Roger Keil and Harris Ali

Multiculturalism, Racism and Infectious Disease in the Global City: The Experience of the 2003 SARS Outbreak in Toronto

ABSTRACT

The 2003 SARS outbreak in Toronto, which killed forty-four and made hundreds sick, tested the multicultural model often presented as the reason for making that city a livable global metropolis. Billed as the "Chinese disease," SARS connected seamlessly with previous periods of racializing disease assumed to originate from migrants and foreigners in North America. Yet when restaurants in the city's three Chinatowns remained empty for weeks and close contact with Chinese citizens was avoided by others in public, the dynamics that unfolded also tied in with a new development in Toronto: the formation of the global city. As news on the SARS outbreak spread and the intricate details of travel patterns and infection-pathways became clearer, the relationships of Toronto diasporic communities and business ties with other globalizing cities like Hong Kong, Guangzhou and Singapore became obvious, and Toronto's vulnerability in the network of global flows of finance, culture, commodities and people was exposed.

Our paper provides 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. Providing evidence of racialization in public discourse, everyday practices and institutional policies, we advance the hypothesis that the SARS outbreak strained the usually happy appearance of this particular multicultural urban fabric of diversity. This analysis is part of a long-term research project at York University on SARS and the Global City, which addresses the network connectivity of Toronto in the global city hierarchy; the influence of infectious disease; and the re-scaling of the health governance system in Toronto in the wake of the SARS outbreak.

RÉSUMÉ

L'épidémie de SRAS à Toronto en 2003, qui a tué 44 personnes et rendu des centaines d'autres malades, a mis à l'épreuve le modèle culturel mis en avant pour vanter l'attrait de cette métropole mondiale. Surnommé la « maladie chinoise », le SRAS fait directement écho à d'autres périodes où les maladies furent racialisées car on supposait qu'elles provenaient des communautés de migrants et d'étrangers en Amérique du nord. Pourtant, les dynamiques produites quand les restaurants des trois quartiers chinois de la ville restèrent vides pendant plusieurs semaines et que tout contact public avec des citoyens chinois fut évité sont aussi liées à un nouveau développement de la ville de Toronto: la formation d'une ville mondiale. Alors que les nouvelles sur l'épidémie de SRAS s'étendaient et que les plus petits détails du cheminement infectieux de la maladie furent mis à jour, les relations entre les communautés diasporiques de Toronto et les relations d'affaires avec d'autres villes mondiales telles que HongKong, Guangzhou et Singapour devinrent très visibles, et la vulnérabilité de Toronto dans un réseau de flux mondiaux de populations, de capitaux financiers et de biens culturels et commerciaux fut exposée.

Notre article offre un récit de la racialisation des maladies infectieuses dans le contexte du multiculturalisme de Toronto et de son développement en ville mondiale majeure. En offrant des preuves de la racialisation des discours publics, des pratiques quotidiennes et des politiques institutionnelles, nous développons notre hypothèse selon laquelle l'épidémie de SRAS a mis à l'épreuve l'apparence normalement heureuse de ce tissage multiculturel de diversités. Cette analyse fait partie d'un projet de plus grande ampleur développé à l'université York sur le SRAS et la ville mondiale qui analyse la connectivité en réseau de Toronto dans la hiérarchie des villes mondiales, l'influence des maladies infectieuses, et le remaniement du système de santé de Toronto suite à l'épidémie de SRAS.

Infectious disease and discrimination have long been linked in the history of urban life. Classical and medieval cities knew zones of segregation and quarantine for sick people. The plague, leprosy, smallpox and other diseases were often identified with specific groups of urban dwellers and their ghettoization was commonly practised until the beginning of modernity and beyond. Technologies of power included the systematic biopolitical regulation of the movement of bodies in urban space (Sarasin 2007). As recently as one hundred years ago, immigration and settlement patterns in cities such as San Francisco and Vancouver were built partly on the basis of official regulation of disease (Craddock 2000). While contemporary cities have been devoid of openly segregative practices with regard to disease, the emergence of new diseases has brought old practices (such as quarantine) and conventional thinking (such as population management) back into the public realm. The spread of HIV/AIDS since the 1980s triggered numerous attempts to control spaces like gay bathhouses or to create special institutions such as AIDS hospices for real or perceived target populations in cities.

This paper takes off from this experience of segregation in the context of infectious disease in cities and looks at incidents of racialization of disease. It uses as a backdrop the case of Severe Acute Respiratory Syndrome (SARS) in Toronto in the spring of 2003. We look at the real and potential fallout of this disease for the model of multiculturalism practised as the common mode of diversity management. We argue that the racialization of SARS through the virus's connection to bodies of East Asian origin or appearance presents an example of the way people in Toronto will relate to each

other in future emergencies. This is not an analysis of events during the 2003 SARS outbreaks, but is an analysis of the aftermath of this crisis of collective life in the city under the threat of infectious disease. It offers a clear admonition to policy makers and public opinion makers to avoid wherever possible any identification of infection with race, ethnicity or other socio-physical appearance. Part of the necessary preparation for future infectious disease outbreaks has to be the provision of safeguards against racist victimization of infected people and those who are targeted as potential risk groups. This paper is not a policy manual for decision-makers, however, it is a conceptual discussion of the racialization of disease in a globalized multicultural society with a particular focus on urban life. It is an attempt to mobilize and connect social theoretical and cultural knowledges on race and exclusion with work on urban infectious disease. This analysis is part of a larger, long-term research project at York University on SARS and the Global City. Besides racialization of the disease, the project's focus is the network connectivity of Toronto in the global city hierarchy under influence of this and perhaps future infectious disease and the re-scaling of the health governance system in Toronto in the wake of the SARS outbreak.

SARS is one of several emerging infectious diseases (EID) that are recognized as a potential threat to today's societies (Lashley and Durham 2002; McLean 2005). The disease first appeared in southern China in the fall of 2002 and was transmitted to various Chinese cities until it arrived in Hong Kong in February 2003. Through a so-called "super-spreader," the virus was distributed via travellers to various cities of the far East and Toronto, the Canadian metropolis. The virus attacks the respiratory system of infected patients. There are some similarities with common influenza-type diseases of the respiratory system, which led to the disease's original name of "atypical pneumonia." It has a violent and rapid course of progression in victims and leads to incapacitation and the need for hospitalization for most people. The tendency for victims to need hospital care meant that the hospital-based (nosocomial) infection rates were unusually high. Throughout the global wave of outbreaks in the spring of 2003, communities of workers and residents were also in danger of being infected by the previously unknown virus, later identified as the SARS corona virus. Toronto was one of the places in the world that was most affected by the 2003 SARS epidemic. The city suffered two outbreaks in March and in May of that year. Forty-four people died, 213 infections with the SARS corona virus were confirmed and thousands of Torontonians were quarantined. Economic losses went into the millions as tourism came to a standstill and even locals avoided public spaces where infection was assumed to loom. The disease came to be identified with people of Chinese descent and state measures targeted external borders with the implication that the disease was coming from abroad. Locally, the city's three Chinatowns were focal points of popular and official attention in the debate about how to stem the epidemic. In many cases, publications on the disease illustrated stories with Asian faces in masks, and Torontonians identified as Asian were victims of suspicion, avoidance and sometimes open discrimination.

While the human and economic loss from the disease was central to most reports[1] and academic analyses of the outbreak,[2] 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). It is not our purpose to revisit in detail the ways Asian Canadians were inflicted

with racialization of the disease called SARS. Rather, it is to demonstrate that the ultimate consequence of a disease like SARS might not only be its impact on infected individuals, but its broader impact on the tenuous multicultural fabric of a city. Our narrative positions the racialization of infectious diseases in the context of Toronto's multiculturalism and the city's position as a major global centre. It advances the hypothesis that the SARS outbreak strained the usually happy appearance of this particular multicultural urban fabric of diversity. 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 mentioned above.[3]

Implying that the disease might be linked to China (its place of origin) or 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 per cent (348,010) of the 4,647,955 people living in the Toronto metropolitan area in 2001 (Statistics Canada 2005). The city is the preferred destination of most immigrants from Asian countries to Canada. The municipality of Toronto is often referred to as the most multicultural city in the world. About 50 per cent of its population of 2.5 million are people of colour, "visible minorities" in the official Canadian parlance; about 50 per cent are immigrants to Canada. Most Canadian immigrants come to the Greater Toronto Area, a global city region of 5.5 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-honoured institutions of multiculturalism at other governance scales, most prominently in the City of Toronto. The inter-ethnic and inter-"racial" relations in Toronto are tense, and the policy of multiculturalism is often seen as a mere veneer in front of racism in housing and labour markets, in the education system and in law enforcement (Goonewardena and Kipfer 2005). While the topic of racialization is avoided in public discourse, the Canadian settler society with its own history of secondary imperialism continues to have unresolved issues of racism related to aboriginal communities, Black Canadians and, increasingly, Asian immigrants. The questions we are asking here are: Will multiculturalism be challenged by the phantasmagoric articulation of virus and race? (Sarasin 2004). Is there collusion in the public perception of seeing alien viruses in alien bodies?

We believe that the SARS epidemic is tied in with a new development in Toronto: the formation of the global city. As news of the SARS outbreak spread and intricate details of travel patterns and infection-pathways became clearer, the relationships of Toronto diasporic communities and business ties with other globalizing cities like Hong Kong, Guangzhou and Singapore became obvious and Toronto's vulnerability in the network of global flows of finance, culture, commodities and people was exposed (for an elaboration of this argument see Ali and Keil 2006). At this conjuncture, globalization was linked with the neoliberalization of the city's political institutions and state practices. The everyday fabric of multicultural Toronto was tested by what came to be referred to, in the summer of 2003, as the "new normal," a state of constant awareness of the risks and vulnerabilities of urban life. These were—to an increasing degree under the neoliberal regime of the day—offloaded to individuals and their communities (ibid.).

The history of cities and the history of migration are intertwined. A specific type of urbanization emerged with the latest phase of globalization of capitalism: global or world city formation (Brenner and Keil 2006). This process is fundamentally connected to the migration of labour, at both the high and low ends of labour markets, to global cities. Flows of capital draw flows of labour (Sassen 1991; Samers 2002). For some, the diasporic movement of people to the burgeoning global cities is the hallmark of the current period. In particular, agency and actor network oriented work such as Michael Peter Smith's *Transnational Urbanism* (2001) and Steven Flusty's *De-Coca-Colonization* (2004) are filled with claims about the decentred, bottom-up, culturally articulated constitution of the global city.[4]

Racism: What is to Live and What is to Die

What is racism? In this paper, we employ the term as outlined by Michel Foucault in his famous lectures "in defense of society":

> What in fact is racism? It is primarily a way of introducing a break into the domain of life that is under power's control: the break between what must live and what must die. The appearance within the biological continuum of the human race of races, the distinction among races, the hierarchy of races, the fact that certain races are described as good and that others, in contrast, are described as inferior: all this is a way of fragmenting the field of the biological that power controls. It is a way of separating out the groups that exist within a population. It is, in short, a way of establishing a biological-type caesura within a population that appears to be a biological domain. This will allow power to treat that population as a mixture of races, or to be more accurate, to treat the species, to subdivide the species it controls, into the subspecies known, precisely, as races. That is the first function of racism: to fragment, to create caesuras within the biological continuum addressed by biopower. … When you have a normalizing society, you have a power which is, at least superficially, in the first instance, or in the first line a biopower, and racism is the indispensable precondition that allows someone to be killed. Once the State functions in the biopower mode, racism alone can justify the murderous function of the State. (Foucault 2003: 254-56)

Foucault further distinguishes another kind of racism: to make killing possible (the more you make die, the more you make live). Biopower is based then on the capacity of the state to exercise the right over life and death (256): "I think that, broadly speaking, racism justifies the death-function in the economy of biopower by appealing to the principle that the death of others makes one biologically stronger insofar as one is a member of a race or a population, insofar as one is an element in a unitary living plurality" (258).

As Philipp Sarasin (2003) has shown, Foucault notes a shift from "race struggle" into "class struggle" at the beginning of the 19th century (Foucault 2003: 80). Both discourses employed metaphors of biological survival. There was a second shift later in the 19th century, which Foucault calls power's hold over life (239). This double shift entails a movement from the ancient state, which had the power to make die and let live, to the modern state, whose principle is to make live and let die. There are two processes involved: the disciplining of the individual body and the biopolitical regulation of the entire people—species-being. In fact, the threshold of modernity is

reached when societies strive toward that specific capacity of biopolitical regulation. Sarasin summarizes: "In modernity, the power of regulation is directed toward the production of life—only *in that* and in nothing else its sovereignty is realized, which does not mean that old forms of power cannot be enmeshed with it" (Sarasin 2003: 58). Giorgio Agamben's *Homo sacer* provides another foray into this territory. *Homo sacer*, or "sacred man," refers to an obscure figure in ancient Roman law, the bearer of "bare life," "who *may be killed and yet not sacrificed*" and who serves an "essential function in modern politics" (Agamben 1998: 9). Following Greek linguistic traditions, Agamben differentiates between *zoe* (the life common to all living beings) and *bios* ("the form of living proper to an individual or a group") (1998: 1).[5] While *zoe*, as bare life, was not subject to politics among the ancients, it becomes central in modern politics.

Taking Foucault's theories on sovereignty and power as a starting point, Agamben notes that "In Western politics, bare life has the peculiar privilege of being that whose exclusion founds the city of men" (7). More precisely:

> What characterizes modern politics is not so much the inclusion of *zoe* in the *polis*—which is, in itself, absolutely ancient—nor simply the fact that life as such becomes a principal object of the projections and calculations of State power. Instead the decisive fact is that, together with the process by which the exception everywhere becomes the rule, the realm of bare life—which is originally situated at the margins of the political order—gradually begins to coincide with the political realm, and exclusion and inclusion, outside and inside, *bios* and *zoe*, right and fact, enter into a zone of irreducible indistinction. (9)

The politicization of life itself, bare life, becomes the central tenet of modern political sovereignty. This move has a double significance, as Agamben explains:

> It is almost as if, starting from a certain point, every decisive political event were double-sided: the spaces, the liberties, and the rights won by individuals in their conflicts with central powers always simultaneously prepared a tacit but increasing inscription of individuals' lives within the state order, thus offering a new and more dreadful foundation for the very sovereign power from which they wanted to liberate themselves. (121).[6]

The state's biopolitical ability to rule over bare life (in the case of reacting to a pandemic, for example) becomes the accepted pendant of the individual's rights linked to their physical existence. Reading Agamben in a geographical context, Geraldine Pratt has argued that "geographies do more than contain or localize bare life. Geographies are part of the process by which certain individuals and groups are reduced to bare life" (Pratt 2005: 6). The geographies of social segregation, quarantine and racialization that we saw occur in the SARS crisis are part of this process.

Sarasin compares Foucault's biopolitics to Agamben's concept of sovereignty, which turns on the notion of the state's power to "make die" *homo sacer*, the representative of "bare life." He concludes that Agamben fundamentally misunderstands the historical specificity emphasized by Foucault, who points out that beyond the ability of the state to kill "bare life" (Agamben) is the biopower of *making* life (Sarasin 2003: 58-59):

> Biopower is no form of political sovereignty, which is ultimately recognizable and approachable as such, but its negation. Biopower is the transformation of political power into a bundle of technical, medical and regulatory procedures, which create their own political room to move towards the production and "optimization" [Foucault] of life. (61)

Racism of this kind is different from the old race-hatred (65). Still, it creates powerful rifts among societies as it delineates difference and the boundaries of the social:

> At the margins of the social appear figures, which represent exactly what society lacks as an always incomplete totality, figures, which draw upon themselves in the form of hatred the entire energy of desire to be "complete," and which produce in this specific phantasmatic way a kind of imaginary "unity" and "wholeness." (70)

In a useful discussion on the function of racism in the biopolitical era, Thomas Lemke points out that

> racism is a central element in the production of societal normalcy. The production of the "normal" body requires the generation of a specific knowledge of the body: a corpus of norms, which qualifies deviance, evaluates differences and structures interventions. In this perspective on racism, homogenization and hierarchization are not opposites but complementary strategies. (Lemke 2003: 162)

Lemke notes that it is important to grasp that when Foucault talks about the power to "make die," he uses "death" in a broad sense (62). Lemke's argument is based on the following passage in Foucault:

> And if … a power of sovereignty wishes to work with the instruments, mechanisms, and technology of normalization, it too must become racist. When I say "killing" I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on. (Foucault 2003: 256)

Lemke elaborates this more comprehensive concept of racism by citing the work of Robert Castel (2000), who differentiates three forms of exclusion: complete exclusion from society; the creation of exclusive spaces like "ghettos"; and the reservation of a special status for individual groups, which allows them to coexist in society, but denies them certain citizenship rights.

This has consequences for the ways in which "infected bodies" are imagined to enter the popular body in a moment of crisis and pandemic outbreak. Sarasin insightfully describes "infection as the metaphorical core of globalization" in the wake of the anthrax scare in the United States in 2002:

> In this biologized image of politics the "Other" is not a Black, an Arab or an Asian but simply *the intruder*. This intruder can but appear in two ways: either as the infected and infecting immigrant—or as terrorist, which latently leans towards bioterrorism ... who, in contrast to the immigrant, wants to deliberately and malignantly trigger infection…. It is clear that the signifier "bioterror" is only the most pointed expression of the fear of infection in the age of globalization. (Sarasin 2004: 176)

Sarasin asks: "Does such a postmodern society need the dream of the plague, the phantasma of infection and bioterror, in order to discipline individuals through fear and the necessity of plague control?" (181).

What can we draw from this rather abstract discussion? Warren Montag, in a close reading of Foucault's Il faut defendre la societé, points to the importance of this work: "in the present to which we belong, the epoch of 'globalization' in which the unprecedented volume and variety of economic and demographic change has made immigration (and inevitably racism) the focal point not only of European and North American politics but internationally" (Montag 2002: 5).

For our purposes, this is central: racism, infection, globalized urbanization are reshuffled into a new *political* frame of reference. Racism, *linked specifically to infectious disease and the bodies allegedly carrying it*, structures the biopolitical space of the SARS crisis and requires that it be understood from the point of view of affected communities: East Asians and those who were identified as such.

How are we to understand the effects of such racism in the case of SARS in Toronto? There are several possible conclusions. First, there is racism as Sarasin (2004) has identified it. If infection is the metaphorical core of globalization, SARS-infected bodies are doubly endangered by the kinds of *social* "deaths" identified by Lemke, a differentiated set of exclusions which range from ostracized individuals to physical separation. Second, there is the issue of identification of the marked bodies as carriers of disease and recipients of special treatment as part of the specific set of *medical* responses administered by the state, the medical professions and the biomedical industries. Third, there is the potential necessity by the state and its institutions to make *political* decisions on the basis of "fragmenting" the body of the people into subcategories that can be separated into the "healthy" and the "sick" in the interest of the protection of popular, national and regional health. Although the latter two are perhaps the most critical and the most disturbing areas challenging urban health governance (Keil and Ali 2006), we are concerned with the *social* aspects of articulating racism, infection and urbanization during the Toronto SARS crisis of 2003.

Urbanization, Racism and Disease

Keeping cities safe from disease has long meant keeping certain racialized groups either outside city walls or controlled within them. The individual body infected with a virus is seen as a threat to the "popular body," which is always racialized (Sarasin 2004). The conundrum of racism as a decision "between what shall live and what shall die" (Foucault 2003; Sarasin 2004) is inscribed in a multitude of regulations of urban migration and settlement, daily conduct and emergency behaviour. 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 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 spaces. Fighting infectious disease has a history of being tied closely to spatial strategies of control, particularly in the use of urban spaces. There have been two kinds of urban segmentation: expulsion or ghettoization. As Wacquant notes, Richard Sennett's historical studies of the Venice ghetto show that Venice was

> designed as an alternative to expulsion to enable the city-state to reap the economic benefits brought by the presence of Jews (including rents, special taxes, and forced levies) while protecting their Christian residents from contaminating contact with bodies perceived as unclean and dangerously sensual, carriers of syphilis and vectors of heresy, in addition to bearing the taint of money-making through usury which the Catholic Church equated with prostitution. (Sennett 1994; Wacquant 2003)[7]

Despite this geographical dimension, Susan Craddock remarks that "the role of space in political and symbolic ascriptions of feared diseases to the socially marginalized, and the role of disease in shaping urban topographies and the production of place" have been largely unexamined (1995: 957). Our interest lies within the parameters set by Wacquant and Sennett: 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 resulted in victimization that proved uncomfortable and potentially dangerous to Asian communities in particular, and to the fabric of Toronto multiculturalism more generally.[8] SARS endangered the social fabric in a physical and political way. The virus represented a corporeal threat to the body politic.

Canadian urban multiculturalism arose from specific processes of societalization of a white settler society,[9] now transformed into a society strongly shaped by non-European immigrants. Urban multiculturalism works not merely as a top down invention based on federal legislation. It works because it is practised by millions daily at workplaces, in the street, on subways, in schools and universities. These practices are reshuffled under the real or potential occurrence of epidemic infectious disease, which marks bodies in a recognizably collectivizing manner: gays, Africans, homeless people, Chinese. Epidemic infectious disease constitutes an impending threat to the existing set of rules and practices. This is not new: as long as cities have existed, their social fabric has been threatened by infectious disease. Like war, epidemic infectious disease has had devastating consequences on cities. In modernity, cities were turned from sources of infectious disease to inhibitors of infectious disease. The metabolic technologies, hidden and not, of water and sewer pipes, the emergence of public health authorities and so on, were designed to reverse the historical trend of coincident disease and urbanization (Gandy 2004; 2005; forthcoming). Healthy urban living became the antidote to the Dickensian hellhole of urbanity and to the deficiencies of country living. In Western cities, this is beginning to change once again as epidemic infectious diseases have returned (Gandy and Zumla 2003).

SARS, Biopolitics and the Crisis of Multiculturalism

It has been argued that in the process of settlement in Canada, place becomes race:

> A white settler society is one established by Europeans on non-European soil. Its origins lie in the dispossession and near extermination of Indigenous populations by the conquering Europeans. As it evolves, a white settler society continues to be structured by a racial hierarchy. In the national mythologies of such societies, it is believed that white people came first and that it is they who principally developed the land; Aboriginal peoples are presumed to be mostly dead or assimilated. European

> settlers thus *become* the original inhabitants and the group most entitled to the fruits of citizenship. (Razack 2002: 2)

This pattern of development shapes all later negotiations of space and citizenship in Canada in general and Canadian cities in particular:

> If Aboriginal peoples are consigned forever to an earlier space and time, people of colour are scripted as late arrivals, coming to the shores of North America long after much of the development has occurred. In this way, slavery, indentureship, and labour exploitation—for example, the Chinese who built the railway or the Sikhs who worked in the lumber industry in nineteenth-century Canada—are all handily forgotten in an official national story of European enterprise. (3)

The current process of global city formation tends to obscure this reality of existing multiculturalism. When Toronto is painted as a city that has only recently gained multicultural makeup, previous histories of diversity are glossed over. The story that most of us have told to our students and written in introductions to papers on Toronto usually 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: 189)

During the 1990s, this story became a big chunk of national mythology:

> 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 2002: 4)

Official multiculturalism is meant to regulate the demographic diversity on the basis of traditional "diversity management" between Aboriginals, 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). Multiculturalism displaces racialized social conflicts (over jobs, residence, police behaviour) onto a placated cultural terrain. It is significant that the official multiculturalism of Canada coincided with a Canadian political change from a post-WWII doctrine of social equity to the current neoliberal competition politics (Rao 2002; Wood and Gilbert 2005). Since arriving in the 1970s, the new, mostly visible minority immigrants have been predominantly employed in low paid and precarious employment relationships common to the neoliberal, postfordist model. Non-white migrants who came to Canada between 1976 and 1995 earned between 17.1 and

27.7 per cent 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: 18, 23). Official 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 who must be content with jobs in manual labour or in low-wage services (Rao 2002).

As the composition of the immigrant population changed, so did the spatial pattern of settlement. 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), newcomers now move directly into suburban (single family home or condominium) or exurban enclaves of ethnic and religious minorities. So-called "ethnoburbs" (Li 1998) in the 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 matching their preference for big, suburban single family homes, and the colonization of the existing business community has sometimes led to friction with the Anglo population. The traditional suburban population has great difficulty reconciling the visual and cultural "intrusion" of Chinese theme malls with their 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 afford 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: 217).

The social mix and the relatively public character of the inner city neighbourhoods with their denser built environment, the urban street with its necessary encounters, and the school system with its multicultural character, are giving way to a world where hardly any cultural exchange takes place. Migrants find themselves in private single-family home subdivisions with car-oriented streetscapes. The school system is more strongly segregated and loses its function of a cultural mixer. Immigration leads to more diversity of cultures but the suburban nature of settlement has the tendency to produce greater distance and difference among the new Canadians. This new structure poses a number of questions about the possibility of producing a successful multicultural yet unitary concept of society in Canada. The shift of immigration to old and new suburbs coincides interestingly with the conservative suburbanization of urban politics, which has characterized Toronto since (Ontario Premier) Mike Harris's "common sense revolution" in the mid-1990s. While the traditional view pitted the politically progressive, mixed social structure in the inner city against the conservative, white suburbs, we now increasingly have a multicultural conservative belt surrounding an inner city, which is losing its distinction of being an immigrant haven. This shift in Toronto's socio-spatiality needs to be seen as one important backdrop to the SARS story in terms of its ethnicized and racialized character.[10]

The transnationalization of the urban experience in Toronto reflects and produces increasing relationships with global inter-urban economic and cultural networks (Smith 2001). New forms of migration are centrally inscribed into these networks. While Canadian cities have long been immigrant cities, the migration which feeds them has been entirely globalized since Canadian immigration policy changed in the 1960s. As most migrants now arrive from non-European countries, some communities and neighbourhoods in Toronto where newcomers settle have non-white majorities. Due to the class- and gender-specific bias of immigration policies in favour of skilled male workers and investors, immigrants are split into wealthy, well educated migrants (mostly from Europe and the U.S., but also from elsewhere) and poor refugees, or immigrants whose education or skill training is not recognized in Canada. For many immigrants, the move to Canada amounts to a declassification in the labour market, which can only be undone a generation later when their children have university degrees. In particular, migrants from China and South Asia have difficulties finding employment in Canada at their level of expertise and education. This has led to a reverse migratory pattern in the context of strong emerging economies in India and mainland China. The discrimination some immigrant groups experience in the labour market finds its equivalent in the systematic disadvantage visible minorities experience in the rental and home buying markets. In general, poverty is correlated with the origin of immigrant families: among non-Europeans in Toronto about one third are below the poverty line; non-European families are about 36.9 per cent of all families in Toronto, but they represent 58.9 per cent of poor families in the city (Ornstein 2000: i).

Newcomers and Canadian-born members of immigrant families are connected to transnational networks and job markets. While the Canadian and Toronto bourgeoisies were traditionally tied to colonial and later North American networks of power and wealth, their contacts are increasingly globalized (Keil and Kipfer 2003). Canadian cities have become magnets for international investments in industry and real estate. Toronto is an important entry point for the South Asian and Chinese middle class diaspora. Through new Chinatowns and other ethnic enclaves, these middle classes are connected with middle classes in other parts of the world. Newer urban theory recognizes these diasporic cultures as distinct. Amin and Thrift speak of

> *diasporic communities*, where the belonging and identification is anything but local. The close-knit family, clan, kin and ethnic connections within a diaspora enable it to set up circuits of migration *and* subsequent mobility (in contrast to old-style migration) which are clearly dependent on a few very particular cities. (2002: 46)

The SARS crisis made these connections painfully visible. Toronto has altered its face of power and wealth in the process. On the other side of the social spectrum are the new, less wealthy groups, who appear "local" at first glance, but who are really articulated transnationally with far away communities in sender countries. Among these communities are the precariously employed Filipino maids and hospital workers as well as refugees from Somalia and economic refugees from Latin America.

SARS and the Crisis of Multiculturalism

The potentially explosive effect of SARS or other pandemics like Asian or Avian flu (Davis 2005; Dyer 2006) fundamentally endangers the precarious compromise between the settler society and postmodern multiculturalism. Billed as the postmodern model of lived diversity, can Canada/Toronto withstand 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? What happens when biopolitics meets the multicultural society?

Maurizio Lazzarato asks, in his discussion of Foucault's concept of biopower and biopolitics,

> Can we understand the development of biopolitics as the necessity to assure an immanent and strategic coordination of forces, rather than as the organization of a unilateral power relation? What we need to emphasize is the difference of the principles and the dynamics that regulate the socialization of forces, sovereign power and biopower. The relations between the latter two are only comprehensible on the basis of the multiple and heterogeneous action of forces. (Lazzarato 2002: 105).

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 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) or biopower assertions of various social groups (e.g., community organization against the articulation of medical practices with processes of racialization) (cf. Allahwala 2006).

We start from the assumption that Toronto is among the first instances of a "post-racial racialization regime." Commenting on the election of Pope Benedict XVI in the spring of 2005, Haroon Siddiqui, a senior editor for the *Toronto Star*, criticized the Pope's Eurocentric view on cultural diversity. "Such primitive uneasiness with post-modern demographic heterogeneity, which Canadians and Americans take for granted, has created a dichotomy" (Siddiqui 2005: A17).[11] In similar terms, British *Telegraph* writer John Simpson contrasts Canadian, and in particular Toronto, society with Japanese society. He explicitly links diversity with economic success (cf. Florida 2002). Simpson explains:

> Nowadays, we are told, the only way advanced societies can thrive is to bring in people from outside. Japan, the one major industrial country which has resisted external immigration, is just starting to dip into negative population growth and economic decline, and can reverse it only by bringing in eight million new inhabitants, fast; an impossibility, of course.
>
> Toronto, by contrast, is thriving. Yet, its close contacts with the outside world make it particularly vulnerable to an epidemic like last year's SARS, which seemed capable for a moment or two of assuming the proportions of the Spanish Flu epidemic of 1918-19. (2004)

Simpson and Siddiqui clearly have a point, but such certainty about the distinctive character of North American multiculturality invites scrutiny. It begs the question whether those of us who live in Canada are making undue assumptions about the kind of citizenship that regulates our lives here. One wonders, for example, whether the drastic difference with Europe (or Japan) in terms of acceptance of difference (perhaps indifference to difference) glosses over Canada's fundamental lack of preparedness for a crisis of this very model of multiculturalism. It also denies the daily experience of social exclusion suffered by poor and predominantly non-white people in Canada's major cities. Racialization of poverty and disease is not an epiphenomenon, but a structural condition of the global city. The racialization of poverty also contributes to ill health among visible minorities:

> 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: 235)

The Canadian model of a postmodern settler society was built on and nurtured by economic and territorial growth: expansion of wealth and the growth of urban society went hand in hand. At no point in its modern history—perhaps with the exception of the Great Depression—has the country had to endure a significant period of economic crisis and decline. Cyclical political, social and cultural crises have been overshadowed by the success of the Canadian model, particularly since the Fordist period. SARS was one of the first tests to this model as economic success and human security were simultaneously put into question. This situation created new qualifications of and restrictions to the existing citizenship rights associated with multiculturalism, but it also opened the possibility of redefining the potentials of biopower interventions in the democratic spaces of the global city.

Making Chinatown: Histories of Racialization and Disease in Canada

The new diasporic culture is grafted onto an existing system of segregation and discrimination, which has historically linked space, race and place in Canada. Canadian geographer Geraldine Pratt contests the connection between limits in space and place and social limits (identity and difference), arguing that there are multiple lines of difference and complex and diverse connections between place and identity (Pratt 1998: 27). For places and spaces in the global city, we have to investigate whether each boundary and its transgression has positive or negative effects on the everyday life of the inhabitants (35). David Theo Goldberg makes a similar argument when he says that citizens and strangers are controlled by the spatial enclosures of the divided place (Goldberg 1993: 45).

The history of immigrant settlement in Canada still has an impact on today's communities. As Kay Anderson notes (1992), 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" (qtd. in Craddock 2000: 69). 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" (ibid.). 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 of the local state facing the SARS epidemic in Toronto, the historical example of the original settlement of Chinatown is a useful guidepost. Craddock has looked at smallpox infection in relation to the Chinese population in 19th-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: 962). This important observation maps 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 19th century, yet the pattern remains: perception of the urban region's vulnerability to problems such as infectious disease is refracted through specific social and spatial communities. In the case of SARS, it was the Chinese and other South East Asian communities 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. Customers shunned neighbourhoods populated by people from Asia, who were seen as possible carriers of the virus (Leung and Guan 2004).

Postmodern and (at least partly) 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 cannot therefore be easy (let alone desirable or advisable). Similarly, the movement of people into and out of these places 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 and "symbolic mapping": "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: 967). In Toronto, any symbolic mapping 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.

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

From the perspective of Toronto during the SARS outbreak in 2003, we can identify four interrelated processes by 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 that we exclude for the moment: class- and gender-related material oppressions that Chinese workers and citizens endure in a

global city. The four processes below are an actor-network of sorts. They combine the physical, natural, symbolic and cultural flows through which the realities of Chinese Canadians are constituted. Diasporic connections with mainland China, Hong Kong and other Chinese communities worldwide are constituted by flows of microbial traffic, images of China as a global superpower, and consumptive practices old and new, food, and even insects.

1. The first process can be considered *classical*. It follows the historical patterns of stigmatization that Chinese populations in North American cities have experienced since their arrival in the 19th century. The association of Chinese urban populations with disease in San Francisco had its origin in the 19th century when smallpox, tuberculosis and the bubonic plague were considered consequences of specific "habits" and forms of settlement in Chinese enclaves. The construction of an association of Chinatowns with disease reveals an important aspect of socio-spatial urban patterns in white settler societies: places are productions 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 2002: 7). The reality is that legal, economic, social, political and other processes condition spaces of difference. In fact, the recent history of Chinese settlement patterns in Toronto adds to the puzzle: While the SARS outbreak in the Chinese community was really a *suburban* phenomenon that centered around Scarborough Grace Hospital in the city's east end, the *inner-city* Chinatown at Spadina bore the brunt of the anti-Chinese reaction. Customers stayed away from restaurants and shops in the area, the most visible and symbolically laden settlement location of the Chinese diaspora in Toronto. The spaces of these Chinatowns were not, as they were in the past, physically-controlled prisons of Chinese people; they became rather, symbolically charged globalized stages in which the dynamics of related actor-networks kick into action. This means that we need to look to other areas/processes to understand the way in which racialization of SARS took place in Toronto.

2. The second area builds on a largely ignorance-fuelled conception of today's China. When the SARS outbreak occurred, the larger public of North America and Europe was just beginning to grasp the emerging presence of China as a significant economic, political and cultural power. Largely overlooked as an exotic and mysterious land considered caught between classical Confucian ways and brutal communist modernization (recall 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 for the 2008 summer games, the Chinese enigma entered the Western consciousness in a new way. This new visibility, fuelled by 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.

Increased Western interest in China 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 racialization had at its centre 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 held responsible for endangering human populations world wide. 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 western vocabulary, 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 elsewhere) did not follow far behind (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 precondition for the ascription of disease proneness to regionalized (and racialized) 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: 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: 38)

And, we might add, "the global city network."

In contrast to the racist and developmentalist ascriptions of HIV-origins to the eating or sexual habits of the allegedly backward and primitive bushmeat-eating 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: the luxury character of the civet cat as a culinary delicacy devoured in the boom-fuelled specialty restaurants in China's exploding cities is the focus. This combination of boom, luxury and exoticness resonated with the images of the settlement of Chinese immigrants in North American cities that had been produced and popularized. Instead of the crowded, filthy immigrant slum of the traditional Chinatown, the new image of Chinese settlement was 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 nobody previously knew of, fell nicely into place in Toronto and elsewhere. Here, the new Chinese immigrant landscape had produced 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 Toronto's municipal borders, an awe-inspiring, dazzling branch of that distant economic miracle in Asia.

3. The third area is related to the second one, but is different in perspective and language. There is a scientifically grounded yet popularized idea that most infectious diseases, and more directly all such illnesses that affect the respiratory system (influenza, bird flu, SARS), have their origins in China. An entire industry of infectious disease specialism has emerged over the past fifteen years to study the emergence of killer viruses in China (Reynolds 2004). The scientifically-based narrative of the Chinese origin of most infectious diseases (SARS in particular) unintentionally provided a scientific basis for the development of expressions of racism (Sarasin 2004). In addition to the suspicion that all such diseases come from China, there is a fundamental mistrust in China, its authoritarian and secretive ways and its allegedly less-than-trustworthy public health system (Abraham 2004; Fidler 2004). The identification of China's ways with SARS increased the readiness of the world's public to exhibit racist impulses and animosities towards all things (considered) Chinese. 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 China while Toronto had become a threat for the rest of the world?

4. The fourth foundational discourse for anti-Chinese racism is local. It is ascriptive and anthropological (Zhan 2005) as it is composed of cultural events as well as judgments on certain behaviours that add up to implicit orientalization and racialization. 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: 32)

Two such events and processes stand out in Toronto. First, the murder of Cecilia Zhang—the eleven-year old daughter of a Chinese immigrant family—by a Chinese national in 2003 catapulted another Chinese tragedy into the minds and hearts of Torontonians shortly after the end of the SARS crisis. Cecilia Zhang's accused murderer Min Chen, a friend of the family, was arrested in July 2004. The murder case is an important part of the way in which the Chinese community has recently entered the mainstream press. In the aftermath of SARS, this story had conflicting messages: it contained a dynamic of humanizing instead of Othering new Chinese immigrants; this came at the price, however, of demonizing segments of the Chinese community as the perpetrator was found to be of that group. This was a new form of Othering where the Chinese had now matured into a community that produces internal crime. Just as the citizenship of the Chinese community in Toronto is established in the public domain, it is threatened. In the case of Chinese immigration to Canada, there is always the risk and possibility of a throw-back to images of less-than-human boat people and refugees on overcrowded ships who had dominated the Canadian press in the early 1990s. The recognized citizen and the abandoned *homo sacer* are never far apart in the immigrant experience (Agamben 1998).

A second marker of local racialization by implication is a true actor network where the human and the non-human are intertwined in complex material and symbolic realities (Latour 1993; 2005). The so-called Asian Longhorn Beetle, an imported

insect, eats its way through hardwood trees in the Toronto region and has led to the establishment of containment areas throughout the northwestern region of the city. Billboards and bus shelters remind citizens that such a killer beetle came from Asia, increasing the subliminal—Zhan would say "visceral"—sense that threat and crisis are linked to the in-migration of humans and non-humans from Asian territories.

Racism Without Race

Racism is not just fixated on phenotype and skull shapes. It also defines in eugenicist terms what is to be considered "healthy" and "sick," "strong" and "degenerated" (Foucault 2003; Sarasin 2004).

> 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: 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 has had a specific historically determined biopolitical function (Foucault 2003: 239-64). It is possible to argue that today under conditions of neoliberalization and globalization this changes quite significantly. As borders are perforated for some people and some businesses, they become closed to others. The nation state as a hermetic "race-container" shifts shape. Not just multi-cultural 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 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 between white and black, for example, don't work, and "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 we encounter everywhere. This development is captured by Sarasin's provocative yet precise phrase of "infection as the metaphorical core of globalization" (Sarasin 2004: 160). This development leads to a new urban biopolitics that focuses on border control and internal control of infected bodies or those who could be suspect. Infection and migration are considered intertwined as cities reach unprecedented multinational character. Infection and bioterror are likewise interconnected. Urban decision-makers, local public health officials and others are disciplining 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).

While we have argued throughout this paper that cultural-phenotypical characteristics have contributed to the racialization of the disease, we can also observe a strong incidence of cases of "racism without race." There has been a tendency in recent years to de-biologize the social sciences. Warren Montag, who has written an incisive article on the subject, points to the widely held impression that "biologistic racism

has been largely marginalized, eclipsed by the rise of what Etienne Balibar has called neo-racism, 'a racism without races … whose dominant theme is not biological heredity but the insurmountability of cultural differences'" (Montag 2002: 8). This kind of racism is of great potential significance to a city that has nearly banned all biologistic references to difference in public, but survives on the assumption of continued cultural diversity (Charrach 2005; James 2005). One of the visible minority officials in the SARS crisis, provincial public health chief Colin D'Cunha, who was later dismissed for incompetence during the outbreak, issued a stern warning at the height of the crisis in Ontario:

> I want to stress that SARS is a challenge for all of society and it is not a disease of ethnicity. SARS may have emerged in Asia, but a person of any race or colour is capable of being a carrier of this disease. It is both wrong and prejudicial to fear or shun any or all people in the Asian community based on the assumption that they must have SARS. (Canadian Medical Association Journal 2003)

The interesting aspect of this remarkable quote is not that people are warned about racism inherent in the SARS crisis. Rather, it is striking that there is a non-white person of high provincial power who comes out strongly against racism, but also denies the ethno-racial foundation to racism when he deflects attention from the Chinese experience (which had obviously prompted the statement in the first place) to the universal. This simultaneous universalization (anyone can have the disease) and individualization (don't judge Asians if they don't have SARS) drives us beyond the racial specificity of the disease to a generally experienced form of racialized oppression of victims of disease. This is reminiscent of a scene in the film *Gattaca* (1997) which, as Sarasin reports, presents African American and Asian medical personnel as geneticists who determine the race of future babies. As they mold the genetic architecture of individual babies like recombined LEGO blocks, they represent a post-racial reality in which the "relaxed smile of the black man is nothing more than an ironic reminiscence for the era of racism" (Sarasin 2003: 79-80). Racism appears overcome both as a regulation and as a discipline in the Foucauldian sense and it appears merely as memory. As a form of collective regulation, racism is ultimately devoid of phenotypical markers. What remains is the *homo sacer* of Agamben's work (1998).

The biopower-flipside of "racism without race" is that the look of power and authority changes accordingly. During the spring of 2003, the "face" of the crisis changed from the authoritarian expert white male to one of (female) "visible minorities." We do not refer to the anonymous and seemingly ubiquitous mask-wearing Asian faces that graced most front pages of newspapers (Leung and Guan 2004). What we have in mind is the "visible minority" authorities that captured the moment, particularly Sheila Basrur, the City's top health official, Colin D'Cunha, Ontario's commissioner of public health, and Doris Grinspun, the Executive Director of the Registered Nurses Association of Ontario. In fact, the two other public "faces" of the crisis, Ontario health minister Tony Clement and the leading physician, Donald Low, appeared as the "token white guys" in the parade of visible minorities that was our window into SARS. As the latter displayed a certain authoritative colonial image of security, we all knew that the city had entered a "post-racial" liminality, between ethnoracialism/multiculturalism and post-racial racism from which it will never be able to return to the white, protestant Toronto-the-Good of late-colonial times.

Conclusions

Sarasin reminds us that Agamben may be mistaken in assuming that the camp is the symbolic state space of the 20th century. Agamben has argued that we should regard the camp (by which he, in the first instance refers to the Nazi concentration camps) "not as a historical fact and an anomaly belonging to the past (even if still verifiable), but in some way as the hidden matrix and *nomos* of the political space in which we are still living" (1998: 166). Sarasin instead suggests that we should focus on the laboratory as the crucial site of politics (2004).[12] The experience with SARS in Toronto displays aspects of both. The SARS experience is constituted between the distant and codified truth claims and arcane discourses of the labs, which bring us images of the corona virus, and the tangible and intrusive practices of control and quarantine which remind us of the camp. "Making life" in laboratories by finding viruses and anti-viral drugs respectively and controlling (and potentially killing) life in the tentacles of the state apparatus operate as two distinct but intermingled biopolitical practices side by side in the SARS crisis. They also refer to two institutions that have been considered fundamental to modern society and from which one can reconstruct the world in which we live (Latour 1986; Agamben 1998).

We have suggested that the relationships between urbanization, disease and racism have a long-standing history on the stage of a colonial settler society, in which visible minorities have been largely *invisible* as active participants in Canada's national history. More specifically, there has been a continuity in the linking of disease to racialized bodies, often 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 19th and 20th centuries in Canadian and American cities (Craddock 2000). In contrast to the traditional ghettoization of disease in space, quarantine was the only spatial measure employed to regulate bodies during the SARS crisis. No incidence of racialization was linked to quarantine itself. Instead, as we demonstrated through the four areas 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 theatre 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 became part of the story of victimization rather than part of the story of accusation. Racialization 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 that were central to tying SARS to Chinese bodies and communities worldwide. The chain of association is maintained through the network of diaspora and immigration that connects cities differently than in previous centuries. Globalization has created a network of global cities, joined not through uni-lateral and uni-directional hierarchical links, but through topological, multi-relational, and constitutive relationships that are performed through the bodies of migrants as much as through the socio-technical 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 2004). Racialization and

SARS are sutured through the discursive and material networks that sustain the global economy.

In the words of Foucault, racism is about deciding 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 differently as *citizens*. 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 be safeguarded by 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 and racialization are part of a globalized reality. Racialization occurs accordingly through the symbolic interactions that take place through the globalized topographies of global city formation (Smith 2003).

Notes

Originally prepared for the conference "'Invisible Enemies'. The Cultural Meaning of Infection and the Politics of the 'Plague'." Zürich, 21-24 September, 2005. We gratefully acknowledge support from a Social Sciences and Humanities Research Council grant. Roger Keil is particularly grateful to Mike Ekers, Paul Jackson, Claire Major and Michael McMahon for their conversations about the topics raised in this paper around biopolitics and biopower.

1. There were three separate reports on the Toronto SARS outbreak: The provincial SARS Commission report under the direction of Justice Archie Campbell (Campbell 2003); the National Advisory Committee on SARS and Public Health, Learning from SARS, chaired by Dr. David Naylor (Naylor 2003); and the Report of the Ontario Expert Panel on SARS and Infectious Disease Control "For the Public's Health" under the Chair Dr. David Walker (Walker 2003).

2. For a representative sample of work on SARS see McLean et al. (2005); Abraham (2004); Koh et al. (2003); Knobler et. al. (2004).

3. Leung and Guan (2004) documented racist incidents or tendencies in the media, at the workplace and in public. Economic consequences were felt by Chinese and other Asian businesses; alienation, discrimination and harassment inflicted injuries to the self-image and the sense of belonging of Chinese Canadians. They also reported on the concerted community response to these racist tendencies in the wake of the SARS crisis.

4. Specific work on the Japanese and Chinese diaspora (cf. Takaki 1989) has intersected with the global city literature in research on New York's Chinatown (Lin 1998) and on Little Tokyo and Chinatown in Los Angeles (Keil 1993; 1998).

5. "*Bios* represents the form of life available to those who inhabit the polis, a political life specific to humanity by virtue of language" (Montag 2005: 9).

6. In a brilliant essay on "Adam Smith and death in the life of the universal," Warren Montag has demonstrated that the mechanism of ruling bare life is not restricted to the realm of the state but extends to (or even emanates from) the market:

> Thus alongside the figure of Homo Sacer, the one who may be killed with impunity, is another figure, one whose death is no doubt less spectacular than the first and is the object of no memorial or commemoration: he who with immunity may be allowed to die, slowly or quickly, in the name of the rationality and equilibrium of the market. (Montag 2005: 16-17)

Montag's intervention is a specific critical comment on the work of Agamben and Achille Mbembe, but it also serves as a reminder that that biopolitical governance of life and death in the case of infectious disease pandemics includes the value of the individual (and that sometimes extends to bodies of chickens, pigs, cows and civet cats) in a market place of food and labour power.

7. Ironically, of course, increased institutionalization (e.g., jails and hospitals) contributes to the spread of infectious diseases by means of medical practices and population density/proximity within these spaces. During the Toronto SARS crisis, this relationship of institutionalization and disease was evident (Garrett 1994: 317-18).

8. No doubt there is an even more complex history of segregation at work here if we include race, sex, colonialism, urbanization, modernity and contagious disease.

9. We are using the term "white settler society" following Razack (2002). Others have used the term "white settler colony." The use of that term would broaden the discussion because the term "colony" has larger connotations. For example, both India and Canada were colonies of Britain. The difference, of course, was that the latter consisted of the "brethren" of the Anglo Saxons (except for the French and indigenous peoples). As such, white Canada was given preferential treatment by the dominant group and the two colonies were treated very differently. (Although both were exploited, the exploitation was to very different degrees.) The subaltern group was considered paternalistically as the "white man's burden" (i.e., those who had to be civilized, given religion etc.). It is this legacy that informed the form and trajectory of racism in the evolutionary development of the colonial states.

10. See R. A. Walks (2001) for an elaboration of these recent demographic shifts.

11. This sentiment was echoed during the Danish cartoon crisis of early 2006, when Canadian observers, while treading carefully around the issue, tended to consider European societies in general and Danish society in particular as less prepared to deal with issues of diversity management than their own society.

12. One proviso is in place here: Medical and laboratory science (and science in general) operates in a universalist discourse; by attempting to do this under the cloak of "objectivity" and "value neutrality" it becomes an essentialist discourse that "naturalizes" and depoliticizes a lot of things which should be subject to such exercises. For example, biomedical science emphasizes the variables of sex, race and age as "biological" variables in applied research (and by extension public policy), by doing this, it completely avoids and in fact deflects attention away from the problematization and politicization of the context of sexism, racism, ageism.

References

Abraham, T. 2004. *Twenty-First Century Plague: The Story of SARS*. Baltimore: Johns Hopkins University Press.

Agamben, G. 1998. *Homo sacer: Sovereign Power and Bare Life*. Stanford: Stanford University Press.

Ali, S. H. and R. Keil. 2006. Global Cities and the Spread of Infectious Disease: The Case of Severe Acute Respiratory Syndrome (SARS) in Toronto, Canada. *Urban Studies*.

Ali, S. H. and R. Keil, eds. 2007. *Networked Disease*. Oxford: Blackwell.

Allahwala, A. 2006. Investigating Biopolitics: Promises and Limitations. *Capitalism, Nature, Socialism* 17(1) March: 50-57.

Amin, A. and N. Thrift. 2002. *Cities: Reimagining the Urban*. Oxford: Polity.

Anderson, K. 1992. *Vancouver's Chinatown: Racial Discourse in Canada, 1874-1980*. Kingston: McGill-Queen's University Press.

Asian Pacific Post. 2003. Killer virus also causing Severe Acute Racism Syndrome. 10 April, http://www.asianpacificpost.com (accessed 28 April, 2005).

Brenner, N. and R. Keil, eds. 2006. *The Global Cities Reader*. London and New York: Routledge.

Campbell, Justice Archie. 2004. *The SARS Commission Report: SARS and Public Health in Toronto*. Toronto: Queen's Park.

Canadian Medical Association Journal. 2003. Health officials warn against SARS racism. 4 April, http://www.cmaj.ca/news/04_04_03.shtml (accessed 28 April, 2005).

Castel, R. 2000. Die Fallstricke des Exklusionsbegriffs. *Mittelweg* 36(3): 11-24.

Charrach, R. 2005. Don't call me white. *The Toronto Star*, 21 August, D1.

Craddock, S. 1995. Sewers and Scapegoats: Spatial Metaphors of Smallpox in Nineteenth-century San Fransisco. *Social Sciences and Medicine* 41, 957-68.

———. 2000. *City of Plagues: Disease, Poverty and Deviance in San Francisco*. Minneapolis: University of Minnesota Press.

Davis, M. 2005. *The Monster at Our Door: The Global Threat of Avian Flu*. New York and London: The New Press.

Dyer, G. 2006. Waiting For The Pandemic. *The Walrus* 3(1) January: 44-54.

Fidler, D. P. 2004. *SARS, Governance and the Globalization of Disease*. Hounds, Basingstoke, U.K.: Palgrave Macmillan.

Florida, R. 2002. *The Rise of the Creative Class and How It's Transforming Work, Leisure, Community and Everyday Life*. New York, NY: Basic Books.

Flusty, S. 2004. *De-Coca-Colonization: Making the Globe from the Inside Out*. New York: Routledge.

Foucault, M. 2003. *"Society Must Be Defended" Lectures at the College de France 1975-1976*. New York: Picador.

Galabuzi, Grace-Edward. 2004. Social Exclusion. In *Social Determinants of Health*, edited by Dennis Raphael, 235-52. Toronto: Canadian Scholars' Press.

Gandy, M. 2004. Rethinking Urban Metabolism: Water, Space and the Modern City. *City* 8(3): 371-87.

———. 2005. Cyborg Urbanization: Complexity and Monstrosity in the Contemporary City. *International Journal of Urban and Regional Research* 29(1): 26-49.

———. Forthcoming. The Bacteriological City and its Discontents. *Historical Geography*.

Gandy, M. and A. Zumla, eds. 2003. *The Return of the White Plague: Global Poverty and the "New" Tuberculosis*. London: Verso.

Garrett, L. 1994. Commentary: Human Movements and Behavioral Factors in the Emergence of Diseases. *Annals of the New York Academy of Science* 740: 312-18.

———. 1996. The Return of Infectious Disease. *Foreign Affairs* 75(1) Jan/Feb: 66-79.

Goldberg, D. T. 1993. Polluting the Body Politic: Racist Discourse and Urban Location. In *Racism, the City, and the State*, edited by Malcolm Cross and Michael Keith. London: Routledge.

Goonewardena, K, and S. Kipfer. 2005. Spaces of Difference: Reflections from Toronto on Multiculturalism, Bourgeois Urbanism and the Possibility of Radical Urban Politics. *International Journal of Urban and Regional Research* 29(3) 670-78.

Isin, E. F. and M. Siemiatycki. 2002. Making Space for Mosques: Struggles for Urban Citizenship in Diasporic Toronto. In *Race, Space, and the Law: Unmapping a White Settler Society*, edited by Sherene H. Razack, 185-209. Toronto: Between the Lines.

Jacmenovic, M. 2005. Southern China Is Not the Only Source for Volatile Live Animal Markets. http://www.hsus.org/wildlife/issues_facing_wildlife (accessed 28 April, 2005).

James, R. 2005. Councillor stands firm: Repeats call to randomly stop black men (An illegal, repugnant, divisive suggestion). *The Toronto Star*, 17 August, C1.

Keil, R. 1993. *Weltstadt – Stadt der Welt: Internationalisierung und lokale Politik in Los Angeles*. Münster: Westfalisches Dampfboot.

———. 1998. *Los Angeles: Globalization, Urbanization and Social Struggles*. Chichester: John Wiley and Sons.

———. 2002. "Common-Sense" Neoliberalism: Progressive Conservative Urbanism in Toronto, Canada. *Antipode* 34(3): 578-601.

———. 2004. Substitute City. In *The Contested Metropolis: Six Cities at the Beginning of the 21st Century*, edited by the International Network for Urban Research and Action. Basel/Boston/Berlin: Birkhäuser-Verlag.

Keil, R. and S. Kipfer. 2003. The urban experience. In *Changing Canada: Political Economy as Transformation*, edited by Wallace Clement and Leah Vosko. Montreal und Kingston: McGill-Queen's University Press.

Keil, R. and S. H. Ali. 2006. Governing the Sick City: Urban Governance in the Age of Emerging Infectious Disease. Unpublished paper, Faculty of Environmental Studies, York University.

Knobler, S., A. Mahmoud, S. Lemon, A. Mack, L. Sivitz and K. Oberholtzer, eds. 2004. *Learning: Preparing for the Next Outbreak*. Washington, DC: The National Academies Press.

Koh, T., A. Plant and E. H. Lee, eds. 2003. *The New Global Threat: Severe Acute Respiratory Syndrome and Its Impacts*. New Jersey: World Scientific.

Lashley, F. R. and J. D. Durham, eds. 2002. *Emerging Infectious Diseases: Trends and Issues*. New York: Springer.

Latour, B. 1986. Give Me a Laboratory and I will Raise the World. In *Science Observed: Perspectives on the Social Study of Science*, edited by Cetina K. Knorr and M. Mulkay, 141-70. London: Sage.

Latour, B. 1993. *We Have Never Been Modern*. Cambridge, MA: Harvard University Press.

Latour, B. 2005. *Reassembling the Social: An Introduction to Actor-Network-Theory*. Oxford: Oxford University Press.

Lazzarato, M. 2002. From Biopower to Biopolitics, *Pli The Warwick Journal of Philosophy* 13: 100-11.

Lemke, T. 2003. Rechtssubjekt oder Biomasse? Reflexionen zum Verhältnis von Rassismus und Exklusion. In *Biopolitik und Rassismus*, edited by M. Stingelin, 160-83. Frankfurt: Suhrkamp.

Leung, C. and J. Guan. 2004. Yellow Peril Revisited: Impact of SARS on the Chinese and Southeast Asian Canadian Communities. Toronto: The Chinese Canadian National Council.

Li, W. 1998. Anatomy of a New Ethnic Settlement: The Chinese "Ethnoburb" in Los Angeles. *Urban Studies* 35:479-501.

Lin, J. 1998. *Reconstructing Chinatown: Ethnic Enclave, Global Change*. Minneapolis: University of Minnesota Press.

McLean, A. R., R. M. May, J. Pattison and R. A. Weiss. 2005. *SARS: A Case Study in Emerging Infections*. Oxford: Oxford University Press.

Montag, W. 2002. Toward a Conception of Racism without Race: Foucault and Contemporary Bio-Politics. *Pli: Warwick Journal of Philosophy* 13:112-25 (page numbers refer to copy received in personal communication from author).

———. 2005. Necro-economics: Adam Smith and Death in the Life of the Universal. *Radical Philosophy* 134 (November/December): 7-17.

Murdie, R. A. and C. Teixeira. 2000. The City as Social Space. In *Canadian Cities in Transition. The Twenty-First Century*, edited by Trudy Bunting and Pierre Filion, 2nd ed., 198-223. Don Mills: Oxford University Press.

Naylor, David. 2003. *Learning from SARS—Renewal of Public Health in Canada. A Report of the National Advisory Committee on SARS and Public Health*. Ottawa: Public Health Agency of Canada.

Ornstein, M. 2000. *Ethno-Racial Inequality in the City of Toronto: An Analysis of the 1996 Census*. City of Toronto: Access and Equity Unit.

Pratt, G. 1998. Grids of Difference: Place and Identity Formation. In *Cities of Difference*, edited by Ruth Fincher and Jane M. Jacobs, 26-48. New York: Guilford Press.

———. 2005. Abandoned Women and Spaces of Exception. Antipode Lecture, Association of American Geographers. Denver, CO, 7 April.

Rao, G. 2002. The Political Economy of Multiculturalism: Nation, Identity, Nationalism and the State. Paper presented at the Annual Conference of the Canadian Political Science Association Toronto, ON, 30 May.

Razack, S. H., ed. 2002. *Race, Space, and the Law: Unmapping a White Settler Society*. Toronto: Between the Lines.

Reynolds, G. 2004. The Flu Hunters. *The New York Times Magazine*, 7 November, 36-43, 52, 68, 92-93.

Samers, M. 2002. Immigration and the Global City Hypothesis: Towards an Alternative Research Agenda. *International Journal of Urban and Regional Research* 26(2): 389-402.

Sarasin, Philipp. 2003. Zweierlei Rassismus? Die Selektion des Fremden als Problem in Michel Foucaults Verbindung von Biopolitik und Rassismus." In In *Biopolitik und Rassismus*, edited by M. Stingelin, 55-79. Frankfurt: Suhrkamp.

———. 2004. Anthrax. In *Biopolitik und Rassismus*, edited by M. Stingelin. Frankfurt: Suhrkamp.

———. 2007. Vapors, Viruses, and Resistance(s). The Trace of Infection in the Work of Michel Foucault. In *Networked Disease*, edited by S. H. Ali and R. Keil. Oxford: Blackwell.

Sassen, S. 1991. *The Global City: New York, London, Tokyo*. Princeton, NJ: Princeton University Press.

Sennett, R. 1994. *Flesh and Stone: The Body and the City in Western Civilization*. New York: W. W. Norton.

Siddiqui, H. 2005. On multiculturalism, Pope takes a European view. *The Toronto Star*, 24 April, A17.

Simpson, J. 2004. This is a welcoming city, but it was also a perfect host to SARS. *The Telegraph*, 1 January. http://www.telegraph.co.uk/news/main.jhtml (accessed 19 January).

Smith, M. P. 2001. *Transnational Urbanism: Locating Globalization*. Malden, MA and Oxford, U.K.: Blackwell.

Sooksom, R. 2006. Not in our backyard. *The Walrus* 3(1) January: 46-50.

Specter. M. 2005. Nature's Bioterrorist. *The New Yorker*, 28 February, 50-61.

Stasiulis, D. 1989. Minority Resistance in the Local State: Toronto in the 1970s and 1980s. *Ethnic and Racial Studies* 12(1): 63-83.

Statistics Canada. 2005. Population by Mother Tongue, by Census Metropolitan Areas, Toronto. http://www40.statcan.ca/l01/cst01/demo12c.htm. Accessed 21 February, 2006.

Stingelin, M., ed. 2003. *Biopolitik und Rassismus*. Frankfurt: Suhrkamp.

Takaki, R. 1989. *Strangers from a Different Shore: A History of Asian Americans*. Boston: Little, Brown.

Wacquant, L. 2003. Ghetto. sociology.berkeley.edu/faculty/wacquant/GHETTO-IESS.pdf (accessed 16 February).

Walker, D. 2003. For the Public's Health: Initial Report of the Ontario Expert Panel on SARS and Infectious Disease Control. Toronto: Ministry of Health and Long Term Care.

Walks, A. R. 2001. The Social Ecology of the Post-Fordist/ Global City? Economic Restructuring and Socio-Spatial Polarisation in the Toronto Urban Region. *Urban Studies* 38(3): 407-47.

Wood, P. and L. Gilbert. 2005. Multiculturalism in Canada: Accidental Discourse, Alternative Vision, Urban Practice. *International Journal of Urban and Regional Research* 29(3): 679-91.

Zhan, M. 2005. Civet Cats, Fried Grasshoppers, and David Beckham's Pajamas: Unruly Bodies after SARS. *American Anthropologist* 107(1): 31-42.