

Research project: HEALTHCARE AT THE BORDER (HEBo)

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The Healthcare at the Border project focuses on the articulation between healthcare and border management in contemporary Europe. It explores how particular understandings and everyday healthcare practices are constituted through the ethnography of medical encounters in several crucial locations for migration in Europe: the islands of Lampedusa (Italy) and Lesbos (Greece), the French-Italian border on the Alps, and the area of Calais (France). The management of the right to health often constitutes a crucial tool for the institutional politics of exclusion and rejection of migrants: in this perspective, this project aims to provide an analysis of healthcare as a technology of border management.

How do healthcare interventions affect the political and social rejection to which migrants are subjected? How are the everyday routines of medical services at the border shaped by –or how do they erode– political agendas, sovereignty, and institutional authority? How do the implementation of the right to healthcare translate the politics of life and the differentiated judgement of the value of lives underlying border management in contemporary Europe? And what are the moral orders of healthcare and biosecurity at the borders? Following these main research questions, this project aims to frame decisions in healthcare in the context of the instruments formulated and implemented by executive agencies to manage migrants and refugees. The responsibility to protect through healthcare or the act of exclusion from membership and citizenship can be associated with healthcare decisions consistent or conflicting with border enforcement policies as well as the fragmentation of the international legal environment of “migration management”. In this framework, ethnographic observation of stratified healthcare day-to-day practical experiences (i.e. medical consultations, healthcare bureaucracy/migrant patients interactions, forms and strategies of access to healthcare resources) allows identifying the unresolved tensions underlying such policies.

This project is organized around three main specific research tasks:

- 1) *Therapeutic governmentality in the camps*: In the framework of the current migration management, the line between the logic of security and humanitarianism is increasingly blurred: this research task aims to investigate how medical actions contribute to such blurring. Healthcare in camps and informal settlements not only has an immediate medical impact, but it also alters the relationships between migrants and other bureaucratic structures. In this framework, this research explores the ways migrants’ healthcare translates political discourse and claims through bodies, which thus become “zones of indistinction” between migrants’ biology and biography.
- 2) *Medical encounters, political effects*: the second research task consists of observing how migrants adapt their rhetorical strategies and relational capacities during medical encounters, and how medical personnel manage these relationships according to their role and the duties and policies they are supposed to implement. The micro-level of the medical encounter is overburdened by the macro-level of the political and public treatment of the people that constitute the current flows of migration to the European territory. In this perspective, even the most ordinary medical visits always express a crucial political dimension.
- 3) *Right to health, politics of life and biopolitics in Europe*: This research task is to develop an ethnographically-informed analysis of the linkages between the politics of life and the management of marginalized migrants in contemporary Europe. This research tackles this framework from the perspective of the implementation of the right to health and healthcare, focusing on the tensions at work when states offer healthcare services while implementing increasingly restrictive policies in terms of migration and asylum management.