How Biology Travels: 
A Humanitarian Trip

MIRIAM TICKTIN

Abstract  This article explores how ‘biology’ – in the sense that bodies are increasingly understood in biological terms, from the molecular to the species level – is becoming more central in the recognition of political worth, and I argue that humanitarians are key players in producing this reality. I focus on the role biology plays in the politics of immigration. Combining ethnographic research with undocumented immigrants in Paris and asylum claimants in the US, I examine how biology has become a central tool in the ability to travel. How did pathology (i.e. illness) or violations of anatomy (i.e. torture, sexual violence) become the ‘best’ ways to get papers as an undocumented immigrant – better than selling one’s labor power? I suggest that biological evidence – of illness, of torture, of immunity levels – are used as key measurements of suffering, which justifies humanitarian exceptions, in this case, for papers. My argument is that there is a dual regime of truth at work, where the multiple ontologies of biology get reduced to one epistemology of biology as ‘fixed’ when it concerns immigrants and refugees, due to the role of humanitarianism in the politics of immigration. This is explored in the context of profound inequalities between those in the global North and South, asking how the hope offered by biological evidence takes on different meanings and consequences depending on one’s position in the global matrix of wealth and poverty, race and gender.

Keywords  biology, capitalism, epistemology, humanitarianism, immigration, refugees

In 2007, France’s parliament passed a bill that implements the use of DNA testing in immigration procedures for purposes of family reunification. The bill allows for voluntary DNA testing for children seeking to join their mothers in France, but who have suspicious (i.e. ‘fraudulent’) or insufficient documentation to prove
their familial link. The law was controversial, in part because it goes against the laws of the republic, which do not define family and affiliation by biology, emphasizing social rather than genetic links, and in part because it was seen as likely to institute genetic testing as de facto mandatory for immigrants from certain poorer countries. Despite the controversy, the law passed; and it joins laws in 12 other European countries who have also instituted the voluntary use of DNA testing in family reunification (Karlsson et al., 2007; Murdock, 2008).

These laws point to the growing importance of biological evidence in the ability to cross borders, and the reliance on biological readings to determine whether someone is considered ‘worthy’ of crossing the border. Let me give another example of this, this time from a very different situation, in a clinic to help asylum seekers in the United States. I spoke with Dr Taylor in the spring of 2004. She volunteered her time with both the United States’ chapter of Doctors of the World, now called HealthRight International, and Physicians for Human Rights. As part of HealthRight International’s human rights clinic, which works to help refugees and immigrants attain legal status, Dr Taylor told me that she had spent a number of years going into detention centers to evaluate refugee claimants, evidence she subsequently used to write affidavits on the basis of her medical expertise.

On one of her visits to a detention center, Dr Taylor told me that she had evaluated a woman who was claiming asylum. She had visited the asylum seeker – whom I will call Fatou – once before. When she arrived, Fatou said that she was not quite ready to be seen. Once in the examination, Dr Taylor saw that the woman in front of her had undergone excision, or what some call FGC (female genital cutting). But Dr Taylor gradually realized that she was not examining the same person she had seen before – but rather a friend or an acquaintance of Fatou’s, also in detention. It was unclear whether Fatou herself had also undergone the genital surgery. While this story about Fatou remains but a fragment – it was all I was able to learn about her – I want to suggest that looking at this as an issue of fraud leaves unexamined the logic on which it turns, namely, the way that the body is the main source of truth for asylum claimants like Fatou. As with the case of DNA testing for family reunification, the truth is looked for in the bodies of migrants and asylum seekers, not in their words. In this logic, while Fatou may be able to speak, her body is both the origin of and the necessary supplement for her account – it is what makes her account legible, and she acted on this knowledge.

With bodies increasingly understood in biological terms, whether through biometrics or genetic testing, in this article I examine how ‘biology’ travels, and more specifically, the role biology plays in the politics of immigration. I am
interested in how bodies and their biological measures and values allow for and fuel a form of hope for a better life, and yet simultaneously reveal the limited possibilities to enact this hope. In exploring the place of biological evidence in politics of immigration, I engage with the work of Nikolas Rose and Carlos Novas (2005), who describe a context where people are urged to understand their ‘biology’ as a central field of action and responsibility. To be clear, I use the term biology in this article as a signifier within the larger fields of biomedicine, biotechnology and genomics, one which is constantly being negotiated. That is, ‘biology’ refers to the materiality of life processes of human beings, from the molecular to the species level, but it can refer to many things at once: someone’s genetic profile, their anatomy, or a measure of their white-blood cell count. In this sense, following Annemarie Mol’s ontological analysis of ‘the body multiple’ (2002) I want to recognize that there are many biologies, albeit grouped together as part of a particular materiality called ‘biology’. And yet, as I will argue, in the case of immigrants in much of the global North, there is a need for biology to seem fixed, legible, as it stands in for truth. In this sense, I describe a dual regime of truth related to biology and biological evidence, where different epistemologies and disciplinary practices are used both to govern and produce different populations.

In what follows, then, I suggest that while everyone is subject to what Rose and Novas call ‘a new political economy of hope’ (2005: 442; see also Rose, 2007) created by the notion of biology as manipulable, one cannot understand the contours and the substance of hope without understanding that biology takes shape at the intersection of circuits of capital, and regimes of governance such as humanitarianism which are connected to biomedicine and biotechnology. That is, one’s corporeality is subject to different types of manipulation and choice depending on one’s positioning in relation to the circuits of capital and governance. In this sense, the first part of the article argues that insofar as we draw on notions of biology shaped by biotechnology and biomedicine, these cannot be divorced from systems of capitalism, and from the different ways capital circulates and produces subjects. Sunder-Rajan calls this link ‘biocapital’, but it has a particular and perhaps unexpected valence in the field of immigration. The second part of the article suggests that understandings of biology intersect with forms of governance, and take on meaning in these contexts; in particular, I will focus on humanitarianism as a form of government, arguing that it works with an understanding of biology as immutable, so that suffering can be legible and treatable wherever it is found. What I am suggesting, then, is that while biology and the evidence it is seen to provide fuels hope for a better life whatever the context, it simultaneously provides a means for stratifying populations and maintaining
discriminations that derive from colonial and imperial histories, by rendering those histories invisible.

Before proceeding, I want to note that an examination of the place of biological evidence in the politics of immigration brings into relief not only the hierarchies created by external borders, but the role biology increasingly plays in structuring all kinds of borders, obfuscating inequalities in race, class, gender and sexuality. These borders and hierarchies are at play for everyone: indeed, who gets to be a fully fledged neoliberal subject or ‘citizen’ is often negotiated and renegotiated through biological measures, and whether one is seen as properly ‘responsible’ for one’s health.

The Political Economy of Biology

In their discussion of ‘biological citizenship’ Rose and Novas (2005) raise the idea of a ‘political economy of hope’ created by a notion of biology as manipulable. In this logic, life is open to shaping and reshaping, even at the molecular level. As Rose writes, ‘natural’ life is no longer the ground or norm against which a politics of life may be judged: the ‘natural’ must be produced through labor on the self (Rose, 2001, 2007). This sense of hope or optimism grounds their notion of biological citizenship, which is shaped by technological and biomedical changes as well as a sense of responsibility vis-a-vis one’s biology, to make the right choices. In this logic, bodies are all open to alteration and modification: it is not the exception to be treated with Prozac, Viagra and plastic surgery, but routine – it is almost expected. Indeed, in this moral economy, ignorance and resignation in the face of the future are denigrated. I want to suggest that this logic of alteration and modification of one’s biological make-up must be connected to political economy. Indeed, depending on one’s location, this regime of citizenship can be seen as a part of a larger, more drastic reduction in or rearrangement of choice and possibility. That is, we need to look at how this understanding of biology produced by biosciences and biotechnology is inextricably connected to contemporary systems of circulation of both capital and people.

Thus, even as we all become potential sources of ‘biovalue’ (Rose and Novas, 2005: 454), and part of a market economy of health more broadly, we cannot lose sight of the fact that the context for this form of biopolitics is one of deepening inequality between global North and South, with growing urbanization and poverty. This shapes the contours of the political economy of hope for those who choose to migrate, and the biopolitical form it takes. Mike Davis calls those produced by these changes ‘the New Wretched of the Earth’ (2004b). He describes a situation where the developing world is increasingly a universe of
urban slums and shantytowns, and where 90 percent of the increase in world population over the next generation will be accommodated in urban areas of the developing world (2004b: 11). This has resulted in people fitting themselves into further sub-divided economic niches such as casual labor, street-vending, begging and crime.

There are different ways of naming and hence thinking about the people engaged in these types of temporary, physically dangerous and often socially degrading forms of work, whose everyday life is dominated by risk; for instance, Sandeep Pendse (1995) calls the poorest of the poor in Mumbai ‘toilers’, distinguishing them from the working or laboring classes. Zygmunt Bauman speaks of the production of ‘wasted humans’ or those he defines as ‘excessive’ or ‘redundant’ as an inevitable outcome of modernization and now globalization, where the modern form of life creates greater and greater numbers of ‘human beings bereaved of their heretofore adequate ways and means of survival in both the biological and social/cultural sense of that notion’ (2004: 7). He likens a state of redundancy to that of being disposable, like a plastic bottle or syringe, the destination of which is the garbage heap; he is careful to distinguish this state from what it meant earlier to be unemployed, i.e. part of the reserve army of labor (2004: 12). Perhaps most damningly, Bauman reminds us that to be modern, each of us requires the production of excess, the production of human waste and wasted humans – we need them to become our modern selves. This is because modernity is about ‘order-building’, which casts out some parts of the population as undesirable, but perhaps more importantly, it is also about ‘economic progress’, which creates overpopulation and larger and larger amounts of waste – requiring new geographies in which to dispose of them.

This ‘outcast proletariat’, according to Davis, is both the fastest growing social class on the planet, and yet also the most novel, in the sense that this urban informal working class is not a more traditional labor reserve army with the strategic economic power of socialized labor, but rather, ‘a mass of humanity structurally and biologically redundant to global accumulation and the corporate matrix’ (2004b: 11). For this ‘surplus humanity’, informal survivalism is the new primary mode of livelihood in a majority of Third World cities (2004a: 26). Ultimately, Davis is interested in the sorts of historical subjects that emerge from these circumstances; he does not assume that this ‘surplus humanity’ is passive, and points to the way they tap into historical and cultural traditions of resistance. However, as part of this process, he nevertheless argues that there are vicious networks of micro-exploitation with poor exploiting the poor, and indeed, ‘ever more heroic feats of self-exploitation’ (2004a: 27).
This condition of a ‘redundant’ portion of humanity, existing outside formal relations of production and channels of social communication, must be placed alongside the new citizenship that Rose and Novas (2005) speak about, where biology is no longer seen as destiny. Biology becomes one of the few sources of value for the ‘new wretched of the earth’, who exist outside the socialized collectivity of labor, and lack significant power to disrupt the means of production. The global economy has produced a set of circuits of capital and people that move, as Nancy Scheper-Hughes (2000: 193) has written, from South to North, Third World to First, poor to rich, and black and brown to white, female to male. Certainly biology is not the only resource available to the poorest of the poor; as Appadurai suggests in his essay ‘Deep Democracy’ (2002) there are those who engage in what he calls ‘the politics of patience’, by opting for various sorts of partnerships with other, more powerful actors, including the state, to achieve their goals. What I am arguing is that for those moving from what Bauman calls the ‘social homelessness’ of the redundant into social recognition, biology is clearly a central field of action, as it is for those designated ‘modern’.

My point here is that this choice about biology must be placed in a context in which those who choose to migrate – whether to the US, France or elsewhere – may be part of networks which make biological trades more thinkable than selling one’s labor power.

Governance and Biology

Shifting now to the destination point of many of these circuits of capital and people I have just described, to escape a type of ‘redundancy’ or to fill out a new future – we see that borders are formally closed to immigrants and refugees in the majority of these nation-states. With temporary protection rather than permanent settlement being the order of the day, there are fewer and fewer ways in which immigrants can enter and claim basic rights. Indeed, the larger context is one in which increasingly restrictive legislation has forced borders closed, while black market and informal economies have grown, and labor conditions have otherwise changed to favor temporary insecure forms of labor with no legal protection. While certain immigrants are still explicitly courted, such as those who are highly technically qualified, and those who are wealthy, these make up a small proportion of the global flow of immigrants. For the most part, those who migrate must enter or gain legal status in countries of the global North through other means.

I am suggesting that these means are not always guided by immigration laws or policies, or if they are, these increasingly involve procedures such as DNA
testing. But rather, I want to point to the role of humanitarian or exceptional clauses in the government of immigrants, often mediated by medical humanitarian organizations. For instance, the increasing transnational importance of humanitarianism in regulating immigration is revealed by Médecins Sans Frontières’ growing number of programs that deal explicitly with issues related to immigration in Europe – they have focused programs in Italy, Spain, France, Belgium and Sweden, providing blankets and food when boatloads of immigrants arrive on the shores of Europe, monitoring health conditions at detention centers, and setting up at airports for potential deportation problems when those who are too sick to be deported are forced onto planes. The membership immigrants claim is thus increasingly based on what Pandolfi (2008) calls a ‘mobile sovereignty’, where politics is displaced from the state onto a ‘humanitarian apparatus’ of transnational processes and NGOs. And again, because the version of humanitarianism I refer to here – largely based on the movement that began with Médecins Sans Frontières (MSF) or Doctors Without Borders – is most significantly focused on health issues, and the lives and well-being of populations, the field of biology plays a more central role in claims to political recognition.

France

I look to France for my first example of the role biological evidence plays in the politics of immigration, and specifically, to the ‘illness clause’. This 1998 provision to French immigration law grants legal permits to undocumented immigrants or ‘les sans papiers’ already living in France with pathologies that entail life-threatening consequences, if they are declared unable to receive proper treatment in their home countries; the goal was to permit them to receive treatment in France. The logic behind this was humanitarian and exceptional; the French state felt it could not deport people if such a deportation had consequences of exceptional gravity, such as their death. It was the lobbying of medical humanitarian groups such as MSF and Médecins du Monde (MDM) or Doctors of the World that helped institute the illness clause in France.

During the primary period of my field-research in France (1999–2001), this illness clause became one of the most promising avenues of legal entry into France, despite the significant political struggle by and for undocumented immigrants. The local statistics from the state medical office (la DDASS) where I did my research show that applications for the ‘illness residency permit’ increased seven times over the course of the 1990s, three-quarters of which were given positive responses. Indeed, more recent statistics are even more striking: from 194 patients treated in 1993, the number of those treated rose to 4000 in 2003. As Didier Fassin has noted, the increase in numbers admitted under the illness
clause is directly correlated with a decrease in number of refugees accepted (2001a). With illness one of the only clear means by which to apply for papers, I watched as social workers in hospital clinics for the underprivileged and excluded asked if their undocumented clients were sick, suggesting it implicitly as a means of entry; and this was happening increasingly in the NGOs I worked with. This said, we must certainly inquire how the French state reconciles the denial of papers to immigrants because they are perceived to be criminal or economically burdensome, with the decision to give papers and social services to immigrants who are sick. Stated otherwise, why is it that illness is allowed to travel across borders, while poverty cannot?

I suggest that those recognized under the illness clause do so – and are permitted to do – only when they appear as apolitical, suffering bodies. This is the face of the population required for humanitarian intervention. As Liisa Malkki first argued in 1996, the refugee as a universal humanitarian subject is one whose corporeal wounds speak louder than words; political history is rendered irrelevant (Malkki, 1996). What mobilizes action is the ahistorical victim, the suffering body. Indeed, the same logic holds for immigrants trying to claim legal status through the illness clause. While immigrants and refugees have been recast as suspicious – and Western nation-states consistently function on the basis of a belief that immigrants lie and cheat – insofar as sick immigrants present themselves as ‘bare’, biological life, they are seen as legitimate (Agamben, 1998; Fassin, 2001a; Ticktin, 2005, 2006a). In this logic, their bodies tell the truth; biological measures cannot dupe the system. Indeed, this humanitarian clause presumes that biology is the domain of the incontestable; it derives legitimacy from the belief in biology’s fixity. Scars in the right place attest to torture, and immunity levels cannot lie about one’s HIV status. This reveals that a dual regime of truth is at work. For the modern liberal subject, biology is fluid, open to choice; biological norms can be created and manipulated. In fact, they must be, according to Rose and Novas (2005), to be a responsible citizen. Yet for certain subjects, particularly those from former colonies or from the global South, biological measures are seen to reveal their very essence. While regimes of capital may set up biology – as evidence, or body part – to be one of their primary resources, they are seen, paradoxically, as unable to work on themselves, to be subjects or agents: they are perceived as victims of their environment, of war, of larger struggles. In fact, there is another aspect to this dual regime of truth: immigrants or refugees only become visible en masse, as an undifferentiated group of suffering or dying bodies – we are rarely allowed to notice individuals, except as those generic specimens whose stories are used for NGO fundraising purposes. Here, we see the multiple meanings of biology at work, yet with
different epistemologies applied to different populations: for immigrants and refugees, biology is only seen in mass form. It works on the collective level, more specifically, as racialized collective or ‘population’; this is in stark contrast to the individualized biology of the modern liberal subject.

Of course, biology is in fact not incontestable, even en masse; as we have seen, for the ‘new wretched of the earth’ bodies and biological measurements can be the quintessential domain of action. Biology is the domain of possibility and of hope, just as it is for those designated modern liberal subjects. In this vein, I came across examples of immigrants not treating their illnesses in order to keep their papers. Indeed, there was a huge range of creative ways in which undocumented immigrants worked with and on their ‘biologies’ to obtain papers (Ticktin, 2006a). Through the illness clause, legal papers are initially granted as temporary permits, which can be renewed if the medical condition persists. Here, ‘papers’ can mean anything from 3-month to 6-month to 1-year to 10-year permits, none of which automatically leads to citizenship. In other words, papers certainly give hope of a different or better life, but this is not necessarily the equivalent of citizenship. I encountered perhaps the most extreme example of manipulation of biology near the end of my fieldwork: the former president of Act-Up Paris told me that he had received calls from people inquiring how they could infect themselves with HIV in order to obtain legal status in France. I should not have been surprised, because it was the logical end-result of the tendency I had been witnessing, where one must remain diseased to remain in France and to eventually claim citizenship. While this particular account is anecdotal – I have no way of knowing if such self-infections occurred – it is the rhetoric of willed self-infection that is important, as it must be located in the larger reality I observed, which was the turn to physical injury or infection to claim the basic rights supposedly granted to all human beings. This illustrates the fact that biological evidence has become a key resource for many; and I do not mean the biological measures of labor power, but of illness and suffering. This is not simply the case in France; increasingly, this is a global strategy for crossing borders, whether across national or class borders – from South Africa, where unemployed and poverty-stricken South Africans use the language of CD4 counts and viral loads to gain access to government disability grants given to HIV+ citizens with CD4 counts below 200 (Robins, 2009), to Gaza, where those trying to escape from conditions of poverty and misery may pay for one of the only escape routes: medical reports that allow a limited number of Gazans out for treatment for serious illnesses like cancer (Haaretz, 10 December 2009).

Biology thus becomes the domain of strategy, by transforming it into a resource, whether as a market commodity – such as in the sale of organs. How Biology Travels

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as part of a humanitarian regime. But contrary to commodification, this medical humanitarianism serves to regulate and govern bodies directly, without the market as intermediary – or perhaps more precisely, with its own parallel market (Dezalay and Garth, 1998); this is what shapes the dual regime of truth that governs immigrant bodies. One can become a subject of humanitarian clauses by either directly transforming the materiality of one’s biology, or by discursively redefining it, enacting it differently – I suggest that these are part of the same continuum. To illustrate this, I want to turn to an example from my research in the Paris suburbs. One day in the state public health office where I sat with nurses and doctors as they received undocumented immigrants in their quest for papers, Felicia, the nurse on duty, received a phone call from an official at the préfecture (immigration office). She was very wary at first, because the préfecture focused primarily on reducing the numbers of people let in, working at cross-purposes with the nurses and doctors whose goal was to heal people, regardless of status or circumstance. The official spoke of a young man named Boris who had tried to claim refugee status, but had been refused by the préfecture because this official’s boss would not acknowledge the claim that the young man made: that he had been forced into a prostitution ring, one that was linked to drug smuggling. The boss refused to acknowledge that there were links between these two types of activity.

The official had clearly been moved by the story of Boris, who had come from Eastern Europe. The official was calling confidentially to ask if the medical office could help him and suggested that the young man might have hepatitis. Felicia, the nurse, was excited and intrigued, but nervous that it was a trap designed to catch her in creating pathologies for papers. She said ‘No problem, we’ll take care of it.’ Whatever this young man had in the way of pathology, it was clear they would find a way to help him. We waited and waited for him to show up with his file; I was there with the nurses when he did. He was young, and appeared very nervous and uncomfortable. One nurse asked him a few questions in a kind voice, trying to draw him out while not frightening him; she was hoping to hear his full story, but he revealed only the minimum and left as quickly as he could. The nurses translated stories into pathologies, trauma narratives into medical injury; this translation between regimes of truth was in many ways their job, and what they themselves saw as their moral calling. That is, they participated in a political system with which they were not necessarily in agreement, but they did so to help people, to ease their suffering. Even the short version of his story sufficed; they let Boris use the terms of biology to tell a truth that otherwise would remain unheard.

Like many sans papiers, Boris experienced his illness as a political condition. In other words, he experienced his illness first and foremost as a way to get
papers, establishing his relationship to the French state. He seemed less concerned with treating his illness – it was incidental, in some sense, that he had hepatitis, and likely other illnesses. He had fallen ill through his forced participation in a prostitution ring – for him, that was the problem. His condition was at once political, social, and biological, but understood primarily for him through a political and social lens – he wanted to escape the prostitution ring. Yet he was granted papers for ‘humanitarian reasons’, that is, on the basis of the illness clause. Ultimately, his biological condition determined his social condition – insofar as he proved he was life-threateningly sick, he was granted political and legal status in France. Of course, because the illness clause requires a life-threatening condition, it is in fact his physical life that he trades in for social and political recognition – the prospect of his death is what ensures his social life. He has to remain ill, while he has papers – belonging is limited by the fact that he needs to be officially recognized as sick or disabled; this usually precludes a work permit. Being part of the formal economy of illness requires that he remain part of the informal labor economy. In this sense, focusing on a biological reading of his life both allows for the political claim, while revealing the impossibility of any real political belonging. This forces us, again, to face how biology can offer hope while also keeping strict limits on its actualization.

While in neoliberal visions of society, according Rose and Novas (2005), biology may no longer be imagined as destiny, being bound up with general norms of enterprising, self-actualizing and responsible personhood, now, those who belong are distinguished from those who do not by a different imagined relationship to their biology. As I suggested, the illness clause is based on an imagined notion of the biological fixity of immigrants. And this takes on added significance as a postcolonial condition when it is noted that those who come in for papers are primarily from former French colonies. In the time I was doing research, the largest group of claimants came from Algeria, then Mali, Morocco and Congo-Zaire. Here, rather than grapple with colonial histories, racial, political and economic inequalities are mapped onto the body, enabling what Ann Stoler (2001, 2011) has called ‘colonial aphasia’ – an occlusion of knowledge about the relationship between empire and immigration, race and nation. Indeed, because many immigrants confront a regime of truth that understands them as simply authentic, immutable bodies, and hence essentially Other, they enter into the strange situation of being exemplary liberal individuals, but with essentially illiberal choices. Insofar as most strands of liberalism find the idea of willed maiming abhorrent or aberrant (Breckenridge and Vogler, 2001), examples such as willed infection, which take advantage of bodies and their biological measures and parts as resources to be manipulated, are labeled ‘uncivilized’, rather than
being seen as enterprising. And in this manner, immigrants are categorized as Other.

The United States

As we have seen, the links between humanitarianism, biology and immigration are not limited to the French situation: humanitarian NGOs in many European countries, in South Africa, in Gaza and in the United States also work in this nexus. I turn to the US here, not so much as a comparative example as to illustrate in more depth a transnational regime of government where biological measures play an important role. The United States clearly has a different relationship to health and to biology than does France, which has a history of mixing the social and medical, from ancien régime hospitals to contemporary universal health care. Up until 4 January 2010, in the United States, HIV-positive immigrants were excluded or deported rather than taken care of. That is, so-called ‘aliens’ infected with HIV/AIDS were prohibited from entering the United States. Even low-income, unemployed or marginally housed citizens who are HIV+ cannot get assistance with housing or social services unless their T-cell count goes below 200, which means 5–10 years after infection. That is, biology is understood and read differently in the United States – including which measurements of biology are considered relevant. In the American context, where health care is only for the privileged and there is little if any trace of a welfare state, the low-income and marginalized join the category of immigrants in being governed by a system in which biology is a key resource. As in the South African case mentioned earlier, Crane et al. (2002) discuss how for low-income, marginally housed and former or active substance users, a diagnosis as HIV+ or of AIDS can result in improved quality of life by allowing access to subsidized housing, food and services. In this case, they argue that an HIV/AIDS diagnosis operated as a commodity.

The context for the current relationship between biology and immigration in the US includes increasingly restrictive standards for welfare eligibility, and a restrictive immigration act passed in 1996 that was subsequently reinforced after 11 September 2001. Here, a politics of immigration has in many ways been replaced by a regime of security that puts immigrants and asylum seekers straight into detention centers. Studies in the New York City area have shown that 75 percent of asylum seekers are handcuffed upon arrival (Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture, 2003), and, because detention centers are overflowing, asylum seekers are held in county jails alongside convicted criminals. More recently, reports have surfaced about the lack of health care in these facilities, and the lack of accountability for the deaths
of those in detention centers. It is in this context in the United States that humanitarian organizations – which also have an increasingly global presence, including greater numbers of operational offices in nation-states of the global North, such as the United States’ MSF office, which has changed from a fund-raising to an operative office – have started to play a more important role in the government of immigrants and refugees, seeing the increased need for emergency health measures.

Obviously, humanitarianism is not a blueprint form of intervention imposed identically in each context; it takes shape in the intersection of global, national and local histories, discourses and practices. For instance, particularly since the dismantling of welfare in the United States in the 1980s and 1990s, charity plays a much more important role in governing those who are marginalized or disenfranchised; as part of this, religious organizations – charities, social service organizations and congregations – have been critical players in the non-governmental management of both immigrants and citizens. The role played by biology for immigrants is inevitably different then, since charities are not simply focused on medicine or health. Again, the genre of medical humanitarianism that I focus on here, beginning with MSF, specifically distinguishes itself from modes of charity. Evangelical and other Protestant-based charities tend to focus on creating specific forms of personhood, often closely linked to neoliberal versions of personal responsibility and individual empowerment through self-discipline and hard work (Allahyari, 2000; Elisha, 2008). In other words, a moral assessment of those in need takes place, with the goal of instilling the virtue of accountability. This differs from humanitarianism, insofar as one of its key principles is impartiality, which directs that assistance is provided based solely on need, without discrimination among recipients (De Torrente, 2004: 5). While there are distinctions between religious charities – in particular, between Catholic and Protestant charities – nevertheless, there is less of a focus on health, and hence on biological measures, and more of a focus on producing particular forms of personhood with attendant values.

The humanitarian organizations I made contact with in the US focused more on asylum seekers and detention centers, and less on regular health care, since of course lack of health insurance is an issue for so many millions of Americans. Thus, in an interview with a representative from MSF-USA (i.e. the US section of Doctors Without Borders), I was told that while perhaps concerned about the working poor, MSF could not intervene to help them, as this would entail a political program, not an exclusively medical one. A possible project, however, might involve setting up water tanks for those sitting on the US-Mexico border – this is a critical health issue. Similarly, while more explicit about their feeling that
immigration policies are unjust, HealthRight International (formerly Doctors of the World-USA) also shied away from any explicitly political action, not wanting to risk their access to detention centers, where they are able to intervene on the issue of basic health conditions. Yet, the growing part that HealthRight International plays in regulating immigrant and asylum status in the United States is revealed by the fact that they have had to massively expand the program since its inception in 1993. In addition, they have expanded the number of categories for which they can write medical affidavits (for trafficking, domestic violence, forced abortion, rape, FGC, etc.), revealing that they are increasingly medicalizing – or perhaps humanitarianizing – the field of asylum. Or perhaps we might say that these practices increasingly make evident the political nature of medicine.

Humanitarian organizations never govern explicitly; they act on the level of the everyday, prioritizing emergency or crisis situations. However, what is considered an ‘emergency’ changes according to the context. Thus while immigrant bodies may be read differently in the United States – illness evoking less compassion than in France – my research shows that they are still governed by the same humanitarian regime in which some form of biological measure reveals a truth that words cannot. In both cases, this truth is revealed using the techniques of biomedicine, despite the fact that different enactments of biology are drawn on as evidence: rather than pathology or illness, as in the French case of immigration, anatomical evidence is what is significant in claims for asylum in the United States.

As a lesson in keeping with this logic, I attended a training session given by HealthRight International (formerly Doctors of the World-USA), which involved a doctor describing a situation in which he examined an asylum seeker who claimed to have been tortured. The asylum seeker, whom the doctor described as from somewhere in Africa, had scars on his chest, which he claimed were the result of torture by acid burn. The doctor explained to us that on closer examination, he wondered about the symmetry of the marks; he did some research, and found that in fact, the scars were tribal markings. He told the story to explain that one must follow medical science if doctors are to keep their legitimacy, examining the body to support or falsify the story. I want to make clear here that my purpose here is not to pass judgment on the claim, or any of these claims, but to point to and examine the larger field that produces such actions on the part of the doctor – who gets interpellated as gatekeeper or guard, even while he volunteers his time in order to help asylum seekers – and the asylum seeker, who must play the role of impersonator or impostor. As with Fatou, the case is one in which the idea of fraud only tells us one circumscribed story. Here, the
asylum seeker could still have been tortured, particularly in light of new techniques of torture designed not to leave a physical trace, but he acted according to a logic that assumed his story would be much more likely to be believed if it was inscribed on his body in biomedically measurable ways. He made use of scars to reveal this truth. The doctor, for his part, monitored this notion of truth, and trained his counterparts to do the same, even as his goal was to help. More importantly, both Fatou and this man reveal that the limits of how one can work on one’s biology lie at the intersection of acts and identities; that is, it depends both on the act of biological manipulation – whether it is a tummy tuck, a genetic test, an organ sale or an act that purposely lowers immune levels – as well as the identity of the person performing the act. Biology for these people – asylum seekers, immigrants, the disenfranchised – must be read as untouched, as pure, even though the act of biological manipulation happens to ensure a better life, a better future.

This dual regime of truth recalls the relationship between slaves’ bodies and torture, as described by Page duBois in her book on torture in 5th-century Athens. The slave’s body is constructed as a site of truth, according to Aristotelian logic: ‘truth is constituted as residing in the body of the slave; because he can apprehend reason, without possessing reason’ (duBois, 1991: 68). The body is a source of authentication in situations where the subject is conceived of as unable to provide a reasoned, spoken truth. I am suggesting that truth for those managed by humanitarian government is similarly found in ‘the primordial landscape of the racialized body’ (Feldman, 2004: 190) both designating and producing them as Other, as beyond and outside reason. However, the racialized body takes shape in new terms, as immutable biology.

Following this logic focused on the truth of biological measures, in the contemporary American context, medical affidavits are increasingly important – according to an immigration lawyer in New York City, one almost needs to have physical evidence or a doctor’s testimony in order to get one’s claim accepted. The lawyer told me that now that immigrants and refugees have access to medical services through humanitarian NGOs, judges expect ‘richer evidence’. Indeed, humanitarian organizations have systematized the ability to access medical evidence; before, this lawyer said he had difficulty getting physicians to write affidavits, and would turn to university psychology or psychiatry departments. Of cases with a HealthRight International Human Rights Clinic affidavit, 85 percent are granted immigration relief, as compared to the national average of 23 percent (Stadtmauer et al., 2010). It raises the bar for everyone. This reveals, therefore, how humanitarianism has changed the way that refugees are understood, and regulated. While asylum is the goal here, unlike the French case, it implies that, in both places, there is little room for the immigrant or refugee to
be anything other than a non-Enlightenment, pre-modern subject, whose biology – not words – is legible.

Conclusion

With the election of a right-wing government in France in 2002, the illness clause came under attack by then-interior minister (now president) Nicolas Sarkozy and his new ‘loi sécuritaire’ (security law). Increasing numbers of claims led to suggestions that both immigrants and doctors were acting fraudulently; those getting papers were not seen as valid humanitarian subjects but rather as politically or economically motivated actors. This reveals that, in this context, humanitarian subjects cannot be seen to be modern liberal individuals; they cannot appear to be enterprising, nor politically embedded. They cannot engage in corporeal self-fashioning in the way that citizens do in the regime of biological citizenship depicted by Rose and Novas (2005). Interestingly, while modern liberal sensibilities still recoil from willing engagement with suffering, as Talal Asad has noted (2003: 121), in this case, it is not clear that the state is recoiling from cases of willed infection or purposefully prolonged illness; what seems most problematic for the state is that these people may be manipulating their own biology, so that their bodies are no longer legible. In other words, the disruption is epistemological: the regime of truth has been disturbed, and the state no longer knows how to recognize and understand the Other in its midst.

The relationship between the political economy of hope and biology for immigrants cannot be separated from the fact that government, in the form of humanitarianism, works primarily in the idiom of health; it seeks to isolate and address threats to lives and well-being. MSF, HealthRight International (formerly Doctors of the World-USA) and other humanitarian organizations have done this by focusing on biology in a minimal sense – they have until recently focused on survival, but without its social component. Yet in so doing, they never isolate or protect this minimal or ‘bare’ life (Agamben, 1998); rather they serve to produce a particular form of political or governable humanity. The result is often diseased or disabled citizen-subjects, and a continued racialized division between humanity of the elite and underclass couched in biological terms.

Let me sum up. I have argued here that we are all subject to a new political economy of hope linked to biology, and to new biotechnologies. However, first, by broadening the context to include different circuits of capital and labor, rendered visible by the politics of immigration, I have suggested that we need to understand that the stakes can be higher and the picture perhaps starker.
depending on one’s positioning. In this sense, while the hope might remain the same, there is nonetheless a distinction between those who have their biology as a primary resource, and those for whom biology is still one of many potential arenas in which one’s recognition – as a political, legal, moral, cultural, social, and economic actor – can be enacted and claimed. Or, in Lawrence Cohen’s (2004) terms, people must be understood as differently ‘bioavailable’, a term he uses to describe the likelihood for a person or population that its tissues may be disaggregated and transferred to some other entity or process. Hope takes shape in the space of these political economic realities.

Second, circuits of migration might predictably involve biological evidence seeing as biomedicine and biotechnology are part of a growing field of possibility, tied to capital in novel ways; yet insofar as humanitarianism increasingly performs the techniques of government, targeting certain disenfranchised populations including immigrants, humanitarianism manages the ways that biology is leveraged. And as humanitarian subjects, immigrants’ biology only has value when it is perceived as pure, untouched; it gives them access to the circuits of wealth and privilege only insofar as it does not reveal them as modern, neoliberal subjects. Biology therefore plays a fundamentally different role in their relationship to the nation-state, due to the mediating influence of humanitarianism. While biologies provide hope for a better life, this biopolitics of immigration refuses inclusion or recognition under conditions of equality, which in this case, would mean recognizing that immigrants are also self-enterprising subjects, able to engage and fashion themselves, and to actualize their aspirations and desires. Recognition is given instead to subjects of humanitarian regimes as victims, as non-moderns. Here, recognition only comes as the necessary Other against which the privileged of the global North, may continue to define themselves.

Notes

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1. Rose and Novas take this term from Catherine Waldby in her study of the ‘Visible Human Project’ (2000).

2. I am referring to the 1998 amendment to the Edict (‘Ordonnance’) of 2 November 1945 no. 45-2658 on Conditions of Entry and Residence of Foreigners. Article 12bis is the right to ‘private and family life’, which is itself a direct reference to the Article 8 of the European Convention on Human Rights. There are 11 categories, of which the ‘Autorisation Provisoire pour soins’ or ‘APS’ (temporary authorization for medical care) is the 11th. See Didier Fassin (2001a, 2001b) for insightful work on this topic. For a more explicit analysis of the illness clause, see also Ticktin (2005, 2006a).

3. See for instance Scheper-Hughes (2000) and Cohen (2004). They each have written much more on this topic.
4. See Didier Fassin’s (2001b) article about immigrants with HIV/AIDS, where he describes how HIV/AIDS can function as a political condition before it is experienced as an illness.

5. This list comes from the regional state medical office with the largest number of claims for papers. French colonies made up well over 80 percent of claimants.


7. For the management of immigrants and asylum-seekers, see for instance Susan Coutin (1993) on the Sanctuary movement and the role Churches played in helping undocumented immigrants. See also Omri Elisha on evangelical faith-based activism (2008).

8. See Rebecca Allahyari’s Visions of Charity (2000), which contrasts Protestant (The Salvation Army) and Catholic (Loaves and Fishes) charities. She suggests that while the Protestant vision of charity involves helping people out of poverty and despair through hard work and self-discipline, the formal Catholic vision is less conditional, and expects people to accept the poor unconditionally and their rights and entitlements to food and shelter. People struggle to enact this unconditional framework, but it is nonetheless the guiding vision.

9. I thank Stefan Beck for suggesting the latter framing.

10. Interestingly, and perhaps as evidence of a transnational logic, Fassin and D’Halluin (2005: 599) write that the same goes for asylum claims in France: the number of medical certificates issued as part of applications for asylum doubled from 1990 to 2000, as recorded by the institution the Comède.

11. See the published circular of 7 May 2003, which adapts the previous immigration law; in particular, see Section 2.2.3 on ‘The Case of Sick Foreigners’ (La situation des étrangers malades).

12. As Dr James Orbinski, who accepted the prize for MSF, stated in his Nobel lecture, ‘For MSF, this is the humanitarian act: to seek to relieve suffering. . . . We affirm the independence of the humanitarian from the political.’

13. This has recently changed at HealthRight International; as part of their new identity, adopted in 2009, they focus on sustainable forms of development and engagement with local people.

References


**Miriam Ticktin** is Assistant Professor of Anthropology at the New School for Social Research and Eugene Lang College. She has written on issues such as undocumented immigrants in France, the unexpected consequences of humanitarianism, and the role of sexual violence in border control. She is the author of *Casualties of Care: Immigration and the Politics of Humanitarianism in France* (forthcoming with University of California Press, 2011) and co-editor (with Ilana Feldman) of *In the Name of Humanity: The Government of Threat and Care* (Duke University Press, 2010). [email: ticktinm@newschool.edu]