

**Sevasti Trubeta, Christian Promitzer, and Paul Weindling, eds., *Medicalising Borders: Selection, Containment and Quarantine since 1800* (Manchester University Press, 2021), 324 pp.**

Reviewed by  
Oluwatoyin Oduntan, Towson

Those readers seeking to understand why national and international responses to the Covid-19 pandemic were so perplexing will find *Medicalising Borders* to be both essential and insightful. Although the 2017 conference from which this volume emerged predates the pandemic, it perceptively explored the conundrums of epidemic management, which were soon to become very apparent. This book demonstrates that the issues of disease management—including epistemological disagreements among physicians and scientists over medical knowledge, together with debates about the meanings and implications of bacteria and viruses as well as how to manage disease epidemics—are not new. The Covid-19 pandemic was a case in point.

In attempts to respond to the widespread disease, governments across the world considered whether to pursue medical diktat, undertake a microbial blitzkrieg, or demand social adjustments like sanitation or purification. They debated whether to intervene or hope for herd immunity. Policymakers struggled with justifying their own comforts and access to medical care amid the lack of or dwindling resources faced by the public while debating if, when, and

how far to apply medical reasoning to restrict social life, civil rights, and mobility. Overall, border biosecurity was often the first and common policy consensus even for those ideologically opposed to it. The technologies of border biosecurity—including quarantine, containment, and biological measurement as well as selection of migrants and refugees—are not just defense strategies against the spread of disease. Rather, they are also intertwined with the evolution, structure, and ideology of the state, its construction of citizenship and belongingness, the necessity and limits of international cooperation, and supranationalism. Yet, borders are paradoxical—real, shifting, and imagined spaces. They are territorial and extraterritorial *heterotopias*, which are amenable to and yet transcend state control and authority. *Medicalising Borders* explores the evolution of such borders and their multivarious uses to gatekeep disease, control and restrict movements, and map belongingness and exclusions while securing and promoting commercial interests.

The overall argument of the book is that these issues derive from longstanding traditions in Western countries, especially in Europe, with its close-knit maritime and inland boundaries, its enduring memory and dread of pandemics (especially the plague), and its traditional ascription of disease to *outsiders and enemies*. A European history of disease can shed light on the evolution of border regimes, on the rationales and justifications advanced to impose them, and on how the processes and technologies intersect medical knowledge, public health, and governmental legitimacy to control mobility. This book demonstrates how intrinsic disease pandemics were to the evolution

and functioning of the territorial state and its international system.

The book is organized into chapters that chronologically map the evolution of medical borders and boundaries in Europe and the United States, along with the disease factors and medical justifications advanced. The chapters are organized around related themes: war and disease borders, lazarettos and quarantine, disease and concentration camps, hygiene, racism and nationality, etc., which collectively covers the broad spectrum of epidemiology and politics.

Noting the upsurge since 2018 of mandatory surveillance and quarantine in Europe, Sabine Jesner argues that the Habsburg epidemiological “iron curtain” was an important marker of the evolution of quarantine systems. For the Habsburgs, as for the rest of southeastern Europe, the common enemy was the Ottomans—and the “East,” the source of plague visitation. The combined fear of the plague and the Ottomans enabled authorities to impose internal sanctions, forcing the population to follow disciplinary mechanisms that includes the control of movement and the extensive monitoring of individuals (p. 33). Military border structures were medicalized to require that “all travelers and peasants spend [a] defined time in quarantine” and go through purification methods (pp. 38–39), which were based on the contemporary medical knowledge of miasma and contagion. Given its dual military and epidemiological purposes, the “iron curtain” shifted alongside the ebbs and flows of Habsburg treaties, commerce, and power and control. Sarah Green’s chapter provides the logic of medicalized borders from an Ottoman perspective, which further explicates the uniqueness of Western European tradi-

tions. Against the “Orientalist” assertions of the Ottomans, Islam, and pilgrimages as being incubators of diseases, Green argues that Ottoman imperialism sustained an Old World tradition of close interaction with disease along its trade routes, paths, borders, seaways and crossing points (p. 192). The empire’s spatial conception of itself as a network of routes rather than blocks of land, meant that it faintly accepted the existence, even the inevitability, of disease—focusing as much on care as on borders, separation, and quarantine. The Ottomans made use of a sentinel system that treated medicalized borders as mercantilist tools (p. 188), strengthening and weakening its strictures as necessary to policy and disease outbreaks. On the other hand, the evolving state in Western Europe generated racist beliefs and ultranationalistic territorialization that biologized the state and tried to make it impermeable to whatever was considered harmful to the body/nation. Its most extreme manifested form was under the Nazi regime, which saw foreigners as pathogens that must be contained, expunged, and destroyed.

Paul Weindling’s “Sealing Borders” is another rich exploration of how this Nazi extremity evolved from the shared sense of border medicalization to restrict disease. Evolving mechanisms of self-determination and nationalism led to population and mass migration crises, to which states imposed immigrant quotas and tried to freeze outmigration. Nationalism made borders further inviolable, which restricted international humanitarianism to externally organized relief support and preventative programs to help “diseased foreigners in their country.” Within the limits of contemporary medical knowledge, *difference* became a marker of

disease, making minorities, foreigners, the stateless, migrant Roma communities, the mental and physically challenged, and even those with visible eye impairments undesirable. The medical bureaucracy grew to provide medical certification for quotas and visas as physicians, through their professional guilds, claimed selective and exclusive expertise and authority upon which the state justified border medicalization. As borders became check points and care points, they also became lock-ups for decontamination and the destruction of pathogenic under-riables.

Lauren Fairchild, Constance A. Nathanson, and Cullen Conway find similar patterns at play in the evolution of public health in the United States. Underlying disease epidemic management has never been accurate knowledge of disease pathogenesis nor the efficacy of preventative or remedial methods—but it has been fear and panic. These authors demonstrate that outbreak anxieties are historically configured and have shifted the meanings of fear through four different milieus of American history, each era expanding public health institutions and the powers and scope of government interventions. From the moment when panic triggered geographic flight and informed quarantine systems, the evolving state system and the new field of bacteriology reinforced fears of contagion and induced conceptions of borders that were less geographic and more symbolic. Othering along racial and ethnic as well as class and behavioural classification (p. 201) generated new tools of health securitization. Enforcing securitized borders could never fully assuage fears, nor could theories that sought to desocialize individual panics. Governments therefore had to manage

disease panics whether they were rational or not, thereby expanding governmental power, institutionalizing public health, and providing for multipronged international interventions. This was regardless of disease actuality.

Overall, *Medicalising Borders* is an impressive collection of thoughtful historicisms. The chapters are short and focused, and they are full of anecdotes that are striking and also familiar. There is little scholastic jargon, which makes it very readable for non-epidemiological professionals. It explains how modern society evolved through fears and discourses about disease and how to mitigate its impacts. It reflects that the modern territorial state is not natural but is a product of imaginative responses to the physical and microscopic environment and to social and political imperatives. The multipronged historical trajectories of border medicalization have coalesced into today's state and global public health mechanisms, with the essential features remaining evident in contemporary health and border security practices.

**Karl Schlögel, *American Matrix: Besichtigung einer Epoche* (Carl Hanser Verlag, 2023), 831 pp.**

Reviewed by  
Frank Schumacher, London, Ontario

Countless books and articles are published each year on the history and current condition of the United States. This never-ending