Panel ABSTRACT

Panel 44: The politics of health care: exploring methodological approaches to exclusive rationalities and practices in healthcare systems

Organizer: Sabine Hess, Reza Bayat, Marie Fröhlich

Abstract: Although Western democratic states affirmatively declare a right-to-health policy, the health-related developments of recent years have repeatedly shown that access to comprehensive health care is highly stratified along axes of race, nationality, residence and insurance status, class, and gender. The discursive exclusions of undesired bodies and their specific health needs on political and epistemological levels result in their being largely overlooked in general processes of policy making and medical and health-related knowledge production. For marginalized groups, health care systems function as additional social, cultural, economic, and political exclusive and/or bordering mechanisms. Beyond the concrete provision of care, this shifts the focus to the structural dimensions of health care and, consequently, to the underlying political and institutional conditions of health care systems.

This raises two fundamental methodological concerns: First, it demonstrates the need to critically examine the design and inherent rationalities of health care systems and institutions and the various means through which they shape the production of health care for marginalized populations. Secondly, it calls on us to examine how ethnographic and critical engagement with borders, bodies, and health can foster more reflexive, interdisciplinary, and equitable practices.

Against this backdrop, this panel aims to explore innovative methodological approaches that enable qualitative research into these complex fields, considering the conditions of social inequality and/or migration policy. It invites analytically and ethnographically grounded contributions, as well as comparative perspectives, that focus on the structural and institutional dimensions of health care systems to foster an interdisciplinary and robust understanding of methodological approache.

SESSION SCHEDULE

19.09.2025 | Slot 3 & 4| 2-0-4

Reza Bayat: Borders of Healthcare / Healthcare as Bordering Process: The Production

of Healthcare for Migrants in Germany

Sweta Dash, Jith Jagajeevan Remadevi, Surekha Garimella: Centering Sensitivities and Voices: Co-Producing Elements of an Intervention for Strengthening Community Voice in Urban Health Systems

Marie Lison Fröhlich: "So, who's responsible here?": An Ethnographic Reproduction Regime Analysis on Health Policies as Bordering Mechanisms

Carolina Garzon-Esguerra: Migration, research, illness: interdisciplinary methodological itineraries

Camille J. Laufer: Challenging Institutional Rationalities: Trans Self-Injection Workshops as Ethnographic Sites of Resistance

Yuqi Liu, Binhui Liu: Lost in Translation: Linguistic and Epistemic Insecurity in International Students' NHS Experiences

Garvita Singh: Scoring Chronicity as Disability: Pain Disability Questionnaire in the Global South

Lot Tiebosch: On the Threshold of Care: Exploring Oscillating Compassion and Liminality in Dutch Healthcare for the Uninsured and Uninsurable

SESSION PAPERS

Borders of Healthcare / Healthcare as Bordering Process: The Production of Healthcare for Migrants in Germany

Reza Bayat

In Germany, migrants' healthcare needs and perspectives have received limited attention, so that an institutional absence of migration in the German healthcare system is noticeable. This lack of epistemological and political attention to migrants' health is to reflect in the design and development of healthcare ecosystem in Germany. Given the risks of encoding existing hierarchies, biases, assumptions and unchecked values into the research, design and development of health institutions, it is crucial to unpack how healthcare and access to it has been institutionalized. Healthcare systems are seen as social, cultural, economic and political bordering mechanisms that centralize (undesired) bodies in their discourses. Drawing on empirical research about the primary care of migrants in Göttingen, this paper proposes the term 'medical border making' to refer to the processes in which healthcare system as an institution, alongside other institutions and in contribution with them, represents and (re)produces the national, social and cultural borders to establish and institutionalize a certain interpretation of 'difference'. Employing this as an analytical and methodological term, this paper aims to show how

borders permeate the social and cultural lives of the health institutions and shape them as inclusion/exclusion apparatuses.

Centering Sensitivities and Voices: Co-Producing Elements of an Intervention for Strengthening Community Voice in Urban Health Systems

Sweta Dash, Jith Jagajeevan Remadevi, Surekha Garimella

Health systems often operate with and rely on dominant epistemologies of technical rationality and/or clinical objectivity, leaving little room for the lived-experience-based knowledge and emerging felt needs of marginalised communities. Consequently, the efforts to engage with marginalised communities through community participation mechanisms are implemented in a top-down manner, with spaces for community voices to fit into only the pre-approved templates.

Stemming from Complus, our research project on strengthening community participation in urban health systems, our work with Mahlia Arogya Samitis (MAS) - Women's Health Committees - in Bengaluru has attempted to adopt an approach that centres the community voices and needs to develop a ground-up intervention. Observations, insights, and opportunities from all stakeholders were systematically documented and analysed, and then distilled into nine key elements of the intervention, ensuring they remained anchored in community voices.

Through sustained community dialogues, and systematic and iterative stakeholder engagements involving frontline health workers, municipal officials, and civil society actors, the interlinked elements of the intervention foreground everyday exclusions and knowledge hierarchies critical to enabling meaningful voice. In doing so, our methodological approach reframes community participation as a relational and political process, not a procedural one, and situates co-production as an ethical imperative in working with the marginalised communities.

This paper argues for research practices that disrupt institutional rationalities and foster more responsive, inclusive, and accountable health systems. It contributes to broader methodological conversations on how to meaningfully build from the bottom up - through voices.

"So, who's responsible here?": An Ethnographic Reproduction Regime Analysis on Health Policies as Bordering Mechanisms

Marie Lison Fröhlich

Recent years have repeatedly shown that the right to reproductive healthcare in Germany is highly stratified along intersectional axes. In addition to questions concerning care provision, this shifts the focus to the structural dimensions of reproductive healthcare and, consequently, to the underlying political and institutional conditions of health systems. Integrating insights from critical border studies with the anthropology of reproduction and drawing on a Reproductive Justice perspective, my paper will focus on these two layers of reproductive healthcare, specifically on obstetric care.

First, I will address how to ethnographically investigate such complex configurations of reproductive regulation and practice. I propose an ethnographic reproduction regime analysis as a praxeological mode of politically situated feminist research that, from the vantage point of struggle and contestation, enables the exploration of emergent, multiscalar, and multi-sited arenas of reproductive regulation (see Hess/Schwertl 2009; Gutekunst/Schwertl 2018).

In the second part, based on empirical data from my dissertation, I examine how these policies, by neglecting social inequality, generate a porous reproductive healthcare landscape, drawing a sharp line between desirable—and thus health-policy-worthy—populations and undesirable groups, thus enacting an implicit necropolitics of reproduction. I will show how reproductive healthcare systems, in this regard, function as additional social, cultural, economic, and political bordering mechanisms. The paper thus contributes to ongoing methodological debates within the anthropology of reproduction and to a more nuanced feminist understanding of the interplay between reproductive, social, and migration policies.

Migration, research, illness: interdisciplinary methodological itineraries

Carolina Garzon-Esguerra

This paper develops a methodological proposal for the study of health, gender and migration, generated from the epistemological and dimensional diversity of the themes. As gender is a polysemic concept that is constituted in its interaction with ethnicity, class and sexuality in a structural dimension of oppression (Young, 1990), its analysis required an interdisciplinary and multifocal approach. Recognising it as a category that organises the movement of women and men (Cortés Maisonave, 2018), and that allows us to describe, explain and predict the behaviour of diseases (Sánchez López, 2013). A qualitative methodology was designed that included three parts: the analysis of barriers to access and primary care interventions, taking as its basis two substructures of the gender system: the sexual division of labour and power relations. This was in order to contextualise the intersection between migrants' workloads, the power of health systems over bodies and gender biases. Secondly, the analysis of public policies on equality, health and migration, as instruments that generate identity, otherness and inequality. Focusing on the consequences of the establishment of categories, labels and divisive practices. The third, an analysis of the health-illness-health care-health neglect process within the migrant trajectory, through a situated ethnography that included participant observation and semi-structured interviews. In which subjectivity and bodily embodiment were the links between the conceptual, the political and the personal.

Challenging Institutional Rationalities: Trans Self-Injection Workshops as Ethnographic Sites of Resistance

Camille J. Laufer

This article examines trans self-injection workshops as ethnographic sites that expose the exclusionary rationalities that underpin formal healthcare systems from the margins. Through six months of participant observation and interviews within a community self-medication group in Switzerland, the study reveals how these workshops operate beyond conventional medical institutions. Not only do they offer alternative risk reduction and support, but they also critically interrogate the political and institutional frameworks that stratify access to healthcare. Using a transmaterialist perspective (Clochec & Grunenwald, 2021; Beaubatie, 2021) as well as Epstein's

(1995) concept of 'lay expertise', the analysis explores how marginalised bodies navigate and contest normative healthcare practices. By highlighting the methodological challenges of studying these exclusive rationalities, this research contributes to a broader understanding of how experiential healthcare practices illuminate the complex interplay between institutional policies and lived experiences. Ultimately, the study calls for reflexive and interdisciplinary approaches that acknowledge and address the epistemic gaps inherent in traditional healthcare, offering new avenues for equitable research and practice in medical anthropology.

Bibliography

Beaubatie, E. (2021). Transfuges de sexe : Passer les frontières du genre. La Découverte.
Clochec, P ., & Grunenwald, N. (2021). Matérialismes trans : Actes de la journée d'étude Matérialismes trans qui a eu lieu à l'ENS de Lyon, le 30 mars 2019. Hystériques & associéEs.
Epstein, S. (1995). The Construction of Lay Expertise : AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials. Science, Technology, & Human Values, 20(4), 408-437. https://doi.org/10.1177/016224399502000402

Lost in Translation: Linguistic and Epistemic Insecurity in International Students' NHS Experiences

Yuqi Liu, Binhui Liu

Concerns have emerged among international student communities in the UK around the insecurities and linguistic frictions experienced in accessing and navigating the National Health Service (NHS). Despite being formally entitled to care, many students report confusion, hesitancy, and feelings of exclusion within the NHS. Mistranslations often intensify these affective experiences due to linguistic, cultural, and institutional barriers that contribute to delays in care, miscommunication, and a broader sense of marginality.

Focusing on Chinese-speaking international students and their mediated exchanges through social media platforms and in-person experiences, we examine how healthcare-seeking becomes a process filled with hesitation, self-questioning, and negotiation. Through content analysis and semi-structured interviews, I trace narratives of positionality shifting between "guest," "patient," "outsider," or "negotiator" in these experiences in healthcare services, and struggling with a sense of speechlessness.

By following their narratives, this paper aims to explore: (1) how students experience and interpret healthcare-seeking; (2) how uncertainty and ambiguity shape these encounters; (3) the strategies they develop to access services and cope with practitioners; and (4) how notions of "being cared for" are constructed within unfamiliar institutional landscapes. By analysing these everyday encounters, I reflect on the structural and epistemic barriers that undermine equitable access to care, even in ostensibly universal systems. This also highlights how the assemblage of linguistic barriers and emotional affects together produce a unique zone of epistemic and affective precarity, and discusses what it means to seek care in a supposedly universal health system.

Scoring Chronicity as Disability: Pain Disability Questionnaire in the Global South

Garvita Singh

This paper critically throws light on the recent extraordinary gazette published by the authority of the Indian State in the purview of Persons with Disabilities (PwD). Issuing pain as one of the forms of disability, published on the website of the Department of Empowerment of Persons with

Disabilities (DEPwD) on March 14, 2024, the revised assessment guidelines write about the inaugural Pain Disability Questionnaire (PDQ) on page 445 in the history of the state-led frameworks of legitimacy of being unhealthy and disabled simultaneously.
Drawing on ethnographic fieldwork in Indian hospitals across Delhi-NCR and autobiographical reflections as a long-term facial pain patient, the PDQ represents a significant shift in how pain is institutionally acknowledged—moving it from subjective complaint to a recognized form of chronic disability. Invigorating technocratic languages of PDQ, the state has led the patients' subjectivities towards an urge-incontinence to seek standardized, bureaucracy-quantified certification of chronic pain into disabilities. Nevertheless, it is important to add that this attempt might lead the embodied experience of chronic pain of patients towards flattening out of subjectivities, which might lead towards an ontological turn of objectifying pain in numbers.
I pursue my research into the foreground of chronic facial pain patients, their subjectivities and the anthropology of measuring pain into the legitimacy of becoming disabled. This paper examines how to weave the medical anthropology of the interface of chronic facial pain, including Trigeminal Neuralgia, with the Indian state and pain and disability into a questionnaire.

On the Threshold of Care: Exploring Oscillating Compassion and Liminality in Dutch Healthcare for the Uninsured and Uninsurable

Lot Tiebosch

In the context of universal healthcare systems, access to care is framed as a right. Yet, for certain marginalised groups access to care is conditional and contested. This paper, grounded in ethnographic research in street doctor consults, homeless shelters, and outreach teams in a mid-sized Dutch city, explores the experiences of homeless and houseless individuals who, due to lack of a permanent address, are uninsured or 'uninsurable'. Rather than guaranteed access to universal healthcare, they rely on the compassionate responses of care-givers. In this context, access to care becomes not only a matter of need, but also of deservingness and social acceptance. I propose the concept of oscillating compassion, a pendulum-like process where access to care for the homeless/houseless individuals relies on the precarious and conditional fluctuation of compassion: from empathy to pity, tolerance, and rejection. This process is shaped by the social status, visibility, and perceived worth of the individuals in need and reflects a liminality where these individuals seeking care are both recognised and overlooked within healthcare systems. Drawing on the work of Didier Fassin on the moral economy of immigration policies, Giorgio Agamben's theory of zoe and bios, and Rainer Forst's paradox of tolerance, I examine how this pendulum-like oscillating compassion shapes healthcare access and informs who is seen as 'deserving' of care, offering a new lens for understanding how care is constructed in liminal spaces. This approach challenges the institutional dynamics of care, emphasising the contingent, relational, and negotiated nature of healthcare access for marginalised individuals.