
Health and Spatial Justice

Coordination: **Emmanuelle Faure | Léa Prost | Benjamin Lysaniuk**

Translation: **Claire Hancock**

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The global COVID-19 crisis has been a stark reminder of the extent to which health states are spatially and socially differentiated (Ngozi Asabor et al., 2022; Pierce et al., 2021; Mariette and Pitti, 2020). This crisis, by its magnitude and the speed of its global spread, demonstrates how social and territorial variability generate health inequalities. These disparities may concern access to healthcare, the sociospatial distribution of the determinants of health and diseases, living conditions and standards of living of populations, access to education, employment, culture or even the regulatory or political context. The sociospatial analysis of health determinants, placing space—both locus and stake of social and political relationships—at the center of its questioning, constitutes the fundamental object of health geography. While epidemiology integrates a spatial dimension into the analysis of health phenomena by generally considering space as one variable among others, health geography places space as a social and political construct at the center of its analysis of health phenomena, not limiting itself to the presence or absence of diseases, at different scales (Dahlgren and Whitehead, 1991). Trevor J. B. Dummer (2008) reminds us of the holistic nature of this geography, which seeks to measure the influence of the place on health, well-being and disease by questioning the impact of social, cultural and political contexts. This sociospatial understanding of health also helps guide territorialized decision-making in public health. Geographers have contributed significantly to this, with, for example, work on the care pathways of migrant populations or people with disabilities (Pian, 2012; Ramos-Gorand and Rapegno, 2016). Articulations between territory, gender and health, or more recently, intersectional approaches in the geography of health, illustrate the extent to which bodies bear the stigma of the major social, cultural and political divides of societies. Racial dimensions, although very difficult to apprehend in the French context, are also at the heart of edifying work on the extent of health injustices affecting bodies, especially non-white ones.

Whether in recent works on COVID-19 or on other health issues, the term “inequality” is at the heart of work in Francophone health geography, but is much less the case, if at all, for the term “justice”. Literature in English uses the justice framework much more liberally (Baciu et al., 2021; Bailey et al., 2017; McPhearson et al., 2020). This special issue of the journal *Justice spatiale / Spatial Justice* aims to question these differences in framing and their implications for the territorialized analysis of health events. What does such an observation reveal about our scientific contexts, their theoretical or epistemological foundations? How does the notion of spatial justice contribute to studies carried out in the field of health? Does the use of the notion of justice, rather than the one of inequality, spur a rethink of the purported neutrality of social science? How does this impact the modalities of scientific production and the ways of analyzing our societies? It seems all the more stimulating to address these questions within a bilingual journal in order to foster dialogue between different epistemological contexts, researcher positions, methods or subjects of study.

This call is not restricted to articles on the Global North, so we encourage authors to propose reflections on the Global South as well, or to take a comparative approach. Through this variety of fields of study, this issue will highlight the importance of local factors at the origin of situations of health injustice as well as the existence of factors that cut across these situations: the importance of certain health facts or risk factors, the importance of certain types of actors, the link between environmental justice and class relations, etc. All methodological approaches, whether quantitative, qualitative or mixed, are welcome in this special issue. While urban contexts are often centered as exhibiting the greatest diversity of health issues, we do not wish to limit this call to contributions and will welcome proposals on health issues in rural contexts too. Contributions can address one of the following three aspects, though the list is not limitative.

1. *Access to care and healthcare provision*

We welcome contributions on access to care, as well as on the supply of services related to health issues. For example, the issues of care pathways, or social, economic, symbolic, linguistic or organizational “barriers” in accessing care could be considered. The analysis of the care pathways of marginalized populations could shed light on the tension between spatial justice and health, as well as the role of power relationships and the parts played by all actors involved. It could also question the spatial distribution of certain health professionals and the notion of medical deserts in terms of the injustices they may reveal. This theme also opens up to proposals dealing with actions, at different levels, aimed at providing (fairer) access to the healthcare system

for all. Finally, the highlighting of mechanisms of resistance, of self-management in the face of the unjust and discriminatory nature of health systems would be relevant here.

2. *Health and environment*

This perspective could include, for example, the analysis of levels, situations and effects of exposure to pathogens affecting different social groups, in space and time (industrial pollution, environmental health and agriculture...). Case studies are likely to cast light on the articulation of health and environmental justice. The question of health states, but also the information levels and capabilities of various actors, could be questioned. To what extent do these situations also reflect injustices in terms of the living environment (more or less healthy housing, presence of sources of pollution near the place of living, working conditions, etc.)? Work on citizen mobilization and environmental health alert networks could be proposed here. Finally, if work considering localized situations can prove enlightening, the study of North-South relations, or conflicts at multiple scales, could also certainly bring interesting insights.

3. *Embodiment and bodily issues*

The question of the embodiment of injustices, and their impacts on the life and health paths of individuals, could also be addressed in this issue. It could, in particular, be illustrated by work questioning social positions, relationships to bodies or particular identities (people with disabilities; gender or sexual minorities...). Of particular relevance would be the physical manifestations of sociospatial injustices, in terms of care pathways, mental health or exposure to certain health risks, for example. Research on the role of the people concerned as well as of different political, associative or private actors in the fight against these injustices, or their implications in their persistence or increase could contribute to this line of thought. Finally, one could ask to what extent the development of an intersectional reading of social relations articulating gender, class and race allows for a better understanding of the sociospatial heterogeneity of health conditions.

Beyond on these three orientations, critical reflections could also be proposed on, for example, measurement indicators, data mobilized as well as methodological or epistemic approaches to apprehend the spatialization of health issues and their links with situations of sociospatial injustice. The very definition of "health" could be questioned, developing a critical approach to the consensus definition of the WHO in particular. How can we measure the "good" or "bad" health of populations, and of which populations?

Some contributions could also focus on documenting the processes of making health injustices visible/invisible: struggles for food justice, citizen/collective mobilizations, roles and spatial tactics of consumer/patient associations, modalities of knowledge production on health outcomes... What role can public policies play in the fight against spatial health injustices, or, on the contrary, in their perpetuation, or even their increase?

Instructions for authors

Authors must send their complete articles to the editors of the special issue before **April 14, 2023**.

Justice spatiale / Spatial Justice is a bilingual peer-reviewed journal. Articles can be submitted in French or in English. They can be based on a case study or offer a more theoretical perspective. The journal uses double-blind reviews and all articles will be evaluated by two anonymous reviewers. Finally, articles should be no longer than 6,000 words, including the abstracts and the bibliography. Please follow the JSSJ article template available online at <http://www.jssj.org/recommandations-aux-auteurs/>.

Authors who have questions about the relevance of their proposals can contact the guest editors in charge of the issue.

Contacts

Emmanuelle Faure emmanuelle.faure@u-pec.fr | Léa Prost lea.prost@u-pec.fr | Benjamin Lysaniuk benjamin.lysaniuk@cnrs.fr

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