Laura Bisaillon’s *Screening Out* is a brilliant and much needed study of one barely known aspect of the Canadian immigration system: the medical screening of immigration applicants and the mandatory testing for HIV. What makes it so valuable is that it is written from the perspective of those who, because they tested positive for HIV, have been tagged as “abnormal”. In fact, the people whose stories are followed throughout the book, including Martha, the main protagonist, are all real individuals who were interviewed by the author during her fieldwork study and whose names have been changed to preserve their privacy. *Screening Out* is an exceptionally well-developed institutional ethnography that relies on a plethora of texts, from official documents to public reports to Bisaillon’s correspondence with a range of different interlocutors. Its aim is to analyze the inter-working of the medical, legal, and immigration systems in producing processes and experiences that are highly problematic and quite oppressive for immigrant applicants. The result is, in the words of the author, “unapologetically a human-centred study” whose authenticity transpires from each page. Because Canadians know little about the working of their country’s immigration system, and even less about its medical-screening rules and procedures, this book represents a golden opportunity to educate the public about the problems inherent with the current system, so that a discussion can be started to dismantle and restructure it in less discriminatory and unethical ways.
The book comprises an introduction, three chapters, and a conclusion. The introduction provides readers with an understanding of the motivation behind the author’s research, the questions she aims to answer throughout the book, and the intended audience. It also defines the type of study conducted, the source material used, and the overall argument developed. Finally, it gives a brief synopsis of the chapters that follow. Throughout the introduction, the reader learns that the impetus for the project was Bisaillon’s realization of the profound disjuncture/disconnect existing between the experiences of immigrant applicants with HIV and the official picture presented by authoritative sources such as governmental officials and medical screening doctors.

Chapter 1 introduces the reader to Martha, the main protagonist, a person with HIV who accepted to be interviewed about her experience as an immigrant applicant to Canada. While other HIV-positive immigrant applicants and refugees are also interviewed, Martha remains the dominant character. In this chapter, the author discusses and explains how the application process for prospective immigrants who test positive for HIV is socially organized. She also familiarises the reader with the medical/legal regulations that govern Canada’s immigration system and result in the exclusion of applicants with certain ailments. The chapter introduces the reader to the “health work” immigrants must do while going through the immigration process; this includes not only the paperwork they need to submit but also what they have to learn, the appointments they have to attend, and the actions they have to engage in, all in a relatively tight timeframe. The concept of health work developed by the author is used throughout the book to make apparent how immigrating to Canada is demanding work that requires significant time, effort, and skills on the part of applicants.
Chapter 2 puts into context how immigrant applicants perceive the mandatory HIV testing and the medical examination process they are required to go through. In this chapter, we can listen to the voices of Martha and other applicants but also of Dr. Meron, an immigration doctor who explains his role in the examination of applicants who test positive for HIV: here we become aware that he perceives his work as mostly administrative in nature rather than therapeutic, something that departs quite substantially from the experiences of regular physicians in their daily interactions with patients. Through the testimonies of Martha and her fellow applicants on one side, and Dr. Meron on the other, we realize that the medical examination is an experience full of challenges and unknowns for the former and an institutional worksite for the latter.

The third and final chapter is a continuation of the previous one and aims at explaining how the medical examination and the encounter with the medical doctor is socially organized for HIV-positive immigrants. The analysis indicates that there are several problems with how the testing of applicants and their medical examination, as well as the ensuing decision of medical inadmissibility, are socially organized. The chapter highlights the problematic de-humanization of applicants who are transformed in medical files to be managed rather than human beings to care for. For all practical purposes, applicants become nothing more than bureaucratic categories. Throughout such processes, immigration doctors carry out their administrative duties even when they are in obvious contrast to professional standards of care and codes of ethics.

Finally, the conclusion reveals the outcome of Martha’s application and summarizes the main argument and findings of the study. Bisaillon also uncovers how the Canadian medical inadmissibility regime is an obstacle to meeting the country’s “legal, demographic, political,
social, and humanistic obligations.” Three strategies are then presented as a way forward to addressing the problems inherent in the current system: learn how the process works, commit to change the inner workings of the medico-legal-administrative practices that govern immigration to Canada, and repeal the organization on which the system is currently structured. *Screening Out* provides the evidence to justify the work necessary to achieve these three strategies and offers us concrete suggestions on how and where to start.

I want to conclude on a personal note: as a person living with a chronic illness who immigrated to this country in the early 2000s and went through the rigorous medical screening set up by Citizenship and Immigration Canada, reading this book has been at times extremely challenging because I was catapulted back in time to a period of my life that was riddled with fear and a sense of insecurity. I am now a Canadian citizen and yet I have not forgotten nor forgiven what I was put through. There is something fundamentally wrong with the existing medical inadmissibility regime and I am grateful to Laura Bisaillon for this exceptional book that has the capacity to educate the public on a dirty little secret many Canadians have never been aware of. If knowledge can help us change a system that is at its roots de-humanizing and discriminatory, then let’s spread the knowledge *a mari usque ad mare.*