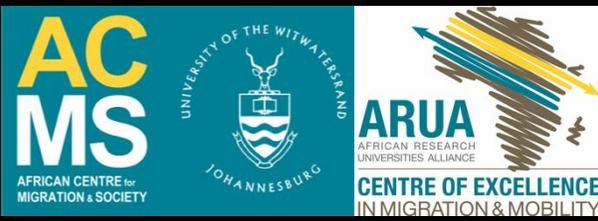# Histories of global health & migration:

why addressing epistemic injustice is critical for the study of migration & health in Africa

Copper engraving of **Doctor Schnabel [i.e Dr. Beak]**
- **a plague doctor** in seventeenth-century Rome
1656

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"We often think of science and medicine as constantly innovating and creating new things, but **medicine has a long history to be considered**.

In healthcare research, you need both the science and the empirical evidence – the expertise in epidemiology for example.

But **you also need to consider the conceptual questions and the historical and sociological context.**

Healthcare research is both an art and a science, especially when dealing with clinical settings. It's high time the silos of science versus social science or arts and humanities were taken apart.

It's a good model for universities to adopt……."

Carel, H. (2023) **EPIC: studying epistemic injustice in healthcare**
https://wellcome.org/news/epic-studying-epistemic-injustice-healthcare

Illustration of trepanning by Italian doctor Guido da Vigevano, 1345

Physician letting blood from a patient, The British Library

Medieval doctors preparing a concoction, Wikimedia Commons

Epistemic injustice

"….a philosophical concept which describes **how we can be discriminated against when our credibility is unfairly reduced when we speak.**

It's an injustice done to somebody in their capacity as a speaker, as a knower – when someone is providing information about themselves, presenting their views, offering an opinion and so on.

This can have very serious consequences."

Security, Disease, Commerce:
Ideologies of Postcolonial Global Health

Nicholas B. King

2002

P764

"…..'emerging diseases' presented **a threat** to (American) **national security, international development and global health**."

This kind of **geopolitics of disease prevention** *continues in the realm of health aid and development:*

for example, assistance with **HIV/AIDS treatment will be given there** *(in the form of aid)*

but

not here *(in the form of state-funded treatment of refugees)."*

2006

"thank you for partnering with USAID and

God bless America"

2025

deservingness

- Refugees and asylum seekers are rarely portrayed as individuals with <u>agency, skill or resilience</u>, with capacity to contribute and be an asset.

  Grove & Zwi, 2006

- Dominant discourse surrounding refugee identity:
  - "… <u>genuine and deserving</u>; as <u>fraudulent and abusive</u>; as <u>needy and helpless</u>; as <u>autonomous and independent</u>."

  Hardy & Phillips, 1999

CONTAGION

- Negative public and political opinion;

- 'Contagion'
  - Fears of the contagious nature of those "just off the plane";
  - 'Outsiders and contamination'.

- Scapegoat the foreigner.

Worth, 2006

OTHERING

- A process that "serves to mark and name those thought to be different to oneself"

  Weis, 1995

- A variety of mechanisms by which refugees, asylum seekers and irregular migrants are positioned as 'the other';

- Defined and treated as separate, distant and disconnected from the host community;

- Defines and secures ones own identity by distancing and stigmatising an(other).

  Grove & Zwi, 2006

- This can affect health outcomes;

- Public health must engage with and challenge othering discourse;

- Role of public discourse and political, legal and media responses;

- Argues that public health practitioners have a critical role to play in reframing thinking about health services and health policies for migrants: promote inclusion.

  Grove & Zwi, 2006

- Create and reinforce migrants as different, as not belonging; and

- Othering at health service delivery and policy levels.

QUARANTINE

"The word **"quarantine"** is directly taken from the **Italian word** *quarantino*, which referred to a 40-day period of lockdown that Italian doctors imposed when infectious disease broke out. Its first use was in 1377 when yet another wave of plague hit Europe."

Right: *Dance of Death, 1348.*
Below: *Venice*

Any quarantines that were imposed were more **the result of panic and fear** than organized social ordinances. The Chronicle of the monastery of Neuberg recounts how **"the inhabitants, frantic with terror, ordered that no foreigners should stay in the inns,** and that the merchants by whom the pestilence was being spread should be compelled to leave the area immediately."

"Major outbreaks of plague in 1665 and 1721 in London and Marseille were the result of breakdowns in [this] quarantine barrier.

From the late 17th century to 1871 the Habsburg Empire maintained an armed "cordon sanitaire" against plague eruptions from the Ottoman Empire."

Brooke, J. (2020) The Black Death & its Aftermath
https://origins.osu.edu/connecting-history/covid-black-death-plague-lessons

Michel Serre's painting depicting the 1721 plague outbreak in Marseille
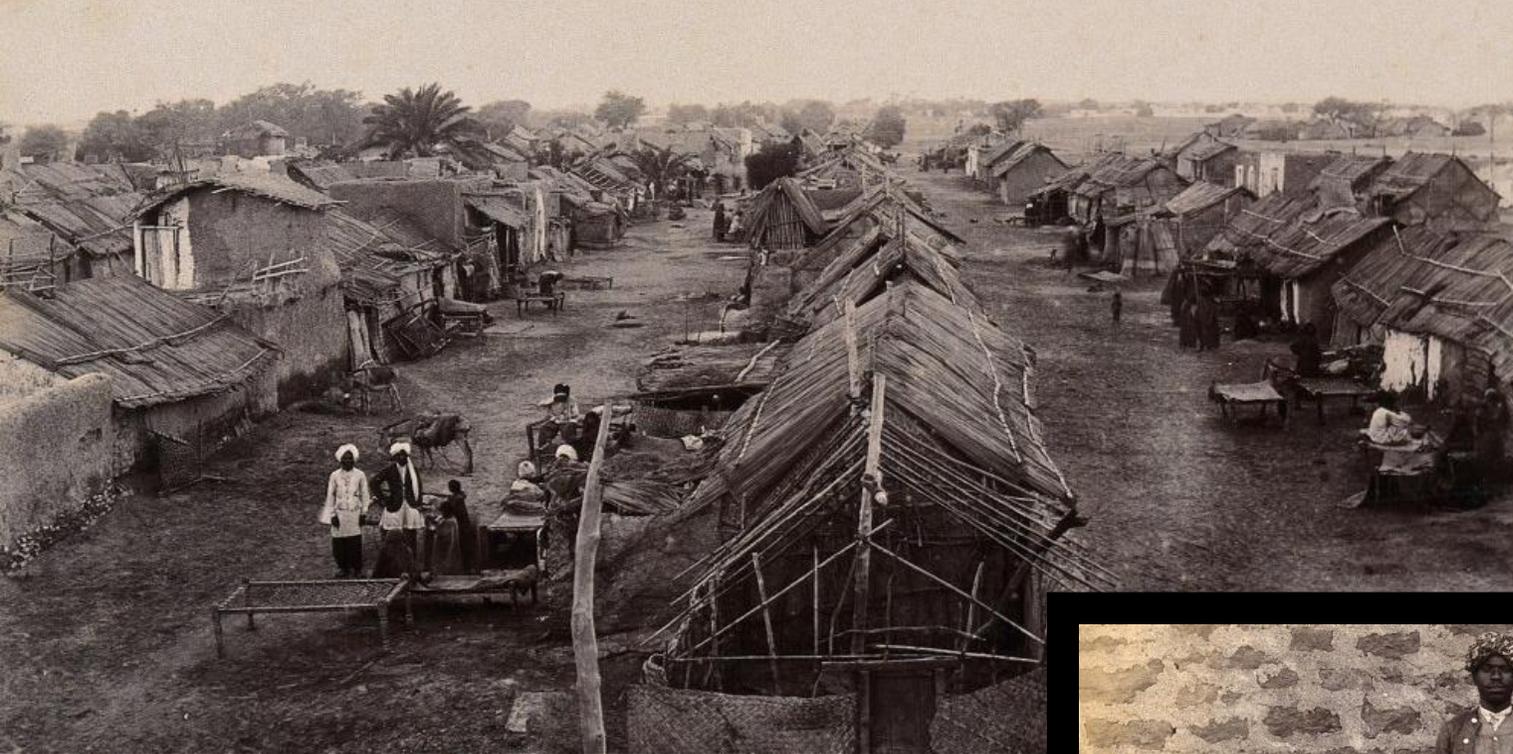
1665

A segregation camp during bubonic plague outbreak, Karachi, 1897. Wellcome Collection (CC BY)
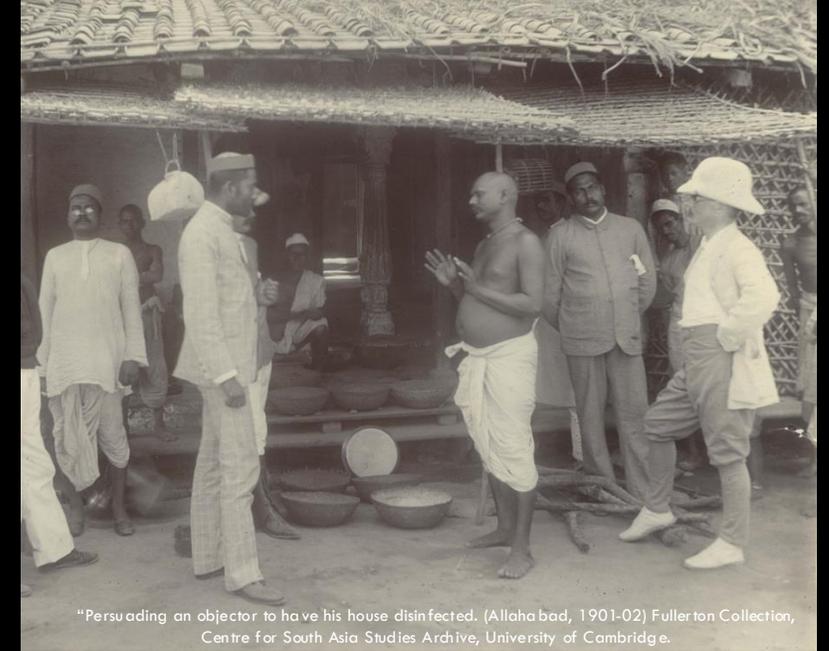
"Persuading an objector to have his house disinfected. (Allahabad, 1901-02) Fullerton Collection, Centre for South Asia Studies Archive, University of Cambridge.

Bubonic Plague in Karachi, India, 1897

A group of plague staff, part of the Karachi Plague Committee, 1897. Wellcome Collection (CC BY)

X	Suspected mental defect
⊗	Definite signs of mental disease observed
B	Back
C	Conjunctivitis
CT	Trachoma
E	Eyes

F	Face
Ft	Feet
G	Goiter
H	Heart
K	Hernia
L	Lameness
N	Neck

P	Physical and Lungs
Pg	Pregnancy
Sc	Scalp (Favus)
S	Senility

Physical examination of female immigrants at Ellis Island, New York City, ca. 1911. Library of Congress.

In the main hall of the immigration station on Ellis Island, immigrants wait for the next phase of inspection. On some days, more than 5,000 people filled this room.

Photograph by William Williams, New York Public Library

https://www.nationalgeographic.com/history/article/ellis-island-millions-immigrants-united-states-america

A traveller from South Africa gets screened for Covid19 at the beitbridge Border Post. Travellers now undergo mandatory screening before they are cleared for passage into the country

Thupeyo Muleya, Dumisani Nsingo and Njabulo Bhebe, Sunday News Reporters

Bubonic Plague, 1905
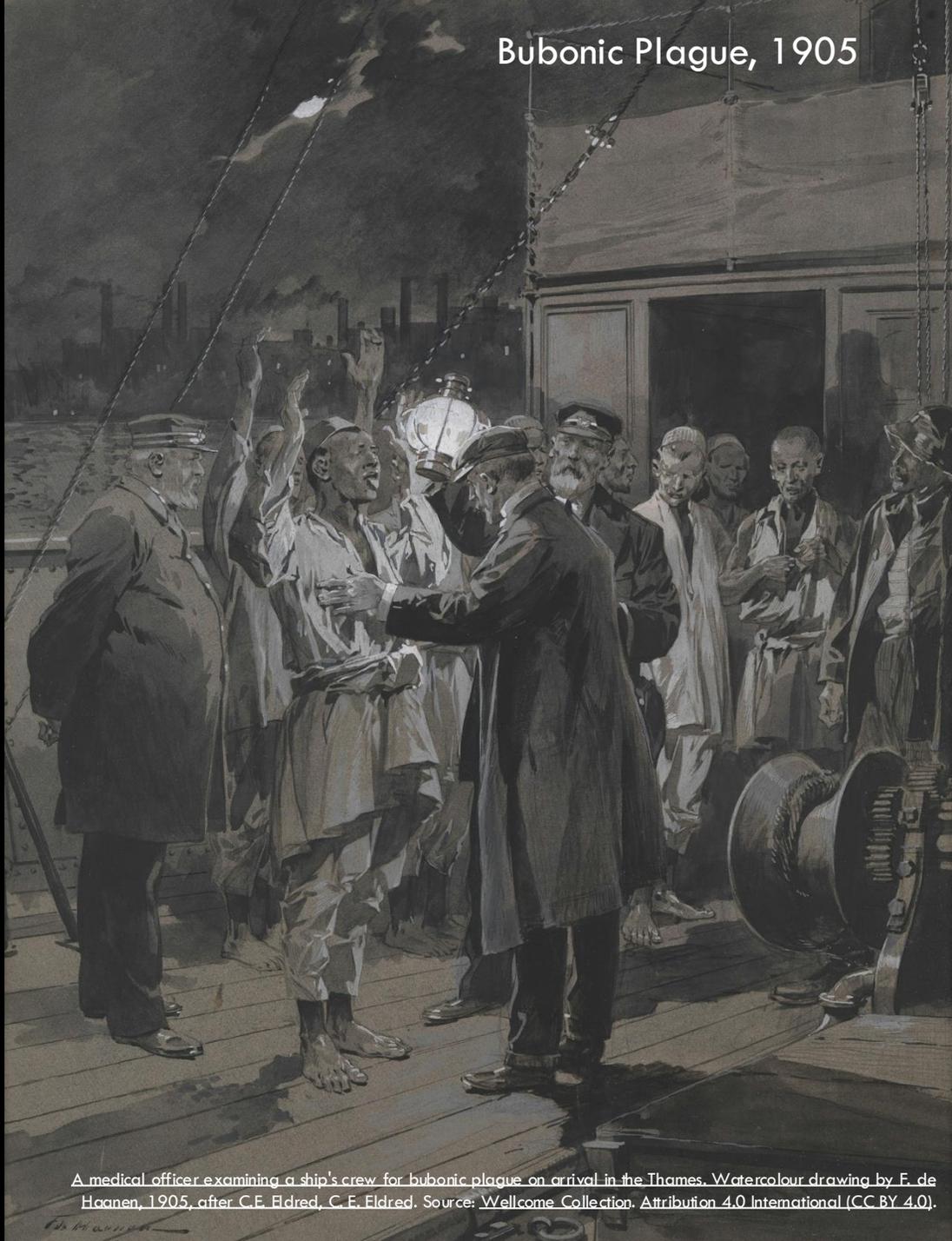
A medical officer examining a ship's crew for bubonic plague on arrival in the Thames. Watercolour drawing by F. de Haanen, 1905, after C.E. Eldred, C. E. Eldred. Source: Wellcome Collection. Attribution 4.0 International (CC BY 4.0).

Pre-Covid-19

WHO?
Diverse migrant groups & experiences

Structural realities

Existing legislation v's an increasingly restrictive immigration and health policy terrain

Role of nation state & sovereignty v's public health

Lack of migration-aware & mobility-competent healthcare systems

With Covid-19

Covid-19 has amplified the challenges faced by non-citizens – including undocumented migrants - who are reliant on state services, including healthcare.

A traveller from South Africa gets screened for Covid19 at the beitbridge Border Post. Travellers now undergo mandatory screening before they are cleared for passage into the country
Thupeyo Muleya, Dumisani Nsingo and Njabulo Bhebe, Sunday News Reporters

Co-opting a Global Health Security approach to justify increasingly restrictive immigration regimes risks health for all: pushes people who move into dangerous irregular routes, fuels xenophobic and fulfils (unfounded) idea of a dangerous "other" travelling in order to contaminate an innocent "citizen"

Decolonisation of states

-> yet, retention of health laws + imposed borders from colonial powers

health + 'homeland' security

Geopolitical
Geo-epidemiological territoriality
Security
Communicable diseases

Immigration + public health

Movements

labour

Refugees

migrants

Colonial
Missionary   medicine
Tropical

'diseases of warm climates'

*"tropical medicine was institutionally, politically and **intellectually** about the large and broad project of colonization*

Concern for protecting the health of the coloniser

World health

WHO

- **Disease control programmes -> PHC**

International health

INTERNATIONAL = Europe

➔ **'developing countries' + disease prevention, eradication**

➔ **Incorporates approaches associated with colonial & tropical medicine**

Global Health

Language, voice, labelling, representation

- Vulnerability, stereotypes, deservingness, fear
- Moral panics, crisis,' trafficking', smuggling
- Securitisation, health security, borders, boundaries, containment

Global, national, regional, continental, local

- Low-income, high-income, power, geopolitical context, global context, nation state, sovereignty, policy processes: who has the loudest voice?
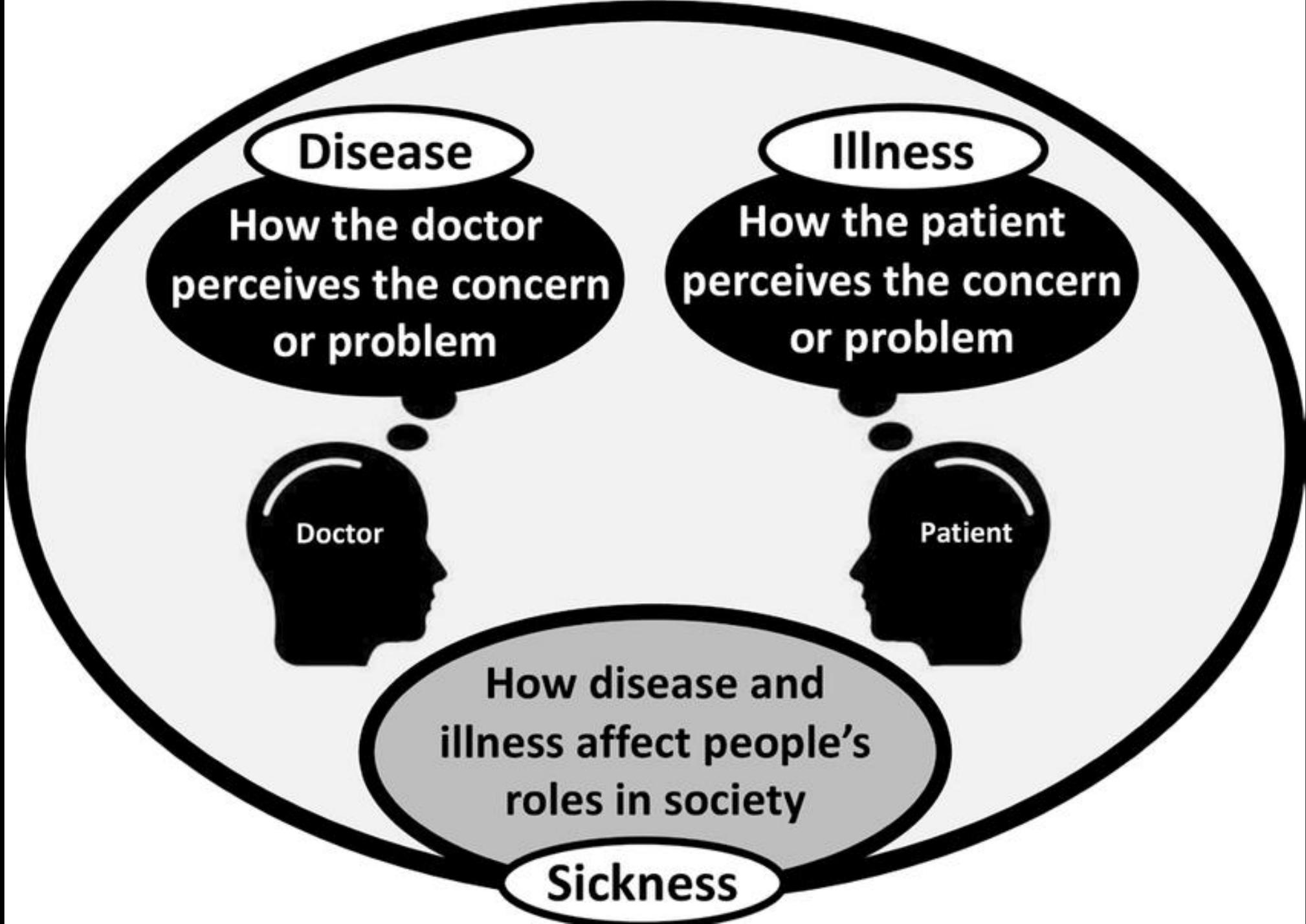
Scapegoating

- Social determinants of health, equity, equality, socio-economic status, gender, age, race, nationality, epidemiological context, violence -direct and structural

Competing agendas

- **Securitisation** of immigration and state sovereignty; global health security; universal healthcare coverage; migration for development