

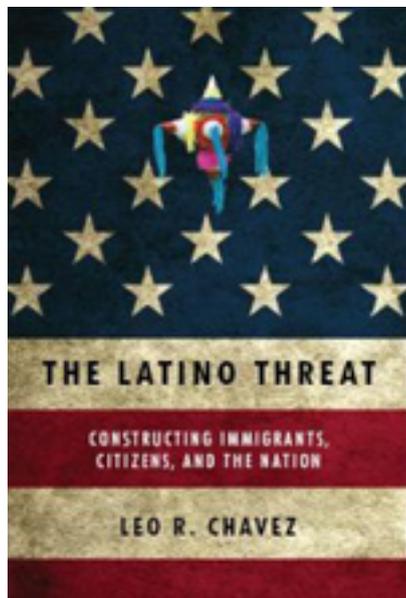
Two Perspectives on the Global Politics of Migration, Disease, and Citizenship

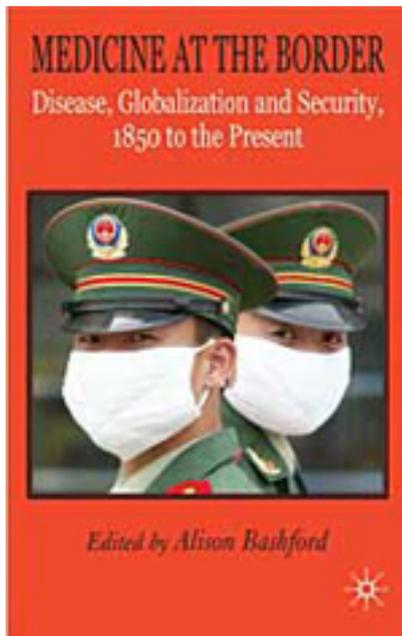
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Books reviewed in this essay:

Alison Bashford, Ed. *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present*. London: Palgrave Macmillan, 2006. Hardcover; £62.00.

Chávez, Leo R. *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Stanford, CA: Stanford University Press, 2008. Paper; \$21.95.





As recent headlines regarding outbreaks of “swine flu” attest, public health concerns know no borders. That communicable diseases such as swine flu have instigated pandemic fears, dominated media headlines, and exacerbated racial profiling and nativist anti-Mexican sentiment indicates the powerful effects of globalization’s uneven development in two areas: public health, the central focus of *Medicine at the Border*, and immigration, which anthropologist Leo Chávez examines in *The Latino Threat*. Such treatments make these texts essential reading for scholars of the history and sociology of borders, (raced, classed, and gendered) bodies, and the discourses of fear that motivate nation-states to admit immigrants selectively and reassert their frontiers in moments of national panic.

The authors of *Medicine at the Border* and *The Latino Threat* address recent changes in the nature of global health and migration occurring within an increasingly socioeconomically divided landscape of neoliberal capitalism. As supranational organizations such as the World Health Organization increasingly intervene on behalf of global health imperatives, borders that have historically acted (at least in popular imaginaries) as *cordons sanitaires* prove porous, fostering “biosecurity’s” conflation of disease with terrorism (Bashford 202). Complementing the notion of foreign incursion as terrorism are pervasive representations of immigrants as “anchor babies,” or drains on the neoliberal welfare state (Chávez 79-140). As each text critiques these discourses, each also works to suggest political and discursive solutions.

Medicine at the Border opens by citing the need for a “world history of the geopolitics of disease prevention” (1) to discern patterns of Westernization and imperialism in global health policy, as increased volumes and speeds of travel, trade, and communications elicit unforeseen consequences both in terms of health resources and the renewed possibility of an emerging infectious disease (EID) outbreak. The volume’s first section sheds light on transnational health

forums and imperial regimes throughout the nineteenth and twentieth centuries. Both Patrick Zylberman and Alexandra Minna Stern address the chauvinism and racism implicit in Euro-American projects to isolate or “purify” specific regions and populations. The section concludes with a treatment of shifts in the WHO’s role and structure with the increasing need to transcend the sovereignty of nation-states (77). Continuing this examination of the WHO’s internal affairs, David Fidler, Lorna Weir, and Eric Mykhalovskiy examine the political agendas underlying supranational bodies. Both cases serve as reminders that “global” health has not transcended the international politics of oligarchic inequities and therefore merits intensive ethical reform and vigilance.

Part II of Bashford’s volume details recent changes in border screening and containment practices in Europe, North America, and other developed regions. While Bashford, Ian Convey, and John Welshman examine the UK’s recent move toward a style of tuberculosis screening more like Australia’s, Richard Coker and Alan Ingram analyze U.S., European, and UK management of chronic diseases – HIV, tuberculosis, and malaria – that place long-term stress on the healthcare systems of receiving nations. Coker and Ingram note that Kassalow’s “narrow and enlightened self-interest” and “global engagement” figure crucially in national policy discourses surrounding the management of ill “foreign bodies” (161-162). Extending this discussion of “narrow self interest” versus “global engagement,” Miriam Ticktin reveals subtexts of *la mission civilisatrice* within French practices of universalism and medical humanitarianism, as pioneered by *Médecins Sans Frontières* (117). Likewise, Renisa Mawani examines implicit racism discourses underlying Canadian immigration policy mandating HIV/AIDS testing. Mawani notes that “public health has...resurfaced as an issue of national security and once again figures prominently in reinscribing national borders by determining who belongs inside and outside the nation” (138).

Extending Mawani’s focus on Canada’s health policy, Claire Hooker and Carolyn Strange problematize Canadian health and government officials’ responses to the SARS outbreak of 2003. These and other contributors note the unequal distribution of public health management resources in developed and developing nations, yet the text predominantly features Western and developed nations’ case studies. With the exception of Sanjoy Bhattacharya’s discussion of the intranational tensions of WHO intervention in India, little attention is given to national health landscapes in “developing” or Global South regions. While the volume’s discussion of global health is comprehensive, its balance could be improved through greater focus on non-Western health management programs.

Whereas the contributors to *Medicine at the Border* emphasize the effects of globalization on public health, Leo Chávez approaches the concept of borders from a different angle: the specific case study of Latino/a immigrants residing in the United States. In *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*, Chávez uses statistical data gleaned from ethnographic interviews with subjects in Orange County, CA to debunk myths of a “Latino reconquest” perpetuated by U.S. anti-immigrant groups and featured in media

across the political spectrum. Mingling Gramscian and Foucauldian concepts of hegemony, biopolitics, and state control, cultural analysis, and quantitative data on Latino/a reproduction, acculturation practices, income, and civic engagement, Chávez demonstrates how material and symbolic understandings of citizenship and borders intertwine as nativist discourses and immigration policy (such as 2006's HR 4437; see Chávez 8-9) criminalize a rapidly growing population sector. Taken in the context of what Chávez terms the "Latino Threat Narrative" (26ff), the outbreak of "swine flu" might constitute another site for negative portrayals of Latino immigrants by media and anti-immigration groups. While *The Latino Threat* does not take up the spectre of communicable disease, the text does address issues of reproduction and fertility, organ transplants, and medical insurance to reverse the myth of Latinos (particularly undocumented immigrants) as a drain on the U.S.'s public healthcare system.

In Part I, "Constructing and Challenging Myths," Chávez interrogates the veracity of various premises of the Latino Threat Narrative using quantitative data gathered among immigrants and their children in Orange County, California, to demonstrate that the actualities of Latina/o lived experience in the U.S. have little or no correlation to the "common sense" assumption that "Latinos are not like previous immigrant groups, who ultimately became part of the nation[...]. Latinos are unwilling or incapable of integrating, of becoming part of the national community. Rather, they are part of an invading force from south of the border that is bent on reconquering land that was formerly theirs (the U.S. Southwest) and destroying the American way of life" (2). By demonstrating that Latinos date and marry non-Latinos, learn English, attain increasing levels of education, homeownership, income, medical insurance subscription, and civic engagement with more time in the U.S., Chávez shows that Latino immigration is more beneficial for the United States than it is a hindrance. Even while his statistics find that Latinas are no more fertile than "white" or "Anglo" women, Chávez points to the real causes of labor migration: factors such as U.S. women's "sub-replacement" levels of reproduction, which spur real labor shortages. Moreover, Chavez demonstrates that reforming processes of citizenship attainment will have positive effects for integration, particularly for the "1.5 generation" composed of individuals brought to the U.S. under the age of fifteen (52), who have spent almost their entire lives in the U.S. but are undocumented. Because these individuals have little chance of gaining citizenship rights, their opportunities for success within "normative" political and economic institutions are minimal. The ultimate message: keeping "illegals" illegal compounds their poverty, vulnerability, and dependence on U.S. social services. Accompanying this point is Chávez's affirmation of Latinos as economically and socially upwardly mobile (55), though the discussion of Latinos as "neoliberal citizens" in the book's second half occasionally veers into the precarious terrain of the "model minority." Does integration mean having to rescind certain forms of cultural or religious practice, along with their attendant pleasures and social modalities? Must homeownership be key to the recuperation of an immigrant group?

Chávez's inquiries in the text's latter section, "Media Spectacles and the Production of Neoliberal Citizen-Subjects," deal primarily with news coverage and popular

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representations of immigrants as embedded in organ transplant controversies, the Minuteman Project, and the 2006 immigration rallies. Chávez compares representations and policy outcomes of the Minuteman Project to the immigration marches. Chávez contends that in marching, Latino immigrants (and those of other nationalities) were demonstrating their neoliberal fitness on the labor market through what Aihwa Ong terms techniques of “self-engineering” (152). The struggle for inclusion has therefore been a partial success, in that it achieved extensive visibility for Latino immigrants nationwide, demonstrating their civic engagement and labor power. Ultimately, however, the immigration battle rages on, blighted by representations of hyper-fertile “hot” Latinas, “anchor babies,” and drug runners, and immigration reform does not keep pace of the expansion of globalized labor. Like the essays composing *Medicine at the Border*, *The Latino Threat* stresses the need to interrogate implicit inequalities of neoliberal globalization, in which borders are selectively permeable and certain bodies are considered unworthy of shelter, healthcare, and other basic constituents of human security and well-being.

Katie Zien is a fourth-year doctoral candidate in Northwestern University’s Interdisciplinary PhD Program in Theatre and Drama (IPTD). She received her BA in English literature in 2004 from Columbia University. She has presented papers at the Association of Canadian Theatre Research (ACTR) and the American Society for Theatre Research (ASTR) and is the recipient of dissertation research fellowships from the Fulbright IIE Foundation, Northwestern University’s Roberta Buffet Center International and Comparative Studies, and the American Society for Theatre Research. Additionally, Katie has worked as a dramaturge for theatre companies in Chicago and Evanston and as a teacher at the Centro Romero in Chicago. During academic year 2009-2010, Katie will travel to Panama City as a Fulbright scholar to complete research on her dissertation, “Claiming the Canal: Performances of Race, Labor, and Citizenship in Panama, 1904-1999.”