



Book review of Sahraoui,
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across Healthcare: Moral
Economies of Healthcare
and Migration in Europe*.
New York and Oxford:
Berghahn, 233 pp.

BOOK REVIEW

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ABSTRACT

The notion that “even health systems that are considered ‘universal’ restrict the access” of migrants (Chapter 1, p. 24) is the main takeaway from *Borders across Healthcare*, an important, well thought-out collection of nine essays edited by Nina Sahraoui (Centre de Recherches Sociologiques et Politiques de Paris, CNRS, France). Published in 2020, the collection was arguably written and compiled before the Covid-19 pandemic. Yet, far from diminishing its relevance, the timing makes the book prescient and even more insightful.

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For migration and borders scholars, the Covid-19 pandemic brought a renewed awareness of the intimate entanglements of mobilities, borders and health, broadly conceived. Many of us are swiftly taking issues with attempts at global re-bordering marked by ‘vaccine passports’ and Covid-free enclaves (Bialasiewicz & Alemanno 2021). However, fewer are paying attention to the overlapping, compounded injustices of migrants’ over-exposure to the virus, deriving primarily from working and housing conditions, and their lack of access to healthcare because of racialised inequalities (Sultana 2021; see also Edwards 2021). The latter, in particular, may be an unfamiliar, uncomfortable notion for European readers, despite the body of interdisciplinary work that has examined how migration and border regimes produce uneven health vulnerabilities at a global level (see Willen 2012, for a comprehensive review). Especially for those of us based in Northern Europe, the idea that our healthcare systems – perceived as infrastructurally, technologically and morally advanced – may be hardly accessible to racialised people contrasts with assumptions about the universality of human rights, and the progressive, inclusive nature of welfare institutions.

Yet the notion that ‘even health systems that are considered “universal” restrict the access’ of migrants (Chapter 1, p. 24) is the main takeaway from *Borders across Healthcare*, an important, well thought-out collection of nine essays edited by Nina Sahraoui (Centre de Recherches Sociologiques et Politiques de Paris, CNRS, France). Published in 2020, the collection was arguably written and compiled before the Covid-19 pandemic. Yet, far from diminishing its relevance, the timing makes the book prescient and even more insightful. The volume sets out to contribute to inter-disciplinary debates on ‘health-related deservingness’, a concept introduced by anthropologist Sarah Willen (2012). In her germinal work, which built upon and expanded on the notion of deservingness as developed in welfare studies, Willen (2012, p. 806) defines health-related deservingness as the set of ‘situationally specific, vernacular moral arguments’ and practices that determine which subjects are deemed in need and worthy of care, beyond ‘formal entitlement to rights’. As Sahraoui writes in the introduction, *Borders across Healthcare* offers an ‘ethnographic delving’ into the gendered and racialised dimensions of health-related deservingness as a moral category of belonging. Although the lengthy discussion of the concept of ‘moral economy’ in the introduction appears slightly formulaic, the theoretical framework is focused and solid, and the book achieves a methodological and thematic coherence that often proves elusive in edited collections.

The chapters include case studies set in France, Germany, Greece, Italy and Spain. Reflecting the authors and editors’ areas of expertise and networks, this choice leaves out entirely post-socialist Eastern Europe and the Nordic region. Nevertheless, the analyses – organised in two sections ‘Borders spring into Healthcare’ and ‘Understanding the Grey Zone between Legislation and Admission’ – carry lessons for European scholars and students of migration, borders and social sciences of health across geographical locations. After Sahraoui’s introduction, Chapter 1, by Danielle da Costa Leite Borges and Caterina Francesca Guidi, provides an overview of the legal entitlements to healthcare for irregularised migrants in the five countries included in the book. This constitutes a particularly useful tool for migration researchers and students approaching for the first-time questions of health and healthcare.

The following contributions are ethnographically rich and thematically wide-ranging, offering insights into issues as varied as the impact of migration and border regimes on the work of public hospitals (Chapter 2, by Majorie Gerbier-Aublanc), HIV-prevention campaigns (Chapter 3, by Séverine Carillon and Anne Gosselin) and childbirth

(Chapter 9, by Olena Fedyuk). Chapter 4 by Caterina Rohde-Abuba offers a very interesting discussion of the construction of ‘deserving’ young Muslim men as ideal (and often unpaid) elderly care workers, in the context of German policies aimed at integrating refugees into the national labour market (another way to make migrants ‘deserving’). Humanitarian exceptions in institutional practices (Chapter 6, by Roberta Perna), struggles for migrants’ access to healthcare (Chapter 5, by Marta Pérez, Irene Rodríguez-Newey and Nicolas Petel-Rochette) and constructions of vulnerability in the work of local healthcare associations (Chapter 7, by Cecilia Santilli) are also examined. In Chapter 8, Sahraoui and her co-author Cynthia Malakasis contribute to theorisations of the gendered dimensions of health-related deservingness, building upon their previous important work on pregnancy and borders in Southern Europe (with Grotti et al. 2019).

In the conclusion, Sahraoui calls for including the right of healthcare into our conception of migration ethics. However, as she also observes, pervaded as it is by a moral economy of deservingness, healthcare is also part of a biopolitical governmentality of migration that is ‘fundamentally racialized’ (p. 219). Perhaps then, as the struggles for justice documented in the book seem to suggest, potentialities that are even more radical are at stake in this project. The intersections of health and migration are also terrains where, through the affective and embodied dynamism of care, affirmative openings can emerge in the biopolitical (see Lin et al. 2018). The hope is that this volume will be read widely, and these questions will be taken up by practitioners and researchers across Europe. Importantly, this includes the Nordic countries, where the role of increasingly privatised and outsourced healthcare systems in distributing vulnerabilities along racialised lines calls for urgent scrutiny and struggles.

COMPETING INTERESTS

The author has no competing interests to declare.

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