



Opinion. Re-Thinking Citizenship: (Un)Healthy Bodies and the Canadian Border

Sarah Wiebe¹

Abstract

The Canadian state screens potential citizens based on their physical and mental health in order to assess individuals' likelihood of becoming contributive and productive members of Canadian society. Immigrants are not only screened as *potential* security risks in a traditional sense, but appear in Canadian discourse as threats to economic stability. These potential citizens are consequently screened and surveilled for health concerns. This essay examines these screening practices from a critical political science approach using Foucault's theory of biopolitics to evaluate the correlation between biopolitics – the governance of life – and immigration by focusing on Citizenship and Immigration (CIC) Canada's policy and legislative discourse. This essay argues that Canadian modern political subjectivity is predicated on the notion that citizens must be healthy in order to be truly political and to have political voice and agency. Finally, the essay calls for a re-conceptualization of the category of "citizen" in the modern Canadian state.

Introduction

In the margins of community, at the gates of cities, there stretched wastelands which sickness had ceased to haunt but had left sterile and long un-inhabitable. For centuries, these reaches would belong to the non-human.

Foucault (1988: 3)

Citizenship operates as a political category to formulate who we are and how we need to be in order to live as political beings. In an effort to discuss the meaning of identity as political beings, I suggest here that citizenship, medical screening and surveillance technologies in Canada operate to separate qualified, worthy citizens from unqualified, unworthy lives. In a quest to evaluate the meaning a healthy citizenry, I discuss medical diagnostics at the border, which include health surveillance in Canada. I question not who the technologies of surveillance protect, but rather, the implications for those who it does not. Some individuals are rejected for full political participation and voice in the Canadian modern state. I believe this type of demarcation operates as a venue for discrimination based on health. Therefore, a form of inequality arises as lives are organized, separated, categorized and controlled.

¹ Political Science, University of Victoria, Canada. <mailto:swiebe@uvic.ca>

At a pragmatic glance, one might praise the necessity of bringing in the most desirable citizens to reside within Canadian borders, those who will contribute to the market economy and enhance a diverse polis. However, one might be wary of such praise and ask the question: if some citizens are desired, what of the non-desirable? Who defines the desired citizen, and how must one become a desired subject of the Canadian state? I take up these questions to look at the (im)mobility of the Canadian border as it seeks to separate lives into categories of social worth, and those lacking in worth. I evaluate this dichotomization of life in relation to a Foucauldian discussion of 'biopolitics'.

Biopolitics

The goals of the state are expressed through the qualified life of its citizenry. As Michel Foucault articulates, biopolitics refers to the governance of *life itself*. The governance over life centres on several elements. One element is the conception of the body as a machine:

its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls, all this was ensured by the procedures of power that characterized the disciplines: an anatomo-politics of the human body (Foucault, 1978: 139)

The supervision of the body operates as a series of regulatory controls. In this respect, I understand the regulatory controls of surveillance of health and bodies as a biopolitics of the population. Life itself is carefully calculated and managed in order to achieve the material, productive, economic goals of the state.

Foucault demonstrates in *The History of Sexuality* how biopower is indispensable to the development of capitalism. He argues that capitalism would not have been possible without the controlled insertion of bodies into the machinery of production and adjustment of population into economic processes (1978: 141). Biopolitics refers to the political operation of controlling beings and managing health for maximum profit. Empirically, the state literally manages its populations through the use of medical examinations as a requirement for citizenship. In light of this governance over bodies, a non-citizen, unhealthy, foreign space is rendered unsuitable for the productive goals of the state. A close examination of citizenship and immigration policy in Canada reveals the operation of biopolitics.

Citizenship and the Law

Immigration policy is a means by which a state controls the membership of its polity by selecting who is (not) eligible for entry, residence and citizenship. Despite the movement and flows of globalization, it is an area where the nation-state continues to exercise sovereignty through the selection and control of who enters and exits the country. With globalization, the "best" immigrants are desirable; these immigrants are the immigrants

who can enhance Canada's competitive position in a world economy. The intent of the Canadian citizenship and immigration program is outlined in the *Immigration and Refugee Protection Act*. Despite the need for immigrants to fill spaces in the labour market, racial and ethnic biases remain pervasive, demonstrating an inequality among human beings.

Immigrants are evaluated according to two key criteria: whether their health condition would *endanger public health and public safety*, and whether their condition would place *excessive demand on health or social services*.² Foreign nationals must go through a process of medical examination to become acceptable for Canadian citizenship. This examination is aligned with the objectives of the Act, outlined in S. 38 mentioned above. Further, not only are immigrants evaluated on *pre-existing* health conditions, but a medical officer must assess *potential risk*.³ This stigmatizes foreigners as prone to illness and plays on a fear that foreigners bring diseases to 'our' country.

These policy objectives demonstrate a connection between market principles and health that produce liberal inequalities. In particular, section 38(c) of the Act projects a concern that immigrants who are unhealthy would cause an economic burden to Canadians. Evidently, there is no place for ill immigrants who need long-term care in Canada. There is an assumption that they are less likely to be productive and contribute to the Canadian economy. The negative consequences associated with this assumption are not explicitly addressed in this process. Equally troubling, is the lack of transparency regarding how decisions about medical status are made. There appears to be much discretion in the process affiliated with the medical expert determination of "good health" and "likelihood to place excessive demand on society". This limited understanding of "good health", which forms the basis for medical diagnostics, can also be understood as an avenue for social power and control.

It is important to consider the social implications of biomedical diagnostic capabilities. As Nelkin and Tancredi articulate in *Dangerous Diagnostics*, assessments naturally have a futuristic quality, based on established institutional values (1989: ix). Assessments are made, which categorize people in a commodified way. People, they argue, are not differentiated from machines. They are objects, reduced to examinable parts (*ibid.*: 3).

² S. 38 of the Act reads:

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.

Excessive demand is defined by the Regulations as:

- (a) a demand on health services or social services for which the anticipated costs would likely exceed average Canadian per capita health services and social services costs over a period of five consecutive years immediately following the most recent medical examination required by these Regulations, unless there is evidence that significant costs are likely to be incurred beyond that period, in which case the period is no more than 10 consecutive years; or
- (b) a demand on health services or social services that would 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.

³ S. 31-24 Immigration and Refugee Protection Regulations S. 33. <http://laws.justice.gc.ca/> Accessed March 20, 2008.

Human behaviour becomes explained through simplified, structured biological terms. *Subjects* with the *potential* to become ill are easily categorized and regulated in this medical regime. These tests, which define citizens as ‘normal’ (potentially acceptable) or ‘abnormal’ (unhealthy and potential risks), reinforce the social hierarchies embedded within the system with respect to degrees, or classifications of health. These ‘dangerous diagnostics’ also appear in surveillance policy.

Surveillance

Some residents with certain illnesses must undergo surveillance as a condition of their acceptance for permanent residency in Canada. This category includes those individuals with HIV/AIDS, inactive TB (those who have active TB are rejected) and treated or positive syphilis (CIC, 2006). Surveillance operates as a technique for social control. Consistent with Foucault’s analysis, David Lyon articulates this form of social control as an activity to document and classify people in an effort to force a population to conform to social norms (Lyon, 1994: 26). In this respect, surveillance marks bodies as foreign and turns them into data. This reifies a distinction, or border between residents in Canada in an attempt to stabilize the identity of the Canadian population. Establishing stable identities of its citizens, or *subjects* is of central concern to the modern nation-state.

How then can we think about surveillance and the Canadian state? It is critical that scholars ask *why* surveillance, *how* surveillance and then *what* of the surveyed life. Surveillance is a technology that operates to further the power imbalance between health and the productive life and the life worthy of death. Technologies of medical surveillance are tools for the state to better know and monitor its population. In so doing, this surveillance (re)produces a value judgment of life and classifies individuals as possessing or lacking worth. Through the use of databases, including social services, immigration, law enforcement, and national security databanks, the state is able to connect people to established records. This is done for the goals of population management as a form of surveillance.

In addressing the relationship between surveillance and inequality, the operation of surveillance itself inevitably operates as a medium to (de)classify, separate, organize, control and regulate life. A rigorous quest for understanding surveillance technologies and practices must ask why these technologies are declared necessary in the first place. Further, what are the implications of these technologies, not only on vulnerable populations such as new immigrants and refugees, but for the meaning of citizenship more broadly. Surveillance derives from a fear of the unknown, which translates into the state’s ambition to conduct risk management practices. In effect, this reifies the embedded social structures in place that distinguish between citizens of worth and rejected life, the life unqualified for the productive goals of the state.

Conclusion

In the Canadian modern state, to be political necessitates citizenship, and to be a true citizen necessitates good health. In effect, to be worthy of citizenship, applicants must be healthy and productive members of society in the present and into the future. To this effect, examiners consider future health when evaluating potential risk. As a result, the citizen exists in a political condition where the potential risk of illness remains at the empirical and virtual border of the citizen's identity in Canada. To be unhealthy is to be cast outside of 'civil' society. Thus, illness is framed as a constant *potential* threat to modern political subjectivity.

The value of health as a necessary requirement for political subjectivity and agency is of serious concern here. Whether rejecting outsiders based on disability, or tracking a resident with inactive TB as a condition of acceptance, the state places value on human beings and creates distinctions between its subject population. This form of demarcation operates as a type of discrimination and form of inequality. To be healthy necessitates marking out the ill, and to be a citizen necessitates a distinction from the foreigner. The state makes a claim to the value of the citizen's life at the expense of an outside, foreign life. The Canadian modern state excludes the unworthy life from political voice and agency; yet, this life remains necessary for Canadians' identity, as citizens proper, to subsist.

To address this issue, re-evaluating the political condition of health is a starting point. Going further, it is imperative that all Canadians situate themselves within this problem to uncover the biases and prejudices that are embedded within the categories of political subjectivity, agency, and health. It is too easy to assume that a disability renders someone unable to contribute to society or that someone's "mental health", "physical disability" or "chronic illness" renders the individual lacking in worth. This essay calls for a re-formulation of political subjectivity with space for alternate forms of being, wherein the rigid category of citizenship is not limited to only the healthy and productive.

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