trade-union authorities, leads today to a crisis. This crystallizes around the role and the operating mode of

[23] The CGT claims the transformation of the day of commemoration of slavery into public holiday.

the Groupe d'impulsion. On one hand, the principal authorities concerned (federations, local Unions) reaffirm that the function of the Groupe d'impulsion consists in feeding their reflexion and coordinating their initiatives, while stressing that, to be effective, "Ultramarins" need the support of all the employees and of the whole of the organization. On the other side, the principal organizers of the Groupe d'impulsion stress that the people originating Overseas can count only on themselves to defend their interests, because the trade-union authorities take them badly in charge, particularly because "Ultramarins" are little represented there. They thus wish that the confederation allow them to organize the claiming campaigns having to be taken again in charge by the various trade-union authorities. These divergences of points of view reflect the ambiguity of this form of structuring : the Group of impulse and its collectives are not autonomous structures and they are not a self-organisation of the trade union members originating Overseas. However, the trade-union leadership tend to discharge on them from all the specific questions and, very often, they bring together only the members originating Overseas. During many years, this source of contradiction was relatively masked by the charismatic personality of the principal activist of this activity, who cumulated different responsibilities within the Health Federation and the AP-HP Union. "Old" militant of the CGT, she insured the interface between the specific structures and the decisional authorities. Her departure resulted in the appointment of new persons in charge who, by expressing divergent points of view, reveal clearly the limits and contradictions of this form of organization.

3.5. The management of racism in the trade-union organizations.

Generally speaking, the federal persons in charge consider that there is no racism in their trade unions, except very particular individual cases which are very generally regulated locally without having recourse to an intervention of national authorities :

> *The question does not arise. To my knowledge, to my knowledge, in the federation, the question arose once. For 14 years that I am there, I have been alerted once and that was regulated by a telephone call. Questions of political nature may occured, but the problem of the origin does not arise.* (woman, in charge of health Federation, CFDT).

However, all the national persons in charge stress that opinion polls show that a important percentage voters of the National Front declare themselves close to their organizations. The question arises of knowing which attitude to adopt with the members who express positions of extreme right-hand side or which hold of the racist remarks. Although they are conscious of the stake for their image and their capacity to attract minority members, it does not seem that the trade-union federations seek to be systematically informed of these situations, nor that they decided on a standard control to follow by the authorities concerned.

> *At one time the buddies, in the trade unions, I remember, there was a trade unionist, it was a guy who had adhered and who held of the racist remark. He was drived out, but it was the time when we did that without problem. Today you hesitate to drive out people. I think that that carries damage to the organization becaus ewe are also judged according to what we are and the employees do not make us gifts !*
>
> *It is wellknown that now, there is a proportion of the trade union members who vote Le Pen... At the same time, it is not a surprise, because, when you see what he is able to to say… He finds of it everywhere, he finds some rather in the low categories... and rather between those who have problems. Racist members... who were drived out, I think that now it is rather tolerated, it is rather tolerated, I think.*

Sometimes, it is prefered to keep certain members inside the organization, to try to convince them and to make them evolve, rather than to leave them alone "*to tell their imbecillities in their own corner*" :

> *There is still in our section a member who votes FN, which proclaims it and who is in SUD. Thus, question ? He is not a militant FN and he is not a trade-union militant. And what is paradoxical, it is that the local union sponsored undocumented people. We discuss about that : He comes, he votes against, but he is always in the trade union. It is something which it is necessary to take into account, even if it is in negligible proportion. I think that if he is in our trade union, it is becauseit is a trade union of struggle, and that, he aggrees (...) In spite of our clear positioning on the antiracism, anti-Fascism (...) that does not prevent a person like him from feeling comfortable in the trade union !*

These trade-unionists implicitly express a very restricted conception of the racism, understood like an ideology openly marked. Consequently, they are not interested in the racized representations of the social world that the trade-union militants can have, nor with the behaviors which are associated. This reducing definition can be illustrated by a situation described by a leader of the Health federation of the CFDT, reflecting a largely shared approach.

With the occasion of the regrouping of the services of kitchen of two Parisian hospitals, she meets the trade-union teams of these establishments and she proposes to them to pass a questionnaire intended for the employees concerned. She has had the surprise to hear these militants answer that it is impossible because of impossibility, for the majority of the employees originating in the DOM, of speaking and writing in french[24].

> *I was struck. I said to them that they could always answer the questions and fill themselves the questionnaires. They discovered that they wrote, that they were not more inefficient than others, etc. But there was a very particular state of mind (…) My feeling it is that it is kind of ignorance, approximately, they are unaware of a very most part of the personnel, it is especially that.* (woman, in charge of health Federation, CFDT).

3.6. The limits of the trade-union analysis of the racism and their consequences.

Globally, it emerges from the interviews with the federal people in charge a coherence which builds itself around the difficulty conceptualizing the racism and more still considering it in the variety of its demonstrations. By confining the racism in a political ideology imported from the outside in the Health universe and in its unions, it becomes difficult to analyze the multiple process as those who produce everyday the otherness of the members of a minority group, Notably in the relation with the colleagues or the other activists and those who, through routine functioning, restrict them in inferiorised situations in the work or in the trade unions.

For lack of such an analysis, the question of a trade-union coverage of the racism and the discriminations, as that of the integration of the members of minority groups in trade unions tends to limit itself to principal assertions, well-intentioned but often little effective. Even when they express a real intention to deal with this question, the theoretical weakness of the analysis of the trade-union leaders leads them to a certain confusion in the way to approach the problem with the mainly interested persons :

[24] In the DOM, the system, the programs and compulsory of education are the same ones as in the metropolis. Morever, many of the people originating Overseas, in this type of service, was born in metropolis and was provided education for there.

Then, I ask questions to know how I can approach these subjects without… without hurting them, you see … Then, without exaggerating, it is necessary to find, then I look …
Because I know someone, only to speak about it, they live it bad […] They have the feeling to be victims of the racism. They are sensitive, hypersensitive. […].Thus we have to manage to speak about that without that that appears as "we speak about it because it is absolutely necessary to speak about it ; and then" they are defended because it is necessary". It is as when I speak, sometimes I say myself "how shall I do, to say these things and to be understood and not... not to exploit..." I am looking for, in this moment, I am looking for how to tackle these questions (woman, in charge of health Federation, CGT).

The question arises, in particular, of taking into account the inferiorized situation lived by many minority employees, without redoubling their stigmatization :

*A buddy, lovable, moreover, (...) who, when there is a demonstration,, takes without stop the slogan of saying "yes, one was quite glad to find you for… to wipe the arses of the patients" Whereas... there was not only that... It is annoying of saying that, because that devalues also their contribution (…) He does not do it maliciously, but it is this kind of reflexion which is not inevitably well appreciated by them. It is necessary that attention is paid. (*woman, in charge of health Federation, CGT).

This defective comprehension of racism makes also difficult the analysis of institutional discriminations which are expressed, in particular, in the implementation of the specific rights of people originating Overseas. Whereas, since decades, the French State treats in a way openly unequal its metropolitan civil servants "expatriés" in the DOM and their counterparts "ultramarins" affected on the European territory of France, the qualification of these practices as racist seems not to be obvious so much the term receives a moral dimension, accusing, which makes its use particularly delicate.

Us, we denounce discriminations, it is normal, it is as that which should be done it. But afterwards, do I wonder, I go until denouncing racism? (...) What I do not want, it is to appear demagogic (...). Because afterwards, what I say myself, to put that in the balance, that does not make them more evil than of good... I wonder... (woman, in charge of health Federation, CGT).

As often in such a case, the solution passes by a disconnection between racism and discriminations. The second term appearing more acceptable and less violent than the first whose use looks like the one of an atomic weapon.

4. THE CASE STUDY : THE ASSISTANCE PUBLIQUE - HÔPITAUX DE PARIS (AP-HP)

We particularly focused our investigation on the Assistance publique Hôpitaux de Paris (AP-HP) and some of its establishments while putting at the heart of our questionnement the case of people originating Overseas. Created at the 19th century, the AP-HP is an enormous public operator of the Health sector, "a State in the State" to take again the terms of a national trade-union person in charge. With a budget of more than 6 billion Euros in 2002, the AP-HP employs more than 18.000 doctors and nearly 75.000 not-medical personnel (72.000 full times equivalents), divided in 39 establishments. In addition to the structures of care, the AP-HP counts also 37 centers of vocational training, nearly 150 teams of research, two museums, four central merchandizings or the largest industrial laundry of Europe.
Compared to that of the whole of the public hospital establishments, the not-medical manpower repartition of the AP-HP by large dies, presents some characteristics : a more significant weight of the médico-technical personnel (+2,3%) and administrative one (+1,7%) to the detriment of the technical and working staff (-4,2%).

Not-medical manpower of the establishments of Health in equivalents full- times

	AP-HP Numbers (2003)	**AP-HP** % (2003)	**Whole public establishments** (2002)
Administrative personnel	*9424*	*13*	*11,3*
care and educational personnel	*52140*	*71,7*	*71,5*
médico-technical personnel	*5192*	*7,2*	*4,9*
technical Personnel	*5849*	*8,1*	*12,3*
Total	*72606*	*100*	*100*

Source : SAE, DREES.

These variations do not change the prevalence of the nursing staff which represent about the three quarters of the not-medical personnel. With these permanent agents, it is advisable to add approximately 3500 to 4000 people “hors-cadre” (replacement and paid per hour personnels) which thus represent between 4,5% and 5% of not-medical manpower according to years.

4.1. The evolutions in the AP-HP

Like the whole of the public hospital sector, the AP-HP is confronted with two major and partly contradictory stakes : to face the difficulties of recruitment of qualified labour and to answer the political ordering of reorganization of the offer of care and of profitability of the hospital institution within the framework of the “Plan Hôpital 2007”.
After several financial years in deficit, the direction of the AP-HP presented a strategic plan of return to the financial balance which aims at reducing its expenditure of 240 million euros in five years, while redefining the activities of its establishments. This plan envisages the suppression of more than 4000 statutory jobs among the administrative and technical staff and the recruiting of 2200 nursing staff and 4000 “helped jobs”[25].
A second aspect of this plan, aim with disengagement of AP-HP of activity of long stay, in particular in geriatry, by the suppression of 1600 beds and the creation of 800 beds of "care of continuation" which use to hospitalize (normally) for 24 hours maximum, the patient coming from emergency service, waiting for a bed in a service adapted with their pathology.

[25] Paid 659 euros brut per month, for 20 working hours weekly

A second aspect of this plan, aim with disengagement of AP-HP of activity of long stay, in particular in geriatry, by the suppression of 1600 beds and the creation of 800 beds of "care of continuation" which use to hospitalize (normally) for 24 hours maximum, the patient coming from emergency service, waiting for a bed in a service adapted with their pathology. This double movement, of restriction of personnel and acceleration of rotations is all the more likely to worsen the working conditions of the personnel that the AP-HP meets of the real difficulties of recruitment of nursing staff.

Thus, in 2003, a little more than 2400 nurses were recruited, an insufficient number to provide all the vacancies, of which less than the third came from internal professional promotion of the AP-HP or of the recruiting of pupils of its centers of formation. this result was obtained by increasing by 72% the credits devoted to professional promotion between 2001 and 2003 and by concentrating them on the nurses, the health care assistants and the executives. This concentration involved the reduction in the professional possibilities of promotion for the other categories of the personnel the least qualified, in particular the hospital agents[26]..

4.1.1. Minority workers within the AP-HP : the weight of the workers originating Overseas

The interethnic relations in the AP-HP can be characterized by the particular weight of Overseas originating which sets up a group recognized as such by the institution :
- from the quantitative point of view : with 12.000 agents born in the overseas departments, they represent around 15% of the not-medical manpower[27] ;
- historically, they left in the contemporary memory of the AP-HP, since many establishments created or modernized in the years 1960-1970 could never have opened without them ; economically, because of the financial mass corresponding to the financing of certain specific rights ;
- from the trade union point of view, they constitute an important fraction of the electorate, with specific demands which no organization can ignore ;
- from the political point of view, they are capable of imposing particular thematic to the institution, in particular around the question of the memory of the slave trade and slavery.

The population originating Overseas is mainly feminine (67 %), in 90 % west indian (47 % of Inhabitants of Guadeloupe and 42% of Inhabitants of Martinique) and relatively old : 33 % of less than 40 years old, 45% of 40-50 hyears old and 22 % of more than 50 years old. This composition by age reflects the history of the streams of recruitments by migrations from the French overseas departments towards the Paris region. It is also a little qualified population (82 % of agents of category C, 17% of category B and less than 0,5 % of category A), little awarded a diploma and strongly concentrated in certain occupations : 55% are health care assistants (in the AP-HP , more than one health care assistant on two is native Overseas); 15% are workers (that is about 30% of the labor workforce); 14%, nurses (a tenth of the whole nurses) and 6 % are a part of administrative personnels. They are also concentrated in certain big establishments

[26] Cf. Rapport d'activité 2003 de l'AP-HP
[27] To whom it would be necessary to add an unspecified number of descendants of migrants of Overseas having kept bonds with the societies of origin. A person in charge for CGT estimated their manpower at 2 or 3.000 agents within the Assistance Publique.

4.1.2. The stake of the specific rights.

As in the whole of the Public hospital service, the Overseas native agents benefit from specific rights in leaves and in reparation of *distance*. However, given their number in the AP-HP, these rights represent a particularly important stake, so much financial as in management of the human resources.

Since a decree of 1978 established or training civil servants exerting their functions in metropolis have the right to request improved vacations (*congés bonifiés*) at the end of a minimum of 36 months of uninterrupted services, if their usual residence is located in a department of Overseas. The same decree also concerns the civil servants exerting in the DOM and whose usual residence is located on the "European territory of France". These specific rights are a heritage of the advantages granted since 1910 to the metropolitan civil servants assigned to the colonies and it is gradually, since 1946 after many struggles, that the "expatriate" civil servants of the Overseas obtained symmetrical rights to those of the metropolis. The allowance increases their period of holiday to 65 consecutive days (including the public holidays and Sundays), the cost of air transport being financed by the State for the agent, its dependent childrens to 25 years and his wife/husband, under certain conditions of resources ; moreover it is accompanied by an exceptional premium known as "premium for expensive life".

For the AP-HP, the total cost of the implemented of the right for the improved leaves would be 21,18 million euro a year[28].. But these additional costs are managed at the level of establishments. Now if every hospital receives an annual endowment including the coverage of these leaves and the replacement of the personnel, this one is melted in the global budget. In period of shortage of means, the managements of hospitals may try to allocate these sums to other aims.
Moreover, the management of the improved leaves poses problems of human resources which are added to the difficulties of recruitment. The concentration of people originating Overseas in certain establishments and certain services worsens these difficulties. The partial replacement of this leaves results in an aggravation of the working conditions of those who work. Moreover, the improved leaves are concentrated in the period of the school holidays of summer, which prevents other people from benefitting from these same period of holiday. All this is not without consequences on the working relationships between colleagues and on the attitude of the management towards these agents.

The second difficult question raised by these specific rights relates to the allowance of distance. In 1953, is founded by decree an allowance of distance (*prime d'éloignement*), being equivalent to one year of treatment, to incite the metropolitan civil servants to go to work in the overseas departments. At the end of a long legal struggle, in 1981 the Council of State (Conseil d'Etat) recognizes the symmetrical right to this allowance for the civil servants of the State originating Overseas and working in metropolis. However, until 1986, the agents of the hospitals are seen refusing this allowance, with the reason which they are not civil servants, then, after the creation of the hospital Public office, with the reason that they are not a civil servants of the State.

[28] Marc Laffineur, *Rapport sur la fonction publique d'Etat et la fonction publique locale outre-mer*, Assemblée nationale, septembre 2003.

In December 2000, the allowance of distance (*prime d'éloignement*) was removed and was replaced by an allowance of installation (*prime d'installation*) for the civil servants of the State, corresponding, also, to one year of treatment, But this law does not have a retroactive effect.
In March 2002, with resulting from a long procedure initiated by an agent of the AP-HP, the Council of State affirms that the *prime d'éloignement* also applies to the hospital Public office. If this decision were applied, it would cost 260 million euros the AP-HP. By bringing this sum closer to the 240 million euros of economies discounted by the strategic plan of the Public Assistance, one understands all the importance of the stake.

To avoid paying, the hospitals try to put forward a term of limitation (4 years for this type of national public debt). This procedure caused two types of reactions : legal recourse, on the one hand, and trade-union, associative, political struggles, on the other hand.
If the stake is very significant for the institution, it is not less for the people originating Overseas. First of all because the sums which they can touch are far from being negligible : thus, a plumber of the AP-HP whose file was accepted and who should perceive more than 28.000 euros. Then because this administrativo-legal battle also carries on the redefinition of the individual criteria of attribution of this premium. The risk is great to see certain reasons for rejection re-used thereafter, to refuse to the same civil servants the right asset with the improved leaves.

4.1.3. The trade unions in the AP-HP

The trade unionism with the Public Assistance shows certain particular characteristics, related to the specificity and complexity of the AP-HP itself. The CFDT, FO and of SUD have each trade unions of establishment divided in sections. But, like often, the CGT makes exception with a more complex structuring which federates within the framework of an Public Service Union - the US-AP CGT - trade unions of establishments and sometimes of services which organize categories A separately and (especially) B on the one hand and the categories C on the other. The relations between the two sections of the same establishment are not always harmonious, especially when corporative lines of cleavages are linked, to say nothing about ethnic and political divisions.

The Trade-union strength relations do not reflect the national hierarchies. If the CGT is the main organization with 36,7% of the votes for the Joint Administrative Commissions (Commissions Administratives Paritaires) in 2003, SUD arrives in second position with 21,4%, far facing the CFDT (14,7%), FO (11,9%), the CFTC (5,6%) and the UNSA (4,1%). Thus there is a prevalence of a "class-struggle" trade unionism, with variable rates of affiliation, but often definitely higher than the national average. Certain services or establishments appear as real "trade-union bastions" as the Central Service of the Laundries, where approximately 40% of manpower are trade-unionised.

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Lastly, the importance of originating in the DOM in the personnel of the AP-HP confers an particular importance to the so said "Overseas" activity, in particular in the CGT.

To organize these activities, the US-AP CGT created a central Overseas Collective which federates the collectives of establishments or services. These latter can be limited to a single isolated activist in charge of these specific questions or gather a small team able to involve the whole of the trade union on their demands :

> *Initially in the collectives, often, there is 3-4 people. Then there are hospitals where they do a work. They are 4-5 and meet together, they do the work. 1 or 2 come to the meetings of the US central collective, and they transmit the news. But, overall, they come to seek information. The concern that there is, it is that, often, in the local collectives, they are alone, isolated (…) Thus you have all the situations.* (Person in charge US-AP CGT).

If the current person in charge of the "Overseas activity" in the US-AP is not herself originating in the DOM, a quarter of the members of the comitee of the Union are, but only three are secretary general of trade unions of establishment.

4.2. Policies of recruitment

Our survey led to us to interrogate persons, union members or not, who work in very different contexts. The place of the members of a minority group, the question of the racism and the discrimination are there also composed in a very contrasted way. In the services of care, the situation is close to that of another big institution : the national education. The institution tends itself to think as preserved from the racism, while it is strongly ethnostratified and while the hierarchical and ethnic borders confirm each other. Also, there is a focalisation on relations with the public, in particular on violence which this one can exercise. In the laundry, the organization of the work is that of the factory, with hundreds of workers, largely minority people, working on the production line. In the mechanical workshops, in charge of the interview maintenance of vehicles, we find small working collectives within whom the racism can be expressed sometimes brutally. Finally, in offices, it is the rarity of the members of a minority group that is striking.
In spite of this variety, the institution is marked by a complex and omnipresent hierarchical order, leaving place with an arbitrary management of the staffs. Evidemment, l'ensemble de la hiérarchie n'est ni arbitraire ni « raciste », mais les témoignages que nous allons présenter ci-dessous doivent être replacés dans ce cadre institutionnel objectivement favorable au développement de pratiques discriminatoires. Obviously, the whole of the hierarchy is neither arbitrary nor "racist", but testimonys which we will present below must be replaced within this institutional framework objectively favorable to the development of discriminatory practices.

4.2.1. Precariousness process and double labour market

According to our interiewees — and probably because of the lack of qualified looking after personnel — WW discriminations at the time of recruitment appear mainly via the statutory precariousness. They are concentrated on the least skilled nursing staff (agents of ward - ASH) and on the working and administrative personnel, which constitute the principal targets of the reduction of manpower planned in the AP-HP :

> *Among the contractual ones, in the most precarious statutes we find a great majority (...) either of people originating Overseas, or of Maghrébins in the least skilled sectors. In the workmen a little.* (Secretary-general, trade union of establishment, CGT)

In the same way, in certain administrative services, the minority ones seem accepted only in CDD, thus masking, seemingly, the reality of the sorting in the recruitment :

We were three coloured persons in the office and [the new head] found that it was too much, whereas it there was only one who asked for its improved leaves. Then, that did not disturb. And when my colleagues left, they were not replaced by coloured people. If it is ever 'Maghrébians', it is just for short time contracts. For the changes, it is to be believed that those people never apply for these jobs. But it is hushed up because it is a person who says, yes, I like to go in the "very coloured countries"....(Administrative agent, activist, CGT)

It arrives that some people can, from the outside, confirm the internal experience of the institution, with a kind of « discrimination testing ».

One of my mates whose surname is 'Ben X' sent her application here. Well, no, there was no job. It is a girl, see. She is married and her maiden name is Martin. She then sent in the application under her maiden name and then, she was taken up right away… After, as souon as they have her on the telephone, they will hear her accent… There are several stages in recruitment. Tour name, something as simple as the fact of having an immigrant name. Today, that can be a handicap to getting a job. I know it. I've already seen a lot of times

The restrictions of personnel for jobs that don't belong to the "core of profession", thus result in a precarisation of the least qualified jobs which appears, consequently, like a space of employment reserved mainly for the minority workers, and by a recourse to subcontracting and the interim which makes it possible to extend the use of a precarious labour to the foreign one. This human management by precariousness and competition puts the most vulnerable in a state of permanent tension which can sometimes lead them to "self-elimination" while at the same time they could start to benefit of certain minimum rights :

The contract of a colleague was stopped at the end of 88 days. It missed three days to be entitled to the allowance of job loss. And she has re-worked three weeks after. The girl came to me, she was in tears, she has two children, she cried about it [ ] A mother of two children, it was necessary that she work… And she is called at all times to help out. For she rendered service to the institution, she thought that one day she would be thanked… and her file was not even retained in the files for the hospital agents [...] She had an unfavourable report. And it is at this time that she understood that the institution did not want her. (hospital trade union representative, CGT)

In a context of reorganization-profitability of the hospital, the successfully struggles of the trade-union organizations for the establishment of the not-titular encounter today a reorientation of the auxiliary staff management by the AP-HP. The acceleration of the rotation of contractual and the recourse to subcontracting and the interim make more difficult the opposition to precariousness in the Public office and create a new segment of the secondary labour market[29],. This one is provided mainly by a minority labour, discriminated on the principal labour market, increasingly restricted.

4.2.2 The discrimination against the "*congés bonifiés*" at the time of recruitment

A second aspect of the discriminatory practices at the time of recruitment relates to the ones originating Overseas specifically and takes the form of what one could call "discrimination against the *congés bonifiés*". We underlined the stakes, financial and of organization of work, dependent on the *congés bonifiés* and to the *prime d'éloignement*. Many testimonys indicate that a significant share of the persons in charge for the personnel of the AP-HP checks if the "black" suppliers are likely to benefit from these statutory advantages and that they make of that a criterion of recruitment.
The checking, may be indirect, starting from the candidates' file :

[29] Doeringer,Peter ; Piore, Michael. 1971 : *Internal Labor Markets and Manpower Analysis*, Lexington, Massachussetts, D.C. Heath and Co.

When two people originating Overseas will be presented to be engaged, they will look at if where they are born.... Because already, he is black, therefore they will look at from where he comes. They will see if he is of French nationality, therefore they will seek its birthplace, because all that is written in the file. They will see, he was born in Paris. Hospital agent, Paris, therefore it is not entitled to the improved vacation. The other, one will look at, he was born at Pointe-à-Pitre. He is entitled to the 'congés bonifiés'. Iif they requires for both, they will take both, but if there is a choice to make, they will take the one who is not entitled to the 'congés bonifiés' (Person in charge US-AP CGT).

The question may be answered to the supplier during the hiring interview :

When I got to L. Hospital,for a recruitment interview, they asked me : "Were you born here or there ? ". "I was born here". "Oh good". Right, that was positive. You see, if I'd told them I was born there, e : no thank you. They make selection like that, at the basis. (Health care assistant, not-unionised).

The interrogation can relate more directly to the intention to exert this right :

My small cousin who was born Overseas but who studied [...] to be health care assistant here… Thus she followed the formation, she obtained her diploma and she worked in T. Hospital (…) One had said to her, "yes, yes, I'll recall you". She was never recalled. Thus she called me thrown, into a panic a little, by explaining me how that occurred and while saying to me that she had been asked to know whether she thoughtto leave on congés bonifiés. Thus she said yes, naively. (Hospital trade-union Representative, CGT).

The generalisation of this practice can be dated, starting from the beginning of the years 1990, with the first measurements of profitability of the public hospital, which directly weighed on the interethnic relations in the hospital. It can go until requests for written engagement to renouce by advance to the improved vacation

Discrimination with the *congés bonifiés* in the process of recruiting may also seem as a competition between people originating Overseas with the other minority on the labour market :

In my service, there are three people originating Overseas which left, they were replaced by three African women (Union representative of hospital, CGT, of African background)

However, the conditions of this competition appear unfair and like an ingratitude, a refusal of the historical contribution of people originating Overseas the to modernization of the Public Assistance when it had an essential need for this workforce :

In the 1970s... there was a third of them, but now, that decreases because since the Nineties, they started to engage much less the originating ones. And I said myself, the workforce which was called in years 60-70, too work in the hospitals will be replaced by our compatriots of... maghrebian and African background. Because, there will not have to pay 'congés bonifiés' (…) If for example there is a vacancy, if there are four OO and one originating in Africa or the Maghreb, that will be her who will be taken, not the others. (Hospital representative, CGT)

The channel of recruitment by the play of the recommendations by the agents already in place do not exist any more, even for seasonal jobs which allowed to the children of the personnel to find a "job of summer" and/or to socialize themselves in this professional environment while waiting for a recruitment opportunity :

That does not exist any more, that existed at a moment. An agent left and he asked that his son or his daughter is engaged, it was done but that is not any more done. Even when the children of the Overseas agents ask to be engaged for the leaves, they take it much less.(hospital representative, CGT).

Before they took the children of the staff and, as there were difficulties being able to take all the children of the staff because there was no place in the laundry, [they decided] to take the files which appear. So, we find fewer and fewer the children of the staff and […] thus we took effectively students (man, Person in charge, SUD-SCB)

The channels of recruitment worked when the AP hardly needed manpower little qualified and of French nationality. They disappeared doubtless not totally, but they benefit essentially the management. Given the distribution of the Ultramarins in the hierarchy of the AP-HP, they are badly placed to benefit from it :

> *Kindrer networks, that exists just a little… finally I mean globally eh, at the level of the native Overseas, I do not know if that existed a lot … Because the AP, I say to you, it was our house, it was a little bit domestic, but I think that it was less evident all the same than for the other native. We find the son of someone who comes for a small replacement. It is the vestige of what made the AP for its agents. But the problem it is because it is often always the same, those who are well placed, for their kids … It is rarely, finally that arrives, but it is rarely the son of the agent of category C.* (Secretary general, hospital trade union, CGT)

4.2.3. An ethno-stratified recruitment

Independently of the question of the subcontracting and the precarousness, the processes of recruitment in the AP-HP end in a shape of ethno-stratification of the work. We have already underlined that more than 80 % of the Ultrasmarins of the AP-HP raised from the category C of the hospital Public body. If most of the union activists whom we met noted a certain evolution in the recruitment with, in particular, nurses' arrival native of Africa or Overseas, the hierarchical borders tend always strongly to confirm itself with the interethnic borders.

This coincidence seems particularly net in the services of care with the distribution by origins between nurses and auxiliary nurses. Now this evolution is combined with tensions between these two categories, which ensue from current evolutions in the hospital sector mixing statutory reform, reorganization and intensification of the work (cf. above) :

> *At 10 hours, the small coffee break, separation is not done too much by color but more by category. There are the nurses who have their breakfast together, the health care assistants in the other. Differentiation is not color but of category. The vision of outside, it is true that you see Blacks, Whites. But it is not that the difference. It is B/C, IDE/AS S*[30]*! And that we gained it in 1990-95, separation IDE/AS in two camps which do not recognize. That it is professional. Before it was much more welded, there was a binomial nurse/health care assistant, and the better recognition of the nurse, blow up this couple. With the result that, now, there is an opposition between the two. In the services, things may get heated… Question of competences...*
>
> *Before, with the bedside of the patient, there were a health care assistant and a nurse in concert. Then, one could almost say schematically, it is not true but schematically, the nurse was "metro" and the health care assistant was West-Indian. Some of these tandem was like thick as thieves, that occurred very well. And I think that what one could currently call racism is not that. It is not a White/Black racism, but it is racism between health care assistant category and nurse category because this binomial was broken, so that the personnel is more flexible and goes from a place to another. And also to prevent that there are too many affinities hein? When there are too many affinities, it is not good. And, it is to us our difficulty.* (Hospital trade Union, Persons in charge , SUD).

If this line of cleavage can be interpreted in strictly corporative terms by these militants, all resulting from the majority group, it can be analyzed in a more complex way by the minority who live the articulation of the two lines of cleavage :

> *On the other hand between the nurses and health care assistants, one does not mix the cloths and the towels. There are many nurses who were health care assistants before, but one forgets quickly [laughter], one forgets very quickly. But even West-Indian nurses. Some, to be made integrate into the group, are even ready to thrash out on those who are of the same background than them. I had somebody like that. (…). Style, she will do everything to show that she has an influence. Because their play it is that, to have an influence on one health care assistant.*

[30] Category B vs Category C,i.e. nurses with State diploma vs auxiliary-nurses

*Therefore, 'I prove to you as I have influence'. And sometimes, it is even worse than when it is a white which you... Because not only you see that she is your compatriot but it is necessary that she works at least ten times more than the others. (*health care assistant, people originating Overseas, not-unionised)

This ethno-stratification is not specific to the services of care. It was presented to us, in a way even more marked, in administrative services :

No, not at all. There is not much people originating Overseas, we are five on about sixty on the whole. There is no manager originating Overseas on our service, there is a technician and the remainder, they are only administrative agents. (Administrative agent, activist, CGT)

Or in an technical department :

Ah, it is necessary that I show you a trick. Observations which I made, on that [they are tables recapitulating the distribution of the improved vacation by categories of agents in the service]. If you observe well : is the congés bonifiés, where are the congés bonifiés ? The congés bonifiés there is the West-Indians hein! Where are the West-Indians in the diagram compared to the categories C ? Category C, here, they is workmen, hein! Look. There, the congés bonifiés, there is not a manager A, in any service. Do you put the question, why ? There is not here manager of West-Indian. It is to say to you that there is a problem (Service section of the trade Union, person in charge, SUD)

The only one situation which was presented to us like breaking with this dominant ethno-stratification, is that, very particular, of the central service of the laundries on which we will return thereafter.

4.3. Interethnic relations with the Assistance public-Hospital of Paris (AP-HP.)

4.3.1. The assignment of the personnel, the allocation of the tasks and the question of internal mobility.

Once crossed the obstacle of the recruiting, it is the discriminatory practices as regards assignment of the personnel to such or such service, of allocation of the tasks in their centre and of request for mobility between the services or the establishments, which are underlined by the people interviewed.

• Discriminating assignments and representations of minority

In the services of care, much of trade unionists stressed that the minority employees were affected firstly and authoritatively in the most painful sectors. In the same way certain attributions in the technical departments seem particularly intended for certain categories of agent. The assembly line work in laundry, for example, clearly seems a "work of immigrants".

These practices of recruiting, assignment and attribution of tasks return to a whole of representations of people originating Overseas, in particular, and the minority, in general, which justify them. The stereotypes associated with the category "people originating Overseas" or "West-Indians", are fixed in the history of the institution and its operating mode, as this trade unionist, evoking the professional career of his mother in the years 1960-70 :

The BUMIDOM organized these migratory flows. Thus, they are people who primarily came to work and especially of the women [...] In general, the most difficult works, it was nevertheless them which took them. At this time, it should be also known that they was rather the provincial ones and the ones originating Overseas who accepted to work with the bedside of the patients.

It was common rooms of 10-20 beds, they was the girls of room or the boys of room. (Secretary-general, trade union of hospital, CGT)

According to an health care assistant, these representations associate images of resistance to work and of docility and they would evoke the history of slavery :

In the hospital X, they are accustomed to have people originating Overseas, but well, who stand up, like that to them, not. It is not in their practices to stand up. I see that well, for certain people, I am the antithesis of what they wait to see facing them. Yes, I am a person who does not accept everything, therefore automatically, it is sure that you have opposite people who cannot understand that. You are not flexible, you are problematic in the service. Here. Already they will put you in the hardest service. They know very well that a "Négresse" can work, she has resistance to work. It is due to slavery. They are coded hein? They already have codes in the head. Thus one will put them in the hardest sectors and, like that, one knows that the job is made (…). Hemato service. You have the AIDS, you have cancer. The working charge is very dense. Especially at the beginning, we did not havenot the trithérapy. You do not stop. You finished a patient, you pass to the following, you are obliged to turn over to the first, to turn over to the second, then with the third, especially in sector where people do not want to go. (Health care assistant originating Overseas, not-unionised.)

These representations would be maintained by the "doudouiste" behavior of certain Ultramarins who, out of any friendly relation between colleagues, can be brought to endorse this image of indolence and exotic good-naturedness, to be accepted, in particular by their hierarchy :

You see how the West-Indians do? One makes them the worst filths and they are still allowed... [...) And the West-Indian women, especially the old ones, they cook blowouts in the services for the professors, this, that. I say : but wait, it is incredible, one is still in the the time of slavery or what! Then that arrives. Then 'Mister the Professor, and how are you ?' and every weekend it was that. They prepare blowouts it, they give to drink, and all that. Although they are made treat worse than a nobody in the service. (Health care assistant originating Overseas, not-unionised.)

That is to dissociate oneself, like does it this young woman, or to take them on their account, as these health care assistant who nourishes with their expenses their "bosses", the minority have no another choice to take account of the stereotypes associated with their categories of membership. In all the cases, they are held by it for accountant and, constantly, these stereotypes can be used to evaluate their action, including discrediting them.

These stereotypes frequently draw from the register of the culture. Also, the arguments which consists in underlining certain supposed cultural characteristics of the minority groups to justify their assignment to the most "heavy" services returns it regularly in the talks, including, like here, in the remarks of the minority ones :

I you go in the long stays service, you will be struck to see the number of people originating Overseas or from Africa or Maghréb who are there. Initially they do it readily because one cannot say that they are related little to the respect of the seniors. Thus it is a little in our culture, therefore that goes. But at the same time when you present yourself, one will keep the most interesting for the ones originating in the hexagon, whereas one has tendency rather, always, to propose to these agents the heaviest, sectors. (Secretary-general, trade union of hospital, CGT).

It can then occur a kind of reversal of the stigma, a matter of pride which puts facing the values of solidarity and of respect for old people of which the majority ones would be largely deprived :

I had a woman, of West-Indian background, who said to me that she was shocked by the way in which Maghrebian people behaved within a service, which is different from the design of the work of African people which approaches more our. Therefore, with the job, they are people who are discrete, who are relatively close to the patient […] Then for it, the Maghrebian has a

behavior which is completely different. Who is harder, more individualistic, etc. (Secretary-general, trade union of hospital, CGT).

Obviously, the minority ones are not the only ones with being assigned to little required services or tasks. In general, it is the main part of new come which is assigned authoritatively at the least desired stations, as it is frequently the case in the public administrations. However, in the case of minority, this first assignment can take a different direction and not to be simply an obliged period of "purgatory" :

White or Blacks, everyone goes there. But afterwards, the ones will may change easily and the others will always remain in the same fields. (Union representative of hospital, CGT, of African background).

• Internal mobility and assignment change

Différents testimonys evoke the obstacles with the change opposed at the requests of certain minority to change service within the same establishment or to change establishment within the group. The question of the *congés bonifiés* returns, of course, like one of the motivations of these refusal, the heads of service not wishing to be confronted with problems of replacement of long duration lasting the summer holidays :

And there were sectors where the executives said to the agents that they did not take them because they took their improved vacation. I have to ask the direction to recall to the order the executives. But after we can always write a memorandum, when people are decided to follow a policy… After the person finds oneself in service, she will find confronted with criticisms, what she will do, it will be never rather well, until she starts. And that, it is a long work behind, butone cannot change the people completely. (Secretary-general, trade union of hospital, CGT)

This type of situation seems rather current and it underlines the limits of the trade-union intervention. No doubt, the trade-union organizations can intervene to impose a refused change when it seems moved by the loathing to grant a statutory right. But, in this case, the agent is exposed to retaliatory measures in its new service and to be victim of forms of harassing. The possibilities of trade-union intervention are all the more limited that, within the organizations, the illegitimacy even of this type of discrimination is not unanimously perceived :

G. :That depends what is called racism (…) I know that certain trade-union organizations, the CGT in particular, one will say that part of the magement is racist because they, they slow down when they know that there is one who will come in the service. But I will give the version of a manager : if I take him, me, every two years I have an improved vacation to compensate for. It is true, that it is an act...
P. : But it is the same for the women…
G. : Yes, it is similar for the women : « Not you, because you will not delay to have a kid ». It is a little… For me it is not a racist act in the public meaning, that that can have outside. It is an act of an executive who seeks to manage its service so as to have less possible holes in a manpower which is a little 'ric-rac'.
P : Yes, but the ' congés bonifiés', it is a right, therefore if you reconsider a right... For me it is a little racist because, it is a right. It is because it is black, finally that it is West-Indian, that he has the right to leave. You return on that, Ben I think that it is racism. Just as to say : 'I do not want to take a woman, because she can be pregnant'. Thus if she comes in my service, for two months, I will be… (section of hospital, Persons in charge, SUD).

This kind of debate crosses all the organizations and can oppose the trade-union militants to the hierarchy of the establishment, as in the case of this militant who goes the personnel service accompanied by another trade-union representative, "metropolitan", in order to obtain the days of rest to which she has right :

She is trade-union delegate, therefore she comes with me. I say to assistant of the head of the personnel department : "I do not understand. Explain me why one says to me that I am

administrative category and one does not give me the advantages", etc... She (the delegate) left the office and said to me: "but you have already improved days off, you do not have to claim" and she was in anger. She accused me of intellectual dishonesty. (Deputy trade-union of hospital, CGT).

The obstacles with the change are not limited to the refusal to receive agents profiting from the *congés bonifiés*. Certain testimonys evoke sorting with the facies, and hierarchical arbitrary :

The persons in charge, the doctors, it is them which make the rain and the good weather on the SMUR. If they want to transfer somebody, they transfer an agent. They have a terrible power (…) As the direction does not want to have troubles with the doctors, they capitulate. The guy, we, as a trade union, we are obliged, within the framework of the adjustment of work, to ask for a reclassification of the guy in another service It is what we do so that he keeps his seniority, his advantages. But the administration knows the system and thus they rather easily agree to reclassify people. All that it is a play of hypocrisy, but behind all that, there is a suffering (Person in charge section of service, SUD)

These brutal methods of human stock management do not touch the minority ones alone. But, because they are overrepresented among the lowest categories of the hospital hierarchy, they are also most likely to be victims of them This shade in the processes of change prosperous to the favour of semi-official or illegal procedures, based on forms of co-optation by those which hold information.

Obviously, in the knowledge and control of information, which determines the possibilities of change, there are not the agents of categories C who are placed best. In addition, the obstacles to internal mobility can have consequences on the upgrading opportunities of career and ratify the assignment of minority to the most devalued functions :

It is a guy who is of Algerian background [...), who has 3 kids, who is married, a very good guy, who succeeded in the baccalauréat… And he is (…) with the recovery of waste. During a meeting with the Director, we asked for his move because he wants to learn to become health care assistant. And we argued that if he wants become health care assistant, it would be better he moves, for having rather a relationship with the patients than with the waste. And the director agrees. And, in fact, we realized that his manager had been to say to the service where he could have gone that it is always sick, whereas he has had an on-the-job accident, and that he was not a reliable guy, what. And this supervising-nurse, regularly makes reflexions... I would say of racist type. One day she said : "I shall seek my Blacks and my Arabs". You see… (Person in charge US-AP, CGT).

In this context of ethno-stratification of jobs and tasks, the question of the possibilities of professional promotion constitutes an essential stake in terms of systemic reproduction of the interethnic relations within the AP-HP.

4.3.2. Evolution of career and professional promotion

• *Establishment, notation and sanctions*

The first difficulties in the evolution of career of minority can start — and finish — with the stage of establishment :

I had the occasion once, there was a young African woman whio was engaged with the crib. And to which the manager... good, She was not established. She has had a report saying that to was unable to work... It was more discrimination than the capacity of the colleague […] I would say that it was discrimination because the colleague was... ready to work. What was reproached her was not founded. Mutual incompatibilities with her colleagues… But the colleague with whom she worked and the colleague who had complained, I had gone to see them, and they explained me anything else, which did not have a relation. […] It has been said

that parents had complained about her, when I asked, it did not have there a complaint from parents... Good, it is because they did not want to establish it. (woman, Hospital trade union representative, CGT)

This feeling of arbitrary in the appreciation of the management, can be found again in the question of the notation which constitutes a significant element in the evolution of career in the Public office. The decoding of the notation requires a training, just as the comprehension of its use in the event of rebellion vis-a-vis treatments considered to be unworthy and inferiorising.:

My senior staff, when I started to militate, with my problem of fracture, at the beginning she marked me "works according to its mood". Me I said myself, it is not malicious, at least somebody who knows me. At that time there, I had response to all, and in my head, I did not see the evil and I did not dramatize [...] And then whens he marked me "regular absences", I took time to analyze all the appreciations she pus on my sheet of note and it is at this time there that I did everything to remove these annotations, since they were not very good for me. (Hospital representative, CGT).

The background information provided by the management, can thus have serious consequences going until radiation. However, in the majority of the cases, it is on the possibilities of access to the formations that the feeling of the existence of discriminatory practices is focused in the trade-union speeches.

• the access to the formation

The possibilities to obtain a vocational training, can initially appear as a kind of lottery, of an individual chance which can make it possible to leave the logic of maximum use of the agents However, in this "lottery", some of our interlocutors perceive regularities among the winners and the losers.

- Regularity in term of professional statute and of origin :

I do not know if the color or the race plays for the formation (...) But the executives have much formation, the agents much less. (Hospital trade union, person in charge, SUD)

The questions of class, here of statutory category, and "race" or ethnicity interfered closely to assign minority to the lower place of which they cannot leave. It is true that a significant share of the agents of categories C, and in particular among the people originating Overseas, was recruited with a not very high level of schooling. Their assets also could regress afterwards of years of professional practices which do not request necessary qualities of abstract reasoning to follow qualifying formations and to sit the competitions :

The problem which we have, also, which is significant… It is not specific to people originating Overseas. From the moment when they return as Hospital Agent, it is that they already do not have a diploma, it is not inevitably the school failure but the level is as it would be. (…) You have professions, like Hospital Agent, you do not need to write or take notes, therefore at the end, you never write, thus you lose. (Person in charge US-AP).

This thus raises the question of the adaptation of the formations to a public which requires for handing-over on level, if one seriously considers the possibility of promoting it. However the design of these training really does not seem to constitute a priority for the institution. This relative disinterest can be brought closer to the perception of the minority agents by the management who controls the design and the access to the formations :

One tends to doubt that you can succeed. ' Ah, you want to make the formation ? You think that you will succeed ?' That it is the pressure which certain managers put to some and not to others. Or they tend to slow down, there is never the possibility on the planning, etc (hospital trade-union, Secretary-general, CGT).

This tendency to the undervaluation of minority can have an inhibiting effect on those to whom it applies. But it also intervenes to legitimate, in all good conscience, the arbitrary appreciations which very concretely will block the upgrading capabilities of career :

> *I go to the office formation to present the request, they make me pass a test, after it is the head of the service who delivers his opinion and it is this opinion which makes that I'll go in formation or not. And she said not, she said that I was not made for medicine, whereas I had just arrived in the service, she did not know me. I had arrived for hardly a month. If I had worked with her during ten years… she could say... But she did not know me. She said no : 'Mr X is not made for this service'. She did not want me, roughly speaking, as nurse… (*Union representative of hospital, CGT, of African background*).*

The majority of the trade unionists whom we met relate to us of the similar situations, characterized by the absence of justification of the refusal of formation or by justifications so general that it lose of it any significance or by reasons without relationship with the object of the appréciation, even if it means to refuse the standard tools for evaluation :

> *She simply received her verbally and she said to her simply that she judged thats he was not able to be a nurse. Without giving more explanations... the* (hospital trade-union representative, CGT).

Obstacles with the promotion of minority can sometimes be organized knowingly in a preventive way, even planned, while using of the monopol of the management on the control of information :

> *There are internal competitive examinations, but the difficulty which arises, it is that it is a minority of people which knows when the exams are opened. Us, in the workshop, we are not well-informed that there are exams ! The heads are supposed to put up the competitions timetable and it is only when the competitions are finished that they put up the notice. Often it is that. My two colleagues originating Overseas who left, it is an example. They were to pass an exam. At the last minute, one says to them : ' ah, there is an exam which must be done. It is necessary that you inscribe'. Whereas we had a storekeeper ("white"), him, he prepared the contest during one year. He knew that there was a contest, and during one year, every Monday he was going to take courses.* (working Personnel, originating Overseas, not unionised).

• A defensive and limited trade-union intervention

Vis-a-vis these arbitrary practices, the trade-union organizations have difficulties to react, first of all because they are not always informed. Even if it is possible to intervene defensively by highlighting the arbitrary of an appreciation, the result is not guaranteed. On the one hand, as we saw in connection with the changes, the management can, after having gone into reverse, to take retaliatory measures against the agent at the time which he is back in its service. On the other hand, trade-union pressures exerted on certain heads of service so that they rectify their appreciations related to their subordinates can encounter a collective reaction of defense of the hierarchy :

> *We go, with a colleague, in this service. We show black on white that his note is completely phony. That she has a very, very bad note which is not justified. What occurs? The head changes the note and I receive a letter of the direction saying that we threatenethe manager, which accuse us to have made intimidation to make her change her note […] the lawyer [of the CGT] written to the direction, but the letter of the direction was sent to all the executives by e-mail. From a not founded bad note, it became : the trade union threatened and intimidated the executive to make her change her note.* (Secretary-general, section of establishment CGT)

Especially, it is much more difficult to highlight regular discriminatory practices, that which would open the way with a more preventive step :

> *The manager delivers his opinion. It is significant nevertheless, but we have a training service behind where there is a control. There is F who is the personnel representative to the service formation. Is there more refusal... Then that made a long time that it was not checked. It had*

been said that we would have look at, because there was more refusal... But after it is necessary to see. It would be necessary to be sure reasons of the refusal. Is it really justified or not ? F. would certainly say that there were blockings according to the color. But as long as it is not proven... (Trade Union section of hospital Person in charge SUD).

The question being formulated in terms of direct discrimination and thus of motivation, the trade-union organizations are often embarrassed and the militants hesitate to speak about racism. They do not want to be accused of defamation facing the justice and, they fear, for "human" reasons, to carry this type of charge so much it appears degrading :

I hear : "one do not please give me a formation because I am black". I hear it, I heard it "I am not recruited because I have my congés bonifiés" but I do not have truths arguments. Me, I cannot accept as a secretary-general : "me my formation is not given because I am black". (…) Me, I do not want to use racist, systematically racist (...) if I want to use even the word discrimination towards a foreign community, resulting from immigration, if I use it, I want that it is founded. Because facing us there are women and men. One human being. To attack somebody as racist and who is not racist, it is hard. It is humanly difficult. I do not want to attack an executive while saying to him, you pu himt a bad note because he is an Arab. I do not want even to leave an assumption on only one case. But one must give oneself the means of raising a suspicion

This approach of the racism and the discriminations, centred on discriminatory motivation of the practices limits all the more the capacities of trade-union initiative, as they have difficulty in mastering, upstream, the offer of training, so as to be able to define priority targets.

• Training and professional promotion

Once the stage of the access to the training got over, its progress, to the statements of some of our interlocutors, may still to contain unpleasant experiences as the feeling to be noted by some teaching according to a specific table :

She saw that I had a very good level, but she lowered all my notes, and there was a woman, who was her preferred, who had big difficulties, she had the highest notes. And there, one day that irritate me, and I said : there, it is going to need that you explain me the table, on what you note because, there, the controls which I return you, it is learnt by heart, explain me facing all the pupils. She was red, and she began to falter, and she did not know any more which table she had put. It was only racism. Why a Negress could have so many positive notes ? It was not possible. I did not say to her : it is of the racism. No, I do not pronounce this word. But I knew very well her mechanism and I wanted to prove to her… Sh) stayed on her… ' no, I maintain your note. I said all right but that will not prevent me from having my exam at the end. And I had it. (non-unionize health care assistant originating Overseas).

In a more general way, certain members of a minority group felt dissuaded from pursuing a training :

One puts them the pressure : 'you are not made for that, you are this, you are that'. No compliment, always to denigrate and that, that discourages at the end. It is not isolated cases (…) There are more than about forty who left like that. If forty came here to say that, and if we noticed that they are all coloured, there we could … But as people do not come, as they take that as a fate, or they turn to other professions … (Hospital representative from african background, CGT).

This type of difference of requests of the teachers towards the minority pupils is very wellknown in sociology of education and its consequences on the pupils'results were demonstrated. These consequences are all the more important as the same differences of treatment can be translated by increasing of requirement, or, to say the least, by an inflexibility in the judgment towards the "average" minority candidates.

If none of our interlocutors questioned globally the organization of the competitions, certain examples question their regularity or their equity :

B. :There was a competition for the body, with questions on the body. As my colleague said to me: " I am a coachbuilder, I know my profession, I know details". How explain that there are six points of difference between him, who knows the profession for a long time, (…) and the other who is a storeman ? Hop, he) had his competition and the others did not have it !
A. : They always cheated, it is known but, that also, it is not easy to prove.
(A : trade union service person in charge, SUD ; B : worker originating Overseas, non unionised)

The differences of treatment do not even stop with the success in the competitions.

• The minority supervisory staff

In the central service of the laundries where a good part of the control and the intermediate management is composed by people originating Overseas, the activists evoke the memory of one of their comrade, a pioneer who, the first one, tried to obtain a promotion in passing from competitions in the 1980s :

A. : She obtained 18 and 19 in mathematics and in French
B : but her, it is the trade-union discrimination, it is not whether she is a West Indian.
. A: It is both […] Remember yourself, when she sat for this competition, there is even one chief who said : ' you do not go to put a black as a leader ? '. We know it because we intervened for that. She said : 'You do not go be managed by a black ? ' It is clear that it was not only a trade-union discrimination. It was in the 1980s. It is thanks to this friend that the mentalities evolved in the SCB. (…) She fought, she refused to reset for the competition.
C : And aftee, they agreed to others set for the competition and they were admitted. There, they are indeed a dozen of people originating Overseas which are executives (On 25 technical executives).
(A : person in charge US-AP CGT ; B : person in charge CGT SCB)

With time and changes of management, the situation was transformed thus profoundly. The ethnic composition of the technical hierarchy of the laundry feeds moreover discussions around the subject of the "palliness" by groups of origin.

If this composition of the hierarchy, exceptional for the AP-HP, appears to become common in laundries, the members of a minority group who reach functions of management in the other services are very often in an uncomfortable situation :

I believe that there are certain persons who agree to see you staying in your place, that is sweeping or staying in subordinate functions. All the Overseas native executives in my sector, had difficulties with their medical hierarchy who did not want of them as executives in their service. Who harassed them, who have them… And that it is really very particular. At some post, you are not any more on your place ! The executives who are native Overseas are in the disappearance, from the moment they are not super-docile, they experience many difficulties. (Hospital trade union Secretary general, CGT).

Many union activists evoke the multiple small situations during which it is called back to them that they are not really on their place :

The head of the service of orthopaedics, there is a dozen year, was West Indian. Several times it happened that somebody says to him : 'can you push the stretcher ?'. It is a little that in the hospital, it is true that we find a majority of West Indians in category C, even if we have many girls who progress more and more

Certain cases show clearly that it is not a question about competence but about statute :

In this hopital, I have the case of an anaesthetist executive. During years, she replaced her senior manager who was sick. When her head left, she asked to take back her post. The

department head of intensive care said niet! He did not want of her. He wanted her as acting as, but he did not want her as senior manager. (Hospital trade union Secretary general, CGT).

So, the members of a minority group can be considered as competent enough to perform functions of management, but meet difficulties to obtain the corresponding statute. They always remain exposed at the risk of a questioning of their legitimacy. So, how wonder of little of motivation expressed by some of them to reach this type of functions ? :

Yes, we can succeed in the competitions, it is necessary to want and then, later, it is necessary to can. I do not believe that we motivate people to be executive. Even people of the DOM, I do not think that they really want to be executives. (Trade Union activist, CGT).

4.3.3. The daily management of the staff

Globally, the procedures of recruitment, transfer and access to the training seem often "obscure", leaving a wide place with the hierarchical arbitrary power : possibility of emitting little or not motivated appreciations ; control of the ways of information on the opportunities of career development which circulate through interpersonal relations networks (rigging of the advertisement of the competitions); "mysterious" intervention of a psychologist of work. explanations…

According to some of our interviewees, the members of a minority group would be often disadvantaged in the leaves and the recovery hours, or at least, they would be more numerous to complain about that with the trade union :

That could concern everybody in the same way, but it is always the same who come to see us. And that also it is necessary to explain it (…) Roughly speaking, I noticed that it iscoloured people and those who arise from the immigration who are the most got by these problems. Now it is necessary to remain careful. They are not crazy, they know very well that today the racism at work, it is considered as not to have place. Thus there is a manner, a more subtle way to act.(hospital trade Union representative, originating Africa, CGT).

The rights to the *congés bonifiés* during the summer holidays for the people originating Overseas, seem blocked by a part of the management :

There is a repression on the congés bonifiés. "Repression" with quotation marks. For example, (...) it will be said to them : no, you cannot leave in August because I do not have personnel, therefore you will leave in June and July but not July-August. And the problem it is that, when the people have children of school age, to remove all June to them... One says to them : you have only to put your children at the school over there. It is almost of the provocation with respect to the agents. (Person in charge, US-AP, CGT).

The feeling of an arbitrary treatment can more generally relate to the organization of work and the allocation of the tasks, in particular between night watches and day watches, that is linked with the stake that premiums attached to the night-work represent. The determination of the premiums leaves a significant space to discriminatory practices. These discriminations may be direct, conceived as a desire "to punish" the undesirable ones or the "rebels".

And the justification, what it is? Two weeks before, I met my head and he told me :' I do not have anything to reproach you on your work '. I tell him ' OK, but why I did not have of suitable premium? I had 298 € of premium whereas last year, I had 450' Why ? He does what he wants. They can say anything. (Worker originating Overseas, non unionized).

They may also be indirect, as those which result from an agreement with the trade unions which come from the choice to privilege the old ones :

A few years ago there had been negotiations around that, and they had been badly made... They wanted to support the old ones. But that supported the old ones too much. The one who

had just entered in the establishment, he had a coefficient of 0,45, he did not even receive half of the normal premium (person in charge US-AP CGT).

The margin of arbitrary power seems favored by an ambiguous distribution of the responsibilities, with notably certain hierarchical attributions which overlap as that of the staff managers (DRH) and those of the directors of the nursing care (DSI). In this is added the specific weight of the medical hierarchy which, in a context of shortage of care staff, acts practically without any control. In this context, a certain ethno-stratification of jobs and tasks can sometimes develop, covered with “culturalist” arguments.

4.4. Relationship of “feudal” type.

According to our interviewees, this mode of functioning can end in the forming of real "baronnies" in certain services, where the minority workers undergo not statutory constraints :

At the end of one year, I looked at texts, and I saw that it was not true. I was not obliged. I asked that we apply the law. They made me a whole scandal. My head came and said to me : 'anyway, if you do not want to do the watches, I shall do all which is in my power to fuck you'. Now, he provokes me, he provokes me physically. (Worker originating Overseas, non unionized).

This person underwent then a real harassment : his biannual premium decreased in 40 %; he is constantly spied on, he is overloaded with depreciative and repetitive tasks in the point to lose of his knowledge, while he had been engaged because of his qualification; all the accesses to the training are refused to him ; the possibility of admitting his vehicle to the surrounding wall of the service, as his colleagues, is removed ; until the arrangement of a real professional "trap" to be able to impute him a professional misconduct… In this context, the racist comments get involved in the various forms of repression to return the recalcitrant in the rank :

And when we have a difficulty in the work or when we quarrelled with our head, and when he says : "it is a Negro who believes that he is going to make the law here" … You see … And we, we hear, what can we do in these cases ?

In this service, the members of minority groups are mistreated for a long time :

We were 4 West Indians in the service, and I can say to you that it was checks, of very, very good mechanics. they had been here for such a long tim … And when I arrived, they warned me, pay attention, in this, to it. We do not manage to prove that there is of the racism here… It was very good mechanics, they found a post somewhere else, without regret they left. One of those who left, he liked his job, he worked with golden hands and he left. He takes charge of waste in a hospital. It is to show you in which point he was ready for everything to leave.

The harassed agents are sometimes prevented from changing service to avoid that the situation turns in openedcrisis :

Even to leave because, them, they do not manage to recruit. And if everybody goes away, the fault returns to the head. Because if everybody goes away it is because there is a bad atmosphere, and because the manager do not know how to manage its service. Then, they put a spoke in the wheel to leave.

Facing this situation, the trade-union intervention seems all the more limited as it is impossible to obtain convincing testimonies, either that the management takes care of creating situations without witnesses to utter racist comments, or that the other agents keep silent to not to handicap their career. They are moreover all the more inclined to keep silent as the management authority of the service seems, for a long-time, informed of this situation :

The DRH said to me : " avoid taking these persons frontally, by-pass the problem and, you, try to leave". Several times…

The head-management prefering to close eyes, the trade-union representatives can only denounce the situation, essentially in terms of working, and set date until an incident graver than the others eventually blocks the functioning of the service and until the situation bursts publicly.
Globally, various testimonies show a wide tolerance of the institution in the racist attitudes of the management, either for more or less openly racist comments or for discriminatory practices which can go until the harassement. This tolerance for racist behaviors concerns often also the colleagues and the patients[31]. In a general way, facing the arbitrary or discriminatory practices which strike minority agents, the trade-union organizations tend to adopt a "defensive" attitude while intervening punctually when the agents concerned come to complain. But, as we saw, if the institutional context organizes a broad tolerance of these practices, the effectiveness of this type of trade-union intervention is very limited

> *I have had to ask the direction to recall to the order the executives. But afterwards, one can always write a memorandum, when people are decided to follow a policy... Then, the person returns in the service, she will find herself harassed. What she will do will never be rather well, until she leaves : And that, after it is a long work to change…* (Hospital trade union Secretary general, CGT).

This diffuse context of tolerance to discrimination is worsened by a voluntary rigging of the question of the *congés bonifiés* by the institution. By making economies on replacements however previewed in the budget, it relates to the people originating Overseas the responsibility for part of the shortage of personnel in certain service :

> *We could very well have a planning, make an evaluation of the replacements or a system for really replacing agents in congés bonifiés. Now one argues you without seeking. There is money to replace these employees. Even the majority of the annual leaves, if one looks at well, are not replaced. The people originating Overseas are a little bit under the fire of the glance because we ar ereally in an increasingly critical situation from the budgetary point of view, and that the AP-HP took the party not to replace the vacation.* (Hospital trade union Secretary general, CGT).

Globally, the combination of a hierarchy which, seen outside, seems omnipresent and of a policy of profitability of the public office creates a context favorable to the development of discrimination in the working relationships.

[31] cf. COGNET M. *Migrations, groupes d'origine et trajectoires : vers une ethnicisation des rapports socio-professionnels ?* Thèse de doctorat, Université Paris 7-Denis Diderot, 1998.

5. RESISTANCE AND STRUGGLE IN AN INSTITUTIONAL CONTEXT FAVORABLE TO THE DISCRIMINATIONS

5.1. The Overseas originating in unions

5.1.1. The participation of the minority groups members in the trade-union life

This participation varies according to establishments and services, from a quasi-absence until a majority among the members and the persons in charge. These differences are indeed connected to the composition of the staff, but also to the claiming priorities and to the local recruitment campaigns. Given the number of the ultramarins in the Assistance Publique, the question of the *congés bonifiés* and of the *prime d'éloignement* plays a central role in the capacity of trade unions to organize them.
The CGT has a long experience of mobilization on this subject, with its internal network of "Collectives Overseas". This orientation, unique among unions, is sometimes criticized as a shape of community manipulation which can be regarded as racism :

> - *We do not try to organize the minority workers because it would be a first shape of racism, to separate them in the same category, whatever is the category. In our section we have no segregation* (Person in charge of an hospital section of SUD)

> - *They said I am going to form a trade union in CGT, because finally… I forgive them, but I know that, well, finally it is not of the syndicalism, it is of the assembling and it is true that they go out together in west indian nightclubs. Somewhere cannot we consider that as a shape of the racism ?* (trade union person in charge SUD-SCB).

However, even within CGT, the work in the direction of the Overseas originating is very variable. In certain cases, their demands are purely and simply not taken into account :

> *Whithin the trade union, me, when I arrived, the questions of Overseas, we did not speak about them. We ignored them. It was almost a sort of folklore… And yet, there were trade unionists originating Overseas. I think that in certain trade unions, the questions of Overseas are not taken into account because it is estimated that in fact, these questions (...) are to some extent secondary, they are people who have rights which shock already.* (General secretary of hospital trade union, CGT).

Various testimonys indicate that the defense of these specific rights is far from achieving the unanimity, even to the CGT :

> *There is in the CGT who come to say to me, it is not normal that they have congés bonifiés... It is not racism, it is ignorance* (General secretary of hospital trade union, CGT).

Some militants of the CGT who are native overseas wonder even if the confederation itself does not regard this question as secondary, at the point of forgetting it with the profit of the mobilization about the retirements or the reorganizations of the hospital sector :

> *Does that the questions of the congés bonifiés impassion really the federation ? Then they defended it because behind, we push a little, but I have the feeling nevertheless that inside even trade union, there are people who (...) at the bottom of themselves, estimate that in fact these questions are not significant, are less significant than the great questions of the retirement, etc.* (General secretary of hospital trade union, CGT).

This question however is not completely forsaken because the Overseas originating are more or less requested to be presented on the trade-union lists at the moment of the professional

elections. However, it is almost impossible to gain élections without the voices of the ultramarins voters.
Nevertheless, various testimonys emphasize the prejudices spred about them by trade-union activists :

> *One says to me, when the telephone sounds, "Hey, it is still a difficult case, that must be a Overseas origin one". I do not say anything because I shall not add fuel to the fire, but it is true that that wounds me... because there are no only OO who have concern.* (representative of hospital trade-union, CGT).

The representation of the ultramarins people as "social cases" and only interested in their own acquired rights result in regarding them rather as consumers of trade union than as potential militants

> *For me the trade unionism it is not that. All that they want, it is their financial advantages. (...) It is not that which I question, but most of the West-Indiansy who could join us on the prime d'éloignement, will disappear immediately as early as they will have had the premium. And that it is the death of the trade unionism.* (Person in charge of hospital trade union, SUD).

The ultramarin militants are thus confronted with these representations of their co-ethnics inside their trade union :

> *What they did not dare to say to me, it was that my colleagues was invading. That the West-Indians were there only to obtain money, that they would make be better invested differently than for their files for the prime d'éloignement. But they could have said to me that with more smoothness...* (trade-union representative of hospital, CGT).

If some people originating Overseas, like other wage earners, have a consumerist relation with the trade unionism, the attitudes developed by some majority militants do not have nothing to do with :

> *When my compatriots arrive, I observe them. They make another thing. They listen to them of one ear, but not attentive. When one treated the files on the 'prime d'éloignement', there was an irritation…From the start one is catalogued. Because they say to you that when Overseas originating comes in a trade-union office, it is that he has a problem. And sometimes, it is not the case. Sometimes he comes to request information, sometimes he comes to make the step to know how to join the Union, but while arriving and by seeing the attitude of... colleagues, they go back. When I go in other establishments, I realize that what my colleagues say to me is that we find the same thing within other trade unions of the AP* (trade union hospital representative. CGT).

This type of attitude can thus discourage the best militant intentions :

> *There was a small nurse who wanted to invest herself and who wanted to join another nurse, Overseas originating also, who is in the same service. The colleague, I tell you, she does not control herself, she does not reflect. This girl wanted to invest herself and she made her a remark which was ungracious, which was not said with tact. And this young woman who had already done much effort by leaving her other colleagues in the service, while trying to engage a little bit more, and... she did not return since. She has even desired to leave the trade union.* (trade union hospital representative. CGT).

That, and the marginalizing representations, frequently articulate a dimension of class, (or offraction of class) and a ethnic or racial dimension :

> *The agents of maghrébin or African background, they are received... That depends. That depends on the category. If they are category C, they are treated like us. But if they are category B, that changes... No, but it is true moreover(laughters) !*

The trade-union organizations are not more protected from the prejudices of class than they are from stereotypes of gender and origin. Those are often combined. This appears clearly when it is about the access to the main functions of responsibility :

A : It is a comrade who has a very strong personality. She was secretary of the CHSCT, she was in all the authorities, she was member of the Conseil d'admnistration of the AP, therefore you see, it was nevertheless a head… She had a closeness of argumentation... When (...) she spoke, everyone kept silent, whereas in general we speak all between us (...)
B :She could have been permanentrepresentative, One had proposed to her take the Overseas representative function, but secretary general... It was too much for her. She would have held, considering her (…) her capacities... But it would have badly passed… Because, it is similar, in the structures, that would not be... Moreover, a laundress…
A : A laundress !... that cannot be done (laughters)
(A : person in charge US-AP CGT ; B : person in charge CGT SCB).

We find here a very frequent tendency to confine the activists originating Overseas with the assumption of responsibility in all that relates to their co-ethnics. But, overall, the access of minority to functions of trade-union responsibility is not evident.

Usually the successions in the functions of secretary-general are done in a consensual way with candidates co-opted by the outgoing direction. However, several secretaries-general (or old secretaries-general) resulting from minority groups that we met, have of fighting to arrive and be maintained at this place. It is the case, for example of this militant of maghrebian background who, as an associated secretary-general, assumed the interim of the outgoing secretary-general and who was confronted with a concurrent list at the time of the following congress :

We were two candidates(…) It is rare, but there were two candidates for a function, and I was elected. That was difficult during one year and half after the election. A certain mistrust...

This mistrust is not without pointing out the specific monitoring whose minority ones are the object, and which contributes to constitute their minority situation. Thus, as early as he was elected, rumours of embezzlement were spread on its account in the trade union, which led him to require itself the constitution of a financial Audit Board :

I have the practice, since I was a child, being object of suspicion, for example during controls in public transport... I learned how to protect me from possible errors that everybody could make. If I were not Algerian background, an error it is an error, but from me, it is an embezzlement.

Constituting the new direction of the trade union, he proposed to three colleagues resulting from minority groups, selected for their complementary competences, to become permanent or half-permanent in charge ot trade union. *"The rumour ran in the CGT that I had assembled a team of Arabs and I was obliged to justify me".*

This type of rumour seems recurrent when a trade-union organization is directed by a minority person in charge. It is limited neither to the CGT, nor inside the trade unions, and the leader is constrained to explain and show that he does not want to create an "organization of Blacks and Arabs". However, when "Blacks and Arabs"don't have responsibility, nobody seems to wonder about the "white" nature of the trade union…

This situation is not limited to the functions of Secretary- General. For other elective functions it is often associated to the fear of losing votes :

In the mutual insurance, there was one who left retired. Us, the syndicate, we have decided to put a native Overseas, because we had thought :why not him? He corresponded well to the post … It was a friendly fellow. And the ancient said : "no, no, I do not agree". We took out to us reasons ! they said to us: yes, you understand, if we put a West Indian, they are going to leave the mutual insurance company. I said : why ? They are going all to change mutual insurance, "because there are two mutual insurance in hospitals). Thus he said, "yes if you put a black, they are going all to go away"… (Person in charge, US-AP CGT).

5.2. The resistance

The hospitals of the Assistance publique-Hôpitaux de Paris present the case of a bureaucratic organization, in the weberian meaning of the word, structurally ethno-stratified. It means that this ethno-stratification participates (paradoxically?) of its rationality.

The " clause of nationality " widened to all the citizens of the countries of the European Union shows a legal discrimination in which the reference base (the exercise of the State competence) is not only absent, but daily contradicted on the functional plan by the fact that number of services would disappear purely and simply if they had to go without these workers (from doctors to the health care assistants), maintained in more precarious statutes and less well treated than their European homologues.

Beyond the etatico-national symbolism, it is easy to see here that with the more and more massive appeal to the precarious jobs, this discrimination participates of the limitation of the expenses in health public service.

The case of the doctors with non European Union diploma is exemplary in this respect : the question of their statutes and that of their conditions of exercise in France, generally, and at the public hospital, in particular, is so frankly put for several years as, that "Big bosses", being a part of the french medical association (Ordre national des médecins), traditionally very malthusian resolved to a modification of their statutes. To this requirement, accompanied by the organizations trade-union and carried by the associations with trade-union vocation created by the interested doctors, it was only answered with successive measurements of "regularization", adopted by the governments of left and right, which did not succeed to solve this problem of a choking uneven violence.

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The ethno-stratification of employment, and, in this field, the particular case of the workers originating Overseas, did not receive a similar recognition, it is the least which one can say. This professional ethnostratification is "historical" and related to the recruitment organized by the French government in the overseas departments in the years since the Fifties. For this time, it appeared "natural" and is hardly questioned. Worse, it is not questioned, like if, in a half of century, the people originating Overseas had not been able to acquire competences to reach qualifications higher than those of the tasks of execution the least classified in the hierarchy of the statutes.

[32] We refer here to the *Ordre national des médecins*, institution supporter of corporatism, of obligatory inscription and contribution, which règlemente the professional exercise (access to the title, disciplinary function) under the control of the law, and represents the profession near the authorities.

The total situation is marked by the scotomisation of racism and ethnism as structuring elements of the hospital world. From day to day, a management which "pathologise" their most troubling expressions in the interpersonal relations lets think that there is an anti-racit consensus on the level of the functional collectives (services). Other rationalizations - concerning a "psychology of the people" which one could describe as an “ethnological common sense” - make it possible to bring back to essentialized cultural features the not-allowed behaviors. This takes place in the general ignorance of the process of ethnicisation-racisation that this reasoning comprises intrinsically.

Beyond the daily interactions and face-to-face discussion, the ethno-strtification of the hospital personnel is so built-in in the representations that it is not called in question. Only some situations, considered to be singular and specific, where racism could "be found" as an explicit ideology, are sometimes taken into account. The refusal to question the methods of recruitment, of attribution of premiums, access to the formation, of professional promotion, is massive and consensual, until inside the trade-union organizations. Minority members, themselves take part in it sometimes, from the suffering which the setting in light of this generalized discrimination could cause.
This does not return to saying that there is not any conscience of reality. The minority groups members, in particular, are a sharp aware of the uneven treatment. But this consciousness remains rather often compartmental and exploded. Moreover, the charge of "paranoia" would quickly come to marginalize the one which would propose officially and explicitly such an analysis of the structural "social order" of the hospital world.

Within an institutional order where reign the "tyranny of the small decisions", in a bureaucratic context which largely leaves place to the hierarchical arbitrary, suspicion is finally generalized.

Within an institutional order where reign the "tyranny of the small decisions", in a bureaucratic context which largely leaves place to the hierarchical arbitrary, suspicion is finally generalized. The protests against the inequality answer the indictments against the "communautarism" or "instrumentalism”. The recourse to the concept of "racism" itself is made almost impracticable because of the accusatory and deeply ignominous charge it implies.

Individual active or passive resistance is developing, not without difficulties, with, possibly, serious material and psychological consequences for the people. The ways of the self-organization undoubtedly involve less personal cost.. For as much, the latter, as evoked previously, brings the suspicion of communautarism. Overall, that they are located inside that the trade-union organization (cf the Groupe d’Impulsion à l’activité en direction des originaires d’Outre-Mer, of the CGT) or outside (in associative form), the forms of existing self-organization are often regarded as only concerned with the problèms whose they contribute to clarify and they remain insulated, without true shift, and/or forced to deal with all the problems encountered by their co-ethnics, of which nature they can be. All their initiatives are then interpreted like "specific", including, in any case to some extent, those which concern purely and simply the common right or the requirement of application of a recognized right (as it is the case for the "*congés bonifiés*" or the *prime d’éloignement*).

6. RECOMMANDATIONS

The public hospital sector knew many transformations which returned the working conditions more and more difficult and distressing. By addition, in a context where the difficulties of recruitment and where the precarisation of new jobs grow up, some categories of personnel are, de facto , put in situation of competition.

This sector is marked by significant inequalities concerning the personnel (and the public) in a context which knows a strong job culture, directed towards the public utility and the universal supply of care. The employment of many minority people, and in particular of doctors with non European Union diplomas, on the one hand, and coming from the Departments of Overseas, (mainly from the French West Indies) on the other hand,results in a structural ethno-stratification. This ethno-stratification concerns the institutional racism whose discriminatory consequences are direct and are marked by thei containment of minority workers in the lowest categories (or, more recently, the least protected) of the public office, the weak possibilities of formation and promotion, the low capacities of opposition to arbitrary, to discriminations, even to racist harassment. For “Ultramarin” civil servants, the rights they legally acquired for the equalization of their statute with the metropolitan civil servants "expatriate" in the Overseas departments are not only the object of dispute, but they constitute even an instrument of direct discrimination.

The generalized scotomisation of racism and an extremely restrictive concept of its ways of expression tend to repress the modalities of resistance and opposition which can appear. Thus all the forms of self-organization of minority are more or less accused of "communautarism". At the same time, they are, tendentially, charged with solving the problems of all their co-ethnics, even when they would not require a specific treatment.

The trade-union organizations, as such, take part to a great extent in this situation, in spite of actions which express a certain defense of the rights, sometimes not without reserve. They nourish against the minority workers the same preventions and the same stereotypes as their colleagues and the management — stereotypes sometimes reinforced by prejudices of class which one would not expect to find in the mouth of trade-unionists.

6.1. To train the trade unionists with the questions relating to racism and discriminations.

In such a context, it seems that the emergency is to find the means to train trade unionists with the analysis of racism, to alert them on institutional racism and direct and indirect discriminations which it induces. The field survey shows that it would be possible to find bases in the consciousness that certain people have, minority or not, of the current situation and who, today, feel impotent and maintained in the incapacity to act. Such a formation could pull up these people of their marginality, provided that the given training was strongly supported and legitimated by the trade unions themselves.

6.2. To limit the arbitrary margin of exercise of the power of professional management.

A reflexion could also be carried out on the margin of appreciation and of decision whose management profits and which allows it to recruit, to support the training or promotion, even the change, without having to justify explicitly its selection criteria.
The recall with the law, namely the prohibition of certain criteria, in particular that of the origin, not to say of the "race", could also be required on the level of the direction of AP-HP. and of the establishments.
A reflexion on training, on control of the procedures of advancement, could help, by a more indirect way, trade-union organizations to fight institutional racism. This would make possible, in the long term, to include the fight against racism in the same procedures, and to help to redefine it in a more realistic and operational way.

6.3. Not to isolate the demands and the defence of the rights of the members of minority groups.

The demands of minority, and even the simple recall of their legally acquired rights, occupy, in the context in which we investigate, a ambiguous role. The trade unions are sensitive to the disturbances that the "*congés bonifiés*" causes in the hospital services, because they are not the subject of complete and systematic replacements. Factor of discrimination for the management, this right becomes an element of tension between workers and of isolation of minority. The rehabilitation of the question of the "specific" demands and rights in a claiming unit carrying the universalist values is a need to overcome this isolation. In the same way, rather than to try to regulate "case after case" situations in which it is generally not easy to proove a racist discrimination, it would be possible to list known situations, less strongly personalized, and to work out a whole of antiracist claims. These elements would contribute with the full trade-union participationand internal promotion within the trade unions of the minority activists.

ANNEXE : LIST OF INTERVIEWEES

We carried out 27 interviews, several of them being realized with two or three persons, making longer and difficult the transcription and coding. On the whole, much more than 30 persons were met and questioned.

2 hospital executives (not recorded)
5 national trade-union responsible (among whom 1 member of a minority group)
3 regional trade-union responsible (among whom 1 member of a minority group)
5 responsible for company (among whom 4 members of a minority group)
6 union members elected (among whom 2 members of a minority group)
2 union members (among whom 2 members of a minority group)
5 non unionized workers (among whom 5 members of a minority group)
2 responsible for the NGO (among whom 1 member of a minority group) (not recorded)

We participated in numerous meetings of training, in meetings, demonstrations, etc. and participated regularly in the works of the « Groupe d'Impulsion à l'activité en direction des originaires d'Outre-Mer » (CGT)