

Securing a Right to Health: “Integration Villages” and Medical Citizenship of Roma People in France

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Abstract

A national deportation campaign targeting Romanian Roma in France has recently drawn international criticism from human rights organizations and the European Union. In this context, some French municipalities have created *villages d’insertion*—integration villages—for some of their Roma residents. Proponents of these spaces have declared that they are humanitarian solutions to the existence of Roma slums in the urban peripheries of many French cities. Yet the creation of a “healthy space” for Roma migrants in the city has also legitimated the further eviction and exclusion of people from “unhealthy slums.” This article is based on ethnographic research among residents of an integration village and a number of unauthorized encampments in Strasbourg, France. This article analyzes the *village d’insertion* as a contemporary setting where the uneven medical citizenship of Roma migrants in France is being articulated in relation to wider debates about Roma inclusion in Europe. Ultimately, the *village d’insertion* is a local manifestation of state power, where the division between those deserving and undeserving of public support is reconfigured through the provision and exclusion of access to rights such as health care and shelter.

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Introduction

A Romanian Roma man in his 50s named Gheorghe sat with his left leg outstretched and his socked foot resting on top of his shoe. His foot was swollen. When he took his sock off to show me, the skin was so tight that it was almost uniformly smooth and seemed to glisten. I was standing in the middle of a group of about a dozen Roma people who recently migrated to Strasbourg from Romania. As is the case every night, they had set up temporary shelters after dark in a clearing between two buildings behind the central train station. On this night, there were eight tents, three of which were makeshift structures composed of tree branches tied together with a thin piece of opaque plastic draped over top. Gheorghe's shelter was one of these and was set up on a patch of grass in front of a tall chain link fence lined with razor wire. An old woman wearing a long flowered skirt, a thick purple jacket, and two long grey braids under a bright teal head scarf caught my glance. She told me, "You know that wire was put there for us." The conversation returned to Gheorghe's foot and I offered to drive him to the hospital. Gheorghe smiled from underneath his black fedora and shrugged, "*mon français... pas bon*,"—"my French... not good." He said that his foot had been like this for some time now but that he didn't know where to go. Marc, a French-Romanian who had come to distribute some warm clothing, mentioned that Gheorghe can receive a medical exam free of charge and that he would be willing to accompany him to translate. We agreed to pick him up first thing in the morning. When Marc and I returned, though, a city truck was parked where the camp was set up the night before. Two workers in reflective vests were using long poles to pick items up and place them in garbage bags. A woman from the camp told us that the police had evicted everyone from their tents early in the morning. When we asked what happened to the tents and their belongings, the woman simply took a puff of her cigarette and pointed to the truck. I asked where Gheorghe was. She shrugged, telling me that the police had taken him and perhaps he was being sent back to Romania. I never saw him again.

The most remarkable part of this scene is that it took place across the street from Quartier, a *village d'insertion*—"integration village"—that the city of Strasbourg set up for a portion of its Roma migrant population. Over the past decade, a number of French municipalities have implemented *villages d'insertion* aimed at "integrating" local Roma populations from unauthorized urban encampments using the same logic. These projects typically involve the transfer of a portion of a city's Roma population to a state-operated site in order to facilitate social and economic "incorporation." In contrast to the street, where eviction and contact with the police are a constant reality, the residents of this place live in a cluster of used caravans provided by the city. Quartier residents have access to a team of full-time social workers who are instrumental in helping them navigate French bureaucracy and access social support. Social workers also arrange visits to doctors, specialists, and register residents to receive free state-funded health care. Roma at Quartier and in makeshift settlements are eligible for state medical assistance—*aide médicale de l'état*—which extends emergency and basic preventive health care to all people residing in France, regardless of legal status.¹ Coupled with EU directives that entrench rights to health as a fundamental part of European citizenship, the French health care system is often touted as an example of humanitarian European norms. Yet Gheorghe's experience demonstrates that on-the-ground access to these rights is complicated by the "evictability" of the places where some Roma live.²

Anthropologists have analyzed the ways that health and illness have become central to collective claims of belonging and access to rights made by "non-citizens" in France. Fassin has analyzed the ways that humanitarianism and politics have blended to produce new residency permits for migrants within a climate of deepening anti-immigrant sentiment.³ Similarly, Ticktin argues that asylum seekers with HIV are seen as non-political and therefore more deserving of French aid than other migrants.⁴ These studies point to the ways that the deliberation of health rights has become a

crucial terrain for the arbitration of citizenship and to the governance of migrant populations in Western Europe.⁵ This article examines how the creation of a *village d'insertion* in Strasbourg transforms the ways that a group of Roma people accesses health and other rights of EU citizenship. The Romanian Roma I worked with in Strasbourg are EU citizens, and therefore entitled to reside in member states beyond an initial three-month period if they are: actively employed, students, or possess adequate funds to support themselves. Nevertheless, EU states can restrict these rights if individuals are deemed a threat to public policy, security, or health.⁶ Gheorge's story illustrates how national and municipal laws allow some EU citizens to be treated like foreigners.⁷

Health plays a crucial role in both the residence of Roma in the *village d'insertion* and in their eviction from other places in the city. Though the majority of Roma people in the city have regular jobs and do not live in poverty, local politicians commonly invoke the presence of Roma living in "unhealthy slums" to legitimate their eviction and exclusion from social services.⁸ The highly selective nature of these projects has been widely criticized. For example, the selection process has in some cases involved "screening" potential residents to assess their ability to integrate.⁹ The invocation of "problem" Roma populations in Europe is certainly nothing new.¹⁰ Yet proponents of *villages d'insertion* like the one in Strasbourg have claimed that they are a novel alternative to deportation and eviction. I argue that these sites are settings where the French state arbitrates what Mark Nichter terms "medical citizenship," that is, the forms of entitlement that "articulate what we deem to be the basic rights of a citizen, what human rights are recognized for undocumented immigrants and who is excluded or sacrificed when health resources are rationed or restricted."¹¹ Ultimately, Quartier is a local manifestation of state power, where the division between those deserving and undeserving of public support is reconfigured through the provision and exclusion of access to rights like health care and shelter.

Research methods and setting

I arrived in Strasbourg in January 2016 and spent the next year attempting to understand how a group of Romanian Roma people is being affected by an ongoing national deportation campaign. The crux of my research involved participant observation of the everyday routines of people living at Quartier and the informal settlement across the street. I observed interactions of residents with social workers, security guards, and NGOs, as well as city workers and police officers that operate in these places. I witnessed a marked difference between the ability of Quartier residents and the Roma who lived across the street to access health care in the city. I spent time with residents in both places as they traded stories about accessing health care in the city and dealt with illnesses in their families. I also accompanied them as they interacted with nurses, doctors, and pharmacists while seeking treatment through the local health system. I conducted several life history interviews to gauge how they viewed the evolution of their health treatment before and after moving to Strasbourg. The names of all people in this article and the insertion space where they live are pseudonyms.

The city of Strasbourg has an urban population of approximately 276,170, though including the entire metropolitan area this number is approximately 491,516.¹² There are an estimated 400 Romanian Roma who live in uncertain housing conditions, which is considerably lower than other major French cities. However, there is no shortage of state, international, NGO, and, public interventions targeting Roma. Strasbourg is the official seat of the Council of Europe, European Parliament, and the European Court of Human Rights, and is also the legislative capital of the EU. Strasbourg is a central hub in Europe for the legislation of Roma rights policies and initiatives. Additionally, there are a number of NGOs that have until recently operated in the informal settlements to provide basic health care and other social services, often in cooperation with the municipal government. Of these, the most active is Médecins du Monde (MdM), an independent charity that provides regular health

care and other social services via a mobile health team of doctors and social workers.¹³ Since the opening of Quartier, the municipal government has asserted control over the distribution of public services while simultaneously dismantling the informal settlements that depend on NGO assistance.

Strasbourg is also home to around 500 Manouche—Roma of German and French origin—many of whom have been living in permanent subsidized housing or mobile caravans in the southern district of Polygone since the 1960s.¹⁴ Other Manouche people residing in caravans live in a constellation of municipal *aires d'accueil*—welcome sites—around the city. According to the Council of Europe, the population of Roma people in France is between 300,000 and 500,000, the overwhelming majority of whom live with regularized legal statuses and whose living situations are not likely to make the news.¹⁵ While the vast majority of Roma and Manouche are French or EU citizens with legal rights to reside in France, public authorities tend to refer to the Roma, Manouche, Travellers, and other groups interchangeably, which reinforces the idea that all members of these groups are migrants.¹⁶ Furthermore, the visibility of Roma people living in makeshift urban encampments contributes to a homogenizing public perception that all Roma are poor or choose to live on the fringes of society.

State medical aid and the non-use of rights

The French health care system has been internationally recognized for its relatively liberal extension of the right to health to all people residing within its territory. In 1999, the French government passed the “universal health coverage act”—*couverture maladie universelle* (CMU)—which recognizes the rights of all residents in France, including foreign nationals, to receive health care and social security benefits. In 2001, the government passed a second bill, “state medical aide”—*aide médicale de l'état* (AME), —which extended the right to access health care to all people who cannot afford health insurance and also to undocumented persons.¹⁷ Under these laws, social security pays for all medical treatments and patients are not responsible for

any up-front fees when visiting the doctor. This represents a significant departure from some Western European states, where irregular migrants in particular may only access emergency health care services and run the risk of being reported.¹⁸ In contrast, AME covers a wide range of preventative and routine health services including doctor visits, prescriptions, and childbirth.¹⁹ Furthermore, in 1998, the French government implemented the so-called “illness clause,” which allows people to claim legal residency if they are declared unable to receive treatment in their own countries.²⁰

While most advocates agree these developments are beneficial for marginalized populations in France, the bills have been the subject of ongoing debate and reform. Critics claim that coverage is too expensive, vulnerable to fraudulent claims, and marks France as a destination for medical tourism.²¹ Recent studies have proven these allegations to be unfounded, yet the association of migrants with fraud and economic drain stigmatizes those who depend on these programs.²² Furthermore, the division between CMU and AME in the current system is based on the legal status of individuals and therefore limits the universality of the bills.²³ This is critical given that the number of beneficiaries of AME is well below the estimated population eligible to receive these benefits.²⁴ In France, the issue of *non-recours aux droits*—non-use of rights—has become a prominent topic of academic and political debate. Philippe Warin claims that there are three principal reasons why people may not claim rights they are entitled to: (1) they have incomplete knowledge of their rights; (2) they are aware of their rights but decide not to claim them; or (3) their claims are rejected.²⁵ Larchanché adds that irregular migrants experience “intangible factors” such as stigmatization, fear of being targeted for expulsion, and precarious living conditions that prevent undocumented persons from accessing health services through the AME scheme.²⁶ In Quartier, social workers help residents register for state-funded health care, yet those living across the street often told me that they were unaware they are entitled to receive health care or that they preferred not to draw attention to themselves. However, this

was not always the case. When I visited Strasbourg for the first time in 2013, health care was being provided to the informal settlements in the city through a mobile unit operated by Médecins du Monde. When I returned in 2016, almost all of the unauthorized settlements had been dismantled and MdM was no longer responsible for distributing health care to Roma in the city. An acquaintance from the mobile health unit explained that since the evictions of most other settlements, “most Roma migrants now receive health care through the French system.” Quartier had become a central node for accessing the right to health.

Securing health for Roma

In August 2012, the newly elected French government of François Hollande made international headlines following a wave of police raids on “illicit encampments” of Roma people in the cities of Lyon, Lille, Paris, and Marseilles. The evictions reopened a bitter debate that had erupted in 2010 when then-President Sarkozy publicly initiated a Roma deportation campaign, explicitly linking immigrants to criminality. EU and human rights groups condemned Sarkozy’s attempt to dismantle over half of the 539 known Roma settlements in France as xenophobic.²⁷ Though Hollande vehemently opposed the deportations during his election campaign, the expulsions have increased under his leadership.²⁸ Hollande’s government has defended its own use of deportation by citing a latent “public health risk” posed by the unsanitary conditions in the settlements. In distinction with the ethnic motivations of Sarkozy, the current expulsions take advantage of ambiguities in the wording of EU legislation that allow for deportation of EU citizens on grounds of “public policy, public security, or public health.”²⁹ The reference to “public health” to legitimize the eviction of Roma from similar situations has been documented across Europe.³⁰ Recent studies suggest that stigma towards the Roma in France is declining in relation to other minorities, yet homogenizing images of poor Roma living in makeshift settlements continue to inform public and political discourse.³¹ For example, in 2016, more

than half the French population thought Roma do not want to integrate and believed they make a living through theft and human trafficking.³² Despite the fact that the overwhelming majority of Roma in France have a permanent residence, over 70% of the French population believes that all Roma are nomadic.³³ These perceptions contribute to legitimizing eviction in cities like Strasbourg.

Recent estimates suggest that there are around 15,600 Roma people living in “squats or slums” in France, mostly having emigrated from Romania, Bulgaria, or the former Yugoslavia.³⁴ While many Roma arrived in France in the 1990s following the dissolution of socialism in Eastern Europe, the relaxation of Schengen visa requirements for Romanians in 2001—allowing three-month stays—prompted sustained temporary migrations.³⁵ The accession of Romania and Bulgaria to the EU in 2007 theoretically entrenched the legality of these migrations. All citizens of the EU are entitled to freedom of movement and may reside in member states longer than three months if they attain a residency or work permit.³⁶ However, the majority of EU member states imposed “transitional measures” restricting access of nationals from these countries to national job markets. In France, these measures were in effect until January 1, 2014, and prevented Romanians and Bulgarians from taking employment in 150 trades.³⁷ The restrictions included significant levies on employers wishing to sponsor individuals to gain work permits, which are necessary to legitimate long-term residence in France.³⁸ Unable to secure legally sanctioned work, many people have taken up residence in places designated by the state as “illicit encampments” in the urban peripheries of cities like Strasbourg.³⁹ The French state has also since 2004 reserved the right to expel EU citizens who pose an “unreasonable burden” on the social system.⁴⁰ Despite having EU citizenship, Romanian and Bulgarian Roma living in informal settlements can be deported based on the purported threat they pose to the French social system and to public security.⁴¹

Roma rights advocates argue that forced evictions of Roma people in France exacerbate health issues by propelling people into increasing precar-

iousness, thus violating European human rights norms.⁴² Hollande's government strove to distance itself from the previous administration by highlighting its concern with humanitarian issues. In response to a 2012 Amnesty International report, for example, Hollande declared it,

*necessary to support those who take the path of integration and to avoid leading them down the path of the most precarious populations. I wish that when an unsanitary camp is dismantled, alternative solutions are proposed. A policy of support in all areas (welfare, education, housing, health and employment) will also be necessary to ensure that these populations live in dignified conditions.*⁴³

In the past decade, several French cities have created *villages d'insertion* using the same logic. Strasbourg's first *village d'insertion*, Quartier, was initiated in 2011 to house 130 Roma people who were then living in what the city called its largest *bidonville*—slum. Following successive evictions of other settlements, Quartier was expanded in 2013 and now houses just over half of the estimated Roma living in uncertain housing. This produces a sort of “cream-skimming” effect, where those not selected for inclusion have become the target of renewed efforts to evict all non-official settlements in the city.⁴⁴ Quartier is thus tightly bound to the processes of eviction that both necessitated its creation and to the continued dismantling of all other settlements in the city.

Quartier: Shelter and (better) access to rights

Stela, a 31-year-old Roma woman, has been living at Quartier since 2013 with her husband and three children. One day, Stela invited me to have lunch with her family in their caravan. She bounced her youngest daughter, Viena, on her knee as we waited for a pot of *ciorba*—Romanian stew—to finish cooking. Viena had a persistent nasal infection for almost the entire time I knew her. Stela told me that Viena was undergoing a corrective operation later that week, “She's little. It makes me sad. But the

doctor told me it's a short operation.” When I asked about visiting the doctor in Strasbourg she told me that it was very easy for her. “The doctor is very good. He is very nice. I couldn't afford it in Romania.” Before moving to Quartier, Stela's family lived with about 50 other Roma people in a forest settlement until they were evicted. “Life was harder then,” Stela told me, “we had no water. I had to find water and carry it back to the tent where we stayed. We lived for two years like that.” Many people contrasted conditions at Quartier with the day-to-day difficulties of living without access to heat, water, and electricity in the settlements. Alain, a middle-aged man, told me, “It was the rats. There were always rats! It's bad for your health!” Alain's remark is striking because French officials likewise cite the presence of rats as a health risk when publicly defending camp evictions. Almost everyone I knew felt that Quartier lessened the sense of physical and social precarity associated with the urban settlements.

Almost a quarter of the people living at Quartier have illnesses that require various forms of medical intervention.⁴⁵ For many of these people, the transition to the *village d'insertion* enables a more direct connection to the formal medical system in Strasbourg through the provision of onsite social workers. Once, while visiting with Nicoletta, who suffers from bouts of depression, she pulled a number of prescription bottles from a shelf above her stove. She related that she had been diagnosed in Romania but until coming to France had received prescriptions only when she was hospitalized. She told me that the staff at Quartier helped her to find doctors and prescriptions for her illnesses free of charge. Florin, who had recently had both of his legs amputated because they had become gangrenous, told me, “I was a mechanic before. Now work is impossible. What would I do in Romania?” Prescriptions like Nicoletta's, serious medical treatment like Florin's, and routine operations like Viena's are all covered under AME. Residents told me that before coming to Quartier, they relied on their social networks to find treatment or waited for the mobile health unit to visit them. It would therefore seem that for these people “the problem is

not the lack of social rights but of gaining access to these rights.”⁴⁶

This improved access to rights comes at a price. The notions of “integration” attached to such places are contradicted by administrative rules that separate Roma from the general community and tightly control their daily lives.⁴⁷ First, the city chose to house residents in caravans, despite the fact that Romanian Roma typically live in sedentary lodgings. The city cites the temporary and inexpensive nature of the project, but the caravans also evoke stereotypical notions of nomadism commonly attributed to Roma.⁴⁸ Quartier’s location in a non-residential region of the city spatially reinforces the social and economic invisibility of the residents. More disconcerting are the presence of tall fences around the sites and the surveillance by full-time security guards. Though the city suggested that both measures are for the protection of the residents, they give the impression of a closed space that is not open to non-Roma interaction. More than once after 8:00 pm, a guard escorted me off the property and told me that residents are not permitted to have non-resident visitors after this time. As in other *villages d’insertion*, Quartier residents are contractually bound to learn French, demonstrate an active search for employment, and send their children to school.⁴⁹ NGOs have pointed out that these obligations ignore structural constraints like the transitional measures that prevented Romanians from taking certain kinds of employment.⁵⁰ Many people still relied on informal employment and sometimes panhandling in order to support themselves. Some critics view the constant presence of the social workers along with the guards as a patronizing force as these actors have the ability to limit entry and to evaluate the “progress” of integration.⁵¹ These measures are part of a broader process of “contractualization” of welfare provision in Europe that purportedly aims at reincorporating working-age beneficiaries of social services.⁵² The imperatives of surveillance and control over the daily routines of Quartier residents illustrate that the provision of social benefits can also become a mode of governance over those who access them.

“If I can’t buy food, what good is an ambulance?”

Anica left Romania about 10 years ago with her husband and has lived at Quartier since it opened in 2011. Her husband had since passed away and Anica’s health began to deteriorate. She developed high blood pressure, diabetes, kidney stones, and a blood platelet disorder, and she needs a walker to get around. When I met Anica, she was enduring complications from surgery to remove her kidney stones. She often complained that her abdomen hurt and even a short walk would put her out of breath. Anica has been hospitalized numerous times in the period that I have known her. Each time, an ambulance was summoned to Quartier and she was taken to the university hospital to be examined and prepared for surgery. Then she would be transferred to the city hospital and would inevitably spend a day or two for the surgery and recovery before being sent home. Anica occasionally forewent the ambulance ride back to Quartier and asked me to pick her up. Typically, we would sit in the hospital café chatting before heading home. The most recent time, Anica asked me to take her to the CAF—*caisses d’allocations familiales*. This government department distributes social assistance monies for a number of qualifying conditions. When I first met Anica, she had told me angrily that a monthly subsidy she received from this office due to her inability to work had been cut off. Anica believed that this had been a mistake, but now that her condition had worsened she assumed that she was eligible for an allowance for adults living in France with debilitating illnesses.

Anica was worried about her future because lately she felt too unwell to go far from home and had been struggling to make money. Like a number of other women at Quartier, Anica sells goods at the bi-weekly market in the center of Strasbourg. In her case, she gathers and sells used clothing. On market days, Anica piles her wares into a stroller and pushes them to the market, which is about 20 minutes away. Sometimes Anica told me that she was in too much pain to make the trek, or to stand for the duration of the market. As Anica’s health

deteriorated, she began to miss more and more market days.

We arrived a few minutes later at the CAF building. Anica was still wearing her hospital gown over her skirt, she told me cheekily, “In case they don’t believe that I was at the hospital!” We walked inside and were eventually called to a booth where a woman asked for our ticket through the small hole in the window. I explained that Anica was hoping to have her case re-examined. The woman asked for Anica’s passport and began entering information into a computer. A moment later she remarked, “Ah, yes... it seems that madame does not have the required conditions to receive this benefit.” The woman explained that Anica must have resided in France for more than five years to be eligible. Anica protested, telling the woman that she has been here for more than 10 years. I added that Anica has been living in a state-funded *village d’insertion* space since it opened five years ago. The woman replied, “I am sorry again, but this does not qualify her for these rights. She has an address, but we have no record of employment.” I explained that Anica is self-employed and sells wares at the market in town. The woman interrupted, “Yes, but this benefit is for people who have the right to stay in France permanently. Madame does not have this right. Her work is not recognized by any official document. I cannot help her.” Tugging at her hospital gown, Anica told the woman that she just came from the hospital and that she would work if she could. The woman behind the counter ended our conversation by suggesting that we talk to Anica’s social worker.

Tears began to roll down Anica’s cheeks as we got in the car. “The doctor said I need to eat well. How can I get healthy? They want me to eat at the soup kitchen? Never! I will die before I do that. It’s not real food!” We returned to Quartier in relative silence. I walked Anica to her caravan. She opened the door, and posted on the inside was a message explaining that an ambulance would pick her up next week for a follow-up exam at the hospital. Anica scoffed, “If I can’t buy food, what’s the point of the ambulance?” Anica’s story exemplifies the limits of the types of “medical citizenship” afforded to Roma people living in places like Quartier.⁵³ She

was aware that her “suffering body” could be used to leverage better social and economic inclusion.⁵⁴ However, the transitional measures imposed on Romanian nationals in France were in place until 2014, making it almost impossible for Anica to have worked, in 2016, for five years in a recognized trade.⁵⁵ Anica worked at the market because this was one of the few options available to her during this time. Anica’s experiences also illustrate a number of things about the nature of Quartier as a technique for facilitating “integration.” First, Quartier is, like all *villages d’insertion*, a temporary and experimental policy instrument that is designed to funnel a small portion of Roma into more stable living situations. While a number of residents have found employment and long-term housing in the city, most of the original inhabitants continue to live at Quartier. For people like Anica who have complicated health concerns impeding their ability to find employment, the possibility of leaving Quartier is even lower. Secondly, as Quartier ties access to shelter and social support to the site itself, residents are ultimately dependent on this institution. Anica had asked me to take her to the CAF because she wanted to access her rights herself, without the mediation of her social worker. Insofar as Anica had secured a right to health, it seems that these rights were tied to her living in Quartier.

Conclusion

On September 27, 2016, Strasbourg publicly declared that it had closed all of the illicit encampments of Roma people within its municipal territory. The mayor, Roland Ries, detailed the city’s efforts to close the 14 known sites.⁵⁶ He proudly affirmed that the city provided alternate housing for some of the evicted Roma at Quartier and another *village d’insertion* located a few miles outside the city. According to city officials, those who had not been offered lodging, approximately 112 people, had “chosen to leave.”⁵⁷ Some NGOs have likewise cited the “success” of Strasbourg’s insertion project for “reabsorbing” its Roma slums.⁵⁸ Yet the mayor was also quoted as saying, “We cannot accept new populations of Roma. We have done the job. National

solidarity must play its full part.”⁵⁹ Ries suggested that the humanitarian generosity offered by the city had reached its limit and called for similar projects across France.

For Gheorghe, the ill Roma man whose story introduced this article, the realities of this alleged success story are much different. Only 15 steps across the street from Quartier, another group of Roma people continues to set up camp each night, only to be evicted the next morning by the police. The daily eviction of their camp recreates a sort of microcosm of the periodic larger-scale evictions of Roma camps across Europe. The claim that the city has cleared all “illicit” Roma slums is spatially reinforced by the green metal chain link fences that prevent anyone from entering these places. The city’s efforts to eliminate all illegitimate Roma spaces intensified after the construction of Quartier. These integration spaces are not just alternatives to eviction and securitization, but may actually accelerate these processes under a humanitarian veneer. One effect of this acceleration is that people like Gheorghe get pushed into further precariousness.

The declaration of the mayor of Strasbourg articulates a particular kind of medical citizenship envisioned for Strasbourg Roma. Inclusion and exclusion in Strasbourg are based not on healthy bodies but increasingly on a division between healthy and unhealthy Roma spaces.⁶⁰ Like other *villages d’insertion*, Quartier combines housing and access to social support under a mandate of “Roma integration.”⁶¹ This has a number of effects for the residents of Quartier and those that live outside its boundaries. First, it frames the existence of urban slums as a problem of public order rather than the product of successive public policies. The only two types of residence envisaged for the Roma are the slums and the *village d’insertion*, both of which contribute to dominant ideas about Roma people as nomadic people who choose to live outside society.⁶² The city has declared the provision of health care to informal settlements redundant despite the fact that not all Roma who need social assistance live at Quartier. Slums are a response to the legal instabilities wrought by national policies like the transitional measures that make it difficult for some

Roma to gain long-term residence in France.⁶³ Furthermore, the spatial and administrative controls imposed on Quartier residents signal that access to these rights are provisional and contingent on the ongoing demonstration of their potential to “integrate.” In a context where access to health care is guaranteed under national and EU human rights laws, the provision of these rights is in practice constrained to the *village d’insertion*. These measures ironically reproduce the marginality of the Roma in Strasbourg by naturalizing their poverty and obscuring the role that the French state has played in producing Roma precarity.⁶⁴ Without rethinking the forms of securitization that prevent Roma people from realizing their rights as EU citizens in the first place, it is perhaps too early to sound an end to Roma slums in Strasbourg.

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