

tronics, finance, and hotel industries. Is health care really that different? Or, in the words of the dead poet: "And what rough beast, its hour come round at last, / Slouches towards Bethlehem to be born?"¹

NOTE

1. W.B. Yeats, "The Second Coming," *Michael Robartes and the Dancer* (1921), st. 2.

Making America Safe From 'Foreign Germs'

by Dorothy Nelkin

Silent Travelers: Germs, Genes, and the "Immigrant Menace"

by Alan M. Kraut

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Debates over U.S. immigration policy have intensified in recent years, and questions of health and the anticipated cost of public assistance are critical issues. We hear claims that diseases such as acquired immunodeficiency syndrome (AIDS) and tuberculosis (TB) are brought to this country by outsider groups. We hear arguments that recent immigrants have "low cognitive ability," are therefore not competent to thrive in American society, and constitute a threat to our interests.' And we see proposals to bar immigrants from Medicaid and other public assistance programs. These are all themes with a long tradition in the history and practice of U.S. immigration policy.

In *Silent Travelers*, Alan Kraut reviews the complex and critical relationship between immigration and public health in the United States with insight and foresight. He believes that "[t]he double helix of health and fear remains encoded in American society and culture, reappearing in patterns fresh but familiar." In this light, he identifies four themes that marked the early history of immigration and, indeed, persist today.

First is "medicalized nativism"—the use

of beliefs about disease to justify prevailing prejudices against foreigners and to exclude them. Second is the role of scientific medicine in reinforcing the association of immigrants and disease, as both nativists and assimilationists have called forth the latest scientific theories to support their social agendas. Third is the institutional struggle, as problems of immigrant health have challenged the ability to weigh individual rights against social welfare. Fourth is the clash between immigrants and public health officials, as cultural beliefs and traditional practices concerning hygiene, disease prevention, and therapy have conflicted with American medical practices.

Kraut begins his research in the eighteenth and early nineteenth centuries, when the devastating epidemics in Europe led to the stigmatization of whole nations of foreign-born as carriers of contagious disease. Just as AIDS was associated with Haitians in the 1980s, so yellow fever (the "Palatine fever") was associated with Germans in the eighteenth century, cholera with the Irish in the nineteenth century, typhoid and smallpox with the Chinese, and TB (the "tailors' disease") with Jews. Nativists played on fears of disease, stereotyping foreigners as unclean, vulnerable, unhealthy, and a risk to the American population.

These beliefs developed as the significant increase in immigration beginning in the 1880s brought unprecedented public health problems. The procedures for inspecting and processing immigrants were formalized to "make America safe from foreign germs." They were facilitated by improvements in medical diagnostic techniques such as x-rays and the Wassermann test. And they were shaped by the prevailing beliefs of the eugen-

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ics movement that identified some groups as inferior, sharing hereditary characteristics that made them especially prone to disease.

Some immigrant groups were considered a threat not only to health but to the genetic vitality of the American population. The California Board of Health, for example, worried about the introduction of the "hereditary vices and ingrafted peculiarities" of the Chinese, and nativist beliefs converged with anti-Semitism to define Jews as genetically prone to mental and physical degradation.

The stories Kraut uncovered in his archival research suggest that these policies, shaped by concerns about labor competition and a fear of difference, diverted attention away from the crowded, squalid, and unsanitary conditions that fostered disease.

Kraut relates how the customs of immigrants often clashed with American standards of health. Immigrant health practices, often influenced by religious traditions, reflected complex beliefs about the etiology of disease. They were a significant obstacle to well-meaning public health reformers, whose efforts to change well-entrenched practices of health and hygiene were often interpreted as invasions of privacy and insensitive to traditional customs.

Reformers also tried to improve the destructive conditions of work experienced by immigrants. Foreign-born workers, with limited language and few alternatives, faced horrendous problems of occupational health, including lead and phosphorous poisoning, silicosis, and other diseases of the "dusty trades," Kraut describes how their "dreams of success in America foundered for reasons of ill health or injury."

While reformers struggled to transform the habits and ease the burdens of immigrants, nativists continued to argue that newcomers were fundamentally-biologically-inadequate and incapable of change. This theme has once again emerged in the 1990s, with the surge of recent arrivals from Latin America, Asia, and the Caribbean. Again the double helix of health and fear of the foreign-born is evident as debates over immigration are framed in terms of health insurance, the need for cost containment in

public assistance, and fears of uncertainty and risk. Once again we seem to be developing what another historian of immigration, Howard Markel, has called a "quarantine mentality"—a form of isolation built on and justified by illness or disease.²

Perhaps most dangerous in the contemporary context is the growing preoccupation with genetics: a revival of biological determinism, concerns about genetic predispositions, and claims about the biological sources of ethnic and racial differences.³ "It's in the genes" is a pervasive refrain. Genetic beliefs, encouraged by advances in the science of genetics, are changing perceptions of normality and redefining notions of health. And they are easily subject to abuse: There are more and more cases of genetic discrimination—the stigmatization of individuals on the basis of their predispositions—and genetic explanations are part of the discourse on racial and gender differences.

Science, as Kraut observes, has long been employed to reinforce convenient stereotypes. In the current political climate, marked by a revival of nativist sentiments, biological determinism may have profound and alarming consequences for immigration policies and the plight of recent immigrants.

NOTES

1. R.J. Herrnstein and C. Murray, *The Bell Curve: intelligence and Class Structure in American Life* (New York: The Free Press, 1994).
2. H. Markel, "The Stigma of Disease: implications of Genetic Screening," *American Journal of Medicine* (August 1992): 209-215.
3. See discussion in D. Nelkin and S. Lindee, *The DNA Mystique: The Gene as a Cultural Icon* (New York: W.H. Freeman, 1995).