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"Racism is a Weapon of Mass Destruction": SARS and the Social Fabric of Urban Multiculturalism

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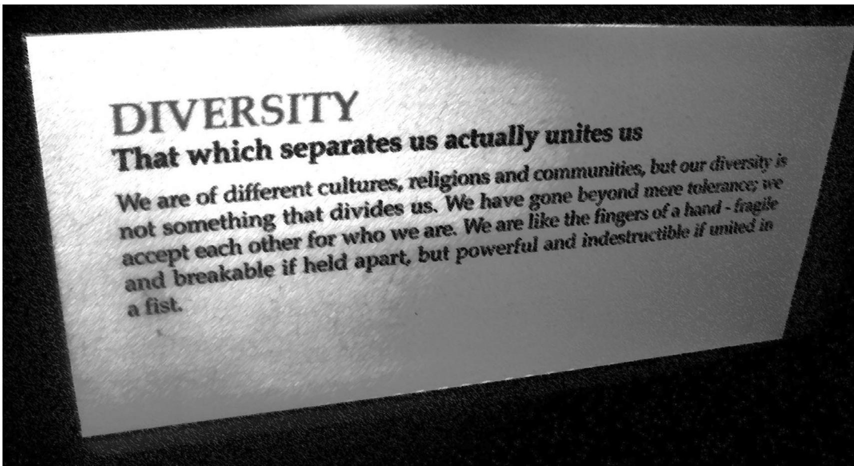

Introduction

Dis-information is a weapon of mass destruction
You could a Caucasian or a poor Asian
Racism is a weapon of mass destruction
Whether inflation or globalisation
Fear is a weapon of mass destruction

Faithless, "Mass Destruction," 2004

In early June 2006, Canadian security forces arrested 17 individuals for the alleged plotting of terrorist acts. All 17 were Muslims from various immigrant communities in the larger Toronto area. In the days after the arrests,

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which were based on a series of Internet-communicated schemes hedged by the young men and a shipment of ammonium nitrate (the main ingredient in the 1995 Oklahoma City bombing), discussions about diversity, tolerance, and rac(e)ism flared up in Toronto. The windows of a mosque were shattered in acts of vandalism. The police chief, Bill Blair, vowed to protect the innocent and to avoid a hunt on Toronto's Islamic population. A few weeks earlier, Toronto police had staged a similar raid. This time, the suspects (of whom there were more than 100), were nabbed in an early morning, through the military-style action of 600 officers. These were not suspected terrorists but allegedly common drug dealers, consisting of the "Jamestown Crew" gang members and weapon-wielding neighborhood crooks. Furthermore, the majority of the suspects belonged to the Caribbean-Canadian community, mostly black youth. In the aftermath of these arrests, too, a discussion ensued about the racial aspects of the police action (and subsequent court proceedings). As the American paper *Christian Science Monitor* reported, "while police and the public applauded the hard-line approach, social pundits and criminology professors are sceptical that the approach is getting at the roots of the problem: poverty, illiteracy, dysfunctional families, and racism in a diverse ethnic population" (Newman 2006). Although most would agree that terrorism is a bad thing and drugs and guns are a seriously dangerous combination, there may be reason to reflect on the prospective fallout of such pervasive police action against a clearly identifiable group in a city that prides itself on its diversity. In such moments of violent clashes between the state and some of its citizens in the diverse globalizing city, the ripple effects of the fight against certain kinds of crime and terror can backfire. These conflictual situations, which pit certain groups in society against others and against the state, reveal the fundamental volatility of the arrangements that govern diversity in globalizing urban regions such as Toronto. Recalling a line from the British band Faithless' 2004 hit song "Mass Destruction," we note that "racism is a weapon of mass destruction." We argue that the vulnerability of complex multicultural or diverse cities such as Toronto to violent racist incidents has been pervasive in a post-9/11 environment. We maintain further that the threat of terrorism and violence is similar to the possible effects of the threats posed by pandemic infectious disease. As became clear in the case of the 2003 Toronto SARS outbreak, racism against the perceived carriers of the virus, mostly Chinese-Canadians, developed into a potential "weapon of mass destruction" capable of the unhinging of the carefully crafted, albeit profoundly fragile, community relationships of the multicultural Canadian city.

The potentially explosive effect of SARS on Canadian society is that it (or the "Asian" flu, the avian flu or some other pandemic like it – Davis 2005; Dyer 2006) fundamentally endangers the precarious compromise between the settler society and postmodern multiculturalism. If Canada/Toronto

is billed as the postmodern model of lived diversity, will it be able to withstand the new biopolitical and disciplinary onslaught of the crisis an emerging infectious disease pandemic? And to what degree can a more emphatic concept of biopower emerge from the incipient crisis of multiculturalism as witnessed during the SARS outbreak of 2003? We are asking now: What happens when biopolitics meets the multicultural society? The important issue here is the transition from a unilateral (usually state-based) biopolitical intervention to a contested terrain, in which biopower is produced in a process of competing forces. In this sense, biopower is enmeshed in a larger context of societal relations (actor-networks, if you will), where racism is one, multiculturalism another mode of regulation. This means that there are competing options here for the structuration of relationships of racialization and disease through biopolitical regulation (e.g., state measures against certain migrant groups suspected of being carriers of disease), and the biopower assertions of various social groups (e.g., community organization against the articulation of medical practices with processes of racialization) (see also Allahwala 2006).

SARS and Racialization in Toronto[1]

While the human and economic losses associated with SARS were central to most reports and academic analyses of the outbreak, there was also reason to be concerned about the less-publicized aspects of racialization of the disease and subsequent incidents and tendencies of racism in affected societies, especially large multicultural cities such as Toronto, Hong Kong, or Singapore (*Asian Pacific Post* 2003; Leung and Guan 2004). All this occurred in a situation where race and disease are linked already. The racialization of poverty and disease is not an epiphenomenon but a structural condition of the global city. In relation to the health field in particular, Galabuzi has found, for example, that "the racialization of poverty" has also led to inequalities in the health and well-being of visible minority populations: "Such documented characteristics of racialized poverty as labour market segregation and low occupation status, high and frequent unemployment status, substandard housing combined with violent or distressed neighbourhoods, homelessness, poor working conditions, extended hours of work or multiple jobs, experience with everyday forms of racism and sexism, lead to unequal health service utilization, and differential health status" (Galabuzi 2004, p. 235).

The main consequence of a disease like SARS might ultimately not be its impact as a killer of infected individuals, but its impact as a destroyer of the tenuous multicultural fabric of Toronto. Implying that the disease might be linked to China (its place of origin) or to the Chinese (as carriers of the virus) has had severe implications for the relationship of East Asian immigrants to

other people in the Greater Toronto Area (GTA). Canadian citizens of Chinese origin comprised about 7.5 percent (348,010) of the 4,647,955 people living in the Toronto metropolitan area in 2001 (Statistics Canada 2005a). The city is the preferred destination of most immigrants from Asian countries to Canada.

Toronto is often referred to as the most multicultural city in the world. About 50 percent of its population of 2.5 million are people of color ("visible minorities" in the official Canadian parlance); about 50 percent are immigrants to Canada. Most Canadian immigrants come to the GTA, a global city region of 5 million people and the economic engine of the country. By the middle of the next decade, more than half of the population in the region will be non-white. This diversity is governed by an official federal policy of multiculturalism as well as various time-honored institutions of multiculturalism at other governance scales, most prominently in the City of Toronto. Still not all is well as far as the inter-ethnic and inter-"racial" relations in Toronto are concerned, and as such, the policy of multiculturalism is often criticized as acting as a smokescreen that masks various institutional forms of racism in the housing and labor markets, in the education system, in law enforcement, and so on (Goonewardena and Kipfer 2005). While the topic of racialization of social relations is painstakingly avoided in public discourse, on the radio, in schools, and so on, the Canadian settler society, with its own history of secondary imperialism, continues to have huge unresolved issues of racism related to Aboriginal communities, Black Canadians, as well as, increasingly, Asian immigrants. The question we are asking here is: Will multiculturalism be challenged by the phantasmagoric articulation of virus and race (Sarasin 2006)? Is there a collusion in the public perception of seeing alien viruses in alien bodies?

Our chapter will provide a narrative of the racialization of infectious disease in the context of Toronto's multiculturalism and the region's formation as a major global city. We will advance the hypothesis that the SARS outbreak strained the usually happy appearance of this particular multicultural urban fabric of diversity. The chapter is not a systematic empirical discussion of racism in connection with SARS. There is overwhelming structural and anecdotal evidence of racialization in public discourse, everyday practices, and institutional policies, as documented in the comprehensive study by Carrianne Leung and Jian Guan (and as witnessed by several important submissions to the expert panels of the three SARS commissions; see Chapter 11). Rather, this chapter presents a conceptual argument on the relationship of globalized urbanization, emerging infectious disease, and racism. The history of cities and the history of migration are intertwined. This is an old story. It has recently been punctuated by the emergence of a specific type of urbanization that arrived with the latest phase of globalization of capitalism: global or world city formation (for an overview, see Brenner and Keil 2006). This process is

fundamentally connected to the migration of labor, both at the high and low ends of labor markets, to global cities. Flows of capital draw flows of labor (Sassen 1991; Samers 2002). For some, the diasporic movement of people to the burgeoning global cities is the hallmark of the current period.

Urbanization, Racism, and Disease

Keeping cities safe from disease has long meant keeping certain racialized groups either outside or controlled. The individual body that is infected with the virus is seen as a threat to the "popular body," which is always racialized (Sarasin 2003, 2006). The conundrum of racism as a decision "between what shall live and what shall die" (Foucault 2003; Sarasin 2003, 2006) is hence inscribed in a multitude of regulations of urban migration and settlement, daily conduct, and emergency behavior. Racism appears as both a central element of societal/urban normalcy and as the source of many forms of social death (Lemke 2003). The structural racism of the urban morphology (expressed in historical processes of ghettoization and segregation) is compounded with a set of more or less opportunistic rules that govern how bodies move in these morphologies. Fighting infectious disease is always tied up closely with spatial strategies of control, particularly linked to the use of urban spaces. Historically, attempts have been made to confine disease through ghettoization of infected populations, along with their often racialized or otherwise marked segmentation from mainstream societies. There are basically two kinds of segmentation possible: expulsion or ghettoization. Although not well examined (Craddock 1995, p. 957), most of the ways in which we view infectious disease have a clear geographical dimension. How are connections made between the control of populations who are real or perceived carriers of disease, their residence, and their economic utility for the system? The interaction of local/global economic interests, domestic/foreign health concerns, and race/residence concocted a brew of victimization that proved positively uncomfortable and potentially dangerous to the Asian community in particular and the entire fabric of Toronto multiculturalism in general. SARS endangered the social fabric in a physical and political way. The virus represented a corporeal threat to the body politic. Canadian urban multiculturalism was the result of the specific processes of societalization of a white settler society, which is now transformed into a society strongly shaped by non-European immigrants.

SARS, Biopolitics, and the Crisis of Multiculturalism

The story of SARS in the global city is a new narrative. In the process of global city formation, it has been argued that place becomes race (Razack 2002a,b).

The usual story on Toronto's history of diversity goes like this: "The city has transformed, in less than a generation, from an overwhelmingly white Christian society to a multicultural, multi-faith society. While commonly referred to earlier in the century as 'the Belfast of the North,' following the 1998 municipal amalgamation, the newly established mega-city of Toronto adopted the phrase 'Diversity is our Strength" as its official motto" (Isin and Siemiatycki 2002, p. 189). During the 1990s, the Toronto story was rewritten accordingly and became a big chunk of the national mythology itself:

> The land, once empty and later populated by hardy settlers, is now besieged and crowded by Third World refugees and migrants who are drawn to Canada by the legendary niceness of European Canadians, their well-known commitment to democracy, and the bounty of their land. The "crowds" at the border threaten the calm, ordered spaces of the original inhabitants. A special geographical imagination is clearly traceable in the story of origins told in anti-immigration rhetoric, operating as metaphor but also enabling material practices such as the increased policing of the border and of bodies of color. (Razack 2002a, p. 4)

Official multiculturalism is meant to regulate the demographic diversity on the basis of the traditional "diversity management" between Aboriginals and French and English colonists (Wood and Gilbert 2005). But multiculturalism as a state policy, together with the commodified, market-regulated everyday life of neoliberal capitalism, also represents a new form of "differentialist" racism, which differentiates between people less on the basis of (constructed) biological difference and more on the basis of (assumed and reified) cultural characteristics (Goonewardena and Kipfer 2005). Viewed in such a way as a form of racism, multiculturalism displaces racialized social conflicts (over jobs, residence, police behavior, etc.) onto a placated cultural terrain. It needs to be added that the official multiculturalism in Canada entered the historical stage when Canadian politics changed from its post-World War II doctrine of social equity to the current programs based on neoliberal competition politics (Rao 2002; Wood and Gilbert 2005). Since arriving in the 1970s, the new, mostly visible minority immigrants, the majority of whom settle in Toronto, have been predominantly employed in the low-paid and precarious occupations of the neoliberal, post-Fordist model. Non-white migrants who came to Canada between 1976 and 1995 earned between 17.1 and 27.7 percent less than white immigrants in the same period. The rate of poverty among visible minorities is twice as high as among white Canadians (Galabuzi, cited in Rao 2002, pp. 18, 23). The official policy and ideology of multiculturalism perpetuates the myth of the classless immigrant society, while in reality ethnic communities are being disorganized. Professionals and other members of the ethnic intelligentsia are separated physically and in their everyday lives from their communities, and must be

content with jobs in manual labor or in low-wage services (Rao 2002). With the changing composition of the immigrant population, the spatial pattern of settlement has changed as well. The settlement of new migrants, especially of non-white, non-European people in the suburbs, altered the social geography of center and periphery in Toronto. Visible minorities can now also be found in spatially peripheral areas of the urban region. Instead of moving to the classical immigrant quarters in the central city (Little Italy, Little Portugal, Chinatown, etc.), newcomers now move directly into suburban (single-family home or condominium) or exurban enclaves of ethnic and religious minorities. So-called "ethnoburbs" (Li 1998) evolve now in the old and new suburbs of Toronto. Scarborough, Markham, Brampton, or Mississauga are examples of this type of suburban immigration. There are, of course, tremendous differences in class and origin that give nuance to this settlement pattern. Wealthy Chinese families often settle in areas where their preference for big suburban single-family homes and the colonization of the existing business community has sometimes led to friction with the existing Anglo population. The traditional suburban population has great difficulty reconciling the visual and cultural "intrusion" of Chinese Theme Malls with their traditional idea of suburban life. In the past, this has led to racist statements on street signs and construction plans (Isin and Siemyaticki 2002). Other migrants, such as Africans or Afro-Caribbeans, find their first home in Toronto mostly in the high-rise towers of the old, inner suburbs, where the supply of affordable housing in public or private apartment buildings affords them a "port of entry." In these older suburbs, in addition to affordable housing, there are also emerging ethno-national service networks and jobs in the increasingly peripheralized manufacturing industry (Murdie and Teixeira 2000, p. 217).

Making Chinatown: Histories of Racialization and Disease in Canada

The new diaspora culture is grafted onto an existing system of segregation and discrimination, which has historically linked space, race, and place in Canada.

The history of immigrant settlement in Canada still has an impact on today's racialization of communities. Following Kay Anderson (1992; cited in Craddock 2000, p. 69), settlement of non-European immigrants to Canada tended to produce a separated urban geography, a "landscape type" distinctive to groups that were considered different from the European norm. Craddock notes: "The Chinese were the furthest away from the European ideal; they were, more than any other immigrant group, the 'Other' as distinct from the 'us,' a separate category requiring ascription to a particular

space within the urban landscape" (Craddock 2000, p. 69; see also Anderson 1992). Craddock continues: "More than just spaces encompassing the Chinese population of a city, though, these landscapes were social constructions with ascribed images and practices that in particular ways served the ideological needs of the larger urban arena" (Craddock 2000, p. 69). The notion that Chinatowns were constructed as "headquarters of disease" was the most powerful guarantor of the enshrined difference experienced in these places (ibid.).

When assessing the spatial strategies with which the local state encountered the SARS epidemic in Toronto, the historical example of the original settlement of Chinatown is a useful guidepost. Susan Craddock has looked at smallpox infection in relation to the Chinese population in nineteenth-century San Francisco. She writes: "Chinatown was considered an extension of the Asian 'threat' into the boundaries of the city, and these shifting perspectives on smallpox were inextricably intertwined with increasingly negative perceptions of this city within the city" (1995, p. 962). This important observation lays down a certain pattern, which is both universal and specific in time and space. Toronto, for example, has three Chinatowns (both residential and commercial) and a smattering of Chinese populations in the rest of the city. Toronto's Chinatowns are a far cry from the immigrant ghettos of the nineteenth century. Yet the pattern remains: the perception of vulnerability of the entire urban region to problems such as infectious disease is refracted through specific social and spatial communities of "the other." In the case of SARS, it was the Chinese and other South East Asian communities' neighborhoods that were stigmatized and publicly associated with the spread of disease. Individuals of East Asian ancestry or origin were subject to racism on a daily basis, and Chinese restaurants and shops suffered immediate and long-lasting economic consequences as customers shunned neighborhoods, which were considered to be frequented by people from Asia who could be possible carriers of the virus (Leung and Guan 2004).

Since the suburban Chinese enclaves of Toronto are not as easily defined and its populations are not as easily contained as historical ghettos and their residents, a potential state biopolitical strategy to contain disease associated with these places and their people could not possibly be easy (let alone desirable and advisable). Similarly, the movement of people into and out of these places and communities was unmappable after they left the prescribed pathways of international air travel and disappeared into the capillary system of the urban region. To return briefly to Susan Craddock: "The coded meanings – and spatialization – inherent in responses to diseases must be uncovered in the 'density of the social fabric', not just the surface" (1995, p. 967). In Toronto, any "symbolic mapping" (Craddock 1995) of the spread of infectious disease in and through urban communities will have to take into account the wild unpredictability of the topology of the global city (see Ali, Chapter 14).

Making Racism: The Complexity of Anti-Chinese Racialization in Toronto

From the perspective of SARS in Toronto in 2003, we can identify three interrelated processes through which identification of Chinese population with disease took place. These processes are all discursive-cultural and ascriptive. There are, of course, other factors at work, which we exclude for the moment: for example, the class- and gender-related material oppressions that Chinese workers and citizens have had to endure in a global city; that is, those resulting from the integration of new East Asian immigrants into the pre-structured registers of class, race and gender, immigrant labor, and so on. The three actor-network processes below combine the physical, natural, cultural, and symbolic flows through which the realities of Chinese-Canadians are constituted. They thread together numerous material and ideological factors of the diaspora experience, including diasporic connections with mainland China, Hong Kong, and other Chinese communities worldwide, microbial traffic, images of China as a global superpower, consumptive practices – old and new, food, and even insects.

1 The first area can perhaps be considered classical. It follows the historical patterns of stigmatization Chinese populations in North American cities have experienced since their first arrival in the nineteenth century. The association of Chinese urban population with disease in San Francisco had its origin in the nineteenth century, when smallpox, tuberculosis, and the bubonic plague were considered consequences of specific "habits" and forms of settlement in Chinese enclaves. In this way, the construction of an association of Chinatowns with disease reveals an important aspect of socio-spatial urban patterns in white settler societies: places are products of complex processes of the production of space. There is of course the myth that "[u]rban space seems to evolve naturally. We think, for example, that Chinatowns simply emerged when Chinese people migrated in sufficient numbers to North America and decided to live together" (Razack 2002a, p. 7). The reality of legal, economic, social, political, and other processes that produce the space of difference is more complicated than just "massing" of likeminded or ethnically similar individuals in the settlement process. In fact, the specific history of recent Chinese settlement patterns in Toronto adds to the puzzle: while the SARS outbreak in the Chinese community was really a suburban phenomenon, centered around Scarborough Grace Hospital in the city's east end, it was the inner-city Chinatown at Spadina – the most visible and symbolically laden settlement location of the Chinese diaspora in Toronto – that bore the displaced brunt of the anti-Chinese

reaction in the population as customers stayed away from restaurants and shops in the area. The space of these Chinatowns were not, as they were in the past, made into the physically controlled and constricted prisons of Chinese people, they became rather symbolically charged globalized stages in which the dynamics of related actor-networks are spurred into action.

2 The second identification builds on a largely ignorance-fuelled imaginary of realities in today's China. When the SARS outbreak occurred, the larger public of North America and Europe was just beginning to grasp the enormous emerging presence of China as an economic, political, and cultural power. Largely overlooked as an exotic and mysterious land considered to be caught between classical Confucian ways and brutal communist modernization (Tiananmen Square), China has entered the world stage with massive investments in technology and industry, with industrialization at an unprecedented scale, and with military power. At some point between the end of British colonialism in Hong Kong and Beijing's successful Olympic bid in 2002, the Chinese enigma had entered the Western consciousness in a new way. This new transparence of China, fueled incessantly by exquisitely illustrated press reports on the country's magnificent story of progress – be it critical (as in the case of the Three Gorges Dam) or admiring (as in the case of China's surprising entrance into the space age) – opened the door to a closer scrutiny of the country's ways and habits. This increased Western interest was also at the heart of the racialization of the disease in the SARS outbreak. While previous associations of Chinese populations with disease focused on deviant social habits in North American Chinatowns (Anderson 1992; Craddock 2000), the new wave of such racialization had at its center the allegedly unhealthy ways of living that are understood as dominant in China. In a replay of similar dynamics in the 1980s, when bushmeat-eating Africans were blamed for the spread of HIV (and subsequently other diseases such as Ebola or Marburg viruses), the Chinese habit of consuming wild animals such as civet cats was blamed for endangering human populations worldwide. This connection became even stronger as the avian flu threat grew and not just exotic but rather mundane forms of meat production and consumption came under scrutiny in the West. After the term "wet market" entered the vocabulary of Western discourse, the realization of less than sanitary practices of raising chickens and other fowl in and around people's living quarters in East Asia (and Turkey and else where) did not follow far behind (Spiess 2003; Davis 2005; Jacmenovic 2005; Sooksom 2006). In fact, the closer economic integration of Hong Kong (the Western lens on China) with the Pearl River Delta industrial developments in the Guangdong province of

China was the very precondition for this kind of ascription of disease proneness to regionalized (and racialized) cultural habits reflecting on Chinese populations globally. The implication here is, as Zhan has shown, "an exoticized bodily continuity between the wild animal and the Chinese people who readily consume it" (2005, p. 33). And Zhan adds: "The proliferation of these 'you-eat-(animals)'s in everyday discourses of Chineseness (and even Asianness) underscores the viscerality of racialized Orientalist tropes that produce various exotic Others through their excessive pleasures and enjoyments. In the case of scientific and popular discourses of SARS, we see the recurrence of a familiar narrative strategy that visceralizes the traditional and the uncanny as the origin of a culturally specific disease that – if not contained – threatens to destroy the global" (Zhan 2005, p. 38; and we might add: "the global city network"). In contrast to the racist and developmentalist ascriptions of the origins of HIV to the eating or sexual habits of central Africans, the association of disease to wild animal markets in China was placed mostly in a discourse of "development-out-of-control." Rather than pointing to the pre-modernity of such habits, commentators insisted on inscribing the SARS-origin story into the lore of rapid (and threatening) Chinese modernization: it is exactly the luxury character of the civet cat as a culinary delicacy devoured in the boom-fueled specialty restaurants in China's exploding cities that is focused on again and again. This combination of boom, luxury, and exoticness resonated with the images that had been produced and popularized of the settlement of Chinese immigrants in North American cities. Instead of the crowded, filthy immigrant slum of the traditional Chinatown, the new image of Chinese settlement was now built on a caricature of bustling and economically successful exurban enclaves with two-car garages in front of monster homes, with adolescent children in gold-plated Acuras and ravenous appetites for consumption of electronic gadgets and strange foods. The images that the West began to receive during the SARS crisis, of lifestyles in giant Chinese cities that nobody previously even knew existed, fell nicely into place in places such as Toronto, where the new Chinese immigrant landscape had produced very similar stories of high-tech based development and success, most visibly in the region's eastern suburbs of Scarborough, Markham, and Pickering. The symbol of this development was Pacific Mall, just north of Steeles Avenue, which appears as an awe-inspiring, dazzling branch of that distant economic miracle in Asia.

3 The third discourse of origin for the new association of disease with China (or East Asia in general) is related to the second one, but is different in perspective and language. The basis for this association is

the scientifically grounded yet rapidly popularized idea that most infectious diseases, and more directly all such illnesses that affect the respiratory system (influenza, bird flu, SARS, etc.) have their origins in China. An entire industry of infectious disease specialists has emerged over the past 15 years to study (and possibly prevent from spreading) the emergence of killer viruses in China (Reynolds 2004). In addition to the suspicion that all evil in the shape of disease comes from China, there is a second dimension to this foundation for anti-Chinese racism: the fundamental mistrust in China, its authoritarian and secretive ways, and its allegedly less than trustworthy public health system (Abraham 2004; Fidler 2004). *New York Times Magazine* writer Gretchen Reynolds reports, in what can be considered a typical China-critical section of her otherwise excellent article on the threat of a flu pandemic: "China did not cooperate in a useful way with the international investigators, as its own health ministers have since acknowledged. Chinese officials released little information about cases among its citizens and declined to have outsiders visit the affected areas. One frustration for modern epidemiologists is that although viruses don't respect borders, doctors must" (Reynolds 2004, p. 43). This is not to say that Chinese officials did not, in fact, hinder or even sabotage global efforts to fight the disease. They did (Abraham 2004; Fidler 2004). But the identification of China's ways with SARS increased the readiness on side of the world's public to exhibit racist inhibitions and animosities toward all things (considered) Chinese. Further, the scientifically based narrative of the origin story of most infectious diseases in general and SARS in particular provided, unintentionally and by implication, a scientific basis for the development of expressions of racism (Foucault 2003; Sarasin 2004). The question we may ask in the context of our work is: How could Toronto health officials continue to insinuate that the virus had come from "outside" (China), while Toronto became the "outside" for the rest of the world when the virus threatened to spread from here?

Ultimately, the combination of these three strands with other events make anti-Chinese racism a highly specific localized affair. This process is composed of cultural events and markers as well as judgments on certain behaviors that add up to orientalization and racialization by implication. Mei Zhan has observed: "At stake in the production and representation of Chinese bodies of both human and nonhuman sorts are not just imaginaries of China's past but also visions of cosmopolitan futures – futures that depend not so much on the transition to a new stage of consumption, globalism, or neoliberal governmentality as on situated, contestatory projects and processes out of which unruly subjectivities and identities emerge" (2005, p. 32).

Racism without Race

Racism is not fixated on phenotype and skull shapes but also defines – in eugenicist terms – what has to be considered "healthy" and "sick," "strong" and "degenerated," and so on (Foucault 2003; Sarasin 2006). "In the age of biopolitics, racism is the function, which separates the healthy from the diseased, to the degree that 'the healthy' is sought on the level of the body of the people; racism is a selection, which expels those parts of the population that are presented as 'sick', 'impure' or 'racially different' " (Sarasin 2003, p. 62). As a product of the emergence of modern nation states in a colonial world in which race and nation became determinants of difference, racism as we know it today has had a specific historically determined biopolitical function (Foucault 1999, pp. 282–319). It is possible to argue that today, under the conditions of neoliberalization and globalization, this changes quite significantly indeed. As borders are perforated for some people and some business, they become closed to others. The nation state as a hermetic "race-container" shifts shape. Not just multicultural settler societies experience a redefinition of "race" as a concept of ordering power relations, but also those (Germany, Spain, Japan, for example) that have been rather impervious to immigration (in a formal sense) and settlement. It is possible, therefore, to think of racism today as a biopolitical regulator of a post-national kind to a certain degree. Clear distinctions into white and black, for example, don't work as well as "creolized" societies become the norm in many cities and countries (Goonewardena and Kipfer 2005). Emerging infectious diseases are both reactive to and productive of the new, globalized, creolized, and de-nationalized forms of racism and racialization that we encounter everywhere. This development is very much captured by Philipp Sarasin's provocative yet precise phrase of "infection as the metaphorical core of globalization" (Sarasin 2006, p. 160). This development leads to a new urban "biopolitics" that focuses on border control and internal control of infected bodies or those that could be suspect. Infection and migration are considered intertwined as cities are reaching an unprecedented multinational character. Infection and bioterror are likewise interconnected. Urban decision-makers, local public health officials, and others are actively reliving the political dream of discipline that allows them to potentially force the anarchic dynamics of the neoliberal city back into the harness of public (if not democratic) control. Sarasin correctly asks, then, whether we might need the phantasmagorical construction of the pandemic as part of the biopolitical regime of our time. Are the dreams of globalization and the nightmares of the pandemic the hallmarks of our post-9/11 societies (Sarasin 2004)?

Conclusions

We have suggested that the relationships of urbanization, disease, and racism have had a longstanding relationship on a colonially set stage in a settler society, in which visible minorities have in fact been largely invisible as active participants in Canada's national history (despite their significant and real actual contributions). More specifically, there has been a continuity in the linking of disease occurrence to racialized bodies – often, in fact, Chinese bodies. In the past, disease and urban built environments were linked, as was the case with smallpox and other epidemics in Chinatowns in the nineteenth and twentieth centuries in Canadian and American cities (Craddock 2000). In contrast to the traditional ghettoization of disease in space, the quarantine of individuals was the only spatial measure employed to regulate bodies in the SARS crisis. No incidence of racialization was linked to quarantine itself. Instead, as we demonstrated through the three steps we presented above, racism was present through association and articulation with discourses of racialization that were largely external to Chinatown as a specific place. Although Chinatown became a symbolic and economic site for the SARS theater by virtue of the fact that it was abandoned by clients and was patronized by politicians and community leaders, who wanted to show their solidarity with Chinese Torontonians, it did not become a site of disease *per se*. It was therefore also not subject to direct biopolitical regulation as had happened in previous decades. Chinatown, in fact, became part of the story of victimization rather than part of the story of accusation. Racialization through association occurred through the association of the disease with things Chinese, exotic and familiar, that were extraneous to the existing Chinatowns in downtown Toronto and to the formation of new Chinatowns in Toronto's suburbs, but central to the constitution of a globalized story of tying SARS to its origin in Chinese bodies and communities worldwide. The chain of association is maintained through the network of diaspora and immigration, which connects cities differently than in previous centuries: globalization has created a network of global cities, which are not joined through unilateral and unidirectional hierarchical links but through topological, multi-relational, and constitutive relationships that are performed through the bodies of migrants as much as through the sociotechnical networks that sustain them. All stages of these topographies are racialized in a thoroughly globalized world where the incidence of disease and the construction of bodies are intertwined at all scales (Zhan 2005). Racialization and SARS are sutured through the discursive and material networks that sustain the global economy.

In the words of Foucault, racism is about the decision what will live and what will die. There is no reason to assume that Chinese Torontonians were

treated differently than others as patients. There is evidence that they were treated different as citizens. A lesson was learned for all, though. Multiculturalism is not just something for sunny days and "red-boot" dance performances. It is also articulated with processes of disease governance in which it needs to safeguard its carefully crafted institutions, which are under fire in the best of times, against collapse brought about by the biopolitical pressures of globalization of disease and urbanization. These pressures are articulated through global actor-networks that engage microbes, humans, cities, and transportation networks in previously unknown ways. Literal and metaphoric "camps" and "labs" are littered along these networks and they are the structural nodes through which racialization takes place. As the "ghetto" metaphor of old loses explanatory power in today's global city spatialization processes, racialization becomes linked to the network's globalized reality. Accordingly, racialization today occurs through the symbolic interactions that take place through the globalized topographies of global city formation (Smith 2003).

NOTE

1 A longer version of this argument can be found in Keil and Ali (2006).