SM: Welcome to another episode of COVID Conversations. I’m Sameena Mulla. I’m an anthropologist in the Department of Social and Cultural Sciences. Today our conversation is going to be about COVID 19, immigration and race. I’m here today with Dr. Jeffrey Coleman and Dr. Erin Hoekstra. Jeffrey, can I ask you to introduce yourself?

JC: Good morning Sameena and Erin. It’s a pleasure to be here. My name is Jeffrey Coleman. I’m an associate professor of Spanish in the Department of Languages, Literatures and Cultures here at Marquette. Entering the seventh year here at Marquette. Time flies. (laughs)

SM: And Erin?

EH: Hi. My name is Erin Hoekstra, I’m an assistant professor in the Department of Social and Cultural Sciences here at Marquette. I just finished my first year. My research focuses on the area of sociology, specifically medical sociology and issues of migration.

SM: It’s great to have you with us today. We’ve been hearing a lot in the news about how COVID 19 impacts different communities really differently. There is a lot of talk here in Wisconsin especially. We noted that one legislator actually jumped right into the conversation and said that immigrants in his area were part of the problem of spreading COVID. I wanted us to kind of unpack some of that today. I’m just going to jump right in because I know a little bit about your research, but our listeners don’t. I know that both of you use the concept of necropolitics [see note], which is a really pithy term, but it’s a really useful one. And you use this concept in your research about immigrants. Jeffrey, you use it when you talk about immigration in Spain. And Erin, you are working in the U.S. context. I thought I would ask you to explain what necropolitics is, and what that concept allows us to understand right now?

JC: Alright . Well, I would define necropolitics simply as understanding the notion of sovereignty, so how a state or nation functions in relation to death. And so if we think about it in terms of immigration policy in particular, which people are allowed to enter our nation and which are not. And often those who are not are often faced with violence and physical death. In some cases, they may be allowed to enter the nation but are faced with what we would call social death, so marginalization where they are ostracized from communities. Both are detrimental to the immigrant and to the nation as well. And we’re seeing that play out as it relates to the COVID19 pandemic.

EH: Thanks, Jeffrey. That’s a great way to think about it. I would say that necropolitics really underscores a lot of my research as well. And the way that I look at it in terms of immigration policy and border control in the U.S. looks specifically at migrants who are, on the one hand, killed by the state, but also people who are left for dead or marked for death. And so I look at this in the way that border control policy has been implemented in the U.S. So since 1994 we have been operating under this border control strategy called “prevention through deterrence,” which advocates and activists in my work colloquially call “deterrence by death.” The idea is that the border is fortified through the building of a wall and other physical infrastructure in a way that forces people to cross the desert, cross the border of the U.S.-Mexico desert in the most harsh, the most dangerous terrain. This has resulted in finding of the remains of 8,000 people in the desert since 2004, and that’s just a fraction of the people, because they are just the ones who have been found.

But by using this prevention through deterrence strategy, which is completely underscored by a necropolitical strategy, the government can claim this kind of moral alibi that these are people who “died of natural causes” when there is nothing natural about this. But we also see necropolitics underscoring internal immigration policy as well. So we see it in the ineligibility for healthcare for the majority of immigrants in the U.S., which basically has marked migrants as disposable, and has essentially marked them for death. Because what do people do when they are ineligible for health care and get something like breast cancer? Effectively, there is no way to access treatment. But that is one piece of it, which I look at in my own work: people who are constrained to a life in the shadows. And this is very much linked with healthcare access prior to COVID even, because there is a collusion between hospitals and immigration enforcement that basically makes healthcare virtually inaccessible. So in addition to the more visible but still invisible deaths at the border, there is countless thousands of deaths of migrants across the country as a result of this immigration policy.

SM: So just to summarize your explanations of necropolitics, you both seem to be speaking to the ways in which the state actually sets out policies and institutional practices that result in the death of, in this case, migrants, but I think broadly in social science we can understand necropolitics as the it applies to all people within a sovereign nation. And it also sounds like what you are talking about is not just specific policies and structures, but also, omissions and lack of policies, or lack of institutions. And both of these can result in disproportionate killing and dying in the different contexts that your talking about. When we think about COVID 19 and necropolitics, what can we understand about the patterns that we see about disproportionate illness, death and dying through this concept?

JC: I would start off that some of the disproportionate nature of COVID started even before people were dying in mass. So in the European context, one of the things that we saw very quickly as COVID spread through Spain and Italy was blaming COVID on racialized communities, which is to say non-white communities. And so the Chinese community in Spain was subject to hate crimes when this all started. Most media throughout the world was referring to the virus as the “Chinese virus” so there was direct linguistic blame on Chinese people whether or not they were in China or happened to be in other parts of the world. And other racialized communities were also blamed, so the African communities in Spain and Italy, southeast Asian communities etcetera. Even before death started. Although, most of the mapping that has been done of COVID actually shows that it wasn’t racialized communities, and particularly if we connect class to this, right, it was middle class and upper class white Spaniards, white Italians who were traveling the world, ending up with COVID and bringing it back to their country. And a similar thing in the U.S., but I would say it was much more drastic in the European case. So definitely before death, you already have blame. And I think in the U.S. case, one of the things that we see is that the way the disease is discussed changes once race is brought into the picture.

EH: Thank you Jeffrey. I think you raised some really important points. Part of the issue is that issues of migration, health and race have been inextricably linked for centuries, especially in the U.S. So we see this idea of “yellow peril,” this idea of Asians and Asian-Americans as bearers of disease, and by extension as kind of unclean and unfit for citizenship. This idea formed the basis of the U.S.’s 1882 Chinese Exclusion Act which was immigration policy that specifically barred immigration based on race. And then in the 1910s, we had mass quarantining along the U.S.-Mexico border and the literal disinfecting of migrants of color across the U.S.-Mexico border with pesticides and other chemical agents. So this historical legacy reemerging as not historical in the current moment, these tropes of people of color, of migrants of color in particular and pathologized as bearers of disease is very much reemerging.

As Jeffrey said with the discussion of COVID as the “Chinese” or the “Wuhan virus,” or even the discussion of it colloquially as the “Kung flu,” which Trump and other politicians have used, so really racially signaling the virus which has led to exponential increase of hate crimes against Asians and Asian-Americans in the U.S. We very much see kind of a discourse around the reopening of states. Once there is this discovery of the disproportionate impact of COVID and the more morbidity and mortality associated with communities of color which are on the whole much more likely to be working as “essential workers” right now. We are seeing the workers bearing the brunt of continued exposure to the virus, and this, higher infection and mortality rates. I have seen various explanations of all types of reasons for this, and I think that it’s impossible to discuss the disproportionate impact of COVID without talking about insidious racism that gives rise to social inequality, health disparities, which leads to higher co-morbidities, and higher rates of death.

SM: There is so much in both of the answers, in part because you are speaking from these really rich research contexts from Europe and the United States. I want to talk a little bit about now something that seems to be emerging. In social science, a lot of times we talk about racialization: this idea of who is marked as of or belonging to a race, and then how that is associated to other factors, like culture, behavior, illness, disease. And so I think something that you are both pointing to quite a lot in your responses is that in this pandemic context, a virus needs a host, a host travels in human bodies. A lot of the travel that has been responsible for spreading the disease from country to country and community to community has largely been carried out by people with means, right? And it’s quite explicitly non-racialized white communities, whether we are talking about Europe or the United States. Not solely, but disproportionately. And there is never a sense or a moment in the pandemic discourse where we think of COVID as a white disease. Right?

And there are several moments and stages in the public and political discourse around COVID as the “Chinese virus” or COVID as disproportionately impacting Black and brown communities, and migrant communities. Particularly here in Wisconsin, we hear that. The reopening debates as well play out across the map in really different ways. When we see images of people at the beach or people filling bars, we tend not to discuss them in racial terms like “Oh, look at all those white suburbanites.” That is not what we are hearing in the news. But we do hear that there are a disproportionate number of cases in Latinx and Black communities in Wisconsin for sure. Why have the... I mean, it’s a terrible question... why has the discourse flowed in that particular way? Why is it so easy to hang the responsibility for COVID on certain communities and not others?

JC: I would start off with an interesting counterpoint. The African Union actually was considering banning folks from Europe and the United States from coming to African countries in part because many of the heads of state in Africa recognized that this was not a disease that was being spread by Black, brown, or Asian people, but was being primarily spread by Europeans and Americans, mostly of means and non-racialized, right? And so in order to protect their own nation, we have countries like Ghana, Nigeria, and Kenya and Ethiopia and so on who made the decision to kind of stop travel despite being nations that depend heavily on tourism in order to protect their own citizens. And so that is an interesting thought because we are not discussing very much globally how COVID is affecting the global south. Africa, the Middle East and so on. I do think, though, that in the European context it comes down to a difference in national ethos, and so in the Spanish case being a nation that depends heavily on what we would call the welfare state, having a public healthcare system and so on, I think the discussion of race as relating to COVID gets somewhat nuanced in that everyone has access to healthcare and so the nation in wanting to take care of its citizens makes a concerted effort to give healthcare to everyone in order for it not to come back into the community that it wants to protect, even if it means protecting the people you might not necessarily care about.

You have to protect them in order to protect everybody else, which is somewhat the opposite of what we are seeing in the U.S. which explains the spike which we have now in thinking about the individualistic nature of American culture more generally, but also once you compound this with race and understand, “Oh, it effects the Latinx community and the Black community. Oh, then we’re okay! So then we can reopen!” And so that seems to be the discussion we are having here, whereas in Spain and Italy it was very much “lock down the whole nation for as long as we have to” and then everybody can come out. Right? Which is what we are seeing now in Spain. Everyone is back to work, back in restaurants, back doing things. You know, still with some level of social distancing and such, but very much approaching what was normal at the beginning of this year.

EH: Yea, Sameena. I think your question really points to the kind of unmarked nature of whiteness. I read something about how the outbreak in the Sherman Park neighborhood in Milwaukee was traced to one neighbor’s interaction with a white, affluent suburbanite of Milwaukee who had traveled to Europe and contracted the disease and essentially that is how the spread started. But we don’t see that because the racial tropes of disease and the racial pathologization that historically, and continuously, doesn’t account for whiteness. White people aren’t “unclean” and “unfit” in the same way... in the way that these racial tropes and racist tropes are constructed. And so very much that is not part of the discussion.

SM: I want to mark a couple of things here. It’s really well understood in scholarship that one of the other results of racialization particularly when you are talking about health is when we think of communities that are more vulnerable to healthcare crises and episodes we understand that it is not biological. It may be seems like a very silly thing to say to the two of you as scholars. But the problem isn’t in the bodies or the immune systems of the people who are being infected, and who are getting sick and dying. The problem really comes from all of the things that you guys have outlined: access to healthcare or not; exposure to people who are likely to be infected or not; ability to travel; your essential worker status; and that is really how a lot of us have understood racialization. Once we get into the public discourse where we are talking about Black and Latinx communities as if there is something intrinsically wrong with those communities, and that is why they bear the disproportionate burden that concept or racialization is kind of complete in a way. We’ve now located all of those social problems in the bodies of people when actually, what we understand is happening is a whole set and series of social mechanisms. I think it’s really important to highlight that because we’re talking about immigration.

You both have pointed out that we are talking about people from various racial and ethnic backgrounds. But even the way that everyone becomes conflated into THE Latinx community when migrants are flowing to the U.S. from various different places, geographies, class status and backgrounds, right? Or THE Black community, which is not monolithic in Milwaukee or anywhere else. This is the way that racialization,a gain, kind of becomes complete. I wanted to point that out in what you are describing, and I wanted to move us in a slightly different direction. I don’t want to center myself, but I will share that my family was undocumented, and I grew up in a mixed status family in the United States. And so some of the problems that you have been discussing I think do have deep histories that you pointed out. It’s very clear to me, too, that in relationship to the negative dynamics that we are talking about, blaming, exclusion, violence, the necropolitics... the letting die of communities of color, there are also strategies in migrant communities for surviving. For surviving COVID; for surviving racism. And so I wondered, had you noticed any particular strategies for surviving that are emerging in different immigrant communities?

JC: Definitely. I would say in the Spanish case one of the things that we see pretty early on, particularly from the Asian community is this notion of... there is a hashtag going around “I AM NOT A VIRUS.” And there is a very famous pop star. He is also a columnist in one of the largest newspapers in Spain, Chenta Tsai. And he, during Madrid Fashion Week, which took place right at the beginning of the pandemic, comes down the runway and takes off his shirt and has painted on his body, “I AM NOT A VIRUS.” And those types of notions of resistance are particularly important to thinking through how do we remove the racialization of this disease, especially recognizing, particularly in Spain, that yes, there was some disproportionality with regards to race, but that is actually much harder to track in Spain because there aren’t racial statistics in Spain by law, and so what we mostly see is that it is killing white people. So may be that is why the response in Spain might have been a little different from the U.S. And also what we’re seeing, and this also ties into the anti-racist discussions we are having as a result of the killing of George Floyd is that with the protests that have been happening in major cities in Spain, the Black community and other racialized communities have been very clear about if you are coming to these protests please where a mask because COVID is still a thing and we can attack racism and destroy racism at the same time that we resist spreading this disease further into our communities.

EH: Yea, I think thinking through survival strategies and community-based resistance is so important. Otherwise study and examination of necropolitics and migrant racialization seems like there’s no resistance. There is no resilience. There is no agency. And that couldn’t be further from the truth. And so I think the work that I have done is pre-COVID so far that has looked at informal networks of medical professionals, of people who were doctors and nurses in their home countries but aren’t able to practice medicine in the U.S. There is already a lot of informal medical care happening. A lot of indigenous healing practices. So there is actually healthcare and health provision happening on an informal level that is sometimes not seen. There’s also very much a speaking back to the necropolitical strategies of the state, and a resistance and decades of organizing at a grass roots level to really change things. And we’ve seen that organizing has had effects on different policies, different enforcement tactics, and has sparked positive change in that way. And finally there is a whole network of mutual aid that’s basically groups that are organized and organizing on a level of community solidarity to really redistribute resources, and make sure that people have food. That they have social support, and material support in absence of access and entitlement to social services. That is most definitely continuing and is elevated in terms of the scope of it under COVID.

I just wanted to say more in terms of the racialization of COVID. In my own work I talk about immigration policy and the necropolitics of border control and immigration policy as prat of policies of what I call “pragmatic eugenics.” So like eugenics in all but name in the way that it contributes to the death of migrants in a very real way. So I think we see this being expanded and extended in the times of COVID where you have undocumented agricultural workers with letters from their employers basically saying, “I am an essential worker.” And they’re instructed to carry these letters around and present them to any sort of immigration enforcement or anyone questioning their mobility under a shelter in place order. So we have precarious migrant communities whose precarity has been politically and socially constructed, so that they are vulnerable, exploitable, expendable workers, but now the reality of the essentialness of their labor is explicit under COVID. So you have essential yet expendable migrant laborers who are still continuing to work, continuing to make sure there is food on the table, the supply chains aren’t disrupted in a very real way. I think COVID is showing, in a way that kind of speaks back to these strategies the centrality that these low wage migrant workers play in making sure that everything continues for the rest of us under COVID.

SM: I’m really glad that you remembered that last point. I think it’s really chilling point to kind of end with, and it reminds me that there is a lot of motivation for organizing, for being thoughtful, for truly understanding the complex mechanisms that lead into these easy, but ultimately, irresponsible narratives that assign blame to the wrong people, and use very pernicious and deep historical narratives about immigrants and race in order to further the discussion.

EH: Yea, and I would say that COVID actually opens up additional opportunities for resistance. Because the essentialness of low wage workers is that much more obvious and that much more essential in this time. Friends of mine are working with some Somali migrants who work in an Amazon warehouse in Minnesota, and this organization of mostly Somali migrants who work in this warehouse to promote better working conditions for themselves and that sort of thinking, but also to really lead the fore of organizing Amazon across the nation, if not the world is happening from this very small group of organized workers who are recognizing how much more power they have in this current moment, and are using it to really leverage additional protections for workers in their warehouse.

SM: I think we also have seen with Amazon... Amazon is an interesting case. Warehouse workers in New York City, really amazing racial solidarities among workers, too. You have immigrant workers who are Latinx or African migrants also organizing with Black workers, and that solidarity is not lost on us in this present moment where every day people have been marching for Black lives in cities all across the nation. So you see some of that also starting to manifest in workers’ responses to being put at risk to keep the economy going. Thank you both so much for your time. Jeffrey, I want to give you an opportunity if you have one more thought.

JC: I would just like to add in that these notions of resistance are sparking a global movement. And I think that the fact that you have COVID, and that’s compounded by this anti-racist movement as a result of the killing of George Floyd creates a perfect storm for racialized communities around the world to come together and fight against racism whether it’s in labor or healthcare or education or what have you, we’re starting to see a real coalescence around these notions such that these rights, these things that people should have access to really should be accessible to all people. And if they’re not, that’s a problem, and many people are starting to see the disproportionality of these issues whether it be in the U.S., Spain or otherwise. And I think that’s the best part about this. As horrible as this year has been, for so many around the world, I think there is some glimmer of hope in that we are starting to see the dismantling of certain institutions that have continued to detrimentally affect racialized communities.

SM: Thank you so much Dr. Jeffrey Coleman, and Dr. Erin Hoekstra. I’m Dr. Sameena Mulla. If you are curious about Jeffrey Coleman’s and Erin Hoekstra’s research and what it looked like before COVID, you should definitely check out Dr. Coleman’s book, *The Necropolitical Theater: Race and Immigration on the Contemporary Spanish Stage.* It’s available through Northwestern University Press. Erin Hoesktra has a recent article in *City and Community* called, “The Civic Side of Diversity: Ambivalence and Belonging at the Neighborhood Level.”

A quick follow up, a necropolitical postscript: on the day we recorded this, the Immigration and Customs Enforcement announced that international students studying at universities in the U.S. under F1 visas will have to return to their home countries if their coursework is on-line in the Fall. We hope to follow up on this in a future episode of COVID Conversations.

Citational Note:

The concept of necropolitics is most-often attributed to work by scholar Achille Mbembe, Professor in History and Politics at Wits Institute for Social and Economic Research at the University of the Witswatersrand in South Africa.