



Editorial

The Paradoxical Dynamic of Urban Health Government: A Case in Toulouse, France

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Editorial

In a previous editorial [1], we expressed our interest in studying healthy cities and our ambition to take hold of the political conditions of the making of urban health government. This has recently become the case concerning the public policy of health led in Toulouse [2]. Indeed, we have demonstrated that the urban health government set up by this French city is characterized by a paradoxical dynamic.

Resorting to the designation, framework, support, enlistment and mobilization of individuals, the municipal authority of Toulouse takes from traditional forms of the “biopolitics” brought to light by Foucault [3]. The result of technologies at the service of public authorities for the surveillance and the social control of populations, this rationalized form of urban health government practices the prescription, administration, even the imposition of sanitary norms of living well. Through the processes of individualization and self-responsibility, of normalization of health practices and of moral shaming of corporal conduct, or even of penalization of behaviors deemed to be non-conformist or risky, this urban health government makes public hygiene a constituent element of public order. Moreover, this qualification and designation of working-class populations is stigmatizing in its tendency to assimilate the health of the poorest with potentially deviant behaviors, thus testifying to a form of intentional marginalization and social danger maintained by public laxism.

Nevertheless, we advance the idea that this urban health government operates a *minima*. Hindered in its normative ambitions by the lack of means allocated to public authorities, it is subject to a game of differentiated (re)appropriations which navigate between rejections and accommodations. As a result, there is avoidance and resistance, bypass and diversion orchestrated by those categories of the populations targeted by the municipal public health policy. We, thus, defend the idea that the analysis of the urban health government focuses as much on the measures of public policy as on the dispositions of the working classes for whom they are destined.

Indeed, the municipal authorities must work with those individuals and the groups, which are more or less organized, that are present in the community to design and drive adapted health measures. The conditions of reception of health policies being socially determined, the groups targeted, sometimes associated with certain developers are, thus, likely to elaborate strategies that go beyond the common framework to make the latter conform to their own interests and visions of the social world. Elevated to the rank of citizens endowed with free will, users of measures can benefit from the

invitation to rally together to assert aspirations which go beyond the framework of the solicitation organized by city hall and run counter to municipal public policy. In this way, they sometimes try, as best they can, to free themselves from the constraints of public health policy which claims to work in their interest but without obtaining their consent or taking their lifestyles into consideration while at other times, detecting in the stated measures, a catalyst for their potential exemption, or even their emancipation.

It is within this permanent tension, between the claims to public imposition and the social pipedreams of autonomy, that we find the paradoxical dynamic of urban health government.

References

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