

FOREWORD

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Medical Anthropology: Health, Inequality, and Social Justice is a new series from Rutgers University Press, designed to capture the diversity of contemporary medical anthropological research and writing. The beauty of ethnography is its capacity, through storytelling, to make sense of suffering as a social experience and to set it in context. Central to our focus in this series on health and illness, inequality, and social justice, therefore, is the way in which social structures and ideologies shape the likelihood and impact of infections, injuries, bodily ruptures and disease, chronic conditions and disability, treatment and care, social repair and death.

The brief for this series is broad. The books are concerned with health and illness, healing practices, and access to care, but the authors illustrate too the importance of context—of geography, physical condition, service availability, and income. Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, global, and local relations. Society, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. But as medical anthropologists have long illustrated, the relationships of social context and health status are complex. In addressing these questions, the authors in this series showcase the theoretical sophistication, methodological rigor, and empirical richness of the field while expanding a map of illness and social and institutional life to illustrate the effects of material conditions and social meanings in troubling and surprising ways.

The books in the series move across social circumstances, health conditions, and geography, and their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on wellbeing. The books reflect medical anthropology as a constantly changing field of scholarship, drawing on research diversely in residential and virtual communities, in clinics and laboratories, and in emergency care and public health settings, with service providers, individual healers, and households, with social bodies, human bodies, and biologies. While medical anthropology once concentrated on systems of healing, particular diseases,

and embodied experiences, today the field has expanded to include environmental disaster and war, science, technology and faith, gender-based violence, and forced migration. Curiosity about the body and its vicissitudes remains a pivot for our work, but our concerns are with the location of bodies in social life and how social structures, temporal imperatives, and shifting exigencies shape life courses. This dynamic field reflects an ethics of the discipline to address these pressing issues of our time.

Globalization has contributed to the complexity of influences on health outcomes; it (re)produces social and economic relations that institutionalize poverty, unequal conditions of everyday life and work, and environments in which diseases increase or subside. Globalization patterns the movement and relations of peoples, technologies and knowledge, and programs and treatments; it shapes differences in health experience and outcomes across space; it informs and amplifies inequalities at individual and country levels. Global forces and local inequalities compound and constantly load on individuals to impact on their physical and mental health, and on their households and communities. At the same time, as the subtitle of this series indicates, we are concerned with questions of social exclusion and inclusion, social justice and repair, again both globally and in local settings. The books will challenge readers to reflect not only on sickness and suffering, deficit and despair, but also on resistance and restitution—on how people respond to injustices and evade the fault lines that might seem to predetermine life outcomes. While not all of the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

As this book goes to press, globally almost 70 million people are classified as refugees or asylum seekers. Most are displaced from their homes within their countries of birth and intraregionally. An estimated 10 million people are stateless, not all included in this prior group; one-third of these are children, born in countries where their births cannot be registered. Many of these people are residing in the global north, in countries that might seem to offer them safety, security, and care.

Untold numbers of people fall outside of such classifications as refugee or asylum seeker. They are resident in countries without government permission to do so, sometimes having overstayed visas as workers or students, other times having entered the country without complying with national border policies and local laws. The bundling of such people as “illegal immigrants”—even as irregular, undocumented, or unauthorized immigrants—disguises the circumstances that lead to their migration, the precarity of their journeys, and the conditions in which they live on resettlement. In *Pathogenic Policing: Immigration Enforcement and Health in the U.S. South*, Nolan Kline turns to the rule of law, and shows how those without legal documents are exposed to a wide range of restrictions, deprivations, risks and vulnerabilities. For economic reasons and because of their vulnerable civil status, undocumented immigrants often live precariously in substandard

housing on the periphery of cities, where transport and services are especially poor. They work in dangerous conditions, underpaid and without contracts. They are subject to discrimination and marginalization. They are typically denied access to health care, social services, justice and education, since even with the right theoretically to access such services, to do so exposes them to possible detention and deportation. The constant surveillance to which immigrants are subject is a key factor in preventing them from seeking support, including health care. Family groups and everyday relationships are routinely ruptured as some individuals are apprehended and returned to their countries of origin; others are left behind. Fear of arrest, detention, deportation, and family separation shapes their everyday lives.

In *Pathogenic Policing: Immigration Enforcement and Health in the U.S. South*, Nolan Kline illustrates how, in the state of Georgia, a simple document—a driver's license—stands as evidence of the right to services. The absence of a license is, conversely, prima facie evidence of a person's "illegal" status, from which he or she is subject to police protocol and processes, with deportation the usual and expected outcome. But having or not having a driver's license can be proved only on request, once a person is intercepted while driving a car. People who "look" like an immigrant and so assumed to be "illegal" are routinely stopped by police, and so undocumented immigrants avoid the law by avoiding driving, so limiting where and if they work, when and how they shop, and whether they seek health care for themselves or others in their family. Immigration enforcement policy therefore shapes immigrants' health and interpersonal relationships, forcing them to survive by stealth, with impacts not only on the lives of individual immigrants but also on health providers, immigrant rights groups, health insurance and related programs, and clinics and hospitals. In *Pathogenic Policing* Nolan Kline reminds us of the multiple ways by which people are deprived of their health as a human right.

PATHOGENIC POLICING

