

TECHNOLOGIES of BLOOD

Asylum, Medicine, and Biopolitics

Cathy Hannabach

On September 29, 1991, democratically elected Haitian president Jean-Bertrand Aristide was overthrown in a bloody military-led coup d'état. Fleeing the brutal violence targeting Aristide supporters and members of his leftist political party, Organisation Politique Lavalas (Lavalas Political Organization), several thousand Haitians left their country by boat only to run into another military force: the United States Coast Guard. Requesting asylum from political persecution—a status that would allow them to stay in the United States and be protected by the US government—the Haitian refugees were detained on coast guard vessels while the George H. W. Bush administration debated what to do. The administration did not want to allow them entry into the United States as political refugees but was also bound by the 1951 United Nations Convention relating to the Status of Refugees to not return asylum seekers with a well-founded fear of persecution to their countries of origin. The Bush administration decided that the best place to detain the refugees while such international legal questions and public relations battles were settled would be the US naval base at Guantánamo Bay, Cuba—a space the administration considered exempt from US immigration, asylum, and constitutional law. Incarcerated in makeshift camps, the refugees were interrogated about their activities in Haiti to determine whether they were under a credible threat of political persecution and were thus eligible to apply for asylum based on one of the five categories recognized by US law: race, nationality,

religion, membership in a particular social group, and political opinion. Those found worthy were subjected to a second round of questioning and a medical exam, including a mandatory blood test. Soon after this testing, several hundred refugees were moved to a separate facility surrounded by razor wire and armed guards. The blood of these refugees had tested positive for HIV, and Camp Bulkeley, where they were detained, was set up as what Michael Ratner calls “the world’s first and only detention camp for refugees with HIV” (1998: 187).

Subsequently, the women in that facility who were found to be HIV positive were subjected to forced permanent or semipermanent sterilization (Farmer 2003: 62; Goldstein 2005: 154; Ordovery 2003: 181).

In our contemporary moment this incarceration has been all but forgotten, as the Guantánamo Bay Naval Base (GBNB) has become synonymous with the incarceration of a new group of racialized and gendered bodies: those of suspected “terrorists.” Intervening in exceptionalist narratives of the base and US state making that ignore their gendered, racial, and sexual histories, this essay argues that sites and practices of detention have been key in producing the US body politic over the course of the twentieth century, including what is imagined to count as “domestic” and “foreign.” Indeed, as I explore, the penal archipelago linking the GBNB to other spaces of punishment is a crucial legal and medical technology that has helped to construct the boundaries of the US nation-state and its body politic in a transnational frame. While much recent work has impressively articulated the ways that the base is being positioned legally and culturally as a “space of exception” for the purposes of indefinite detention (see, e.g., Kaplan 2005; and McClintock 2009), an examination of this earlier period reveals that this space and the technologies of law and

medicine enacted there have a much longer history and are not unique to the contemporary war on terror. In fact, the treatment of the Haitian refugees in the 1990s has been instrumental in enabling twenty-first-century incarceration at the base. Further, their treatment was crucial in overturning the twenty-three-year-old ban on HIV-positive migrants entering the United States, making this 1990s event a vital, if underexamined, node in histories of medical and legal technologies as they shape the production of US national identity.

Toward this end, this article examines the various legal, medical, and cultural technologies that produced these Haitian refugees’ blood—and specifically Haitian women’s blood—as a site of international anxiety over legal sovereignty, biopolitics, and reproductive rights. Technologies here are sites of contestation and struggle, and I focus specifically on the ways that law and medicine intertwine. The technologies shaping blood in the 1990s (and today) also encompass the social rituals surrounding those tools, the material practices of their use and contestation, and the cultural authority they are granted or denied. I argue that the intertwining of law and medicine (specifically asylum law and blood medicine) functions as a biopolitical technology producing and regulating the bodies and identities that it purports to merely encounter, legitimating some populations and practices while delegitimizing others. Understanding law and medicine as intertwined cultural technologies both expands what we think of as “technologies” and enables us to trace the ways they produce and police the boundaries of the US nation-state and the body politic. Drawing on transnational feminist, postcolonial, and queer studies, I place the asylum process and the HIV antibody blood test alongside each other as technologies of confession

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that seek to parse “good, truthful” desirable bodies from “bad, deceptive” bodies threatening to contaminate the body politic. I argue that penal institutions, military practices, legal frameworks, and medical testing braid together through blood to construct the US nation-state in a transnational frame and in gendered and racialized ways.

Medico-Military Surveillance Technologies and the Making of US Empire

To understand what happened to the Haitian refugees in the 1990s, we need to turn to the context that put them on a US military base and under medico-military surveillance to begin with. The turn of the twentieth century brought two intertwined global developments: the rise of US empire and a global, Euro-American-led disease surveillance network. Medical screening practices installed at threshold spaces (ports, islands) were intended as an “imperial defense” against contagious diseases that could threaten Western capitalism (Shah 2001: 179). In the United States, such screening practices were consolidated under Immigration Services, which used scientific management theories to police the circulation of bodies across national borders. Technologies of law and medicine were interlaced in the desire to regulate which bodies cross which borders.

Although European and US powers had selectively quarantined migrant bodies in the name of disease surveillance since the seventeenth century, the policy of quarantine shifted at the turn of the twentieth century to a policy of “fitness” screening, as Nayan Shah (2001: 186) demonstrates. Quarantine largely targeted *ships* (including the people and goods aboard), but medical inspections targeted *bodies*, using new racial science and its claims about race, disease, and fitness.

Amy Fairchild (2003) argues that the rise of the eugenic category of fitness and the application of scientific management techniques to the immigration process at Ellis Island and other processing sites marks a specifically productive technology that not only sought to parse “desirable” laborers from “undesirable” ones but also sought to educate migrants in the ways of capitalist labor, preparing them for the factory floor. “Fitness,” then, measured not only migrant bodies and disease but also the potential contribution a body could make to the US nation-state and the labor force imagined to represent it.

This shift from quarantine to fitness screening exemplifies a larger transition from the nineteenth-century desire to contain and eradicate bodily difference to a twentieth-century desire to selectively incorporate and diffuse difference through biopolitical technologies of life and health—a project that would undergo another large transition at the end of the twentieth century with the rise of neoliberalism and remaking of US empire. Thus the beginning and end of the twentieth century bookend a period in which national borders were produced and regulated through eugenicist anxieties and medical practices. The intertwined legal and medical technologies of immigration law, colonial conquest, and health surveillance were a key technique for constructing those very national borders in an era of massive imperial expansion.

In the early twentieth century, blood screening of migrants became mandatory at several immigration processing sites, selectively targeting groups of migrants and reflecting shifting ideologies of race, class, gender, and sexuality. Epidemiological concerns were yoked to eugenicist discourses of “blood” as defining a “national stock,” and, as a result, particular kinds of bodies (mostly African American, Asian, and

Latino bodies) were considered potential health threats to the American nation through their supposedly infected blood (Shah 2001: 197–99). Mandatory screening was understood to be able to detect hidden disease lurking in this blood, rendering it visible and knowable as a selective basis of exclusion.

The close of the twentieth century saw analogous medical, legal, and military transformations in the ways migrant bodies were treated, and this context heavily informs the blood testing of Haitian refugees. Beginning in 1987, HIV-positive travelers were barred from entering the United States.¹ The entry bar was implemented irregularly, however, as only certain groups of travelers were routinely tested. For example, mandatory HIV screening by an Immigration and Naturalization Service–approved physician was required of permanent visa applicants but not other travelers (tourists, researchers, etc.) (Luibhéid 2002: 26–27). Asylum applicants—those petitioning for permission to stay in the country due to persecution in their country of origin—were not uniformly tested. The mandatory testing of Haitian refugees at the GBNB is thus both selective and unusual. The entry bar has been recently lifted due to extensive queer, HIV, and immigrant rights activism, and the treatment of the Haitian asylum seekers in the 1990s was a key case used by activists to get the entry bar lifted (Ordovery 2012). Legal policy on blood—specifically as it shapes juridical constructions of citizenship and asylum—can be understood as a type of technology, which produces an image of the US population (reflecting particular norms) and an image of those bodies imagined to threaten it from both inside and outside. The HIV bar selectively targeted migrant populations, producing an image of the HIV-positive body as coming from

elsewhere and threatening the (presumed) HIV-negative US body politic. As the entry bar was part of immigration and citizenship policy, it linked national belonging to health and dis/ability status.²

Blood's regulation in and by the US nation-state employs selective incorporation and selective quarantine logics, both of which are made apparent in the treatment of the Haitian refugees. The asylum process is a selective incorporation legal technology—bodies are screened for their willingness to perform narratives of American salvation, where the United States is represented as a land of tolerance and freedom able to “save” worthy asylees from “barbaric” violence in their countries of origin. The law itself produces this narrative, and in order to be granted asylum, applicants must reproduce it alongside recognized performances of affect and sincerity. Conversely though, the asylum screening process is also thoroughly structured by a quarantine and incarceration logic that has determined the ways that different kinds of asylum seekers are treated. Asylum law posits and then purports to discover the “fraudulent” or “diseased” asylum seeker, legitimating both the asylum process itself and the law's authority to define health, violence, and freedom. For the Haitians incarcerated at the Guantánamo base in the 1990s, the line between desired asylee and excludable agent of infection was determined through blood—more specifically, through the collection, manipulation, and interpretation of blood. Further, as blood screening was used to incarcerate and quarantine Haitian refugees, it also functioned as a technology of criminalization. Blood screening determined whether one would be considered a worthy victim of political persecution, and thus an asylee who could enter the United States, or a diseased and threatening alien who would be incarcerated at Camp Bulkeley.

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Making Space, Making Sovereignty

The GBNB might seem a curious place for the detention and medical testing of Haitian refugees—after all, it is designed as a military base rather than a medical facility. After looking to several other US colonial island territories (including Vieques, Puerto Rico),³ the Department of Justice turned to the US naval base at Guantánamo Bay as a strategically useful location for the detention and processing of Haitian refugees. The base's location outside the territorial boundaries of the United States, and the argument that it was thus not governed by the United States Constitution, made it particularly desirable. In particular, the base's legal status with regard to US sovereignty shaped why and how Haitian refugees were incarcerated there and helps explain the medical, military, and legal technologies that targeted these bodies.

In *Society Must Be Defended*, Michel Foucault articulates sovereignty as the absolute right of a sovereign—a political leader—to determine who will live and who will die and specifically the right to kill with impunity: "It is at the moment when the sovereign can kill that he exercises his right over life. It is essentially the right of the sword" (1976: 240). Although Foucault differentiates the technology of sovereign power (the right to kill or let live) from the technology of biopower (the right to make live or let die), Achille Mbembe points out that the colonial condition prohibits an easy separation of these two technologies of power, as in the colonies sovereign power dovetails with biopower.⁴ Mbembe demonstrates that the production and control of space is central to the role of sovereignty in the project of empire, as "space was therefore the raw material of sovereignty and the violence it carried with it. Sovereignty meant occupation, and occupation meant relegating the colonized

into a third zone between subjecthood and objecthood" (2003: 26). Colonial law and its legacies (including US immigration and asylum law) produce space as demarcated and controllable and produce knowledge about particular populations in the name of controlling their circulation within and across particular spaces. Sovereignty is constituted through the production of a space of exception, as Giorgio Agamben (1998), among others, has theorized, and spatialization itself is a central component in the technology of sovereignty. Exceptional space is produced by sovereign power, and sovereign power is conversely constituted and made visible through exceptional space.

The GBNB is firmly situated within this colonial negotiation of spatialized and exceptional sovereignty in both historical and contemporary ways, revealing links between the technologies of law and medicine. The forty-five square miles of land on which the base now sits was first claimed by the United States in 1898 during the Spanish-American War, which marked the United States' entrance onto the global stage as an imperial power. The 1901 Platt Amendment granting the United States an indefinite lease of the land states: "While on the one hand the United States recognizes the continuance of the ultimate sovereignty of the Republic of Cuba over the above described areas of land and water, on the other hand the Republic of Cuba consents that during the period of the occupation by the United States of said areas under the terms of this agreement the United States shall exercise complete jurisdiction and control over and within said areas."⁵ In order to justify the detention of Haitian refugees in the 1990s, and later suspected terrorists from 2001 onward, the US state has maintained that this language indicates that Cuba holds ultimate sovereignty over the base, US law does not apply in foreign

nations, and thus US law does not apply to those incarcerated on the base.

While this denial of US sovereignty over the base might seem at odds with Mbembe's claim that imperialism is facilitated by the exercise of sovereignty over a colonized space, Amy Kaplan points out that "the government's argument that the United States lacks sovereignty over the territory of Guantánamo has long facilitated rather than limited the actual implementation of sovereign power in the region" (2005: 837). The official denial of sovereign power actually enables the enactment of imperial power over incarcerated bodies at the base.⁶ The base is constituted as a state of exception—exempt from both US constitutional law and international human rights law—which enables indefinite detention as well as sexualized violence against refugee women that plays out in racially gendered ways.

The suspension of rights for Haitians at the Guantánamo base in the 1990s would prove to have other consequences after September 11, 2001. In 2001 federal officials relied on the court decisions addressing the legality of incarcerating Haitian refugees to argue that the GBNB was an ideal site to incarcerate suspected terrorists. In particular, they used the decision that Haitian refugee detainees "have no First Amendment or Fifth Amendment rights which they can assert" because both US and international law "bind the government only when refugees are at or within the borders of the United States."⁷ In such rulings, the base sits as a quarantine and carceral site made possible through a curious declaration *and* evacuation of US sovereignty. The case of the Haitian refugees illustrates how this sovereign power is entangled with biopower in the form of blood medicine and health surveillance. The GBNB thus illustrates the braiding together of several practices

designed to both produce and regulate the US nation-state in a transnational context through imperial logics: military policing of the United States' national borders, legal policing of constitutionality and citizenship, and medical policing of the body politic. In the case of the Haitian refugees, it was blood that wove these strands together.

Blood, Criminality, and the Global Penal Archipelago

Blood has long been used as a marker of deviance in medicine and law, often combined with other corporeal markers that were measured and interpreted to construct the criminal body. For example, early criminal anthropologists such as Cesare Lombroso measured subjects' blood pressure using plethysmographs and hydrosphygmographs to find evidence of social deviance (Finn 2009: 15). As a self-proclaimed expert interpreter of these blood inscriptions, Lombroso declared that visible evidence of criminality was locatable within the body. In this way, the test produced criminality as disease, and the test's findings tautologically legitimated the very need for a test and the expert interpreter as authority. Following Lombroso, researchers have sought to penetrate the body's opacity for evidence of deviance, difference, and criminality. Siobhan Somerville (1996: 245, 251) demonstrates that such "evidence" was largely produced through medical and sexological experimentation targeting female, queer, and nonwhite bodies. While the resultant medical and legal theories of racialized sexuality shaped an array of bodies, these theories were largely predicated upon a notion of female bodies as deviant. Through a desire to locate difference within the body, physicians and lawmakers posited a division between normative and perverse sexual practices and targeted the erotic and reproductive

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practices of women—specifically women of color.

This bodily surveillance and criminalization increased over the course of the twentieth century and, as mentioned earlier, was heightened at immigration processing centers located on islands at the outskirts of the US mainland. By the end of the Spanish-American War in 1898, the United States had annexed several island territories that became instrumental military bases and immigration processing centers, including Guam, Hawaii, Puerto Rico, the Philippines, and part of Cuba, the forty-five square miles at the mouth of Guantánamo Bay.⁸ Immigration processing centers on Angel Island, Ellis Island, Guam, and Cuba have been sites for both the inspection and incarceration of migrant bodies. That so many of these centers are located on islands lends geographic literalness to Foucault's metaphor of a carceral archipelago, in fact forming what Kaplan calls a "global penal archipelago" (2005: 831).⁹ This global penal archipelago functions as a technology of control and production. Linking prisons, immigrant detention centers, and medical screening sites, the archipelago aligns these institutions and the bodies they house, effectively criminalizing migrants and rendering those criminalized as outsiders to the nation-state (rendering them immigrants). Eithne Luibhéid (2002: 165n44) elucidates that islands have been favored for the medical and legal surveillance of immigrants because they allow the adaptation of geography for controlling particular populations. The strategic use of islands in this context relies upon their geographic and legal remove from the US mainland. Even islands imagined as quintessentially "American" sites—such as Ellis Island—have been legally constructed as "non-US territory" in the context of immigration law. For example, *Shaughnessy*

v. United States ex. rel. Mezei (1953) addressed the claim of Hungarian national Ignatz Mezei, who was detained on Ellis Island from 1950 to 1951. The case, decided in the midst of the Red Scare, raised the issue of whether it was legal to detain Mezei in what Justice Robert Jackson called an "island prison" and whether he could seek recourse under the Constitution (dissent in *Shaughnessy v. United States ex. rel. Mezei* (1953), quoted in Dow 2004: 6). The Supreme Court decided that Mezei's detention was legal because "harborage at Ellis Island is not an entry into the United States," and thus Mezei had no right to constitutional protections such as the Fifth and Fourteenth Amendments—the same questions at issue in legal cases about the detention of Haitian refugees in the 1990s and suspected terrorists in the 2000s.¹⁰ Clearly, this penal archipelago continues to police the boundary of the nation-state and the body politic, determining which spaces and which bodies are included, excluded, or held in (often indefinite) detention.¹¹

The technology of the global penal archipelago also links immigration processing sites with the global prison-industrial complex. Even inside US territorial boundaries, islands are desirable prison locations offering visual, geographic, and cultural quarantine, which the prison is intended to symbolize, thus cutting off prisoners from the body politic against which they are defined. Even when prisons are not located on actual islands, the logic of social removal is reflected in the building of prisons on what Ruth Gilmore (2007) calls "surplus land": rural or economically devastated spaces abandoned by global capital, whose residents' racial, class, and regional positions mark them as abandoned bodies. This geographic remoteness is key to the legal and cultural positioning of the prison and to the treatment of incarcerated bodies.

Benjamin D'Harlingue explains that the liberal nation-state's social contract is predicated upon the prison as a site geographically, culturally, and legally removed from the social body and the construction of those inhabiting it as socially dead—stripped of legal rights including the right to move, to vote, and to enter into contracts. The prisoner's social death underwrites the social contract, as "the social contract was to be distinct from and maintain rule over nature and death, so that those living dead forced to inhabit these spaces were not outside the force of law, even as they were without political representation" (D'Harlingue 2010: 135). Sites of detention are in fact where the categories of "citizen" and "domestic" are produced through negation and serve as the constitutive outside to the US body politic. Given this context, the island location and murky legal status of the GBNB make it an ideal site for the US state to incarcerate bodies it produces as multiply othered and socially dead—in the 1990s that meant poor, black, HIV-positive Haitian refugees.¹²

The global penal archipelago has long been a technology of removal, segregation, and punishment, not to mention legitimated state violence, and it has always functioned in racially gendered ways. Angela Davis (2003) and other prison scholars¹³ note that the rise of the prison as a major US cultural institution was enabled by the passage of the Thirteenth Amendment, which outlawed slavery and involuntary servitude *except as punishment for a crime*. The prison has functioned since Reconstruction to recapture those bodies that had been legally declared free by the Thirteenth Amendment. Further, prison regimes of punishment have been organized according to gender norms that are racialized and class based. For example, in the nineteenth and early twentieth centuries, white women

incarcerated in psychiatric institutions were considered "fallen women" capable of being reformed into properly bourgeois, white, feminine ladies, while lower-class women and women of color were aligned with lower-class men and men of color in the assumption that they had already "failed" at femininity due to their class and race and thus were unable to be reformed (Davis 2003: 71–72). The racialized gendering of punishment in the prison continues in the twenty-first century, with the sexual violence of strip searches and wide-scale sexual assault targeting women in prison, the majority of whom are women of color and immigrant women (Davis 2003: 62–63, 77–83).¹⁴ Within the context of the penal archipelago, a medical and legal technology built on a logic of racially gendered punishment that is explicitly sexualized, the sexualized violence targeting Haitian HIV-positive refugee women can be understood as a "routine" part of US immigration policy and nation building.¹⁵ Similarly, as I explore in the next section, Haiti's position in the late twentieth (and early twenty-first) century vis-à-vis the United States and Cuba is not exceptional given the long, tangled, and violent genealogy these three countries have had.

Caribbean Economies of Blood and Desire

Similar to discourses positing prisons and their violence as removed from the body politic, a variety of legal, medical, and cultural narratives describe both Haiti and Cuba as radically separate from the mainland United States and its national body. However, just as US citizenship boundaries and national belonging rely upon the technology of the prison for definition, so too do constructions of the US nation-state rely upon its transnational and often imperial relations with other countries.¹⁶ The legal sovereignty arguments analyzed earlier, medical

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contamination narratives attributing HIV/AIDS to Haitian migrants, and the US embargo against Cuba all contribute to a dominant notion that the United States, Cuba, and Haiti are culturally, legally, economically, and corporeally isolated from one another. This representation, however, is remarkably inconsistent with the United States' three-centuries-long involvement in the Caribbean. Indeed, the United States has long produced its nationalist image of itself through these transnational and imperial relationships. Rather than think about United States–Cuba and United States–Haiti relationships as parallel, however, I want to foreground how this is actually a triangulated interaction.

As Mary A. Renda (2001) and Paul Farmer (2003, 2006) have elaborated, the United States has been politically, economically, militarily, and culturally involved in Haiti's affairs since the eighteenth century through dozens of military invasions, land purchases, monetary investment, and neoliberal development policies. Similarly, as explored earlier, the United States has a long history of involvement in Cuba shaped by and shaping military, legal, and cultural practices. Jana Evans Braziel emphasizes that the United States' relationship with Haiti and Cuba historically has been routed through various configurations of "Guantánamo." Beginning with eighteenth-century French slaveholding coffee-plantation owners fleeing to Guantánamo Province to escape the Haitian Revolution, all the way through twentieth-century Afro-Caribbean Haitians migrating to the city of Guantánamo for work, Haitian migrants have long inhabited eastern Cuba (Braziel 2006: 134). Further, as Michael Laguerre describes in *Diasporic Citizenship: Haitian Americans in Transnational America* (1998: 22–23), there have been many significant waves of Haitian migrants to the

United States, beginning during the Haitian Revolution. Rather than three isolated and sovereign countries, Orlando Patterson's account of "the West Atlantic system" more accurately describes the three nations' relationship:

Originally a region of diverse cultures and economies operating within the framework of several imperial systems, the West Atlantic region has emerged over the centuries as a single environment in which the dualistic United States center is asymmetrically linked to dualistic peripheral units. Unlike other peripheral systems of states—those of the Pacific, for example—the West Atlantic periphery has become more and more uniform, under the direct and immediate influence of the all-powerful center, in cultural, political and economic terms. (1987: 258)

This network of influence belies claims that Haiti and Cuba (via the various Guantánamos) are politically, economically, or culturally foreign to US national identity and its ideas about who or what is included in its body politic. If anything, Haiti and Cuba have been central to how the United States has defined itself politically, economically, and culturally from the eighteenth through the twenty-first centuries.

This transnational, neocolonial relationship is reflected in three-centuries-long legal and medical discourses representing Haitian bodies and blood as the source of threatening contagions ready to infect the US body politic, global capitalism, and various world orders. In US discourses Haitian bodies have been painted as the source of the "diseases" of abolitionism, black revolutionary nationalism, cholera, hepatitis B, and HIV/AIDS. Kaplan stresses that "from the Haitian Revolution that began in 1791, black Haitian bodies were viewed from the north as bearing the contagion of black rebellion that could 'infect' slaves in

other countries and colonies" (2005: 831). This contamination narrative aligning bodies of color, disease, and "dangerously" revolutionary ideas has played out in immigration and military policy over the course of the twentieth century (Shah 2001; Kaplan 2005; Luibhéid 2002; Ordovery 2003). It even continues to shape twenty-first-century policies as well, as is reflected in a 2002 decision to incarcerate 165 Haitian asylum seekers at the Krome Detention Center in Florida as a deterrent to other would-be migrants (Solomon 2005: 6). While this contemporary practice may seem an isolated case, the genealogy I've been tracing demonstrates that it is merely one occasion in a long line of asylee incarcerations targeting Haitian bodies in particular. Fearing "contagion" in the form of disease, ideas, or just generally undesirable bodies, US legal and medical policy—specifically immigration/asylum law and blood medicine—constructs an image of the US body politic in need of protecting and migrant bodies imagined to threaten it.

If the Guantánamo base HIV blood tests reflect a fear of Haitian blood and its "contagious" potential, in line with older constructions of Haiti as "infectious," there have also been ruptures to this timeline in which constructions of Haitian blood shifted in significant ways.¹⁷ During the 1960s, for example, Haitian blood was considered desirable to the US economy, and its technologies of circulation were highly lucrative. Beginning in the 1960s, US neoliberal economic policies targeted Haiti as a desirable site for privatized, outsourced labor. The United States—supported dictatorships of François Duvalier and his son, Jean-Claude Duvalier, welcomed US manufacturing plants into Haiti as "international aid" (Farmer 2006: 186–90), and such plants became populated with Haitian

bodies whose poverty made them ideal low-wage workers.

In addition to manufacturing, another large neoliberal industry took root: commercial blood and plasma collection. During the 1960s and 1970s, Hemo-Caribbean and Co., a corporation financed by US capital and backed by the Duvaliers, gathered blood and plasma in Haiti and sold it for massive profits to the North American companies Armour Pharmaceutical, Cutter Laboratories, and Dow Chemical (Farmer 2006: 239; Starr 2002: 233). The profit margin and number of collections were so large that one official in the transnational industry, Luckner Cambronne, became known as the "Vampire of the Caribbean" (Farmer 2006: 239). This accusation targeted not only the medical technologies that removed blood from Haitian bodies in an exploitative fashion but also the legal and medical technologies that made the transnational Caribbean-US blood industry possible and profitable. Neoliberal economic policies are part of these legal and medical technologies, moving blood between bodies and nations. US blood corporations and the Haitian government were accused of trafficking in the blood of poor black subjects who were valuable insofar as their blood could be removed and circulated in a global capitalist economy, gathering surplus value that would never be returned to the bodies it came from. This profiteering came to US media outcry in the mid-1970s when US men with hemophilia—who were dependent upon blood products manufactured by these corporations—began contracting hepatitis B, as Jacques Leibowitch recounts in his 1985 work *A Strange Virus of Unknown Origin* (cited in Farmer 2006: 240). Haitian blood's image swiftly swung from a beneficial profit-making commodity to an infectious bioweapon killing vulnerable Americans.

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This panic over Haitian blood as bioweapon, a technology of death rather than life, was revived in the 1980s and 1990s, with drastic consequences for the incarcerated Haitian refugees and the broader Haitian diaspora. AIDS contamination narratives attributed the US epidemic to infected Haitian bodies. For example, in 1982 a US National Cancer Institute researcher announced, "We suspect that this may be an epidemic Haitian virus that was brought back to the homosexual population in the United States" (quoted in Farmer 2006: 2). Medical journals, popular media representations, and legal policy attached the AIDS contamination to Haitian, African, and, by extension, all black bodies that might potentially be infectious. Yoking racialized black bodies to sexualized gay ones, this discourse served as what Kathryn Bond Stockton (2006: 5) calls a "switchpoint" in discourses of sexuality and race.

Indeed, during the 1990s Haitians were the only asylum seekers systematically forced to undergo HIV screening. Suzanne Shende, in a 1993 *Gay Community News* article titled "What I Saw on Guantanamo Bay," writes that "in a show of blatant racism, only Haitians are targeted for HIV testing prior to their arrival in the U.S. Non-Haitians, even if they are intercepted in the same waters or even in the same boats, are not subjected to the HIV screening. The Haitians on Guantanamo were forcibly tested, and then told of their status over a loudspeaker in an airplane hangar" (quoted in Ordovery 2003: 264n13).¹⁸ The medical ethics and patient privacy violations and the racist and selective HIV screenings were interwoven with assumptions that particular kinds of bodies are more infectious than others due to their identity markers. Further, these medical practices demarcated not only racialized embodiments but gendered and sexualized ones as well.

Blood, Wombs, and Migrant Women

While all Haitian refugees incarcerated at the GBNB had their blood forcibly drawn and tested, it was only HIV-positive *women* who were subjected to technologies of reproductive intervention. Without their consent and often even without their knowledge, HIV-positive women refugees were either sterilized or forcibly injected with Depo-Provera, a semipermanent form of birth control. The biopolitical targeting of marginalized women's sexual and reproductive practices is nothing new, as discourses of blood and sexuality have long been routed through ideologies of gender and race. The metaphoric language of blood has often been mobilized in eugenicist immigration and citizenship law, from the "one drop rule" excluding blacks from US citizenship to anxieties over "Asian blood" contaminating the white labor force (Shah 2001), "Native blood" being used to determine rights to land (Kauanui 2008), and "Haitian blood" being feared as a source of contagion. This metaphoric language, however, is also always deeply material as it undergirds actual blood policy and practices. Marginalized women's bodies have borne the brunt of this blood and citizenship policing, as it has historically played out through their sexual regulation. In other words, nationalist and eugenicist anxieties over "bad blood" get routed through the wombs of women—most notably nonwhite, immigrant, disabled, queer, and low-income women.

In *American Eugenics*, Nancy Ordovery (2003) traces how eugenicist logics of white supremacy and nativism have rendered the sexuality and reproductive practices of marginalized women a major national concern from the nineteenth century right through to our contemporary twenty-first-century moment. Eugenics marks a salient example of the intertwining of medical and

legal technologies, mobilized in the service of biopolitical regulation. For example, the 1875 Page Act was the first piece of immigration law to selectively target a group by race and gender and set a precedent shaping twentieth- and twenty-first-century immigration law. Justified as an attempt to prevent Chinese women prostitutes from infecting white US men with sexually transmitted diseases such as syphilis, thus “poisoning the nation’s bloodstream” (Luibhéid 2002: 37), it effectively barred *all* Chinese women migrants from entering the United States.¹⁹ Forced sterilizations of disabled women were common practice throughout the twentieth century and upheld by the Supreme Court in *Buck v. Bell* (1927), and official and unofficial policy continues to desexualize disabled women and/or prevent them from reproducing (Wilkerson 2011: 203; Schweik 2009: 67). Lesbians, queer women, and sex workers have all been targeted for chemical and surgical sterilization to prevent transmission of their alleged infectious perversity (Terry 1999: 81–83). And as Davis (1981), Cathy J. Cohen (1997), Laura Briggs (2002), Andrea Smith (2005), and others have demonstrated, forced sterilization has long been an official policy aimed at women of color in the United States and its colonies.

I argue that we must understand the forced blood testing, sterilization, and Depo-Provera injections at the naval base as a recent manifestation of this long history linking eugenicist discourses of blood and disease to the racialized sexuality of marginalized women—a history that continues into the present even as it is often ignored in contemporary political debates. Often employing a rhetoric of benevolence, eugenicist regulation of marginalized women’s sexuality (and thus the “national blood” or “stock”) was described as aid, and women were either lied to about what was

being done to their bodies or presumed unable to understand the science involved. Further, in targeting such women for reproductive intervention, the presumption of heterosexuality is made apparent, as sexuality is reduced to reproduction. Indeed, this framework was exploited at the HIV detention camp. Yolande Jean, one Haitian refugee woman incarcerated at Camp Bulkeley, reports that after testing HIV positive she was forcibly injected with Depo-Provera and lied to about it:

I asked them, why the injection? Because you have a little cold, they replied. But it wasn’t a vaccine, it was an injection in the buttocks. And if you didn’t want it, you had no choice: they simply said, it’s for your own good. You have to accept it, or they call soldiers to come and hold you, force you to take it, or they put you in the brig. . . . I [later] learned that the injection the doctor had given me was Depo-Provera. I began having heavy bleeding. I bled for three months. (Quoted in Farmer 2003: 62)

As Jean’s story demonstrates, incarcerated Haitian women were given Depo-Provera through both force and coercion, as the injection was often described as “medicine” that many thought was for their HIV condition (Goldstein 2005: 154), and those who refused were forcibly subjected to Depo-Provera or more permanent sterilization practices (Ordovery 2003: 181).

Depo-Provera had been denied approval by the Food and Drug Administration (FDA) for several decades prior to the 1990s due to hazardous side effects including breast and endometrial cancer, prolonged menstrual bleeding, severe depression, debilitating abdominal pain and headaches, and long-term sterility (Ordovery 2003: 180). In 1992 the Bush administration leaned on the FDA to approve the drug for use on US women, in the face of protest by feminist-

of-color reproductive justice organizations including the National Latina Health Organization, the National Black Women's Health Project, the Native American Women's Health Education Resource Center, the National Women's Health Network, and the National Asian Women's Health Organization (Smith 2005: 91; Ordover 2003: 181). Even prior to its rise in the 1990s as a technology regulating the sexuality and reproduction of marginalized women, the developers of Depo-Provera had targeted poor women of color as ideal recipients. The largest US Depo-Provera trial, conducted in Atlanta at Emory University's Grady Medical Hospital from 1968 to 1979, targeted several thousand African American women on welfare (Holloway 2011: 53). While this trial was condemned by the FDA for its failure to meet clinical trial standards, the drug was later approved by the FDA on the basis of this trial (Ordover 2003: 180–81).²⁰ During the same time that the FDA denied its approval for use in the United States due to its detrimental side effects, the drug was often given to women overseas, including incarcerated Haitian women at the Guantánamo base who were held there from 1991 to 1993. In fact, FDA Commissioner Donald Kennedy stated during the Atlanta trial that "quite obviously, a drug that may not yet be suitable for approval here could well have a favorable benefit/risk ratio in a less developed nation" (quoted in Levine 1979: 11).

The fact that HIV-positive Haitian refugee women were forced to undergo semipermanent or permanent sterilization speaks to this legacy, as their gender, racial, class, citizenship, and disability/HIV status rendered them precisely the bodies targeted by such policies. Like Norplant (another semipermanent contraceptive targeted at marginalized populations, approved in 1991), Depo-Provera is a physician-controlled

contraceptive that has been heavily criticized for removing agency from women and placing that agency in the hands of paternalistic medical "experts" presumed to have exclusive knowledge of patients' bodies and needs.²¹

Both Depo-Provera and Norplant were foregrounded in debates in the 1990s over new policies and technologies targeting the sexual and reproductive practices of women of color, setting the stage for policies still in effect today (Holloway 2011). Revitalizing eugenicist constructions of poverty as biologically based and racialized, the 1990s saw a revival of interest in targeting women of color's reproductive practices with medical technologies as a way to "cure" poverty. Linked to a discourse of crime and punishment—and part of the larger rise of the prison-industrial complex—these women's bodies became the battleground for anxieties over citizenship, capitalism, and the boundaries of the nation-state. Both Depo-Provera and Norplant were imagined as technological "cures" for the figure of the "black welfare queen" immortalized in the Moynihan Report²² and essentialized in the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. Depo-Provera and Norplant began to be required as a condition of release for women arrested for certain crimes and were forced on women receiving welfare—policies that continue today in various forms (Holloway 2011: 53).

As this history and the example of the Haitian refugees at Camp Bulkeley exemplify, bodies marginalized due to their racial, class, sexual, citizenship, and/or disability/HIV status have long been targeted by law and medicine in the name of biopolitical regulation. These bodies also, however, are positioned by a specifically gendered rhetoric of deception and secrecy in which women's bodies are figured as the

mysterious harbinger of secrets that physicians and lawmakers can extract. In the case of HIV-positive Haitian women, this misogynist construction of a deceptive body gets coupled in the 1990s with legal and medical narratives of deception attached to the asylum process and HIV antibody tests.

Technologies of Confession and the Deceptively Passing Body

This framework of a deceptive body from which it is the expert's job to elicit a confession of truth and concealment is a key element of the asylum process, as the system positions asylum seekers as potential deceivers. Consider, for example, the multiple confessions of violence and trauma required of the asylum seeker, narratives that are matched against each other for inconsistencies and examined by immigration "experts" (Cantú 2009; Lewis 2010; Luibhéid 2002; Randazzo 2005; Rodríguez 2003). Such coerced narratives—which must match state definitions of identity, trauma, and persecution—are in effect confessions extracted from an asylum seeker's body since they are required to perform their sincerity for the state as it seeks to discern the truthful and worthy asylee from the fraudulent and unworthy "illegal" immigrant. As analyzed earlier, asylum law in this way functions as a technology of nation building and neocolonial control, producing a nationalist narrative of salvation "over here" and barbaric violence "over there" (narratives naming US economic policy or military invasion as the source of trauma, for example, are disallowed by the asylum process). Additionally, the asylum interrogation process appears to tautologically justify the very necessity of the asylum surveillance apparatus itself, or what Juana María Rodríguez (drawing on Rifkin 2009) in a forthcoming work terms "the authority to

authorize." This is the framework affecting the Haitian asylum seekers in the 1990s, and it also continues to be the way asylum law functions today. At the HIV detention camp, Haitian asylum seekers were subjected to two intertwined examinations: the asylum process and the HIV blood test. Both of these technologies function as regimes of truth positing a potentially deceptive body whose hidden reality can be illuminated by the medical and/or legal expert. Haitian migrants were figured as deceptively passing as both uninfected and "legitimate" asylum seekers. Indeed, due to the HIV ban, their ability to "prove" the legitimacy of their asylum claim to the legal gaze depended upon properly performing HIV negativity to the medical gaze. These twinned technologies of confession require the potentially HIV-positive body and the asylum seeker to make themselves knowable to administration and identification by medical and legal authorities.

Catherine Waldby has observed that the HIV test presumes a deceptive body capable of concealing a hidden pathology. It is the job of the medical expert to ferret out the truth from this "drama of concealment, disguise, [and] misrecognition" (Waldby 1996: 117). This drama is figured through the possibility of passing—the virus is able to "pass" as the body's regular cells, and the HIV carrier is able to "pass" as uninfected. This double passing legitimizes the hypersurveillance of bodies in the name of unveiling which are merely *passing* as "normal" (and thus are unsafe and unworthy of trust) and which are *truly* "normal," safe, and trustworthy. Indeed, "the infected macrophage presents the same problem for the immune system as the infected person presents to epidemiology and public health strategies" (Waldby 1996: 118).

As the HIV blood test is used as a screening device by the state, it not only

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detects but produces legitimate and illegitimate migrant bodies, enlisting medicine in such a project. While the HIV test is often described as testing for AIDS, researchers and activists since the development of the enzyme-linked immunosorbent assay (ELISA test) have cautioned that a much more complicated relation exists between these two entities, as diagnostic technologies seek to frame and give coherence to the messiness of bodies, blood, fluids, and identities (Wailoo 1997: 2). Similar to how migrants' verbal narratives are scrutinized for deceptive inconsistencies enabling them to fraudulently enter the country, their bodies are scrutinized for hidden disease capable of infecting the US body politic.

Linking legal, economic, military, and medical interests, such hypersurveillance of migrant bodies reveals the failure of visibility to provide truth and a desperate reassertion of its potential to do so, if only administered correctly. Cindy Patton names the HIV antibody test a Foucauldian "coercive technology of confession" (1990: 128) since it forces into visibility the secret, inner truth of the self and forces the body to speak that truth in a field of power relations. Foucault notes that in a regime of truth, bodily identity (sexual, national, racial, serological) becomes that which must be spoken aloud and subjected to rational administration: "One had to speak of it as a thing to be not simply condemned or tolerated but managed, inserted into systems of utility, regulated for the greater good of all" (1978: 24). Blood medicine and asylum law intertwine as a biopolitical technology of confession, positioning specific kinds of bodies—particularly women, migrants, queers, and people of color—as always already suspicious, always already potentially passing, and thus always already a threat. Functioning tautologically, medical

and legal technologies performatively assert a deceptive body they purport to merely discover, justifying both the surveillance technologies themselves and the authority granted to them and their "expert" readers.

Conclusion

As we've seen, blood has long been a key site for the negotiation of intersecting anxieties regarding citizenship, gender, sexuality, and race. Legal and medical technologies intertwine to produce potentially deceptive bodies that are scrutinized for deviance. The forced blood testing of Haitian asylum seekers, and the targeting of HIV-positive women for reproductive intervention, reflects such logics. While this essay has focused on an underexamined historical event in the 1990s, the logics of asylum law and blood medicine analyzed here live on in twenty-first-century contexts. Indeed, the legal and medical construction and treatment of Haitian refugees at the GBNB set the stage for contemporary policies affecting asylum seekers, other immigrants, and incarcerated suspected "terrorists" today. While the Caribbean—and post/neocolonial island sites more broadly—is by no means the only place where these histories and technologies converge, it does offer a quite rich archive of the ways the global penal archipelago functions and why, given these histories, it functions the way it does. As I've shown, the regulation of blood marks the convergence of US nation building, economic markets, military interventions, and biopolitical control over the course of the twentieth century, a process that has only increased in the twenty-first century. I've argued here that both law and medicine should be understood as technologies, as biopolitical social practices producing the boundaries of the US body politic (as well as that which is imagined to threaten it) through logics of control and

regulation. As medical technologies of disease surveillance, military technologies of war making, and legal technologies of “immigration control” become more and more specialized, enabling an almost unimaginable degree of penetration into the human body and human populations, and as all are consistently enacted in the name of “public safety,” it becomes crucial to mark how these technologies have developed and the violences they enact. In particular, the rising discourse of “human security” links medical, military, and legal practices, since they are often employed to expand the imperial aims of the United States and other powerful nation-states (Fassin and Pandolfi 2010), demanding that as cultural critics and activists we interrogate who this “human” is imagined to be and whose “security” is being consolidated at the expense of those excluded from the category of “human.” Doing so requires historicizing, questioning, and perhaps unraveling the braided nature of medical, military, and legal technologies as they lend one another weight through their circulations.

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Notes

1. In his 1992 presidential campaign, Bill Clinton promised to overturn the HIV bar and close the HIV detention camp at the GBNB. Upon taking office, he reversed his position, leaving the bar in place and the Haitian refugees incarcerated in Cuba. In a bit of déjà vu, during his 2008 presidential campaign Barack Obama revived Clinton’s strategy, promising to lift the HIV bar and also close detention camps on the Guantánamo base—this time meaning the detention camps holding suspected terrorists. Like Clinton, Obama reversed
2. In *Bragdon v. Abbot* (1998), the Supreme Court recognized HIV as a disability under the Americans with Disabilities Act (ADA). Interesting in relation to this essay is the fact that *Bragdon v. Abbot* used sexuality and reproduction as deciding factors in determining whether HIV could be considered an ADA-protected disability: the court stated that HIV is a disability because it disrupts sexual and reproductive practice, which the court declared a “major life activity” (*Bragdon v. Abbot* 524 U.S. 624 (1998)).
3. For more on the history of US militarism and colonial state violence on Vieques, see Ayala 2001 and Santana 2002.
4. On the role of sovereign power and biopower in colonial territories, see also Stoler 1995.
5. Lease of Lands for Coaling and Naval Stations, February 23, 1903, U.S.-Cuba, art. 3, T.S. No. 418, at avalon.law.yale.edu/20th_century/dip_cuba002.asp (accessed November 4, 2012).
6. In emphasizing the ways that sovereignty functions at the GBNB, I don’t mean to imply that sovereignty is monolithic or stable. In fact, as Kaplan points out, US sovereignty is dependent upon complex declarations and often contradictory policies. Both the claiming *and* disclaiming of sovereignty by the US state has enabled imperial control in the region. Further, because sovereignty (like all forms of power established performatively, especially law) requires cultural recognition that must be repeated for it to form the fiction of stability and authority, sovereignty can be troubled. The activist and legal challenges to the incarceration of the Haitian refugees and the HIV bar are two examples of successful challenges to US sovereignty in this area that slowly chipped away at the cultural and legal authority granted to various US state agencies and courts to determine which bodies were allowable and which weren’t.
7. *Cuban American Bar Association v. Christopher*, 43 F.3d 1412 (11th Cir. 1995).
8. Following Jana Lipman, I want to call attention to the problematic way that US discourse refers to the forty-five square miles on the tip of southern Cuba

- that the United States claims. References to “Guantanamo” as the site of the US military base are incorrect. Guantánamo is a city several miles away from the US military base. In this article, I follow Lipman’s schema (2008) and deploy the term *Guantánamo Bay Naval Base* (herein abbreviated GBNB) to refer to the US base, reserving *Guantánamo* for the city itself. Jana Evans Braziel (2006) further analyzes the multiple “Guantánamos” that have been central to the relationship between the United States, Haiti, and Cuba, including Guantánamo (the city), Guantánamo Province (the eastern region of Cuba, also called the Oriente), and the Guantánamo Bay Naval Base.
9. On the role of global penal archipelagos in immigration law, see also Lara, Green, and Bejarano 2009.
 10. The decision actually described Mezei’s detention as a short-term gift, albeit one that in no way came with constitutional protections: “Such temporary harborage, an act of legislative grace, bestows no additional rights.” *Shaughnessy v. United States ex. rel. Mezei*, 345 U.S. 206 (1953), supreme.justia.com/cases/federal/us/345/206/case.html (accessed November 4, 2012). The government insisted that Mezei was free to leave at any time, except he could not enter the United States (the same argument that was used to describe the Haitian refugees at the Guantánamo base). In his strongly worded dissent, Justice Jackson wrote that “it overworks legal fiction to say that one is free in law, when by the commonest of common sense, he is bound.” *Shaughnessy v. United States ex. rel. Mezei*, 345 U.S. 206 (1953), supreme.justia.com/cases/federal/us/345/206/case.html (accessed November 4, 2012). The Mezei case was later cited in the 2005 Supreme Court case *Raul v. Bush* determining whether suspected terrorists held at the GBNB had US constitutional protection and the right of habeas corpus.
 11. For more on indefinite detention, especially as it relates to the incarceration of migrants and criminalized populations, see Agathangelou, Bassichis, and Spira 2008; Butler 2004; Puar 2007; and Solomon 2005.
 12. While prisons reflect a logic of forced immobility, this forced immobility of incarcerated bodies actually enables the movements of other bodies—including tourists. For example, in his work on haunted tourisms and the US prison regime D’Harlingue (2010: 136) demonstrates that prison tourism was a nineteenth-century staple industry, and it was revived and dramatically expanded in the 1980s and 1990s with the rise of the prison-industrial complex.
 13. See, for example, Gilmore 2007; Stanley and Smith 2011; James 2007; Rodríguez 2005.
 14. This sexualized violence also targets gender nonconforming people and men, as the torture at Abu Ghraib makes only too apparent. For more on this form of violence, see Smith and Stanley 2011, McClintock 2009, and Puar 2007.
 15. I contend that forced permanent and semipermanent sterilization is a form of sexualized violence, one that demonstrates the ways race, gender, sexuality, and class are intertwined and mutually constituted. I build here on the large array of women of color feminist scholars who trace such histories, most notably Andrea Smith (2005).
 16. For the purposes of this article, *transnational* and *imperial* are terms that are deeply intertwined with each other given US histories in the Caribbean. While there is an ongoing lively debate among scholars about whether post–Cold War US military and economic practices qualify under specific definitions of “imperialism” or “empire” (see, for example, Michael Hardt and Antonio Negri’s parsing of this question in *Empire* [2000]), I align myself with scholars of transnational American studies (for example, Amy Kaplan, Laura Briggs, Angela Davis, Eithne Luibhéid) who find “imperial” and “empire” useful categories for understanding the vast power inequities that long have been and continue to be reproduced by US military, political, and economic practices in the Caribbean region in particular and transnational relations more broadly. Given this context, transnational relations between the United States and Caribbean nations cannot be adequately understood outside an imperial frame. I also want to recognize that the imperial context of the Caribbean involves not only US empire but historically competing empires that have constituted the Caribbean as an incredibly dense site of power relations—something postcolonial studies, transnational studies, and area studies

continue to wrestle with (see, for example, Alexander 2005; Kaplan 2005; and Rodríguez, forthcoming).

17. For an interesting analysis of the ways that “blood” is used as metaphor for family and lineage in transnational Haitian migrant narratives, see Schiller and Fouron 1999.
18. As Kaplan has critiqued, most US publications drop the accent in *Guantánamo*, thus Anglicizing the term and the space itself. For more on the use of *Guantánamo*, see Kaplan 2005. The dropped accent is also made visible on the US military’s website for the base: www.cnmc.navy.mil/guantanamo.
19. See Luibhéid 2002, esp. chap. 2, “A Blueprint for Exclusion: The Page Law, Prostitution, and Discrimination against Chinese Women.”
20. For ten years, no reports were filed with the FDA, patient records were poorly kept, patients were often “lost” when they dropped out of the trial, and no follow-up work was done to determine future cancer risks (Holloway 2011: 53).
21. For an analysis of how Depo-Provera and Norplant have been used to target the sexual and reproductive practices of women of color, and Native women in particular, see Smith 2005: 88–96.
22. “The Negro Family: The Case for National Action,” commonly known as the Moynihan Report, was authored by US Senator David Moynihan in 1965. Moynihan argued that racial inequality and racialized poverty was caused by the failure of African American families—and African American women in particular—to conform to white, middle-class, heterosexual, patriarchal norms. He attributed this failure to what he considered black matriarchal traditions and the emasculation of black men. For more on this report and its impact on US welfare policy (including reproductive and sexual policy), see Kandaswamy 2010.

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Cathy Hammabach is an adjunct assistant professor in women's studies and American studies at Temple University, working in queer and feminist theory, film studies, and cultural studies. She is completing a book titled "Blood Cultures: Medicine, Media, and Militarisms" that examines the politics of blood in twentieth-century US medical, military, and popular visual culture.