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**Immigrants and Health Agency:
Public Safety, Health, and Latino Immigrants in North
Carolina**

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Abstract

This work examines the role played by health- and public safety-related discourses in the construction of governable subjects among settling Latino immigrants in contemporary central North Carolina. It proposes that health possesses a normalizing dimension that encourages the adoption of certain prescribed mindsets and practices, and that these outlooks and behaviors embody normative understandings of what it means "to be an American." It draws on governmentality theory to demonstrate the ways in which neoliberal rationalities collaborate in this normalization process. By focusing on North Carolina, the research intends to examine how a state, where binary racial logics have historically prevailed and with minimal experience managing sizable non-English-speaking groups, interacts with a growing Latino population, much of it foreign-born and not fully bilingual. The research attempts to contribute to the literature by situating contemporary Latino settlement in North Carolina within the longer-range U.S. history of public health and immigration. It relies on results of ethnographic fieldwork, qualitative analysis of media articles, and interviews related to health and public safety discourses.

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INTRODUCTION

THEORETICAL FRAMES: BIOPOLITICS AND GOVERNMENTALITY

This work examines the role played by health- and public safety-related discourses in the construction of governable subjects among settling Latino immigrants in contemporary central North Carolina. It proposes that health possesses a normalizing dimension that encourages the adoption of certain prescribed mindsets and practices, and that these outlooks and behaviors embody normative understandings of what it means "to be an American." It draws on governmentality theory to demonstrate the ways in which neoliberal rationalities collaborate in this normalization process.

By focusing on North Carolina, the research intends to examine how a state, where binary racial logics have historically prevailed and with minimal experience managing sizable non-English-speaking groups, interacts with a growing Latino¹ population, much of it foreign-born and not fully bilingual. The research attempts to contribute to the literature by situating contemporary Latino settlement in North Carolina within the longer-range U.S. history of public health and immigration. This introduction discusses the

¹ This work tends toward usage of "Latino" and "Latinos" rather than "Hispanic." However frequently policy documents and census materials employ proprietary terminologies, which may be repeated in the text. For example, the U.S. Census lists a "Hispanic/Latino" category and in references to corresponding census numbers, the work may repeat the Census-anointed name.

orienting theoretical framework of the project, and it briefly explains the objectives of the work's four chapters. The introduction concludes with a short history of immigration, citizenship, and health in the United States.

Orienting Frameworks: Biopolitics, Governmentality, and Normalization

I draw upon a variety of theorists to develop the arguments advanced in this work. Nevertheless, Foucauldian biopolitics represents an ever-present backdrop for the project. Concisely, biopolitics refers to the ordering of bodies into discrete and manageable demographic categories and, through the generation of statistical and other data, the establishment of state policies that are aimed at controlling these populations.² A biopolitical system undertakes the "disciplining of the soul" of its subjects at such locations as the prison, the workplace, the school, and the clinic. Specifically these sites seek to discipline individuals in ways that enable the perpetuation of power relations, or that make bodies and populations amenable to external technologies of control.

Throughout this work, biopolitics alludes to the disciplining and organizing mechanisms of a system that facilitates such forms of social control. At the same time, biopolitics manifests power through the strategic optimization of particular human potentials and the sub-optimization of others. This process underscores the role of health as a means to exalt or to inferiorize particular physical and mental qualities and, concomitantly, to elevate certain more "healthy" individuals over other more "unhealthy" individuals within a polity.³

Biopolitics is essential to the theoretical foundation of this work. However, contributions from later and post-Foucauldian theory also play a compelling role in the development of this theoretical framework. In particular, Foucault's writings on governmentality represent primary points of departure.

Governmentality has two main definitions. On the one hand, it is a word that combines "governmental" and "rationality" and that reflects Foucault's research interest into the evolution of the art of government throughout history. For Foucault, government as an activity was conceived of broadly and encompassed dealings related to political

² Foucault defines "*a biopolitics of the population*" as the supervision of human bodies "through an entire series of interventions and *regulatory controls*," and characterizes the "era of 'biopower'" as "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations." Michel Foucault, *The History of Sexuality, Vol. 1*, trans. Robert Hurley (New York: Vintage, 1990), 139-140.

³ See Foucault's distinction between a monarchical right "to *take* life or *let* live" and a liberal bourgeois power "to *foster* life or *disallow* it to the point of death." *History of Sexuality*, 138. Also, see Lupton. "Like many other contemporary institutions and agencies, public health and health promotional discourses and practices privilege a certain type of subject, a subject who is self-regulated, health-conscious, middle-class, rational, civilized. They also privilege a body that is contained, under the control of the will. Governmental strategies emerging from public health and health promotion, sponsored by the state and other agencies, are directed at fostering such subjects and bodies. These strategies *do* succeed, as is apparent in the ways people articulate their concerns about their health and the types of health-enhancing activities in which they engage, but not for all individuals, and not all of the time." Deborah Lupton, *The Imperative of Health: Public Health and the Regulated Body* (Thousand Oaks, Calif.: Sage Publications, 1995), 131.

sovereignty, self-government, and interpersonal relationships.⁴

The portmanteau word also has a second definition. Governmentality springs from Foucault's concern at the molecular level with the ways in which individuals internalize the rationalities that guide interior self-government, and with how this personal "conduct of conduct" enables the operation of postmodern state power. In later writings, Foucault theorizes governmentality in terms of "technologies of the self"⁵ and examines how particular habits and practices align with "technologies of domination." That is, Foucault proposes that governmentality operates as a political logic through the conveyance of specific rationalities, and that these rationalities induce individuals to police themselves in ways that enable social control and that conform with the operation of power.

Allied scholars advance governmentality theory in the contemporary era of neoliberalism, which is characterized by a disavowal of the so-called welfare state and a retrenchment of its social obligations, a Utopian-like faith that perceives an imaginary "free market" as right and natural, and an anti-political stance that exalts the individual over the collective. These writers theorize that governmentality under neoliberalism seeks to instill into individuals those market-based rationalities that cultivate an "entrepreneurial self"⁶ over all others. In such a way, a neoliberal governmentality champions the actions committed by a rational and interest-motivated economic ego.

The optimization of human potential, self-reliance and freedom from dependency, personal responsibility and property ownership represent qualities promoted in a neoliberal governmentality. These rationalities represent "technologies of the self," defined as appropriate or virtuous forms of behavior, which are communicated through biopolitical strategies, especially in the realm of health, e.g. in the form of statistical assessments, health surveys, outreach fairs, and informational classes. Chapter 2, in particular, discusses how Latin American immigrants are exposed to these "technologies of the self" within discourses related to health promotion.

The elevation of particular rationalities over others generates normative understandings of the ideal self and evokes a prototypical citizen, suggesting a normalizing process. Unlike its Foucauldian connotation as a corrective system,⁷ normalization possesses another meaning in this work. Normalization as used here fundamentally means a process that idealizes and foments the adoption of particular habits and practices as they relate to the body and to health. This normalization process advances "Americanized" understandings of hygiene and health that dovetail with normative

⁴ See Michel Foucault, "Governmentality" in Graham Burchell, Colin Gordon, and Peter Miller, The Foucault Effect: Studies in Governmentality. (Chicago: The University of Chicago Press, 1991), 87.

⁵ "(T)echnologies of the self, which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality." Michel Foucault, "Technologies of the Self" in Michel Foucault Technologies of the Self: A seminar with Michel Foucault, eds. Luther H. Martin, Huck Gutman, Patrick H. Hutton. (Amherst: The University of Massachusetts Press, 1988), 18.

⁶ Cited in Mitchell Dean, Critical and Effective Histories: Foucault's methods and historical sociology (New York: Routledge, 1994), 193.

⁷ See "Risk and responsibility" by Pat O'Malley in Foucault and Political Reason, eds. Andrew Barry, Thomas Osborne, and Nikolas Rose (Chicago: University of Chicago Press, 1996), 189.

conceptions of citizenship. Possession of particular health habits and practices become markers that indicate proper citizenship.

Such an understanding of normalization vis-à-vis health is proposed in the historical literature on immigration to the United States. This scholarship indicates that immigrant elites have engaged in normalization strategies to attain greater political and material resources. For example Chinese American elites, seeking "the recognition of citizenship for the Chinese American family" and an attendant entitlement to state-funded resources, operated a campaign "of assimilation to American 'norms' in domestic arrangements, consumption patterns, and social conduct."⁸ The implementation of normative health habits and practices by immigrants has been closely tied to citizenship, a topic discussed in greater depth beginning on page 8.⁹

This work advances the position that health possesses a similar and normalizing role in the lives of contemporary Latin American immigrants in central North Carolina. It proposes that collaborative strategies of normalization and governmentality promote normative public safety and health practices, or "technologies of the self," and that these strategies seek to produce governable subjects. Chapters 3 and 4 of this work intend to demonstrate the ways in which Latino immigrants are exposed to governmentality and normalization, through preventative health and public safety efforts and by way of media campaigns.

Immigrants, Citizenship, and Health: A Brief Historical Overview

Health represents a minor component of social citizenship, and the acquisition of health resources symbolizes an entitlement to some citizenship claims.¹⁰ Along the path toward explicit political citizenship, health occupies a middle social rights category, falling ahead of economic rights, e.g. the right to pay taxes and the right to work, but preceding the formal conferral of citizenship documents, e.g. a voter registration card or a passport.¹¹

In this paper, citizenship does not primarily refer to the condition of the technical citizen but rather to the participation in a body politic. This work recognizes a conception of citizenship that perceives individuals as lesser or fuller embodiments of an imaginary prototypical citizen. It posits health among "citizenizing" processes that guide the ways individuals may index themselves according to a normative ideal. As the succeeding pages intend to demonstrate, health and the promotion of particular health habits and practices strongly influence how citizens in a polity may conceive of themselves and of their place within a hierarchical citizenship.

⁸ See Nayan Shah, Contagious Divides: Epidemics and Race in San Francisco's Chinatown (Berkeley: University of California Press, 2001), 253.

⁹ Authors link the embodiment of normative health practices with citizenship. See Shah, Contagious Divides and Alan M. Kraut, Silent Travelers (Baltimore: The Johns Hopkins University Press, 1994). See also Natalia Molina, Contested Bodies and Cultures: The Politics of Public Health and Race within Mexican, Japanese, and Chinese Communities in Los Angeles, 1879-1939, diss., U of Michigan, 2001. Ann Arbor: UMI, 2001. AAT 3001016.

¹⁰ See T.H. Marshall, "Citizenship and social class" in T.H. Marshall, Class, Citizenship and Social Development (Chicago: University of Chicago Press, 1977).

¹¹ See Eric C. Jones and Robert E. Rhoades, "Comparative Perspectives on International Migration: Illegals or 'Guest Workers' in the American South?" in Latino Workers in the Contemporary South, eds. Arthur Murphy and Colleen Blanchard (Athens: The University of Georgia Press, 2001).

To a greater extent than for the native born, health represents a citizenizing agent for immigrants to the United States, and health represents a vehicle that immigrants have mobilized in order to render themselves deserving of citizenship. Consequently much recent historical scholarship examines the ways immigrant elites promote the adoption of normative health practices as a way to obtain greater purchase on citizenship claims and to acquire enhanced cultural belonging. These writings also show that a consequence of the deployment of health-related discourses has been the stratification of immigrant communities. For example, activists in San Francisco's Chinatown in the 20th century proliferated images of bourgeois domestic life and of hygienic nuclear families to portray certain Chinese Americans as worthy citizens and to dispel their neighborhood's sensationalistic reputation. Yet this strategy worked insofar as the activists were able to further marginalize Chinatown's elderly bachelors, whose maligned public perception as promiscuous, drug-addicted, and diseased clashed with the picture of normalcy the activists promoted.¹² For these elites, the erasure of Chinatown as an unhealthy enclave and its subsequent remapping into a U.S. society required the normalization of Chinese bodies and spaces in accordance with dominant hygiene and health ideals. In Chinatown, "the management of space and the care of the body" became an "index of American cultural citizenship and belonging."¹³

Examples from the Progressive Era demonstrate how immigrant groups utilized the health care system as a way to become "American" and correspondingly gain access onto an imaginary roadway of upward mobility. At the behest of public health officials, immigrant newspapers in the late 19th century and early 20th century in New York City "developed culturally sophisticated" health campaigns that sought to inculcate immigrants with Americanized notions of hygiene, disease prevention, appropriate domestic ordering, and individual comportment.¹⁴ An Italian mutual aid society of the 1800s distributed a pamphlet from the Daughters of the American Revolution that exhorted, "That is the American way, and, in America, do as the Americans do," in its insistence that immigrants absorb its health and hygiene recommendations.¹⁵ Numerous physicians, social workers, and other appointed voices of immigrant communities strived to obtain greater purchase on citizenship through the promotion of hegemonic understandings of sanitation, hygiene, and general health.¹⁶ In so doing, these advocates also sought to escape persistent associations that linked their immigrant constituencies with the stigmas of communicable disease and dirtiness.

In a notable case, American Jewish elites sought to distance their community's identification with racist assertions that Jews were predisposed to contracting trachoma.¹⁷ Through mutual aid societies, these elites developed numerous and multilingual pamphlets and circulars that discussed the disease and that explained the

¹² Shah, 251-258.

¹³ Shah, 204.

¹⁴ Howard Markel, "Caring for the Foreign Born: The Health of Immigrant Children in the United States, 1890-1925," Archives of Pediatrics & Adolescent Medicine 152 (1998): 1022.

¹⁵ Kraut, 121.

¹⁶ Kraut, 105-135.

¹⁷ Howard Markel. "'The Eyes Have It': Trachoma, the Perception of Disease, the United States Public Health Service, and the American Jewish Immigration Experience, 1897-1924," Bulletin of the History of Medicine 74 (2000): 539.

medical examination process on both sides of the Atlantic. Through the pamphlets, prospective immigrants learned about the trachoma diagnosis but more importantly were educated on its capacity to bar their entry into the United States. By way of the characters in the pamphlets, would-be emigrants also learned of the premium placed in the United States on the "able-bodied, hard-working, immigrant heroes" depicted therein.

By accepting rather than challenging the argument that Jewish immigrants were more inclined to contract trachoma than other groups, Jewish elites internalized a racist rhetoric that was dubiously supported by biomedical evidence and that was uncorroborated by the statistical record, which showed that Jews did not lead all ethnic groups in diagnoses. Yet by absorbing the racism and assiduously patrolling against the whiff of disease -- by warning prospective immigrants against trachoma and encouraging only a certain caliber of immigrants -- elites succeeded in positioning their constituencies as deserving of U.S. cultural belonging and citizenship. Hence the trachoma case exemplifies the ways in which health has helped to establish a U.S. citizenship that is necessarily hierarchical and discriminatory.

Immigrant Medical Inspections: Disciplinary and Exclusionary Impulses

The exploitation of health-related discourses by immigrant-aid groups, as a means to gain privileges tantamount to citizenship, masks an ambivalent relationship between immigrant communities and the public health authority. "Immigrants have engaged in a love/hate relationship with America's public health priorities, at times resisting them as an unwelcome intrusion in their lives and at other times embracing them as a path to upward mobility," Kraut writes.¹⁸ Contributing toward immigrants' animosity, examples abound in the historical record of the indexical linkages made between various immigrant groups and a host of contagious diseases.¹⁹ For example in the 1800s and early 1900s, Public Health Service (PHS) quarantines branded Mexican travelers with typhus fever,²⁰ government epidemiologists racialized tuberculosis inordinately as a Jewish disease,²¹ and discriminatory medical inspection methods predisposed Asian immigrants to hookworm diagnoses.²²

Such linkages were enforced most overtly during immigrant medical inspections at two principal locations: Ellis Island near New York City and Angel Island near San Francisco. At Ellis Island, where the examinations frequently represented emigrants' first contact with government officials, the line inspections constituted disciplinary devices that sought to mold "good industrial citizens" but that carried little clinical value. Here, prospective immigrants from Europe faced an intimidating confrontation with the "uniformed sentries"

¹⁸ Kraut, 2.

¹⁹ See Howard Markel and Alexandra Minna Stern, "The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society," *The Milbank Quarterly* 80.4 (2002).

²⁰ See Alexandra Minna Stern, "Buildings, Boundaries, and Blood: Medicalization and Nation-Building on the U.S.-Mexico Border, 1910-1930," *Hispanic American Historical Review* 79.1 (1999).

²¹ Kraut, 155.

²² Amy Fairchild, *Science at the Borders* (Baltimore: Johns Hopkins University Press, 2003), 136, 155.

of the PHS.

These agents laid hands on individuals' bodies, turned out their eyelids with a metal tool, briefly drilled them for mental and physical fitness, and probed to extract snapshot medical histories.²³ Not seeking to accomplish clinical goals or really to exclude many future citizens, the medical inspectors rather functioned primarily to medicalize a preference for able-bodied and economically profitable individuals, ensuring a less contaminated labor pool and enabling the weeding out of "likely public charges."²⁴ At the same time, the exams were imbued with inflections of class, as steerage passengers were submitted to more rigorous inspection procedures than first- and second-class passengers, to whom rather cursory tests were administered.²⁵ In such a way, the exams at Ellis Island possessed a disciplinary dimension that sought to telegraph to immigrants -- the vast majority of whom were third- and fourth-class passengers -- their subordinated position within a U.S. citizenship hierarchy.²⁶

At Angel Island, where the majority of Asian emigrants arrived, overnight medical inspections were more rigorous, employed microbiological analyses, and correspondingly possessed a more exclusionary dimension. Regardless of berth, all Chinese passengers and, after the restrictive Gentleman's Agreement, all Japanese passengers were confined to prison-like surroundings at the island near San Francisco, required to submit to a clinical examination, and made to furnish a fecal sample that was tested for parasitic infection. Asian bodies were surveyed to a much greater extent than those of the mainly European immigrants who entered at New York City. Bacteriological analysis elicited richer opportunities to fabricate biologically damning evidence by authorities whose eugenics may have perceived Asians as constitutionally inferior. By automatically labeling applicants as disease vectors, forcing them to exonerate themselves with bodily data, and obligating their detention in cells, Angel Island officials expanded the boundaries that governed the medicalized exclusion of foreigners. In so doing, the process communicated to prospective immigrants their status within an inequitable U.S. citizenship.

The Mexican immigration experience also pointed to the deployment of health as a mechanism that in a highly visible fashion helped to define the contours of an exclusionary citizenship. For Mexican travelers entering at El Paso from 1917 through the late 1920s, "health" manifested itself in the form of a medical inspection procedure whose scant clinical value disguised an ulterior purpose as an exclusionary and stigmatizing device. Through a quarantine that ostensibly was aimed at controlling the spread of typhus, Mexicans and all other immigrants who sought entry at the city's border crossing station were subjected to a painful inspection that, like the Asian applicants at Angel Island, also branded them overt disease vectors.²⁷

²³ See Kraut, "Chapter 3: Proper Precautions: Searching for Illness on Ellis Island" in Silent Travelers. Kraut notes only a tiny fraction of Ellis Island applicants were deported on medical reasons alone.

²⁴ Fairchild, 5-7.

²⁵ Howard Markel, "Which Face? Whose Nation?" American Behavioral Scientist 42.9 (1999): 1314-1331, 1318.

²⁶ Markel describes as cursory the medical inspections administered to first- and second-class passengers though not to third- and fourth-class passengers, many of whom were walked through rigorous disinfection procedures prior to leaving Europe.

²⁷ Stern, 45.

As Stern details, the quarantine procedure entailed a disinfection of the scalp that involved kerosene and vinegar and that was applied to both one-time and frequent travelers who did not produce U.S. citizenship documents. Following the disinfection and separated by gender, individuals were directed to showers where they were sprayed with soap and water under the Foucauldian biomedical "gaze"²⁸ of PHS attendants. Individuals who got through the procedure were returned their sterilized clothing and handed a PHS certificate vouching for good hygiene.

By constructing Mexicans as disease carriers, the El Paso quarantine succeeded in medicalizing anti-Mexican sentiment. The quarantine forced Mexicans to participate in a sadistically ablutionary ritual whose main objective was their stigmatization through the reinforcement of a stereotype about dirtiness. At the same time, the medical inspection procedures, which exempted returning Americans, racialized typhus fever as a Mexican disease much as Angel Island officials racialized parasitic hookworm as an Asian one. Such cases from the historical record guided the construction of a racialized citizenship, leading immigrants to situate themselves within a polity that was necessarily hierarchical and exclusionary.

Health and "Citizening": Pedagogical and Performative Dimensions

Creatively borrowing from Bhabha's assertion that pedagogical and performative dimensions influence the "writing of the nation,"²⁹ this introduction advances the work that these two dimensions historically have informed U.S. citizen formation vis-à-vis health. The historical record of the 19th and 20th centuries, in particular, indicates that official pedagogies regarding personal hygiene, the maintenance of domestic spaces, bodily control, and disease have influenced immigrant understandings of nationhood. The record demonstrates that seemingly immediately upon arrival to U.S. shores, immigrants were called on to embody the roles that signified their parts in an American polity. At the sites of medical inspection, prospective immigrants were expected to enact performances that symbolized their place in social, racial, political, and economic hierarchies. This came through the demonstration of respect for medical authority vested in the figure of uniformed PHS examiners or in the selective inspection of third- and fourth-class steerage customers and the exemption of wealthier passengers.

A pedagogical dimension of citizen formation vis-à-vis health began as emigrants prepared for the examination process in their home countries. As shown in the trachoma example, emigrants began to internalize a pedagogy that conveyed to them the attributes of the admissible citizen and that also communicated a hegemonic medical knowledge. Concretely, by studying the PHS disease classification schedule before embarking, emigrants learned that beginning in 1903 excludable diseases were not only communicable ones but also those that adversely affected the economic productivity of the sufferer, e.g. trachoma, or that would necessitate public assistance. This pedagogy offered to immigrants an America where citizenship hinged on economic productivity, the disavowal of public assistance, and the knowledge they alone must subsidize their own good health.

Following Bhabha's work that the nation is always evolving and constantly caught *in*

²⁸ See Michel Foucault, The Birth of the Clinic, trans. A.M. Sheridan (New York: Vintage, 1973), 89.

²⁹ Homi Bhabha, The Location of Culture (New York: Routledge, 1994), 297.

medias res between the pedagogical act of defining itself and the performative act of expressing itself, the pedagogies taught and the performances demanded of immigrants evolved during the period of major immigration in the late 19th and early 20th centuries. The addition of blood and other microbiological tests onto the inspection schedule at Angel Island, for example, necessitated concomitant performances from prospective Asian immigrants. At Ellis Island, medical exclusion charts underwent change, and diseases considered non-communicable but deemed conducive to a future "likely public charge" status, were annexed onto the list of excludable afflictions.³⁰ Subsequently, would-be immigrants learned by word of mouth and from the pamphlets of mutual-aid societies new pedagogies and new ways to inhabit the roles that would ensure them passing grades from PHS agents.

At the medical inspection centers, immigrants responded to a medicalized filter that favored those who most embodied the attributes of the prototypically normative citizen. By assenting to the questions posed by authorities, obeying the "scientific rationalities" of the examination process, and generally playing the part of normalcy, immigrants took a first step in constituting themselves as admissible citizens. Furthering a normative "industrial citizenship," such performances by immigrants and, later, their repetition at the sites of industrial production, i.e. on the factory floor, fostered the development of "core industrial values," whose inculcation was deemed necessary to the sustainability of the country's expanding and labor-intensive Fordist economy.³¹ In this way, health functioned as a venue where immigrants learned the obligations of their citizenship: to be good industrial workers, not to become public charges, and to subsidize their own health.

Concluding Remarks

This introduction has sought to lay out the main objectives of this work, to explain the theoretical framework guiding the project, and to offer a brief historical discussion of immigration and health in the United States. Over the subsequent pages, this work will be guided by other basic tenets as it seeks to demonstrate the ways in which health operates as a normalizing agent of Latino immigrants.

Among these tenets, this work relies on the proposition that biomedical, political, business, and religious elites in North Carolina attempt to transform the health care beliefs and actions of Latino immigrants in order that they adopt what are considered to be healthy and productive mindsets and practices. Each of these elite blocs, moreover, possesses its own more precise reasons for deploying health promotion and education programs. Industry wants to change health beliefs to maintain a stable workforce. Public health professionals are motivated to limit incidents of disease within their medical jurisdictions. And law enforcement officials choose health messages to meet their goal of transforming Latinos into "safe" citizens.

I also assert that health promotion programs expose immigrants to health care beliefs that inordinately encourage preventive self-care, economic productivity, and family planning, and that discourage an alleged "over-reliance" on social services. At the same

³⁰ See Fairchild, 37-47.

³¹ Fairchild, 14-15.

time, the health messages³² that immigrants receive serve not only to treat illness and to prevent disease but also to relay what are appropriate mindsets and modes of behavior for modern U.S. citizens. Thus normative understandings of what it means "to be an American" are communicated to Latino immigrants through dominant health discourses.

I acknowledge that health messages impart biomedical understandings of the body and of disease, but that they also communicate the responsibilities incumbent on the "sanitary citizens"³³ who comprise the body politic. By following the dictates of health promotion and education, immigrants establish habits and practices that enable them to lead ostensibly healthier, longer, and more economically productive lives. Yet immigrants also begin to order their lives in ways that align with and perpetuate existing power relations.

Plan of This Work: Discursive Practices, Bodily Practices, Risk and Responsibility

Chapter 1 examines the existing quantitative and qualitative data that point to the increase of North Carolina's foreign-born Latino population. It then analyzes the secondary literature to explain the ways in which Latinos have influenced racializing processes in the state. This chapter investigates the ways that cultural attributes, particularly with regard to work ethic, have been imposed on the state's emerging Latino population.

Chapter 2 examines discursive practices in medical settings to open a window onto the function of health as a normalizing agent of contemporary Latino immigrants in central North Carolina. This chapter explores how three forms of discursive practice -- subject positioning, words of encouragement, and discursive control -- form part of a normalization process that prescribes the adoption of normative health practices and that suggests a neoliberal governmentality. This chapter relies on ethnographic observation of Latino patients and health care workers and was conducted at community health centers and at a diabetes-management seminar. This observation fieldwork took place in spring 2004 at locations in central North Carolina.

Chapter 3 concentrates on discourses related to "safe sex" in an attempt to posit such discourses within the normalizing dimensions of health. This section examines journalistic and public policy discourses, as well as samples from the health promotion literature. This chapter examines how discourses related to the bodily practice of "safe sex" convey specific rationalities that seek to further impress on Latino immigrants characteristics of a normative citizenship. It also examines how Latino immigrants influence this "safe sex" normalization process and with how biopolitical strategies have adapted to accommodate the increasingly visible presence of Latino immigrants in North Carolina.

Chapter 4 examines journalistic discourses, policy discourses, and the promotional and instructional media as they relate to public safety efforts directed at settling Latino

³² Health messages are those statements that appear in health promotion and education materials, in the print and broadcast media, and by way of interpersonal communication between patients and health care workers or educators. Health messages also are disseminated through health fairs and employer-promoted informational tables at the workplace.

³³ See Charles Briggs and Clara Mantini-Briggs, *Stories in the Time of Cholera* (Berkeley: University of California Press, 2003), 10.

immigrants in central North Carolina. Specifically, this chapter analyzes the treatment of drinking and driving, child safety seat usage, and seatbelt compliance. It does so in an attempt to position these discourses within a governmentality that employs both risk and responsibility models. At the same time, this chapter describes a system of social control that combines both governmental and disciplinary mechanisms.

CHAPTER 1

ALTERING A BLACK-WHITE BINARY: LATINOS IN NORTH CAROLINA

Latinos have inserted a dynamic variable into the demography of a state whose racial composition historically has been dichotomous. Prior to the appearance of a visible Latino population in North Carolina, racializing processes in the state largely obeyed a white-black fault line. However the increasing prominence of Latino permanent dwellers - - as observed over the past two census years -- suggests that immigrants are altering the state's traditionally binary racial makeup in sociologically provocative ways.

This chapter examines the quantitative and qualitative data that point to the increase of North Carolina's foreign-born Latino population. It then analyzes the secondary literature to explain the ways Latinos have influenced racializing processes in the state. This section also investigates the ways that cultural attributes, particularly with regard to work ethic, have been imposed on the state's emerging Latino population.

Speaking more directly to the issue of health, the chapter looks at the ways positive connotations related to work ethic and the macroeconomic contributions of Latinos have justified particular health interventions toward them. The chapter also offers a brief relational discussion on other non-traditional immigrant-receiving destinations in the U.S. South and includes a short section on recent Latino immigration in the United States. It concludes with specific remarks on the central North Carolina region, which was the site for research collection.

The Census Record and the Latino Population in North Carolina

The growth of North Carolina's Latino population over the past two census years warrants reflection. Over 1990 to 2000, the state led all other states in growth of the "foreign-born Hispanic/Latino" category, which officially rose 1,050 percent from 19,760 to 227,318.³⁴ The state's total "Hispanic/Latino" population also rose faster than any other state, increasing 394 percent and outpacing other Southern states Georgia, Tennessee, and Arkansas, each of which tallied rises of about 300 percent.³⁵

Nevertheless, Latinos accounted for only 4.7 percent of North Carolina's total population in 2000, compared with 32.4 percent and 32 percent for larger "traditional" immigrant-receiving states California and Texas, respectively. As in these states, most respondents in North Carolina identified as "Mexican," with 65 percent checking this national-origin category. Thus the preceding data indicate that a large majority of North Carolina's total Latino population is foreign-born and Mexican.

Coinciding with an expansion of the economy, particularly in agribusiness, construction, and in the service and hospitality industries, North Carolina counties reported strong Latino population growth during the 1990s. In central North Carolina, where primary research for this project was conducted, the region experienced swift increases in the number of permanently settling Latin American immigrants in all areas: urban and suburban, as well as rural. Rural Chatham County, the principal site of data collection,

³⁴ The following figures and calculations are derived from the 1990 and 2000 U.S. censuses unless otherwise noted.

³⁵ The government census defines the South as Alabama, Georgia, Tennessee, Florida, Texas, Mississippi, Virginia, the District of Columbia, Oklahoma, Kentucky, West Virginia, Delaware, Maryland, South Carolina, North Carolina, Louisiana, and Arkansas.

registered a 741-percent increase in its Latino population, which rose from a reported 564 in 1990 to 4,743 in 2000. Underscoring this demographic growth, approximately three-quarters of the county's Latinos in 2000 were classified as foreign-born, and Latinos officially comprised a visible 10 percent of the county's population in 2000 versus a relatively hidden 1.5 percent in 1990.³⁶ During the same period, mainly urban and suburban central Wake County, the state's second-largest county and home to Raleigh, registered a 530-percent rise in its Latino population, as number of respondents rose from 5,396 to 33,985. Also in the central part of the state, urban and suburban Durham County noted a 730-percent increase as Latinos grew to 17,039 from 2,054.

Underscoring the permanence of the state's growing Latino population, studies indicate this demographic growth to be sustained in the near term. Projections indicate that this will result from continuing in-migration and natural increase as the number of Latino births also increased during the 1990s.³⁷ Johnson et al. note that births by Latino mothers rose by 294 percent in North Carolina between 1990 and 1997 and that in the final year of the comparison Hispanic births (6,017) represented 5.7 percent of all births (106,428), at a time when Latinos accounted for only about 2 percent of the population. Chatham County was one of six counties whose proportion of Hispanic births to total births ranked in the uppermost bracket (13.6-25.8), according to the study based on 1996 birth certificates.

Although the census figures seem to indicate a dramatic statistical influx of Latinos into North Carolina in the 1990s, these numbers should be evaluated critically since the inevitable undercounting of minority respondents may be difficult to control for methodologically. This could complicate quantitative analyses and perhaps overemphasize Latino population growth in the 1990s at the expense of increases during earlier time periods. As an example of the discrepancies between government census numbers and local figures, Chatham County was assigned an official census estimate of 707 Hispanic/Latino residents in 1994, yet health officials responding to a 1996 rubella outbreak there estimated an immigrant population of 5,000 to 6,000, according to Rural Migration News. In a nearby county a similar discrepancy was observed between the official census estimate of 2,661 Latinos in 1994 versus a projection of up to 15,000 from some local service providers, the bulletin said.³⁸ Differences between the 1990 and 2000 censuses regarding the sequence and analysis of the Hispanic origin and race categories also should be acknowledged since these variations may inhibit truer comparisons between datasets.

Qualitative assessments speak to the increased visibility of permanently settling Latino immigrants in central North Carolina. A 2000 Miami Herald article employed the familiar "wave" metaphor of a liquid force of varying intensity and volume to describe the arrival of Latino immigrants to Siler City, the largest town in Chatham County. "The outsiders came first in a trickle, then in a flood, speaking a foreign tongue, bringing foreign ways

³⁶ High differentiation exists in the county in terms of local "Hispanic/Latino" populations. In the largest town, unofficial estimates indicate that Latinos account for one-third of the town's population.

³⁷ James H. Johnson, Karen D. Johnson-Webb, and Walter C. Farrell, Jr. "A Profile of Hispanic Newcomers to North Carolina" in Popular Government Fall 1999, 4.

³⁸ "Rural America Grapples with Diversity," Rural Migration News
http://migration.ucdavis.edu/rmn/more.php?id=209_0_2_0

and consuming pungently unfamiliar foods."³⁹

In a Mother Jones article on the presence of a visible Latino community in Siler City, a sociologist inserts the town within a larger, intergenerational demographic phenomenon. He speaks of an ongoing "diaspora" of Latino immigration and migration throughout non-traditional immigrant-receiving states in the U.S. South and Midwest. "It's a very massive and very sudden growth," says the sociologist. "We call this phenomenon a diaspora not only because people are moving from the Southwest, but also because people are joining that flow from Latin America, mainly women and children. These destinations are becoming sites for family reunification."⁴⁰

Expanding the Racial Paradigm: Inserting Latinos into a Black-White Matrix

The increasing visibility of Latino permanent dwellers suggests that immigrants are altering North Carolina's traditional binary racial composition in sociologically provocative ways. Whereas prior generations of Latino immigrants represented a tiny fraction of the statistical record and Latino farm workers were seasonally employed and rarely permanent settlers, the more recent immigrant cohorts of the past 20 years have formed viable ethnic communities. Particularly along the I-85 corridor, which traverses the state from Charlotte in the southwest through the populous central Piedmont region, the presence of Latino immigrants has led to a demographic remapping such that in some cases Latino population statistics equal or exceed those of African-Americans.

This phenomenon is underscored in Siler City, where in 2000 Latinos accounted for close to 40 percent of the total population versus about 20 percent for the African-American segment. As the Miami Herald writer described the phenomenon somewhat portentously in 2000, Latino immigrants "forever altered a sleepy rural burg where the black-and-white population mix had not changed since Reconstruction." Though the percentage of Latinos in all of Chatham County is much less, amounting to about 10 percent of the total population, it is still sizable compared with an African-American component of about 20 percent, notwithstanding the expectation of a more pronounced U.S. Census undercount of Latinos.

Because of greater household size, Latino proportions in the Siler City public school system are particularly marked. While African-American and white enrollments declined at all three of Siler City's schools from 1997-1998 through 1999-2000, the rolls of Latino students increased at all the sites, and Latino children represented a plurality at the elementary school by the final year.⁴¹ Whites remained in the majority at the high school at 58 percent in 1999-2000, but Latinos at 13 percent were rapidly approaching parity with the African-American segment of 15 percent, according to data gathered by public health graduate students at the University of North Carolina.⁴² Nonetheless, though the

³⁹ Andres Viglucci, "Hispanic wave forever alters small town in North Carolina," Miami Herald 2 Jan. 2000.

⁴⁰ Barry Yeoman, "Hispanic Diaspora," Mother Jones Jul.-Aug. 2000.

⁴¹ Steven Burritt, Alison Cowhig, Pam Jones, Parky Lee, Melanie Mendoza, and Suzette Rochat. "Chapters According to Major Themes," Siler City, North Carolina: Chatham County: A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection, 2000, 8. <http://www.hsl.unc.edu/phpapers/silercity00/SilerCity.htm>.

⁴² Burritt et al., 8.

changes in student body composition pointed to a growing Latino youth population in the school system, "white flight" from the elementary school also partly explained the increasing predominance of Latino children.⁴³

Greater numbers of Spanish-speaking children at the elementary school antagonized native-born white parents. One woman revealed to a reporter that her granddaughter was one of only two white children in her elementary school class. "These two little girls were devastated and scared to death because no one spoke their language," the woman asserted.⁴⁴ Longtime residents demanded at a county school board meeting that officials take action regarding the expanding ranks of Latino children at the K-4 school.⁴⁵

Also commenting on the issue were focus group participants from a community assessment project.⁴⁶ "Having so many Hispanic youth in the community, because of the language barrier and cultural differences, has created a problem in the school system," one respondent said. "Hispanics with us don't get along good ... we don't know what they're saying about us," said one young person. One African-American student conceived of the increased Latino in-migration as a kind of invasion: "Hispanic people are taking over the world here."⁴⁷

The journalistic and focus group comments enabled native-born residents to signal the possibility of an impending loss of hegemony in the school system. Through their comments in the focus group, respondents were also able to invoke "cultural" differences in rendering Latino youth as problematic and in justifying an English-only linguistic standard in the schools. "[Hispanics] should be learning our language, not our children learning their language," one resident said.⁴⁸

"Work Ethic" and Latinos: Assigning Cultural Attributes to a New Population

Discussions on cultural attributes shape much of the existing secondary research on Latino immigration in North Carolina. This literature purports to describe the attitudes of native-born residents toward Latinos and describes the impact of Latinos on the economy and in society. Much of this research assumes the existence of three distinct "racial" communities: white, African-American, and Latino. These studies presuppose that Latinos have affected "cultural" changes on the social matrix and that "cultural" and language differences generally function as barriers, fomenting social segregation and impeding social integration among the groups.

In this research, respondents' voices substantiate the perception of distinct "cultural" attributes separating Latinos from native-born residents. Chafing at the alleged abuse by

⁴³ Ibid.

⁴⁴ Yeoman, 76.

⁴⁵ Ibid.

⁴⁶ Burritt et al. "Chapters According to Major Themes," Siler City, North Carolina: Chatham County: A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection, 2000, 4. <http://www.hsl.unc.edu/phpapers/silercity00/SilerCity.htm>.

⁴⁷ Burritt et al., 6.

⁴⁸ Burritt et al, 5.

Latinos of municipal facilities, for example, one long-time resident generalized in offering a culturally based explanation for the behavior: "[Hispanics] do not take care of their facilities as well as they need to."⁴⁹ In the same paragraph researchers included a quote from a town official who affirmed that a "cultural" irreconcilability lay at the root of social division between immigrants and the native born. "[T]here is a lack of understanding of each other's culture," he said.⁵⁰

In another example, a respondent who is identified as a health services provider offers a culturally based reason to explain why Latina women in the town lack viable transportation options. Suggesting that Mexican women are domesticated upon marriage, the source says, "... in the Hispanic culture, sometimes the ladies stay home while the man works. Some of them still have that in their custom." Yet in her answer she concedes that obvious political-economic factors, such as immigrants' lack of driver's licenses and the cost of purchasing personal vehicles, inhibit the mobility of Latina women in the rural town.

Could such talk about "cultural" differences mask "negative attitudes" toward Latino immigrants? A 1996 UNC poll suggested that a majority of both black and white native-born residents would hold "negative attitudes" against Latinos. The poll found that 54 percent of African-American respondents and 69 percent of whites believed that their neighbors would harbor "negative attitudes" at the prospect of Latinos moving into their neighborhoods. Regarding the general "influx of Hispanics into the state," 38 percent of African-Americans and 44 percent of whites held "negative attitudes" about Latinos, according to an analysis of the survey.

"Negative attitude" responses appeared to be most pronounced among those native-born residents who may have competed with Latinos for low-paying jobs that were located at rural sites and that required few academic qualifications. "Negative attitudes" surfaced most prominently among non-high school graduates (49 percent); the unemployed (60 percent); non-metropolitan dwellers (45 percent); Piedmont residents (45 percent); native North Carolinians (49 percent); and self-identified "Southerners" (46 percent).⁵¹

These quantitative results mirror the quotes and sources picked by journalists to depict the arrival of Latino immigrants and their reception by some native North Carolinians. "Mexicans took my job and my family's starving. My ancestors fought for this country, and they took it away without a shot," one elderly tobacco farmer clad in a Confederate flag jacket said at an anti-immigrant rally in Siler City in 2000.⁵²

When the research has presented "cultural" attributes more positively, their benefits have frequently been portrayed in economic terms. For example, some interviewees from the public health report suggested that immigration carried a hidden advantage for Siler City residents in the form of increased "cultural diversity." Frequent contact with Spanish-speaking and culturally distinct Latinos, the thinking went, would better prepare local inhabitants for doing business in a globalizing economy. "I think that having the diverse cultures to interact with will equip [people] to live in a world economy. I think

⁴⁹ Burritt et al, 6.

⁵⁰ Ibid.

⁵¹ Cited in Johnson, Johnson-Webb, and Farrell, 10.

⁵² Yeoman, 77.

that's going to be a real asset to them as time goes on," one respondent was quoted as saying.⁵³

Offering another positive gloss on Latino cultural attributes, employers in the nearby central "Triangle" region, which roughly encompasses the Raleigh, Durham, and Chapel Hill region, asserted that Latinos' pronounced "work ethic" made them better job candidates for low-wage work in the service and hospitality industries than equivalently qualified native-born applicants.⁵⁴ "Employers interviewed extolled the work ethic of Hispanic workers and often bypassed native-born workers, whom they felt were inferior employees."⁵⁵ As in the UNC public health research, respondents surfaced in this study to put forth essentialist claims on "Mexicans" and "Americans," which were based on empirical observation. Of course, talk about "work ethic" and the implication that it represents an immutable "cultural" quality, inherent to Latinos and especially pronounced in Mexicans, may double as discursively acceptable cover for employers' preference for a pliant, undemanding, and profitable labor force.

[T]he Mexican will not talk, while they're working, to each other. Now when they take a break ... they'll talk and laugh at lunchtime, they'll laugh and tell jokes and everything and [then], back to work ... [American workers] leaning on the shovel handle going down the highway. You don't see a Mexican leaning on a shovel handle. A Mexican'll sit there and use that shovel to smooth or pick up or do something while he's waiting there ... an American'll sit there and lean on the shovel handle.⁵⁶

The aforementioned comments from residents and employers in the central Triangle region dovetail with optimistic assessments made by state-level public officials and economic leaders who tout the economic benefits of Latino workers and consumers. In his "State of the State" address in 2003, Gov. Mike Easley acknowledged Latinos' economic contribution to North Carolina when he extended an invitation in Spanish that "*todo aquel con buena voluntad*" ("all people of good will") were welcome in the state:

Our strategy is simple: In the future, the most skilled workforce in America will be found within the borders of this state. I like North Carolina's position. But we have to stay disciplined and true to our values. I want you to be proud of what you are doing for the people of North Carolina. We must make sure that every North Carolinian has a fair chance to succeed, whether their ancestors arrived centuries ago or just last week. And I say if you come here for freedom, if you come here to work hard and raise your family in a land of opportunity, and if you come here to make this a better place than when you arrived -- then I say welcome. *Todo aquel con buena voluntad esta bienvenido en Carolina del Norte.*" In other words: All people of good will are welcome in North Carolina. We need your talents, your skills, and your hard work. That is not just good policy. That is a North Carolina value. We are making the right choices.

⁵³ Burritt et al, 6.

⁵⁴ Karen D. Johnson-Webb, "Employer Recruitment and Hispanic Labor Migration: North Carolina Urban Areas at the End of the Millennium," *The Professional Geographer* 54.3 (2002): 406-421, 406.

⁵⁵ Johnson-Webb, 406.

⁵⁶ Johnson-Webb, 413.

We are getting the state turned around, but we must finish the job.⁵⁷

Economic Health: Tying Latino Financial Contributions to Health Interventions

In a similar fashion and speaking more directly to the issue of health, political elites and business leaders further publicized Latino economic muscle in the state government's landmark "NC Latino Health, 2003" report, an overview of Latino health issues including policy prescriptions to improve immigrants' access to medical care. Latinos' financial contribution to the state received top billing in the report's executive summary. The second paragraph of the document asserts:

"Latinos move to North Carolina for employment; they are more likely to be employed and in the workforce than any other population in the state. Latinos are often employed in the state's most hazardous industries -- agriculture or construction -- or in low-paying jobs that are less attractive to native North Carolinians. Because of their willingness to work in these industries, some North Carolina businesses actively recruit Latinos from Mexico and other Central American countries. Latinos are major contributors to the North Carolina economy, contributing more than \$2.3 billion in purchases in 1999."⁵⁸

The report immediately defines Latinos as valuable and energetic producers and consumers whose physical health is vital to the economic health of the state, perhaps especially in rural North Carolina where Latinos are credited with reviving many moribund small-town economies. By portraying Latinos as net economic contributors, the report quickly justifies the allocation of greater fiscal resources toward improving Latino health.

Statements like those in the "NC Latino Health, 2003" report closely link the benefits of Latino purchasing power and labor participation with increasing immigration. By doing so, these messages may help to mollify concern from native-born residents that Latinos are "overusing" state social services in a manner incommensurate with tax contributions: a typical neoliberal calculus for assessing human capital value.

By prominently asserting that Latinos disproportionately take the dirty, dangerous, and demeaning jobs that are shunned by most natives but that are necessary for the running of the economy, the report trumpets Latinos as productive economic contributors, consciously negating the antiwork: that they are job-displacing agents pushing middle-class wages downward. Such messages as those included in the report may also serve to put a softer face on Latinos. They may alleviate, for example, concerns that Latinos' dissonant linguistic and "cultural" attributes may blunt educational opportunities for the children of native North Carolinians, as was voiced in the focus group comments.

⁵⁷ "Text of Gov. Mike Easley's State of the State Speech," The Legislative Bulletin 7 Mar. 2003.

⁵⁸ North Carolina Institute of Medicine, NC Latino Health, 2003 (Durham: North Carolina Institute of Medicine, 2003).

Latinos and Non-Traditional Immigrant-Receiving Destinations in the U.S. South

North Carolina occupies a key folder in the portfolio of so-called non-traditional immigrant-receiving destinations. These areas, which are found in parts of the South, Midwest, Northeast, and Mountain West, represent locales for researchers who seek to document in the sociohistorical literature an apparently rapidly developing demographic phenomenon.

Two locations in the South, in particular, have generated much scholarly output and may enable a comparative dimension to the present project. Like Siler City, these two sites -- Dalton, Ga., and Gainesville, Ga., -- are towns that have witnessed swift growth in their Latin American-immigrant populations over the past two census years. They provide opportunities to examine the ways in which Latinos have influenced local job markets, introduced a new and prominent ethnoracial dimension to a historically dichotomous society, and suffered from nativist backlashes within a Southern geographical and historical context.

Like Siler City, Dalton is a rural Southern town where the labor needs of a principal industry have induced the permanent settlement of Latino immigrants. As in Siler City, the relatively sudden appearance of a highly visible Latino population has caused friction between the newcomers and the town's white majority. In Dalton, northwest of Atlanta and not far from the Tennessee border, Latinos were the target of a nativist backlash fueled by job-displacement concerns, disputes over the use of leisure facilities, and clashes over Latino customs. At the behest of some local whites, the then-U.S. immigration agency, the Immigration and Naturalization Service (INS), set up in the 1990s a kind of "satellite" office in conjunction with the local police.⁵⁹

In Chatham County, no comparable federal immigration presence exists, and job-displacement fears also may not be as acute as they are in Dalton where the chief industry is carpet-making. Still the two cases bear certain similarities with regard to a nativist backlash that has accompanied the arrival of visible numbers of Mexican immigrants to Southern and mainly white communities. Not unlike the anti-immigrant sentiment in Dalton, a Siler City city councilman, angered by police complaints of high numbers of unlicensed Latino drivers, wrote to federal immigration authorities, imploring them to conduct a sweep of undocumented immigrants in the town. The councilman later retracted the letter, and the INS did not descend on the town.

In another case, David Duke, the Louisiana Ku Klux Klan figure, led an anti-immigrant rally in downtown Siler City in 2000. Invited by an out-of-town white supremacist and hoping to stir up resentment against immigrants, Duke excoriated Latinos and the corporations that hired them in an incoherent speech that began, "What is this new God called 'diversity' that the liberal press worships?" Duke's speech warned that increasing levels of in-migration would relegate whites to imminent minority status in a nation whose racial texture would closely resemble that of "Third World" Brazil.⁶⁰

⁵⁹ James D. Engstrom, "Industry and Immigration in Dalton, Ga." and Victor Zúñiga and Rubén Hernández, "A New Destination for an Old Migration: Origins, Trajectories, and Labor Market Incorporation of Latinos in Dalton, Ga." in *Latino Workers in the Contemporary South*, eds. Arthur Murphy and Colleen Blanchard (Athens: University of Georgia Press, 2001).

⁶⁰ David Duke, "Siler City and Immigration," rally, Siler City, N.C., 4 May 2000.

In the face of sometimes-fierce nativist sentiment, industry in both Siler City and in Dalton has backed immigrant labor, allowing favorable perceptions of Latino "work ethic" to guide their support. In Dalton, where some local residents pushed to establish a strong INS presence, the carpet industry has lobbied on behalf of the Mexican working population, whose energetic participation in the labor force has been viewed as a long-term solution to chronic manpower shortages.

Gainesville, Ga., is another Southern town that has faced similar demographic changes as those experienced by Dalton and Siler City. A regional poultry-processing hub about 75 miles north of Atlanta, Gainesville demonstrates how a dominant industry sustains a labor market through immigrant social networks, with how a suddenly visible Latino population interacts with a Southern white majority, and with how such changes impact the primary and secondary school systems.⁶¹ As in Siler City, Latinos in Gainesville have been encouraged to settle in the region because of voracious labor demand from a high-turnover industry, which has struggled to keep up with consumers' growing appetite for processed chicken. Further completing a circle of settlement, immigrants in Gainesville have enrolled their children in local schools, binding them more closely to the area.

A Recent History of Latino Immigration in the United States

The year-round nature of work in the poultry and carpet-making industries has strengthened immigrant social networks and encouraged settlement in ways not possible under previous nomadic and seasonal employment patterns. Other factors, including federal immigration policy changes, also have worked to persuade immigrants to establish longer-term residency in the U.S. South.

The 1986 Immigration Reform and Control Act (IRCA) is credited with bolstering occupational mobility among the up to 3 million immigrants "legalized" under the bill's limited amnesty provision. Conferred a newfound legal status, Latino immigrants became emboldened to hunt for higher-paying jobs outside of the labor-saturated Southwest.⁶² At the same time, IRCA provisions stipulated no more than palliative sanctions against employers who were found to be in violation of the act. Under the new regime, employers were required to exercise only a modicum of due diligence during a hiring process that placed the judicial onus of "illegality" squarely on the shoulders of workers. Such a system encouraged a wink-and-nod relationship between bosses and the government, and ultimately fostered the hiring of workers whatever their status so long as they could produce a paper Social Security card.

IRCA also mandated tighter border security in a demonstrative effort to satisfy public demands that illegal immigration should be sharply curtailed. Such efforts to "beef up" the border provided showy examples of government action, yet they failed to choke off illegal immigration. Instead, the bolstered security detail increased incentives for existing immigrants to settle within the United States rather than risk being detained upon reentry should they ever leave the country. Nevertheless, the border efforts appealed to anti-immigrant sentiment and enhanced some politicians' re-election chances. They also fed into a public discourse that championed the Border Patrol as a heroic holder of the line

⁶¹ Greig Guthey, "Mexican Places in Southern Spaces: Globalization, Work, and Daily Life in and around the North Georgia Poultry Industry," in Latino Workers in the Contemporary South (Athens: University of Georgia Press, 2001).

⁶² Zúniga and Hernández León in Contemporary Workers in the Latino South.

and that reconstituted immigrants into tides, waves, and invading hordes in antiwork to their role as workers obliging a structural need for labor.⁶³

Further border control efforts in the 1990s may also have helped to foster Latino settlement. The government's Gatekeeper and Hold-the-Line operations spatially and geographically redistributed undocumented border crossings away from the urban corridors of San Diego-Tijuana and Ciudad Juárez-El Paso.⁶⁴ Yet like the IRCA provision to enhance border security, these two efforts failed to appreciably stem overall illegal immigration. Instead Operation Gatekeeper may have fostered a "closing door psychology," which, like IRCA, also discouraged undocumented immigrants from leaving the country for fear of detention upon return. Scholars have argued that Operation Gatekeeper and its urban police detail succeeded mainly in squeezing illegal immigrants into deadly desert terrain, leading to increased fatalities from environmental exposure and giving professional people-smugglers an excuse to command higher fees.⁶⁵

Further impacting immigrant settlement trends, overweening economic logics, which create vast gulfs in wage-earning potential, continue to yawn wide between the United States and Mexico. The income gap, or current real wage differential, between Mexico and the United States is the widest between any two contiguous states and represents a compelling push and pull variable.⁶⁶ Moreover the demographic phenomena that have made Mexico relatively labor-rich and the United States relatively labor-poor -- in a commodified view of manpower -- do not appear likely to abate in the near term. If current trends hold, the Mexican population will continue to grow in a way that sharply outpaces viable domestic employment opportunities, and it is expected that the nation's job market will fail to absorb an estimated 1 million persons annually to 2010.⁶⁷ Meanwhile, the median age of the native-born U.S. worker continues to rise, indicating an ongoing need for labor importation if the country hopes to sustain economic growth levels.⁶⁸

The secondary research indicates that myriad local and interstate factors have combined with these macroeconomic processes to shape immigrant settlement patterns in North Carolina. Job saturation in traditional immigrant-receiving regions, such as southern California;⁶⁹ gang violence in Los Angeles; and the passage in 1994 of California Proposition 187, which sought to restrict social services for the undocumented and their

⁶³ See Douglas S. Massey, Jorge Durand, and Nolan J. Malone, Beyond Smoke and Mirrors: Mexican Immigration in an Era of Economic Integration (New York: Russell Sage Foundation, 2002).

⁶⁴ Wayne A. Cornelius, "Death at the Border: The Efficacy and Unintended Consequences of U.S. Immigration Control Policy, 1993-2000," Population and Development Review 27.4 (2001), 661-685.

⁶⁵ Cornelius.

⁶⁶ David M. Kennedy, "Can We Still Afford to be a Nation of Immigrants?" Atlantic Monthly 278.5 (1996), 52-68.

⁶⁷ Cornelius, "Death at the Border."

⁶⁸ Kennedy. "Can We Still Afford to be a Nation of Immigrants?"

⁶⁹ Patrick J. McDonnell, "State's allure for immigrants wanes," Los Angeles Times 24 Jan. 2001: B1.

dependents,⁷⁰ all are credited to varying degrees with triggering heavier streams of Mexican immigration into the so-called non-traditional regions of the Northeast, Midwest, and South. At the same time, low housing and land prices, which are more affordable compared with California rates, also have prodded immigrants to settle in rural North Carolina, where a landscape evocative of the Mexican countryside may represent an added benefit.

Labor Recruitment and "Work Ethic": Guiding Immigration to North Carolina

Perhaps no other factor over the past 20 years has shaped Latino immigration and settlement patterns in central North Carolina more than conspicuous employer demand and recruitment efforts.⁷¹ Particularly during a period of sustained economic expansion and chronic labor shortages in the 1990s, employers actively recruited Latino workers and took unprecedented steps to retain them. This was particularly true in the case of the service and construction industries, which disproportionately occupied Latinos.

In her interview-based research, Johnson-Webb found that bosses reiterated an abiding belief that Latinos, especially Mexicans, possessed superior stocks of "work ethic" compared with the native-born applicants with whom they competed for low-wage positions. "Time and again, they (employers) revealed their deeply held conviction that Hispanic workers -- most notably Mexicans -- have an excellent work ethic."⁷² Employers' trust in Latino "work ethic" as a fundamental indicator for determining the profitability of job applicants led to hiring practices that tapped into immigrant social networks to fill vacancies.

By using their Latino workers as employment agents to recruit more Latino workers, bosses in central North Carolina avoided the less reliable yet more formal hiring mechanisms used by native-born applicants while ensuring continued access to pools of qualified job candidates, Johnson-Webb found. Demonstrating a preference for Latino workers over native-born candidates, employers further strengthened ties to networks by granting unpaid leaves of absence, by bidding up the value of immigrant labor, and by wooing qualified Hispanic employees away from competitors.

The consequences of such hiring practices help to illustrate a "cumulative causation" theory of immigration, in which ever-sturdier immigrant social networks proportionately succeed in finding employment for ensuing generations of immigrants, Johnson-Webb notes. This effect continuously decreases the financial risk inherent in emigration attempts and ultimately foments greater immigration flows.⁷³ In the case of North Carolina, the expression of such a "cumulative causation" theory underlines the significance of studying Latino immigration to the state.

⁷⁰ Durand and Massey, 127.

⁷¹ See Johnson-Webb.

⁷² Johnson-Webb, 413.

⁷³ Durand and Massey, 22.

Latinos and Unequal Access to Health Care

A final reason illustrates the importance of studying health and Latino immigration in North Carolina. The state's rapid demographic changes portend new challenges for health care and social service providers and warrant research projects with the potential to ameliorate conditions. The ongoing demographic changes are taking place in a state where local governments have had little historical experience in managing sizable non-English-speaking communities of year-round settlers, and where opportunities abound for miscommunication between mainly monolingual service consumers and mainly monolingual service providers. Reiterating the importance of empirical research, regional differentiation also precludes an at-a-glance summary of the state. While health care workers in farm belts have for a longer period of time dealt with a discrete population of mainly male and single Latino farm workers, their colleagues in urban and suburban North Carolina are gaining a perspective from serving a community with higher numbers of women and children.

Chatham County, where the majority of primary research for this project took place, seemingly has one foot in each sphere. It is a rural county, yet its two principal towns, Siler City and Pittsboro, both lie within an hour's drive of most points within the urban and suburban "Triangle" region. At the same time, the county's rustic feel belies the frequent attention it gets from researchers, who are motivated to study a "settled out" Latino population within close proximity to the area's major higher-learning institutions. Accenting its importance to researchers, the county's high concentration of health care facilities which serve Spanish-speaking patients transforms the county into a rich location for the study of Latinos and health. On top of this, the area's experienced health care providers represent authoritative and informed sources regarding immigration and health.

It should be noted that Latinos are a disadvantaged group, and that a variety of socioeconomic factors inhibits their access to health care. Latin American immigrants disproportionately occupy the ranks of the working poor, do not own personal vehicles in rural entities with little or no public transportation, and in many cases lack health insurance or the qualifications necessary to get employment with viable benefits packages.⁷⁴ Latinos disproportionately hold jobs on the lower rungs of salary ladders, and their levels of disposable income are generally insufficient to buy third-party insurance.⁷⁵ Immigrants' symbolic capital and social networks enable mainly lateral movement but fail to ensure the swift upward mobility -- and concomitant access to superior medical care -- that many may expect upon arrival to the United States, a nation with no government-backed universal health insurance system.

In many ways the argument could be made that the lack of access to health care that is experienced by many Latino immigrants in North Carolina results from a kind of "structural violence," because it is neither nature nor pure individual will that is at fault, but rather historically given (and often economically driven) processes and forces that conspire to constrain individual agency." As the medical anthropologist and physician Paul Farmer further explains, "structural violence is visited upon those whose social

⁷⁴ North Carolina Institute of Medicine, NC Latino Health, 2003 (Durham: North Carolina Institute of Medicine, 2003).

⁷⁵ NC Latino Health, 2003.

status denies them access to the fruits of scientific and social advances."⁷⁶ Very likely then "structural violence" also conspires against many contemporary Latin American immigrants living and laboring in North Carolina. For these settling immigrants, their ethnoracial identity, linguistic affiliation, legal status, and lower-class positions in regional job hierarchies may all contribute toward a lack of access to health care.

⁷⁶ Paul Farmer, "Women, Poverty, and AIDS" in Paul Farmer, Margaret Connors, and Janie Simmons, eds. Women, Poverty, and AIDS: Sex, Drugs, and Structural Violence (Monroe, Me.: Common Courage Press, 1996), 23.

CHAPTER 2 DISCURSIVE PRACTICES, HEALTH, AND NORMALIZATION

Preface

An examination of discursive practices in medical settings opens a window onto the function of health as a normalizing agent of contemporary Latino immigrants in central North Carolina. This chapter explores how three forms of discursive practice -- subject positioning, words of encouragement, and discursive control -- form part of a normalization process that prescribes the adoption of normative health practices within a neoliberal governmentality. This chapter also examines the ways in which Latino immigrants respond to these processes.

Discursive Practices in Health

Discourse is studied because discourse is power. In Foucauldian theory, discourses are forms of knowledge, social constructions of reality, or "socially organized process(es) of talking about a particular subject matter."⁷⁷ The term discourse is applied to broad categories of social knowledge, such as health, medicine, and advertising, for example.⁷⁸ Discourse does not mean linguistics, and it amounts to more than the referential usages of language or speech. "Of course, discourses are composed of signs; but what they do is more than use these signs to designate things. It is this *more* that renders them irreducible to the language (*langue*) and to speech. It is this 'more' that we must reveal and describe."⁷⁹

Evolving according to prevailing epistemologies, modes of production, and academic disciplines, discourses organize communication by controlling what may be spoken and published. Discursive boundaries are instantiated through prohibitions on political or sexual speech, for example. In a well-known study, Foucault describes how bourgeois sensibilities in Victorian Era Europe fostered a medicalization of sexual deviance, displacing the more frank discourses on sex of previous generations.⁸⁰

The consequences of discursive frameworks are wide-ranging since individuals enlist available discourses to construct themselves as subjects and to make sense of their worlds. As an example from the contemporary era, scholars suggest that neoliberal rationalities mediate one's relationship to oneself according to one's profitability in the labor marketplace.⁸¹ Hence, advanced-capitalist discourses and not just specialized

⁷⁷ Marita Sturken and Lisa Cartwright, Practices of Looking: An Introduction to Visual Culture (2001; New York: Oxford University Press, 2003), 354, 367-68.

⁷⁸ Sturken and Cartwright, 354.

⁷⁹ Michel Foucault, The Archaeology of Knowledge, trans. A.M. Sheridan Smith (New York: Pantheon Books, 1972), 49.

⁸⁰ Michel Foucault, The History of Sexuality, Vol. 1, trans. Robert Hurley (1978; New York: Vintage Books, 1990), 3-13.

⁸¹ Gordon does not use "discourse" but warns of trends that portend "(a) totalistic determination of life-conduct by the embedding of market requisites in all life-spheres." Colin Gordon, Critical and Effective Histories: Foucault's Methods and Historical Sociology (London: Routledge, 1994), 193.

economic vocabularies insinuate themselves intimately into personal spheres. As this chapter intends to show, present-day Latino immigrants in central North Carolina also are exposed to these predominating discourses.

Foucault asserts that power is embedded in discourse, and that the expression of power at the molecular level links with the manifestation of power at the molar level. Employing a Foucauldian perspective, scholars study discursive transactions between health care workers and immigrant patients⁸² in order to illuminate the "microphysics of power"⁸³ therein. These analyses examine the ways in which discourses communicate "techniques of power" or of "power/knowledge" and with how these disciplining techniques function "to observe, monitor, shape, and control the behaviour of individuals."⁸⁴ This portion of the work proposes a similar analysis, to reveal the ways that power manifests itself through health, and to place health within a normalizing process involving Latin American immigrants.

Drawing on Bourdieu, this chapter recognizes that discursive interactions are inherently unequal and that all linguistic encounters express relations of symbolic power in which each "linguistic interaction ... bears the traces of the social structure that it both expresses and helps to reproduce."⁸⁵ Further equipping this theoretical framework are the theses that "everyday linguistic exchanges" reflect "situated encounters between agents endowed with socially structured resources and competencies," and that these "resources and competencies" are variably distributed and contingent on actors' positions in social hierarchies.⁸⁶ This chapter also draws on Bourdieu's understanding of the role played by a speaker's *habitus* in guiding an individual's actions or reactions within given speech situations.⁸⁷ Constituting a set of inculcated and socialized dispositions, a speaker's *habitus* is molded by social-historical conflict, which legitimates certain grammars and vocabularies and marginalizes others. Because of sociohistorical factors then, social inequalities are perpetuated by power asymmetries inherent in linguistic interactions.

This chapter further acknowledges that Latino patients suffer power imbalances in encounters with health care providers. These imbalances are exacerbated by insufficient numbers of trained interpreters and bilingual medical providers, as well as by a lack of health care workers who are qualified to manage limited English proficiency (LEP) patients.⁸⁸ A high-level task force in 2003 deemed these deficiencies problematic enough to include on a list of formal recommendations that the state hire more interpreters and cultivate more bilingual and bicultural providers. A state office also was

⁸² See Aihwa Ong, Buddha Is Hiding (Berkeley: University of California Press, 2003).

⁸³ Colin Gordon, "Governmental rationality" in The Foucault Effect (Chicago: University of Chicago Press, 1991), 3, citing Foucault, Discipline and Punish (New York: Vintage, 1995).

⁸⁴ Gordon, "Governmental rationality: an introduction," 3-4.

⁸⁵ John B. Thompson, introduction, Language and Symbolic Power, by Pierre Bourdieu, trans. Gino Raymond and Matthew Adamson (Cambridge: Harvard University Press, 1991), 2.

⁸⁶ Thompson, 2.

⁸⁷ Bourdieu, Language and Symbolic Power, 12.

⁸⁸ North Carolina Institute of Medicine, NC Latino Health, 2003 (Durham: North Carolina Institute of Medicine, 2003), 79-86.

advised to expand cultural diversity training to staff members at local health departments and social services agencies, in order to improve interactions with LEP patients. Although the language barrier is commonly cited as the chief obstacle, Latino patients blame professional insensitivity for compounding communicative inequalities between service consumers and providers.⁸⁹

Subject Positioning: Reifying Biomedical Authority and Enabling Normalization

Later research interests of Foucault concentrate on the ways that "technologies of the self" transform individuals into subjects, and with how subjects are positioned within discursive hierarchies.⁹⁰ This section will examine the occupation of particular subject positions by individuals within health care settings, and it will analyze how the inhabiting of these roles is indicative of a normalizing process. In a Foucauldian sense, subject positioning refers to "the place that a particular discourse asks a human subject to adopt within it."⁹¹ In a typical doctor-patient interaction, for example, a patient is relegated to a more subordinate subject position than a physician regarding the explanation of biomedical therapies and diagnoses.⁹²

The following scenario of a parent and child from a Central American country at a clinic provides an example of how medical interviews induce the occupation of particular roles for both patients and health care workers. The scenario also displays how the interview situation helps to reinforce social hierarchies while promoting the adoption of normative understandings about U.S. domestic arrangements and public safety habits.

The scene begins with a mother and son entering a clinic to obtain a medical certificate that will vouch for the boy's good health and that is a prerequisite for his enrollment in middle school. Before being seen by the physician, the pair submit to some preliminary questions administered by a social worker. The questions, designed to probe for unhealthy behavior and whose answers are tabulated as data, revolve around the child's home and school life. How many people live in the home? Does the boy get along well with his friends? Has a parent ever been called in to see the principal because of his son? How many siblings does he have? Does the boy suffer injuries when he plays?

Following this initial screening, another health care worker measures the boy's height, weight, and blood pressure. Before the pair goes into the consultation room for the physical, a nurse approaches the mother, takes a card from her, and, mentioning vaccinations, begins to give directions to an on-site laboratory. Quieting the nurse, the mother immediately responds that the purpose of the visit is not to receive a booster shot and that the boy's immunization record is up to date.

The pair await the doctor in the consultation room. When the physician emerges, he prefaces the medical exam with another interview. This time, the questions deal with

⁸⁹ Eva Gomez, "Maria Tells Her Story," North Carolina Medical Journal 64.3 (2003), 122.

⁹⁰ Foucault, "Technologies of the Self" in Technologies of the Self.

⁹¹ Sturken and Cartwright, 368.

⁹² See Howard Waitzkin and Barbara Waterman, The Exploitation of Illness in Capitalist Society (Indianapolis: The Bobbs-Merrill Company, Inc., 1974), 22. "Because of patients' relative helplessness, they occupy a vulnerable position. Physicians have power over patients which derives from an asymmetry of technical knowledge and skills."

public safety: Does the boy wear a helmet when he rides a bike? Does he normally play in the yard or in the street? The mother answers in the affirmative to the first question. After the interrogation, the boy is given a standard physical exam. The doctor takes the boy's vital signs, examines his throat, ears, eyes, and nose, and leads him through a series of limb exercises to test muscle strength. The parent stands to the side and observes the interaction. At the end of the session, the boy gets a passing grade and the mother tucks the medical certificate into her purse. Before ending the session, however, she raises a concern about anemia, and the doctor suggests that she integrate more fruits and vegetables into the household diet.

In the brief encounter, understandings about normative U.S. domestic arrangements and public safety behaviors are communicated to the Latino immigrant patient. The parent is asked if the boy wears a helmet while bike riding, a question that addresses a public safety concern and that seeks to heighten disease prevention, but that also presupposes that the boy has a bicycle to begin with and that the parent has provided him with a helmet to wear.

Perhaps to dispense expediently with the line of questioning and to move on to the physical exam and to finally obtain the medical certificate, the woman answers in the affirmative that the boy does wear a helmet while biking. However it later surfaces in the course of the interview (not recounted above) that either the boy does not know how to ride a bicycle or that he does not own one. The health care worker's protocol of interview questions does not take into account that perhaps, owing to economic necessity, the mother lacks the financial means to provide a bicycle and helmet for the boy. Nevertheless an idealized image of a suburban domesticity is reproduced (a boy riding a bicycle while wearing a safety helmet). In a similar fashion the related question -- Does he normally play in the yard or in the street? -- assumes that a yard exists to be played in and that a viable choice may be made between playing in either the street or on a private lawn.

The preceding account helps to advance the normalization work. Through the questioning, an ideal subject position is generated and a prototypical citizen is invoked. Consequently the immigrant patient is encouraged to occupy this subject position and to calibrate himself according to the normative public safety practices attributed to such a citizen. Suggestive of a biopolitical backdrop, the mother becomes not only a site for the reception of normative health knowledge, but is also probed for quantifiable data, in line with the call from the high-level task force for more biostatistics on Latinos.⁹³

The scenes involving the boy, the mother, and the health care workers are seemingly innocuous exchanges. Yet the encounters demonstrate the ways that symbolic power is expressed through discourse and in the distinct subject positions assumed by the scenario's main characters. Following Bourdieu, the exchanges described above exemplify that "relations of communication -- linguistic exchanges -- are also relations of symbolic power in which power relations between speakers or their respective groups are actualized."⁹⁴

⁹³ The taskforce recommended the state work to ensure collection of sufficient Latino-specific data to track health care utilization and health outcome rates. North Carolina Institute of Medicine, NC Latino Health, 2003: Executive Summary (Durham: North Carolina Institute of Medicine, 2003), 12, 18.

⁹⁴ Bourdieu, 37.

In the scene, the immigrant mother inhabits two distinct roles. In the first example, she is interpellated through an interview protocol that stipulates her verbal response to set questioning. Consequently, she assumes a subordinate subject position with respect to the first social worker interviewer, as well as in the presence of the physician. In these examples she slides into the subject position of patient, and the interaction that consists of physician interrogating and patient responding reinforces a conventional biomedical power dynamic. In such a way, the mother and health care workers participate in a "performative"⁹⁵ act that functions mainly to reify the authority of the biomedical practitioner, rather than to transfer any useful health information to the patient. Employing a specialized biomedical terminology and vested with the authority to speak as a biomedical practitioner, a physician and his words gain a particular kind of legitimacy.⁹⁶ Underscoring the superficial and "performative" nature of the scenario, the mother and son have gone to the clinic not to receive biomedical expertise but rather to obtain the medical certificate that the state requires as a condition for school enrollment. Yet during the encounters the mother also displays a complexity that belies a uniformly acquiescing subject position. When faced with the possibility her son might receive an unscheduled immunization, she constitutes herself as a vigilant parent and reiterates to the intervening nurse the purpose of the visit to the clinic.

The health care workers in the above scenario also occupy at least two distinct roles. On the one hand, they occupy subject positions that are reserved for biomedical practitioners, as they task themselves with a routine clinical evaluation. On the other hand, however, they assume subject positions that are classified as not strictly biomedical, preoccupying themselves with a wider array of concerns than the immediate checkup job in front of them. In the interview for example, they interrogate on public safety behaviors and on the family's home life and the boy's school life.

By controlling the bureaucratic issue of medical certificates, the health care workers further distance themselves from the subject position of clinicians. By inhabiting these gatekeeper roles and expanding their purview into the administrative, the medical professionals assume subject positions that permit them latitude in determining a patient's fitness for school. Consequently they become principals in a "medical excusing" discourse, which the literature indicates as a form of medical social control.⁹⁷ In so doing, the professionals are able to reinforce their biomedical authority and expand its scope into the educational and occupational spheres, advancing a normalizing dimension of health.

Words of Encouragement: Instilling Dominant Neoliberal Rationalities

Words of encouragement from health care workers and the voicing of assent by patients represent other means by which a normalization process takes place within a medical setting. Three examples demonstrate this effect.

In the first, a middle-aged Mexican woman is warned that despite her partner's pledge of monogamy she may still be at risk for sexually transmitted infection. To this, the woman

⁹⁵ Bourdieu, 70, alluding to the speech act theory of J.L. Austin.

⁹⁶ See Bourdieu, 75-76.

⁹⁷ Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology* 18 (1992): 209-232, citing S.L. Halleck, *The Politics of Therapy* (New York: Science House, 1971).

responds that she can leave her husband at any time and that she is reliant on no one. A health care worker congratulates the woman on her assertive response. In another example, a public health interviewer applauds a young man from Mexico who reports no longer drinking after having joined a counseling group for alcoholics. In a third case, a social worker encourages a middle-aged woman from a South American country to find employment after she reports that she has been in the country for about five weeks and that she must support a mentally retarded son.

In these examples, health care workers use words of encouragement to promote ethos related to self-reliance, abstinence from alcohol, and wage-earning production. At the same time, the counsel goes beyond the patients' stated objectives upon seeking health care at the clinic. The middle-aged Mexican woman had not sought advice but rather a specialized test and physical therapy when she reported to the facility. The man did not originally seek a warning on the dangers of alcohol but had made an appointment so that doctors could cure an infected limb. The South American mother was motivated to locate biomedical assistance for her son who was suffering from a gastrointestinal problem, yet at the clinic she received advice on how to effectively enter the labor force.

Very likely, the Latin American immigrants involved in these scenarios understand the effect that their assent to words of encouragement will play on facilitating the provision of health care. Yet the above-mentioned examples also evince a soft normalization in which immigrant patients become sites for the reception of messages that communicate normative beliefs and practices.

Concretely, the messages in the preceding examples convey the dominant rationalities of independence, self-restraint, and productivity that are held up as virtues in a modern citizenship. These virtues represent "technologies of the self" in the contemporary era of neoliberalism, which is characterized by a disavowal of the so-called welfare state and a retrenchment of its social obligations, a Utopian-like faith that perceives an imaginary "free market" as right and natural, and an anti-political stance that exalts the individual over the collective. Through the conveyance of these virtues at health promotion sites, immigrants are exposed to the rationalities that make a neoliberal governmentality feasible.

The third case, in particular, exhibits the advancement of the values of self-reliance, freedom from "dependency,"⁹⁸ and workforce productivity. In this scenario, the South American woman is urged to find employment by contacting an advocacy organization's referral service. The jobs suggestion is made after she reports that her invalid son's medical condition requires that she stay at home to care for him, making it difficult -- and, if she must find a private caretaker, perhaps unprofitable -- for her to obtain daytime work. The additional news that she has in her short time in the United States already amassed medical bills in the thousands of dollars due to inconclusive hospital treatment for another child also precedes the employment advice. In this scenario, the woman's medical encounter includes the inculcation of a dominant ethos that is related to the promotion of wage-earning activities.

Discursive Contestation: Normative and Alternative Views of Diets, Exercise

⁹⁸ On a critical etymology of "dependence," see Nancy Fraser and Linda Gordon, "A Genealogy of *Dependency*: Tracing a Keyword of the U.S. Welfare State," *Signs* 19.2 (1994): 309-336.

This section of the chapter will discuss discursive control as a discursive practice in examples that exhibit conflict between normative and alternative understandings of diet and exercise. It will examine the control over discourse exercised by both educators and immigrant patients in a diabetes-management class held at a hospital in Siler City in central North Carolina in spring 2004. It will comprise analyses of two sessions of the diabetes-management class. The first will examine discursive contestation between a student and health educators regarding appropriate dietary behavior. A second session will concentrate on a struggle for discursive control among a physician, health educators, and students, and will focus on normative suppositions regarding exercise.

Free-of-charge and held in Spanish, the class was designed to assist diagnosed diabetics as studies indicate that Latino/a patients are more likely than the general population to suffer complications from the disease and because Latinos disproportionately are administered critical interventions, such as amputations, to treat advanced diabetes symptoms.⁹⁹ The class represented an expression of regional and nationwide concerns regarding Latinos and diabetes. See postscript following this chapter for a more thorough discussion of these trends.

The class participants comprised seven patient-students, including one non-diabetic, and nine "partners," or family members, who accompanied the diabetic patient-students at the classes. All of the patient-students were immigrants from Latin American countries who had been living in the United States from two to 10 years. Females outnumbered men in the class, and only two male patients were attendees. Of the "partners" and health educators, all were female. However the presence of the observer increased the number of men in the classroom.

Classes revolved around instruction on proper dietary behavior, including the importance of lowering alcohol intake and reducing the consumption of harmful foods; the appropriate and scheduled usage of blood sugar monitoring devices; and the availability of nutritious and inexpensive produce from a class garden project. Class excursions included fieldtrips to a local Wal-Mart Supercenter and to a locally owned *tiendita*, which specialized in Latin American foods. Besides functioning as a venue for biomedical instruction, the class also represented a social outlet where co-ethnic sufferers were able to gather in a regular and structured environment and speak in Spanish on a variety of topics. The weekly classes took place on Monday afternoons in a meeting room of the hospital. Variable numbers of students and partners attended the two-hour sessions, gathering around a cafeteria-style table in the middle of the room. Generally one or two health educators led instruction from one end of the table and made liberal use of Spanish-language instructional materials, such as flipcharts, videos, and printed matter.

Personal Responsibility and the Political-Economy of Fast Food

A class session devoted to diabetic nutrition facilitates a discursive contest on the question of unhealthy dietary behavior. Specifically, the dispute concerns the fixing of responsibility for harmful eating habits: To what extent does it reside internally and to what extent is it situated externally in the marketplace?

The lead health educator initiates the session from her position at the front of the class. Her lesson plan stresses personal responsibility and individual accountability as means to control and to modify diets so that they conform to diabetic prescriptions. Students are told not to expect dramatically lower weight or cholesterol levels, but rather that they

⁹⁹ Source A, personal interview.

should exercise patience while maintaining consistent and healthy eating habits. The educator stresses that individuals ought to stand vigilant against overabundant portion sizes and that they should task themselves with substituting high-fat foods for healthier ones, e.g. swapping American cheese for low-sodium mozzarella. A video is shown, in which individuals advise diabetes sufferers to exercise individual restraint over caloric intake and to limit the consumption of fats, oils, refined sugar, and sodium, and to drink much water. The educator goes into greater detail, describing the benefits of fast- and slow-burning carbohydrates, listing the healthful properties of proteins, and emphasizing the overall importance of balanced nutrition.

During the lead educator's presentation, a middle-aged Mexican man, who works at a local poultry plant and who has three young daughters, one of whom frequently accompanies her father to the class, interrupts to ask an impromptu question: "Shouldn't the government control the kinds of food sold at Burger King? At McDonald's? Don't they know that they are intoxicating the people with this food?" The lead educator, a young woman from Chile, responds that other and healthier options exist at Burger King, such as salads, and she looks for corroboration to another class member, a middle-aged Mexican woman, who has just been hired at the local subsidiary of the fast-food chain.

Yet the man continues and makes a plaintive appeal that the government should exercise greater control over the menus of fast food restaurants and school lunch programs. Responding to these assertions, a *promotora*, or lay health advocate, who migrated from the Texas-Mexico borderlands and who has not spoken until now, makes an intervention. Categorically she states, "It is our responsibility to educate ourselves about what to eat. It is our job to educate our children about what are healthy diets." The man pauses before responding. "But (my children) will call me cheap if I don't buy a pizza," he says, trailing off as the class engages in good-natured laughter.

Innocuously enough, the class session illustrates a contestation for discursive control within a health promotion setting. The class begins with the lead health educator establishing discursive control and stressing a pedagogy of individual accountability and personal responsibility, in the development and maintenance of dietary habits. Partway through the lesson plan, a student attempts to wrest discursive control from the teacher by interrupting the curriculum and advancing the discussion into unexplored terrain. He attempts to shift the locus of responsibility for unhealthy dietary behaviors off the square shoulders of the individual and into the political-economy of fast food. He implicates government regulators with promoting unhealthy diets by permitting unrestricted fast food sales in a hypermarketed environment where his children chastise him for not buying the processed food products.

The man's commentary transforms the instructional space into turf for a discursive contest that pits an internal locus of responsibility model against an external explanation for unhealthy dietary behaviors. The man employs the discursive tactic of interruption in a bid to derail the curriculum, but a *promotora* energetically works to swing the lesson plan back onto the established track. In such a way the *promotora's* concentration on personal responsibility links with the focus on individual accountability that is a tenet of neoliberalism.

The class session demonstrates the ways in which normative definitions of dietary habits and practices are negotiated and contested. The class also exhibits the conveyance of a dominant rationality of individual responsibility through both the prescribed curriculum and in the voice of the *promotora*. By reiterating the prevailing ethic of individual responsibility, she exemplifies what Becker refers to as the "'new health morality'" of health promotion programs, which are "based on individual responsibility for health (and

lifestyle change)."¹⁰⁰

Meanwhile, the male student's interruption advances an alternative answer to explain some people's failure to break those dietary habits the lesson plan brands unhealthy. The student blames external, government, and marketing forces with giving life to a fast food political economy that capitalizes on harmful diets. His impromptu commentary stands in distinction to a curriculum that perceives individual decision-making as the prime determinant in the formation of eating habits.

The class offers a patent example that health promotion discourses are not unidirectional. The participative male patient-student, a burly and talkative man from Veracruz, energetically challenges the curriculum and does not express conversion following the categorical statement of the *promotora*. Yet at the same time, the man's commentaries are not visibly seconded by any of the other members of the class. One pupil reacts to the man's comment by nodding in agreement with the educator after she points out that Burger King, while never the best option, offers healthier fare besides hamburgers, such as salads. And at a later point in the class another woman admits to ordering salads those times she visits the restaurant with her grandchildren.

As a highly participative member of the class, the man frequently competes with the educators, and his commentaries do not purport to represent the views of the other patient-students. The man's comments furthermore may be designed to provoke the health educators and to disrupt the class session. Nevertheless the man's statements succeed in dragging a discussion of the political-economy into an instructional space where the diabetes curriculum inclines toward a divorced and medicalized presentation. Hence the man succeeds in expanding the scope of the class in a way that enables a perhaps more comprehensive and realistic discussion of the feasibility of a diabetes-management strategy in a Southern town. In fact Siler City diabetics may find dining-out options particularly limited considering the ubiquity of fast-food chains in the area. Numerous fast-food restaurants, a Chinese buffet-style restaurant, a Golden Corral steakhouse, and a Mexican restaurant appear prominently in shopping centers or independently along the main U.S. highway that passes through town.

Another example from the class illustrates the ways that political-economic factors impinge on the curriculum. After the dispute on fast food, the lead health educator returns to the lesson plan and its focus on individual responsibility as a means to control dietary behavior. The educator displays a chart showing the ideal distribution of caloric intake. She recommends that five meal times be spread throughout the day and that patients consume the majority of daily calories before the late afternoon. She lists the number of servings of grain, fruit, milk, and meat products that the average diabetic man or woman requires and should not exceed. She stresses that patients should closely examine nutritional information labels in Spanish to guard against the over-consumption of carbohydrates.

Turning to some rubber-like props of various foods, she instructs the patient-students to handle the lifelike color proxies of beets, carrots, green beans, tomato juice, et cetera. Made by the Nasco Corp. of Fort Atkinson, Wis., the props are replicas of those ordinary foods ostensibly available in most American kitchens. The lead health educator uses the props to help the patient-students visualize appropriate serving sizes and asks the class to arrange nutritionally appropriate lunch plates with them. She calls on the man who had questioned the government's role in regulating fast food sales, and he makes a plate with a fake drumstick and a tortilla.

¹⁰⁰ Cited in Conrad, 223.

Another student, a middle-aged woman from Mexico, picks a serving of green beans, a salad, half a breast of chicken, and fruit. While assembling the plate, she volunteers that when the item is on sale she will sometimes eat up to six ears of corn in a single day, possibly exceeding the limit on carbohydrate consumption. The woman complains that her brothers, with whom she lives, do not like the corn and that she is often left to finish it herself. Possibly, worries about spoilage, a desire to obtain utility from the purchase, or, she says, stress-induced eating habits lead her to eat the corn in violation of the dietary guidelines on carbohydrate intake.

In this example, food props are used to simulate actual dietary choices, yet the woman's extracurricular information on personal food consumption indicates a disjuncture with the lesson plan. In the case of the woman, the plastic food props and the lunch plates may symbolize imaginary model menus when compared against actual lived realities. The lunch plates may represent simulacra with little referential meaning in the actual world of the patient-student; nevertheless they function to reproduce an idealized standard of dietary behavior.

Through her comment, the Mexican woman, like the Mexican man from Veracruz, brings talk about the local political-economy into the class discussion. Her experiential knowledge suggests that local political-economic effects preclude the reproduction of the perfect lunches in the patient-students' populated homes or during the compressed lunch hours of their workplaces. In a sense, the lunch plates symbolize the political-economic capital required of individuals who aspire to the normative dietary practices that are emblematic of citizenship, though the observance of these practices may be out of reach for practical purposes.

Discursive Contestation: Normative versus Alternative Suppositions on Exercise

A second session of the health promotion class illustrates how a struggle for discursive control between a physician and a student pits a normative understanding of exercise against an alternative one. Specifically, this incident of discursive contestation suggests a soft medicalization of exercise and the perception of exercise as a discrete activity that is independent of wage-earning work.

The class begins in the same fashion as the previous week, though with fewer attendees probably because of the day's rain. The lesson plan concentrates on the analysis of nutritional information labels in Spanish, and the educator emphasizes the individual monitoring against too much salt, sugar, and carbohydrates. She warns the class to carefully evaluate carbohydrate and sugar listings on labels since carbohydrate entries include all sugars but sugar entries do not comprise all carbohydrates.

The detailed explanations and qualifications required to explain how to optimally analyze the labels induce the Mexican man from the previous week to attempt to wrest discursive control from the educator. In a frustrated tone, he blurts, "Well, why do all the products have so much sugar? Shouldn't the government regulate this?" Sustaining the interruption, he asks, "What's most important? I'm getting confused by all of these terms. What do I most have to worry about?"¹⁰¹

¹⁰¹ Despite a subsequent momentary inarticulateness, he has the "last word" toward the end of the class when he offers a shorthand summary of the lesson plan that goes unchallenged. "Look. What you need to look for is low carbohydrate, low fat, and low sodium ... and low calories. Four things."

The man's challenge of a prolix biomedical curriculum foreshadows a discursive contestation with a physician visiting the class. The young male physician preempts the young female health educator and opts to answer the man's questions by stressing the overall importance of balanced diet and by emphasizing the benefits of regular exercise. His tone suggests the patient-students do not comprehend the importance of maintaining a caloric deficit to lose weight or that they do not sufficiently participate in normative physical fitness activities. (However the physician's comments contradict a guiding tenet behind the diabetes-management curriculum not to promote normative exercise since many class participants already meet daily physical activity requirements by working physically strenuous jobs.)¹⁰²

Responding to the doctor's insinuation, nevertheless, the Mexican man strikes a plaintive note. "But, doctor, I work eight hours a day," he says. To this, the physician responds, "Well, you could work eight hours a day in a chair all day. That still doesn't mean you're exercising." The discursive back-and-forth continues with the Mexican man's response. "But I'm making lots of movements (all day long)," and he makes grasping motions with his hands, which he lifts over his head, pantomiming his line duties at the poultry processing plant. The man struggles but is unable to verbally describe the kind of strenuous work that is demanded of him, and as he trails off, the lead health educator returns the class to the curriculum.

As in the previous case, in which alternative and normative explanations conflicted regarding the causes of unhealthy dietary behaviors, in this example of discursive contestation and struggle for discursive control, a normative and abstract conception of exercise is pitted against an alternative and personal one. The physician seems to advance a quasi-medicalized, or *healthicized*,¹⁰³ understanding of exercise as a discrete and confined activity that stands apart from wage-earning. However the Mexican man counters this assertion and suggests that his physically intensive job constitutes valid exercise. As in the example involving the food props, in which instruction was presented in a manner disjointed from the immediate political-economy, the physician's words appear to ignore the local socioeconomic context bounding the lived realities of the patient-students. The doctor's words appear borrowed from a normative interpretation of exercise before being wholly reinserted into the present health promotion venue.

In point of fact, however, family recreation sites, such as parks, municipal soccer fields, and basketball courts, which are compatible with normative physical fitness activities, are scarce in the town, according to ethnographic observation. Furthermore, Latino residents complain that a lack of restroom facilities at an existing park inhibits families from making more worthwhile use of it, according to information presented at a community assessment event.¹⁰⁴

Also absent are dedicated bicycle lanes on the town's surface streets, many times clogged by tractor-trailers transporting poultry, seed, and other goods. And, a community assessment from 2000 found that many respondents considered "current recreational

¹⁰² Source A, personal interview.

¹⁰³ Borrowed from Conrad's usage "healthicization," cited in Conrad, 223.

¹⁰⁴ Community forum, Siler City, N.C., 26 Apr. 2004.

opportunities for youth insufficient."¹⁰⁵ In general the local environment is not conducive to the physical activity that characterizes normative exercise.

Medicalization, *Healthicization*, and Normalization

The aforementioned example suggests a normalization process at work within a health promotion site, as the physician discursively elevates an idealized form of exercise over the kind of physical exertion that is part and parcel of wage-earning activities. By promoting such a normative understanding of exercise, the medical professional taps into a *healthicizing* discourse, which "proposes lifestyle and behavioral causes and interventions" with regard to health problems.¹⁰⁶ According to Conrad, these discourses, which tend toward diet and exercise, are not medicalizing ones. However discursive practices that exemplify medicalization and its normalizing dimensions do emerge in a subsequent discussion in the class.

In this example, a patient-student appeals to the physician to provide a resolute answer to a question on gastrointestinal processes. Consequently, the student's intervention enacts a medicalizing discourse in the classroom. Conceived of as the championing of biomedical epistemologies over other explanations, medicalization extends its predominance over "virtually anything to which the label 'health' or 'illness' could be attached," according to one definition.¹⁰⁷

This portion of the class begins with a lesson on the integration of diabetic nutrition with the recipes of traditional Latin American cooking. During the course of the segment, an older man from a South American nation interrupts the lead health educator to ask a question of the visiting physician. Apparently seeking a definitive biomedical answer, the man asks whether chili peppers, which the health educator has said can cause gastrointestinal problems, rather help to eradicate intestinal parasites. "Is this a myth or is there any truth to it?" he asks. The doctor responds categorically, "It is a myth." Perhaps hoping to moderate the slightly dismissive tone or to wrap up the departure from the curriculum, the health educator intervenes and notes that ground chili pepper has a healthful application in her native Chile, where it is rubbed onto the feet to improve circulation. The class then returns to the prescribed lesson plan on the reading of nutritional information labels in Spanish.

In the exchange, a soft medicalization pervades. By forcing a departure from the curriculum to obtain primary information from the medical professional, the patient-student's question elevates biomedical knowledge above other epistemologies. Framed as a binary of work ("any truth to it") and antiwork ("myth"), the patient-student's question presupposes the possibility of a resolute, true-or-false answer, which only the doctor, because of his training in biomedicine it is implied, is capable of delivering correctly. Such phrasing steers the question toward an answer that will reify the ascendance of

¹⁰⁵ Steven Burrirt, Alison Cowhig, Pam Jones, Parky Lee, Melanie Mendoza, and Suzette Rochat. "Chapters According to Major Themes," Siler City, North Carolina: Chatham County: A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection, 2000, 8.

¹⁰⁶ Conrad, 223.

¹⁰⁷ See Conrad, 214. Also see Charles Briggs and Clara Mantini-Briggs, Stories in the Time of Cholera: Racial Profiling during a Medical Nightmare (Berkeley: University of California Press, 2003), 31: "Knowledge of the disease [cholera] was medicalized -- as such knowledge usually is - - meaning that biomedical professionals were the primary sources of authoritative information."

biomedical knowledge over the kind of local knowledge that guided the question's original premise: that chili peppers possess medicinal properties. Not overtly challenging the physician's categorical response ("It is a myth"), the South American man, along with the other class members, appears to accept the verdict, indicating the superiority of biomedical fact, with regard to at least this one question.

The dialogue illustrates Bourdieu's work as it relates to the variable distribution of symbolic capital, defined as the honor, prestige, or distinction that confers exceptional authority on particular speakers.¹⁰⁸ In the example, the male student bypasses the female health educator and seeks from the male physician a definitive answer on a question related to gastrointestinal therapies. In so doing, he tacitly confers upon the words of the medical professional a value greater than that extended to the words of any one other speaker in the classroom. Consequently, the patient-student facilitates the doctor's performance of a privileged biomedical knowledge. Burnished by a professional title, the doctor's performance reflects another of Bourdieu's theses: that appearances and, in this case the accessory that is a medical degree, endow speakers with commensurate stocks of "linguistic competence."¹⁰⁹

As such, the physician is extended the authority to speak on chili peppers, and his response translates into an expression of symbolic power. Stratifying biomedical knowledges above other epistemologies in the class, the physician's commentary instantiates power relations between an authoritative and superordinate entity (the doctor) and a receptive and subordinate group (the students). Borrowing from Bourdieu, the interaction between the doctor and the patient-students exemplifies that "relations of communication -- linguistic exchanges -- are also relations of symbolic power in which power relations between speakers or their respective groups are actualized."¹¹⁰

The subtle hierarchization of epistemologies, which enhances the profile of biomedical information while downplaying the locally produced knowledge, is evident in an example from a class session two weeks hence. Here, the health educators present a medicalized front when they counter an assertion made by the Mexican man and the Mexican woman that bleach may be used to sanitize the feet, a prime target of infection for diabetics. Promoting the use of hydrogen peroxide to disinfect the skin, the health educators seek to nip the bleach suggestion in the bud, and they circulate to the class a handout on proper pedicure.

Conclusions

Critics of Foucauldian theories on power find fault in a totalizing framework they say imparts a bleak view of individual human freedom, one in which bodies largely fail to extricate themselves from "a network of omnipresent relations of subjugating power."¹¹¹ These critics lay further blame on Foucault for ignoring acts of resistance implemented by actors who are too quickly inferiorized as governed subjects, and Foucault is impugned for failing to acknowledge the roles these agents play in a dialectical shaping

¹⁰⁸ Bourdieu, 72-76.

¹⁰⁹ Bourdieu, 69-70.

¹¹⁰ Bourdieu, 37.

¹¹¹ The Foucault Effect, 4.

of discourses. Scholars note a contradiction inherent in Foucauldian writings on discourse and governmentality: paradoxically that they propose structures "that shape but are not shaped by objects and events."¹¹²

This chapter has intended to demonstrate the ways in which health operates as a normalizing agent with regard to Latino immigrants in North Carolina. In doing so, it suggests that dimensions of health have extrabiomedical connotations that expose to Latino immigrants behaviors and practices, or "technologies of the self," which are amenable to the operation of power. However more research is needed to better explain the collaboration of normalizing, governmental, and medicalizing impulses.

A useful theoretical framework for future research may rely on Briggs' theory of communicability. Communicability refers to a set of processes that consign actors to particular positions within communicative hierarchies. Briggs suggests that communicability itself represents an object of analysis apart from medicalization and racialization. He proposes that within prevailing discourses certain individuals become producers of knowledge, others are "translators and disseminators," while others still become "receivers, and some simply out of the game."¹¹³ Communicability provides a model by which future research projects along similar lines to this one may be able to illuminate the workings of power vis-à-vis contemporary immigration and health.

POSTSCRIPT

THE DIABETES "EPIDEMIC" AND LATINOS

Since the 1990s leading public health officials have described diabetes and obesity as "twin epidemics" and "top public health problems" in the United States.¹¹⁴ Diagnosed cases of type 2 diabetes, also known as adult-onset diabetes, more than doubled from 5.8 million in 1980 to 13.3 million in 2002. Rates of obesity, which is considered to be a major contributing factor of diabetes, rose 74 percent in the 1990s, and more than 44 million U.S. residents were classified as obese in 2002.¹¹⁵ The perception that diabetes and obesity have reached epidemic proportions has proliferated in the news media. Major U.S. newspapers made at least 188 references to "diabetes epidemic" from 1995 to 2004, based on a Lexis-Nexis search. "Newsweek" and "Time" magazines both have placed diabetes at "epidemic levels" in the general population.¹¹⁶

Most alarming to both the media and the public health community has been the increasing number of type 2 cases among younger cohorts. Reports suggesting that diabetes is descending down the "age ladder" have led to widespread assertions that

¹¹² Charles Briggs, "Regimes of communicability, racial discourse, and disease," forthcoming, 16.

¹¹³ Briggs, "Regimes of communicability, racial discourse, and disease," 9.

¹¹⁴ United States, Centers for Disease Control and Prevention, press release (Atlanta: Centers for Disease Control, 26 Oct. 2000).

¹¹⁵ United States, Department of Health and Human Services, "Obesity and diabetes are among our top public health problems in the United States today," (Washington: Health and Human Services Department, 30 Dec. 2002).

¹¹⁶ "Why So Many Are Getting Diabetes," *Time International* 12 Jan. 2004: 36; Jerry Alder and Claudia Kalb, "An American Epidemic: Diabetes," *Newsweek*, 4 Sept. 2000: 40.

youth are now more susceptible to the disease than ever before.¹¹⁷ Officials view minority youth, in particular, as more prone to receiving diabetic diagnoses than their non-white counterparts. "Children who develop type 2 diabetes are typically overweight or obese and have a family history of the disease. Most are American Indian, African American, Asian, or Hispanic/Latino."¹¹⁸ These perceptions are not corroborated by statistical data on disease prevalence, however, and are supported mainly by reports from pediatricians of higher numbers of type 2 cases.¹¹⁹ Nevertheless they have led to a welter of disease prevention campaigns that are aimed at improving dietary habits and increasing exercise options for young people.

Besides the worry that children may contract diabetes at disproportionately high rates, concern also has been raised that the Latino population is at heightened risk for the disease. CDC studies over 1997 to 2002 indicate that both Latino men and women consistently obtain higher rates of diabetes mellitus compared with their non-Hispanic white counterparts.

These statistical data on diabetes prevalence are underscored by contentions that some Latinos are genetically similar to Native Americans, whose above-average diabetes rates have been corroborated for a longer time period. Perhaps further strengthening the linkages between Latinos and type 2 diabetes is the argument that Latin American immigrants necessarily suffer higher levels of obesity and diabetes given the shocks they undergo in adapting to U.S. lifestyles, cultures, and foods.

The diabetes "epidemic" has led to present-day health interventions in the form of diabetes-prevention and -management campaigns directed toward Latino adults and children. Such programs stress the health benefits to be derived from weight loss and exercise, advance a preventative self-care model, and attempt to deliver instruction that is culturally relevant for a Spanish-speaking community. Through radio public service announcements (PSAs), in Spanish-language brochures featuring phenotypically Latino characters, and by way of specialized curriculums, these programs seek a diminution of the numbers of patients suffering from diabetes, heart disease, and other related complications. Such programs say they seek to empower their audiences by communicating to them that they possess the agency to prevent or to control diabetes.

The health drives are justified by data indicating that Latinos suffer from diabetes at higher rates than whites, but they are also spurred by the Latino census category's status as the country's fastest-growing ethnic or racial segment. Through the diabetes campaigns, U.S. officials have sought to allay the possibility of a major diabetes-related public health worry in the near future. Using words like "epidemic" and "risk" and by recruiting statistics to simulate a probabilistic projection of the disease's course, officials

¹¹⁷ See Shannon Brownlee, "Too Heavy, Too Young," Time 21 Jan. 2002.

¹¹⁸ United States, Centers for Disease Control and Prevention, Fact Sheet (Atlanta: Centers for Disease Control and Prevention). <http://www.cdc.gov/diabetes/pubs/pdf/search.pdf>.

¹¹⁹ "No data currently exist to determine the extent to which type 2 diabetes has emerged among U.S. children and adolescents, but researchers at CDC estimate that among new cases of childhood diabetes, the proportion of those with type 2 diabetes ranges between 8 percent and 43 percent." United States, Centers for Disease Control and Prevention, Fact Sheet (Atlanta: Centers for Disease Control and Prevention). <http://www.cdc.gov/diabetes/pubs/pdf/search.pdf>. The CDC establishes prevalence statistics for "Hispanic/Latino Americans" 20 years or older but not for younger groups. See United States, Centers for Disease Control and Prevention, National Diabetes Fact Sheet (Atlanta: Centers for Disease Control and Prevention), 5. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2003.pdf

justify the public health actions. The following statement, attributed to a high-level diabetes-prevention authority, demonstrates the discursive strategy deployed to rationalize the diabetes-awareness efforts. "Without intervention, one in three children born in the year 2000 will develop diabetes in his or her lifetime. For some of us, the risk is even higher. If that child is Hispanic and female, she has a one in two chance of developing diabetes in her lifetime. We need to get the word out that type 2 diabetes prevention is proven, possible, and powerful."¹²⁰

The federal push for Latino-specific awareness campaigns has filtered to the regional level, as evinced in the quantity of newspaper pieces on diabetes that appear in the Spanish-language press of Raleigh and Durham. Articles and editorials warn Latinos about the dangers of being overweight,¹²¹ recommend free-of-charge seminars,¹²² and offer basic biomedical information about diabetes mellitus.¹²³

The concern regarding diabetes mellitus and Latinos may be particularly felt in central North Carolina. Near major universities, communities in the area represent appropriate research sites for practitioners and academics, and a consortium of researchers partly affiliated with the University of North Carolina won a reported \$790,000 grant to study diabetes in the region. Part of the funds focused on adapting behavioral change models for African-Americans and Latinos, groups the data indicate are predisposed to diabetes. In spring 2004 at least two Latino-focused diabetes-prevention and -management programs were in operation in Siler City.¹²⁴

CHAPTER 3

"SAFE SEX" DISCOURSES AND GOVERNABLE SUBJECTS

Preface

This chapter advances the work that health discourses inform the construction of Latino immigrants as governable subjects. This chapter examines how the presence of Latinos in North Carolina is forcing a revamping of existing governmentality frameworks and with how biopolitical strategies are being redeployed to accommodate newly visible immigrants. In particular, this chapter hopes to illuminate the workings of these processes in the context of a U.S. Southern state with a historically dichotomous racial composition.

Specifically, this portion of the work is guided by the following research questions: How have biopolitical strategies and governmentality frameworks reconfigured to fit an

¹²⁰ Quotation attributed to Saul Malozowski, senior adviser for clinical trials and diabetes translation at the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK). In United States, NIDDK, press release (Washington: NIDDK, 29 Aug. 2004).

¹²¹ "Sobrepeso pone en riesgo a los jóvenes [Being overweight puts youth at risk]," editorial, Nuestro Pueblo Feb. 2002: 14.

¹²² "El Centro Hispano enfoca en la diabetes [El Centro Hispano focuses on diabetes]," editorial, Nuestro Pueblo Jan. 2004: 10.

¹²³ David Reboloso, "Diabetes," La Conexión 30 Mar. 2004: 6.

¹²⁴ "Preventing diabetes in Siler City," Carolina Nursing magazine Fall 2000: 12.

increasing population of Latino immigrants? Which prevailing narratives have guided dominant understandings of these processes? How have governmentality and biopolitics been influenced by the special geography and history of the U.S. South? In which ways does the object of knowledge called "health" function as a prime site for the conveyance of particular rationalities and for the construction of a governable subject? In what ways are these processes ethnic-specific and directed at an unassimilated subpopulation of Latino immigrants? To what extent are contemporary governmentality structures distinct entities or adaptations of earlier models?

This chapter includes four separate sections. The first section concentrates on a 1996 rubella outbreak in central North Carolina and fixes this event as a turning point in prevailing regional narratives on immigration and health. The outbreak and the responses to it by government, health, and economic elites help to explain the subsequent development of biopolitical health interventions oriented toward Latinos. The chapter also examines the racialization of subsequent representations of the outbreak. A following section focuses on the bodily practice of "safe sex" and posits related discourses amid the normalizing dimensions of health. This section will examine journalistic and public policy discourses, as well as samples from the health promotion literature related to "safe sex."

This chapter looks at the ways in which discourses on bodily practices convey specific rationalities. It also examines how Latino immigrants have themselves influenced this normalization process. It further looks at how biopolitical strategies have been reconfigured in order to manage and order the new subpopulation of Latino immigrants in North Carolina.

The 1996 Rubella Outbreak and its Aftereffects vis-à-vis Latino Immigrants

In 1996, Chatham County, N.C., experienced a rubella outbreak that led to a mass immunization effort involving the federal Centers for Disease Control and Prevention (CDC), the state Department of Health and Human Services (HHS), and the county health agency. The campaign also enlisted the services of the North Carolina Army National Guard, whose presence was duly noted in The Chatham News as troops helped to administer shots at shopping centers and at other conspicuous venues. Much of the heavy lifting, however, appeared to be done by on-the-ground health care workers and company nursing staffs at the county's two major poultry processing plants in Siler City and Pittsboro.

Over a highly compressed two days in mid-to-late-April, one company's nurses worked virtually around the clock to inject approximately 1,200 immunizations into the arms of their plant's mainly Latino workers, principally at shift changes. The force of the public health imperative to vaccinate was on display in the form of company notices in English and in a roughly translated Spanish. Affixed throughout the workplace, the notices informed that the "mass immunization effort" "had to be done" and apologized that the intervention had to plow forward "without allowing time for some people to obtain their records."¹²⁵

The signs warned that women vaccinated for rubella, otherwise known as German measles, should not get pregnant in the succeeding three months and until no new cases were reported, for fear a fetus could contract congenital rubella syndrome. The postings informed employees that they would be barred from the workplace unless they

¹ Company notice, Siler City, N.C., Apr. 1996.

received the rubella vaccine or showed proof of immunization, thereby linking individual and familial livelihoods to compliance with a public health directive issued by a state agency.

Even making late-night visits to employees' personal residences, local health care professionals raced to ensure tight compliance with the outbreak protocol and to allay fears the disease would spread rapidly to other medical jurisdictions. In the span of about three weeks from April 19 through May 9, health authorities administered roughly 3,500 measles, mumps, and rubella (MMR) immunizations mainly to Latino workers at the poultry plants. By June 1, officials had tallied 65 confirmed rubella cases in Chatham County, including at least four that corresponded to pregnant women. In all 87 rubella cases were reported in the state in 1996, the large majority of which corresponded to Latino patients.¹²⁶

The vaccination drive focused on the county's two poultry processors since it was a worker at one of the plants who was first identified with rubella symptoms in late March. The belief that the man contracted the disease from a visitor from Mexico and the understanding that most of the county's Latino poultry workers emigrated from countries where rubella vaccines were not routinely administered directed the focus of the public health authority onto the industry and its employees.

The facilities themselves, where workers labor in close proximity on fast-moving lines and under stress-inducing "hot" or "cold" conditions, also may have sparked fears that the disease, characterized by feverlike symptoms and rashes, would spread quickly. Latinos became the centerpiece of the vaccination effort not only because of their prominent representation in the workforces of the plants¹²⁷ but also because they were unable to quickly produce immunization records.

Not surprisingly, journalistic depictions of the rubella outbreak were racialized. In other words, journalistic discourses grafted onto Latinos markers that distinguished them from other racial or ethnic groups.¹²⁸ Latinos were linked with rubella to the point that members of the Latino ethnic category were perceived as the most likely victims of the disease, as well as its most probable vectors. In its May 9 edition, the local newspaper included a breakdown of the predominant racial/ethnic distribution of the victims of the disease. Relying on the analysis of a local health official, the newspaper noted that of the 30 confirmed cases of rubella, 29 victims were classified as Hispanic and that one was a Caucasian. African-Americans, the other major racial group in the county, were

¹²⁶ Ben Stocking, "Tough measures mulled in Union County rubella outbreak," News & Observer [Raleigh] 1 June 1996: A3.

¹²⁷ A public health assessment from 2000 said Latinos amounted to roughly three-quarters and half of the laborers at the two plants, respectively. Newspaper articles at the time of the rubella outbreak also indicated that 80 percent of the workforce was Latino at the poultry plant where the first symptomatic individual was identified.

¹²⁸ Racialization: the "extension of racial meaning to a previously racially unclassified relationship, social practice or group" from Michael Omi and Howard Winant, Racial Formation in the United States (New York: Routledge, 1994) cited in Briggs and Mantini-Briggs, 334n10. Racialization may be defined as "any process or situation wherein the idea of 'race' is introduced to define and give meaning to some particular population, its characteristics and actions" in Lucila Vargas, "Genderizing Latino News," Critical Studies in Media Communication 17.3 (2000): 261-293, citing "Racialization," Dictionary of race and ethnic relations, 2nd ed., 1988.

not off the hook however, and the authority reported that "suspected cases" existed among that ethnicity too.

The usage of established racial and ethnic U.S. Census categories to neatly divvy up the rubella cases appeared to indexically link with the disease all Latinos, whether they were born in the United States where MMR immunizations are largely required for school-age children or whether they were born in Latin America where the practice is less rigorously standardized. Such a sleight-of-hand easily collapses U.S. and foreign-born Latinos into one monolithic category, thereby negating differentiation between the two subgroups. Journalistic and public health discourses further racialized the outbreak by veritably blaming the outbreak on a suspected index case, the Mexican visitor of the poultry plant worker who, the newspaper article noted, "could have developed symptoms when he returned to Mexico." "Our sense is that this is the individual," the public health official is quoted as saying.¹²⁹ By locating the genesis of the outbreak in the Mexican person, the official epidemiology emphasized an individualizing and racializing etiology, while more complex multifactorial explanations were marginalized.

After the Outbreak: Representations and Racialization of Latinos and Rubella

Subsequent state-generated representations of the outbreak and of the lingering threat of the disease, which continued to worry administrators four years hence, also indicated a racializing dimension, albeit in a subtle form.¹³⁰ The HHS-sponsored informational video "Controlling Rubella" features on its front cover a photo of a phenotypically Latino young man kicking a soccer ball in a team competition. The back of the box shows three photos: Latino farmworkers at a hiring rally; a Latina woman engaging the camera while squatting between a toddler and a smiling baby in a stroller; and a young, mustached Latino man receiving an immunization from a nurse.

A textual synopsis of the film is wrapped around the photos. The first paragraph reads, "For years there were little or no signs of rubella in North Carolina. In 1996, outbreaks of the disease struck the state's Hispanic/Latino communities, many of whom were not vaccinated in their native countries." The film goes on to note that of the state's 95 confirmed cases in 2000, at least 87 involved "Hispanics from countries where rubella vaccinations are not routinely administered."

The roughly 20-minute video resorts to popular leitmotifs of a pan-Latino culture. In one scene, the narrator remarks on the teamwork of some Latino soccer players, and other images show Latino churchgoers congregating after services where, the narrator says, public health information may be efficiently distributed. Dancing is another conventionally accepted cultural marker, and in one scene couples dance to salsa music at a street fair; while in another, women in folkloric costume dance flamenco.

In the former scene as the couples dance wordlessly and in apparent obliviousness to the camera, the narrator's voiceover notes divergence between low-ball U.S. Census estimates of the state's Latino population versus the higher numbers generated by an advocacy group. The discrepancy regarding the "true" contours of the Latino population, which the census pegs at 120,000 and the advocacy group at 417,000, prompts an elite

¹²⁹ Chris Goodson, "German measles now up to 30 cases," Chatham News 9 May 1996: A1+.

¹³⁰ Controlling Rubella, videocassette, North Carolina, Dept. of Health and Human Services, Division of Public Health, Women's and Children's Health Section Immunization Branch, 2001.

public health interviewee to remark, "I think the toughest thing is it's a moving target. We really don't know what the population is."

The video relies almost exclusively on the voices of such public health, ecclesiastical, business, and advocacy elites, as it focuses on the official strategies aimed at preventing an outbreak. Cooperation among these key players is heralded as essential in thwarting the disease, and examples of such collaboration among elites is lauded in the film. Public health practitioners are praised when they work with pastors and employers to publicize free-of-charge immunization clinics, for example. Typifying the overall tenor of the video is the following sentence, spoken at the beginning of the film and segued with the soccer shots: "Health professionals, churches, community-based organizations, and private industry function on a team of a different sort in combating rubella."

The passage visualizes a four-point geometric of elite agents who are presented as capable of restricting the spread of the communicable disease. In advancing this model, the video apparently downplays the agency of "rank-and-file" Latin American immigrants who are putatively spoken for by their better-positioned representatives, the bilingual and coethnic brokers who occupy roles in the state's Latino advocacy organizations. Not precisely silent as their off-camera voices add "color" to the piece yet not substantively engaging the viewer either, everyday Latinos mainly function as props in the film, shown as they are as passive recipients for vaccinations, attendees at church services, or dancing fairgoers at ethnically oriented festivals.

The voices of those monolingual Latin American immigrants, i.e. those who work in the poultry factories and in the farm fields and toward whom the public health interventions are directed, are limited to comments made by two farm workers whose availability has been made possible by the North Carolina Growers Association. In a predictable interview that appears designed to elicit signals of obedience regarding the political and public health regimes governing their lives, the men vouch that: 1) they will return to Mexico after the harvesting season is complete, in compliance with the conditions of their H-2A visas; and 2) that they have been immunized for rubella. Restricting the men's further commentary to the experiential, the film's producers allow one of the field workers to flash a photo of his family, while the other man, identified as Pastor Madrigal Ordóñez, vouches through a translator that he plans to use his earnings to start a grocery store in, importantly, Mexico.

One may draw a historical parallel between the men in the video who are called on to exonerate themselves -- and, synecdochically, their Latino ethnoracial category -- from an association with a particular disease. The voices of the men compare with the experiences of generations of immigrants who preceded them. Like the men in the video, these earlier cohorts of immigrants also were blocked from pursuing citizenship while suffering persistent identification with a particular disease, as was the case for Mexicans who were unfairly branded as typhus carriers in the 19th century and early 20th century.¹³¹

¹³¹ See Natalia Molina, Contested Bodies and Cultures: The Politics of Public Health and Race within Mexican, Japanese, and Chinese Communities in Los Angeles, 1879-1939, diss., U of Michigan, 2001. Ann Arbor: UMI, 2001. AAT 3001016.

Social Constructions of the Rubella Outbreak

The historian of medicine Charles Rosenberg has proposed that prevailing social constructions of epidemics may be divided among *contamination*, *configuration*, or *predisposition* viewpoints with predominating narratives frequently employing the three perspectives variably.¹³² By contamination, Rosenberg refers to an epidemic causation model that relies fundamentally on the assertion that an external source has disrupted an existing and "health-maintaining and health-constituting" framework. Such a "reductionist and monocausal" view is highly amenable to germ theory since it proposes that contagious epidemic occurs through the transmission of, for example, viruses from human host to human host. The contamination view, Rosenberg writes, fundamentally "foregrounds a particular disordering element" in its understanding of epidemic. On the other hand, the configuration stance "is holistic and emphasizes system, interconnection, and balance ... The configurational style of explanation is interactive, contextual, and often environmental." Such a viewpoint is more frequently resorted to by proponents of social medicine who extend key roles in their epidemiological histories to extracorporeal etiologial factors, such as malnutrition, poor sanitation, and inadequate housing.

If one were forced to decide, which of the two viewpoints has prevailed with regard to the 1996 rubella outbreak in Chatham County? One might say that the comment attributed to the local health official in the May 9 newspaper illustrates a strong contamination understanding of the outbreak. After all, the health authority identified an individual from a foreign country as the likely originating index case of the outbreak. Over the intervening period since the rubella outbreak, it does appear that a contamination viewpoint has persisted, but it also appears that this outlook has softened somewhat over time. Shortly after the peak of the immunization effort, the newspaper article zeroed in on the person of a Mexican visitor, constructing him as *the* external agent who was guilty of upending the county's erstwhile rubella-free ecology. Yet by the time that the "Controlling Rubella" video was produced in 2001, the contaminating source merited no mention in the tape's curious non-referencing of the outbreak. While the synopsis on the back cover does briefly link the 1996 outbreak with "the state's Hispanic/Latino communities," the video's narrator makes no explicit reference to the spread of rubella among Latino immigrants in that year. Instead he chooses to remark only that North Carolina rubella cases declined after 1979 when legislators mandated immunization, but that they began to rise in 1996 when rubella cases "were identified and they have occurred ever since."¹³³

Further evidence indicates a moderation of the contamination viewpoint and the greater incorporation of a configuration perspective. Elite responses to rubella, for example, have emphasized health promotion projects and the otherwise re-"configuration" of the public services matrix to include Latinos, rather than the de-"contamination" of Latinos from the region. In fact as if rubella signaled a sea change in elite perceptions, the outbreak is referred to as a turning point in narratives on immigration and health in the central region.¹³⁴

¹³² Charles Rosenberg, "Explaining Epidemics" in Explaining Epidemics and Other Studies in the History of Medicine (New York: Cambridge University Press, 1992), 293-304.

¹³³ The only explicit connection made between Latinos and rubella is that of the 95 rubella cases in 2000, "92 percent ... involved Hispanics from countries where rubella vaccinations are not routinely administered."

¹³⁴ See Paul Cuadros, "Taking the Initiative," The Independent [Triangle region] 25 Jul. 2001.

Public health, corporate, and advocacy elites have been variously motivated to retool the existing health paradigms with regard to Latino immigrants. Industry, in particular, has been impelled to support vaccination drives and other health promotion and education programs in order to maintain stable and productive workforces. Said one local textile manufacturer in the "Controlling Rubella" video: "Productivity is very important, but to have productivity you've got to have good health of your employees. It's important to us that they have good health not only for the productivity of our company but for their family." Overtly reproducing a bourgeoisie-proletariat class gulf, the video intersperses images of the white and female employer, who speaks from a chair in an upper-middle-class living room setting, with pictures of wordless Latinos operating machinery in a textile factory.

The rubella outbreak also spurred another elite bloc -- public health professionals -- to work to halt incidents of infectious disease within their medical jurisdictions. These efforts in turn led to increased funding for programs in Chatham County and elsewhere in the central region, an area that has experienced a rapid increase in the number of permanently settling Latino residents, as explained in detail in Chapter 1. In 2001, for example, the county health department announced its "Vaccinations for Everyone" campaign, offering free-of-charge MMR immunizations, as well as tetanus shots. A Spanish-language informational video associated with the campaign also suggested a racialization of rubella, as the back cover of the video featured as its dominant visual element a photograph of a measles-pocked Latino baby.¹³⁵ Of course such racialized representations coincided with an epidemiological record that indicated that Latinos accounted for the vast majority of rubella cases.

After the Outbreak: Health Interventions and the Latino Population

The rubella outbreak was a significant event. Although the research indicates no deaths in 1996 from congenital rubella syndrome, the fear of contagion was real and cut across a cross-section of Chatham County society, affecting not only the area's recently arrived Latino immigrants but also more deeply rooted native-born residents. An informant for this project reported that during the time of the outbreak one expectant native-born woman left Chatham County altogether for fear of possible exposure. The outbreak was momentous also because it directed an impressive public health gaze onto the region's expanding Latino population. In the end, the rubella scare helped to identify an emerging need for state-mediated health care resources for this population. Nevertheless, the racialization of the outbreak in contemporaneous and subsequent depictions also certainly influenced the ways health efforts and otherwise biopolitical strategies were deployed in the region, as explained in a subsequent section.

Normalizing and Governmental Impulses in 'Safe Sex' Discourses

The rubella outbreak sparked concern from elites regarding the long-term health of permanently settling Latino immigrants. In one way, this elite interest in immigrant health manifested itself through the development of a range of health promotion and education programs oriented around the establishment of normative bodily practices. The advancement of "safe sex" behaviors, for example, represented one such biopolitical strategy whose purpose was to diminish statistical incidence of disease, and to impress on Latino immigrants particular conceptions of the body and sex. The remainder of this chapter will examine the bodily practice of "safe sex" and attempt to posit related

¹³⁵ North Carolina, HHS, "Vaccinations for Everyone/Vacunas para Todos," n.d.

discourses within the normalizing dimensions of health. This section will examine journalistic and public policy discourses, as well as samples from the health promotion literature, as they relate to "safe sex."

Journalistic discourses are analyzed here because, as critical media studies inform, news representations function as key sites not only for the "making meaning" of social realities but are also *constitutive* of these realities.¹³⁶ News texts are doubly significant since they play preponderant roles in the shaping of emerging Latino public identities in North Carolina.¹³⁷

Moreover journalistic discourses, functioning as echo chambers of sorts, help to trace the contours and main tenets of the "safe sex" biopolitical strategies developed by government agencies and institutions and then relayed to media outlets. In particular, Spanish-language newspaper articles indicate the kinds of "safe sex" knowledge public policy elites intend to impress on Latino readers, in the hopes of effecting healthful behavioral change. These articles concentrate on the following themes: the Latino community's lack of conventional knowledge regarding HIV and AIDS; the agency of awareness groups in imparting this knowledge; the social construction of HIV/AIDS as a threat to the pan-Latino community; and the promotion of condom usage. Though not perfectly generalizable, these articles tend to follow a narrative structure that frontloads statistics to affect an institutional-sounding credibility before resorting to arguments based on cultural reasoning.

Such articles foreground the perceived ignorance of Latino communities regarding conventional knowledges of HIV and AIDS. One article, for example, is headlined: "A los latinos les falta información sobre el VIH y el SIDA," or "Latinos lack information on HIV and AIDS."¹³⁸ The brief article of less than 600 words builds its case on statistics and the results of a survey conducted by a local advocacy group which indicates significant percentages of Latino respondents incorrectly answered four questions dealing with HIV transmission and therapy. By deploying statistics and constructing Latinos as ignorant on HIV-related issues, the advocacy group quickly justifies the work of its outreach arm in closing these gaps in conventional knowledge.

Another article demonstrates the usage of statistics to justify the neighborhood operations of community outreach workers. Perhaps seeking to build credibility through the repetition of quantitative data, the article, "Pasando la voz sobre las ETS,"¹³⁹ or "Talking about STIs," cites CDC statistics that show Hispanics are three times more likely to have AIDS than non-Hispanic whites, are at 2.5 times greater probability of contracting gonorrhea, and are four times more likely to manifest chlamydia symptoms.

After having established these statistical truths, the article lays out a course of action, illustrating what scholar Cindy Patton refers to as a "'classic hypodermic model' -- that is that problems can be solved by a direct injection of information."¹⁴⁰ The article explains

¹³⁶ See Stuart Hall, *Representation: Cultural Representation and Signifying Practices* (Thousand Oaks, Calif.: Sage Publications, 1997).

¹³⁷ See Lucila Vargas.

¹³⁸ "A los latinos les falta información sobre el VIH y el SIDA [Latinos lack information about HIV and AIDS]" *Nuestro Pueblo* Jan. 2002.

¹³⁹ "Pasando la voz sobre las ETS [Talking about STIs]" *Nuestro Pueblo* August 2003.

¹⁴⁰ In Briggs and Mantini-Briggs, 34.

the mission of a team of health educators whose goal is to reduce incidence of sexually transmitted disease "one case at a time." The outreach workers visit neighborhoods, nightclubs, and high schools in their one-on-one campaign. They seek not only to impart information to individuals but also "to get people to change their habits," the project coordinator says.

Linking superior decision-making abilities to cognitive possession of biomedically accepted knowledge of HIV, a health educator notes "(i)f you have these aptitudes and these capacities, then you can take a better decision regarding sexual relations and sexuality." No doubt, however, the impression of this knowledge on Latino immigrants is difficult to gauge since, as the project coordinator later notes, many Latino respondents apparently furnish outreach workers with the responses they think the outreach workers want to hear. "The people take the condoms," she says. "We do not know if they are using them."

The second half of the article shifts the locus of responsibility for disease away from individual sexual practices and into talk on "social and economic factors." Suggesting the possibility of a unitary Latino perception on AIDS, the project coordinator notes that Latinos are not that different from "many U.S. citizens from 20 years ago," who she says also erroneously believed that HIV could be transmitted through "casual contact," that having HIV constituted a "death sentence," and that AIDS was exclusively a "gay disease."

Later venturing into cultural reasoning, the article further suggests that Latinos suffer these beliefs through no fault of their own but that "cultural and religious themes complicate sexuality." Evidently, this is especially the case for Latino youth. Or as the article notes reports while citing no external source:

"Hispanic young people frequently are afraid to speak with their parents about sexual conduct or identity and it could be that they are afraid to speak with health educators if they believe that it can shame their families. At the same time, this shame can impede Hispanics from undergoing analysis or from seeking information about treatment."

In this quotation from the article, which is translated from English and bylined by an Anglo-surnamed reporter, perhaps antiquated understandings about "shame," sex, and family are bundled together and repackaged in a journalistic social construction that references the region's newly settling Latino population. By recontextualizing the conceptions about shame and sex in the novel geographic and historical moment that is recent Latino immigration to North Carolina, such journalistic discourses attempt to imprint upon the newly settling population a set of distinguishing ethnoracial markers. In turn, this racialization helps to justify specific health interventions that are directed at Latinos and that possess socially controlling and biopolitical characteristics.

Social Constructions of HIV: The Role of Culture and Statistics

A related journalistic discourse attempts to socially construct HIV as a present danger that inordinately targets Latinos. In the article "Una amenaza creciente y temible," or "A growing and frightening threat," the reader learns that HIV has become "the great threat of the Latino community, which was disadvantaged even before the appearance of HIV

due to its minority status, economic inequality and the language barrier."¹⁴¹ As in the previous example, statistics play a prominent role in the piece, and in the first long paragraph the reader is barraged with data, which seem wholly lifted from a government epidemiological report. With its authorship attributed simply to "Internet Agencies," the story opens by informing that Latinos disproportionately suffer from AIDS as they account for 17 percent of all cases yet represent only 9 percent of the population. Moreover Latino children who account for just 12 percent of the under-13 demographic bracket represent 24 percent of pediatric AIDS cases. The numbers roll on to note that in 1994 Latina AIDS sufferers were nearly evenly split between those who contracted HIV through intravenous drug use (39 percent) and those cases that descended from heterosexual contact (46 percent). Similar figures from the previous decade are applied to Latino men as well.

Following this initial salvo, the rain of damning statistics continues under the bolded and capitalized subheading "**RISK FACTORS**." Readers learn that married Latino men are two times more likely to have multiple sex partners than non-Hispanic whites, according to the results of an unidentified telephone survey. On top of this, 60 percent of single Latino men report having multiple sex partners in the 12 months prior to the survey, although comparable figures for other groups are absent.

Extending its probe into the intimate bodily practices of an imagined Latino collectivity, the article cites another survey's findings that "only" 20 percent of Latinos with multiple partners reported using a condom regularly with their primary or principal partner. On the other hand, 29 percent reported using a condom with their secondary partner. In this example then, statistics lend a scientific veneer to an old stereotype on Latino men and extramarital behavior. The data also attempt to establish the habits of the U.S. Census-derived "non-Hispanic white" category as ideal among the ethnoracial groups and most proximate to an imaginary pole of normativity as related to sexual practices.

Such usage of statistics to dress up worn stereotypes in ostensibly unimpeachable and unobjectionable language recalls the work of several theorists and scholars. Borrowing from Foucault, statistics may be said to represent "techniques of power," or of "power/knowledge" whose use in government statements, for example, may help to maintain a state hegemony.¹⁴² Statistics seek to imbue statements with scientific and authoritative sheens since, partly through literary processes that mute authorship, they purport to truthfully mirror unfolding natural events.¹⁴³ The science studies scholar Bruno

¹⁴¹ "Una amenaza creciente y temible," *El Hispano de Carolina del Norte* Sept.-Oct. 2003. This article raises a red flag since the number it gives for the size of the Hispanic/Latino population in the United States, 9 percent of the total population, is obsolete. The 2000 Census, which was available at press time for this article, places the Hispanic/Latino population at 12.55 percent of the total population. The article bears an almost facsimile-like resemblance to an article written in *Carolina Nursing* magazine, "Preventing HIV in the Latino Community."

¹⁴² Mitchell Dean, *Critical and effective histories: Foucault's methods and historical sociology* (New York: Routledge, 1994), 146.

¹⁴³ In a compelling example, Briggs and Mantini-Briggs examine the manufacture of epidemiological statistics, the decontextualization of these statistics from their original sites of production, and their recontextualization in institutional biomedical formats. The authors note that during a 1992-1993 cholera epidemic in Venezuela that official mortality rates failed to accurately reflect the magnitude of the epidemic as local epidemiologists, the foot soldiers in the creation of the statistics, undercounted the number of deaths attributed to cholera. The undercounts emerged partly because of methodological biases that tactically dismissed clinical analyses in favor of microbiological ones, which, requiring laboratory technology, were less available. The undercounts persisted despite the reservations of authorities from sanctioning international health agencies, whose imprimatur on the mortality rates stamped upon them institutional prestige. At

Latour perceives the ideal statistic as an "'immutable mobile,' an entity that can move between bureaucratic and other contexts without a change of meaning."¹⁴⁴

In the article a culturally based reasoning follows the statistical evidence. In the piece the coded discussion on adultery represents a suitable entry point for a discussion on "the cultural influence" and in particular on the identification of "el machismo, el familismo y la homofobia" as deep-seated and ethnic-specific determinants that prevent gay Latino men from observing a normative "safe sex" protocol. At the same time, the article educates that the expectations of traditional gender roles throw up "barriers that impede the steady practice of 'safe sex' among Latina women." HIV prevention is further complicated by macho dictates that prohibit frank (private) discussions on sex, although these discussions seem perfectly suitable for the (public) pages of a Latino community newspaper.

All the evidence -- both statistical and cultural -- is deployed to buoy the article's subheadline assertion: that HIV represents "the great threat" facing the Latino community. By depicting HIV as such, the article socially constructs the retrovirus as something that inordinately infects Latinos because of promiscuous sexual behavior, failure to don condoms, and entrenched cultural proscriptions that impede equality between the sexes. By portraying HIV as "a growing and frightening threat," the journalistic discourse rationalizes the need for immediate biopolitical intervention and mandates the inculcation of particular bodily practices and sexualities. These discourses further relay that it only makes "commonsense," in a Gramscian sense,¹⁴⁵ for individuals to adopt a normative "safe sex" ethos and that such an ethos results from the subverting of imagined "cultural" frameworks and the taking up of prophylactic sexual practices.

Condom Usage: Communicating Normative Sexuality, Normative Citizenship

The social theorist Cindy Patton suggests that a normative citizenship is articulated through the practice of a normative sexuality, which is expressed by an allegiance to "safe sex" and to monogamy, among other practices. Patton proposes that a "national pedagogy" on such matters establishes the existence of a prototypical citizen and that one's approximation of such a model citizenship directly correlates to one's proximity to a pole of normative sexuality.¹⁴⁶ Perhaps no other dimension of "safe sex" education

the same time, the authors note, numbers were discarded that were generated by non-government-affiliated groups or that were vouched for by individuals. By employing a methodology that would ensure a reduced mortality count, epidemiologists made the epidemic seem less grave than it really was, exercised damage control on their respective bureaucracies, and miniaturized the epidemic's memory in the official record. A dominant perception racialized and spatialized the outbreak, which was seen as affecting only a small number of indigenous people in a delta hinterland. In so doing, these officials exemplified Briggs and Mantini-Briggs' assessment that "statistics are not neutral numbers but rather are closely tied to schemes of social classification."

¹⁴⁴ Cited in Briggs and Mantini-Briggs, 257.

¹⁴⁵ "Commonsense, the uncritical and largely unconscious way in which a person perceives the world" in Roger Simon, *Gramsci's Political Thought* (London: Lawrence & Wishart, 1971), 63.

¹⁴⁶ Cindy Patton, *Fatal Advice: How Safe Sex Education Went Wrong* (Durham: Duke University Press, 1996), 9-10.

makes this national pedagogy more visible than the formal promotion of condom usage. Entreaties encouraging Latinos to wear condoms -- or at least to take them when outreach workers proffer them -- may be found at multiple public health venues where mechanical barriers to sexually transmitted infection form the backbone of a ubiquitous "safe sex" message.

Such messages proliferate in North Carolina's Spanish-language media. The newspaper article "Anuncio televisivo a favor del preservativo," or "Television advertisement in favor of the condom," is notable in the way that it calls attention to a yet-to-be-aired media campaign.¹⁴⁷ The brief text, divided into two 4-inch columns, wraps around the central visual element of the article, which is a photographic still from the PSA. The photo shows spokesman "Juan Carlos Erickson" sitting at a barstool and engaging the camera while holding up a sealed condom. A female head is positioned near Erickson's, but it is restricted to the screen's right-hand margin and does not face the camera.

The storyline follows two young people in a bar who after "the exchange of glances, words and kisses" find themselves at the decisive stage before leaving to share "the most intimate physical encounter." After some internal deliberation, the man, importantly, decides that he is ready to leave the establishment with the woman but only after convincing himself he will exercise caution during the encounter by using a condom. The final message of the advertisement appears bolded in the newspaper article: **"When awareness enters into discussion, protecting yourself is the best option."**

A similar pro-condom message predominates in the central visual element of the "Una amenaza" article: a small 3 ½"-x-2 ¼" representation of a health promotion billboard dominated by a magnified and an unsealed condom. Inside the condom's latex ring in raised capital letters appears the word "USALO," or "USE IT." The slogan "Por Amor Propio: No te confíes porque sí da!" appears beneath the photograph. Translated literally as "For Love of Yourself: Don't trust because (it) does give!" the final two words of the caption pun off SIDA, or AIDS.

Other headlines amplify the efforts of outreach workers from local awareness groups to get Latinos to wear condoms.¹⁴⁸ In an article that may be translated as "Volunteers disseminate information about AIDS," a local health educator relates that on her neighborhood rounds she routinely distributes condoms and displays photos of patients who are suffering from AIDS. "People are really impressed with the photos that we show them," the health educator is quoted as saying. In fact the outreach worker recalls displaying the photos to one area resident who initially refused the condom gift. "This is the price that you pay for not using condoms," the health educator told the woman upon showing her the photos.

The scenario conjured of lay health advocates promoting at the homes of Latino immigrants condom usage and related "safe sex" practices, which violate Catholic dogma on family planning and which outreach workers themselves admit clash with their imaginings of Latino cultural beliefs, evoke slight comparisons with the public health authority of the late 19th century and early 20th century. Part of a broad Reform Era mandate to vanquish disease, public health workers of the time asserted a right to

¹⁴⁷ Sandy Castro, "Anuncio televisivo a favor del preservativo [Television commercial in favor of the condom]" *La Conexión* 13 Apr. 2004: 7. The article alerts readers to an upcoming public service-style announcement (PSA) to be broadcast regularly on a local Spanish-language channel.

¹⁴⁸ "Voluntarios diseminan información sobre el SIDA" *Nuestro Pueblo* Sept. 2001.

appropriate the domestic spaces of immigrants and to convey through home visits what at the time was a dominant "contingent contagionism" etiology.

Balancing nascent germ theory with older miasmatic theory, this disease causation model provided a scientific rationale to pursue disease wherever it was deemed most likely to proliferate: disproportionately, the domestic spheres of newly arriving immigrants from southern and eastern Europe.¹⁴⁹ As the contemporary journalistic record indicates, lay public health representatives continue to transmit normalizing health-related ethos and discourses into immigrant households.

Comparisons between Journalistic and Public Policy Discourses on "Safe Sex"

The very exhortative tone of the aforementioned articles contrasts sharply with the hallmarks of "high modernist"-era U.S. print journalism, which stress balance in news presentation, the idealization of "objectivity," and the illusion of political non-partisanship, among other qualities.¹⁵⁰ Consequently, the Spanish-language news pieces cited above may suggest greater affinity with those formal health reports published by government agencies and think tanks.¹⁵¹ In their 1999 analysis of health-related content in major-market Spanish-language newspapers, Vargas and dePyssler reached a not wholly dissimilar conclusion. Consistent with the frontloading of epidemiological statistics in the present sample, the papers in Vargas and dePyssler's study functioned as highly efficient conveyers of institutionally framed biomedical and clinical information, "such as (that produced by) the health industry and scientific and medical communities."¹⁵²

Perhaps because they have smaller newsrooms with fewer resources and are less institutionally consolidated than their mainstream English-language counterparts, the Latino newspapers cited over the preceding pages might rely to a greater extent on prevailing public policy discourses when reporting on "safe sex." Certainly the proliferation and circulation of texts on Latinos and health by biomedical, government, and industry elites have made these discourses widely available to the news media, Spanish- and English-language alike.

This literary output is traceable to the aftereffects of the 1996 rubella outbreak, which spurred heightened elite interest regarding Latinos and health. The upsurge in writing also may be attributed to a directive handed down by a high-level task force in 2003,¹⁵³

¹⁴⁹ Alan M. Kraut, Silent Travelers: Germs, Genes, and the Immigrant Menace (Baltimore: Johns Hopkins University Press, 1994), 23.

¹⁵⁰ Daniel C. Hallin, "Commercialism and Professionalism in the American News Media" in Mass Media and Society, eds. James Curran and Michael Gurevitch, 3rd ed. (London: Arnold, 2000).

¹⁵¹ See Lucila C. Vargas and Bruce J. dePyssler, "U.S. Latino Newspapers as Health Communication Resources: A Content Analysis," The Howard Journal of Communications, 10 (1999): 189-205. The authors conclude that Spanish-language newspapers in their study of major metropolitan "markets" failed to live up to their potential as effective health-communication resources and over-relied on government handout information.

¹⁵² Vargas and dePyssler.

¹⁵³ North Carolina Institute of Medicine, NC Latino Health, 2003: Executive Summary (Durham: North Carolina Institute of Medicine, 2003), 18. "To ensure that the state has adequate data to monitor health disparities and health access of the Latinos living and working in the state, the

which included among its principal recommendations that North Carolina gather more data on "Latinos living and working in the state" in order to track what the policy literature refers to as health disparities.

The official call for greater quantities of Latino-specific health data is symptomatic of the kind of biopolitics that is deployed to manage North Carolina's increasingly visible population of Latino settlers. Biopolitical strategies -- "statistical inquiries, censuses, programs for enhancement or curtailment of rates of reproduction or the minimization of illness and the promotion of health" -- enable the ordering of bodies into discrete and manageable demographic categories, which, through the generation of statistical data, establish policies that help to manage these constituted populations.¹⁵⁴ By materializing the abstract idea of population through life expectancy and child mortality rates, statistics re-form the individual as constitutive of a population or subpopulation.¹⁵⁵ Similarly in North Carolina, statistical interventions discursively construct Latin American immigrants as Latinos and design strategies "to observe, monitor, shape and control the behaviour of individuals."¹⁵⁶

Health Promotion Literature: Another Medium in Normalizing Discourse

Prevailing government and public policy discourses not only influence the Spanish-language media in central North Carolina, but they also shape another chief conduit of health messages in the public sphere: health promotion literature. In the form of bilingual and Spanish-language pamphlets, comic books, and other materials, this literature offers a venue for the study of "safe sex" discourses which are present at Latino-focused health fairs, advocacy group headquarters, and in public health department waiting rooms. Harking back to the mutual aid societies of the Progressive Era, which used pamphlets to convey Americanized understandings of health and hygiene, contemporary purveyors of health messages rely on the old technology to reach Latino immigrants in a digital age.¹⁵⁷

The materials to be reviewed below may be divided into three groups: 1) local-specific pamphlets explaining health services and HIV/AIDS and STD testing options; 2) non-geographic-specific brochures in Spanish that list specific diseases and prevention tips; and, 3) moralizing bilingual pamphlets and comic books.

The first category provides basic information about the hours of operation, phone numbers, and locations of public health facilities, community health centers, university

Task Force recommended that: 13. The NC Department of Health and Human Services ... collect health ... and social services-related data (including but not limited to utilization and health outcomes) by race and ethnicity, to determine if Latinos are able to access needed health ... and social services, and whether there are specific health disparities facing the North Carolina Latino community."

¹⁵⁴ Nikolas Rose, "Governing advanced 'liberal' democracies" in *Foucault and Political Reason*, eds. Andrew Barry, Thomas Osborne, and Nikolas Rose (Chicago: The University of Chicago Press, 1996), 44.

¹⁵⁵ Dean, 146.

¹⁵⁶ Colin Gordon, "Governmental rationality: an introduction" in *The Foucault Effect*, eds. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: The University of Chicago Press, 1991), 3-4.

¹⁵⁷ See Kraut, 121.

infectious disease departments, health outreach organizations, and the like. These brochures include in non-biomedical parlance brief descriptions of the effects of sexually transmitted diseases. For HIV/AIDS-identified individuals, the brochures explain how they may obtain social services, such as emergency cash assistance or the help of social workers.

The second group of pamphlets communicates clinical information about disease and disease prevention in a non-biomedicalized Spanish. These texts include no place names, addresses, or area codes and mention no other phone number besides those 1-800 numbers corresponding to the CDC and to the publisher. These health promotion brochures provide clinical descriptions of symptoms, prevention tips, and information on testing and the main modes of STD transmission. They are organized around the following themes: individual STDs; the aggregate disease amalgam "STD"; HIV and a particular subject population, such as women; and STDs and condoms. Some brochures contain drawings, e.g. a pencil sketch of a woman holding a sealed condom while seated next to a man, a penciled male anatomy donning a condom according to the pamphlet's step-by-step guide. Other brochures are text-heavy and would appear to resemble reference materials for health outreach workers.

The third group of pamphlets overlaps medicalizing and moralizing discourses, which advocate normative "safe sex" practices, e.g. monogamy, abstinence, condom usage, and the self-regulation of erotic arousal.¹⁵⁸ Forfeiting a detailed textual discussion of symptoms or modes of transmission, the sample relies mainly on liberal use of pencil drawings and pictographs to transmit its messages. Unlike the previously discussed collection, these bilingual and double-sided brochures propose cautionary tales and warn readers about the effects that "risk factors" alcohol and drugs play on increasing their susceptibility to contracting HIV. Besides brochures, this group includes "fotonovelas," tabloid-size papers whose moral is given through narrative text bubbles and photographic stills of actors from an STD drama.¹⁵⁹ It also comprises comic books, one of which, "De Aventuras a Calenturas"/"In the Heat of the Moment," encourages regular STD testing by young people.¹⁶⁰

The pamphlet "Alcohol & HIV"¹⁶¹ warrants detailed explication for the ways in which it attempts to construct subject positions to be occupied by Latinos. The brochure employs the kind of narrative linearity that is common to evangelical tracts and attempts to transport the reader from dilemma to intervention to redemption in four frames. The cover features the shaded pencil representation of a young phenotypically Latino male-and-female couple, stuck close together so their bodies seem conjoined. Along with another separate man and woman embracing on the first inside page, the images would appear to allay any possible anxiety regarding a brochure with "HIV" in the title. The prominent placement of the romantic images at the front of the pamphlet portends to readers the possible loss of such bliss at the hands of disease. Underneath the inside

¹⁵⁸ Abstinence: Think About It (ETR Associates, 1996). The brochure offers the following advice: "Saying no to sex is a smart choice. But you must choose to say no before you feel 'sexy' with your partner."

¹⁵⁹ See Es Mejor Prevenir Que Lamentar or ¡La Ignorancia Mata! (Gainesville, Fla.: Rural Women's Health Project, 1996).

¹⁶⁰ In the Heat of the Moment/De Aventuras a Calenturas (N.p.: American Social Health Association, 1996).

¹⁶¹ Alcohol y VIH: Piénselo/Alcohol and HIV: Think About It (ETR Associates, 1998). It is part of a series that includes "Drugs & HIV," "HIV," "Guys & HIV," "Abstinence," and "Condoms."

illustration in large type, the pamphlet delivers only a brief biomedical definition of HIV and its principal modes of infection.

On the second flap, a darkly shaded square shows a vascular forearm in the background with its fist clenched; a tourniquet is wrapped around the arm's bare bicep; a syringe rests on a table, its fully depressed stopper indicating usage. In the foreground a freshly opened can of beer stands with suds emerging from under its pull-tab. Under the illustration, a question reads, "What Does Drinking Have To Do With HIV?" An answer explains that even "a little bit of alcohol can make you take big risks." "Alcohol affects the way you think and act." "If you drink, you could do things that put you at risk to get HIV ... You might share needles. You might have sex without using a latex condom."

A kind of moral dilemma summoned, the next panel demonstrates an active intervention on the part of a presumably Latina woman whose face scowls dismissively when presented with an alcoholic drink. Dominating the illustration and her head emerging above the panel's top border, the woman indicates categorical rejection by motioning sharply downward with her right hand as a pair of arms pours a liquor drink into a glass. The accompanying text offers tactics on how one may "protect oneself" and warns that drinking "increases one's risk for contracting" the virus. It unfailingly recommends latex condom usage during "each sexual encounter" and outlines appropriate syringe handling and sanitizing techniques.

Following this panel, the final and redemptive frame produces the illusion of a male and female couple walking in lockstep toward stairs that will lead them to a meeting hall or religious building, which is identifiable by its double-door entrance. The word "Sobriety" in white block capital letters is inscribed prominently over what comic book illustrators call a narrative box stretched horizontally across the top. Against this contrastive backdrop, the white letters jump out at the reader, who compares the frame's brightness and the white horizontal slats of the building against the foreboding darkness of the second frame and the drugs and beer.

The panel's moralizing sum-up is clear. The two Latinos have undergone positive cognitive changes and have chosen to eliminate alcohol from their lives. They have diluted the potency of a major risk factor that contributes to heightened HIV susceptibility. The text below the illustration reads "How to obtain help" and suggests the intercession of Alcoholics Anonymous for problem drinkers. Readers are recommended to contact the local health department to set an HIV test appointment.

The brochure tells a story even if the caricatures appear unique to each frame and there is only the suggestion of a storyline. Through the insertion of imaginary linkages, a businesslike reader elaborates an uncomplicated narrative connecting the panels. Such a narrative could begin with the evocation of a bourgeois domesticity, symbolized by the illustrations on the cover and on the first inside page. The story may then proceed to the second frame where the "risk factors" alcohol and drugs emerge to threaten this bliss. In the third frame active intervention on the part of a woman negates alcohol's life-wasting potential. Yet the authors of the pamphlet seem to suggest in the fourth frame that a one-time rejection of alcohol is insufficient, and the final illustration portrays a couple preparing to ascend toward total "Sobriety."

The individual sides of the brochure also possess didactic powers when viewed individually. By itself, the menacing fist clenched at the end of the vein-bulging arm of a faceless intravenous drug user telegraphs a lurking danger located in the panel's shadowy vanishing point. The action of the grimacing woman who uses her arm to physically distance herself from an unwanted drink provides a visual point of reference to

readers who may find themselves caught in similar dilemmas. Standing alone, the fourth frame requires only a basic textual literacy to interpret that sobriety represents an idealized condition as a woman apparently leads the man toward the doorway of salvation.

The pamphlet's progressive and redemptive message is consonant with a major impetus guiding health promotion campaigns: "moving people to (healthy) behavior change."¹⁶² Its four illustrated panels align somewhat with the five cognitive steps the health promotion literature indicates are involved in individual "behavioral decision-making." Grouped under so-called "stages of change" and "transtheoretical" models, these stages comprise "pre-contemplation," "contemplation," "preparation," "action," and "maintenance."¹⁶³ The first two frames of the brochure seek to get "pre-contemplators" to switch cognitive gears and initially acknowledge the hazards posed by alcohol and HIV. Meanwhile the third panel displays "action," as the woman patrols her personal space to sweep it clean of alcohol. The final panel demonstrates a commitment to "maintenance" and the lasting upkeep of sober and healthy habits.

The formal literature also describes the usage in health media campaigns of so-called "role models," or actual members of a "targeted" community "whose true stories of behavior change" best exemplify the incremental migration from pre-contemplation to maintenance.¹⁶⁴ For example researchers planning a local AIDS-awareness project employed "the stories and pictures of role models" in a print-media campaign that was oriented toward "audiences at high risk of HIV infection."¹⁶⁵ Undertaken by door-to-door neighborhood outreach workers, this health promotion strategy sought to inspire community members to emulate the kinds of cognitive processes and bodily practices the role models vouched for. "The mix of these role model stories is intended to reflect the current needs of women (i.e., their readiness to change) and provide messages to help them move toward consistent safer sex."¹⁶⁶

The success of such a health promotion program would appear to rely to a large extent on how well the intended audiences of the propaganda identify with the role models, perceive the literature as authentic, and view its message as personally relevant. Similarly, it would seem that the success of the "Alcohol and HIV" brochure would depend partly on how well its viewers choose to metaphorically place themselves within the frames of the pamphlet, leading to cognitive change and the establishment of lasting and sober behaviors. The brochure's last illustration creates a subject position that idealizes the male-and-female couple moving toward "Sobriety." In so doing, it establishes an alcohol-free lifestyle (to use a different vocabulary) as appropriate behavior for the intended readers of the bilingual brochure: North Carolina's expanding Latino population.

Briggs and Mantini-Briggs provide useful conceptualizations for a deeper analysis of this health promotion material. They put forward *medical profiling* to describe a process that

¹⁶² Edward Maibach and Roxanne Louiselle Parrott, eds., Designing Health Messages (Thousand Oaks, Calif.: Sage Publications, 1995), 41.

¹⁶³ Maibach et al., 26.

¹⁶⁴ Maibach et al., 53.

¹⁶⁵ Ibid.

¹⁶⁶ Maibach, 53.

divides into *sanitary citizens* and *unsanitary subjects* those former individuals "credited with understanding modern medical concepts and behaving in ways that make them less susceptible to disease," while the latter are viewed as "incapable of helping themselves or taking advantage of medical services -- and even presented as threats to the health of the body politic."¹⁶⁷

In the "Alcohol and HIV" brochure, such a bifurcation is implied as the image of the sober (or at least sobriety-seeking) couple is put forth as an ideal, appearing as it does in the final and redemptive frame of the moralistic tract. Lying in antiwork to the couple are those individuals who fail to embody the pamphlet's proscription against drinking. Subtly the brochure advances a pathologization that discursively constructs the consumption of alcohol as infranormative.

Comparing Etiologies: The Psychosomatics and Epidemiologies of Risk

Though published in 1998, the brochure, along with the linkages it draws between alcohol and disease, is reminiscent of the language of moral turpitude and vice that figured prominently in the etiologies of the United States of the late 18th and early 19th centuries.¹⁶⁸ Rosenberg writes that during the 1832 cholera epidemic centered in New York that "imprudent" and "intemperate" victims of the disease were seen as having gotten their just desserts, and that a "doctrine of predisposing causes" supported the belief that "drink" laid the groundwork for individual cholera cases.¹⁶⁹

While alcohol was deemed a militating force in etiologies of the 18th and 19th centuries, in the contemporary record it is posited within an array of principal "risk factors" that are believed to contribute to heightened disease susceptibility. "Risk factors" occupy a prominent place in contemporary epidemiological models, and risk-reduction strategies are included in health communication textbooks. Post-Foucauldian scholars, moreover, theorize that the discourse of risk management informs a present-day governmentality, and that individuals employ risk-related rationales in conceiving of themselves and of society.¹⁷⁰ In the next chapter, this work will discuss at greater length the subjects of epidemiological and actuarial risks, risk factors, and governmentality.

"Nice Latin Boys" and "Niñas Malas:" Looking at the Journalistic Record

The brochure's schematized moralizing and visual simplicity contrast with a complex journalistic re-creation of the lives of some of the brochure's intended audience. The English-language article "Hispanic Poultry Workers Live in New Southern Slums"¹⁷¹

¹⁶⁷ Briggs and Mantini-Briggs, xvi.

¹⁶⁸ Rosenberg, *Explaining Epidemics*, 78-79. "Health or sickness could be determined by what one ate, how long one slept, whether one chose to indulge in whiskey or promiscuous sex. Predisposition to disease could grow out of habitual patterned behavior as well as innate physical endowment."

¹⁶⁹ Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: The University of Chicago Press, 1962), 40-41.

¹⁷⁰ Francois Ewald, "Insurance and Risk" in Burchell et al., 197-210.

¹⁷¹ Paul Cuadros, "Hispanic Poultry Workers Live in New Southern Slums" *APF Reporter* 20.1.

offers a sympathetic portrayal of labor-exploited Latino men ("nice Latin boys") who suffer further victimization at the hands of cocaine-dependent white female sex workers.

Descending on the town on payday, the women, who are also referred to as "las niñas malas," zero in on the residences of single Latino men and teenage boys, where they make cash-for-sex solicitations to support crack cocaine addictions. Far from their mothers, wives, and girlfriends, the article's Latino immigrant laborers are depicted as exceptionally vulnerable marks, trapped in a small Southern town with little to do "but drink lots of beer and open the door when someone knocks."

The voice of a local public health elite both infantilizes and victimizes the Latino immigrant laborers in the article. "We are spending a lot of time, energy, and money because we know they're victims," she says. "They [the Latino men] are being preyed upon." Summing up, the journalist fixes blame for a syphilis outbreak in the town on the prostitutes. The article notes that in a three-year span, the number of reported cases of the disease rose from four in 1996 to 54 in 1999, prompting public health interventions directed toward "predominantly Hispanic neighborhoods."

The journalism's evocation of deviant domesticities and its treatments of prostitution and alcohol are consistent with reports from a local safe sex advocate. In an interview and tour of the town, the outreach worker points out facilities that he says house sex workers and identifies subdivisions frequented by prostitution rings, which, he suggests, exploit an archetypal and media-fueled Latino male fantasy "to have sex with a white woman." With satellite television dishes seemingly affixed to every other home and toys strewn in several short front yards, the modular, prefabricated tract houses appear to form part of a not untypical subdivision at the time of observation on a mid-afternoon weekday. But the outreach worker claimed that come nightfall on the weekends, the neighborhood would be noticeably transformed.

Conclusions

Post-Foucauldian scholars have advanced the assertion that normative understandings of the appropriate expression of freedom intertwine closely with the normative "technologies" that are embodied in an ideal self. That is to say, acceptable manifestations of freedom become restricted to idealized forms of conduct, which, following the argument of this paper, champion the virtues of self-control and responsibility and which are conveyed through health-promotion and -education programs. In such a way a governmentality is instantiated in which interior "technologies of the self" bond with exterior "technologies of domination." Or, in the words of Nikolas Rose, "... the national objective for the good subject of rule will fuse with the voluntarily assumed obligations of free individuals to make the most of their own existence by conducting their life responsibly."¹⁷² In this way, freedom ceases being "the organizing value of a Utopian dream" and rather represents "a technical condition of rational government."¹⁷³ The only permissible kind of freedom becomes the kind of responsible freedom practiced by rational individuals, whose self-interested behavior enables a neoliberal governmentality.

The rather unobjectionable "forms of self-mastery, self-regulation, and self-control" that

¹⁷² Foucault and Political Reason, 44

¹⁷³ Foucault and Political Reason, 24.

"free and civilized citizens"¹⁷⁴ are required to observe are tacitly relayed to individuals through health-related biopolitical strategies. Similarly, the aforementioned "safe sex" messages that are directed toward contemporary Latino immigrants also communicate appropriate "technologies of the self" to their intended audiences. In so doing, these messages help to establish and define the ideal practices and mindsets that are attributed to the prototypically normative citizen.

CHAPTER 4 HYBRID PUBLIC SAFETY DISCOURSES ON RISK AND RESPONSIBILITY

This chapter examines journalistic discourses, policy discourses, and the promotional and instructional media as they relate to public safety efforts directed at settling Latino immigrants in central North Carolina.¹⁷⁵ Specifically, this chapter analyzes the treatment of drinking and driving, child safety seat usage, and seatbelt compliance. It does so in an attempt to position these discourses within a hybrid governmentality that employs both risk and responsibility models. At the same time, this chapter describes a system that seeks to normalize immigrants through the combination of both governmental and disciplinary mechanisms.

The theoretical apparatus for this chapter relies on the work of post-Foucauldian scholars who perceive neoliberal governmentalities as the dominant political technologies of the contemporary era. These individuals propose that such "technologies of the self"¹⁷⁶ as those mentioned in Chapter 2, e.g. the optimization of human potential, individual self-reliance and freedom from "dependency," collaborate to produce a "hyper-rationalism,"¹⁷⁷ in which subjects' internal techniques of self-government efficiently bond with external technologies of power. In this system, a strict Foucauldian "disciplining of the soul" approaches obsolescence, and "rational choice actors" readily assume self-policing behaviors themselves. Nevertheless under this formula, governmental mechanisms must also combine with disciplinary ones in the operation of power.

In a slouch "towards a post-disciplinary order,"¹⁷⁸ risk represents an essential governmental component as risk-related knowledge continuously shapes self-actualizing selfhoods, identities, and subjectivities.¹⁷⁹ Risk strategies influence "technologies of the

¹⁷⁴ Foucault and Political Reason, 49.

¹⁷⁵ Public safety efforts are not medicalized in the same way health promotion and education efforts are. The landmark "NC Latino Health 2003 report" does not provide public safety or motor vehicle deaths a subject heading in the document's table of contents. Motorized vehicle fatalities are generally viewed as a public safety concern and not as a public health concern.

¹⁷⁶ Foucault calls "technologies of the self" practices individuals use to "transform themselves ... to attain a certain state of happiness, purity, wisdom, perfection, or immortality" from "Technologies of the Self" by Michel Foucault in *Technologies of the Self: A Seminar with Michel Foucault*, eds. Luther H. Martin, Huck Gutman, and Patrick H. Hutton (Amherst.: University of Massachusetts Press, 1988), 18.

¹⁷⁷ "From Dangerousness to Risk" by Robert Castel in *The Foucault Effect*, eds. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago Press, 1991), 289.

¹⁷⁸ Castel in *The Foucault Effect*, 293.

¹⁷⁹ Deborah Lupton, *Risk* (New York: Routledge, 1999) 88-89. She gives as an example risk knowledges on pregnancy. These discourses suggest it is the mother's responsibility to ensure the health of her fetus, and if she were to ignore expert advice, she is culpable should her baby miscarry or be born with a defect."

self," and such technologies, or forms of behavior, increasingly mirror under neoliberalism the values of the entrepreneurial self and the tools to maximize return on "human capital" investment.¹⁸⁰ In the realms of health and public safety, risk discourses are maximally significant since they "are directed at the regulation of the body: how it moves in space, how it interacts with other bodies and things."¹⁸¹ Moreover, the language of risk factors pathologizes risky "lifestyles" and stigmatizes subject populations deemed "at risk" or "at high risk."¹⁸²

The language of risk and medical risk profiling justifies "a potentially infinite multiplication of the possibilities for intervention,"¹⁸³ the realizations of which hinge on individuals' voluntary compliance with the interests and needs of a risk-mitigating state -- a process Lupton refers to as "government at a distance."¹⁸⁴ Simultaneously, a contemporary proliferation of expert knowledges on risk calls on individuals to continuously reevaluate risk in their own lives, especially as it relates to the optimization of health and to the prevention of disease. Borrowing from Foucault, risk enables a modern governmentality and contributes to a self-policing process "that requires ever more explicit definitions of what is appropriate to human behavior."¹⁸⁵

Lupton notes:

"In late modern societies, not to engage in risk avoiding behaviour is considered 'a failure of the self to take care of itself -- a form of irrationality, or simply a lack of skilfulness.' Risk avoiding behaviour, therefore becomes viewed as a moral enterprise relating to issues of self-control, self-knowledge and self-improvement. It is a form of self-government, involving the acceptance and internalization of the objectives of institutional government."¹⁸⁶

The theorist Nikolas Rose offers further guidance on risk and health. He traces a history of biopolitics and health promotion in the early 20th century, and perceives of risk as a key factor in biopolitical strategies. He suggests that present-day biopolitics are organized around the generation of statistics on "risk factors," the extrapolation of probabilistic futures from these data, and the implementation of health interventions in the present.¹⁸⁷ Hence contemporary biopolitics are set into motion by an impetus that seeks "to identify, treat, manage, or administer those individuals, groups or localities where risk is seen to be high."¹⁸⁸ Risk-related interventions include worksite health promotion efforts or health education actions, which are aimed at reducing specific disease prevalence among "at risk" groups, for example diabetes among Latinos. At the

¹⁸⁰ Colin Gordon, "Governmental rationality: an introduction" in The Foucault Effect, 43.

¹⁸¹ Lupton, 88.

¹⁸² Lupton, 97-98, citing Dean 1997 217-218.

¹⁸³ Castel, 289.

¹⁸⁴ Lupton, 97.

¹⁸⁵ Foucault, "Technologies of the Self," 216.

¹⁸⁶ Lupton 90-91, citing Greco 1993: 361.

¹⁸⁷ Nikolas Rose, "The Politics of Life Itself," Theory, Culture and Society 18.6 (2001): 7.

¹⁸⁸ Rose, 7.

same time, the language of risk anticipates the classification of particular behaviors as pathological or normal, while it manufactures the discursive framework to control subject populations considered "at risk." Such usages individualize blame and pin the fault of disease squarely on persons deemed to engage in risky behaviors, while other etiologies become marginalized.

Providing a useful theoretical and analytical device for the project at hand, Patrick O'Malley puts forth prudentialism to articulate the kind of risk-based political rationality that predominates under neoliberalism. O'Malley proposes that prudentialism fundamentally signifies the increasing privatization and individualization of risk management as opposed to the collectivist "social insurance" protections of the welfare state. Prevailing neoliberalist theory places a conservative stamp on this understanding of individualized risk. "(Prudentialism) is advocated by its supporters as 'efficient,' for individuals will be driven to greater exertion and enterprise by the need to insure against adverse circumstances -- and the more enterprising they are, the better the safety net they can construct."¹⁸⁹

Governmentality strategies under prudentialism make dual appeals, he notes. On the one hand, individuals are encouraged to exercise "prudence," to be "responsible," and not to "overuse" public resources. Under this so-called "responsible (moral)" model, risk may be portrayed as a dangerous risk factor, such as smoking, whose indulgence can lead to illness and to the degradation of the individual into a dependent burden for loved ones. In another "rational (calculating)" model, discursive appeals are made to the economic self-interest of a *homo economicus*, and rational actors are urged to make cost-benefit analyses in order to lessen risk in their lives. For example, an individual may be persuaded to participate in a health and fitness program in order to diminish the risk that his workforce productivity will decline in the near future because of a preventable illness. Applying this theory in the contemporary era, O'Malley argues that these risk rationalities become technologies of the self that align with external technologies of governance.

Public Safety Messages in the Press: Risk and Responsibility

Over the subsequent pages, the chapter will discuss how newspaper items on child safety seat usage, seatbelt compliance, and drinking and driving reveal dual discourses on risk and responsibility. It will place these discourses within a governmentality framework that attempts to construct subjects as prudential, responsible, and aspiring toward certain normative practices. Similar to the qualitative analysis from the previous chapter, this section also will study the ways in which news items use statistics and cultural reasoning to establish journalistic credibility and to rationalize accompanying public safety campaigns.

Journalistic discourses are studied because of the reasons mentioned in Chapter 3: the media's role in materializing realities and fixing public identities. At the same time, the literature shows that newspapers have played a particularly indelible role in the assimilation of immigrants throughout U.S. history. Examples from the late 19th and early 20th centuries indicate that newspapers serving immigrant constituencies promoted public health campaigns and sought to instill into readers Americanized conceptions of hygiene, disease prevention, appropriate domestic ordering, and individual

¹⁸⁹ "Risk and responsibility" by Pat O'Malley in *Foucault and Political Reason*, eds. Andrew Barry, Thomas Osborne, and Nikolas Rose (Chicago: University of Chicago Press, 1996), 197.

comportment.¹⁹⁰ However this characterization is by no means applicable to all immigrant newspapers of the time, many of which viewed as hostile public health incursions into immigrant homes and communities, and which aggressively opposed racist medical inspection procedures.¹⁹¹

In another vein, the literature indicates that some Spanish-language newspapers, because of their dependence "on the Anglo establishment," have functioned "as a means of social control over working-class Chicanos."¹⁹² This selective characterization unfairly belies the legacy of much of the Latino press as a resource for ethnic solidarity and community activism, and it is cherry-picked from a literature review that is much more heterogeneous in its portrayal of the history of the Latino press. Yet this characterization bears particular relevance for the study at hand.

The present sample comprises articles that appeared in Nuestro Pueblo, a monthly Spanish-language tabloid published by The Durham Herald-Sun, the institutional newspaper of record for Durham County in central North Carolina. The parent newspaper began publishing articles in Spanish in the late 1990s at a time when changing demographics inspired the need for greater coverage of the area's increasing Latino population. To reach this public, the free-of-charge 12-to-16-page periodical is distributed to advocacy organizations, Latino commercial establishments, area schools and churches, and to community health care centers. A two-page community events calendar prominently occupies the centerfold. The paper frequently runs health- and public safety-related stories, including articles on diabetes, domestic violence, and teen pregnancy, and it often publicizes health and public safety campaigns.

The tone of Nuestro Pueblo is more instructional than informational. Implicitly exhortative headlines, which in a mainstream English-language newspaper might seem appropriate only over an editorial, are given prominent placement above the page 1 fold.¹⁹³ Columnists are preachy and push readers to implement behavioral change.¹⁹⁴ Casting nets for wider audiences, these writers may operate on the belief their views are retransmitted by word of mouth to less textually literate members of Latino communities.

Though they obey certain "objective" news conventions, such as the attribution of information to sources, the paper's frequent public safety and health news items are very overtly shaped by institutional "primary definers,"¹⁹⁵ such as government agencies or

¹⁹⁰ Howard Markel, "Caring for the Foreign Born: The Health of Immigrant Children in the United States, 1890-1925," Archives of Pediatrics & Adolescent Medicine 152 (1998): 1022.

¹⁹¹ See Nayan Shah, Contagious Divides: Epidemics and Race in San Francisco's Chinatown (Berkeley: University of California Press, 2001), 192-193.

¹⁹² Lucila C. Vargas and Bruce J. dePyssler, "U.S. Latino Newspapers as Health Communication Resources: A Content Analysis," Howard Journal of Communications 10 (1999): 192, citing Félix Gutiérrez, "Spanish-language media in America: Background, resources, history," Journalism History 4.2 (1977): 38-39.

¹⁹³ "Se pueden prevenir ahogamientos: Autoridades piden que padres tengan cuidado [Drownings can be prevented: Authorities ask parents to be careful]" Nuestro Pueblo July 2003: 1.

¹⁹⁴ Alfredo Fort, "El problema de la bebida entre los latinos [The problem with drink among Latinos]" Nuestro Pueblo May 2001.

¹⁹⁵ Stuart Hall, Chas Critcher, Tony Jefferson, John Clarke, and Brian Roberts, Policing the Crisis (London: Macmillan, 1978), 58, cited in Briggs and Mantini-Briggs, 32.

advocacy groups. For example, an employee of the North Carolina Highway Safety Research Center received a byline for a front-page article on drinking and driving among young people.¹⁹⁶ Civil society groups also succeed in inserting information directly into the newspaper, such as the piece "¿Qué es un préstamo fraudulento? [What is a fraudulent loan?]," attributed to the Latino Community Credit Cooperative.¹⁹⁷ Perhaps underscoring its dependence on the parent paper, *Nuestro Pueblo* frequently republishes translated articles from *the Sun* that are credited to non-Hispanic-surnamed writers.¹⁹⁸

A prudentialist ethos pervades in articles that encourage Durham's settling Latino immigrants to use child safety seats and to comply with seatbelt laws. Under the innocuous headline "Mayor Bell announces seatbelt campaign,"¹⁹⁹ an article calls on responsible citizens to buckle up to save lives and money. "I want to exhort the residents of Durham to always buckle their Safety Belt. This not only saves lives but also money," the mayor is quoted as saying in the third paragraph. A little deeper in the story, statistics are deployed to support the statement. They attest to the number of deaths prevented by seatbelts (135,000), the number of injuries avoided (3.8 million), and the amount in U.S. dollars that seatbelts have saved (585 billion), over the past 26 years. Sandwiched between the quote and the statistics, the top city official takes a humanitarian tack to encourage participation in the program. He counsels the reader to exercise prudence and to "(t)ake time to buckle up your seatbelt and to make sure that your children are in a child restraint system. We have much to lose, if we don't do it."

The mayor's approach speaks to the interests of the risk-calculating "rational individual,"²⁰⁰ who may bestow a singular authority upon the statistical evidence and who is also alerted to the macroeconomic costs brought on by seatbelt non-compliance. The two-pronged strategy also is meant to appeal to the "responsible individual,"²⁰¹ whose desire to limit risk and to maintain the safety of her family the government strategy centrally invokes. In this way, the success of a public safety campaign is tied to the willingness of individuals to occupy particular risk subjectivities, to recognize the intrinsic goodness of the public safety regulations, and to act accordingly and to buckle up. Such a public safety campaign exemplifies what Lupton calls "'government at a distance', for it relies upon voluntary participation in technologies of self-surveillance and a sense of self-responsibility rather than direct intervention."²⁰²

¹⁹⁶ Kristin Oguntoyinbo, "Peligro en el camino: Alcohol causa de accidentes entre jóvenes [Danger on the road: Alcohol cause of accidents among young people]" *Nuestro Pueblo* November 2001: 1.

¹⁹⁷ Cooperativa Comunitaria Latina de Crédito, "¿Qué es un préstamo fraudulento? [What is a fraudulent loan?]" *Nuestro Pueblo* July 2003: 2.

¹⁹⁸ Mark Schultz and Kammie Michael, "Manejando en estado de ebriedad: Serio problema en la comunidad latina [Driving in an inebriated state: Serious problem in the Latino community]," trans. CHICLE *Nuestro Pueblo* Oct. 2004: 4.

¹⁹⁹ "El Alcalde Bell anuncia campaña de cinturones [Mayor Bell announces seatbelt campaign]" *Nuestro Pueblo* Jan. 2004: 5.

²⁰⁰ O'Malley, 199.

²⁰¹ O'Malley, 200.

²⁰² Lupton, 97.

The seatbelt campaign's success rests on the self-interested and risk-abating behavior of the rational individual, as well as on the prudence that is attributed to the responsible individual. Nevertheless an evocation of a disciplinary rationality also is evident on the newspaper page. The photograph of a Durham County deputy sheriff, captured while he points toward an imaginary spot outside of the picture frame where a motorist must pull over, represents the article's dominant visual element. This image signals the confiscatory and punitive powers of the local government, which may exact monetary fines, as well as restrict the driving privileges, of those individuals found to be in violation of the public safety laws.

At the same time, a softer and community-minded image of the police is acknowledged, in a much smaller photo that is played toward the bottom of the page. Illustrative of what O'Malley calls the retracting neoliberal state's "emergent language of 'working together against crime,'" the photo shows a city police officer demonstrating proper securing procedures as he fastens a young girl into a child safety seat during an outdoor demonstration.

In revealing both disciplinary and governmental impulses, the two photos suggest an ambivalent partnership between the police and the citizenry -- a relationship that is alluded to by a law enforcement official in a related news item. In the article "Easley begins effort for the safety of children passengers,"²⁰³ a high-ranking official in the state highway patrol states that the agency would rather "educate the public," signaling a governmental approach, but that a "zero-tolerance" order has been issued and that violators of the child safety seat rules should anticipate fines. "Our preference is to educate the public," Col. Richard Holden says. "But I have issued a directive to all units throughout the state to take a zero-tolerance position regarding violations to the protection of passengers." The appearance of the colonel in the newspaper indicates a dimension of coercion in an otherwise governmentality-heavy public safety campaign.

The aforementioned articles are particularly noteworthy because they demonstrate the expression of governmentality in relationship to a Latino collectivity, many members of which are effectively barred from becoming legal motorists let alone explicit political citizens. Contemporaneous to the publication of the articles, the state Department of Motor Vehicles (DMV) enacted policy changes that limited approved forms of identification for the issuance of driver's licenses to North Carolina licenses, out-of-state and Canadian driver's licenses, Social Security cards, and visas. Thus the policy change, which went into effect Feb. 2, 2004, illegitimated the Mexican Consul-issued *matricula consular*, as well as Mexican birth certificates, as an eligible form of ID.²⁰⁴ The advent of the ruling spurred large numbers of Latino applicants to rush to locations where licenses were dispensed. Its implementation led to two unsuccessful suits by advocacy organizations on the grounds that laws governing a public commentary period had been circumvented.

Publicizing the changes under the slogan "Operation Stop Fraud," officials asserted that the new DMV policy was in line with security protocols being developed by the Federal Bureau of Investigation and the Department of Homeland Security. Authorities contended the restrictions would prevent terrorists from obtaining state-issued IDs. This

²⁰³ Easley refers to the governor of North Carolina. "Easley inicia esfuerzo para la seguridad de los niños pasajeros [Easley begins effort for the safety of children passengers]," Nuestro Pueblo Mar. 2004: 3.

²⁰⁴ Lisa Hoppenjans, "DMV is sued over ID rules: 2 Hispanic groups say procedure not followed in new requirements," Winston-Salem Journal 30 Jan. 2004: B1.

argument, however, did not dissuade Latino advocates from attacking the policy change and claiming the policy change would have deleterious consequences for the broad public. They worried that unlicensed motorists would threaten public safety perhaps from not learning road regulations in the course of studying for exams or, more likely possibly, by averting the surveillance of law enforcement agencies. More expansively, immigrant-rights groups claim restrictions on driver's licenses represent attempts to marginalize underdocumented people politically and economically.

Appearing in the newspaper around the time of the policy implementation, in January and March, respectively, the "Mayor Bell" and "Easley" articles provide examples of how a local entity and a state government propose a governmental project to enforce public safety laws, while simultaneously Latinos are denied the right to apply for licenses. In both articles, governmental rationalities are put forth to foster compliance with the seatbelt and child safety seat regulations, and Latinos are interpellated by governments whose enforcement strategies revolve around the inculcation of a *habitus* of appropriate motor vehicle conduct.²⁰⁵

In the seatbelt campaigns, disciplinary technologies are subordinated to governmental ones, notwithstanding the fact that seatbelts are actual instruments of bodily restraint. The preference for governmental technologies comes about as a rule change blunts the confiscatory and hence coercive powers of law enforcers, who are unable to seize driver's licenses from individuals who do not own them in the first place. Their power to discipline diluted, the police lose a degree of leverage, and the state turns to a governmental system. Under the governmentality arrangement, the state urges Latino motorists to follow the public safety laws, which prevailing discourses indicate are simply in the best interests of rational and responsible individuals. Yet state bureaucracies simultaneously bar many of these Latino drivers from obtaining the documentation that would sanction them as legal motorists.

Similar to the journalistic methodologies examined in Chapter 3, statistics also make prominent appearances in both articles. Evincing the biopolitical organization of subjects into discrete demographic categories, the articles use numbers to link individual readers to the statistical aggregates of the seatbelt campaign's three "high-risk groups:" Latinos, young people, and African-Americans. Displaying similarity between "objective" and exhortative writing styles, the lead of the "Mayor Bell" news article and the beginning of a related editorial²⁰⁶ seek to impress on the reader that motorized vehicle fatalities are the leading cause of death among Latinos ages 1 to 34 and that they are the sixth-leading cause of death for all "Hispanics."

Hence statistics align individual readers with the interests of an imagined Latino subpopulation, and a successful public safety campaign is marked by a diminution in the group's mortality and injury rates, as well as by an increase in its compliance levels. In column form along the left-hand side, a further agglomeration of statistics seemingly props up the article with data on motorized vehicle deaths in the general population, as well as in the African-American and young people categories.

In the "Easley" piece, statistical evidence appeals to parental duty and encourages

²⁰⁵ See Lupton, 120-121. She draws on Bourdieu's definition of *habitus* to suggest that individuals do not engage in a risk-calculating operation before strapping on a seatbelt. Rather, governmentality succeeds in making automatic donning of seatbelts habitual.

²⁰⁶ "Abrochate Durham para salvar tu vida [Buckle up, Durham, to save your life]," editorial, *Nuestro Pueblo* Dec. 2003: 10

observance of the child safety seat regulations. Readers are informed that in 2002 no less than 25 children under age 16 died in accidents where they were not properly restrained in a safety apparatus and that through the first six months of 2003 no less than 15 had died. Obligation to the familial unit represents the motivating force behind this governmentality, which the state uses to enforce the public safety mandate albeit "at a distance."

Public Safety Promotion: Advancing a Prudential Governmentality

Discourses related to risk and responsibility are embedded in a public safety video whose intended audience is settling Latino immigrants. Produced in 2002 after the U.S. Census indicated a sharp increase in North Carolina's Latino population, "Por Nuestra Seguridad/For Our Safety"²⁰⁷ focuses on Miguel, an immigrant, who arrives to the state by bus with his wife, Elena, and the couple's infant child. Welcoming the young family at the station are José, Miguel's cousin, and his wife, Ana, who provide lodging for the immigrant household and, later, employment for Miguel as a landscaper. Miguel is presented as the prototypical Mexican immigrant: impatient to get to work, tractable despite some early misgivings about U.S. car safety habits, and a family man. "It's just that I want to work!" he exclaims moments after entering José and Ana's home. His wife Elena has a less central role in the narrative, her lines limited in one example to good-naturedly goading José after his purchase of a driver's license -- "O.K., love, now all we need is for you to buy us a car." (Interestingly then, the film promotes a consumerist ethos under an overarching public safety message.)

The exhortative tone of the video is discernible at the start as José and Ana give the arriving couple an immediate tutorial on child safety seat and seatbelt laws. "It is for our safety," José informs the recently arrived couple after telling them to buckle up. Seconding her husband from the backseat, Ana recites statistics on traffic fatalities and Latinos. "That's what they told us at the meeting with the police," she says. José and Ana even arrive at the suburban bus station with a new child safety seat to legally transport Miguel and Elena's son. Focused on the men, the video follows Miguel and José on a trip to the DMV, where they succeed in obtaining a driver's license for Miguel.²⁰⁸ Later, the viewer watches as the two go through the process required to legally purchase a used car.

Drinking and Driving: Prudentialist Discourses Advanced through Abstinence

The longest portion of the roughly 20-minute film is devoted to the perils of drinking and driving. This segment traces Miguel's progress as he is first instructed by José not to drink and drive, follows through with this order by rejecting alcohol at a bar, and finally takes responsibility for drunken workmates by offering rides home to them. This is a cautionary tale. An errant friend refuses Miguel's favor, decides to drive his own car, and is paralyzed in the ensuing accident.

José first instructs Miguel on appropriate motor vehicle conduct vis-à-vis alcohol shortly after the successful trip to the DMV. Sternly, he offers him a compressed if repetitious lecture on drinking and driving. "Miguel, something very important. If you drink, don't

²⁰⁷ Por Nuestra Seguridad [For Our Safety]. Prod. El Pueblo, Inc. Videocassette. 2002.

²⁰⁸ The video was produced in 2002, before the DMV policy change on IDs in 2004.

drive, and if you go out with your friends to celebrate after work, please don't drink and if someone drinks, designate a driver ... but please if you drive don't drink." Miguel assents, and the scene closes with Elena's comment leading into the next vignette: the purchase of the vehicle.

The following scene opens with Miguel stowing a weed trimmer in the back of a pickup truck. José sits in the truck doing paperwork. Green polo shirt and sunglasses denote him as employer and contrast with the workman's protective eyewear and orange vest. Taking a drink from a water cooler, Miguel is joined by crewmates Raul and Armando. He shows them his new driver's license and points to a just-bought car. Proposing they celebrate the milestones, Raul suggests they meet after work at a local bar, coyly remarking, "When work gets finished, the throat gets thirsty." Miguel agrees to meet up with the men later in the afternoon.

Having overheard the conversation, José approaches Miguel with concern. He implores him "not to do anything stupid" if he goes out with the guys. Taller and whiter than Miguel, José rests his hand on his cousin's shoulder, adding, "And if you drink, don't let it ever cross your mind to drive. Promise me." Miguel agrees to the dictate, but a still-worried José reiterates, demanding he repeat the promise. As the scene ends, Miguel dons his eyewear and proceeds back to the job, while José looks on wearily.

Miguel arrives at the bar where it is noted that Raul and Armando have beers in front of them. The camera shifts from the men momentarily and settles on an element in the center of the pub, the profile of a white woman who is seated alone at a table. The camera zooms out from this central point to reveal the interior of the cantina. On the bar's walls, a beer poster shares space with a promotional mirror outlined in the shape of Mexico. The camera returns to the bar, and a middle-aged Latino bartender asks Miguel, "So you want a beer?"

Miguel flashes back to the promise he made to José. Narrowing his eyes, he responds, "No, I have to drive. I'll have a soda instead." A histrionic Armando seizes on the moment and chides him for not drinking. "Hey, what's the matter with you, man? Why not have a glass of milk and some *pan dulce*?" Armando whistles to catch the bartender's attention and motions for a beer for his friend. But Miguel holds firm and takes one step back from the bar. "No, no. I don't want to risk anything," he says in a raised voice.

Following O'Malley, this sequence of events demonstrates Miguel's occupation of the role of prudential subject if not citizen. In the first place, he assumes a "rational" subjectivity upon saying "no" to the unwanted beer. Explaining his refusal, Miguel tells his friends that the risk of police arrest increases from drinking and driving. Assuming the measured tones of a police spokesman, he adds that a DUI-related charge can lead to the confiscation of one's driver's license, the impoundment of an automobile, and, possibly, to jail time. Deploying the competent diction of what the scholarship refers to as the "ideal speaker-listener,"²⁰⁹ Miguel intimates that a personal ethos, which embraces abstinence from alcohol, is right and good.

As Miguel relates the information, the video cuts away to the image of a police cruiser,

²⁰⁹ Cited in Bourdieu, 44. "Linguistic theory is concerned primarily with an *ideal speaker-listener, in a completely homogenous speech-community, who knows its language perfectly* and is unaffected by such *grammatically irrelevant* conditions as memory limitations, distractions, shifts of attention or interest, and errors (random or characteristic) in applying his knowledge of the language in actual performance."

its siren on and lights flashing, as it pulls over a suspected drunk driver. Emerging from the squad car is a Spanish-speaking policeman, the same one who congenially delivered a brief monologue before the beginning of the narrative. Wordlessly, he approaches the vehicle of a phenotypically Latino motorist, clasps handcuffs on him, and places him in the backseat. Throughout the scene, the Latino driver is silent and does not overtly challenge the detention.

In this cutaway segment, the video's invocation of the coercive power of law enforcement reveals a disciplinary mechanism. Yet Miguel's reasoning for rejecting Armando's beer rests fundamentally on a governmental impulse. He wants to lessen the risk of his involvement in a police intervention. In such a way, the video's public safety message employs a "rational (calculating)" model as it appeals to the economic self-interest of an entrepreneurial self whose ability to get to landscaping sites depends on access to a personal vehicle. Performing an automatic cost-benefit analysis, Miguel's normative character perceives that the financial cost associated with getting caught outweighs whatever benefit might accrue from accepting his friend's gift, i.e. Armando's offer of a beer. As in the example from Chapter 3, alcohol and the drinking of alcohol become pathologized, and whatever therapeutic benefits alcohol holds appear negated.

The Responsible Self versus the Imprudent Self

In a later scene, Miguel exhibits a "responsibility" ethos. When Armando and another friend become intoxicated, Miguel's character offers to drive them home, and the inebriated men accept the favor. Nevertheless another drunken crewmate, Raul, dismisses the offer and pushes Miguel away. Gesticulating drunkenly by drawing his palms to his sternum in a posturing stance, he tells Miguel, "Don't bother me. I told you. Beer does nothing to me." Determined, Miguel makes a second effort, but Raul once again shoves him and manages to slip into his car. Overcome with concern for his coethnic friend, Miguel splays his body on the car's hood in a final attempt at successful intervention. Alarm rising notably in his voice, he appeals to "risk" to convince Raul to come with him. "Don't drive, Raul, please. Raul, don't drive. Don't risk your life. Raul, listen to me." Instead the intractable friend revs the engine and speeds off. Quickly, Miguel turns to the other two drunks, and helps them into his car. Following closely, the trio watches as Raul, his drunkenness simulated by a cinematographic effect that blurs and streaks the car's taillights, momentarily brings his car to a halt only to reaccelerate. With Miguel murmuring entreaties, the men watch as Raul crashes.

The scene juxtaposes the sober and prudential Miguel against the irrational and drunken Raul. Exhibiting responsibility by taking care of his coethnic Latinos, Miguel perhaps helps to moderate an increase in motorized vehicle fatalities in the Latino statistical aggregate. His rescuing actions also align with the kind of behaviors that are expected of him by José and that are championed by newspaper columnists and other moral stewards in local Latino communities.

While Miguel burnishes his responsible self by standing vigil at the hospital, a paralytic Raul further exposes his lack of prudence by drawing attention to the hardship he has now saddled on his family. When he is wheeled out to greet Miguel and José in the hospital hallway, Raul rubs his hands over his face tragically. "It's worse than that," he says after Miguel says he thought he had died. "Oh, Miguel, if I had just listened to you. If I had paid attention to you. Now how am I going support my family? I am going to be a burden to them. I wish I had lost my life." Punctuating the mea culpa, Raul's subdued mother stands behind his wheelchair as he drops his bandaged head and cries.

Elite Stakeholders in Definitions of Risk

"Por Nuestra Seguridad" enables elite stakeholders to convey a specific "risk reflexivity" to Latino settlers. Produced by a major advocacy group and a state public safety program, the film communicates a pedagogy for the self-management and individualization of risk. It seeks to instill a prudentialist ethos into Latino immigrants by promoting child safety seat and seatbelt usage, by identifying alcohol as an implicit risk factor, and by promoting abstinence from alcohol as a way to mitigate risk.

Exhibiting tactics framed in the language of social marketing, the video offers visual points of reference that help viewers inoculate themselves against exposure to the alcoholic risk present even in one beer. Miguel exercises the "refusal skill," for example, by pushing away from the bar and requesting a soft drink. He demonstrates the "designated driver concept" by offering to taxi home his intoxicated friends and by consuming not one drink, ensuring his blood alcohol level rests at 0.00 percent.

Such understandings of risk, driving, and alcohol are constructed by the advocacy organizations and the other groups that produce and distribute related public service announcements (PSAs). In the case of "Por Nuestra Seguridad," the video formed part of a multi-media campaign that involved the state's chief Latino advocacy organization and the North Carolina Governor's Highway Safety Program. Also participating in the creation of the materials were a Charlotte-based quality-of-life coalition, the state highway patrol, and the liquor licensing board of the state's largest county, Mecklenburg. Along with the video, the campaign distributed radio PSAs and color glossy booklets and posters, which featured a similar drinking-and-driving storyline, to predominantly Latino churches and community centers.²¹⁰

"Nuestra Seguridad" sought to communicate normative and legal definitions of public safety and drinking to a Latino male subpopulation that officials believed needed an extraordinary tutorial. In Durham County, allegations police selectively enforced drinking and driving laws juxtaposed statistics showing Latino motorists accounted for just under a third of all first-time DWI arrests in 1999, outpacing the group's representation in the population statistics. At the same time, the number of Latinos arrested on drinking-and-driving-related charges doubled in three years in Durham, and rose to 10 times the number of licensed Latino motorists recorded in county files in 1999.²¹¹

Further rationalizing the ethnic-specific public safety campaign, other statistics identified traffic fatalities as the leading cause of death among Latinos in the period 1995-1997.²¹² The state's "Minority Health Report Card" also gave "Hispanic or Latino" a "C" grade for motorized vehicle fatality rates over 1997 to 2001, placing only one other ethnicity farther from a white baseline norm for that epidemiological category.²¹³ The mortality numbers

²¹⁰ Although these locations may not seem to be the most efficient delivery sites for information oriented toward young Latino males, the literature indicates women are frequently relied upon to relay health messages and to facilitate indirect communication with men. Source B, personal interview.

²¹¹ Schultz and Michael, "Manejando en estado de ebriedad" Nuestro Pueblo Oct. 2004.

²¹² Oguntoyinbo, "Peligro en el camino" Nuestro Pueblo. Dec. 2001.

²¹³ North Carolina. Office of Minority Health and Health Disparities and State Center for Health Statistics. Report Card. Raleigh: N.C. Dept. of Health and Human Services, 2003, 9.

end up in the video, as Elena attributes a quarter of Latino deaths in North Carolina to traffic fatalities.

Another bank of statistics, on alcohol and accidents, further justified the public safety drive in the minds of authorities. These data claimed that Latinos who experienced "motor vehicle and other unintentional injury deaths" tested for alcohol at higher levels than their counterparts in other ethnic groups.²¹⁴ A higher percentage of Latinos than either African American, American Indian, white, or Asian American individuals tested blood alcohol concentration (BAC) of 0.08 or greater in this mortality category. Notably, "Hispanic/Latino" accounted for 23.6 percent of all fatalities that tested BAC of 0.16 or more. While the statistical record strongly justified a public safety project directed toward Latinos, "Por Nuestra Seguridad" also was gendered, and efforts were focused on addressing men, who represented the vast majority of drivers.

"Nuestra Seguridad" followed an earlier radio series, which had originated as a public health project by graduate students and instructors affiliated with a large public university in the central region. These PSAs differed from the video in two fundamental ways. Unlike the noticeably Mexican-inflected dialogue of "Por Nuestra Seguridad," the radio series used a mix of voiceovers that suggested accents from other Latin American nations. More significantly, however, the radio PSAs counseled against the exceeding of limits related to alcohol consumption, while the video emphasized abstinence against any drinking.²¹⁵

Offering a glimpse into the ways in which conceptions of risk, alcohol, and driving are negotiated, the earlier series was considered unsatisfactory to the advocacy group that produced "Por Nuestra Seguridad." By communicating alcohol consumption levels according to gender and weight, the radio pieces clashed with the video's more categorical message dictating absolutely no drinking. Any other position besides this one, a member of the advocacy organization said, could provide a rationale for the least drunk member of a party to take the steering wheel.²¹⁶ In the end, "Por Nuestra Seguridad" achieved much wider distribution than the radio spots, and, as a result, its particular outlook on drinking, responsibility, and risk won greater dissemination as well.

The debate over which perceptions related to drinking and Latinos should win prominence in the public sphere prompts an analysis on governmentality. In "Por Nuestra Seguridad," the producers attempt to impress on Latino viewers a Foucauldian "technology of the self" which first individualizes the onus of risk and that then works to mitigate that risk as fully as possible. In the risk formula advanced, the cost of drinking even one beer becomes tantamount to criminal arrest as portended in the video's "refusal skill" segment. In this scene and in the cutaway sequence involving the police officer and the motorist, Miguel warns on the heightened risk that drinking and driving poses, mainly by appealing to viewers' financial and familial welfares.

The video's stances on risk and drinking furthermore prefigure a prudential governmentality. In this ethos, agents strive to reduce to zero all risk levels. This logic is put on display most starkly in Miguel's decision to drink no alcohol. In so doing, the lead character chooses to occupy a "rational (calculating)" subjectivity, working to lessen the possibility he is arrested for DWI. In contradistinction to the imprudent Raul, a

²¹⁴ North Carolina. State Center for Health Statistics and Office of Minority Health and Health Disparities. 2004 Update. Raleigh: N.C. Dept. of Health and Human Services, 2004, 15.

²¹⁵ Source B.

²¹⁶ Source B.

"responsible (moral)" Miguel also acts to shield his family from the heavy monetary consequences of an alcohol-related traffic accident. Lastly, by refusing to drink the beer, Miguel enacts a "technique of the self" that is favored by the advocacy and state elites who produced the video. He chooses to abstain from drinking rather than to respect limits on intake.

Zooming out to a wider scope of analysis, the Latino population of North Carolina is similarly counseled to maintain 0.00 BAC levels rather than to not surpass 0.08 BAC levels, the legal limit. In this governmentality, Latino motorists are encouraged to adopt a rationality that combines alcoholic abstinence with agential control. Accompanying this discourse, a socially marketed message of empowerment gives individuals the tools to act in their own rational self-interest and to avoid the pitfalls of drinking and driving.

Marketed as an ethos that meshes perfectly with the interests of the prototypically normative citizen, such a philosophy nevertheless makes use of a coercive dimension in its manifestation of power. Symbolizing a disciplinary backdrop, the police are on hand in the video to detain a violator on a suspected DWI charge for example.

Further exemplifying coercion, law enforcement officials are blamed in the journalistic record with selectively enforcing drinking-and-driving laws against Latinos.²¹⁷ In Durham County a Latino newspaper source contended authorities unfairly targeted Latinos for DWI compliance while ignoring African-American violators. In Chatham County, police stopped the father of an informant for this project on false suspicion of drinking and driving, and the practice of singling out Latino drivers was widely reported there in the past.

Yet the police in the video also demonstrate governmental qualities. They are congenial spokespeople who tout the benefits of the public safety laws for "rational" and "responsible" subjects. An example of this governmentality is reflected in the police officer's preliminary commentary before Miguel and family are shown arriving at the bus station. Nonetheless after February 2004, this governmentality takes place as underdocumented Latino drivers are blocked from possessing that which would affirm their explicit legality as motorists: state driver's licenses.

Latino Public Identities vis-à-vis Alcohol

Historians analyze discourses on alcoholism and medicalization in light of concurrent discourses on gender and social class. In a study of late-19th century U.S. life, Valverde examines the era's mainly demedicalized discourses on alcoholism, which framed individual cases largely according to the patient's/victim's wealth and sex.²¹⁸ She describes a stratification of treatment regimes that awarded higher-positioned social actors with commensurate stocks of "willpower," which were exchangeable for convalescence that "tended to be individualized and pastoral." At the same time, working-class individuals, typically perceived as lacking self-control, were "absorbed into a 'feeble-minded' category" and shunted into "inebriate asylums." Yet whether they were branded "inebriates" or diagnosed with "alcoholism," rich and poor alike equally suffered what "was supposedly a single disease."

In a similar vein, the discussion at hand leads to questions on how alcohol-related public

²¹⁷ See Schultz and Michael, "Manejando en estado de ebriedad" *Nuestro Pueblo* Oct. 2000.

²¹⁸ Mariana Valverde, "Alcoholism and free will," *Social History* 22.3 (1997): 252-253.

safety discourses shape Latino public identities, especially in a region of the country where these identities are undergoing exceptional transformation because of only very recent demographic phenomena. In the "Por Nuestra" video, a discourse is advanced that configures Latinos as necessitating a teetotal intervention as opposed to benefiting from the more nuanced approach of the earlier radio spots, which stressed limits. The selection of the one model over the other prompts curiosity about possible underlying preconceptions regarding Latinos and alcohol.

Posing an intriguing question for future research is one that examines the extent to which cultural brokers -- in the form of newspaper columnists and other community moral stewards -- enforce the abstinence bias or the limits bias. These individuals, who are frequently recruited to elucidate the distinguishing characteristics of the Latino ethnicity, appear prominently in the journalism. In a column linking alleged Latino cultural attributes to a propensity for alcoholism, a Nuestro Pueblo columnist urges his readers to "become a new Latino" and not to contribute to a statistical record that shows "drink" is a "problem among Latinos."²¹⁹ In the column, he draws on personal experience to describe social drinking activities in his native Peru, and tells of the difficulties he encountered in extricating himself from "these pressures." Not expressly lobbying for abstinence, the columnist only advocates that his readers "have as much fun as you want without destroying yourself or others."

Another example from the journalistic record provides an insightful look into the ways particular biases about Latinos are elevated in the mass media. In this case, a cultural broker ascribes traits to the Latino ethnic group in a discourse on seatbelt and child safety seat usage.²²⁰ The broker, a local minister from Guatemala, resorts to an antiquated anthropological rendering of Latinos and fatalism to explain why some parents eschew safety belts, in a package of articles on drinking and driving. Her quote amplified in a breakout box, the minister says she frequently argues with "parents who think seatbelts are silly," in an article bylined by two non-Hispanic-surnamed reporters. These parents, the minister goes on to say, "have a fatalistic attitude that makes them think that when the hour to die arrives, that it is inevitable to die." Slightly attenuating its impact, the quote appears on the last page of the set of articles.

The minister, who is arguably a member of the local ecclesiastical elite, is given another prominent slot for quoted material. In the first attribution of the lead article, she advances a discourse that infantilizes Latino immigrants, conjuring an image of children running amok in a toy store or worse. She claims that immigrants are able to acquire vehicles in the United States relatively easily as compared with in their home countries since "in the majority of Latin America one cannot drive until age 18 and the majority of people do not have money to buy a car." The accessibility, she contends, is like "putting a gun in the hand of somebody who has never used it."

Despite the perhaps undermining effects of certain cultural brokers, settling Latino immigrants have found ways to enact resistance against hierarchical discourses on public safety. In Durham County in 2002, Latino claimants affixed their names to legal

²¹⁹ Alfredo Fort, "El problema de la bebida entre los latinos" Nuestro Pueblo May 2001. "We see all of the shame, the tragedy, the suffering. And the promise. 'I promise to drink no more.' A short-lived promise. Now they've told me that he's drinking and driving once again. Hey, what happened to your word? Are you telling me that you have no will, that you can't stop after realizing that you've had enough? You know who you are. Become a new Latino. Have as much fun as you want without destroying yourself or others. Stay away from those statistics that make you one more statistic in the problem of the drink among Latinos."

²²⁰ Schultz and Michael. "Manejando en estado de ebriedad" Nuestro Pueblo Oct. 2000.

actions against a highway patrol officer whom they accused of racial profiling in the selective prosecution of DWI offenses.²²¹ An investigation determined that about 70 percent of the trooper's drinking-and-driving-related citations over 15 months were handed to Latino drivers, and in 2004 a judge dismissed 11 cases.²²²

In another example, an informant for this work research recalled an occasion in 1998 when she challenged a police officer after he stopped her father's car on suspicion of drunk driving. The informant said that her father was ordered to perform a field sobriety test despite her protests. Her father was out to pick her up after she finished her night shift at a fast-food restaurant and had not been drinking, she said she told the officer. The female informant also maintained that the police officer tried to shush her and that he insinuated unanticipated consequences if she continued to challenge him. She added that widespread ethnoracial profiling of Latinos led to the arrival in the town of an immigration specialist whose complaints to local officials may have helped lessen the recurring selective enforcement of the DWI laws.²²³

Conclusions: Illegal Immigrants, Governmentality, and Driver's Licenses

Academic specialists suggest that U.S. border enforcement efforts in the 1990s were impelled not primarily by a desire to reduce overall illegal border-crossing attempts but rather to spatially and geographically redistribute attempts away from politically sensitive and generally urban areas in California.²²⁴ Other scholars argue that the landmark 1986 Immigration Reform and Control Act (IRCA) enacted a border policing detail that provided showy examples of government action and that enhanced some politicians' reelection chances, yet that failed to appreciably stem illegal immigration.²²⁵

Similarly in North Carolina, the DMV policy change hints at a political stratagem designed to curry favor with nativist constituencies, under the supposedly legitimating wrap of a national act of defense against terrorism. Paralleling nationwide debates, the North Carolina restrictions mirror rightwing discourses that conflate undocumented immigration with terrorism. Yet such discourses misrepresent and exaggerate the record. Pushing federal legislation to curtail the issuance of licenses, a Congressman multiplied by a factor of more than four the number of licenses the FBI said the Sept. 11

²²¹ Angela D. Forrest, "More defendants will join racial profiling complaint; Attorneys seek to prove a highway patrolman targeted Hispanic men for DWI citations; patrol says it's gathering facts," Herald-Sun 4 Apr. 2002: B1.

²²² Thomasi McDonald, "Groups deny buckle bias," News & Observer [Raleigh] 16 June 2003: B1. Benjamin Nicolet, "Judge throws out 11 DWI cases" News & Observer [Raleigh] 11 Dec. 2004: B3.

²²³ Source C, personal interview.

²²⁴ See Wayne A. Cornelius. "Death at the Border: The Efficacy and Unintended Consequences of U.S. Immigration Control Policy, 1993-2000," Population and Development Review, 27.4 (2001), 661-685.

²²⁵ See chapters 1 ("Ghost in the Machine: Interventions in the Mexico-U.S. Immigration System) and 5 ("A Wrench in the Works: U.S. Immigration Policies after 1986") in Douglas S. Massey, Jorge Durand, and Nolan J. Malone. Beyond Smoke and Mirrors: Mexican Immigration in an Era of Economic Integration. (New York: Russell Sage Foundation, 2002).

terrorists owned.²²⁶ Anti-immigrant discourses further advance drastic understandings wherein a single illegal border crossing proportionately elevates the risk of a singular act of terrorism. At the same time, these categorical discourses advance a paradigm that tolerates no risk, opening the door to what Castel calls "a potentially infinite multiplication of the possibilities for intervention."²²⁷

Caught in the middle of this debate, undocumented immigrants are effectively barred from applying for licenses or license renewals, yet they still must drive to work, especially in rural parts of a state where few public transportation options exist. They must rely on automobiles for other reasons, too, such as to pick up their children from fast food jobs, as cited in an example earlier this chapter. Dual discourses compete in this context to establish the public identity of undocumented Latin American immigrants. On the one hand, anti-immigrant discourses portray them as "illegal aliens," undeserving of any citizenship claims, even of possession of a driver's license. On the other hand, prevailing public safety discourses attempt to interpellate them as governable subjects, conferring upon them the "rationality" and "responsibility" that is embodied by the prototypical citizen.

In the examples related on the preceding pages, seatbelt, child safety seat, and drinking-and-driving discourses illustrate what Foucault referred to as "contact points," sites where exterior "technologies of domination" and internal "techniques of the self" are permitted to merge.²²⁸ Reliant on the self-interestedness of the prototypical citizen, these discourses hinge on what Burchell calls "'responsibilization' ... in which the governed are encouraged, freely and rationally to conduct themselves."²²⁹ In the case of Latin American immigrants in central North Carolina, such discourses attempt to interpellate "prudential" subjects, yet they simultaneously deny to many of these individuals the tangible rewards that should follow the civic exercise of "rationality" and "responsibility."

Prohibitions on the issuance of driver's licenses suggest a migration in law enforcement strategies toward a predominantly governmental system. By effectively preventing an undocumented subpopulation from acquiring licenses, the police are forced to rely to a greater extent on individuals' own "conduct of conduct" to achieve the statistical goals of reduced mortality rates and increased seatbelt compliance.

In such a system, law enforcement authorities lose a degree of leverage as they abdicate certain confiscatory powers. Because the police cannot separate licenses from drivers who do not possess them, they may not use the future restitution of the permits as bargaining devices to get violators to heed public safety laws. Indicating a loss of disciplinary surveillance and a slide toward governmentality, a motorist who goes

²²⁶ In a bid to pass a bill to restrict the distribution of licenses, Rep. James Sensenbrenner (R-Wis.) cited that the 19 Sept. 11 terrorists possessed 63 driver's licenses, but the FBI said the men owned only 13. See Eunice Moscoso, "9/11 rumor fuels debate on immigration; Hijackers didn't obtain 63 driver's licenses," Atlanta Journal-Constitution 24 Mar. 2005: 7B.

²²⁷ Castel, 289.

²²⁸ "Government, Foucault suggests, is a 'contact point' where techniques of domination -- or power -- and *techniques of the self* 'interact', where 'technologies of domination of individuals over one another have recourse to processes by which the individual acts upon himself and, conversely, ... where techniques of the self are integrated into structures of coercion." Cited in Graham Burchell, "Liberal Government and Techniques of the Self" in Foucault and Political Reason, 20.

²²⁹ Burchell, 29.

unlicensed after the DMV policy change escapes the archival record and cannot be tracked by the state according to driver's license number.

Further underscoring a straying from a disciplinary system, authorities are unlikely to jail drivers simply for driving without a license or for driving with an expired license, if the recent history of U.S. immigration enforcement is any indication. In fact, immigration experts frequently cite a confluence of factors, including the high estimates of undocumented immigrants in the United States, the political strength of Latino advocacy organizations, and electoral politics, as factors that preclude the mass arrests of underdocumented persons on non-criminal charges. As an example, the unauthorized entry into the United States is legally more akin to a misdemeanor than to a felony, and proceedings on border-crossing violations take place before administrative panels and not in criminal courts partly because of the perceived onerous impact they would have on a case-based U.S. justice system.

Disciplinary mechanisms and strategies of coercion occupy superficial if conspicuous roles in public safety efforts, as evinced by the image of the policeman arresting the motorist in the video or in the photo of the patrolman stopping a driver in the newspaper article. As this chapter has argued, however, governmental mechanisms and not disciplinary ones represent the chief thrust of state public safety interventions. Consequently, "illegal immigrants" become addressed as governable subjects by way of a governmentality which is embedded in discourses on drinking and driving, child safety seat usage, and seatbelt compliance.

CONCLUSIONS

LATINOS IN "OWNERSHIP SOCIETY" AMERICA

"...[I]f you own something, you have a vital stake in the future of our country. The more ownership there is in America, the more vitality there is in America, and the more people have a vital stake in the future of this country."

--George Bush, June 17, 2004²³⁰

The quote exemplifies a basic tenet of George Bush's personal philosophy and, consequently, illuminates a guiding force behind current U.S. government policies. For example, Bush's "ownership society" ideology favors individual health savings accounts and personal retirement accounts over collectivist "social insurance" programs, such as Medicaid and Social Security. At the same time, the "ownership" mantra is invoked by the administration to justify an almost ideologically driven campaign to increase homeownership rates. The president's utopian vision of "ownership society" draws heavily on an imaginary "entrepreneurial spirit of America." And he employs this kind of neoliberal imagery to self-servingly argue the benefits of his tax-cutting fiscal policy, which he contends helps "America's families and small businesses have more money to spend, save, and invest."²³¹ The premise of the "ownership society" philosophy is that increased private ownership leads to enhanced economic incentives, a greater sense of citizenship, and finally to a stronger society.²³² Under this scenario, individual ownership

²³⁰ United States, The White House, "Fact Sheet: America's Ownership Society: Expanding Opportunities" (Washington: The White House, 17 June 2004).

²³¹ Ibid.

²³² Robert J. Shiller, "American Casino: The promise and perils of Bush's 'ownership society.'" The Atlantic March 2005: 33.

and individual responsibility are elevated as model attributes, yet, at the same time, risk - financial and otherwise -- also becomes increasingly individualized.

The Bush ideology provides a compelling referent for this work, which has argued that prevailing health- and public safety-related discourses advance neoliberal philosophies. These health and public safety discourses intertwine with Bush's "ownership society" tenets by advancing the individualization of both risk and responsibility. They also encourage subjects to be prudential and not to expect too much from government -- through the purported "overuse" of emergency and other health services, for example.

For many Latin American immigrants the internalization of such messages may require a period of indoctrination. Emigrating from countries where corporatist and collectivist rights are more firmly entrenched albeit also under attack from neoliberal policies, these immigrants in the United States become introduced to the guiding philosophy of Bush's "ownership society" partly through their participation in the health system. Providing a "contact point" between the individual and government, health advances neoliberal discourses, yet these messages are communicated in venues that are perceived to be rigidly apolitical.

Governmentality combines with Bush's "ownership" mantra in health- and public safety-related discourses. The various examples over the preceding pages demonstrate the ways in which such a capitalist ethos merges with health promotion and education strategies. Subtly, the "technologies of the self" espoused in such programs suggest an individualization of responsibility, displayed by the *promotora* who lectured the protesting man from the diabetes-education class. And they also suggest an individualization of risk, which Miguel assumed in the "Por Nuestra Seguridad" video.

In these examples, emigrants from Latin America become indoctrinated in a governmentality that seeks to combine the interests of the rational subject with the interests of the state. As Rose cogently states, under this kind of governmental arrangement, "... the national objective for the good subject of rule will fuse with the voluntarily assumed obligations of free individuals to make the most of their own existence by conducting their life responsibly."²³³ Health then provides accommodating venues for the inculcation of citizenship in a postmodern governmentality.

Future Portents: The Outlook for Latino Immigrants in North Carolina

What does the future hold for settling Latino immigrants in North Carolina? Will current patterns of settlement and immigration continue? Will nativist sentiment conspire against immigrants, prompting a Proposition 187-style backlash as in California? Which ideological camp -- assimilationists or restrictionists -- will win out in the ongoing debate on illegal immigration?

The historian Natalia Molina describes an early 20th century Los Angeles in which public health discourses shifted according to prevailing racial and economic logics. At the beginning of the century public health discourses inferiorized Japanese women and scolded them for having too many children. At the same time these discourses viewed the infant mortality rates of Mexican women as problematic and aspired to reduce their levels of infant deaths. Over time, Molina notes, these perceptions were inverted, and subsequent public health discourses ended up stigmatizing Mexicans, particularly when

²³³ Foucault and Political Reason, 44.

Mexico-born laborers competed with native-born workers for dwindling jobs around the time of the Great Depression.²³⁴

May the tides of public opinion in North Carolina change as easily? In spite of the praise heaped on Latino workers' and their work ethic by North Carolina elites, native-born North Carolinians possess more pejorative perceptions of the state's newly visible Latino population. A newspaper poll from November 2003 found that three-quarters of North Carolinians believed that the United States admitted too many legal immigrants. An equivalent amount of poll respondents affirmed that Mexicans who came to North Carolina "illegally" for work should be deported, "even if they are otherwise law-abiding."²³⁵

These attitudes suggest dissonance between the interests of biomedical, political, and business elites and those of other native-born North Carolinians, who appear more disposed than elites to perceive Latino immigrants as threats to their financial welfare. Analysts should heed the poll results as well as other warning signs. These kinds of negative public perceptions should be monitored closely lest they lead to movements along the lines of California's Proposition 187 or Arizona's Proposition 200. These voter initiatives, the former passed in 1994 the latter in 2004, mandated curtailing social services for undocumented immigrants and their dependents. Hopefully, voters in North Carolina will not resort to similar projects which, besides whetting a racial animus, endanger the lives and livelihoods of Latin American immigrants and their children.

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²³⁴ See Natalia Molina, Contested Bodies and Cultures: The Politics of Public Health and Race within Mexican, Japanese, and Chinese Communities in Los Angeles, 1879-1939, diss., U of Michigan, 2001. Ann Arbor: UMI, 2001. AAT 3001016.

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