Transforming Refugees: Biopolitics and medical construction of Southeast Asian Immigrant Subjects

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Introduction

When considering modalities of citizenship making, we must examine the criteria by which nations and states regulate processes of selection and the relations of power politics used to normalize and adjust subjects rendering them loyal, governable citizens. In our times, the State's capacity to define cultural identity within very explicit and oftentimes implicit socio-economic contexts and to construct and manipulate social processes enables it to increasingly determine the lives and activities of humans as subjects. A careful study of Western European history reveals that the use of normalizing judgment, often ambiguously disguised, successfully solicited compliance and acted to influence the affairs of human populations by altering the terms of their self-understanding. Foucault describes this practice as an attempt to "manipulate the subjection of those who are perceived as objects and the objectification of those who are subjected." (Foucault, 1977). Within this context, biopolitics contributes to a conceptual scheme of power relations by focusing on a methodological approach that seeks to define, exclude, marginalize and minimize cultural difference. Yet, this is not a new sociopolitical process. Nor does it present for the first time a conceptual framework that uses disciplinary systems aimed at reconstructing productive, governable subjects.

During the eighteenth and nineteenth centuries, the biomedical "gaze," as a political rationale, assisted European nations in the expansion and control of non-European territories and formulated an explicit discourse that articulated a certain imagery carrying with it a pervasive interpretation of the relationship of the human body (Foucault, 1973, Comaroff, 1992, Ong, 1996). Indeed, the dialogues of colonialism promoted concepts and images about the dangers of the "unclean" body and its threat to the decency, cleanliness and health of the colonial order (Comaroff, 1992). A more dramatic example of this process is demonstrated by disease distribution. We know for instance that during the seventh and eighth centuries, the term "leper" became a socio-cultural construct that was used to identify the "purity" of insiders versus the "dangers" of outsiders. Armed with Old Testament beliefs and ideas as a framework, any skin related problems, deadened nerve endings or collapsing bones became associated with the disease. As a form of hegemonic control, this construct brought about new social processes. One such example was the practice of social mediation by rigorously policing human movement. Another form appears in the capacity to summon medical experts from outside a community to judge truth by way of expert pronouncements. Today, biopolitics takes on a similar role providing conceptualizations that are inextricably bound up with the politics of power in a scheme for the regulation of human populations.

Normalizing Subjects

The fusion of scientific investigation, the rise of colonialism, and the spread of western cultural ideals constitute the essential elements founding the rationale for relations that shaped what's often referred to as the "normative gaze." In fact, colonialistic expansion armed with the biological theories of influential European scholars such as Petrus Camper, George Cuvier, and Johann Friedrick Blumenbach (1) thrust upon the world concepts that dictated fixed and unchanging attributes of humanity for the nineteenth century (Comaroff, 1992, Molnar, 1998). In this social space, structures were laid that determined the discourse on what we now term "race." Moreover, this structured space configured the fundamental system of relations responsible for concepts and beliefs in racial types that condensed into the language of scientific racism that would mature during the early twentieth century. However, let us first examine the concept of "normal" and how it drew its influential form from Europe's early encounters with the non-European world. European science articulated a conception that was formulated mostly by expeditions of missionary crusaders into India, Asia, and Africa. Coupled with the effects of disease on early missionaries and subsequent reports sent back to Europe, reactions to non-European countries and cultures was often fear and surprise on one hand and loathsomeness on the other. For example, Robert Moffat (1842), the father-in-law of David Livingston an early pioneer of the London Missionary Society received a report that stated:

"Africa still lies in her blood. She wants…all the machinery we possess, for ameliorating her wretched condition. Shall we, with a remedy that may safely be applied, neglect to heal her wounds? Shall we, on whom the lamp of life shines, refuse to disperse her darkness?" (Comaroff, 1992)

Here we see and example of the cultural logic of the "civilizing" mission. Moffat went on to publish his Missionary Labours and Scenes in Southern Africa in 1842, which made him an imminent figure in British society while Livingston's writings went on to receive tremendous circulation in the scientific and popular media of the times. The implications of these writings, confirmed and reinforced by what was believed to be scientific evidence transmitted a well-constructed fabrication about the nature of the bodily form of non-Europeans.

During the late nineteenth century, the two-dimensional space of classificatory medicine took on a very paradoxical quality. On the one hand, the well-founded corpus of medical knowledge proceeded down a path that made visible the definition of the relationship between the body and disease. On the other, it proceeded toward that which conceals it. In his important work on the medical gaze "Birth of the Clinic," Foucault states that "…one of the tasks of medi-

cine, therefore, is to rejoin its own condition, but by a path in which it must efface each of its steps, because it attains its aim in gradual neutralization of itself. The condition of its truth is the necessity that blurs its outlines (Foucault, 1973). The obscurity that Foucault posits is the historical conditions of the medical discourse that transformed from transparency and clarity to obscurity, from a system of words that uncovers the rational order of disease and illness to a system that is complex and intermingled with politics. It is at this point, we approach the notion of biopolitics. Not only did this new concept of medicine change the social importance and prestige of medical doctors, it facilitated a politics of health and disease – a politics that is regulated by the relations of power. The basis of this perception lies where the gaze meets the individual and the individual meets the State.

Screening Processes

I arrived at the airport in Qui Nhon, Vietnam early because I wanted to make sure that I would be able to get a seat on the first available plane heading to the naval base at Cam Ranh Bay. My two years in a war-torn country almost completed, I was happy to be going back "across the pond." (2) After checking in and finding a comfortable place to put my bags and sit down (there is no baggage check when "hopping" (3) a free ride on an Air Force military plane), I could not help noticing a young Vietnamese woman with a baby sitting with a young white GI. Apparently, she was married to the GI and he was going back to the states with his Vietnamese wife and Amerasian (4) child. Again, I could not help noticing how every two hours or so, the GI would go back to the counter and check to see if a plane had come in with available seating for him and his family. Repeatedly, the white GI behind the counter would claim that nothing had become available and assured the traveling GI to just wait. I had come out of the field two weeks early and had been in the "rear" (5) waiting for orders to go home and had become somewhat accustomed to waiting long hours. However, I noticed that the GI with his family seemed to be somewhat impatient. It never occurred to me at the time that he had been there for days trying to get a flight out and was only getting the run-around. Finally, after about six or seven hours my name was called. I went to the counter, showed my ETS (6) orders and was given a pass and instructions on which flight to catch and where. I mentioned the white GI and his family and that I could wait a little longer because they had been there before me. It was then that they told me that he had been there for a few days trying to get a flight (in a snickering kind of way) and that it would be a long time before they gave "them" one. So, I gathered my bags and as I left the airport's transportation waiting room, I could not help thinking that the only reason the GI was getting the run-around was because he was white and married to a Vietnamese woman. This was my first encounter with racism of a different sort and my first introduction to the difficulties inherent in gaining entrance into the U.S., custom requirements and "screening processes."

Southeast Asian refugees were viewed, in terms of the gaze, as the "contagious others" and efforts to treat and transform them were undertaken. During the communist regime of Pol Pot (7) in 1979, millions of Cambodian peasants and intellectuals were exterminated precipitating a massive escape to refugee camps near the Thai-Cambodian border. Agencies were set up to "screen and socialize" refugees through programs for resettlement into host countries. As part of this effort, U.S. Immigration and Naturalization Service (INS) officials began selecting Khmers for resettlement in the United States. However, thousands of refugees were rejected based on a series of administered tests that were made more complicated by problems in translations, body language, and ideological and medical fears on the part of INS officials (Manalansan, 2000). As part of the Overseas Refugee Training Program (ORTP), ideologically motivated strategies were initiated to identify those refugees with mental illness, to instruct others to speak good English, work, and to willingly accept welfare (provided they are allowed entry into the U.S.), in America (ibid: 88). Biopolitical medicine was used as a source of sociopolitical criteria in the control and regulation of practices and discourses related to refugee socialization processes. Foucault wrote quite extensively about this form of power in many of his publications particularly in terms of its reductionist strategies. In his work, The History of Sexuality, he states, "deduction has tended to be no longer the major form of power but merely one element among others, working to incite, reinforce, control, monitor, optimize, and organize the forces under it" (Rabinow, 1984). One such biopolitical concept termed "Southeast Asian Mental Health" was created by INS officials who unfortunately lacked cultural and political sensitivity and knowledge when constructing "psycho-cultural" models for refugees in the resettlement camps of Thailand. For example, in the early 1980s, tools were used for assessing mental disorders among refugees such as the Depression Rating Scale, the Children's Global Assessment Scale (CGAS), and diagnostic tools for determining Post-Traumatic Stress Disorder (PTSD) in refugees (Manalansan, 2000). Ong addresses this issue in her work Making the Biopolitical Subject. By controlling, Ong said, "the medical terms and practices, and seeking to instill them in patients, academic and medical workers are part of an overall scheme of power that defines the form and content of refugee illness and well-being…" (Manalansan, 2000). Thus, it was not for humanitarian reasons nor the general health of the U.S. that politicized medicine was trying to protect when turning away thousands of deserving refugees. Rather, the normative gaze provided a configuration to authenticate a false cultural purity used to judge the dangers of those considered as "others".

Cultural Invisibility

The institutional context into which cultural citizenship is framed often defines in terms of "racial" difference or economic worth. Citizenship has become a bifurcated process of self-identification and institutional models within the realm of power relations and conditions of nation, states and civil societies. Paul Gilroy maintains that this is a new form of racism that is characterized by shifting constructions of racial politics capable of accommodating various institutional structures (Ong, 1996). Clearly, global conflicts have provided a framework for massive waves of immigrants from Latin America, Africa, and Asia impacting economic and demographic restructuring in the U.S. and other host countries.

As a result of the political ambiguity of their status, refugee-processing centers singled out U.S. bound Cambodians for lower-class status. As mentioned earlier, political conflicts and the withdrawal of U.S. troops from Southeast Asia precipitated massive migrations into the United

States. The perception that many Cambodian refugees were Khmer Rouge communist trying to gain entry into the U.S. stigmatized their political status from the very beginning. In the camps, they were only taught "survival" English skills and were socialized to expect very limited occupational positions, welfare, and to behave in a subservient manner (Ong, 1996). These highly politicized processes constructed them as "minorities" and forced them into economic situations similar to that of other refugees from third world countries. Upon their arrival in the U.S., ideology and social policy positioned them for low-wage employment and welfare dependency. This form of ethnic politics succeeded in inventing social and economic citizenship that placed Cambodian refugees at the bottom of socioeconomic ranking. The analytical consequences of their status make them what Renato Rosaldo calls the "culturally invisible" (Rosaldo, 1989). In his book, Culture & Truth: The Remaking of Social Analysis, he states "seen from a distinct but related angle of vision, the conceptual difficulties that have created zones of relative cultural visibility and invisibility derive in large part from tacit methodological norms that conflate the notion of culture with the idea of difference (ibid: 201). This implies that immigrants become culturally invisible because they are no longer what they once were and not yet what they are trying to become.

Cultural differences that impact adjustment for immigrants provides its own set of internal difficulties. The newcomer, according to Salman Akhtar, faces three very distinct variables in their attempts to assimilate: 1) the nature of the host population's existing community; 2) the historical era in which the migration takes place; and 3) the nature of any preexisting relations between countries. For instance, if the nature of the host population is made up primarily of immigrants to begin with, then assimilation into this community does not present a threat. If, on the other hand, the community is made of an ethnically similar, homogenous group, then the task is much more difficult. Similarly, the state of affairs in terms of the historiography of political relations at any given time influences the attitudes and opinions of the host community. Finally, the terms and conditions of political affinity between the nation of the immigrants and the host country impact the context of their immigration. Regardless of lived cultural states, i.e., whether defined as an immigrant or refugee, dominant ideologies distinguish and classify various immigrants assigning them value based on relations of power and ethnic politics.

Transformed Realities

In the modern nation-state, heterogeneity has been perceived as a threat to homogeneous human reality resulting in a need to reduce or transform any experience that is not continuous and coherent. This transformation not only acts as an explicit analytic but is backed by and made effective by disciplinary systems and the discursive practices that produce those systems. For instance, the cultural imperialism of early European colonialism deliberately used the gaze to create new objective structures and organized rational language around them. The paradoxical nature of those structures lies in the perception in which a dialogue originally aimed at deciphering was transformed into an examination designed to manipulate and control using the context of medicine as a conceptual framework.

Biopolitical medicine was and continues to be a complex apparatus that economizes the functions of sociopolitical importance. The resulting institutional frameworks impact processes of racialization, ethnic politics, transnational relations and "psycho-cultural" identity making subjects the objects of bureaucratic regulation and control. In this context, refugee and immigrant cultural manifestations are subverted in an effort to reconstruct homogeneous regions of governable subjects. Unfortunately, many attempts to transform these disadvantaged newcomers culturally and thus establish a new form of cultural identity have failed and often really only succeed in constructing new heterogeneous forms. It is at this point that Biopolitics is rendered problematic. For when it casts itself as the mediator of realities that it can not possibly unearth through discursive practices and that autonomously attempts to determine individual character and social behavior, and yet somehow remain unaffected by that behavior, it becomes the subject of its own disparate appearance-determining reality.

Notes

1. Petrus Camper (1722-1789), devised a scale that corre lated the shape of the skull with aesthetic appearance and mental capacity. George Cuvier (1769-1832), used facial angles as an indicator of intellect and the morally. Johann Friedrick Blumenbach (1752-1840), who classified humanity into five "races" and also paid a great deal of attention to skull shapes.
2. Across the pond – a term used by military personnel in Vietnam that referred to crossing the Atlantic Ocean to return to the U.S.
3. Hopping (a plane) – a military colloquialism that refers to getting a free ride on U.S. Air Force planes based on standby status.
4. Amerasian – a descriptive name given to children fathered by white or black GIs and Southeast Asian women.
5. Rear refers to that area where there was very little if any combat; where headquarters and military administration units were located.
6. ETS – military terminology for Expiration Term of Service. This term was used primarily when referring to the end of a tour of duty in a foreign country. I believe it is still in use today.
7. During the Communist Regime of Pol Pot, huge numbers of male teachers, doctors, businessmen and students were imprisoned, tortured and executed by the Khmer Rouge in the late 1970s. The survivors were largely from the uneducated, rural class of Cambodians. Many of these people had only three or four years of formal education in their own country. The aftermath of what has become known as the Killing Fields left an estimated 1.7 million out of a population of seven million Cambodians dead and was responsible for a massive refugee population.

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