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# Introduction: Diagnosing Migrant Experience: Medical Humanities and Transnational American Studies

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Is there an affinity between transnational American studies and medical humanities? As a field of critical inquiry, it has explored transnational flows of ideas and cultural products and has challenged US exceptionalism through comparative work that links the US to other parts of the globe.<sup>1</sup> At the core of transnational American studies, there has been the idea of decentering the US nation-state, and of recognizing the ways in which the US is seen from the outside. As Shelley Fisher Fishkin argued in her presidential address to the Association of American Studies in 2004: “We may be trained in American studies, ethnic studies, women’s studies, literature or history; music, art, or anthropology. Some of us have never left the United States. Some of us are visiting the United States for the first time this week. There probably are as many definitions of American studies in this room as there are scholars; indeed, one of the reasons many of us were attracted to American studies in the first place was its capaciousness, its eschewal of methodological or ideological dogma, and its openness to fresh syntheses and connections.”<sup>2</sup> In many different ways, Fishkin’s inauguration of the paradigm of transnational American studies spearheaded a transformation of American studies as such. One of the points made by Fishkin was that the US as a nation might have much to gain from listening to voices outside its national borders; US national self-definition, in other words, would no longer be determined solely by those located within the US nation-state. For Americanists outside the US, the paradigm of transnational American studies opened up entirely new avenues of research, particularly with regard to transnational comparisons. The concept of transnational American studies inaugurated or gave additional impetus to new fields such as Black German Studies or Asian German

studies, both of which took their cue from African American Studies and Asian American studies, respectively, and adapted them to a European context.<sup>3</sup>

Seen from this perspective, there could be said to be an almost “natural” affinity between transnational American studies and migration studies. If transnational American studies zooms in on how the US is seen from the outside, such a perspective may also be provided by immigrant communities who may find themselves inside and outside the nation-state at one and the same time. They may seek allegiance to US culture and society but may at the same time be barred from social access and citizenship; and, like Filipino American writer Carlos Bulosan almost a century ago, they may wonder whether “America is in the heart” of its immigrant communities even if it may sometimes seem to be inhospitable to them.<sup>4</sup>

At the core of transnational American studies, and at its interface with migration studies, the concept of access must necessarily loom large. This may include, as Bulosan has so vividly described in 1946, access to housing; one of the most painful moments in Bulosan’s narrative is his recollection of trying to find lodging at a time when signs were still common that held that Filipinos were not “allowed.”<sup>5</sup> As Bulosan writes in his semi-autobiographical novel, “[w]hat we encountered almost broke my heart. We saw a nice little apartment house near Commonwealth Avenue and when we approached the landlady took away the ‘For Rent’ sign. She went inside the house and peered furtively through a window. When sure that we would not go back, she went out to the yard again and put back the sign.”<sup>6</sup> Transnational American studies may thus also be in dialogue with current concerns about social and institutional justice; it may enable us to read Filipino American texts such as Bulosan’s as interrogating the promise of justice and equality through immigrant eyes. Over the last decades, one of the aspects that has become increasingly more central in the context of immigrants’ access to US American institutions has been the field of health care.<sup>7</sup>

As these considerations emphasize, questions of social and economic disenfranchisement may be closely connected to the issue of health care. While migration-related questions of health care, such as racialization or trauma have been discussed for some time, the intersection of transnational American studies with questions of health justice is only beginning to be explored. It has been addressed, for instance, with regard to US “nuclear imperialism” or in tandem with ecocritical concerns.<sup>8</sup> It is in dialogue with these prior studies that the current special forum seeks to connect two fields that so far have mostly been discussed independently from each other: transnational American studies and medical humanities. As noted above, transnational American studies has been concerned, among other questions, with how the US nation-state may appear through immigrant eyes; this may include, it could be argued, immigrant perspectives on the US health care system. Such a dialogue between transnational American studies and medical humanities would also serve to broaden the field of medical humanities by drawing attention not only to individual but also to collective narratives of both illness and health.

At its inception, the field of medical humanities was centrally concerned with patient narratives.<sup>9</sup> How, practitioners of medical humanities asked, does it feel to be ill, and what role does the patient's own narrative play for how we define both illness and health?<sup>10</sup> This concern is also at the core of the specific methodology of Narrative Medicine, which has used the methodology of literary studies to enhance medical education.<sup>11</sup> More recently, however, the field of medical humanities has been expanded to encompass not only individual stories of illness but has also taken into account the social embeddedness of these accounts. It is at this juncture that a dialogue between medical humanities and transnational American studies may be especially fruitful, since the latter field has drawn attention to the ways in which specific narratives, both fictional and nonfictional, are embedded in the cultural, social, political, and economic fabric of the US, and how this fabric is in its turn shaped by transnational dynamics.

In light of these considerations, the present special forum explores how transnational American studies and medical humanities can be mutually complementary. At their core, both disciplines work on, with, and beyond phenomena of multiple crossings of geographic, cultural, linguistic, epistemological, material, and physical boundaries. In doing so transnational American studies and medical humanities perpetually transgress their own disciplinary borders. Hence, this special issue focuses on the crossroads of both disciplines and explores where each of them can fruitfully enhance the other.

### **Narrating the Patient Experience: From Individual to Collective Narratives**

As a field which has formed at the intersection of medicine and the humanities, medical humanities can be said to pay particular attention to narrative.<sup>12</sup> It explores how illness and health are being narrated, and how a diagnosis is experienced by the individual to whom it is revealed.<sup>13</sup> Centering on illness experience, medical humanities has often focused on individual narratives; it has explored the aesthetic dimensions which emerge from the attempt to convey an illness experience not only to a wider public, but also to the medical sphere. As practitioners of both medical humanities and the related field of narrative medicine have argued, medical practitioners may at times fail to take into account the full complexity of the patient's social and cultural situation. As neurologist Oliver Sacks has forcefully argued, "[a]sk not what disease this person has, but rather what person the disease has."<sup>14</sup> In this statement, Sacks can be said to turn the practice of medicine on its head. In a way that is very much in keeping with the idea of medical humanities and narrative medicine, he implies that a physician cannot only treat their patient to the best possible extent when they take into account the patient's personality, their culture, and social surroundings. No migraine, in other words, is ever the same; each patient can in fact be said to have a different migraine.

In this context, Danielle Spencer's concept of "metagnosis" may be key in addressing the ways in which medical diagnosis and cultural situatedness intersect.<sup>15</sup>

Spencer discusses a situation in which, in adult life, an individual receives a diagnosis of which they had hitherto been ignorant. This sudden “revelation,” Spencer observes, may be due to the fact that earlier on in the history of medicine, this diagnosis did not yet exist; or it may have emerged from the fact that the individual had not consulted a doctor but had in fact incorporated his condition into their everyday life.<sup>16</sup> Once revealed, however, the diagnosis may have far-reaching consequences for the individual’s identity. What may previously have seemed merely quirky, may now have been revealed as a symptom of Asperger’s.<sup>17</sup> Yet, Spencer goes on to ask, this diagnosis may also put the individual in a dilemma: In the arena of culture and society, will there be a need to reposition oneself? She writes, “[h]ow do we situate and frame a retrospective diagnosis of a long-standing condition; what does it add—or subtract—if anything, and what can the experience teach us?”<sup>18</sup>

As Spencer’s account illustrates, medical diagnosis and individual identity are connected in highly complex and often unfathomable ways. What is needed, Spencer emphasizes, is an astute analysis of our ways of knowing: of knowing or defining our identities not only in the realm of medicine, but also in the arena of culture. It is at this juncture that Spencer coins a new term: that of “metagnosis.” According to Spencer, “In the medical sense metagnosis occurs when one becomes newly aware, in adulthood, of a lifelong ‘condition.’ In the broader sense it describes any retrospective revelation pertinent to one’s identity. In contrast to diagnosis, metagnosis effects a change in the terms of knowledge, such as a shift in our understanding of disease or of identity itself.”<sup>19</sup> Spencer hence asks us to inquire not just what we know, but through what framework we come to know in the first place. Spencer’s is thus a meta-commentary on diagnosis itself, on the medical diagnosis as well as the cultural one.

As both Sacks and Spencer illustrate, medicine and culture are deeply interconnected; each may in fact be illegible without the other. What the physician may need to know, we may argue, is medical as well as cultural. It is at this juncture, moreover, that medicine—particularly the kind of medicine that takes into account the social dimension—may need to accommodate both the individual and the social dimension. If we ask, with Oliver Sacks, “what person the disease has,”<sup>20</sup> this opens up myriads of intersections with fields that address the social, cultural and economic underpinnings of health and illness. Sacks’s intervention into medical diagnosis—much like Spencer’s term of “metagnosis”—is hence potentially also in dialogue with transnational American studies. By looking at how the US is refracted from many different perspectives, many of them outside the US nation space, transnational American studies shows us that when immigrants fall ill, they carry with them a variety of histories and cultures, all of which we may need to take into account when trying to make sense of their condition, which is both medical and cultural. It is here, moreover, that medicine and migration intersect. As Wilfried Raussert argues in his essay in this special forum, migrants’ health may also deteriorate due to traumatic experiences, experiences that individuals underwent even before they embarked on their journey to the US. Through what framework, we ask in this special issue, would we read such

accounts of trauma, migration, and illness? It is at this juncture, we propose, that transnational American studies and medical humanities may intersect in powerful ways.

### **Transnational American Studies, Medical Humanities, and the Concept of “Life Writing”**

Transnational American studies and medical humanities may also converge in the question of genre. In what aesthetic forms, in what narrative genres, might narratives about illness and health be told? This special forum is thus also concerned with the role of life writing within the fields of both transnational American studies and medical humanities. Forms of life writing such as autobiographies, diaries, or blogs may especially lend themselves to the voicing of patient concerns; not incidentally, they have loomed large in studies of both autobiography and medical humanities.<sup>21</sup> In this vein, the present special forum takes its cue from Alfred Hornung’s concept of “out of life narratives”<sup>22</sup> as a link between transnational American studies and medical humanities. Hornung focuses on Edward Said’s autobiography *Out of Place* (1999) to explore how “life” takes on different functions in Said’s narrative. As Hornung notes, Said’s life narrative is “unruly” because it defies national borders: “my contention will be that these endangered subjects share the status of outcasts and outlaws trying to find rescue in the form of a transnational and transcultural allegiance that Said had hoped for as a child, as expressed in *Out of Place*.<sup>23</sup> As Said explores the entanglements of US foreign policy and cultural presence in other parts of the globe, autobiography, migration, and transnationalism converge in his life writing narrative. At the same time, as Hornung emphasizes, the act of writing one’s autobiography may itself be triggered by medical diagnosis: Said begins writing down his life narrative when he is diagnosed with leukemia.<sup>24</sup>

This special forum proposes that transnational American studies and medical humanities may converge precisely in reconfiguring different concepts of life. Through the lens of transnational American studies, it looks at how lives have been excluded by immigration bans and national border policing. In this context, transnational American studies emerges as a framework to make these lives visible by mapping them not only in a literal, but also in a figurative sense.<sup>25</sup> Moreover, these border crossings often come at a price for those who cross the line in both a metaphorical and an actual sense: Migration and cultural invisibility can be accompanied by trauma and displacement. In this context, exhibitions such as Jason De León’s undocumented migration project “Hostile Terrain 94” have emphasized the ways in which art and performance can go beyond narrative depictions of the traumas that can accompany forced migration and undocumented lives.<sup>26</sup> As an anthropologist, De León collects objects that migrants have lost enroute from Mexico to the US on their journey across the Arizona desert. These objects, he notes, can also be seen as a form of narrative; they speak of the lives of those who may live or die crossing the border to the US. It is these material objects

that De León then integrates into his own narrative of migration and trauma on the US-Mexican border.

As noted above, the experience of migration can also, quite literally, be combined with a lack of access to health care, especially for undocumented migrants and unaccompanied minors. Seen from this perspective, migrant lives are in a form of double jeopardy as dramatically demonstrated, e.g., by the distribution crisis of COVID-19 vaccines. In this context, literary narratives—novels, poems, short stories, biographies, and autobiographies—emerge as an alternative form of representation. First, they may resist national policies of exclusion by literally writing migrant lives into the script of the nation. Second, they may defy a mere focus on medical diagnosis, especially where this diagnosis is divorced from cultural context. Defying these categories, these narratives may revolve around “unruly” subjects who refuse to be contained. Our focus in this special issue is thus also on unsettling the very idea of diagnosis. Even as diagnosis is, of course, at the center of the practice of medicine, the essays that make up this special forum argue that medical diagnosis never occurs in a void: It must invariably take into account the stories from which it arises and the lives from which these stories emerge.

It is this ambivalence of the concept of diagnosis that the title of our special forum, “diagnosing migrant experience” seeks to capture. At a time when Europe is seeking to consolidate its borders through references to “fortress Europe,” some populist politicians are trying to stigmatize or “diagnose” migration as a form of deviance or even of pathology. Contrary to such rhetoric, we may ask with Jason De León which is more pathological: the migrant who crosses the border to escape from poverty, war, or trauma, or the nation-state that seeks to criminalize such action. As De León forcefully argues, we may need to translate the language of border-policing back into the language of humanity.<sup>27</sup> He observes, “I bring into focus the logic and human cost of the US border enforcement monster known as ‘Prevention Through Deterrence,’ a strategy that largely relies on rugged and desolate terrain to impede the flow of people from the south. I also present stories of survival, failure, and heartbreak that happen on *la línea* and beyond from the perspective of those who directly experience this unique security apparatus. Documenting these largely undocumented stories and giving the reader an up-close look at faces and bodies can perhaps help us remember tomorrow that people lived and died in this desert today.”<sup>28</sup> As De León points out, the regime of US border control operates by using spaces such as the desert as a “natural” means to prevent migrants from crossing into the US. The practice of “prevention through deterrence,” De León emphasizes, is meant to warn migrants that if they are on the brink of dying in the desert, no one will rescue them; moreover, no one will mourn them if they die this way.

De León thus inquires into the genres and media through which migrant routes and migrant lives may be told. As an anthropologist, he argues that material objects lost by migrants on route can also serve to document migrant lives. Material objects, we may argue, may thus also be seen as a form of life writing. As Fishkin noted in her

inauguration of the field of transnational American studies, anthropology is one of the disciplines that may be integral to this field. As an anthropologist, then, Jason De León drives home the fact that stories of undocumented migration can also be told through objects. The anthropologist who collects, retrieves, and preserves these objects is also a historian and biographer of migrant lives.

At the same time, the interface between transnational American studies and medical humanities may also take into account the institutional dimension. More recently, medical humanities as well as historical studies have also come to take into account questions of health justice, both in the present and with regard to the history of medicine in different national contexts.<sup>29</sup> In this area, too, there may be a close connection to transnational American studies, which have often focused on institutions within the US nation-state and the attitudes taken by these institutions toward migrant communities. Linking illness, mental health, and trauma, literary representations can also serve as a critique of health care systems. Nation-states can draw a line between those who are eligible for health care and those who are seen as “undeserving” of such care. Recent investigation as well as historical research has revealed that medical care and adequate nutrition can be withheld by state institutions. As forms of medical negligence or health injustice, such practices have been documented for residential schools for Native American children as well as for inmates of state prisons.<sup>30</sup> In all these different contexts, the medical humanities are closely connected to considerations of social justice and health equity. Instances of an absence of medical care, in turn, can be tied to the crossing of national or internal borders, with which transnational American studies has been concerned.

This special forum links the concepts of transnationality, border-crossing, and migration to questions of trauma, mental health, and health disparity. The articles gathered in this special forum set out to show that transnational American studies and medical humanities can be mutually enriching: Medical humanities can enhance the framework of transnational American studies by exploring the effects that border policing and exclusionary politics may have on the physical and mental health of migrant and refugee populations. Conversely, transnational American studies can bring to medical humanities an attention to the cultural context which may inform narratives of illness.<sup>31</sup> Finally, bringing medical humanities to transnational American studies highlights the complexity and versatility of understanding American studies in a way that exceeds the nation state. The aim of this special forum is to show that transnational American studies is visionary in both its transnationalism and its interdisciplinarity.

### **Mobility and Microbes**

One area which may be especially fruitful in this context is an ongoing critique of imperialism as it has also been central to transnational American studies. As the current war in Ukraine reminds us, imperialism as a concern is anything but obsolete. Historical



studies of imperialism have drawn attention to the notion of hygiene and the imperialist understanding of the colonies as a perpetual “cesspool” of contagion. The evolvment of modern medicine, as Pratik Chakrabarti has argued, is inseparable from European histories of empire.<sup>32</sup> The study of imperialism may be instructive for the present in the idea that forms of mobility brought about by either conquest or trade also have biological or medical consequences. In its exploring of the link between literature and (bio)medicine, our special forum is thus also in dialogue with Hsuan L. Hsu and David Vásquez’s recent special forum “Molecular Intimacies.” As the articles that make up Hsu and Vásquez’s special forum eloquently show, the question of mobility—not only of humans, but also of pathogens—has been at the heart of the interconnection of the US with other parts of the globe. In US history as well as in the history of other nation-states, imperialism and the “discoveries” it involved also came at the risk of infection. As Hsu and Vásquez emphasize, the recent COVID-19 pandemic can also be seen in the light of such considerations, where China’s imperial ambitions have led to problems of “urban sprawl” in cities such as Wuhan, which in its turn affected the interaction between human and nonhuman populations.<sup>33</sup> As they note in dialogue with the work of Stacy Alaimo, “human incursions into the more-than-human world as a result of the relentless march of capitalist development have left us ignorant of the long-term implications of our species’s effects on the natural world. Alaimo’s point underscores not just the identifiable costs of empire (such as the development of novel pathogens), but also those forms of life where “extinction and ‘discovery’ may happen simultaneously.”<sup>34</sup> Global mobility, Hsu and Vásquez emphasize, may thus be both a benefit and a curse. For instance, the cobalt which is being mined in the Democratic Republic of the Congo and which is used in smartphones may enable our current lifestyle and connection through social media, but it comes at the price of “chemical toxicity” for those in whose environment this resource is being mined.<sup>35</sup> As Hsu and Vásquez imply, drawing on Lisa Lowe’s groundbreaking study, *The Intimacies of Four Continents*,<sup>36</sup> critiques of imperialism may thus also involve a tracing of forms of contagion and may hence also be in close dialogue with medical history. Our present special forum builds on these studies by exploring the ways in which literary texts can serve as a critique of a nation-state that polices its borders by stigmatizing immigrants as sources of contagion. Moreover, we look into the ways in which literary narratives can be read both as critiques of empire and as patient narratives that speak of multiple forms of trauma.

### **The Contributions to this Special Forum**

The present special forum seeks to trace the role of medicine—and of patient narratives—in literary texts that deal with migration and human mobility. Many of the following analyses are concerned with the way in which immigrants experience the health care systems of the US and Canada and discuss how immigrant populations may be doubly traumatized as they flee from war or poverty only to find themselves barred

from the (medical) institutions of their host country. In his essay "[Mental Illness as Cultural Narrative: Dementia, Im/migrant Experience, and InterAmerican Entanglements in David Chariandy's \*Soucouyant\* \(2007\)](#)," Wilfried Raussert argues that the Canadian protagonist's struggle with coming to terms with his mother's dementia is closely tied to her traumatic memories. As the novel goes on to reveal, the mother is haunted by having witnessed her own mother being forced into prostitution in Trinidad, and of having been abused by US soldiers who were a constant presence in the Caribbean. In Raussert's article, transnational American studies is closely related to the idea of Hemispheric American Studies, as *Soucouyant* moves back and forth between the US, Canada, and the Caribbean. One of the central questions that Raussert's analysis revolves around is whether dementia, in Chariandy's narrative, is both a medical condition and a metaphor. In the nation's reluctance to acknowledge the legacy of its military presence in the Caribbean, *Soucouyant* implies, the US may in fact be an amnesiac nation.

A different kind of migration is at the core of Alfred Hornung's account of Jack London's accounts of his journeys to the Pacific. In his essay on "[Jack London's Medical Migrations to a Pan-Pacific Alliance](#)," Hornung highlights the role of London's travels for the author's own biography. He argues that London's sense of kinship with different communities from various parts of the world may well have emerged from his being raised not only by his white birthmother, but also by an African American foster mother. As Hornung notes, race and class intersect in highly complex ways in London's oeuvre. In focusing on London's description of a lepers' community, Hornung explores questions of empathy and even of potential "kinship": London, who himself experienced both malnutrition and chronic illness, relates to the lepers on the Hawai'ian island of Moloka'i in a way that seems to contradict some of London's own literary texts, some of which can be seen as endorsing imperialist ventures. In this as in many other examples of London's travels in the Pacific and beyond, Hornung reads London's work both with and against the grain. According to Hornung, London's empathy for the diverse community of lepers contrasts with other instances in the author's career, in which he won an audience by endorsing views that were both racist and imperialist.

Davina Höll's reading of Mark Twain's fiction in her essay entitled "[Migration in Times of Pandemic: Mark Twain's '3,000 Years Among the Microbes' \(1905\) and the Prospective of Planetary Health](#)" explores the intersection between migration and medicine in a way that turns both these fields on their heads. Situating Twain's novel fragment at the intersection of transnational American studies and medical humanities, Höll reads Twain's text as a multilayered narrative of migration. "3,000 Years Among the Microbes" is a narrative that is in fact told from the perspective of a microbe. As Höll points out, there is a double form of migration at work in Twain's story: The microbe has migrated into the gut of a Hungarian migrant, who turns out to be an ideal host. The story can thus be read as being uncannily prophetic in a number of ways. It engages and anticipates the idea that migrants are seen as "health menace"

to the US nation state, and it wonders about notions of hospitality for both microbes and men.

The idea of hygiene is also at the core of Mita Banerjee's article on Upton Sinclair's muckraking novel *The Jungle*. In her essay "[Hygiene, Whiteness, and Immigration: Upton Sinclair and the 'Jungle' of the American Health Care System](#)," Banerjee argues that Sinclair's narrative reverses the scenario of immigrants as a health menace to the US American nation by inspecting US meat factories from an immigrant perspective. As she goes on to say, *The Jungle* can be read not only as a narrative of migration and a call for urban reform, but also as a critique of the US medical system. In its description of a health care system in which capitalism reigns supreme, Banerjee suggests, *The Jungle* anticipates current debates about the uneven access to health care. As she goes on to note, Sinclair's description of a Lithuanian family which cannot afford a doctor may in fact anticipate Barack Obama's *A Promised Land*, in which Obama similarly reflects on the importance of a more just and equal health care system.<sup>37</sup>

The idea that at the beginning of the twentieth century, both political rhetoric and legal definition distinguished between immigrants who were "desirable" and those who were not, also looms large in Hannah Zaves-Greene's essay "[Stuck in the Middle With\(out\) You: How American Immigration Law Trapped 'Defective' Immigrants Between Two Worlds](#)." Zaves-Greene investigates one particular concept which was used to bar immigration, that of "public charge." This idea held some immigrants were liable to become a "burden to the state," and should hence be denied access to the US nation-state. Zaves-Greene follows one particular case in which the notion of "public charge" was applied to keep a young Jewish woman, Esther Kaplan, from becoming American. Having been classified as "mentally deficient," Esther was seen as an "undesirable immigrant." This charge was quickly challenged by Jewish American lawyers who sought to intervene into both the classification and the logic on which it was premised. Zaves-Greene thus weaves together concepts of early twentieth-century eugenics, disability, and immigration to show how the transnational and the medical were intimately connected.

In this vein, all of the essays gathered in this special issue address the intersection of transnational American studies and medical humanities in complex and often interrelated ways. First and foremost, the concept of "migration" itself has a different meaning in each of the essays. In Raussert's, Banerjee's, and Zaves-Greene's accounts, it denotes the immigration to the US by a Trinidadian, a Lithuanian, and a Jewish immigrant, respectively; in Höll's reading of Mark Twain's novel fragment, it relates to the migration of both the Hungarian immigrant and the nonhuman microbe. In Hornung's description of Jack London's work and biography, migration is only temporary, inviting us to rethink the difference between various kinds of mobility.

In much the same way, "medicine," too, is multifaceted in these essays. The essays, like the literary texts they discuss, revolve around many different diagnoses. They seek to complicate both the concept of diagnosis—as a clear cut-definition

between illness and health—and the persons and institutions that have the power to pronounce such diagnosis. In Raussert's essay, as noted above, dementia may be a personal condition but may also pertain to the nation in its dismissal of its past military ambitions and ongoing military power in some parts of the globe. In Höll's and Banerjee's articles, nineteenth-century health inspection is discussed as a practice which was often used to target immigrant communities which were held to be a "health menace" to the "body" of the US nation-state. In Hornung's article on Jack London, on the other hand, the boundary between illness and health is itself effaced as Hornung traces London's identification with the lepers' community, among others, as an identification which is based on London's own prior experience of illness and malnutrition. In Zaves-Greene's account of the fate of Esther Kaplan, the "diagnosis" of "medical deficiency" is employed by the authorities to deny access and naturalization to an immigrant woman on the grounds of mental disability. As Zaves-Greene's historical account vividly demonstrates, medical diagnosis could also be used—or rather, abused—in the service of policing the boundaries of the nation-state and of denying access to those immigrants who were seen as "less desirable."

The essays collected in this special forum also draw attention to the power of narrative. One of the central concerns of medical humanities, as we have noted at the beginning of this introduction, was to contrast the patient's narrative to the medical chart; to highlight that diagnosis is not only a medical concept, but that it will inevitably entail complex personal, emotional, and biographical consequences. Many of the essays gathered in this special forum illustrate how fictional texts, too, may be seen as patient narratives. In his analysis of *Soucauyant* (2007), Wilfried Raussert traces how Chariandy's novel chronicles the pain of living with dementia for both the protagonist's mother and her family. In her reading of Sinclair's 1906 novel *The Jungle*, Mita Banerjee argues that Sinclair's description of a family that cannot afford healthcare may also be read as a patient narrative, as well as a narrative about health equity or its absence. Hannah Zaves-Greene traces the narrative of one particular young woman, Esther Kaplan, who is labeled "defective" and hence "undesirable" as an immigrant. As Zaves-Greene vividly demonstrates, historical archives are thus replete with narratives that we may only recently have come to read as "patient narratives." Moreover, the distinction between who is a patient and who is not, between whose state of mind is "pathological" and who is still considered "normal," is itself subject to historical change. In this sense, the essays collected in this special forum serve to illustrate Canguilhem's idea that the line between the "normal" and the "pathological" is itself a constructed one, and one that we cannot easily take for granted. As this link to Canguilhem implies, moreover, there is a dialogue here between literary and medical history.<sup>38</sup> Moreover, medical categories and naturalization law may be closely interconnected, with medicine sometimes running the risk of being a tool in the hands of antiimmigrant sentiment and, ultimately, legislation.

Finally, this special forum about the intersection between transnational American studies and medical humanities does not only seek to address the role of patient

narratives, but also of biomedical concepts as they may be taken up by literary texts. Literature thus may not only comment on biomedical discoveries but may in fact itself conduct its own narrative and aesthetic experiments in biomedicine.

The intersection between medicine and transnational American studies, we suggest in this special forum, is only beginning to be explored. Reading literary texts and historical accounts at the intersection between medical humanities and transnational American studies may open up entirely novel readings of canonical narratives or historical periods. The essays collected in this special forum can be said to be in dialogue with Spencer's idea of metagnosis in that they complicate two aspects at one and the same time. First, they deliberately subvert the certainty with which diagnoses are pronounced, regardless of whether these diagnoses center on medical or social definition. Second, they question the authorities that pronounce such diagnostic judgments. All of the following essays thus set out to complicate the space between medicine and transnational American culture. In this complication, they often take surprising turns: Mark Twain's nineteenth-century narrative "3,000 Years among the Microbes" anticipates twenty-first-century biomedical research on the human microbiome; Upton Sinclair's naturalistic novel *The Jungle* makes a similar point by showing, in painstaking detail, the effects of malnutrition on the human immune system; Jack London's interaction with patient communities in the Pacific may arise from his own experience of growing up with an African American foster mother and hence of living nonbiological forms of kinship; David Chariandy's account of dementia points to the intersection between trauma and neurodegenerative disease; and the case narrative of Esther Kaplan questions the pernicious coupling of medical diagnoses and immigration control.

All of these literary and historical accounts fall squarely into the realm of transnational American studies: they deal with migration and human mobility and chronicle the intersection of the US and Canada with other parts of the world such as the Caribbean, the Pacific, or Europe. Yet at the same time, this mobility, we propose in this special forum, is also inextricably tied to medical and biological processes. What all these processes have in common, moreover, is that they drive home the vulnerability of human bodies. It is this vulnerability, in turn, of which regimes of border policing may take advantage.<sup>39</sup>

The present special forum explores the ways in which migrant narratives can be said to resist these inhumane forms of border policing. If, as De León forcefully suggests, regimes of border policing operate by dehumanizing those who seek to cross the border into the US, fictional narratives and historical accounts may reverse this process by rehumanizing migrant lives. One of the ways in which they do so, the following essays suggest, is by telling patient narratives. To the extent that we empathize with these patient narratives, and with people who literally fall ill because of the conditions in which they have to live, we will resist a logic of border policing that has turned human mobility into a criminal act. In the nineteenth century, as many of the essays collected here suggest, medicine and medical diagnosis were being turned into

a handmaiden of a biased immigration system. In the twenty-first century, we suggest, this may be reversed: By highlighting, through patient narratives, the experience of illness and trauma as well as the social and economic conditions from which these experiences may arise, medicine can also open up ways of caring. As we move towards what has been called a “humanities of care,”<sup>40</sup> medical humanities and transnational American studies may work in tandem in turning this planet into a more humane place.

## Notes

- <sup>1</sup> Donald Pease, “C. L. R. James, *Moby-Dick*, and the Emergence of Transnational American Studies,” *Arizona Quarterly* 56, no. 3 (2000): 93–123.  
<https://muse.jhu.edu/article/444573>
- <sup>2</sup> Shelley Fisher Fishkin, “Crossroads of Cultures: The Transnational Turn in American Studies: Presidential Address to the American Studies Association, November 12, 2004,” *American Quarterly* 57, no. 1 (2005): 19.  
<https://www.jstor.org/stable/40068248>
- <sup>3</sup> Cedric Essi, “The Transnational Dimensions of Anti-Black Policing and Black Resistance,” *Amerikastudien* 66 (2021): 241–46,  
<https://doi.org/10.33675/AMST/2021/1/39>; Chunjie Zhang et al., “What is Asian German Studies?,” *The German Quarterly* 93, no.1 (2020); Mita Banerjee, “Bollywood Meets the Beatles: Towards an Asian German Studies of German Popular Culture,” *South Asian Popular Culture* 4, no. 1 (2006): 19–34,  
<https://doi.org/10.1080/14746680600555618>
- <sup>4</sup> Carlos Bulosan, *America Is in the Heart* (Seattle: University of Washington Press, 1943).
- <sup>5</sup> Bulosan, *America Is in the Heart*, 258.
- <sup>6</sup> Bulosan, *America Is in the Heart*, 256.
- <sup>7</sup> It is crucial to note that the question of who is eligible for health care services and who is denied such access has pertained not only to immigrant communities but also to African Americans, Native Americans and poor whites, and to many other marginalized and disenfranchised groups. All of these communities, arguably, have had comparatively less access to the benefits that the US medical system holds. This has sometimes resulted in alarming developments such as the recent black maternal mortality crisis, with African American women being much more at risk than white women to die from pregnancy-related causes. See Rolanda Lister et al., “Black Maternal Mortality—The Elephant in the Room,” *World Journal of Gynecology & Women’s Health* 3, no. 1 (2019): <https://doi.org/10.33552/wjgwh.2019.03.000555>. Moreover, in the context of Indigenous history in the US, particularly with regard to the ongoing legacy of residential schools for Native American children, the issue of

medical neglect and malnutrition has only recently come to light in all its devastating ramifications. See Sherene Razack, *Dying from Improvement: Inquests and Inquiries into Indigenous Deaths in Custody* (Toronto: University of Toronto Press, 2015), 5–6.

- <sup>8</sup> For discussions of the intersection between migration and health, see, e.g., Lara Marks and Michael Worboys, eds., *Migrants, Minorities, and Health: Historical and Contemporary Studies* (Routledge, 1997); Julia Kristeva et al., “Cultural Crossings of Care: An Appeal to the Medical Humanities,” *Medical Humanities* 44, no. 1 (Mar. 2018): 55–58; Florian Steger et al., eds., *Migration and Medicine* (Baden-Baden, DE: Verlag Karl Alber, 2020). For an analysis of “nuclear imperialism” and its disastrous consequences on human health, see Anaïs Maurer and Rebecca H. Hogue, “Introduction: Transnational Nuclear Imperialisms,” *Journal of Transnational American studies* 11, no. 2 (2020): 25–43, <https://doi.org/10.5070/T8112050495>. For a discussion of the interrelation of health, indigeneity, and transnational American studies, see Joni Adamson, “Cosmovisions: Environmental Justice, Transnational American studies, and Indigenous Literature,” in *The Oxford Handbook of Ecocriticism*, ed. Greg Garrard (Oxford Academic (online ed.): 2014). <https://doi.org/10.1093/oxfordhb/9780199742929.001.0001>
- <sup>9</sup> Renata Kokanović and Flore, Jacinthe, “Subjectivity and Illness Narratives,” *Subjectivity* 10 (2017): 329–339, <https://doi.org/10.1057/s41286-017-0038-6>
- <sup>10</sup> Johanna Shapiro, et al., “Medical Humanities and Their Discontents: Definitions, Critiques, and Implications,” *Academic Medicine* 84, no. 2 (2009): 192–198.
- <sup>11</sup> Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006).
- <sup>12</sup> This focus on narrative, critics have argued, may be both a benefit and a curse. There may be at the core of some approaches within both medical humanities and narrative medicine a reliance on narrative which may run the risk of marginalizing other forms of expression. It is hence essential to note, for instance, that narrative medicine has also worked with filmic expression and with visual art; re the former see Arthur Heiserman and Maura Spiegel, “Narrative Permeability: Crossing the Dissociative Barrier in and out of Films,” *Literature and Medicine* 25, no. 2 (2006): 463–474. For a critique of a potential “narrative bias,” see the Angela Woods’s intervention, Angela Woods, “The Limits of Narrative: Provocations for the Medical Humanities,” *Medical Humanities* 37, no. 2 (2011): 73–78.
- <sup>13</sup> Danielle Spencer, *Metagnosis: Revelatory Understandings of Health and Illness* (Cambridge: Cambridge University Press, 2020), 4.
- <sup>14</sup> Oliver Sacks quoted in Paul Theroux, “Oliver Sacks,” *American Academy of Arts and Letters* (April 5, 2016). Speech. <https://artsandletters.org/tribute/oliver-sacks/>.

- <sup>15</sup> Spencer, *Metagnosis: Revelatory Understandings of Health and Illness*.
- <sup>16</sup> Spencer, *Metagnosis: Revelatory Understandings of Health and Illness*, 3.
- <sup>17</sup> Spencer, *Metagnosis: Revelatory Understandings of Health and Illness*, x–xi.
- <sup>18</sup> Spencer, *Metagnosis: Revelatory Understandings of Health and Illness*, xi.
- <sup>19</sup> Spencer, *Metagnosis: Revelatory Understandings of Health and Illness*, 3.
- <sup>20</sup> Theroux, “Oliver Sacks.”
- <sup>21</sup> G. Thomas Couser, *Vulnerable Subjects: Ethics and Life Writing* (Cornell University Press, 2019).
- <sup>22</sup> Alfred Hornung, “Out of Life: Routes, Refuge, Rescue,” *A/b: Auto/Biography Studies* 32, no. 3 (Sept. 2017), 606. doi:10.1080/08989575.2017.1339999.
- <sup>23</sup> Hornung, “Out of Life,” 605.
- <sup>24</sup> Hornung, “Out of Life,” 604.
- <sup>25</sup> Gordon H. Chang and Shelley Fisher Fishkin, eds., *The Chinese and the Iron Road: Building the Transcontinental Railroad* (Stanford, CA: Stanford University Press, 2019).
- <sup>26</sup> Jason De León, *The Land of Open Graves: Living and Dying on the Migrant Trail* (University of California Press, 2015).
- <sup>27</sup> De León, *The Land of Open Graves*, 284.
- <sup>28</sup> De León, *The Land of Open Graves*, 5.
- <sup>29</sup> Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011).
- <sup>30</sup> Razack, *Dying from Improvement*, 18; Ashley Hurst et. al., “Deliberate Indifference: Inadequate Healthcare in US Prisons,” *Annals of Internal Medicine* 170, no. 8 (April 16, 2019): 563–565. <https://doi.org/10.7326/M17-3154>.
- <sup>31</sup> Charon, *Narrative Medicine: Honoring the Stories of Illness*.
- <sup>32</sup> Pratik Chakrabarti, *Medicine and Empire, 1600–1960* (London: Red Globe Press, 2014); and Raghav Kishore, “How Imperialism, Slavery, and War Shaped Epidemiology,” *The Lancet* 398, no. 10309 (October 16, 2021): 1396–97.
- <sup>33</sup> Hsuan L. Hsu and David Vázquez, “Introduction: The Molecular Intimacies of Empire,” *Journal of Transnational American Studies* 13, no.1 (2022): 5, <https://doi.org/10.5070/T813158475>
- <sup>34</sup> Hsu and Vázquez, “Introduction: The Molecular Intimacies of Empire,” 5.



- <sup>35</sup> Hsu and Vázquez, “Introduction: The Molecular Intimacies of Empire,” 6.
- <sup>36</sup> Lisa Lowe, *Intimacies of Four Continents* (Durham, NC: Duke University Press, 2015).
- <sup>37</sup> Barack Obama, *A Promised Land* (New York: Crown, 2020).
- <sup>38</sup> Georges Canguilhem. *The Normal and the Pathological*. Introduction by Michel Foucault, translated by Caroline Fawcett (Princeton, NJ: Princeton University Press, 1991).
- <sup>39</sup> Many of these considerations are in dialogue with the “Thanatic Ethics” project by Bidisha Banerjee, Judith Misrahi-Barak, and Thomas Lacroix. See their “Thanatic Ethics: The Circulation of Bodies in Migratory Spaces,” *Interventions* (28 March 2023): 1–20, <https://www.tandfonline.com/doi/full/10.1080/1369801X.2023.2190917>.
- <sup>40</sup> For a discussion of the concept of a “humanities of care,” see Marcia Brennan, “Medicine and the Museum: An Experiential Case Study in Art History Pedagogy and Practice.” *Art History Pedagogy & Practice* 5.1 (2020), 4.

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