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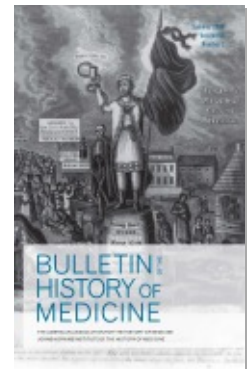
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*Landscapes of Care: Immigration and Health in Rural America*  
by Thurka Sangaramoorthy (review)

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Thurka Sangaramoorthy. *Landscapes of Care: Immigration and Health in Rural America*. Studies in Social Medicine. Chapel Hill: University of North Carolina Press, 2023. xxii + 174 pp. \$22.95 (978-1-4696-7417-9).

In *Landscapes of Care*, Thurka Sangaramoorthy invites readers to Maryland's Eastern Shore, a profoundly rural area that has seen a significant rise in immigration over the past decades for its low-wage employment opportunities in seafood, livestock, and agriculture. Through compelling vignettes, the book guides readers through the Eastern Shore's "landscape," as its history and current state shape its residents' health: from macro features of racial capitalism and health care corporatization to local geographies of care, to ethnic hierarchies at workplaces (p. xiv). As a dual-trained medical anthropologist and public health practitioner, Sangaramoorthy aptly integrates concerns for pressing material disparities with diverse theorizations of precarity, infrastructure, and temporality.

This book foregrounds the "inextricability of immigration and rural health" through three primary claims (p. 16). First, Sangaramoorthy contests "myth-making" about the rural as "pristine" and white to frame it instead as an area of remarkable poverty and flux of migrant workers (p. 15). Second, she situates racial capitalism as the fundamental organizing principle of immigrant health; immigration status, which has frequently occupied this position for popular media and many academics, is then shown to be a sequela of corporate interests.<sup>1</sup> Third, neoliberal policies and extractive capitalism have withered rural health infrastructure to leave only an "archipelago" of "Band-Aid" care for those most in need (p. 113).

Sangaramoorthy revises common portrayals of the rural United States as "overwhelmingly white and racially homogenous, geographically isolated, and stuck in time" (p. 25). Throughout rural areas, the historical decline of manufacturing and concomitant white flight engendered an influx of low-paying employers that attracted migrant workers. The Eastern Shore exemplifies the variegated nature of these patterns. The activity of U.S. Immigration and Customs Enforcement (ICE), the primary governmental body incarcerating and deporting people without documentation, varies across geographic locales, thus corralling migrants to areas that experience less surveillance (p. 85). This tendency effectively reproduces segregation with a capitalist complexion: geographic overlap between low-wage industry and little surveillance indicates a functional collusion between the state and corporations. Compounding the complexity of these geographies, many migrants seasonally shuttle between Maryland and other locations, such as Florida,

1. Sangaramoorthy uses "legality" to critique an analytical focus on immigration status. At the same time, many anthropologists have used "legality" or "illegality" to refer to the phenomenology of being marked or categorized as ("legal" or) "illegal" by society, such as how deportability orients experience. E.g., N. De Genova, *Working the Boundaries: Race, Space, and "Illegality" in Mexican Chicago* (Durham, N.C.: Duke University Press, 2005). See also: S. S. Willen, "Toward a Critical Phenomenology of 'Illegality': State Power, Criminalization, and Abjectivity among Undocumented Migrant Workers in Tel Aviv, Israel," *Int. Migr.* 45, no. 3 (2007): 8–38.

for work. Sangaramoorthy's incisive analysis of the rural recasts an antiquated stereotype into a topology of racist, bureaucratic, and political-economic vectors.

In a second re-presentation, *Landscapes of Care* endeavors for racial capitalism to supplant immigration status as the conceptual center for interpreting issues of migrant labor and health. Sangaramoorthy problematizes the analytic of immigration for, on one hand, "[flattening] immigrant knowledge, experience, and social identities" (p. 11) and, on the other, limiting the horizons of interventions from questioning the state's "foundational tenets" to creating "more humane" conditions for migrants (p. 121). Matters of immigration status frequently surface as this argument unfolds, though Sangaramoorthy consistently articulates them in relation to racial capitalism. For example, employers extensively drive immigration through H-2A and H-2B work visas (e.g., pp. 33, 50). To offer employment under these visas, companies must demonstrate the need for foreign workers, which motivates these companies to artificially portray need by inadequately advertising jobs (p. 57). When insufficient visas are granted, employers petition congress for visa expansions (p. 132). In this creation of a nationalist hierarchy, private interests effectively control the entrance of migrants and thus state policy. Ethnic and gendered hierarchies at the workplace imbricate as local corollaries to these transnational processes. Where Sangaramoorthy finds a tension between her analysis of these issues and those that employ theories of structural vulnerability (e.g., pp. 11, 50), we find an excellent focalization of certain critical elements in that literature that has articulated citizenship, class, racialization, gender, etc.<sup>2</sup> We admire Sangaramoorthy's trenchant critique of how the racial and the gendered dimensions of labor interface with the capital-infused U.S. border.<sup>3</sup>

The third central argument of this book is that neoliberal policies have eviscerated rural health infrastructure.<sup>4</sup> Most migrant workers receive health care through mobile clinics and federally qualified health centers (FQHCs), which are partially funded by the federal government to treat otherwise underserved communities. However, FQHCs in the Eastern Shore often fail to reach and treat their true underserved residents: migrant workers who lack insurance. Many migrant people seek care only when they deem it worth taking on seemingly

2. P. Bourgois, S. M. Holmes, K. Sue, and J. Quesada, "Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care," *Acad. Med.* 92, no. 3 (2017): 299–307; D. Hernández-Rosete Martínez, G. Sánchez Hernández, B. Pelcastre Villafuerte, and C. Juárez Ramírez, "Del riesgo a la vulnerabilidad. Bases metodológicas para comprender la relación entre violencia sexual e infección por VIH/ITS en migrantes clandestinos," *Salud Mental* 28, no. 5 (2005): 20–26; S. M. Holmes, "Structural Vulnerability and Hierarchies of Ethnicity and Citizenship on the Farm," *Med. Anthropol.* 30, no. 4 (2011): 425–49; J. Quesada, L. K. Hart, and P. Bourgois, "Structural Vulnerability and Health: Latino Migrant Laborers in the United States," *Med. Anthropol.* 30, no. 4 (2011): 339–62.

3. S. McGuirk and A. Pine, eds., *Asylum for Sale: Profit and Protest in the Migration Industry* (Oakland, Calif.: PM Press, 2020).

4. For a thorough explanation of neoliberalism, see: S. Keshavjee, *Blind Spot: How Neoliberalism Infiltrated Global Health* (Berkeley: University of California Press, 2022).

insurmountable debt (p. 66). Moreover, market-driven health care has required providers to see more patients in less time, reduced the variety of offered services, and increased administrators' salaries (p. 77). Sangaramoorthy demonstrates well how a health care system bureaucratically tending to the underserved (despite the good intentions of many involved) reproduces the underserved class.

One of the book's most valuable aspects for medical historians, medical anthropologists, and other medical social scientists is the exploration of "Band-Aid" care, left in place after decades of privatization and disinvestment in health infrastructure. Here, the "landscape" of care truly comes through with impeccable ethnographic attention to how relationality, mutual dependence, goodwill, and care figure into this harrowing context of poverty and racism. Sangaramoorthy beautifully documents cases of providers working for no money or for whatever goods (e.g., tamales) that patients can offer (p. 100). In response, patients who seasonally leave for work wait to receive treatment until they return to the Eastern Shore. We look forward to seeing how Sangaramoorthy may follow her analysis of Band-Aid care to examine how subversive alternatives to dominant modes of care may emerge from within the shells of contemporary institutions. We hope to see these prototypes inform our imagination of potentially more horizontal systems of care.

*Landscapes of Care* will leave the reader with an impression of a robustly evinced yet meticulously concise work. We recommend this book for health policy scholars and practitioners for its ethnographic contextualization of how the development of policies have shaped rural health disparities. Moreover, it will serve as an excellent addition to reading lists of courses in rural and migrant health for students of medicine and the social sciences. The Eastern Shore teaches us a great deal about how the interplay of race, gender, labor, and migration shapes the livelihood and lives, plights, and partnerships of some of our nation's most vulnerable communities.

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