"A CLINIC FOR THE WORLD":
RACE, BIOMEDICAL CITIZENSHIP, AND
GENDERED NATIONAL SUBJECT FORMATION IN CANADA

by

Nwadiogo Ijeoma Ejiogu

A thesis submitted in conformity with the requirements
for the degree of Masters of Arts
Graduate Department of Sociology and Equity Studies in Education
Ontario Institute for Studies in Education
University of Toronto

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Abstract

On October 21st , 2005 the Supreme Court of Canada ruled that immigration officials "can no longer assess potential immigrants to be 'medically inadmissible' to Canada solely on the basis of a person's disability" and their likelihood to make "excessive demands on Canadian social services" (Chadha 2005, 1). In this thesis I will explore this ruling using a methodological approach that engages practices of: self-reflexivity; tracing historical and political genealogies; and case study analysis. What I am interested in thinking about is how this moment gestures to the necessity of conceptualizing the nation, nationalism, and citizenship as highly medicalized terrains. Through an engagement with transnational and black feminist theorizing, anticolonial studies, and disability studies, I will suggest that "medical inadmissibility" is one of many regulatory mechanisms that work to fashion the Canadian nation-state as white, healthy, fit, and productive.

Acknowledgments

I am deeply indebted to Dr. Sheryl Nestel and Dr. M. Jacqui Alexander. Thank you both for your guidance and patience.

I also thank my family and friends for your helpful edits and words of encouragement.

Finally, I would like to acknowledge the pivotal role my parents, Georgina and Godwin Ejiogu, played in providing me with the sustenance to write this thesis. Your support, stories, and love made this work possible.

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Chapter I:
Introductions: Research Questions and A Citizenship Autobiography

Two years ago I read the article, "Supreme Court Victory for Immigrants with Disabilities" by Ena Chadha in the course "Introduction to Equity Studies" (NEW 240) here at the University of Toronto. The article spoke to the October 21st, 2005 Supreme Court of Canada's decision that "immigration officials can no longer assess potential immigrants to be 'medically inadmissible' to Canada solely on the basis of a person's disability" and also to the belief that disabled immigrants make "excessive demands on Canadian social services" (Chadha 2005, 1). Reading this text has significantly shifted my understanding of my parents' migration to Canada in 1974 and the specific barriers and privileges they experienced during the process of gaining citizenship to Canada. By extension, there have also been shifts in the ways that I have come to understand myself as a citizen of Canada, a process which is not only racialized, gendered, sexualized, and classed, but also shaped by the access that I and my parents have to non-disabled privilege.

I start with this personal vignette as it is one of many moments that lead me to ask questions centered around race, dis/ability, gender, and the nation. I am interested in thinking about how power and discourse are operating to make possible this particular immigration practice in Canada. Furthermore, how are economic and social productivity and the healthy productive citizen being defined within this immigration policy? What sites of power/knowledge production are intrinsic to the formation of these notions of economic and social productivity and the productive body? Put differently, I want to continue to think about how gendered race thinking and biomedical discourses impact how the nation determines which bodies belong and which bodies do not belong.

To begin to work through these questions, I have structured my thesis into five main chapters. The first, this chapter, acts as an introduction to both my guiding research questions and, through a detailed citizenship autobiography, to myself. I hope this personal narrative will speak to my dedication to embodied scholarship while also giving the reader some awareness, albeit incomplete, of my social locations and an understanding of what is at stake for me in pursuing a particular set of questions about race, gender, dis/ability, and biomedical citizenry.

Chapter Two seeks to explore the research methodologies and strategies I will utilize throughout this thesis. I will be introducing my methodological approach as one that takes very seriously the practice of critical reflexivity, personal narrative, offering historical contexts, and examining pivotal events; in this case, the Supreme Court of Canada decision I mentioned earlier in this chapter. In this chapter I acknowledge that my methodological stance is greatly indebted to interdisciplinary fields of study, such as black feminist theorizing, disability studies, anti-colonial studies, and transnational feminism. It is through a citing of these foundational sources that I explain some of my central political interests and stakes.

In Chapter Three, through a historical account of immigration practices in Canada, I will offer a synopsis of the Supreme Court decision to change medical inadmissibility procedures while discussing some of what I believe are the implications of this revision. Here I am interested in mapping out how these polices and the notion of "medical inadmissibility" have come to be, out of what local and transnational social milieu they were formed, as well as how the category and policies have changed from inception in 1869 to our contemporary moment? It is in this chapter that I will begin to explore how

medicalized immigration policies and regulations advance the hegemony of whiteness and nondisabled bodies through deep investments in economic globalization. Ultimately, what I hope to address in Chapter Three are the many operations of power that the Supreme Court case not only leaves intact but further legitimizes, offering this exploration to challenge the neatness of this "victory".

Drawing on this study of a recent pivotal case within its larger historical context, Chapter Four is concerned primarily with how Canada as a modern nation-state imagines itself and its citizens. Put differently, I am interested in first noting the role medicine has played with regards to the development and implementation of discourses of modernity and colonial and imperial projects transnationally. The chapter also seeks to establish immigrant medical exams as sites where the healthy productive body is discursively constituted and where we can trace the historical presences of eugenic thinking and practices. The central focus of Chapter Four is to heed Sunera Thobani's provocation in her recent book, *Exalted Subject: Studies in the Making of Race and Nation in Canada*, to continue to think about "what the Canadian nation imagines itself to be" (Thobani 2007, 248). In thinking about histories and genealogies of eugenics, settler colonialism, and immigration policies in Canada, what I wish to suggest in this thesis is that the nation imagines itself from, with, and through the medical sciences in conversation with dominant discourse on race, gender, class, sexuality, and dis/ability.

To conclude, Chapter Five will provide a summary of some of the most recent changes that have been made with regards to immigration and visa regulations in Canada. It is where I will note the many ways in which this research project is in fact incomplete as the relations of power, which I analyze throughout this thesis, are continually being

reformulated and reconfigured. It is precisely because of the instability in the means through which particular bodies are regulated, privileged, and marginalized that efforts to organize within racialized (im)migrant communities within the colonial landscape of Canada become increasingly crucial and worthwhile.

A Citizenship Autobiography

Having provided a rough road map as to the intellectual directions I hope to explore in this thesis, I would like to return to the task of making introductions. In a course I took last year, *Aboriginal Peoples and Citizenship: Decolonizing Perspectives* taught by Martin Cannon, students were asked to do the crucial yet difficult task of locating ourselves as a citizen of an imagined colonial community (Anderson 1991, 6, Simpson 2000, 120). I found this assignment to be extremely challenging yet productive and would like to share a reinterpretation of the writing exercise here as one of many attempts I make throughout this thesis of locating myself and acknowledging my experiences of marginalization and access to privilege.

There are many places from which I could begin this autobiography, but a significant piece of how I understand being a Canadian citizen is the stories my parents told me about migrating from Nigeria to Canada. Growing up my parents were constantly telling and retelling their/our stories of migration to my two older brothers and myself. We learned from an early age that my father had come to Canada, and specifically Calgary, on a scholarship to pursue his Master's degree in Chemical Engineering at the University of Calgary. Shortly after my father arrived, my mother was sponsored by one of her Aunties to join my father in Canada. What my parents often left out, though, was an account of the privileges which allowed them to migrate to Calgary in the first place. While my father's

family was not well off, he did have the privilege of attending, at the time, Nigeria's top

universities, Ahmadu Bello University in Kaduna State. Additionally, because my mother

comes from a wealthy family in Nigeria she had access to not only airfare to travel abroad,

but also had connections to a white British family in Nigeria who wrote her a letter

supporting her immigration to Canada. My parents also migrated to Canada in 1974, a time

when queer and disabled immigrants were denied entry into the country due to reasons

such as national security and "medical inadmissibility," respectively (Kinsman 2000, 143,

Chadha 2005, 2). We can also think about the barriers people face in migrating to Canada

as a result of the point system used in immigrant selection process in Canada, policies

which scholars have noted are dependent on and reinforce racial, gender, sexual, and class

inequities (Arat-Koc 1999, 207).

Though discussions of privilege were largely disappeared in my parents narrative,

more often than not these stories spoke of gendered, classed and racial hardships and

moments of longing for home. While these discussions inevitably led to my parents

expressing how they managed to survive their first Calgarian winter, what impacted me

most was their experiences of gendered, class hierarchies in Calgary as newcomers. In

particular, we heard truncated stories of my father's experiences when he worked as a taxi

driver to supplement the inadequate funding he received from the University of Calgary.

My mother specifically would stress the difficulties she had in buying groceries on such a

small budget, especially as our family grew. While my father's migration narratives usually

centered around work, school and finances, my mother's stories included those, as well as

thematics of family, parenting and gendered racism. She spoke about how exhausting it

was to raise three children while also going to university full-time. I distinctly remember

her lamenting over feelings of isolation and alienation as an African immigrant woman in classroom settings but also within the broader context of Calgary. To theorize these experiences my mother used the term "triple whammy," a concept which stressed the importance of an intersectional or interlocking analysis of oppression. With this term she spoke to her hyper-marginalized position as a black, "older", immigrant woman with a Nigerian accent, while highlighting how her experiences of marginality were similar yet different from my father's due to his male privilege and my own, as a result of my age and normalized accent. This piece around intersectionality is significant as it gestures to how people's experiences of belonging to or being excluded from particular nation-states are inextricably linked to the realities of marginality and privilege.

As we moved into a middle or upper-middle class position, the aforementioned migration narratives increasingly came to act as a springboard from which my parents espoused fictions of meritocracy and economic freedom in Canada. From my youth, my parents would use their experiences as proof that if people work hard enough and acquire as much education as they can that they could attain upward class mobility. While I would argue that we should deeply trouble the sentiment that people who are economically marginalized due to various structural and institutional reasons are simply "not working hard enough," my parents narratives of immigration are still however foundational to how I understand myself as a Canadian citizen.

Along with my parents' experiences, my personal histories greatly inform my feelings of belonging to and/or exclusion from the nation-state. Growing up as a black woman in Calgary, Alberta, it was always hard to find myself within the "imagined community" that is Canada (Anderson 1991, 6). As my family started to occupy a middle or

upper-middle class position, and therefore we began to find ourselves in predominantly white spaces, this sense of not belonging grew. Since my experiences of racism are, unfortunately too vast to comprehensively reflect on in a paper of this size, I will focus primarily on educational spaces and how they are extremely instrumental in constituting what Canadian citizenship has been, is and ought to be.

In school, textbooks neglected histories of genocide and assimilation in order to teach us colonial national narratives of 'peaceful' settlement and the benevolent paternalism of white settlers towards First Nations peoples in Canada. Similarly, instead of learning about the institution of slavery in Canada, the textbooks we learned from presented patriotic narratives of the Underground Railroad which constructed Canada as a space of freedom from enslavement. While teachers lauded Canada as a multicultural country, my preschool teachers insisted that my mother stop teaching me Igbo, the language which my parents and family speak, and to concentrate on the English language so as to foster better "communication skills". Narratives of the importance of cultural diversity bumped up against practices within educational systems which make it extremely difficult for people with non Anglo-Saxon names to not feel pressured to abbreviate, Anglicize, or change our names to be recognized both in classrooms and in society as a whole.

The national rhetoric of multiculturalism also seems contradictory especially when we think about the loaded question, "Where are you from?" While most of the texts I have encountered that have dealt with this phenomenon have successfully discussed how this question is disproportionately posed to racialized people, in my experience my name, Nwadiogo, seems to also mark my body as not Canadian (Dua 1999, 7). For example, most

often I am asked, "where are you from" immediately after I have just introduced myself. In this way, despite national hegemonic rhetoric of celebrating cultural diversity and difference, racialized people who embody these notions of difference are always already known to be outsiders and foreign to Canada. It is not my intention to espouse that the question, "where are you from," is always a 'bad' and exclusionary question, since I believe that it can mean very different things in different contexts. I do, however, feel that it does a lot of discursive work around constructing certain people as citizens, an argument which I return to later on.

While these are all instances which express my experiences of being marginalized or an 'outsider within' the Canadian nation, there are many moments, often taken for granted, where my citizenship is reaffirmed. For instance, I remember one of my white undergraduate professors asked me where I was from, hoping to avoid a longer discussion, I conceded and said "I'm Nigerian." He began to ask me what it was like to grow up in Nigeria, to which I told him that I was born here. Seeming annoyed at this response he stated, "You're just like us. You're not Nigerian, You're Canadian!" This encounter is similar to several interactions that I had on my trips to Nigeria. While I am a dual citizen of both Canada and Nigeria, I noticed that I was often referred to as *oyibo* (white person) or from *ala beke* (white man's land) and not authentically Nigerian. Initially, I read the interplay of these various external and internalized processes of identification as meaning that I do not *belong* anywhere, yet I feel this type of thinking does not take into consideration the messiness and interdependencies of privilege, marginality, and power. Put differently, how does claiming not to belong to a nation-state attempt to disappear my privilege as a settler with status on stolen land (Lawrence and Dua 2005, 134)? Furthermore, how is the

expectation of belonging to a nation-state dependant on class, gender, sexual, racial, disability-based social locations? How am I, as a Canadian citizen, able to traverse national borders without the rigid mandate of belonging to those nation-states? Lastly, how do multiple modes of power and technologies of governance and discipline work in producing desires to belong to colonial and imperial nation-states? What I hope these questions gesture to is that although the definitive national subject is understood as white but also non-trans, male, non disabled, middle class, heterosexual and with status, this does not exempt me benefiting from the ongoing violent colonial projects in Canada.

In the book, *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, Enakshi Dua expands on this discussion:

> "Today, the stereotype of who is and is not a Canadian works to reinforce the historical process by which indigenous mixed race, African-Canadians, Asian-Canadians, Arab-Canadians, and others have been marginalized from Canadian society, as it obscures the history of colonialism, settlement, immigration, and citizenship policies that ensured the racialization and gendering of twentieth century Canada" (Dua 1999, 7).

To rephrase, presumptions of a white Canadian citizenry work to evade legacies of sexualized gendered violence in Canada (A. Smith 2005, 8). To take these present histories of colonial violence and the importance of anti-colonial struggles seriously is to recognize how, as a settler, I am complicit, albeit differently so than dominant bodies, in colonization (Lawrence and Dua 2005, 134). My claim to Canadian citizenship is made possible through practices of cultural and legal assimilation, genocide, land theft and the continuing denial of indigenous sovereignty (Lawrence and Dua 2005, 134).

While this narrative is not apolitical or objective, it has been my hope that my reflections on how I have and continue to position myself as a citizen of a colonial state, Canada, have consistently engaged with issues of power, privilege, and marginality. I

wanted to begin this thesis with a citizenship autobiography to situate myself and my

research interests while beginning to name and critically think about the colonial violence

upon which Canadian citizenship is predicated. With these personal, political, and

pedagogical orientations firmly established the next chapter moves to a more specific

trajectory of the research project and its methodological and theoretical approach.

Chapter II:
Methodological and Theoretical Frameworks

"From the vantage point of the colonized, a position from which I write and choose to privilege, the term 'research' is inextricably linked to European imperialism and colonialism. The word itself, 'research' is probably one of the dirtiest words in the indigenous world's vocabulary" (L. T. Smith 1999, 1).

"In other words research is not an innocent of distant academic exercise but an activity that has something at stake and that occurs in a set of political and social conditions" (L. T. Smith 1999, 5).

The above quotes are from Linda Tuhiwai Smith's influential book, *Decolonizing Methodologies: Research and Indigenous Peoples.* As reflected in these passages, Smith convincingly critiques the concept and practice of research by tracing how it has advanced colonial and imperial projects (L. T. Smith 1999, 1). Smith's careful analysis of the role research has played and continues to play in maintaining unequal gendered, racialized, and sexualized power relationships does not lead her to argue that research is a completely bankrupt practice. Instead, Smith discusses at length the importance of "researching back,"

"Part of the project of this book is 'researching back,' in the same tradition of 'writing back' or 'talking back' that characterizes much of post-colonial or anti-colonial literature. It has involved a 'knowingness of the colonizer' and a recovery of ourselves, an analysis of colonialism, and a struggle for self-determination." (L. T. Smith 1999, 7)

"Writing back" as a way of both making apparent the multifaceted impacts of colonialism and continuing projects of reclamation, is a tradition that I am committed to drawing on and contributing to in my research project. I feel strongly that my aim of interrogating how medical requirements for admission within immigration legislation (re)produce a gendered and racialized category of the economically productive citizen adds to literature which seeks to further a "knowingness of the colonizer" (L. T. Smith 1999, 7). Furthermore, I am hoping to think about the wider implications of immigration policies in

relation to other white settler colonial projects in Canada, with the aim of calling attention to areas in need of social change.

In expressing my commitment to using research as one of many tools for social justice, I am also simultaneously aware that I might be reproducing dominant discourses which inform and help prop up the very power imbalances which have provided the initial impetus for this project (L. T. Smith 1999, 7). These tensions of power, marginalization, privilege, social location, and knowledge production, are a reality that those of us committed to a broad range of social justice work and community building continue to bump up against. These tensions reflect on how we are all differently implicated in interlocking systems of oppression (Collins 1991, 41)

In this chapter, I will discuss some of the methods and theoretical frameworks I will employ in my thesis, and where I feel this research project "fits" or adds to ongoing discussions within interdisciplinary fields such as transnational and black feminist, queer, anticolonial, and critical disability studies. I will also use this chapter as a space to mention some of the limitations of my research project and the many implications of these shortcomings both in terms of what this thesis disappears, but also the openings present in this text for future inquiry.

On Embodied Knowledge: Methodological Stripping and Fittings

> "Stripping is a methodology in the most literal, perhaps mundane, sense of constituting the practices through which we come to know what we believe we know." (Alexander 2005, 17)

It is from this poetic framing of methodology by feminist scholar M. Jacqui Alexander that I would like to begin. What I feel this quote offers is a comprehensive definition of methodology, as well as suggesting its many political uses. It is precisely

through accounting for the "practices through which we come to know what we believe we know" that we can trace genealogies of colonialism while mapping trajectories of alternate ways of knowing (Alexander 2005, 17). Relying on a breadth of often contradictory work on the subject, in this section I will share my own processes of making intelligible some of the uses, connotations, and limitations of methodology.

Researching and eventually writing this section on methodology was an extremely long, difficult, and demanding process. Largely because this year of writing my Master's thesis was the first time I was forced to take methodology and its many political implications seriously. Though I had encountered and often used the term in a number of contexts, I was never required to work through what precisely methodology is and means until quite recently. Needless to say, I began writing this chapter with an, at times, overwhelming number of questions. Posing questions like: what counts and does not count as a methodology? What are some of the correlations, similarities, and distinctions between the terms, method, epistemology, and methodology? Which methodologies and methods most accurately reflect projects which attempt to 'research back,' advance social justice, and strengthen the communities of which I am a part? Put differently, what are some of the political stakes involved in making particular methodological choices and how are these choices not only political but also personal? How is the type of methodology we, as knowledge producers, employ, in and of itself, an act of self- and community-interest? What are the ways that my methodological approach is inextricably linked to processes of subject formation? In other words, part of what I am questioning here is the ways in which epistemology and methodology are embodied. Before I summarize some of the ways scholars have addressed these questions on what is at stake when we make

methodological choices, I want to share some of my experiences in refining my understanding of this often elusive concept and practice.

On and off, for approximately three months, I spent hours researching, looking through methodology chapters in books, articles, and theses; rifling through methodology and methods course syllabi; asking colleagues and professors about their methodologies of choice; attending public seminars and one-on-one research design appointments, in search of finding *a* methodology that '*fit.*' While I did not find one single methodology that 'fit,' I acquired a more nuanced understanding of what methodology is and its significance to critical inquiry and activism.

In the book, *Experience Research Social Change: Methods Beyond the Mainstream* authors Sandra L. Kirby, Lorraine Greaves, and Colleen Reid, state,

> "A *methodology* is a set of rules and procedures that indicates how research is to be conducted. Methodologies, through specifying a relationship between theory and method, include not just a compilation of methods but also the rules for their application and validity." (Kirby, Greaves and Reid 2006).

I have chosen to include this passage for two main reasons. One being that it provides a concise yet very rich definition of methodology. Second, the use of the word "validity" spoke to some of the anxieties that came up for me when faced with detailing and accounting for my methodological approach in this thesis. Though I want to discuss further the connections between research, the politics of validity, and social location, I would like to first speak to my understanding of methodology.

During an initial supervisorial meeting, Dr. Sheryl Nestel defined methodology simply as how we, as knowledge producers and researchers, "go about doing the work" (Nestel 2007). Her insights, and the above quotation by Kirby, Greaves and Reid, were

particularly helpful and gave me some indispensable clarity on what methodology means, why it is important, and how it can be used to organize data in relationship to theory. From the numerous interpretations of methodology I encountered in texts, conversations, and seminars, I have come to understand that methodology is, very broadly,

1. How and where researchers collect data,

2. The ways in which we analyze information, and,

3. The media used to articulate and share our findings, thoughts, or arguments (Kirby, Greaves and Reid 2006, 12, Kirby and McKenna 1989, 63, Harding 1987, 2, Sprague 2005, 5, Mason 2002, 27, Letherby 2003).

As alluded to earlier in this chapter, all of these aspects of methodology are extremely political. In the first edition of, *Experience Research and Social Change: Methods from the Margins* authors Sandra Kirby and Kate McKenna aptly note that,

> "Methodology, theory and ideology are intertwined. How you go about doing your research is inextricably linked with how you see the world… certain methods have been sanctioned by the status quo as the 'proper' means of producing knowledge that will be recognized as legitimate. Choosing a method for a piece of research is a political choice. When you choose a certain method you adopt a particular way of seeing and constructing the world which may prevent you from knowing it another way " (Kirby and McKenna 1989, 63).

Kirby and McKenna ask a similar set of questions to those posed by Linda Tuhiwai Smith on the ways in which knowing and the techniques we employ for the sake of knowledge acquisition are not neutral processes. Instead it is always already connected to dominant ways of understanding the world (Kirby and McKenna 1989, L. T. Smith 1999). Foregrounded in these texts on the political consequences of research practices, is a call for research to employ methods and frameworks which dovetail with on the ground movements for social justice. It is from this point on how research is intimately connected

to the privileging of particular types of knowledge, that I would like to return to a discussion I began earlier on who is constituted as a 'valid' knower.

From many different angles, intellectuals have convincingly critiqued positivist notions of 'objectivity' (Edwards and Ribbens 1998, 4, L. T. Smith 1999, 56, de Beauvoir 2007, 76, Sprague 2005, 32, Twine 2000, 23). Within dominant positivistic frameworks, knowledge is labeled 'valid', or 'authoritative' if it is produced by a distanced, neutral, objective observer. In contrast, knowledge is characterized as 'unreliable' or 'unprofessional' if its producer is labeled an overly attached (read emotional) biased subjective insider. bell hooks importantly notes that configurations of class, race, and gender work interdependently to influence which bodies are read as 'valid' 'expert' producers of power/knowledge (hooks 2003, 128). Referencing the book, *To Know as We Are Known: A Spirituality of Education* by Parker Palmer, hooks explores how white middle class men are more readily understood to be capable of ascertaining objective facts from mere biased opinions (hooks 2003, 128). While there is extensive work which very critically challenges these dominant assumptions, narrow perceptions of who is authorized to make certain knowledge claims continue to deeply impact and are often internalized by those of us whose knowledge is understood as experiential, subjective, and therefore invalid.

The internalization of tropes that position white, middle-class men as knowers and that continually validate a Eurocentric stance, has encouraged an overwhelming amount of anxiety for me throughout my experiences with formal education. Having had countless painful experiences of racism vehemently refuted by white people as not being 'about race' and, at times, by racialized people has consequences in how I go about making theoretical

arguments. I do not wish to make the linear claim that experiences of marginalization necessarily lead to a particular kind of confidence or modesty when it comes to knowledge production, but rather I want to entertain the question M. Jacqui Alexander poses about *how* emotion is made to count (Alexander 2005, 17). Since the same worries I have around whether my work is 'good enough' or of being 'found out as a fraud', are anxieties I have heard other women of color struggle with continually, I do not think this to be a coincidence.

A nuance that I want to address here is the many often-complicated ways that the experiences of marginalization traffic amidst those of privilege. So, my experiences of being called 'too sensitive' within political discussions are accompanied with a number of privileges, including, class, education, nondisabled, speaking English, and having an American/Canadian accent allows for me to more readily be understood as a researcher than those without these privileges. What I am hoping to address here is how this question of who 'fits' the role of expert or knower is further complicated by social categories including, but not limited to race, gender, age, education, language, geographical location, dis/ability, class location, and sexuality.

By no means am I suggesting that I and other racialized women should not be held accountable for how we have come to know ourselves and the world, rather what I am wanting to speak to here is the frequency with which we are expected to 'prove' that we and our experiences, our truths, our communities matter. Put differently, I am suggesting that the task of proving, accounting for, and ensuring the validity of knowledge is a task that is not evenly distributed and therefore influences how people go about doing

research, the outcomes associated with their scholarly contributions, and the barriers they may or may not experience during the knowledge process.

It is from this realization of the politics of methods and methodology which provoked me to utilize some of the rich mixed methods scholars have put into practice in the interdisciplinary fields of transnational and anti-racist feminist, and anti-colonial studies. In particular, a tool of social and political analysis that I use extensively in this thesis, and is often used in the aforementioned fields of study, is self-reflexivity (Naples 2003, 7, J. James 1993, 34, Collins 2000, 11, L. T. Smith 1999, 137). Critical reflexivity makes many invaluable contributions to scholarly work. It not only attempts to identify a researchers' social location and possible political stakes, but it also boldly declares that personal experiences matter. A perspective which is committed to embodied scholarship challenges objectivism by placing it within its particular historical context and counting personal narratives as a valid method of gathering data. However, it is also important to note here that experience is not "an unmediated guide to 'truth,'" but rather, as Joan Scott posits, "experience is at once always already an interpretation and is in need of interpretation" (Brah 1996, 116, Scott 1992, 37). The previous quote on the discontinuities of experience, urges us to take seriously the complexity, instead of preceding the use of, personal narrative as a methodological choice in this research project.

Since my thesis project does not comprise interviews with people who have directly or indirectly experienced the medical inspection process required of Canadian immigration policies, the experiences that I will share throughout this research are my own. Further along in this chapter, I will elaborate on these missing narratives as a significant limitation of my research project and possibly an opening for future inquiry. My

hope in sharing my experiences in researching and writing this thesis is to trace the ways

in which my social location has informed the type of questions I pursue in this thesis, how I

pursue them, while making a space for myself and the reader to ponder some of my

personal and political stakes. While I may not be successful in addressing all of these

mentioned goals by attempting to practice embodied scholarship, it is a methodological

approach which is in line with my larger political commitments of social justice,

community building, and accountability.

Another methodological framework that I draw on heavily in this project, is that of

contextualizing Canada's immigration policies within history, within geography, and

within historically informed power asymmetries. This method of placing events within

their particular contexts and tracing genealogies is practiced in several 'formal' and

'informal' areas of social inquiry (S. H. Razack 2005, 3, Mohanty 2003, 34). Though there is

much written which maps how power relations change over time and space, I will mostly

reference the work of Michel Foucault, in particular his genealogical approach, in thinking

about the discursive conditions from which bodies, nationalisms, and the present are

continually being (re)constituted. In the essay, "Nietzsche, Genealogy, History" Foucault

describes genealogy circuitously through an in depth exploration of what it is not

(Foucault 1984). Vehemently, Foucault states that genealogy is not a quest for 'origins' or

'truth', for, as he states, "Truth, and its original reign, has had a history" (Foucault 1984,

80). An examination of descent is not interested in going 'back in time' in order to recall a

linear continuous evolution of life nor is its primary concern one of utility. On the contrary,

> "... genealogy retrieves an indispensable restraint: it must record the singularity of events
> outside of any monotonous finality; it must seek them in the most unpromising places, in
> what we tend to feel is without history- in sentiments, love, conscience, instincts; it must be

sensitive to their recurrence, not in order to trace the gradual curve of their evolution, but to isolate the different scenes where they engaged in different roles." (Foucault 1984, 76)

As this quote suggests, utilizing genealogy as an approach facilitates the mapping out of complex workings of power and prompts investigations into some of the "histories of the present" (Mills 2003, 25, Dehli 2007).

It is through a study of descent and the significance history and power play in this inquiry, that Foucault offers an indispensable analytic tool for conceptualizing the body. Following the framework genealogy posits of historicizing "what we tend to feel is without history," Foucault discusses that a search for descent exposes the ways that "the body is the inscribed surface of events" (Foucault 1984, 83). Foucault's meditations on the uses of genealogy in exposing the body as "totally imprinted by history" and culturally specific has implications for various fields of study, specifically, those which engage in critical arguments about the social construction of identities (Butler 2007, Omi and Winant 1986, 64, Tremain 2005, 16, Foucault 1984, 83). This method of creating a genealogy of an event, is essential to my research in that it encourages me to substantiate my central claims and analysis of national subject formation, immigration policies within the interconnected contexts of history, space, colonialism, and economic globalization.

The last mode of interpretation that I will utilize in this thesis project includes presenting a case study and conducting documentary/textual analysis (Stake 2000, Yin 1994, Mason 2002). I want to take some time here to talk a bit about what precisely is a case study and documentary analysis and to note some of the ways scholars have summarized the uses of these methods for collecting and analyzing data. Jennifer Mason in the book, *Qualitative Researching*, makes some astute observations about the logic and rationale behind using document-based methods (Mason 2002, 106). Similar to the

previous discussion on self-reflexivity, Mason challenges the idea that documents are "straightforward 'factual records'" instead arguing that they are always socially constructed, contextual, and in need of interpretation (Mason 2002, 108). Though document sources are constructed, Mason also suggests that it is fair to "believe that they act as some form of expression or representation of relevant elements of the social world, or that we can trace or 'read' aspects of the social world through them" (Mason 2002, 106). This quote illustrates the significant amount of detail and reflection that researchers must take seriously when using textual sources as data. My hope is that the space this thesis dedicates to critical self-reflection, even sometimes for the most mundane theoretical decisions and dilemmas, addresses crucial questions of research, interpretation, and accountability, all of which will add to working through my initial research questions and offering room for future inquiry.

The case study research method also requires close attention to reflexivity and detail, often, in the hopes of detecting social and political patterns. In the book, *Case Study Research*, Robert K. Yin talks about case study as a research tool that can be used to analyze policy and contemporary events (Yin 1994, 1). To further elaborate, Yin notes that "A case study is an empirical inquiry that…investigates a contemporary phenomenon within its real-life context" (Yin 1994, 13). Drawing from a similar general definition of case studies, Robert E. Stake denotes a type of case study called "instrumental case study" (Stake 2000, 437). I find this particular utility of case studies extremely generative since it is, as Stake describes, interested in analyzing a single case in order to "provide insight into an issue or refinement of theory" (Stake 2000, 437). Put differently, engaging in an in

depth examination of a case allows for researchers to use the specifics found in the case to confirm or contradict broader political trends.

The two methods outlined above were strongly suggested by my thesis supervisor Dr. Sheryl Nestel, and I concur, as one of many ways I can firmly ground my theoretical arguments on the medicalization of immigration policies in particular historical events and documents. In particular, I will be summarizing and analyzing the case comment of the October 21st, 2005 Supreme Court of Canada's decided cases of *Hilewitz* v. *Minister of Citizenship and Immigration* and *de Jong* v. *Minister of Citizenship and Immigration* (Chadha 2005, Canada 2005). The particular version of the case comment that I will be using for this case study and documentary analysis was taken from the Canadian Legal Information Institute (CanLII) website (Canada 2005). By examining this particular case within the context of the immigration laws they refer to, I wish to critique arguments for and against the entry bar on qualified applicants who fall under the "investor" and "self-employed" classes and who have disabled children. Both of the positions espoused during this specific case will act as an entry point into some of the ongoing legal challenges and justifications that have circulated with regards to medical requirements for immigration and citizenship in Canada.

The cases of *Hilewitz* v. *Minister of Citizenship and Immigration* and *de Jong* v. *Minister of Citizenship and Immigration* work as an excellent source of empirical data for my thesis project for a number of reasons, including the accessibility of the case comment and the case's significance to processes of nation building in Canada. As mentioned briefly in the introduction of this thesis, the article "Supreme Court Victory for Immigrants with Disabilities" which provided a concise synopsis of the October 21st 2005 Supreme Court

decision was the first time I had heard about Canada's medicalized admission ban (Chadha 2005). While I did not initially think to look up this particular case directly until I started to design this research project, the case comment has been quite accessible and extremely invaluable. Accessible, in the sense that I have been able to read, print, and locate citation information of the case using online resources, such as CanLii. Also, the language used throughout the case comment was surprisingly intelligible and even gave additional accounts of some of the historical, social, legal, and economic reasoning behind the practice of denying entry into Canada based on medical assessments.

In addition, the case comment for the *Hilewitz* v. *Minister of Citizenship and Immigration* and *de Jong* v. *Minister of Citizenship and Immigration* decisions have been invaluable to the my thesis as it allows me to observe, what Teun van Dijk calls, "elite discourse" (van Dijk 1993). van Dijk describes his book, *Elite Discourse and Racism*, as an interrogation of,

> "...the role of the elites in the reproduction of contemporary ethnic and racial inequality. It shows how the political, media, educational, academic, and corporate elites contribute to this reproduction process by persuasively reformulating the dominant ethnic consensus on ethnic affairs. Through their influential text and talk, they manufacture the consent needed for the legitimation of their own power in general, and for their leadership in maintaining the dominance of the white group in particular."(van Dijk 1993, 8)

This quotation provides a very concise synopsis of the theoretical linkages van Dijk makes in *Elite Discourse and Racism* which seek to trace some of the distinctions and overlap between racism of elites and institutions of extreme privilege and exclusivity in relation to more everyday or popular manifestations of racism (van Dijk 1993, 9). This comment, similar to many of the claims van Dijk makes, advances an understanding of power that is top-down or imposed on rather than- what I feel is more generative- an analysis which utilizes Michel Foucault's ruminations on power describing it "as a network or web of

relations which circulates through society" (Mills 2003, 30, Foucault 1990, 141). Though I wished at times for a more nuanced analysis of unequal relations of power, van Dijk's work has been very useful in exploring how the legal arguments espoused in addition to the Supreme Court of Canada's decision in the *Hilewitz* v. *Minister of Citizenship and Immigration* and *de Jong* v. *Minister of Citizenship and Immigration* case work to further legitimate racialized, gendered, and classed immigration policies and, by extension, a white settler nation-state (S. H. Razack, When Place Becomes Race 2005, 1, van Dijk 1993, 8).

Primarily, the methods I will be using to support the major claims of this research project are critical self-reflection, a case study, documentary analysis, and an account of historical and contemporary social contexts. It is from this reiteration of my methodological approaches, that I would like now to shift to account for some of the limitations of this thesis. A very apparent limitation of this study is connected to the significant amendments the Conservative government made last year to the Immigration and Refugee Protection Act (IRPA) through the budget bill, Bill C-50 (No One Is Illegal 2008, Campion-Smith 2008). Due to the limited amount of research produced on the details and many complex implications of Bill C-50, I will only briefly suggest, in Chapter Four, possible impacts these changes have on the medicalization of immigration and citizenship in Canada.

As mentioned earlier in this chapter, another significant gap in this research project is the absence of multifaceted voices and stories of people who have been involved in or have experienced the required medical inspection. I have noticed that current literature on immigration and medical inspections tends to mainly focus on historicizing the legislation

often noting the many reasons why this immigration policy is discriminatory towards

disabled immigrants and refugees (Baynton 2006, Chadha 2005, Kiwanuka 1996, Malhotra

2008, Multi-Ethnic Association for the Intergration of Persons with Disabilities 2001,

Sandys 1998, Voyvodic 2001). While I feel this trend in scholarship has been extremely

useful in raising awareness of such inequitable practices, I am left with a number of

questions about people's, especially African immigrant women's, experiences of this

immigration practice. Questions such as, what type of anxieties come up for people prior

to, during, and after the medical exams? What kind of hopes, dreams, or relationships

depend on the results of a medical assessment? How do personal histories with biomedical

institutions shape this experience? Is the privileging of biomedical knowledge and

expertise experienced as a continuation of colonialism, heteropatriarchy, class and racial

hierarchies? Has this process of assessment been experienced as trauma or a re-

traumatization? What are some of the ways immigrants have resisted or found and

benefited from fissures within the medical aspect of the citizenship process? Finally, how

do the interdependent social categories of race, gender identity, class, sexuality, and

dis/ability imbue each applicant's encounters with this particular immigration policy? The

above questions, along with the contemporary changes in the landscape of the

immigration system are beyond the scope of this research project but offer up very

important possible areas for future inquiries.

Interlocking Foundations: Black Feminism(s) Meet Critical Disability Studies

The methodological approaches that I have outlined in the previous section of this

chapter are inextricably linked to the scholarly and activist frameworks to which I am

committed. Put differently, the type of research questions I ask and the way I go about

'doing the work'- making and substantiating theoretical claims- is very much informed by the type of intellectual discussions and social movements I engage in and to which I wish to contribute (Nestel 2007). I will note some of the interdisciplinary fields of inquiry, such as black and transnational feminism(s), anti-colonial studies, and disability studies, that greatly inform all aspects of my research project, while also addressing how I wish to utilize the invaluable analytic tools they offer. I want to draw attention to the fact that although in this chapter I will be speaking to the particular fields of study mentioned above, I recognize that due to their dedication to interdisciplinary scholarship many ideas or concepts are taken up in a number of different spaces of critical dialogue. It is precisely due to this piece of interdisciplinary study that discussions from queer studies, critical race, and the emerging field of trans or transgender studies are also very much present in this research project.

One of the most significant and ubiquitous contributions Black feminists have made to scholarly inquiry and social justice organizing is the concept of intersectionality (Collins 2000, A. Y. Davis 1983, Amos and Parmar 2001). While this concept manifests itself in several different analytical framings, such as "simultaneous oppressions," "triple oppression," "interlocking systems of oppression," overall it points to the specificity of marginalization (Carby 1982, Mirza 1997, 9, Neville and Harmer 2001, 458). By thinking of how black women have experienced and can experience racism, patriarchy, heterosexism, classism and further processes of marginalization all at once, black feminist thought has called attention to the necessity of socially locating ourselves and how these locations effect our experiences of oppression.

Intersectional theory speaks to the frustration that many black women have felt and continue to feel due to our experiences with, what some have called, an 'outsider-within' status that comes with having two or more 'othered' identity categories (Collins 2000, 11, Wane 2002, 37). Specifically, black feminists such as Hazel V. Carby, bell hooks, Patricia Hill Collins, Audre Lorde, and Angela Davis have written and spoken of how white, male, class, and heterosexual privilege make it especially difficult to have our particular experiences heard and taken seriously within efforts of community organizing and mobilization (Collins 2000, 11, Lorde 1984, A. Y. Davis 1983, Carby 1982, hooks 2000). In calling attention to such violent techniques of silencing and erasure while resisting processes of marginalization, black feminist theorizing has opened up many critical spaces and offered tools for black women to continue to make sense of our lives.

Simultaneously, intersectional theory has urged those who engage it to map privilege and power, especially as they manifest in the midst of oppression (hooks 2000, Lorde 1984, Silvera 1996, Carbado 2006). Audre Lorde in the book *Sister Outsider* very eloquently states, in reference to the work of Paulo Freire, "the true focus of revolutionary change is never merely the oppressive situations which we seek to escape, but that piece of the oppressor which is planted deep within each of us, and which knows only the oppressors' tactics, the oppressors' relationships" (Lorde 1984, 123). In other words, black feminist thinkers have urged us to be extremely self-reflexive, interrogate our investments in "interlocking systems of oppression," and connect our access to privilege directly to people's experiences of violence and marginalization.

An intersectional framework also offers ways of conceptualizing social categories of difference and systems of oppression as not only connected, but also, co-constituted. What

I am referring to here is the number of texts that have successfully argued that racial categories have been developed through, with, and from categories of sexuality, class, and gender and vice versa (S. B. Somerville 2000, Loomba 2005, hooks 1992). Similar to the various other contributions black feminist scholars have made, this lens of tracing how social categories are propped up by one another is one that continues to be used by theorists in a number of disciplines (D'Emilio 1997, Fung 1991, Stoler 1995, Stubblefield 2007, Glenn 1992).

The ways that black feminist scholars inform my work are countless so I will focus here on two main areas: critical self-reflection and social categories as co-constitutive. As mentioned earlier in this chapter, locating myself and sharing personal experiences is a thread that runs deeply throughout this research project. The practices that I utilize in my thesis, of including personal vignettes and engaging in critical self-reflection is very much accredited to and informed by my engagement with black feminism(s). Similarly, without having intersectional theory as a foundation it would be extremely challenging to attempt to address my central research questions around the co-dependencies of race, gender, dis/ability, and class with regards to processes of national subject formation. In short, black feminist theorists and activists have provided me with the language and lens through which I see the world and attempt to make sense of, what I perceive are, its problems.

Shortly after I was officially introduced to black feminism in 2003 I became aware of work being done in the areas of transnational feminism and anticolonial struggles. I became familiar with feminists such as Chandra Talpade Mohanty, Andrea Smith, M. Jacqui Alexander, Uma Narayan, Bonita Lawrence, Sunera Thobani, Ien Ang, Himani Bannerji, and

Julia Sudbury who charted new ground by posing questions of colonialism/neocolonialism, heteropatriarchy, racial hierarchies, immigration, criminalization, gendered violence, nationalisms, and identity politics, all the while taking into consideration our contemporary moment of economic globalization (Mohanty 2003, A. Smith 2005, Alexander 2000, Narayan 1997, Ang 1999, Sudbury 2005, Bannerji 2000, Lawrence 2003, Thobani 2007). In the influential essay, "Under Western Eyes' Revisited" Mohanty promotes a type of feminist practice which conceptualizes "the local in/of the global and vice versa" (Mohanty 2003, 229). By emphasizing that a contemporary phenomenon is "simultaneously local and global" transnational feminism urges us to account for histories of colonialism, present projects of (neo)colonialism and imperialism, and work in solidarity with feminist and anti-colonial struggles transnationally (Sudbury 2005, xii).

It is from the writing of feminists interested in mapping out globalized trajectories of racialization, gender, class, and sexuality that I began to engage with questions of the complex implications of national identity and state formation (Alexander 2000, Peterson 2000, Thobani 2007, Bannerji 2000). The trajectories these scholars chart, illustrate the many symbolic, legal, social, and economic significances of national subject formation within and across national borders, but also its significance in the ways people understand themselves as belonging or not belonging to, what Benedict Anderson has named, an 'imagined community' (Anderson 1991, 6). To be more specific, my theoretical claims rely heavily upon the work of M. Jacqui Alexander and Sunera Thobani and the contributions they have made in terms of conceptualizing the formation of nation-states in Trinidad and

Tobago and the Bahamas, and Canada, respectively, as inextricably linked to

heteropatriarchy, racial hierarchies, and colonialism (Alexander 2005, Thobani 2007).

Embedded within feminist analysis of state apparatuses and calls for scholarly and

solidarity work which acknowledges local specifics and global linkages, is the significance

of theories and practices for decolonization. Acutely commenting on the violence enacted

by processes of settler colonialism, neocolonialism, and imperialism, scholars and activists

have congruently imagined anti-colonial futures. Dovetailing their critiques of power

imbalances, feminists, along with other critical thinkers have suggested a number of

strategies to help bring about decolonization including, but by no means limited to,

education and researching back, promoting indigenous sovereignty, engaging in solidarity

and ally work, utilizing art as a tool for social change, considering spirituality as a crucial

dimension of the human condition, following in traditions of storytelling, acknowledging

the power of the erotic, dedicating resources to healing, building sustainable communities,

and creating alternate histories (Alexander and Mohanty 1997, xiii, Mohanty 2003, 242,

Lorde 1984, 53, LaDuke 2005, 15).

What I find extremely generative within the fields of transnational feminism and

anti-colonial studies are the ways theorists have offered incisive critiques of contemporary

manifestations of (neo)colonialism and imperialism. It is from these critiques and

explorations of nation-building, settler colonialism, and methods of decolonization, that I

am able to think through a similar set of thematics in my research. Specifically, I will evoke

discussions outlined above to grapple with how national narratives manifest within

Canadian immigration laws and practices and how 'medical inadmissibility' and dominant

legal critiques of this category further legitimize inequitable global migration patterns and Canada as settler colonial nation-state.

Grounded in disability rights movements, critical disability studies is an emerging theoretical and political framework which offers scholars, activists, and community members a space to critically investigate broad thematics of the body, the creation of difference from normalcy, and biomedical 'expertise' (Clare 2007, 413). One of the primary concerns of disability studies thus far has been to challenge the "medical model" or medicalization of disability, which constructs disability as an individual 'problem' with disabled peoples' bodies and/or minds that need to be cured, fixed, or managed by 'trained biomedical professionals' (Begum 1992, 71, Linton 1998, Oliver 1996, 32, Clare 1999, L. J. Davis 2006). What critical disability studies hopes to advance is a politics which investigates "how built and social environments disenable those with physical, sensory, or cognitive impairments and privilege those who are normatively constituted" (James and Wu 2006, 1). Inherent in an investigation of this sort is a very necessary critique of biomedical power/knowledge and ahistorical understandings of the body (L. J. Davis 2006).

By dehistorizicing and decontextualizing disability, dominant paradigms reproduce problematic representations of disability, such as the medical, supercrip, charity, and moral models (Clare 1999, 2, Clare 2007, 413). While disability scholar and activist Eli Clare provides a succinct description of each of these dominant representations, I will primarily focus in the larger research project on the medical and charity models. Having already briefly summarized the central aspects of a medical model of disability in the previous paragraph, I will move to discuss the charity model. The charity model is an

example of how medical discourses are taken up and work to construct disabled people as always already dependent and deserving of charity, segregation, pity, and/or confinement (Clare 1999, 8, Barnes and Mercer 2003, 9). Disability studies scholars have been astute in tracing how the charity model, which equates disability with need and dependence, genders disability as feminine (Kuppers 2003, 16). In contrast, compulsory able-bodiedness has been positioned as masculine, economically productive, independent, and worthy of emulation (McRuer 2002, 92, Kafer 2003, 77, Rich 1986)[1]. Through careful analysis of discourses and representations, critical disability scholars and activists have offered us ways to think of these framings as modes of power which have very real, material, and asymmetrical implications for the lives of disabled and nondisabled or, to use Eli Clare's term, "enabled" people (Clare 1999, 67, Kafer 2003, 80, McRuer 2002, 91, Thomas Garland 1997, 6).

The body of work produced by activists and scholars has collectively shaped and continues to reshape political movements transnationally which seek to end ableism in its many manifestations (Clare 2007, 414, Driedger 1993, 174, O'Toole 2004, 295). Similar to strategies of decolonization, strategies of resisting institutional and everyday forms of ableism are multi-faceted. In my readings I came across texts that discussed methods for social change varying from legal advocacy to arts-based activism, from the Independent Living Movement (ILM) in the US to strategies that identified economic globalization and (neo)colonialism as important foci for disability rights activism (Barnes and Mercer 2003,

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[1] The term "compulsory able-bodiedness" draws on Adrienne Rich's invaluable critique of "compulsory heterosexuality" with relation to "lesbian existence" see Rich, "Compulsory Heterosexuality and Lesbian Existence," *Blood, Bread, and Poetry: Selected Prose 1979-1985*, Norton, New York, 1986, 23.

116, Gorman 2007, 21, Erevelles 2006, 25) All of this to say, that the critical approach

disability studies offers is one that has a number of applications and implications.

In uncovering the social construction of disability, disability theorizing creates rich

possibilities to address how ways of conceptualizing the body and embodied difference are

socially constructed, determined by particular moments in history, and intimately

connected to unequal relations of power. A critical disability studies framework has very

much informed the questions that I pose within this thesis project. In particular, I will be

thinking through the theorizing that has been done around the medical and charity model

and the dominant narratives of disability and 'able-bodiedness' they help produce. While I

hope to further complicate the charity model by considering the racial, gendered, and

classed politics of pity, I want to attend to the (dis)appearances of these models in legal

discourses which address entry bans based on medical reasons. A critical disability studies

approach is extremely generative in also thinking about national subject formation,

economic productivity, and settler colonialism in Canada - thematics which I will explore

in Chapter Four.

Black feminisms, transnational feminisms, and anti-colonial and critical disability

studies all have very similar political projects of historicizing how difference is inscribed

onto bodies and mapping how these differences are inextricably linked to inequity.

However, while black feminisms, transnational feminisms, and anti-colonial studies are

engaged with one another – they are engaged to a lesser extent with disability studies. Yet

there is a small, growing, body of work that explores the codependencies of disability,

(neo)colonialism, racialization, gender identity, and class. Here I am speaking to the work

of Nasa Begum, Mia Mingus, Parin Dossa, Nirmala Erevelles, Chris Bell, Onyinyechukwu

Udegbe, Ayesha Vernon, Sharon Snyder and David Mitchell, and Mark Sherry (Begum 1992, Mingus 2008, Dossa 2005, Erevelles 2006, Bell 2006, Udegbe 2009, Vernon 1999, Snyder and Mitchell 2006, Sherry 2007). The authors, artists, and activists mentioned above have made very pivotal contributions which work to complicate accounts of oppressions and identity categories that treat these process as mutually exclusive, arguing instead that these theoretical gaps are not only inaccurate but, in fact, sites where we can witness operations of power (Bell 2005, 275, Sherry 2007, Vernon 1999).

The marginality of realities of colonialism, ableism, and racial hierarchies within these fields of inquiry does a great disservice to the reality that people of colour and indigenous peoples are overrepresented in disabled communities transnationally (O'Toole 2004, 294, Erevelles 2006, 25). As poignantly stated by Jennifer James and Cynthia Wu, the erasure of the co-dependencies of race and disability has the affect of "assuming able-bodiedness for people of color and erasing those who are disabled and nonwhite" (James & Wu 2006:2). This trend or erasure is one that I hope to disrupt through investigating immigration policies and colonial nation building projects in Canada. By tracing both historical and contemporary colonial eugenic projects in Canada, I will make the argument that immigration is an important site in which the nation is fashioned as productive and healthy by employing narratives of race, gender, class and dis/ability.

Chapter III:
"A Supreme Court Victory for Immigrants with Disabilities'?
Hilewitz and de Jong v. Canada and the Immigration and
Refugee Protection Act (IRPA)

"Courtrooms are places where stories become official accounts of who we are as Canadians. They are places where the work of symbolic reproduction goes on. If the courts say there is no racism, it becomes exceptionally difficult to fight racist practices." (S. Razack 1999, 282)

I begin this chapter with the above quote from Sherene Razack's article, "R.D.S. v. Her

Majesty The Queen: A Case About Home," as it addresses precisely what is at stake when

oppressive practices are affirmed and reproduced by a powerful legal framework.

Similarly, Nandita Sharma, in her book, *Home Economics: Nationalism and the Making of*

"Migrant Workers" in Canada, mentions how the parliamentary debates she analyzes "are

particularly instructive in examining the discursive efforts to continually reinforce a

Canadian identity and, therefore, a non-Canadian one" (Sharma 2006, 73). Put differently,

what happens within legal arenas in Canada, especially in elite spaces such as the Supreme

Court of Canada and the House of Commons, have very serious implications in deciding

what counts as equity and consequently, what are espoused as resolutions to inequity. The

influence of the courts is particularly relevant to a discussion of immigration, given their

power to decide/re-enforce Canadian identity and to disseminate these decisions to

ground-level practices.

It is from this understanding of the stakes and broader implications of legal

institutions, that I will analyze the case of *Hilewitz v. Canada (Minister of Citizenship and*

Immigration) and de Jong v. Canada (Minister of Citizenship and Immigration) in this

chapter. Both Hilewitz and de Jong appealed decisions made by Canadian visa officers,

later upheld by the Federal Court of Appeal, to deny them and their families admission

under the assumption that the cognitive disability of a dependent child "would cause or

might reasonably be expected to cause excessive demands on… social services" (Canada 2005, 3). It is important to note that Hilewitz and de Jong were qualified, respectively for the "investor" and "self-employed" classes, as defined by both the *1985 Immigration Act* and the most recent 2001 *Immigration and Refugee Protection Act* (IRPA). In addition, both applicants expressed in their applications, and subsequent appeals, a willingness and the economic resources to pay for any social services their disabled child may require. While I will spend more time providing an account of the case and the application processes of both Hilewitz and de Jong, I have introduced these application details here as they were a significant factor in the final allowance of their appeals.

To further contextualize this pivotal Supreme Court of Canada decision I will provide some historical accounts of the interdependencies of migration and medical assessments while tracing how Immigrant Medical Exams (IME) and excessive demand provisions were established and have been reconfigured over time. This synthesis of Canada's health-related admissibility criteria will set the stage for a brief overview of the significant arguments and decisions made within the Hilewitz and de Jong cases. Lastly, using an intersectional approach and relying heavily upon arguments from critical disability studies, I will analyze the cases and, by extension, immigration laws of medical inadmissibility. While, in this chapter, I hope to mainly focus on medical inadmissibility clauses within historical and current Canadian immigration legislation, I will be gesturing to a discussion to come, primarily in Chapter Four, around how these changes in the medicalization of Canada's borders fits within larger discussions of national subject formation, globalization, and (neo)colonial projects.

"Men of Good Muscle Who Are Willing to Hustle": A Genealogy of (Forced) Migration and Medical Assessment in Canada

> "Beginning with European colonization the medical assessment of migrants is one of the nation's oldest migration-related activities" (Gushulak and Williams 2004, 27)

> "How could one speak of profit, economy, labor, progress, suffragism, Christianity, the frontier, the formation of new states, the acquisition of new lands, education, transportation (freight and passengers), neighborhoods, the military- of almost anything a country concerns itself with- without having as a referent, at the heart of the discourse, at the heart of definition, the presence of Africans and their descendants?" (Morrison 1992, 50)

While Canada's first *Immigration Act*, which made distinctions between desirable and undesirable immigrants, was passed by Parliament in 1869, important histories of medical inadmissibility, that are too often forgotten, are that of white settler colonialism and the institution of slavery in Canada. Since I discuss at length some of the connections between biomedicine, colonialism, and nation-state formation in Chapter Four of this thesis, here I will primarily focus on the latter. The institution of slavery was legally and commonly practiced in both British and French Canada from 1628 to 1833 (Cooper 2006, 70, Winks 1997, 111). In the seminal text, *The Hanging of Angelique: The Untold Story of Canadian Slavery and the Burning of Old Montreal*, Afua Cooper astutely notes that "Canada might not have been a slave society-that is, a society whose economy was based on slavery-but it was a society with slaves" (Cooper 2006, 68). Though both First Nation peoples and people of African descent were forced into enslavement during this time period, slavery was eventually solely experienced by Africans (Cooper 2006, 84).

Using fiction as a medium, Lawrence Hill's novel, *The Book of Negroes*, evokes both the horror and the routinization of the medical inspections to which enslaved peoples in Canada were subject. Narrated by a young enslaved woman, Aminata Diallo, *The Book of Negroes* vividly describes the examinations performed by medical practitioners, both

during the Middle Passage and at auction blocks, to determine the health and, in turn, the

market value of enslaved Africans.

> "When they reached me in the line, the helper pinched my arms. He grabbed my cheeks roughly to force my mouth open. The orange-haired toubab stopped him, and stepped forward. He signaled for me to open my mouth, and reached inside with a hairy index finger. I gagged. He ran his hands along my neck and shoulders, touched my back and made me move my elbows and knees" (Hill 2007, 58)

Shortly after this passage, the reader discovers or confirms that the "orange-haired

toubab," Aminata describes, is a medical doctor performing bodily inspections with the

anticipation of future acts of sale.

Lawrence Hill is one of many writers and scholars who have explored the ways in

which enslaved peoples' bodies were assessed, managed, prepared, and marketed by

white slaveholders, traders, and medical practitioners (Washington 2006, 43, Fett 2002,

20, Johnson 1999, 131, Moore 2001, 2, McKittrick 2006, 66). In particular, categories of

"sound" and "unsound" were often employed within the context of racial slavery in North

America with medical practitioners being paid generously to inspect and label enslaved

people according to notions of productivity. Medical assessments of soundness had

different implications for enslaved women as their productivity was not only based on

their ability to do strenuous labor but also their ability to reproduce and to "bear new

generations of wealth" (Fett 2002, 27). Among the health conditions that rendered

enslaved African descendants unsound and therefore of lesser market value, were "black

diseases" such as "Dysthea Aethiopica and drapetomania," and old age, infertility, and

physical or cognitive disabilities (Covey 2007, 31, Washington 2006, 36, Mama 1995, 20)[2].

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[2] Samuel A. Cartwright 'discovered' drapetomania and Dysthea Aethiopica as ailments of the brain which only affected enslaved peoples. Drapetomania and Dysthea Aethiopica were characterized by a general lack

Although speaking primarily about slavery in the US, Sharla M. Fett importantly

notes,

> "The history of medical abuse is a grim but only partial account of the legacy of antebellum medical relations. Simply put, enslaved African Americans were not passive victims of medical malice, nor were they helpless dependents on white health care. Instead, communities in slavery nurtured a rich health culture, a constellation of ideas and practices related to well-being, illness, healing, and death, that worked to counter the onslaught of daily medical abuse and racist scientific theories" (Fett 2002, 2).

This is a significant contribution as it draws attention to how medicalized violence and

technologies of control were constantly being resisted by enslaved communities. In

addition to struggling against white biomedical knowledge, these communities cultivated

healing traditions which were deeply informed by and reflected their particular

cosmologies. It is from this discussion of Fett's astute critique of "white health care" along

with further historical accounts of the interdependencies of medicine and slavery, that I

would like to explore medicalized immigration practices in Canada

To be clear, I am not claiming that contemporary inadmissibility policies originated

or can be traced directly back to medical inspections during Canada's history of racial

slavery. There are a number of striking differences between the institution of slavery in

Canada and immigration exclusions based on particular 'medical conditions' including

differences in temporal, socio-political and economic contexts, racialized and gendered

relations of power, and resources available to enact change. Despite these differences,

what I hope to achieve by evoking this history is to suggest that Canada's 206 year

engagement and practice of racial slavery and its twin companion, biomedical

exploitability, directly and/or indirectly informs Canada's immigration legislation from its

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of enthusiasm for and tendency to run away from slavery and a "desire to destroy the property of white slave owners," respectively. See Mama, "Enslaving the Soul of the Other"; and Washington, *Medical Apartheid*.

inauguration in 1869 leading up to the 2001 Immigration and Refugee Protection Act

(IRPA) that is still in effect today.

It was thirty years after the abolition of slavery in 1833 by an Act of the Imperial

Parliament, that Canada, lead by Prime Minister John Macdonald, passed its first

immigration legislation, the *1869 Immigrant Act*. It was with amendments to the

Immigration Act in 1872 and 1879 that the act denied entry to white people who were

physically disabled or had been labeled "criminals," "paupers" or "destitute" (Knowles

1997, 49, Kelley and Trebilcock 1998, 63). Tellingly, immigration at this time was housed

under the Department of Agriculture as Canada was keenly invested in recruiting, as an

immigration officer put it, "men of good muscle who are willing to hustle" (Knowles 1997,

48).

Although this particular *Immigration Act* did not speak directly to racial

(un)desirability, immigration policies before the 1960's were overtly and implicitly

dedicated to keeping Canada white, albeit a particular kind of white (Thobani 2007, 75,

Arat-Koc 1999, 207). Not only did the federal government encourage white immigrants to

settle in Canada, it actively denied indigenous peoples' right to sovereignty and impeded

the naturalization of people from racialized communities (Blackwell, Smith and Sorenson

2003, 54, Thobani 2007, 83, Calliste 1993, 87). In 1885, Canada passed an overtly anti-

Chinese set of laws called the *Chinese Immigration Act*. With the knowledge that the

Canadian Pacific Railway was nearing completion, the act aimed to "eliminate job

competition" for white workers and deter further Chinese immigration by establishing a

stiff "head tax" of $50 on all Chinese males (Henry, et al. 2000, 78, Knowles 1997, 51).

Furthermore, as scholar Renisa Mawani, illustrates in her article "'The Island of the

Unclean': Race, Colonialism and 'Chinese Leprosy' in British Columbia, 1891-1924,"

racialized public health discourses along with immigration and deportation policies were

deployed to reproduce Canada as a white settler society (Mawani 2003, 3). The targeting

and containment of immigrants presumed to have leprosy and the *Chinese Immigration Act*

are two historical examples of the various technologies used by the Canadian government

to deny entry to immigrants of colour. These racist exclusions in immigration practices did

not go uncontested. In fact, migrant communities resisted such overtly discriminatory

immigration policies by using both legal and extra-legal avenues of mobilization in hopes

of bringing about social justice (Thobani 2007, 92).

Keeping in mind this prolonged desire and commitment to ensuring that Canada

remains, as Prime Minister Mackenzie King put it, a "White man's country," I would like to

return to the exclusion of immigrants labeled undesirable due to a "medical condition"

(Henry, et al. 2000, 77). Starting from the enduring fear that immigrants were burdening

Canada rather than contributing to its advancement, the *Immigration Acts* of 1906 and

1910 diverged from the previous act in three significant ways. First, these acts introduced

a tenet that pronounced the absolute right to deny and admit newcomers as pivotal

criteria of state sovereignty (Kelley and Trebilcock 1998, 113). This newly acquired right

made it possible for immigration regulations to be dealt with by executive branches of

government, resulting in more "formal procedures for determining admissibility and

deportation" (Kelley and Trebilcock 1998, 114). In addition, this notion of absolute

sovereignty reframed immigration to Canada as not a right but a privilege, which is to be

afforded only to those deserving (Somerville and Wilson 1998, 812).

Secondly, it was with the *Immigration Act of 1906* that deportation of "undesirable" immigrants was legally sanctioned (Knowles 1997, 83). As Renisa Mawani accurately presents, "deportation became a type of safety device, that was mobilized to rid the country of unfit foreigners who escaped detection at points of entry" (Mawani 2003, 12). Following the inauguration of this new clause, the number of deportations, especially the deportation of immigrants deemed 'unfit,' increased significantly. Between 1902 and 1906 over 67 percent of the approximately 125 deportations were as a result of medical reasons (Kelley and Trebilcock 1998, 157). The act of 1910 fueled the growing number of deportees not only by expanding the grounds for deportation but also by prolonging the time period within which immigrants could be deported from one year to three years (Kelley and Trebilcock 1998, 157). It has been reported that about one-half of people expelled during this "golden era of deportation," were done so on the ground of "insanity" or "feeblemindedness"(Menzies 1998, 138)

Thirdly, the 1906 and 1910 *Immigration Acts* differed from the previous act by expanding prohibited classes to exclude said "prostitutes and their procurers, anyone who was mentally retarded, epileptic, insane, or afflicted with a contagious disease, and any individual 'who was deaf and dumb or dumb, blind or infirm'" (Knowles 1997, 82, Wiebe 2009, 132). An important distinction that the act made was that it placed an absolute ban on white cognitively disabled immigrants and psychiatric survivors while those who were physically disabled were permitted to reside in Canada so long as they were accompanied by a nondisabled family member or had significant financial resources (Chimirova 2008, 35). It was decades later, in the *1952 Immigration Act*, that an absolute ban was extended to include physically disabled applicants as well as "homosexuals," who were included in

the broader category of "persons of constitutional psychopathic inferiority" (Green 1987, 150).

While I will speak to this more thoroughly in the next chapter, I want to draw attention to the fact that these immigration restrictions were established during a historical moment, in the early twentieth century, when eugenic and mental hygiene movements were gaining popularity and political weight in Canada (Dowbiggin 1995, 599). In particular, historians have provided a detailed account of the ways in which psychiatrists lobbied and advocated for stricter immigration restrictions and medical inspections to avoid "national/race degeneration" by keeping out the "insane" and "feeble-minded" (Dowbiggin 1995, 620, McLaren 1990, 46). This history demonstrates how immigration exclusions were intended not only to manage the number of 'burdensome' citizens, but also to pacify white anxieties of racial degeneracy and impurity.

The next significant set of changes to immigration admissibility in Canada came with the establishment of the Department of Manpower and Immigration in 1966 and, shortly after, the inauguration of the new "non-discriminatory" point system in 1967 (Knowles 1997, 156). Not incidentally, it was also in this post-war period that we witness a significant transition from a laissez-faire state-characterized by masculinity and social Darwinist principles of the market -to a highly feminized and "compassionate" welfare state[3] (Thobani 2007, 105, Sharma 2006, 84). These extremely racialized and gendered

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[3] In *Exalted Subjects: Studies in the Making of Race and Nation in Canada,* Sunera Thobani provides an excellent account of how the emergence of the welfare state in Canada appeased working-class and feminist movements while simultaneously reifying representations of poor and racialized communities (specifically immigrant women) as less "deserving" of social services. Thobani further convincingly and succinctly argues that "the welfare state increased the legitimacy of the state, stabilized the capitalist system, and weakened class solidarity among the proletariat" Sunera Thobani, *Exalted Subjects: Studies in the Making of Race and Nation in Canada,* University of Toronto Press, Toronto, 2007.

economic changes made it possible for Canada to present itself as a "caring," "liberal," and "multicultural" nation, all the while formalizing mechanisms to fulfill the growing demands of Canada's labour market through the reconsolidation of class inequities on a national and transnational scale (Thobani 2007, 97, Wiebe 2009, 132). The point system reconfigured Canada's highly racialized immigration policy and between 1981 and 1991 the percentage of white immigrants in Canada decreased from 90 per cent to 25 per cent (Thobani 2007, 97). It is also within this new era of "non-discriminatory" immigration practices that, in 1974, the Canadian government concedes to sustained gay rights activism and renounces its two decade long bar of "homosexuals" which was premised on the heterosexist assumption that white queer men had "immoral purposes" or were a threat to national security (Warner 2002, 27, Kinsman 2000, 143, Somerville and Wilson 1998, 808)[4].

However, it was the *1976 Immigration Act*, which has been named "the cornerstone of present-day immigration policy" that brought about salient revisions to medical inadmissibility laws (Knowles 1997, 169). Firstly, the act established three different classes, still used today, under which people could apply for permanent residency: humanitarian class ('refugees'), family class ('dependent child' or 'assisted relatives'), independent class ('skilled worker', self-employed, and from 1986 on, 'entrepreneur') (Kelley and Trebilcock 1998, 397, Knowles 1997, 169). It has been successfully argued that these immigrant classes, in particular the distinction between family and independent class immigrants, are deeply racialized, gendered, and sexualized. Before 2002, family was

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[4] During the period of the Cold War, in the 1950s and 1960s, gay men and lesbians were framed as "a distinct national security threat because of a purported character weakness that made them unreliable and vulnerable to blackmail from "evil" Soviet agents" see Gary Kinsman, "Constructing Gay Men and Lesbians as National Security Risks, 1950-70." In *Whose National Security? Canadian State Surveilance and the Creation of Enemies*, edited by Dieter K Buse. Between the Lines, Toronto, 2000,143.

narrowly defined as heterosexual and nuclear, excluding a number of queer applicants (Warner 2002, 244, Arat-Koc 1999, 210). Mobilizing discourses of heteropatriarchy, these categories simultaneously construct men, especially white men, as productive, self-reliant citizens in opposition to women, especially immigrant women of colour, who are more often labeled as "dependants" (Thobani 2007, 135, Arat-Koc 1999, 210). Not only was the family class believed to make no economic or labour contributions to the nation, the "class was also positioned as draining or overburdening social services" (Thobani 2007, 202). This framing is pivotal in attempting to understand the multiple interlocking relations of power that make provisions of medical inadmissibility possible.

Secondly, this particular act abandoned the list of excessively ableist prohibited categories and instead, in Section 19 (1) stated;

> No person shall be granted admission who is a member of any of the following classes:
>
> (a) persons who are suffering from any disease, disorder, disability or other health impairment as a result of the nature, severity or probable duration of which, in the opinion of a medical officer concurred in by at least one other medical officer,
>
> (i) they are likely to be a danger to public health or to public safety, or
>
> (ii) their admission would cause or might be reasonably be expected to cause excessive demands on health or social services (Chimirova 2008, 36, Voyvodic 2001, 132)

The *1976 Immigrant Acts* longer, more descriptive guidelines for medical inadmissibility provide a clearer understanding of how this type of regulation is made possible. The act evokes popular racist and ableist views of immigrants as vectors of disease which either 'threaten' or 'burden' public health and social services, as reason for the exclusion of immigrants who fall within the categories of undesirable, "unhealthy," and "counter-productive" immigrants (Folson 2008, 39).

I also want to draw attention to the use of the politically loaded phrase "suffering from" in section 19 (1) in the *1976 Immigration Act*. Disability studies scholar Simi Linton has written about the ways in which disabled people are too often described as "*being afflicted with"* or "*suffering from"* a particular "medical condition" (Linton 1998, 26). Linton rightly challenges this dominant framing as it problematically "implies that there is a perpetual state of suffering, uninterrupted by pleasurable moments of satisfactions" (Linton 1998, 26). What I want to flag here and return to later is how the language used in section 19 (1), and by extension, all of the various immigration medically inadmissible clauses, draw heavily upon medical and charity models of disability.

Starting in the mid-1980s, Canada was one of more than fifty countries that created new or put into operation previous border-control regulations to bar the entry of people living with HIV and/or AIDS (Patton 2002, x). While there has been some debate around whether HIV/AIDS 'counts' as a disability or if disabled peoples' movements and AIDS activism are in congruence, I want to draw on the growing body of scholarship that utilizes critical disability studies to conceptualize the many complicated implications of HIV and AIDS (Bell 2005, Wade 2007, Sontag 2006, Tataryn 2005). Since 1991, immigration policies in Canada have maintained that people living with HIV/AIDS are not a risk to public safety or health due to their HIV status (Canadian HIV/AIDS Legal Network 2009, 1). Similar to the ways broader disabled populations have been denied entry, people with HIV are excluded primarily through the "excessive demand" provision (Canadian HIV/AIDS Legal Network 2009, 1).

However, not all HIV positive applicants are equal nor are all applicants automatically labeled as a 'public charge.' For instance, while applicants were expected to

disclose their HIV status, before 2002, HIV antibody tests were only required for applicants who were "clinically indicated" by the designated medical practitioner (Klein 2001, 12). Although Citizenship and Immigration Canada declared that "country of origin, race, gender, and sexual orientation, by itself, is NOT a sufficient reason to warrant a screening test for HIV," the 'clinical' indicators were highly racialized, classed, and gendered (Klein 2001, 13). It has also been reported that physicians have ordered HIV tests when none of the appropriate indicators were present (Klein 2001, 13).

Additionally, under current immigration guidelines, HIV-positive applicants who are not taking antiretroviral medications and are in good health, as determined by testing their CD4 and viral load, should escape a classification of medically inadmissibility (Canadian HIV/AIDS Legal Network 2009, 5). Conversely, applicants seeking permanent residency who are taking antiretroviral medications, regardless of whether they are in "good health or not", are deemed to be a public charge (Canadian HIV/AIDS Legal Network 2009, 5, Smith & Hughes: Out/Law Online 2006, 1). When discussing this migration restriction it is important to keep in mind the ways in which poor, indigenous, black, and racialized communities, in particular poor women of colour, are overrepresented amongst people diagnosed with HIV and that the number of years it takes for HIV to progress into AIDS is also determined by a number of structural inequities (Rojas Durazo 2006, 186, Carovano 2006, 138, Baer, Singer and Susser 2003, 228, Farmer, Social Inequities and Emerging Infectious Diseases 1998).

As previously alluded to, Canada's most current act, the Immigration and Refugee Protection Act of 2001 (IRPA) has similar admissibility regulations except instead of

making a direct reference to disability, the act uses more equivocal terminology. Under

Section 38 of the IPRA medical inadmissibility is defined as follows:

> (1) A foreign national is inadmissible on health grounds if their health condition
>
> a. is likely to be a danger to public health;
>
> b. is likely to be a danger to public safety; or
>
> c. might reasonably be expected to cause excessive demand on health or social services(Chimirova 2008, 37)

The IRPA uses the broad phrase "health condition," forgoing the previous act's more

specific wording, "any disease, disorder, disability or other health impairment." Though

the IRPA does not name disability as grounds to deny applicants residency in Canada,

Section 38 continues to categorize disabled applicants as inadmissible.

Another ambiguity that is made clearer with the inception of the 2001 IRPA is

precisely how "excessive demand" is being defined and accessed by the Canadian

government. According to the IRPA Regulations, "excessive demand" is determined by

whether the applicant is predicted to "exceed *average* Canadian per capita health services

and social services costs over a period of five consecutive years" or "add to existing

waiting lists and would increase the rate of mortality and morbidity in Canada as a result

of the denial or delay in the provision of those services to Canadian citizens or permanent

residents [emphasis added]" (Canada, Department of Justice 2002). Utilizing data provided

by the Canadian Institute for Health Information, Citizenship and Immigration Canada

(CIC) has declared yearly costs in health and social services for an "average Canadian" to

be $5,143 effective from December 1, 2008 (Canadian HIV/AIDS Legal Network 2009, 2).

As Elmira Chimirova notes, this provision of "excessive demand" attempts to

mollify two national anxieties: economic self-preservation and advancement; and public

health and safety (Chimirova 2008, 62). Put differently, applicants who are categorized as excessively demanding are not only discursively constructed as "too costly" but their potential citizenship is framed as endangering the health of Canadians. This is an important nuance, as it challenges the idea that exclusions of immigrants on the grounds of "excessive demand" is purely a straight-forward matter of economics, and simultaneously alludes to a set of colonialist anxieties. I would like to suggest that by defining exclusions due to "excessive demand" as both an economic burden and a public health risk, this technology of exclusion is inextricably linked to historically informed, racialized, gendered, sexualized, and colonialist fears of chaotic and unregulated immigration by 'unclean, immoral, ailing foreigners' (Mawani 2003, 7)

The administering of a mandatory Immigrant Medical Exam (IME) in order to ascertain if prospective immigrants are sufficiently 'healthy' and 'productive' for permanent resident-status, is exemplary of how Canada's borders are highly medicalized. It has been recorded in 2007, that the required IME diagnoses approximately 2,000 immigrants as inadmissible each year (Gushulak and Williams 2004, 28, Wiebe 2009, 135). What, unfortunately, has not been further recorded are the specifics behind this numerical approximation. For instance, some of the questions that this statistic does not address are: Has this number of inadmissible applicants changed over time? If so, how have these numbers changed from year to year? Is there empirical data on what type of "health conditions" have been denied entry? What are some of the medical, geographical, economic, racial, class-based, gender, and more social patterns of medical inadmissibilities? Is there a way of determining the number of prospective applicants that have been discouraged in filing an application due to their awareness of medical screening

immigration processes? I pose these questions as I feel they would help clarify precisely (a) which bodies and groups of people have been deemed "undesirable" by Canada's medicalized immigration practices and (b) at which politically and economically significant moments in history has this happened.

While there are a number of aspects of the IME that remain quite elusive, there are some texts which demystify how this procedure came to be and how it is conducted today. It was between the Immigration Act of 1910 and 1952 that Canada introduced some significant changes to how and where immigrant medical exams (IME) were conducted. In her essay, "The Women Ontario Welcomed: Immigrant Domestics for Ontario Homes, 1870-1930," Marilyn Barber does a detailed investigation of changes in immigration practices in the 1920's which shape how Canada conducts IME's today (Barber 1980). What Barber finds is that prior to the early 1920's, medical inspections of immigrants were done only after they had arrived on Canadian shores. IME's started to become a international procedure though a set of medically-based requirements established by the Women's Division of the Immigration Department, a division which was run mostly by white women, in hopes of recruiting white (preferably British) domestic workers. Significantly, medical examinations were only required for "unaccompanied" white women, who were perceived to be "moral deviants" by virtue of their marital status and were to be done in Britain, before the journey to Canada (Barber 1980, 160). This history of IME is extremely telling, as it gestures to what Mariana Valverde, describes as the ways in which immigration policies in Canada have been greatly shaped by discourses of sexual morality (a thematic that I will discuss further in Chapter Four) (Valverde 2008, 104). I would like build on Valverde's analysis by noting that in addition to drawing on a

discourse of respectability, this policy was contingent upon a deployment and reification of heteropatriarchy. It was by the late 1920s that overseas IME's were not only required for "unaccompanied" women but for all immigrants, ushering in Canada's contemporary medical screening procedures.

By 2007, globally, there were a recorded 1,200 government-selected Designated Medical Practitioners (DMP) (Wiebe 2009, 135). A DMP is a physician who has been appointed by the Department of Citizenship and Immigration Canada (CIC) to conduct the IME either overseas or within Canada, a required component for gaining permanent residency in Canada. During an exam, the DMP documents the applicant's medical history as well as the results of physical, mental, and age appropriate tests (including syphilis and HIV antibody testing for applicants fifteen years of age and over) (Wiebe 2009, 135, Citizenship and Immigration Canada 2003). All the results from these medical inspections are forwarded to one of nine CIC medical offices overseas or to a national medical office in Ottawa. From here a medical officer reviews the DMP's documentation and offers an Immigration Medical Assessment (IMA), which expresses their opinion as to whether the applicant is medically admissible. Ultimately, the decision of admissibility on the basis of health is made by a visa officer, who considers the results of the IMA and IME in relation to their interpretation of immigration legislation (Wiebe 2009, 135).

The IME's primary aim is to medically screen out prospective immigrants who have health conditions such as active TB, "certain cancers, potential multi-organ failure, end stage disease, and serious incapacity requiring extensive nursing care" (Gushulak and Williams 2004, 28, Wiebe 2009, 136). It is important to note that current screening procedures that assist in determining "excessive demand," have heavily targeted

prospective cognitively disabled citizens, HIV positive applicants, and applicants who have had psychiatric institutions come in conflict with them (Mosoff 1999, 155). This is evidenced by the litany of conditions listed in the medical report form used for applicants who are not exempt from non-excessive demand provision, located in the Designated Medical Practitioner Handbook (Citizenship and Immigration Canada 2003). Based on the medical examination, this form requires DMPs to categorize their observations as, one or more of the following four classifications; unremarkable or minor conditions; requiring periodic specialist follow-up care; may require more extensive investigation or care; or other conditions/disorders (Citizenship and Immigration Canada 2003). Under the category, "may require more extensive investigation or care" I found quite a thorough inventory of examples of specific medical conditions. Some of the cited examples were; Parkinsonism; multiple sclerosis; "mental retardation; developmental delay requiring special education/training; renal insufficiency; diabetic nephropathy; psychiatric disorders...; [and] symptomatic heart disease" (Citizenship and Immigration Canada 2003). Though these examples do not automatically dictate whether an applicant is or is not admissible (as mentioned earlier, the final decision is up to a visa officer), this inventory of diagnostics does however highlight the type of conditions medical and visa officers deem worthy of their attention.

It was difficult not to notice the striking resemblance this list, intended for a DMP and not for more public dissemination, had with previous configurations of medical inadmissible clauses of Canadian immigration law. This (dis)appearance of disability and a cataloguing of 'suspicious' health conditions speaks to the relationship between the politics of discourse (altering terms and categories) and politics of practice (the everyday

decisions made by immigration officers and institutionalized processes of accessing prospective immigrants). Although the IRPA does not contain an outright exclusion of disabled immigrants due to medical inadmissibility, disabled immigrants are especially targeted by this policy. Considering the unmistakable similarities, implications, and past immigration practices from which section 38 of the IRPA descended, it is fair to suggest, as Elmira Chimirova indeed does, it acts as a more sanitized version of previous practices which disqualified disabled immigrants due to "excessive demand" (Chimirova 2008, 50).

A significant fissure in this historical account of Canada's immigration policies from 1869 to the present, is the role immigrant rights activism has played in changing "medical inadmissibility" clauses. Unfortunately, I did not find resources which highlight the public education campaigns, lobbies, demonstrations, and/or public actions that have been waged in the hopes of enacting both immediate and structural change. Such rich histories of the ways in which disabled and immigrant communities have mobilized would bring to life the implications of these laws and pieces of legislation, while offering us strategies to challenge reformulations of sustained political and economic interests.

With these gaps in mind, I wish to use this genealogy of historical and contemporary immigration trends with regards to medicalized admission in Canada to discuss the case of Hilewitz and de Jong v. Canada.

Private 'Problems', Private 'Solutions': Limitations of the Hilewitz and de Jong v. Canada Decision

As previously mentioned, David Hilewitz, a "South African businessman", and Dirk de Jong, "a dairy farmer from the Netherlands," both applied for permanent residence for themselves and their families, under the "investor" and "self-employed" classes,

respectively (Canada 2005, 3). The investor category is reserved for applicants who have a net worth of at least $800,000 and pledge to make "a significant financial investment in Canada" (Canada 2005, 13). Equivalently, the "self-employed" category facilitates the entry of applicants who demonstrate that they can establish a business, ensuring a job for themselves and contributing to Canada's economy (Canada 2005, 19).

Both de Jong and Hilewitz, who were otherwise qualified, had their applications refused on the account of the CIC visa and medical officers' decisions that their children, Gavin Hilewitz and Dirkje de Jong, who are cognitively disabled, "would cause or might reasonably be expected to cause excessive demands on ...social services" in keeping with section 19(1)(a)(ii) of the 1985 Immigration Act (Chadha 2005, 1, Canada 2005, 3). From the IME, it was presumed by the CIC visa officers that Hilewitz's son and de Jong's daughter, would likely require social services including "special education, vocational training, and respite care" all of which would exceed the social service costs of an "average Canadian." In anticipation of medical inadmissibility, both applicants expressed a commitment and the capacity to pay for any social services their children may need by enrolling them in private institutions (Chimirova 2008, 67). Despite de Jong and Hilewitz's intention of circumventing publicly-funded social services for their children, their applications were refused eventually leading them to appeal to the Federal Court of Appeal and lastly, to the Supreme Court of Canada.

In a 7 to 2 decision, the majority of the Supreme Court, spoken for by Justice Abella, argued against a "cookie-cutter" methodological approach to medical inadmissibility and instead arguing for "individualized assessments" (Canada 2005, 4). To support an argument for individualized assessment, Justice Abella highlighted more recent shifts in

immigration legislation from an approach of absolute or categorical exclusions to one which made an assessment based on the applicant's "resources, time, personal and financial supports, as well as community supports" (Chadha 2005, 3). It was argued that taking financial and personal circumstances into consideration when assessing "excessive demand on social services" is not unprecedented since medical officers have to evaluate and compare "non-medical" factors along with medical ones to determine medical inadmissibility (Canada 2005, 4). Additionally, Justice Abella made the claim that it would be an indisputable contradiction to ignore the applicant's financial assets in determining their admissibility, when it is, in fact, these assets that make them eligible for permanent residence in the first place. It is important to note, however, that the ruling in favour of Hilewitz and de Jong allowed "individualized assessment" only in reference to an applicant's use of social services. This meant the court's decision did not apply to the disqualification of immigrants on the basis of their "over-use" of *health services.*

In contrast, the dissenting minority, represented by Justice Deschamps, held that medical officers should focus solely on "objective factors" as it would be unfair to require medical officers to make assessments that draw on "subjective" knowledge outside of their "area of expertise" (Canada 2005, 7). Furthermore, Justice Deschamps stated that while applicants may have the ability to and intention of paying for social services, there is no way of ensuring that this promise will be upheld once they gain permanent residence in Canada. Despite Justice Deschamps' reasoning, on October 21st 2005 the Court found that immigration officers erred by not accounting for the families' financial resources when assessing excessive demands on social services. This shift towards conducting "individual assessments," with regards to social services was initially believed to only apply for

business class applicants, but was later broadened to all categories of immigrants in 2008 (Citizenship and Immigration Canada 2008).

I lean my analysis of the ruling heavily on a statement from the case comment - a statement which I found accurately summarized the reasons for the decision in favour of Hilewitz and de Jong:

> "Accordingly, H [Hilewitz] and J's [de Jong] ability and willingness to *attenuate the burden* on *the public purse* that would otherwise be created by their intellectually disabled children are relevant factors in determining whether those children would reasonably be expected to cause excessive demands on Canada's social services. Given their *financial resources*, H and J would likely be required to contribute substantially, if not entirely, to any costs for social services…[emphasis added]" (Canada 2005, 7)

What I find this quote reveals is the ways in which a call for "individualized assessment" attempts to disappear a reappraisal of the applicants access to capital and dedication to economically contributing to, rather than 'burdening, the public purse'. This is a point that I will return to as it initiates a discussion of some of the ways in which the Canadian government has in the past and continues to negotiate two contradictory yet interdependent neocolonial projects: one, the advancement of capitalism and globalization and two, cataloguing and deciding who should and can belong to the nation state.

In "Supreme Court Victory for Immigrants with Disabilities" (the paper which provided the impetus for this thesis), author Ena Chadha suggests that the Hilewitz and de Jong case advances projects of equity for disabled immigrants (Chadha 2005, 1). This article dovetails with the quote by Sherene Razack with which I began this chapter, as it talks about what the stakes are in relation to the Hilewitz and de Jong case and in turn imagines some of the numerous implications this event provokes. While I agree with the fact that this landmark ruling opens up a different entry point from which people can challenge ableist immigration practices, I would like to talk, primarily, about how this

Supreme Court decision reconfigures the racialized, gendered, capitalist, and medicalized

terrain of immigrant (un)desirability in Canada.

Let me start by simply stating that this ruling affects disabled people and/or people

categorized as "medically inadmissible" differently. Not all prospective immigrants who

would fall under the category "medically inadmissible" benefit from this decision as there

are a number of racial, gender identity-based, classed, and sexualized barriers in place that

restrict their access to applying and being qualified for permanent residence in Canada

(Arat-Koc 1999, Abu-Laban and Gabriel 2002, 97, Solomon 2005). Add to this reality, the

necessity of having the "ability and willingness" to pay for or secure comparable social

services, which are usually provided for free to all citizens, makes this avenue of gaining

admission one designed solely for applicants with a significant amount of class privilege.

This is to say that it is not a coincidence that such a significant change to medical-based

exclusions came as a result of the costly and timely appeals launched by two upper- or

upper-middle-class nondisabled applicants under the masculinized category of business

class. While I have found no reference to how David Hilewitz and Dirk de Jong are

racialized other than them being respectively, a "South African businessman" and "a dairy

farmer from the Netherlands," the absence of discussions of race and their names in

relation to the geographical locations from which they are emigrating all lead me to

presume (perhaps unfairly) that they are white. These specifics of race, class, gender and

dis/ability are important as they gesture to both de Jong and Hilewitz's unique proximity

to the category of desirable immigrant, a proximity that is not equally afforded to all

disabled and/or applicants deemed unhealthy and therefore "burdensome".

Another way that the shifts in excessive demand regulations prompted by the case affects immigrants differently, spans from the seemingly clear distinction the majority of the Court makes between social and health services. Tim Franklin wrote an article "HIV/AIDS in the Courts-Canada" summarizing the Hilewitz and de Jong case while addressing what this case could potentially mean for people living with HIV/AIDS who wish to apply for permanent residence status in Canada (Franklin 2006). What Franklin discovered is that since the decision on individualized assessment was specific to social services and not Canada's health care services, its "application to the circumstances of people living with HIV/AIDS may be limited" (Franklin 2006, 38). Essentially, applicants who are expected to "excessively" require or access public health services are not afforded the room or recourse to demonstrate their "ability and willingness to attenuate the burden on the public purse." To me this seems like a departure, albeit not completely, from historical immigration trends which were more keenly invested in ensuring the barring of cognitively disabled immigrants.

While I found no legal discussion of why the decision for "individualized assessment" is only with regards to social services, it has been suggested, and I also suspect, that some of the reasons why the case only addresses social services and not also health services is that the former would more evidently be incongruous with Canada's universal health care system (Rosenberg 2008, Chimirova 2008, 71). Not only would such a two-tiered health care practice be legally contentious, it would directly affront one of the ways Canada distinguishes itself from the United States of America while imagining itself as the more benevolent, humane, and liberal country to the North (Boychuk 2008, 141, Thobani 2007, 34). While it is beyond the scope of this thesis, I wonder how accurate is a

distinction between social and health services, especially when considering respite care, which is positioned within the case as a social service. What are the ways in which these different services overlap and draw on each others' knowledge base? If social and health services are understood as separate and distinct entities how is health care being defined in Canada? What is missing from this definition? From which lineages does this definition of health care descend? Which communities are privileged or further marginalized by the understanding of health and healing available through Canadian public health insurance?

The last question leads to another limitation of the Supreme Court decision, which is the ways in which the case reinscribes the privileging of "healthy," "economically productive," and/or nondisabled bodies while simultaneously (re)producing dominant representations of disability. Chimirova discusses how beliefs espoused in the IRPA that frame disabled immigrants as a drain on public resources "assumes that people without disabilities are the norm, and that a society which is socially, economically and physically constructed for persons without disabilities is an appropriate framework for assessing costs" (Chimirova 2008, 54).

The evocation of the "average Canadian" in the regulations for assessing excessive demand, is one of several examples of how, to use Robert McRuer's term, regimes of "compulsory able-bodiedness" are maintained (McRuer 2002, Kafer 2003, Rich 1986). Considering the ubiquity and dominance of particular social categories, who is presumed to fit within the group "average Canadian" is not only a "healthy" and therefore economically productive, nondisabled citizen, but the average Canadian is also imagined as straight, non-trans male, Anglo Saxon, Christian, English-speaking, usually middle-aged, middle class, not within spaces of confinement, and with citizenship status. While I am not

arguing that these regulations should compare applicants to Canadians who match their

identity composite, I make this point to note how calculations of excessive demand are

inextricably linked to operations of power which privilege certain bodies by assuming

them to be the only bodies that can fully count as citizens.

The deployment of "expert" medical knowledge to discern whether or not

immigrants reflect the characteristics and costs of the "average Canadian" leads to a

discussion of the next limitation of the Supreme Court decision, its reiteration of medical

and charity models of disability. As mentioned in Chapter Two, disability studies theorists

and activists have detailed the ways in which disability is often medicalized. Within

dominant frameworks, disability is understood to be an individual "problem" or

"deficiency" to be overcome, fixed, cured or managed through perseverance and an

unyielding trust in objective 'biomedical knowledge' (Clare 2007, 413). By framing

disability as a "personal tragedy," the medical model preserves structures and institutions

that privilege nondisabled people while further marginalizing disabled people. Rather than

challenging the medicalization of disability, the Hilewitz and de Jong ruling reifies it by

simply allowing applicants to purchase proof of their families' economic productivity to

overcome any 'burden' disability might cause. Some of what, unfortunately, remains intact

preceding this court ruling are: the continued legitimacy of historically constituted ableist

immigration policies; the narrow parameters from which work, productivity, and worth as

a citizen is defined; the interlocking barriers disabled people, especially disabled women

of colour, face when attempting to secure gainful employment; the operation of biomedical

power/knowledge as one of many technologies of national border regulation; the erasure

of violent techniques of excluding and managing disabled communities; and the limited

claims to citizenship, within the context of colonialism, that disabled permanent residents are authorized to make.

I want to return to an ableist belief that the de Jong and Hilewitz decision not only leaves intact but reproduces, that is the notion that disabled immigrants and/or immigrants defined as inadmissible because of a "health condition" are always and already a burden and dependent on the "public purse". This conceptualization of immigrants as burdensome is not exclusive to disabled applicants, but rather there is a long history of anti-immigrant sentiments in Canada (Folson 2008, 39). However, the positioning of disability as synonymous with need, pity, and dependence, what has been named the charity model, props up these colonial anti-immigration attitudes (Clare 1999, 8, Barnes and Mercer 2003, 9). It is important to note that one of the many implications of a charity model of disability, scholars have argued, is that disability becomes gendered as feminine (Kuppers 2003, 16).

Feminist theorizing also offers important tools to critique what Anannya Bhattacharjee has named, the "public/private mirage," a set of discourses that are salient in the Hilewitz and de Jong ruling and subsequent changes to IRPA protocol (Bhattacharjee 1997). Applicants who, prior to the ruling, would have been deemed medically inadmissible due to the 'burden' a family member was expected to place on social services, are now allowed entry into Canada so long as they can promise to arrange 'private solutions' for a personal (read: private) 'problem'. What the individualized assessment is primarily interested in ascertaining is how applicants will replace publicly-funded social services with "purchased private-sector social services" and/or family and community support (including home schooling) (Citizenship and Immigration Canada 2008, 2).

Critiquing Western liberal feminism(s), feminists of colour have very convincingly argued that such distinctions between the public and the private are an invention of liberalism (Puar 2007, 124, Bhattacharjee 1997, 308). Not only is the split between private and public spheres inaccurate, it works to conceal the ways in which nation-states concern themselves with and monitor various aspects of our, presumed personal 'private lives.' Scholars like Anannya Bhattacharjee and Jasbir Puar have argued that there is a higher degree of permeability between the public and the private "for immigrant women, especially for those who are undocumented and for whom the state is inescapable even in the private, the presence of which most often transpires as state racism" (Puar 2007, 124). It is from this last point that Puar accurately states that access to privacy is, in fact, a form of privilege (Puar 2007, 124).

These critiques of the public/private divide are extremely generative in thinking about mandatory Immigrant Medical Exams (IME). In particular, I am curious about how medical information that is considered private through discourses of doctor-patient confidentiality for citizens of Canada undergo a high level of surveillance, categorization, and assessment by the state for people applying for permanent residence. What are the ways in which the practice of doctor-patient confidentiality, is in fact, a privilege? A privilege which is not equally afforded to everyone, especially not to those presumed to be strangers or threats to the nation. For instance, how does exploring the surveillance of HIV antibody testing illustrate the myth of medical privacy and the reality of medicalized regulatory state practices? Lastly, what forms of state violence are rendered invisible through such narratives of medical privacy and confidentiality?

Productive Enough for the Nation?: Individualized Assessments, Capitalism, and Ascendancies

"There is an evident relationship among monogamous heterosexuality (organic representation of sexuality) nationhood and citizenship. Although presumably universal and falling on *every* body, we have seen that it is not just *every* and *any* body, for some bodies are not productive enough for the nation" (Alexander 2000, 373).

"The interweaving of ideologies of racial difference with liberal conceptions of citizenship entered a new phase after World War II, when debates about who belonged came to be framed in business-economic terms of balancing the provision of security against the productivity of citizens. Economistic calculation, statistics, and categorization based on time expenditure and self-discipline gave rise to the assessment of citizens as human capital, weighing those who could pull themselves up by the bootstraps against those who were economically dependent" (Ong 2003, 12).

The cordoning off of applicants into fictive classist 'private social spaces' through the recent changes in IRPA regulations reinforces asymmetrical power relations by deploying medical- and charity-based discourses of disability in relation to the public and the private. The Hilewitz and de Jong v. Canada case also speaks volumes about how Canada is collectively imagined. This is a national portrayal that is infused with histories of migration and medicalized, racialized, gendered, sexualized practices of exclusion in Canada. The many reconfigurations of immigration policies, including recent changes necessitated by the October 21st 2005 Supreme Court decision, reflect a growing sense of anxiety around the unprecedented movement and interdependence of people, capital, and resources on a global scale. It is precisely at this time that border control and the sophistication of "technologies of government," which Aihwa Ong describes as "the policies, programs, codes, and practices… that attempt to instill in citizen-subjects particular values" become increasingly important (Ong 2003, 6).

A "technology of government" that we can understand to be at work in the Hilewitz and de Jong ruling and the subsequent changes to immigration policies in Canada, is, what Rey Chow has sited as, "the ascendancy of whiteness" (Puar 2007, 24, Chow 2002, 3). In

particular, I have found the way Jasbir Puar has put into conversation Chow's concept with the work of Susan Koshy in her book, *Terrorist Assemblages: Homonationalism in Queer Times*, extremely generative (Koshy 2001). What Puar aptly argues is that homonormative subjects, queers who access the privileges of whiteness, class, and often masculinity, are increasingly being incorporated into national projects which further consolidate white heterosexualized hegemony (Puar 2007, 25, Mendoza 2009, 129). This shift in social location is contextualized by noting the ways in which straight and often male racialized populations have also been folded "into life" through discourses of liberal multiculturalism (Puar 2007, 27). Puar maintains that this national belonging, although never fully realized, is mediated by access to material and cultural capital. Through the privilege of "market virility," previously excluded populations are promised a go at the American Dream and in turn "the nation-state maintains its homophobic and xenophobic stances while capitalizing on its untarnished image of inclusion, diversity, and tolerance" (Puar 2007, 26).

Returning to a guiding theoretical concept, Puar closes this discussion by clarifying,

> "the ascendancy of whiteness... is not strictly delimited to white subjects, though it is bound to multiculturalism as defined and deployed by whiteness. The ethnic aids the project of whiteness through his or her participation in global economic privileges that then fraction him or her away from racial alliances that would call for cross-class affinities even as the project of multiculturalism might make him or her seem truly and authentically representative of his or her ethnicity. Neither is the ascendancy of whiteness strictly bound to heterosexuality, though it is bound to heteronormativity. That is to say, we can indeed mark a specific historical shift: the project of whiteness is assisted and benefited by homosexual populations that participate in the same identitarian and economic hegemonies as those hetero subjects complicit with this ascendancy. The homonormative aids the project of heteronormativity through the fractioning away of queer alliances in favor of adherence to the reproduction of class, gender, and racial norms." (Puar 2007, 32)

I want to conclude this chapter by putting into conversation the intellectual offerings of Puar's work with anti-colonial scholars' critiques of settler colonialism and lastly the recent changes in immigration policy as a result of the Hilewitz and de Jong case. Through

an account of historical shifts in immigration policy, this chapter has mapped several interconnected terrains of ascendancies. Similar to Puar's discussion, since the ascendancy of whiteness "is not strictly delimited to white subjects" there have been gradual shifts in immigration restrictions to incorporate elite racialized bodies and populations into the "fold of life" with the interest of capitalism and the hopes of re-fashioning the nation as "multicultural," "progressive," and "good". I would like to add to this account by mentioning that "the ascendancy of whiteness" in Canada is always already predicated upon settler colonialism (Lawrence and Dua 2005, 123). The incorporation of different populations of people who were previously denied entry or "measures of [state] benevolence" is contingent on their complicity and investment in both local and global projects of colonialism and imperialism (Puar 2007, 32).

That being said, there is a critical space of questioning, with regards to changes in immigration regulations, that Puar's and Chow's work facilitates. Particularly the questions that come up for me are: Can we understand the October 21st 2005 Supreme Court ruling to consider the "market virility" of applicants, who would have otherwise been assumed not "fit" enough for capitalism and therefore citizenship, a new process of folding elite disabled and other highly medicalized populations into life? Is it premature to think of the recent changes as a process of "fractioning away" as Puar discusses? How are cross class alliances jeopardized? What are the mutually constitutive class, gender, sexual, and racial norms that this "Supreme Court victory" is dependant upon and reproduces? And which populations are further marginalized? Lastly, what kinds of national narratives are made possible through this ruling? Using this pivotal case and the number of questions it provokes as a foundation, in the next chapter I will offer my impressions on some of the

linkages between broader themes of national identity, colonialism, and biomedical

technologies of government.

Chapter IV:
"A Clinic For the World": Eugenics, Colonialism, and (Bio)Nationalism in Canada

In 1991, Employment and Immigration Canada (EIC) published a discussion paper titled "Medical Inadmissibility Review". The main objective of the discussion paper was to facilitate a series of conversations on the legal and procedural aspects of medical inadmissibility provisions of the *Immigration Act* while also ensuring that these provisions are in keeping with the Canadian Charter of Rights and Freedom (Employment and Immigration Canada 1991, 6)

How I became aware of this hard-to-access governmental document was through references, albeit brief and sparing, in texts written by Elmira Chimirova, Margaret Somerville, and Sarah Wilson. The particular aspect of the "Medical Inadmissibility Review" interrogated by these texts was EIC's explicit fear that if strict medical exclusions were forgone, Canada would essentially become "a clinic for the world" (Chimirova 2008, Somerville and Wilson 1998).

Considering the highly disputable claims the Canadian government was making, at the time, of a new "liberal," "non-discriminatory" immigration policy, I was surprised to read that such a bold and unapologetic statement could have been made in an official public document. Partly, wanting to confirm that this was the official stance the EIC was taking on medical-based exclusions along with the hopes of finding out more on the general context within which this loaded phrase, "a clinic for the world", was made, I (with the assistance of several patient and helpful librarians) accessed a copy of the discussion paper.

What I found was that the department of Employment and Immigration Canada indeed offered the following statement as a worthwhile justification for excluding people based on medical grounds,

> "In addition to being an immigrant-receiving country, Canada also has a sophisticated health care system and a publicly funded, universal medical insurance plan which make it a potential haven for those seeking medical treatment. <u>In these circumstances, it is argued, a system of selection which makes distinctions based on personal characteristics, like health, is justified if Canada is to avoid becoming a clinic for the world</u>." (Employment and Immigration Canada 1991, 31)

Although this passage was framed as being merely one of many possible "arguments", its presence speaks volumes. The way in which this statement was offered as a reasonable rationale for medical screening in a report which was not interested in eradicating these practices but rather ensuring that they "better reflect the changing environment in which they operate" certainly ruptures the distance created by the posturing "it is argued" (Employment and Immigration Canada 1991, 6). To put it simply, although the EIC did not candidly or officially back this line of reasoning, it positioned and advanced this fear as legitimate.

While stating a sense of anxiety about being a "clinic for the world," this statement simultaneously imagines Canada as a clinic to its citizens. This striking metaphor, of the nation as a clinic, renders a number of discourses and operations of power intelligible. While I do not believe that an elusive governmental discussion paper can alone shape popular opinions of medically-based immigration restrictions, I feel this framing is significant as it gestures to a number of historically informed representations and fears circulating in contemporary hegemonies. In particular, what I feel this national anxiety uncovers are the ways in which the relationship between the white, masculinized, healthy, modern, bourgeois, settler national subject is dependent on an oppositional

construction of the "dark," feminized, unhealthy, possibly contagious, traditional, poor, foreign or indigenous body. To follow this metaphor further, if the Canadian nation is a clinic and the "developing" world is its prospective patients seeking treatment, who then are imagined to be the "benevolent" doctors and nurses? While I suspect that Canadian citizens, in particular white, productive, healthy, middle- and upper-class citizens, would unequally fill these national gendered roles of nurse and doctor, these specifics are not required for the metaphor to work. As the geopolitical racialized space of Canada, in and of itself, is enough to connote "sophisticated" treatment, health, and wellness through discourses of modernity and colonialism.

With this framing of the space of Canada as a clinic, and by extension other imperial and colonial nation-states as clinics, this chapter wishes to explore the deployment of biomedicine as one of several interdependent mechanisms of social classification and regulation. Paying close attention to the difference that history and power/knowledge make, I want to suggest that medical inadmissibility provisions are enacted to reinforce racialized and gendered divides within a moment where, due to the demands of capitalism, "undesirable" bodies, often women of colour, are needed to work undesirable jobs. It is precisely from these profitable divides, to borrow from Sunera Thobani's work, that I argue that the work of fashioning the Canadian nation subject as one of exaltation is performed.

Curative Modernities: On the Biopolitics of Empire and Colonialism

Analyzing different spatial and temporal sites, scholars have accounted for the ways in which Western medicine, spanning from Christian missionary medicine to more contemporary formulations like biomedicine, has actively participated in the advancement

of colonialism and imperialism (Nestel 1998, Comaroff 1992, Fanon 1978, Kelm 2005, L. Briggs 2002, Washington 2006, Bashford 2004). In the seminal essay, "Medicine and Colonialism," Frantz Fanon states, "with medicine we come to one of the most tragic features of the colonial situation"(Fanon 1978, 229). One of the many examples of the tragedy of Western medicine that Fanon cites and other scholars have echoed, are the ways in which it has attempted to justify and legitimize racialized colonial relationships (Fanon 1978, Vaughan 1991, 74). Within colonial contexts Western medicine made a covenant to care and cure, lending "moral credibility to the colonizing enterprise" while attempting to silence the sexualized and gendered violence of colonialism (Nestel and Razack n.d., 5, Comaroff 1992, 215). Thus, the white man's and woman's burden entailed the monitoring, diagnosing, and treatment of 'diseased' 'unsanitary' racialized others, albeit never at the expense of their own family/nation's health.

Discourses of modernity and progress mediated these intimate dealings of medical knowledge/power and colonial strategies of rule. As a number of scholars such as Ann Laura Stoler have argued, colonial settings acted as "laboratories of modernity" in which different kinds of subjects were constituted (Stoler 1995, 15). The interplay between modernism and colonialism solidified a set of racial, sexual, and classed ideologies which inscribe particular people, practices, and objects as dynamically secular, modern and rational in opposition to those which are statically superstitious, traditional, and backward (Reddy 2007, C. L. Briggs 2005).

The production and application of medical knowledge was not immune to racially inflected discourses of modernity. Quite the opposite, conceptualizations of modernity were propped up by medical and biomedical (its reconfiguration through technoscientific

innovations) claims to being an unbiased exploratory science capable of uncovering hidden "truths" about the body (Shah 2001, 180, Clarke, et al. 2003, 162). The work of Siobhan B. Somerville very clearly maps out how biomedical science is one of many areas of expertise that rely on the deployment of mutually constitutive categories of gender, sexuality, race, and class to discover and make truth claims about bodies (S. B. Somerville 2000).

Theorist Michel Foucault has offered us extremely generative analytical tools with which to think through how these "regimes of truth" generated by biomedical experts operate on behalf of modern state formations to regulate and control bodies (Foucault 1980, 112, Mills 2003, 74). Particularly, work on the connections between modernity, imperialism, and the body have relied heavily upon Foucault's concept of "bio-power" (Ong 2003, Shah 2001, Nestel 1998). Essentially, bio-power can be understood as the productive processes through which bodies and populations are inscribed with meaning making them "amenable to various technologies of control" (Fairchild 2003, 15, Foucault 1990, 140, Ong 1995, 1243, Tremain 2005, 4). In the book, *Buddha Is Hiding: Refugees, Citizenship, the New America,* Aihwa Ong poignantly describes the broader implications of modern biopolitics stating,

> "Democratic modernity dominates through the mundane administration and surveillance of individual bodies and the social body, adjusting them to normalizing value and hierarchies. Among the schemes of knowledge/power that regulate individual and social bodies, modern medicine is the prime mover, defining and promoting concepts, categories, and authoritative pronouncements on hygiene, health, sexuality, life, and death" (Ong 2003, 91).

The regulatory mechanisms of biopower that I will focus on in this chapter are: public health initiatives which seek to secure the health of human populations; and processes through which bodies are further medicalized by the act of immigration, a process that

anthropologist Didier Fassin has named the "biopolitics of otherness" (Fassin 2001, 4,

Shah 2001, 3, Petersen and Lupton 1996, 3). Utilizing the various analytic tools scholars

have offered to us with regards to biopolitics, public health, and the medical sciences

investment in the business of building and sustaining colonialism, I will explore some of

the varied implications of medical exclusions in Canadian immigration practices and the

regulation of the national subject.

"True North Strong and Free": Fashioning a Fit Healthy Nation From a "Dying Race"

> "A white settler society is one established by Europeans on non-European soil. Its origins lie
> in the dispossession and near extermination of Indigenous populations by the conquering
> Europeans... In the national mythologies of such societies, it is believed that white people
> came first and that it is they who principally developed the land; Aboriginal peoples are
> presumed to be mostly dead or assimilated" (S. H. Razack 2005, 1).

This quote concisely expresses how national identity, citizenship and immigration is

dependent on and contributes to ongoing colonial projects in Canada. With this in mind, I

will summarize significant explorations into how contemporary medicalized immigration

practices are inextricably bound up in process of colonialism in Canada. Several prominent

scholars have offered us frameworks to think about how Canada has established and

maintains itself as a white settler society (Dua 1999, 7, Lawrence 2005, 23, S. H. Razack

2005, 1, Thobani 2007, 29). These works disrupt national mythologies of benevolent

paternalism, enterprising settlers, *terra nullius*[5] and rugged individualism and argue that

the Canadian national subject was and continues to be created by ongoing legacies of

colonialism, genocide, sexual violence, and assimilation of indigenous populations (S. H.

Razack 2005, 3, A. Smith 2005, 8, Culhane 1998, 48). National narratives and mythologies

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[5] *Terra nullius* is an international legal doctrine which describes a territory as empty or uninhabited and
therefore may be lawfully acquired through occupation. Dara Culhane has noted that British colonialism
legally deemed inhabited territories as uninhabited "if the people were not Christian, not agricultural, not
commercial, not 'sufficiently evolved' or simply in the way" see Dara Culhane, *The Pleasure of the Crown:
Anthropology, Law and First Nations,* Talonbooks, Burnaby, 1998, 48.

of rugged individualism in the midst of "vast northern wilderness" attempt to justify and disappear centuries of colonial violence while constituting the national subject as uniquely productive (Blackwell, Smith and Sorenson 2003, 126, Lawrence 2005, 23).

Using spatial theory as a methodology, Carl Berger elaborates on the concept of rugged individualism in the article, "The True North Strong and Free," by noting how narratives of the harsh northern climate were utilized to maintain and re-inscribe gendered racial hierarchies (Berger 1966, 5). Berger convincingly states, that the "special importance of the Canadian climate … was not merely that it sustained the hardy character of the stronger races, but that it also constituted, in Darwinian terms, 'a persistent process of natural selection'" (Berger 1966, 5). As importantly noted by both Berger and Razack, this racial characterizing positions Southern peoples unfit, degenerate, feminized and non-productive (Berger 1966, 5, S. H. Razack 2005, 3, Calliste 1993, 89). Within this narrative, the landscape and weather conditions of Canada are inextricably linked to the ways in which the national subject has been imagined to be white, masculine, healthy, and economically and socially productive.

Another crucial aspect in national mythology is the role Christianity has played in the production of progress narratives and the constitution of the healthy, productive body in Canada. The project of highlighting the influence of Christian worldviews in national mythologies is a project that I find especially interesting. Primarily, I feel the links between Christianity and the nation-state are significant precisely because of the ways in which such worldviews have become naturalized within what Jacqui Alexander has named "modernity's secularized episteme" (Alexander 2005, 7). The book, *White Civility: The Literary Project of English Canada* by Daniel Coleman, challenges secularism by tracing the

use of the Protestant work ethic and the figure of the muscular Christian in Canada's

national identity formation (Coleman 2006, 110). While both concepts help in rendering

the national subject intelligible, it is the character of the muscular Christian that I find

particularly generative for the research questions I wish to interrogate in this paper.

In *White Civility*, Coleman makes the case that although the colonies were lands

upon which a young British man could regain his 'primitive vigour', this 'primal manhood'

was only healthy when balanced by the "spiritual sensitivity and emotional self-control"

that Christianity fostered (Coleman 2006, 140). The muscular Christian is a figure also

characterized by its engagement in projects of social improvement, charity, and helping

the "morally weak" (Coleman 2006, 132). What I suspect Coleman is hinting to here is the

link between the figure of the muscular Christian and colonial narratives of benevolent

paternalism and the 'white man's burden'. These are important connections, as they

gesture to how colonial national aspirations of progress, social service, productivity, public

health, and moral uplift are strongly informed by Christianity.

Having noted some of the ways the nation and white settlers are constituted as fit,

healthy, and productive, I will now turn to how the ghosting and medicalization of

indigenous bodies make this national imagining possible (Bergland 2000, 4, Kelm 2005,

372). With stunning eloquence, Toni Morrison's *Playing in the Dark: Whiteness and the*

Literary Imagination discusses the use of Africanism, a set of Eurocentric knowledges

about Africans, to script "the architecture of a *new white man*" (Morrison 1992, 15).

Morrison states,

> "Africanism is the vehicle by which the America self knows itself as not enslaved, but free;
> not repulsive, but desirable; not helpless, but licensed and powerful; not history-less, but

historical; not damaged, but innocent; not a blind accident of evolution, but a progressive fulfillment of destiny" (Morrison 1992, 52).

Although this quote is specifically speaking to how blackness is used as a means through which whiteness becomes intelligible, there are parallels to how discourses of the "Indian" are utilized in Canadian national mythologies. Here I am referencing the work of Mary Ellen Kelm, Renee L. Bergland, and Marcia Crosby, scholars who have written about the ways in which the imaginary dying, vanishing, and/or ghostly Indian is foundational to the creation of a white settler nation-state (Bergland 2000, 1, Crosby 1991, 269, Kelm 2005, 373). While these are all significant discursive framings which often bleed into and prop up one another, I will focus mainly on the figure of the "dying Indian" or "dying race" which Kelm develops in her paper, "Diagnosing the Discursive Indian: Medicine, Gender, and the 'Dying Race'" (Kelm 2005).

Using historical medical texts as her main empirical data, Kelm suggests that colonial medical knowledge is one of many sites through which indigenous peoples have been constructed as a "dying race" (Kelm 2005, 372). Specifically, medical journals commonly ascribed to a linear trajectory of First Nations health believing that before contact, Aboriginal peoples were "innocent, pure, pristine, hardy, and essentially healthy," but with the introduction of civilization and modernity came the degeneration of the once naturally healthy noble savage into the pathologized concept of dying and highly contagious Indian communities (Kelm 2005, 381).

The decline in Aboriginal health and fitness was tracked, measured, and accounted for by medical experts along the lines of gender (Kelm 2005, 384). Physicians wrote of the emasculation experienced by indigenous men stating that their sustained contact with "civilization" had an adverse affect on their 'natural' endurance and virility (Kelm 2005,

386). The prevalence of tuberculosis among Aboriginal men was agreed by medical experts to demonstrate degeneracy, in that they ceased to be efficient providers for their families (Kelm 2005, 387). Medical journals similarly tracked degeneracy in Aboriginal women in relation to the presumed disintegration of strict gender roles caused by modernity (Kelm 2005, 384). Aboriginal women's supposed inability to adapt to Western culture, lack of cleanliness, and unfit mothering practices were widely understood to result in a high infant and childhood mortality rate in Aboriginal communities (Kelm 2005, 390). By pathologizing Aboriginal bodies and discursively producing the notion of a "dying race," physicians and white settler society as a whole were/are able to conveniently forget histories and presences of gendered and sexual colonial violence and genocide (A. Smith 2005, 80). Narratives of the vanishing, dying, or ghostly "Indian" are also employed as a point of reference in constituting the Canadian national subject. It is at this point that I would like to return to and rework the Toni Morrison quote introduced earlier. Similarly, I want to think about how colonial concepts, such as the "dying race", are vehicles by which the Canadian nation imagines itself as not dead or vanishing, but living even thriving; not ill and degenerative, but fit and progressively healthful; not a burden to imagined global communities, but a productive and morally uplifting global citizen (Morrison 1992, 52).

If we are to understand the very formation of a Canadian nation-state to be inextricably linked to and informed by colonialism and colonial medical discourse, it is crucial to also understand processes of nation-building, specifically through immigration policy, to be invested in maintaining a similar set of colonial power relations. Similar to Carrianne Leung and Carmela Murdoca's work respectively on the Severe Acute Respiratory Syndrome (SARS) and the Ebola "crisis" in Canada, what I wish to propose in

the sections to come is that medical inadmissibility provisions are sites where we can

witness a resurgence of gendered colonial narratives of "infected" racialized/immigrant

bodies (Leung 2008, 135, Murdocca 2002, 32).

The "Hygiene of Immigration"[6]: Eugenics, Economic Productivity, and Immigration Policy in Canada

> "The fact that the other dies does not mean simply that I live in the sense that his death guarantees my safety; the death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life in general healthier; healthier and purer" (Foucault 2003:255).

> "Our analysis of a 'Eugenic Atlantic' seeks to fold disability and race into a mutual project of human exclusion based upon scientific management systems successively developed within modernity. From the end of the eighteenth century to the conclusion of World War II, bodies designated as defective became the focal point of European and American efforts to engineer a "healthy" body politic" (Snyder and Mitchell 2006:101).

I have found the above quotations to be extremely generative in thinking about

immigration policies in Canada. In the sense that they both illustrate how fitness,

productivity, and health of the national body is improved upon by the eradication,

containment, and/or expulsion of "unfit", "degenerate," and "non-productive" bodies. In

this section of the chapter, I wish to situate the troubling practice of denying citizenship to

immigrants on the grounds of "medical inadmissibility" within larger histories of eugenics

in Canada. The project of noting possible genealogies of this immigration practice provides

a pivotal backdrop to suggesting some of the larger implications of this policy in our

contemporary moment.

Eugenic science, a term that was formally introduced by Francis Galton in 1883,

advocated transnationally for a number of racial, sexual, classed, gendered, and ableist

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- [6] Borrowed from the phrase 'hygiene of emigration and immigration' made by C.W. Hutt see, C. W. Hutt, *International Hygiene*, Methuen, London, 1927 and Alison Bashford, *Imperial Hygiene*, Palgrave, New York, 2004, 143.

schemes to promote white purity and "the cultivation of the race" (S. B. Somerville 2000,

30). Using interlocking hegemonies of modernity, public health, and hereditarian science,

eugenicists propagated "biological" categories which marked bodies as either superior,

clean, pure, fit and therefore suitable for reproduction or inferior, dirty, tainted, unfit,

degenerate and therefore in need of reproduction restrictions (D. Roberts 1997, 61,

McLaren 1990, 8). The growth of the eugenics movements was primarily provoked by

fears and anxieties of white "race degeneracy" and "race suicide" spurred on by

insecurities about racial mixing, poverty, homosexuality, disability, and the drop in birth

rates among white bourgeois nondisabled women (S. B. Somerville 2000, 30, Molina 2006,

110). To assuage these fears, the field of eugenics strongly supported racist, (hetero)sexist,

ableist, colonialist, and classist technologies of control including, but not limited to, forced

or coerced sterilization, anti-miscegenation laws, segregation, immigration restrictions,

targeted birth control, the Holocaust, and further acts of genocide and reproductive

control (D. Roberts 1997, 66, Stubblefield 2007, A. Y. Davis 1983, 213, S. B. Somerville

2000, A. Smith 2005, 81, Snyder and Mitchell 2006)

While Canada is often politically framed as a liberal progressive country free of

virulent forms of structural and everyday inequities, "Canada was not immune to eugenic

preoccupations" (McLaren 1990, 9). In fact, during the first half of the twentieth century

eugenic thinking significantly shaped public discussions in Canada around a number of

areas such as education, social welfare, and immigration (McLaren 1990, 9). Eugenicists

indicated two principal threats of white "racial degeneracy," "the first was the

reproduction *in* Canada of the unfit; the second was the immigration *to* Canada of the

unfit" (McLaren 1990, 46). To address these concerns, eugenic-minded professionals such

as doctors, psychiatrists, social workers, and educators staunchly promoted and lobbied for forced sterilizations and stricter immigration restrictions in Canada (McLaren 1990, 50).

What I would like to focus on here are the ways in which eugenic thinking has been intimately connected to immigration policies in Canada. In the book, *Our Own Master Race: Eugenics in Canada, 1885-1945*, Angus McLaren very cogently argues that fears of racial and/or national degeneracy have historically been at the forefront of immigration debates and policies in Canada (McLaren 1990, 47). McLaren writes of how in the early twentieth century restrictions on immigration were put in place not only to manage the number of 'burdensome' citizens, but also to pacify white anxieties of racial "degeneracy" and "impurity" (McLaren 1990, 46). It is important to also keep in mind that during the time period that McLaren is writing about, immigration policies were overtly dedicated to keeping the Canadian nation white (Arat-Koc 1999, 207, Blackwell, Smith and Sorenson 2003, 54, Thobani 2007, 75). Immigration and citizenship procedures fulfilled this desire by denying indigenous peoples' right to sovereignty and by preferring immigrants "from northern Europe, with southern Europeans coming in as a poor second" (Thobani 2007, 83, Blackwell, Smith and Sorenson 2003, 54).

Scholars have been careful to also note how this history was very gendered, particularly in how white women, specifically white, nondisabled, women with class privilege, were situated as (re)producers of the nation symbolically, biologically, and culturally (Arat-Koc 1999, 208, Peterson 2000, 64, Stubblefield 2007, 169). Conversely, the reproductive capabilities of white women who were labeled 'degenerate' or 'feeble-minded' were positioned by eugenicists as both burdens and threats to the nation and

were heavily targeted for forced sterilization (McLaren 1990, 159). Although, McLaren does not substantially engage with the causes or implications of the overrepresentation of indigenous women amongst those who were violently sterilized under the sterilization acts in Alberta and British Colombia, Andrea Smith accurately names such practices of population control as acts of genocide and sexual colonial violence (A. Smith 2005, 107, McLaren 1990, 159).

Prominent figures in the eugenics movement, most of whom held federal government appointments, such as psychiatrist C.K. Clare and medical doctors Helen MacMurchy and Peter Bryce argued, albeit differently, for immigration restrictions to reflect broader eugenic goals of white moral and "racial betterment" (Valverde 2008, 107, McLaren 1990, 49, Dowbiggin 1995, B. A. Roberts 1980, 313). While MacMurchy and Clare believed that white racial progress required more stringent immigration medical inspections, Bryce established that "racial criteria were even more important than medical ones" and that "immigrants from northern stock could be rehabilitated and remain healthy in good clean Canadian conditions" (Valverde 2008, 107, B. A. Roberts 1980, 313). This conceptualization of Canada as a space of rehabilitation is extremely important as it places more contemporary narrative of the nation as a clinic within a historical context of eugenic thinking in Canada.

Shocking histories of eugenics in Canada traffic in present immigration policies and discourses of multiculturalism. What I would like to suggest, based on discussions from this and the previous chapter, is that the language used to communicate desires for and anxieties about public health and the health of the racialized national body have been reconfigured from discourses of white racial betterment and degeneracy, to those of

economic productivity and excessive demand. As Sara Ahmed has noted, these shifts to

economic efficiency are accompanied by national discourses of multiculturalism and, in

the case of Canada, the introduction of the point system (Ahmed 2000, 107). Although, the

point system has been lauded as a departure from antiquated projects of white racial

hygiene and has, in fact, drastically changed the racial composition of immigration, it

remains a system that works with and from social hierarchies. For instance, the high costs

of immigration fees, the types of skills, work, and education preferred, along with the

racialized, gendered, dis/ability infused discourses of who qualifies as independent versus

family (read: dependant) applicant(s) are just a few examples of the biases of the point

system (Arat-Koc 1999, 210, Thobani 2007, 135).

To ensure the health of the nation, immigration policies currently entrust

biomedical science and designated medical physicians (in collaboration with visa officers)

with the job of evaluating whether or not prospective immigrants are fit, and "productive

enough for the nation" (Alexander 2000, 373). Dovetailing with the ways in which

immigrant women of colour have been disproportionately defined as dependent and

"draining or overburdening social services," immigration processes categorized applicants,

an overwhelming majority of which were cognitively disabled, as an "excessive demand on

social services" (Thobani 2007, 202, Chimirova 2008, 50). Since I have discussed medical

inadmissibility clauses at length in Chapter Three, what I wish to focus on here are the

ways in which such narratives of dependency and burden are informed by eugenic

thinking and are essential to colonial and imperial projects. Here I am referring specifically

to the concept of the 'white man's burden,' a phrase which was used in Rudyard Kipling's

piece "The White Man's Burden" for McClure's Magazine in 1899 (S. H. Razack 2004, xi). A

haunting passage, among many, that I find encapsulates the sentiment of the poem, is the first stanza,

> Take up the White Man's burden -
>   Send forth the best ye breed -
> Go, bind your sons to exile
>   To serve your captives' need;
> To wait, in heavy harness,
>   On fluttered folk and wild -
> Your new-caught sullen peoples,
>   Half devil and half child (S. H. Razack 2004, xi).

In *Dark Threats White Knights: The Somalia Affair, Peacekeeping, and the New Imperialism,* Sherene Razack provocatively argues that this concept was/is heavily referenced in justifying imperialist and colonial civilizing missions, particularly in Canada's interventions in Somalia (S. H. Razack 2004, 48). By couching colonial and imperial violence in terms of peacekeeping, conflict handling, and the burdensome task of civilizing "the Other", the national subject can be again re-inscribed as innocent and benevolent (S. H. Razack 2004, 44). Where I think we can begin to map connections from this discursive framework to medical inadmissibility provisions, is in how this narrative positions white settler societies as *having* "burdens" (of "civilizing" and "caring" for bodies and populations who are presumed incapable of doing so for themselves) instead of *being* a "burden". This echoes earlier discussion in this chapter on colonialist discourses of the "dying" or "vanishing Indian" and helps constitute the Canadian nation as not only fit, healthy and productive but as a curative space.

In tracking histories of eugenics and immigration in Canada, what becomes clear is a shift in the language deployed by immigration officials to explain who can and cannot be let into the country. Rather than openly drawing on or mirroring the desires and anxieties

of eugenicists, current immigration policies are presented as 'non discriminatory' and merely interested in ensuring economic efficiency. Though significant changes have been made, eugenic thinking, gendered racial hierarchies, colonialism and ableist notions of public health, and productivity continue to inform contemporary immigration policies in Canada. What these continuities allow for is a rich history and context from which we can continue to think through the imagined threat of Canada becoming "a clinic to the world" if immigrant medical exams were not longer required.

Cultivating Life in the Era of Security, Global Health, and Empire

> "In biopower, propagating death is no longer the central concern of the state; staving off death is. Cultivating life is coextensive with the sovereign right to kill, and death becomes merely reflective, a byproduct, a secondary effect of the primary aim and efforts of those cultivating or being cultivated for life" (Puar 2007, 32).

The picturesque metaphor of the nation as a clinic that the "Medical Inadmissibility Review" governmental discussion paper introduced, exemplifies this modernizing project of staving off death to cultivate life. It is from this spatially arranged imaginary that any threats, especially "foreign" threats ("immigrants," "refugees," "terrorists," "criminals," and the "contagious" or "unfit"), to life/public health are to be classified as such and emphatically avoided. What I hope this chapter has articulated are the ways in which biomedical science is deployed as one of many interlocking mechanisms of power/knowledge from which the state apparatus can determine what counts as modern life at its highest potential.

The means through which biomedical science calculates life and helps to constitute the healthy productive subject are inextricably linked to colonial, racial, classed, gender, sexualized, and dis/ability inflected hierarchies, positioning the white, masculine, middle class, heterosexual, nondisabled settler subject as the definitive epitome of modern life.

However, it is helpful to return to a discussion from Chapter Three and note that bodies who are marginalized by interlocking systems of oppression have been and are continuing to be incorporated into the fold of modern life through a consideration of their material, biological, and cultural (re)productive capabilities (Puar 2007, 32). This is to say, picking up on the national metaphor of the clinic, that particular bodies are gradually being employed to fill the racialized, gendered, and hierarchical clinical positions of doctor, nurse, lab technician, receptionist, and administrative and janitorial staff.

Draped in narratives of multiculturalism, biomedical sophistication, and modernity, the Canadian national subject is imagined as healthy, productive, and fit. The state apparatus enlists a number of "technologies of government" such as medical inadmissibility clauses, to ensure both the "healthfulness" of the Canadian population and the ascendancy of global capitalism. Although the EIC discussion paper was produced before the events of 9/11 and the "war on terror," I suspect this underlying fear of becoming "a clinic for the world" has only intensified within our current moment of increasing national border anxieties, militarism, and securitization.

Yet it is precisely at this temporal junction where we also begin to witness a (re)emergence in global health initiatives funded, created, and staffed primarily by transnational bodies (i.e. the United Nations, the World Health Organization, and Doctors Without Borders), nongovernmental organizations, and clinical development workers from the global North (King 2002, 773, Farmer 2003, 206, Lewis 2007, 460). These global health "humanitarian endeavors" dovetail with discourses of white (wo)man's burden and the bourgeois "helping imperative" producing certain citizen and national subjects while simultaneously establishing new networks of medicalized "global surveillance" (King

2002, 773, Heron 2007, 34, charania 2001, 77). While I do not think that these global health projects are completely bankrupt, it is contradictory that the same discovery of a "medical problem" that has been located in "foreign bodies," restricting people from gaining residency in Canada, also entitles Canadians and people from other Northern countries to travel to the global South with the hopes of "helping". Ironically, these medical development workers are building and developing clinics in the global South while possibly assuaging a historical and national fear of their healthful settled homes/nations becoming a clinic for the world. A contradiction such as this directly speaks to how biopower (crudely put, the politics of life and death) and globalization (enhanced mobility amidst regimes of global apartheid) continue to be highly contingent upon (neo)colonial relations of power and access to privilege.

Chapter V:
Conclusions and Reconfigurations: Bill C-50 and Community Organizing for Social Justice

As I write these closing thoughts, there are a number of frightening changes in immigration and visa policies being put into action by the Canadian government led by Conservative Prime Minister Stephen Harper. In fact, from the time I began organizing some of my initial research questions, there were a number of shifts happening around how immigration is to be done in Canada. In particular, I am speaking about a set of amendments to the Immigration and Refugee Protection Act (IRPA) introduced through a budget bill known as C-50 which was passed by the House of Commons on June 9th 2008 (Campion-Smith 2008, CBC News 2008). The Immigration Minister at the time, Diane Finley, sold the bill as a means to "modernize" the immigration system by reducing the existing backlog and "streamlining" the application process (CBC News 2008). Although Jason Kenney was appointed Minister of Citizenship, Immigration and Multiculturalism on October 30, 2008, Kenney did not waste time before putting the bill into action. Beginning with a series of raids and continuing more recently with the imposition of visa requirements on the Czech Republic and Mexico, Bill C-50 has allowed for a number of extremely inequitable migration practices in Canada.

Upon discovery of Bill C-50's proposed changes to the immigration system, a number of publically-funded and social justice-based organizations countered the Bill by elucidating its many racial and classed implications (Ontario Council of Agencies Serving Immigrants 2008, No One Is Illegal 2008, Canadian Council for Refugees 2008). I want to specifically draw attention to the educational and organizing work the transnational migrant rights group No One Is Illegal (NOII) has done to provide an alternative account of

these current political events. More specifically, NOII is a "group of immigrants, refugees and allies who fight for the rights of all migrants to live with dignity and respect" while also building "alliances with Indigenous peoples in their fight against colonialism" (Hussan and Scott 2009). Since the initial proposal of Bill C-50, chapters of NOII in Montreal, Vancouver, and Toronto have been active in educating and rallying support to challenge the racialized bill (No One is Illegal-Vancouver 2008).

Shortly after a proposal for Bill C-50 was made, NOII put together a number of public education resources and articles to speak to the racist changes the bill hoped to advance (No One Is Illegal 2008, No One is Illegal-Vancouver 2008). What NOII highlighted were the ways in which the bill hoped to concentrate decision making power, allowing for the Minister and CIC to dismiss applications and issue quotas on immigration categories, such as family and economic class, without judicial or public review (No One is Illegal-Vancouver 2008). Citing that the "major lobby for Bill C-50 comes from employer organizations and business lobbies," the group cautioned that the bill will further commodify migrant workers while contributing to an "increasingly hostile climate to family class immigrants and refugees" (No One is Illegal-Vancouver 2008, No One Is Illegal 2008). Essentially, NOII predicted that if Bill C-50 was introduced, immigration policies would pander more to the interests of the labour market while severely reducing already marginal immigration goals of family reunification and humanitarianism (No One Is Illegal 2008, No One is Illegal-Vancouver 2008).

Indeed, within the short period of time since Bill C-50 has been instated, we have witnessed a number of attacks on racialized immigrant communities in Canada and poor communities in the global South. NOII has fiercely critiqued Kenney's reduction of the

"number of family-class immigrants applying from countries of the Global South" and his launching of the "largest workplace raids in Canadian history in Southern Ontario on April 2-3, 2009" (Hussan and Scott 2009, No One is Illegal-Vancouver 2009). Raids which entailed Canada Border Service Agents entering schools, women's shelters, and places of employment to arrest, with the hopes of deporting, "refugee claimants, live-in caregivers, temporary workers, and non-status people" who were believed to be noncompliant with strict immigration regulations (Hussan and Scott 2009).

Shortly after these "U.S. style" anti-immigrant attacks, Kenney issued an extremely racialized statement announcing a new immigrant integration program based on the pronouncement that "newcomers have a right to be different, but a duty to integrate" (Calgary Herald 2009, Hussan and Scott 2009, No One is Illegal-Vancouver 2009). Kenney also stated that the, "new focus is on integration. We don't want to create a bunch of silo communities, where kids grow up in a community that more resembles their parents' country of origin than Canada" (Calgary Herald 2009). This new focus on integration manifests in the requirement of video and writing tests to teach new immigrants Canadian history and values (Hussan and Scott 2009). Appropriately, NOII speculated that the type of history that will be told through this new program will be a history that will conveniently forget colonialism and imperialism presenting present-day Canada as "post-sexist, post-racist, post-homophobic, and post-ableist" (Hussan and Scott 2009). What I think Kenney's statement also does is blame the many processes through which geographical space is racialized, often through economic disparities, on immigrants of colour. By placing this responsibility on newcomers, Kenney's statement disappears and leaves intact the various techniques the Canadian nation-state employs, such as

immigration policies, to preserve the spatialized ascendency of whiteness (Chow 2002, 3,

S. H. Razack 2005).

On July 13, 2009 exercising the power invested in him through Bill C-50, Kenney

announced that Czech and Mexican nationals are required to obtain a visa to travel to

Canada (Citizenship and Immigration Canada 2009, Citizenship and Immigration Canada

2009, No One is Illegal-Toronto 2009). The department of Citizenship and Immigration

explained that the intention of this new visa requirement is to reduce the number of

refugee claims by targeting specifically Mexico and the Czech Republic since they are the

first and second leading source countries for claims, respectively (Citizenship and

Immigration Canada 2009, CBC News 2009). The underlying assumption of these new

changes is that the majority of people seeking asylum from the Czech Republic and Mexico

are "fraudulent" rather than people genuinely attempting to flee economic, gendered,

racialized, heterosexist violence and persecution (No One is Illegal-Toronto 2009).

Additionally, to obtain a temporary resident visa the applicant has to fulfill several

requirements including having no criminal record, sufficient funds to pay for expenses

while in Canada, gender normative identity documents, and "good health" (Citizenship and

Immigration Canada 2009).

A week after these extremely repressive visa requirements were announced, NOII-

Toronto organized a community rally & march to vehemently oppose the Canadian

government's decision (No One is Illegal-Toronto 2009). The group importantly

juxtaposed the warning the Canadian government issued cautioning Canadians against

travelling to Mexico with the government's stance "that Queers, Women surviving

domestic violence and other fleeing persecution can be safe in Mexico" (No One is Illegal-

Toronto 2009). As NOII concludes from this contradiction "there are two standards of safety: one for Canadians and one for people in the global south" (No One is Illegal-Toronto 2009). Although these visa restrictions are also being opposed by government officials in Mexico and the Czech Republic and there have been suggestions that they might be lifted, the ease at which these changes were made are one of many examples of the significance and implications of Bill C-50 (Woods 2009, Alberts 2009).

These alarming shifts brought about by Bill C-50 and a larger anti-immigrant Conservative government are frightening. With the speed at which they have come, one after another, I am left wondering what repressive changes to immigration policies might be next? Considering the privileges that are constantly afforded to me by my Canadian citizenship, my fear of Kenney's future political moves are by no means comparable to people who "encounter borders in every aspect of their lives" (Sharma 2006, 4). Differently situated anxieties of what is to come that I have expressed here and that friends and community members have shared with me, speak to the urgency and only growing importance of contributing to ongoing community organizing work.

It is my hope that this thesis' exploration of historical and contemporary ways in which biomedical technologies of power are deployed to regulate citizenship while fashioning the Canadian national subject as white, healthy, and productive has done justice to the political work being done on issues of race, gender, disability, class, and immigration. I began this thesis by introducing my guiding research questions on the medicalization of immigration, settler colonialism, and citizenship. It was within this first chapter that I share a citizenship autobiography as a way of socially locating myself within the broader political and economic terrains discussed throughout this work.

These introductions set the stage for Chapter Two - an exploration of the methodological approaches and theoretical frames of reference I use extensively throughout this thesis. Here, I define my methodological approach as one that engages practices of: self-reflexivity; acknowledging historical, economic, and political contexts; and investigating particular historical events as the basis for making more broader theoretical observations. It is also within Chapter Two that I recognize black feminist theorizing, anticolonial studies, disability studies, and transnational feminism as pivotal frames of reference for this work.

Finally, the central aim of chapters Three and Four are to historically contextualize the *Hilewitz and de Jong v. Canada* case in order to render intelligible dominant racialized, gendered, and classed narratives of healthful national bodies and spaces. Both chapters are also concerned with thinking through the ways in which biomedical expertise has been deployed to: regulate and manage populations using hierarchies of race, gender, class, and dis/ability; and fortify colonial state formations. It is my wish that I have convincingly argued that Canada's ever shifting immigration practices of "medical inadmissibility" are instances which call for anticolonial studies, feminist scholarship, and critical disability studies to be put into conversation with one another. Thinking of the mutually constitutive relationships of social categories, particularly those of race, dis/ability, gender, and class, I hope this thesis acts as an invitation or provocation for further critical inquires of national medicalized boundaries and subjectivities.

Bibliography

Abu-Laban, Yasmeen, and Christina Gabriel. *Selling Diversity: Immigration, Multiculturalism, Employment Equity, and Globalization.* Peterborough: Broadview Press, 2002.

Ahmed, Sara. *Strange Encounters: Embodied Others in Post-Coloniality.* New York: Routledge, 2000.

Alberts, Sheldon. "Mexico Says Canadian Diplomats Will Need Visas." *Calgary Herald.* July 17, 2009. hhtp://www.calgaryherald.com (accessed July 26, 2009).

Alexander, Jacqui M. "Not Just (Any)Body Can Be A Citizen: The Politics of Law, Sexuality, and Postcoloniality in Trinidad and Tobago and the Bahamas." In *Cultures of Empire: Colonizers in Britain and the Empire in the Nineteenth and Twentieth Centuries: A Reader*, edited by Catherine Hall, 359-375. New York: Routledge, 2000.

—. *Pedagogies of Crossing: Meditations on Feminism, Sexual Politics, Memory, and the Sacred.* Durham: Duke University Press, 2005.

Alexander, Jacqui M., and Chandra Talpade Mohanty, . *Feminist Genealogies, Colonial Legacies, Democratic Futures.* New York: Routledge, 1997.

Amos, Valerie, and Pratibha Parmar. "Challenging Imperial Feminism." In *Feminsim and 'Race'*, by Kum-Kum Bhavnani, 17-32. Oxford: Oxford University Press, 2001.

Anderson, Benedict. *Imagined Communities: Reflections on the Origin and Spread of Nationalism.* London: Verso, 1991.

Ang, Ien. "On not Speaking Chinese: Postmodern Ethnicity and the Politics of Diaspora." In *Feminism and Cultural Studies*, 540-564. Oxford: Oxford University Press, 1999.

Arat-Koc, Sedef. "Gender and race in "Non-discriminatory" Immigration Policies in Canada: 1960s to the Present." In *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, edited by Enakshi Dua and Angela Robertson, 207-233. Toronto: Women's Press, 1999.

Baer, Hans A., Merrill Singer, and Ida Susser. *Medical Anthropology and the World System.* Westport: Praeger Publishers, 2003.

Bannerji, Himani. *The Dark Side of the Nation: Essays on Multiculturalism, Nationalism and Gender.* Toronto: Canadian Scholars' Press Inc., 2000.

Barber, Marilyn. "The Women Ontario Welcomed: Immigrant Domestics for Ontario Homes, 1870-1930." *Ontario History* 72, no. 3 (1980): 148-172.

Barnes, Colin, and Geof Mercer. *Diisability.* Cambridge: Polity Press, 2003.

Bashford, Alison. *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health.* New York: Palgrave Macmillan, 2004.

Baynton, Douglas C. ""The Undesirability of Admitting Deaf Mutes": U.S. Immigration Policy and Deaf Immigrants, 1882-1924." *Sign Language Studies* 6, no. 4 (2006): 391-415.

Begum, Nasa. "Disabled Women and the Feminist Agenda." *Feminist Review*, no. 40 (1992): 70-84.

Bell, Chris. "Introducing White Disability Studies: A Modest Proposal." In *The Disability Studies Reader, Second Edition*, edited by Lennard J. Davis, 275-282. New York: Routledge, 2006.

—. "Is AIDS Really a Disability? or What Can AIDS Lend to Disability Phenomenology and Culture?" *Disabled Peoples' International.* August 19, 2005. http://v1.dpi.org/lang-en/resources/details.php?page=324 (accessed December 16, 2007).

Berger, Carl. "The Truth North Strong and Free." In *Nationalism in Canada*, by Peter Russell, 3-26. Montreal: McGraw-Hill, 1966.

Bergland, Renee. *The National Uncanny: Indian Ghost and American Subjects.* Hanover: Univeristy Press of New England, 2000.

Bhattacharjee, Anannya. "The Public/Private Mirage: Mapping Homes and Undomesticating Violence Work in the South Asian Immigrant Community." In *Feminist Genealogies, Colonial Legacies, Democratic Futures*, edited by Jacqui M. Alexander and Chandra Talpade Mohanty, 308-329. New York: Routledge, 1997.

Blackwell, Judith C., Murray E.G. Smith, and John S. Sorenson. *Culture of Prejudice: Arguements in Critical Social Science.* Peterborough: Broadview Press, 2003.

Boychuk, Gerard William. *National Health Insurance in the United States and Canada: Race, Territory, and the Roots of Difference.* Washington: Georgetown University Press, 2008.

Brah, Avtar. *Cartographies od Diaspora: Contesting Identities.* London: Routledge, 1996.

Briggs, Charles L. "Communicability, Racial Discourse, and Disease." *Annual Review of Anthropology* 34 (2005): 269-291.

Briggs, Laura. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico.* Berkeley: University of California Press, 2002.

Butler, Judith. "Bodies that Matter: On the Discursive Limits of "Sex"." In *Understanding Inequality: The Intersection of Race/Ethnicity, Class, and Gender*, edited by Barbara A. Arrighi, 145-152. Lanham: Rowman & Littlefield, 2007.

Calgary Herald. "Immigrants Have 'Duty to Integrate': Kenney." *Calgary Herald.* July 10, 2009. http://www.calgaryherald.com (accessed July 26, 2009).

Calliste, Agnes. ""Women of Exceptional Merit": Immigration of Caribbean Nurse to Canada." *Canadian Journal of Women and the Law* 6, no. 1 (1993): 85-102.

Campion-Smith, Bruce. "Immigration proposals to stand." *TheStar.com.* April 17, 2008. http://www.thestar.com/printArticle/415406 (accessed May 5, 2008).

Canada, Department of Justice. "Immigration and Refugee Protection Regulations." *Department of Justice Canada.* June 11, 2002.

http://laws.justice.gc.ca/en/showdoc/cr/SOR-2002-227/bo-ga:l_1/20090616/en#anchorbo-ga:l_1 (accessed June 14, 2009).

Canada, Supreme Court of. "Hilewitz v. Canada (Minister of Citizenship and Immigration); De Jong v. Canada (Minister of Citizenship and Immigration), 2005 SCC." *CanLII.* 10 21, 2005. http://www.canlii.org/en/ca/scc/doc/2005scc57/2005ss57.html (accessed 11 06, 2008).

Canadian Council for Refugees. "C-50- 10 Reasons to Be Concerned." *Canadian Council for Refugees.* April 20, 2008. http://www.ccrweb.ca/documents/c50tenreasons.htm (accessed July 26, 2009).

Canadian HIV/AIDS Legal Network. "Canada's Immigration Policy as it Affects People Living with HIV/AIDS." *Canadian HIV/AIDS Legal Network.* May 10, 2009. http://www.aidslaw.ca/publications/interfaces/downloadFIle.php?ref=1477 (accessed June 8, 2009).

Carbado, Devon W. "Privilege." In *Black Queer Studies: A Critical Anthology*, 190-212. Durham: Duke University Press, 2006.

Carby, Hazel V. "White Woman Listen!: Black Feminism and the Boundaries of Sisterhood." In *The Empire Strikes Back: Race and Racism in 70s Britain*, by Centre for Contemporary Cultural Studies, 211-234. London: Hutchinson, 1982.

Carovano, Kathryn. "More Than Mothers and Whores: Redefining the AIDS Prevention Needs of Women." In *An Introduction to Women's Studies: Gender in a Transnational World*, edited by Inderpal Grewal and Caren Kaplan, 138-142. New York: McGraw-Hill, 2006.

CBC News. "Canada Defends Visa Change for Mexicans, Czechs." *CBCnews.ca.* July 14, 2009. http://www.cbc.ca/canada/story/2009/07/14/czech-visas-mexico.html (accessed July 25, 2009).

—. "Tories Survive Another Confidence Vote, MPs Vote in Favor of Bill C-50." *CBCNews.ca.* June 9, 2008. http://www.cbc.ca/canada/story/2008/06/09/immigration-vote.html (accessed July 26, 2009).

Chadha, Ena. "Supreme Court Victory for Immigrants with Disabilities." *ARCH Alert, November 9, 2005*, 2005: 1-3.

charania, gulzar raisa. *Encounters with Northern Development Workers: Reflections from the "Field".* Ontario Institute for Studies in Education of the University of Toronto. Toronto: Master of Arts Thesis, 2001.

Chimirova, Elmira. "Are the Medical Inadmissibility Provisions of Canada's Immigration and Refugee Protection Act (IRPA, 2001) Inconsistent with the Human Rights Principles with Respect to the Treatment of Persons with Disabilities." *LL.M dissertation.* Toronto: University of Toronto, 2008.

Chow, Rey. *The Protestant Ethnic and the Spirit of Capitalism.* New York: Columbia University Press, 2002.

Citizenship and Immigration Canada. "Designated Medical Practioner Handbook: IMM1017 Medical Report." *Citizenship and Immigration Canada.* October 31, 2003. http://www.cic.gc.ca/ENGLISH/pdf/kits/forms/IMM1017SCLF.pdf (accessed April 23, 2008).

—. "Designated Medical Practioner Handbook: Section 6: Conducting an Immigraton Medical Examination." *Citizenship and Immigration Canada.* October 31, 2003. http://www.cic.gc.ca/english/resources/publications/dmp-handbook/section-6.asp (accessed April 23, 2008).

—. "News Release- Canada Imposes a Visa on Mexico." *Citizenship and Immigration Canada.* July 13, 2009. http://www.cic.gc.ca/english/department/media/releases/2009/2009-07-13.asp (accessed July 25, 2009).

—. "News Release- Canada Imposes a Visa on the Czech Republic." *Citizenship and Immigration Canada.* July 13, 2009. http://cic.gc.ca/english/department/media/releases/2009/2009-07-13a.asp (accessed July 25, 2009).

—. "Operational Bulletin 063: Assessing Excessive Demand on Social Services." *Citizenship and Immigration Canada.* September 24, 2008. http://www.cic.gc.ca/english/resources/manuals/bulletins/2008/ob063.asp (accessed June 25, 2009).

Clare, Eli. *Exile and Pride: Disability, Queerness, and Liberation.* Cambridge: South End Press, 1999.

Clare, Eli. "Stolen Bodies, Reclaimed Bodies: Disability and Queerness." In *Feminist Frontiers*, edited by Nancy Taylor, Nancy Whittier and Leila J. Rupp, 413-414. Toronto: McGraw Hill, 2007.

Clarke, Adele E., Janet K. Shim, Laura Mamo, Jennifer Ruth Fosket, and Jennifer R. Fishman. "Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine." *American Sociological Review* 68, no. 2 (2003): 161-194.

Coleman, Daniel. *White Civility: The Literary Project of English Canada.* Toronto: University of Toronto Press, 2006.

Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment.* New York : Routledge, 2000.

Collins, Patricia Hill. "Learning From the Outsider Within: The Sociological Significance of Black Feminist Thought." In *Beyond Methodologies: Feminist Scholarship as Lived Research*, by M. Fonow and J. Cook, 35-59. Indiana: Indiana University, 1991.

Comaroff, John & Jean. *Ethnography and the Historical Imagination.* Colorado: Westview Press, 1992.

Cooper, Afua. *The Hanging of Angelique: The Untold Story of Canadian Slavery and the Burning of Old Montreal.* Toronto: HarperCollins Publishers Ltd, 2006.

Covey, Herbert C. *African American slave medicine: Herbal and Non-Herbal Treatments.* Lanham: Lexington Books, 2007.

Crosby, Marcia. "Construction of the Imaginary Indian." In *Vancouver Anthology: The Institutional Politics of Art*, edited by Stan Douglas, 267-291. Vancouver: Talonbooks, 1991.

Culhane, Dara. *The Pleasure of the Crown: Anthropology, Law and First Nations.* Burnaby: Talonbooks, 1998.

Davis, Angela Y. *Women, Race and Class.* New York: Vintage Books, 1983.

Davis, Lennard J. "Constructing Normalcy: The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century." In *The Disability Studies Reader*. New York: Routledge, 2006.

de Beauvoir, Simone. "The Second Sex." In *Understanding Inequality: The Intersection of Race/Ethnicity, Class, and Gender*, edited by Barbara A. Arrighi, 75-82. Lanham: Rowman & Littlefield, 2007.

Dehli, Kari. "SES1912: Foucault and Research in Education: Discourse, Power and the Subject." Toronto, October 16, 2007.

D'Emilio, John. "Capitalism and Gay Identity." In *The Gender/Sexuality Reader: Culture, History, Political Economy*, 169-178. New York: Routledge, 1997.

Dossa, Parin. "Racialized Bodies, Disabling Worlds "They [Service providers] Always Saw Me as A Client, Not as a Worker." *Social Science and Medicine*, no. 60 (2005): 2527-2536.

Dowbiggin, Ian. "'Keeping This Young Country Sane': C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925." *The Canadian Historical Review* 76, no. 4 (1995): 598-627.

Driedger, Diane. "Discovering Disabled Women's History." In *And Still We Rise: Feminist Poltiical Mobilizing in Contemporary Canada*, 173-187. Toronto: Women's Press, 1993.

Dua, Enakshi. "Canadian Anti-Racist Feminist Thought: Scratching the Surface of Racism." In *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, edited by Enakshi Dua and Angela Robertson, 7-31. Toronto: Women's Press, 1999.

Edwards, Rosalind, and Jane Ribbens. "Living on the Edges: Public Knowledge, Private Lives, Personal Experience." In *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*, edited by Rosalind Edwards and Jane Ribbens, 1-23. London: SAGE Publications, 1998.

Employment and Immigration Canada. *Medical Inadmissibility Review.* Discussion Paper, Ottawa: Employment and Immigration Canada, 1991.

Erevelles, Nirmala. "Disability in the New World Order." In *Color of Violence: The Incite! Anthology*, by INCITE! Women of Color Against Violence, 25-31. Cambridge: South End Press, 2006.

Fairchild, Amy L. *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force.* Baltimore: The John Hopkins University Press, 2003.

Fanon, Frantz. "Medicine and Colonialism." In *The Cultural Crisis of Modern Medicine*, edited by John Ehrenreich, 229-251. New York: Monthly Review Press, 1978.

Farmer, Paul. *Pathologies of Power: Health, Human Rights, and the New War on the Poor.* Berkeley: University of California Press, 2003.

Farmer, Paul. "Social Inequities and Emerging Infectious Diseases." In *Understanding and Applying Medical Anthropology* , edited by Peter Brown, 98-107. London: Mayfield Publishing Company, 1998.

Fassin, Didier. "The Biopolitics of Otherness: Undocumented Foreigners and Racial Discrimination in French Public Debate." *Anthropology Today* 17, no. 1 (2001): 3-7.

Fett, Sharla M. *Working Cures: Healing, Health, and Power on Southern Slave Plantations.* Chapel Hill: University of North Carolina Press, 2002.

Folson, Rose Baaba. "Representation of the Immigrant." In *Daily Struggles: The Deepening Racialization and Feminization of Poverty in Canada*, 35-46. Toronto: Canadian Scholars' Press Inc., 2008.

Fonow, Mary Margaret, and Judith A. Cook. "Back to the Future: A Look at the Second Wave of Feminist Epistemology and Methodology." In *Beyond Methodology: Feminist Scholarhip as Lived Research*, edited by Mary Margaret Fonow and Judith A. Cook, 1-15. Bloomington: Indiana University Press, 1991.

Foucault, Michel. "Nietzsche, Genealogy, History." In *The Foucault Reader*, edited by Paul Rabinow, 76-100. New York: Pantheon Books, 1984.

—. *Power/Knowledge: Selected Interviews & Other Writings, 1972-1977.* Edited by Colin Gordon. Translated by Colin Gordon, Leo Marshall, John Mepham and Kate Soper. New York: Pantheon Books, 1980.

—. *The History Sexuality: Volume I: An Introduction.* New York: Vintage Books, 1990.

Franklin, Tim. "HIV/AIDS in the Courts- Canada." *Canadian HIV/AIDS Policy and Law Review* 11, no. 1 (2006): 37-38.

Fung, Richard. "Looking for My Penis: The Eroticized Asian in Gay Video Porn." In *How Do I Look?: Queer Film and Video*, 145-160. Seattle: Bay Press, 1991.

Glenn, Evelyn Nakano. "From Servitude to Service Work: Historical Continuities in the Racial Division of Paid Reproductive Labor." *Signs* 18, no. 1 (1992): 1-43.

Gorman, Rachel. "Whose Disability Culture? Why We Need an Artist-led Critical Disability Arts Network." *MUSE* 30, no. 3 (2007): 15-21.

Green, Richard. ""Give Me Your Tired, Your Poor, Your Huddled Masses" (Of Heterosexuals): An Analysis of American and Canadian Immigration Policy." *Anglo-American Law Review* 16 (1987): 139-159.

Gushulak, Brian D., and Linda S. Williams. "National Immigration Health Policy: Existing Policy, Changing Needs, and Future Directions." *Canadian Journal of Public Health*, 2004: 27-29.

Harding, Sandra. "Introduction: Is There a Feminist Method." In *Feminism and Methodology*, edited by Sandra Harding, 1-14. Bloomington: Indiana University Press, 1987.

Henry, Frances, Carol Tator, Winston Mattis, and Tim Rees. *The Colour of Democracy: Racism in Canadian Society.* 2nd Edition. Toronto: Harcourt Brace & Company, 2000.

Heron, Barbara. *Desire for Development: Whiteness, Gender, and the Helping Imperative.* Waterloo: Wilfrid Laurier University Press, 2007.

Hill, Lawrence. *The Book of Negroes.* Toronto: HarperCollins Publishers Ltd, 2007.

hooks, bell. "Eating the Other: Desire and Resistance." In *Black Looks: Race and Representation*, by bell hooks, 21-39. Toronto: Between the Lines, 1992.

—. *Feminism is for Everybody: Passionate Politics.* Cambridge: South End Press, 2000.

—. *Teaching Community: A Pedagogy of Hope.* New York: Routledge, 2003.

Hussan, S.K., and Mac Scott. "Jason Kenney's Doublespeak Exposed: Tories Unleash Canada Border Services on Migrants." *No One is Illegal-Toronto.* April 29, 2009. http://toronto.nooneisillegal.org/node/300 (accessed July 25, 2009).

James, Jennifer C., and Cynthia Wu. "Editors' Introduction: Race, Ethnicity, Disability, and Literature: Intersections and Interventions." *Melus* 31, no. 3 (2006): 1-7.

James, Joy. "African Philosophy, Theory, and 'Living Thinkers'." In *Spirit, Space and Survival: African American Women in (White) Academe*, edited by Joy James and Ruth Farmer, 31-46. New York: Routledge, 1993.

Johnson, Walter. *Soul by Soul: Life Inside the Antebellum Slave Market.* Cambridge: Harvard University Press, 1999.

Kafer, Alison. "Compulsory Bodies: Reflections on Heterosexuality and Able-bodiedness." *Journal of Women's History* 15, no. 3 (2003): 78-89.

Kelley, Ninette, and Michael Trebilcock. *The Making of the Mosaic: A History of Canadian Immigration Policy.* Toronto: University of Toronto Press, 1998.

Kelm, Mary-Ellen. *Colonizing Bodies: Aboriginal Health and Healing in British Columbia 1900-50.* Vancouver: UBC Press, 1998.

Kelm, Mary-Ellen. "Diagnosing the Discursive Indian: Medicine, Gender, and the "Dying Race"." *Ethnohistory* 52, no. 2 (2005): 371-406.

King, Nicholas B. "Security, Disease, Commerce: Ideologies of Postcolonial Global Health." *Social Studies of Science* 32, no. 5/6 (2002): 763-789.

Kinsman, Gary. "Constructing Gay Men and Lesbians as National Security Risks, 1950-70." In *Whose National Security? Canadian State Surveilance and the Creation of Enemies*, edited by Dieter K Buse. Toronto: Between the Lines, 2000.

Kirby, Sandra L., Lorraine Greaves, and Colleen Reid. *Experience Research Social Change: Methods Beyond the Mainstream.* 2nd Edition. Peterborough: Broadview Press, 2006.

Kirby, Sandra, and Kate McKenna. *Experience Research Social Change: Methods From the Margins.* Toronto: Garamond Press, 1989.

Kiwanuka, Justine. "Refugees with Disabilities: Living a Full Life in Canada." In *Across Borders: Women with Disabilities Working Together*, edited by Diane Driedger. Charlottetown: Gynergy Books, 1996.

Klein, Alana. "HIV/AIDS and Immigration: Final Report." *Canadian HIV/AIDS Legal Network.* June 10, 2001. http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=853 (accessed June 8, 2009).

Knowles, Valerie. *Strangers at Our Gates: Canadian Immigration Policy, 1540-1997.* Edited by Revised Edition. Toronto: Dundurn Press, 1997.

Koshy, Susan. "Morphing Race into Ethnicity: Asian Americans and Critical Transformations of Whiteness." *boundary* 28, no. 1 (2001): 153-194.

Kraus, Krystalline. "Kenney's Canada: Who's In, Who's Out and Who is Getting Kicked Out." *Rabble.ca.* June 17, 2009. http://rabble.ca (accessed July 26, 2009).

Kuppers, Petra. *Disability and Contemporary Performance: Bodies on Edge.* New York: Routledge, 2003.

LaDuke, Winona. *Recovering the Sacred: The Power of Naming and Claiming.* Toronto: Between the Lines, 2005.

Lawrence, Bonita. "Gender, Race, and the Regulation of Native Identity in Canada and the United States: An Overview." *Hypatia* 18, no. 2 (2003): 3-31.

Lawrence, Bonita. "Rewriting Histories of the Land: Colonization and Indigenous Resistance in Eastern Canada." In *Race, Space, and the Law: unmapping a White Settler Society*, edited by Sherene H. Razack, 21-46. Toronto: Between the Lines, 2005.

Lawrence, Bonita, and Enakshi Dua. "Decolonizing Antiracism." *Social Justice* 32, no. 4 (2005): 120-143.

Letherby, Gayle. *Feminist Research in Theory and Practice.* Buckingham: Open University Press, 2003.

Leung, Carrianne. "The Yellow Peril Revisted: The Impact of SARS on Chinese and Southeast Asian Communitites." *Resources for Feminist Research* 33, no. 1-2 (2008): 135-150.

Lewis, Bradley. "The New Global Health Movement: Rx for the World?" *New Literary History* 38 (2007): 459-477.

Li, Peter S. *Destination Canada: Immigration Debates and Issues.* Don Mills: Oxford University Press, 2003.

Linton, Simi. *Claiming Disability, Knowledge, and Identity.* New York: New York University Press, 1998.

Loomba, Ania. "Colonial and Postcolonial Identities." In *Colonialism/Postcolonialism*, by Ania Loomba, 128-145. New York: Routledge, 2005.

Lorde, Audre. *Sister Outsider: Essays and Speeches.* Freedom: The Crossing Press, 1984.

Lukin, Joshua. "Black Disability Studies." *Temple University Faculty Herald* 36, no. 4 (2006): 1-7.

Malhotra, Ravi. "New Socialist: Disability Rights and Immigration." *New Socialist.* April 23, 2008. http://newsocialist.org/newsite/index.php?id=717 (accessed April 23, 2008).

Mama, Amina. *Enslaving the Soul of the Other.* London: Routledge, 1995.

Mason, Jennifer. *Qualitative Researching.* 2nd Edition. London: Sage Publications, 2002.

Mawani, Renisa. "'The Island of the Unclean': Race, Colonialism and 'Chinese Leprosy' in British Columbia, 1891-1924." *Law, Social Justice and Global Development* 5, no. 1 (2003): 1-21.

McKittrick, Katherine. *Demonic Grounds: Black Women and the Cartographies of Struggle.* Minneapolis: University of Minnesota, 2006.

McLaren, Angus. *Our Own Master Race: Eugenics in Canada, 1885-1945.* Don Mills: Oxford University Press, 1990.

McRuer, Robert. "Compulsory Able-Bodiedness and Queer/Disabled Existence." In *Disability Studies: Enabling the Humanities*, 88-99. New York: The Modern Language Association of America, 2002.

Mendoza, Victor Roman. "Terrorist Assemblages: Homonationalism in Queer Times (review)." *Journal of Asian American Studies* 12, no. 1 (2009): 128-132.

Menzies, Robert. "Governing Mentalities: The Deportation of 'Insane' and 'Feebleminded' Immigrants Out of British Columbia From Confederation to World War II." *Canadian Journal of Law and Society* 13, no. 2 (1998): 135-175.

Mills, Sara. *Michel Foucault.* London: Routledge, 2003.

Mingus, Mia. "Creating Change Award Acceptance Speech." *Intersection-ableism and male privilege.* February 10, 2008. http://community.livejournal.com/micscorner/4252.html (accessed May 22, 2009).

Mirza, Heidi Sefia. "Introduction: Mapping a Genealogy of Black British Feminism." In *Black British Feminism: A Reader*, edited by Heidi Sefia Mirza, 1-30. New York: Routledge, 1997.

Mohanty, Chandra Talpade. *Feminism Without Borders: Decolonizing Theory, Practicing Solidarity.* Durham: Duke University Press, 2003.

Molina, Natalia. *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879-1939.* Berkeley: University of Califronia Press, 2006.

Moore, Leroy. "Buried Alive not Dead." *Poor Magazine.* March 5, 2001. http://www.poormagazine.org/index.cfm?L1=news&story=2 (accessed August 15, 2008).

Morrison, Toni. *Playing in the Dark: Whiteness and the literary Imagination.* New York: Vintage Books, 1992.

Mosoff, Judith. "Excessive Demand on the Canadian Conscience: Disability, Family, and Immigration." *Manitoba Law Journal* 26, no. 2 (1999): 149-179.

Multi-Ethnic Association for the Intergration of Persons with Disabilities. "Disability and Immigration." *United Nations.* September 2001. http://www.un.org/esa/socdev/enable/rights/ahc5docs/ahc5multiethnic.doc (accessed January 1, 2008).

Murdocca, Carmela. "Foreign Bodies: Race, Canadian Nationalism and the Trope of Disease ." *M.A. Thesis, OISE, University of Toronto.* 2002.

Naples, Nancy A. *Feminism and Method: Ethnography, Discourse Analysis, and Activist Research.* New York: Routledge, 2003.

Narayan, Uma. *Dislocating Cultures: Identities, Traditions, and Third World Feminism.* New York: Routledge, 1997.

Nelson, Jennifer J. "The Space of Africville: Creating, Regulating, and Remebering the Urban "Slum"." In *Race, Space, and the Law: Unmapping a White Settler Society*, edited by Sherene H. Razack, 211-232. Toronto: Between the Lines, 2005.

Nestel, Sheryl. "(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa." *Journal of Medical Humanities* 19, no. 4 (1998): 257-277.

Nestel, Sheryl, interview by Nwadiogo Ejiogu. *Thesis Project Meeting* (October 20, 2007).

Nestel, Sheryl, and Sherene Razack. "Wrestling with the "Ghost of Anthropology Past": Cultural Competency Approaches in Medical Education." Toronto: Unpublished Manuscript. 1-58.

Neville, Helen A., and Jennifer Harmer. "'We Make Freedon': An Exploration of Revolutionary Black Feminism." *Journal of Black Studies* 31, no. 4 (2001): 437-461.

No One Is Illegal. "New Socialist: CANADA: Scrap Bill C-50." *New Socialist.* April 31, 2008. http://www.newsocialist.org/index.php?id+1570 (accessed May 2, 2008).

No One is Illegal-Toronto. "No Visa? No Rights?! DON'T CLOSE THE BORDER ON REFUGEES!" *No One is Illegal-Toronto.* July 23, 2009. http://toronto.nooneisillegal.org/node/317 (accessed July 25, 2009).

No One is Illegal-Vancouver. "FIRE KENNEY! A Community Dialogue on Immigrant Worker Raids and Citizenship Changes." *No One is Illegal-Vancouver.* May 20, 2009. http://noii-van.resist.ca/?p=1093 (accessed July 26, 2009).

—. "What Do You Know About the Racist Bill C 50." *No One is Illegal-Vancouver.* May 20, 2008. http://noii-van.resist.ca (accessed June 15, 2008).

Oliver, Michael. *Understanding Disability: From Theory to Practice.* New York: St. Martin's Press, 1996.

Omi, Michael, and Howard Winant. *Racial Formation in the United States: From the 1960s to the 1980s.* New York: Routledge, 1986.

Ong, Aihwa. *Buddha is Hiding: Refugees, Citizenship, the New America.* Berkeley: University of California Press, 2003.

Ong, Aihwa. "Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship in California." *Social Science and Medicine* 40, no. 9 (1995): 1243-1257.

Ontario Council of Agencies Serving Immigrants. "OCASI deputation on changes to IRPA under Bill C-50." *OCASI: Ontario Council of Agencies Serving Immigrants.* May 15, 2008. http://www.ocasi.org/index.php?qid=967 (accessed July 26, 2009).

O'Toole, Corbett Joan. "The Sexist Inheritance of the Disability Movement." In *Gendering Disability*, 294-299. New Jersey: Rutgers University Press, 2004.

Patton, Cindy. *Globalizing AIDS.* Minnesota: University of Minnesota Press, 2002.

Petersen, Alan, and Deborah Lupton. *The New public Health: Health and Self in the Age of Risk.* St Leonards: Allen & Unwin , 1996.

Peterson, V. Spike. "Sexing Poltical Identities/ Nationalism as Heterosexism." In *Women, States, and Nationalism: At Home in the Nation?*, edited by Sita Ranchod-Nilsson and Mary Ann Tétreault, 54-80. New York: Routledge, 2000.

Puar, Jasbir K. *Terrorist Assemblages: Homonationalism in Queer Times.* Durham: Duke University Press, 2007.

Razack, Sherene H. *Dark Threats and White Knights: The Somalia Affair Peacekeeping, and the New Imperialism.* Toronto: University of Toronto Press, 2004.

Razack, Sherene H., ed. *Race, Space, and the Law: Unmapping a White Settler Society.* Toronto: Between the Lines, 2005.

Razack, Sherene H. "When Place Becomes Race." In *Race, Space, and the Law: Unmapping a White Settler Society*, edited by Sherene H. Razack, 1-20. Toronto: Between The Lines, 2005.

Razack, Sherene. "R.D.S. v. Her Majesty The Queen: A Case About Home ." In *Scratching the Surface: Canadian Anti-Racist Feminist Thought*, edited by Enakshi Dua and Angela Robertson, 281-294. Toronto: Women's Press, 1999.

Reddy, Chandan. "Modern." In *Keywords for American Cultural Studies*, edited by Bruce Burgett and Glenn Hendler, 160-164. New York: New York University Press, 2007.

Rich, Adrienne. "Compulsory Heterosexuality and Lesbian Existence." In *Blood, Bread, and Poetry: Selected Prose 1979-1985*, by Adrienne Rich, 23-75. New York: Norton, 1986.

Roberts, Barbara Ann. "Purely Administrative Proceedings: The Management of Canadian Deportation, Montreal, 1900-1935." *Ph.D Thesis.* Ottawa: University of Ottawa, 1980.

Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty.* New York: Random House, 1997.

Rojas Durazo, Ana Clarissa. "The Medicalization of Domestic Violence." In *Color of Violence: The INCITE! Anthology*, edited by Incite! Women of Color Against Violence, 179-188. Cambridge: South End Press, 2006.

Rosenberg, Ryan N. "Pay to Pass." *Canadian Immigrant.* November 25, 2008. http://www.canadianimmigrant.ca/ArticlePrint/2532 (accessed June 22, 2009).

Sandys, Judith. "Immigration and Settlement Issues For Ethno-Racial People with Disabilities: An Exploratory Study." *Virtual Library Document.* September 1, 1998. http://ceris.metropolis.net/Virtual%20Library/health/sandysj1.html (accessed January 4, 2008).

Scott, Joan W. "Experience." In *Feminists Theorize the Political*, edited by Judith Butler and Joan W. Scott, 22-40. New York: Routledge, 1992.

Shah, Nayan. *Contagious Divides: Epidemics and Race in San Francisco's Chinatown.* Berkeley: University of California Press, 2001.

Sharma, Nandita. *Home Economics: Nationalism and the Making of 'Migrant Workers" in Canada.* Toronto: University of Toronto Press, 2006.

Sherry, Mark. "(Post)colonising Disability." *Wagadu* 4 (2007): 10-22.

Silvera, Makeda. "Man Royals and Sodomites: Some Thoughts on the Invisibilty of Afro-Caribbean Lesbians ." In *Lesbian Subjects: A Feminist Studies Reader*, 167-177. Bloomington: Indiana University Press, 1996.

Simpson, Audra. "Paths Toward a Mohawk Nation: Narratives of Citizenship and Nationhood in Kahnawake." In *Political Theory and the Rights of Indigenous Peoples*, edited by Duncan Ivison, Paul Patton and Will Sanders, 113-136. New York: Cambridge University Press, 2000.

Smith & Hughes: Out/Law Online. "Overview of Canadian Immigration Law and Policies on HIV." *Smith & Hughes: Out/Law Online.* October 10, 2006. http://www.smith-hughes.com/publications.html (accessed April 23, 2009).

Smith, Andrea. *Conquest: Sexual Violence and American Indian Genocide.* Cambridge: South End Press, 2005.

Smith, Linda Tuhiwai. *Decolonizing Methodologies: Research and Indigenous Peoples.* London: Zed Books Ltd, 1999.

Snyder, Sharon L., and David T. Mitchell. "The Eugenic Atlantic: Disability and the Making of an International Science." In *Cultural Locations of Disability*, by Sharon L. Snyder and David T. Mitchell, 100-129. Chicago: University of Chicago Press, 2006.

Solomon, Alisa. "Trans/Migrant: Christina Madrazo's All-American Story." In *Queer Migrations: Sexuality, U.S. Citizenship, and Border Crossings*, 3-29. Minneapolis: University of Minnesota, 2005.

Somerville, Margaret A., and Sarah Wilson. "Crossing Boundaries: Travel, Immigration, Human Rights and AIDS ." *McGill Law Journal* 43 (1998): 781-807.

Somerville, Siobhan B. "Scientific Racism and the Invention of the Homosexual Body." In *Queering the Color: Race and the Invention of Homosexuality in American Culture*, by Siobhan B. Somervile, 15-38. Durham: Duke University Press, 2000.

Sontag, Susan. "AIDS and Its Metaphors." In *The Disability Studies Reader*, edited by Lennard J. Davis, 153-157. New York: Routledge, 2006.

Sprague, Joey. *Feminist Methodologies for Critical Researchers: Bridging Differences.* Walnut Creek: AltaMira Press, 2005.

Stake, Robert E. "Case Studies." In *Handbook of Qualitative Research*, 435-454. Thousand Oaks: Sage Publications, Inc, 2000.

Stokes, Mason. *The Color Sex: Whiteness, Heterosexuality, and the Fictions of White Supremacy.* Durham: Duke University Press, 2001.

Stoler, Ann Laura. *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things.* Durham: Duke University Press, 1995.

Stubblefield, Anna. ""Beyond the Pale": Tainted Whiteness, Cognitive Disability, and Eugenic Sterilization." *Hypatia* 22, no. 2 (2007): 162-181.

Sudbury, Julia. "Introduction: Feminist Critiques, Transnational Landscapes, Abolitionist Visions." In *Global Lockdown: Race, Gender, and the Prison-Industrial Complex*, xi-xxviii. New York: Routledge, 2005.

Tataryn, Myroslava. "Bridging the Gap: A Call for Cooperation Between HIV/AIDS Activists and the Global Disability Movement." *Disabled Peoples International* . August 19, 2005. http://v!.dpi.org (accessed June 22, 2009).

Thobani, Sunera. *Exalted Subjects: Studies in the Making of Race and Nation in Canada.* Toronto: University of Toronto Press, 2007.

Thomas Garland, Rosemarie. "Disability, Identity, and Representation: An Introduction." In *Extraordinary Bodies: Figuring Physical Disability in American Culture and Representation*, by Rosemarie Thomas Garland, 5-9. New York: Columbia University, 1997.

Tremain, Shelley. "Foucault, Governmentality, and Critical Disability Theory: An Introduction." In *Foucault and the Government of Disability*, edited by Shelley Tremain, 1-24. Ann Arbor: The University of Michigan Press, 2005.

Twine, France Winddance. "Racial Ideologies and Racial Methodologies." In *Racing Research, Researching Race: Methodological Dilemmas in Critical Race Studies*, edited by France Winddance Twine and Jonathan W. Warren, 1-34. New York: New York University Press, 2000.

Everyday Monsters. Video. Directed by Onyinyechukwu Udegbe. Performed by Onyinyechukwu Udegbe. 2009.

Valverde, Mariana. *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925.* Toronto: University of Toronto Press, 2008.

van Dijk, Teun. *Elite Discourse and Racism.* Newbury Park: SAGE Publications, 1993.

Vaughan, Megan. *Curing thei Ills: Colonial Power and African Illness.* Stanford: Stanford University Press, 1991.

Vernon, Ayesha. "The Dialectics of Multiple Identities and the Disabled People's Movement." *Disability & Society* 14, no. 3 (1999): 385-398.

Voyvodic, Rose. "Into the Wasteland: Applying Equality Principles to Medical Inadmissibility in Canadian Immigration Law." *Journal of Law and Social Policy*, no. 16 (2001): 115-143.

Wade, Bruce H. "The Disabling Nature of HIV/AIDS Discourse Among HBCU Students: How Postcolonial Racial Identities and Gender Expectations Influence HIV Prevention Attitudes and Sexual Risk-Taking." *Wagadu* 4 (2007): 125-141.

Wane, Njoki Nathani. "Black-Canadian Feminist Thought: Drawing on the Experiences of My Sisters." In *Back to the Drawing Board: African-Canadian Feminisms*, edited by Njoki Nathani Wane, Katerina Deliovsky and Erica Lawson, 29-53. Toronto: Sumach Press, 2002.

Warner, Tom. *Never Going Back: A History of Queer Activism in Canada.* Toronto: University of Toronto Press, 2002.

Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimetation on Black Americans from Clonial Times to the Present.* New York: Harlem Moon, 2006.

Wiebe, Sarah. "Producing Bodies and Borders: A Review of Immigrant Medical Examinations in Canada." *Surveillance & Society* 6, no. 2 (2009): 128-141.

Wiebe, Sarah. "Re-Thinking Citizenship: (Un)Healthy Bodies and the Canadian Border." *Surveillance & Society* 5, no. 3 (2008): 334-339.

Winks, Robin W. *The Blacks in Canada: A History.* 2nd Edition. Montreal: McGill-Queen's University Press, 1997.

Woods, Allan. "Visa Restrictions Spark Backlash." *TheStar.com.* July 15, 2009. http://www.thestar.com/printArticle/666365 (accessed July 25, 2009).

Yin, Robert K. *Case Study Research: Design and Methods.* Thousand Oaks: Sage Publications, 1994.