

## **Medicalisation of Racism and Classism in the Context of Migration**

In this lecture I discuss my concepts of “medicalised racism” and “medicalised classism” in the context of migration. “Medicalisation” refers to the power of medicine to shape societal relations and especially the use of medical measures to regulate and control mobility.

The main arguments of the lecture are the following:

In an analogy to the cultural racism of the postcolonial era, which absolutized cultural difference, medicalised racism absolutizes the biomedical perception of disease. Moreover, it writes the narrative of migration in terms of pathogenic germs that are allegedly inherent in the bodies of the migrants and, like hereditary features, can be transmitted from one generation to another.

In the treatment and the representations of refugees and immigrants as potential vectors of infectious diseases there are codified global inequalities and a racial logic that translates the endemicity of disease in a geographical location into an endemicity of the pathogens in the bodies of the inhabitants. In this way, the “risk of disease” appears to be ascribed to the collective heredity of those who originate in the global South.

My concept of medicalised classism is elaborated in the intersection with medicalised racism and theoretical approaches to classism. At the heart of medicalised classism lies the naturalisation of class membership and the collective representation of mobile precarious workers as potentially infecting bodies. Medicalised classism bases on the assumption that even though the pathogenic germs are invisible, the (recognizable) precariousness and “class affiliation” can betray the dangerousness of the mobile workers for the wealthy society.

Both concepts presented in this lecture base of current and historical case examples. During the recent COVID-19 lockdowns, mobile labour forces have ambivalently been treated in several countries as essential to production of food (for the middle-classes) on the one hand, and as potentially dangerous carriers of the virus, on the other. This kind of ambivalent treatment is, however, anything but a new phenomenon, if one takes into consideration historical examples like, for instance, the Ellis Island or the Mexican mobile workers in the USA at the beginning of the 20<sup>th</sup> century.

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The concepts of medicalisation and medicalised racism draw on the book *“Medicalising Borders. Selection, Containment and Quarantine since 1800* (Manchester University Press 2021), edited by S. Trubeta, Chr. Promitzer and P. Weindling and especially on my own contribution: “Medicalised borders and racism in the era of humanitarianism”.