

Article

“The Atlas of Our Skin and Bone and Blood”: *Disability, Ablenationalism, and the War on Drugs*

Andrea Pitts

Department of Philosophy, University of North Carolina, Charlotte, NC 28223, USA; apitts5@uncc.edu

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Abstract: This paper explores the relationship between disability and the aspirational health of the civic body through an analysis of the criminalization of immigration and the war on drugs. In particular, this paper utilizes tools from transnational disability studies to examine the formation and maintenance of a form of ablenationalism operating within immigration reform and drug-related policies. Specifically, the militarization of border zones, as well as the vast austerity measures impacting people across North, Central, and South America have shaped notions of public health, safety, and security according to racial, gendered, and settler logics of futurity. The final section of the paper turns to three authors who have been situated in various ways on the margins of the United States, Gloria Anzaldúa (the Mexico-U.S. border), Aurora Levins Morales (Puerto Rico), and Margo Tamez (Lipan Apache). As such, this article analyzes the liberatory, affective, and future-oriented dimensions of disabled life and experience to chart possibilities for resistance to the converging momentum of carceral settler states, transnational healthcare networks, and racial capitalism.

Keywords: disability; transnational politics; latinx studies; political philosophy; latina feminism; the war on drugs; U.S. military intervention

A brief engagement with the Texas-based photographer Verónica G. Cárdenas’s series *Traveling Soles* (Cárdenas 2019) offers a glimpse into the range and scope of experiences of disability among migrants crossing the Mexico–U.S. border.¹ Cárdenas’ series includes short vignettes that accompany images of discarded sneakers and sandals worn by migrant children and adults arriving at the Humanitarian Respite Center in McAllen, Texas between the years of 2014 and 2016. One image displays a pair of black Nike sneakers and mentions a few details of the life of the 7-year-old girl who wore them. The paragraph states that she is from El Salvador and that she was born with hydrocephalus and scoliosis. The vignette also briefly discusses the kidnapping of her and her family, and how she witnessed the mutilation of her mother at the hands of a drug cartel prior to their arrival in Texas. Another photograph shows a pair of pink sandals covered in smudges of dirt and Mickey Mouse logos. The caption tells the story of a 3-year-old Honduran girl with paraplegia and states that her father’s leg was amputated due to being struck by a car. Other stories outline injuries resulting from sexual assault and intimate partner violence experienced by migrants prior to or during their journeys to the north.

These stories are not uncommon. International and national aid programs supporting survivors of sexual assault and the formation of assistance programs for people who have experienced injuries or illnesses during their migration attest to the prevalence of the severe physical and psychological harms that often accompany journeys across Central America and Mexico. Moreover, many such narratives attest to the presence of disability in people’s lives prior to embarking on their search for a new life. Such stories show the high risks and difficulties experienced by many migrants, and yet, Cárdenas’

¹ Many thanks to members of the 2019 Latin Americanist Writing Group in Charlotte, North Carolina, for their helpful comments on an earlier version of this paper.

work also seeks to provide a perspective on the survival, hope, and joys of the people whose shoes she photographs. The attention and detail through which Cárdenas frames the donated footwear that fill her photographs, as well as the conjuring of images of the migrants who once wore them, suggest an intimate level of care for and protection of the people whom she met and interviewed during her construction of the series. Following this thread, Mariana Ortega, noting the aesthetic and political dimensions of Cárdenas' work, has described *Traveling Soles* as a memorialization or "altar" for the living (Ortega 2019).

In a parallel vein, theorists of disability studies have noted the complexity of disabled life and experience, including obstacles and harms as well as joys, forms of bodily affirmation, and the liberatory potential experienced through disability. Aurora Levins Morales, in a piece dedicated and written in epistolary form to Gloria Anzaldúa, describes the "atlas of our skin and bone and blood," that can guide us through relationships of imperial domination, environmental toxicity, and military violence. Morales notes that our bodies "make a map we can follow" and it is this core insight from disability critique that traces dense material relationalities found through attention to pain, motility, illness, comfort, debility, and pleasure. Alongside Morales, authors within disability studies, such as Ben-Moshe and Colligan (2007); Erevelles (2011); and Puar (2017) provide transnational framings of disability that address the functions of state violence and structural ableism in the formation and maintenance of settler colonialism, global capitalism, and the carceral state. For example, Erevelles (2011) argues that poverty, crime, and death in the Global South share with disability a belief in their naturalization and inevitability. Rather than examining the material deprivations and sociohistorical factors that shape each of these structuring elements of experience, disability, like forms of illness, disease, maiming, or the slow death of Black, brown, and Indigenous populations across the Global South, are seen as causally linked to the behavior or bodies of the peoples themselves. Both disability and global inequality, in this sense, are considered unfortunate and unavoidable.

Following these strands of critique, this paper explores the relationship between disability and the aspirational health of the civic body through an analysis of the militarization of border control in the second half of the 20th century. That is, while the disability theorists mentioned above take as their focus anti-Black racism in the United States and Canada, as well as imperial and military violence in the Arab world, their work has not spent considerable space analyzing Latin American migration flows or the criminalization of immigration through a disability register. Accordingly, this paper utilizes tools from Latinx and Latin American studies, as well as disability studies, to examine the formation and maintenance of a form of what Sharon Snyder and David Mitchell call "ablenationalism." That is, Snyder and Mitchell draw from Puar (2007) notion of "homonationalism" as a relational nexus that considers forms of LGBT political inclusion (e.g., same-sex marriage, LGBT-friendly tourism, etc.) as sharing in the homogenization of populations and the interventionist foreign policies of nation-states. Like homonationalism, in which specific persons considered under the "LGBT" umbrella are modeled and valorized within the domestic policies of a given nation-state, ablenationalism too creates forms of exceptionalism and valuation, that present some segments of the population as worthy of national protections and inclusion, while others are ignored or considered disposable by the state (Snyder and Mitchell 2015, pp. 13–14). The aims of such neoliberal policies and patterns of exceptionalism thereby create notions of "deserving" and "underserving" disabled people, which reifies patterns of normalization and existing matrices of structural violence, including white supremacy, heterosexism, and global capitalism. Similar to critiques of nationalism articulated by theorists like Mosse (1985) and Farris (2017), ablenationalism focuses on rights-based forms of inclusion within domestic and foreign state policy that create notions of a racialized, sexualized, disabled, and gendered bourgeois citizen who is considered a justified and rightful recipient of state protections. As such, in this paper, I argue that we can locate the operations of ablenationalism within immigration and drug policies shaping the United States, Mexico, and parts of Central America. Specifically, the militarization of border zones, the "war on drugs," as well as the vast austerity measures impacting people across North, Central, and South America have shaped notions of public health, safety and

security according to racial, gendered and settler logics of futurity. The final section of the paper turns to three authors who have been situated in various ways on the margins of the United States, Gloria Anzaldúa (the Mexico–U.S. border), Aurora Levins Morales (Puerto Rico), and Margo Tamez (Lipan Apache). As such, this article analyzes the liberatory, affective, and future-oriented dimensions of disabled life and experience to chart possibilities for resistance to the converging momentum of carceral settler states, transnational healthcare networks, and racial capitalism.

To structure this analysis, this paper begins with a brief genealogical examination of 1960s and 1970s political activism among Latinx communities in the United States and the impact of the “War on Drugs” on people of color across the country. This section outlines some of the policies and discursive shifts that foregrounded the emergence of neoliberal logics of ablenationalism in the decades that followed. The next section thus examines shifting policies on social welfare, drug policy, and immigration reform throughout the 1980s to the 2000s, to demonstrate how displacement and state denial have functioned within the United States. The third section focuses on transnational disability critique, and ablenationalism in particular, to offer a disability studies lens on the domestic and international policies of the late 20th century impacting migrants, and other Black and brown communities. The final section turns to three approaches to these shifting trends in the late 20th century and early 21st century to offer modes of critique and bodily affirmation that respond to these patterns of displacement, state denial, and disability exceptionalism.

1. Radical Health Care Activism and the U.S. War on Drugs

The 1960s and 1970s are significant in many respects for disability scholars interested in Latinx political mobilization and radical organizing among communities of color in the United States. Groups like the Brown Berets, the Young Lords, the Movimiento Estudiantil Chicano de Aztlán (MECHA), the Chicano Moratorium, La Raza Unida Party, the United Farm Worker Union, and many other groups forming during these decades gained momentum across urban and rural regions of the United States. These groups drew attention to both national and international issues, including the Vietnam War, U.S. economic exploitation and imperial dominance, global health care inequalities, structural racism, police brutality, neighborhood sanitation, pesticide use and environmental degradation, and the denial of worker protections, among other issues. While these groups were by no means homogenous in terms of the political strategies they utilized and the issues they addressed, their collective efforts were often met, like those of other radical movements of the 1960s and 1970s, such as the Black Liberation Army, the Black Panther Party, the American Indian Movement, and the Red Guard Party, with government surveillance and suppression. Directed operations of the U.S. Federal Bureau of Investigation (FBI), as well as local and state police across the country, sought to control, curtail, and dismantle many progressive Latinx movements of the period. For example, [Vigil \(1999\)](#) documents the suppression and targeting of groups within the Chicano Rights movement, noting the surveillance of Denver-based Chicano rights activist, Rodolfo “Corky” Gonzales ([Vigil 1999](#), pp. 27–28). Similarly, Johanna Fernández, an historian documenting the radical activism of the Young Lords has found staggering amounts of police records and FBI documents that demonstrate the lengths to which government officials went to surveil and discredit political mobilizations among Boricuas in New York City, Newark, and Philadelphia ([Fernández 2020](#); [Moynihan 2014](#)). In response, during this period, organizers within these Latinx movements also sought, through efforts like the Chicano Legal Defense Fund, to document, publicize, and resist the suppression tactics of intelligence agencies like the FBI and CIA ([Gutiérrez 1978](#)).

Particularly relevant during this period was the direct attention that many of these politicized Latinx movements were giving to health care injustices, environmental toxicity, and medical neglect within their communities. For example, the American Indian Movement, the Black Panther Party, the Brown Berets, and the Red Guard Party all made concerted demands for free access to health services alongside an end to police violence, racial capitalism, and U.S. colonization. One telling action taken by the Young Lords details the structural injustices embedded within the South Bronx during the late

1960s and early 1970s. Namely, on July 14th, 1970, the Young Lords seized control of Lincoln Hospital in the South Bronx of New York City. Their demands included a free food program, an end to cutbacks that were limiting jobs and services provided by the hospital, and the formation of a community- and worker-led administrative board (Enck-Wanzer 2010, pp. 188–201). While this occupation of the hospital was short-lived, other sustained tactics of the Youngs Lords included tuberculosis testing for adults, lead-poison testing for children in the South Bronx, a free breakfast program, and a “garbage offensive” wherein members sought to draw attention to the trash and pollution concentrated in their neighborhoods. The 10-Point Health Plan of the Young Lords also echoes those of other radical health care activists of the period, including the health care platforms of the Black Panther Party and the American Indian Movement (Nelson 2011; Davis 2013). For example, during this period, groups like the United Farm Workers Movement of California were similarly protesting conditions of environmental degradation and toxicity, including negotiating contracts with agricultural companies to eliminate the use of DDT and other pesticides to protect the health of migrant farm workers (Bruns 2011, p. 76).

These political movements are important precursors to the activism and scholarly production during the 1980s and 1990s in the U.S. that would continue to trace the relationship between medical neglect, poor health outcomes, and racialized conditions of poverty, pollution, and exploitation experienced by Black, brown, and Indigenous communities. It is within this context, then, that the United States’ international and domestic “war on drugs,” comes into sharper focus. Notably, as the Young Lords note in a June 1970 publication, growing interest in addiction and “drug problems” emerged during a time when the criminalization of communities of color was expanding and a narrative of “white victimization” was advancing in novel ways. An article from *Palante* by Carl Pastor describes this scenario:

The racism of the health empire must be exposed. It is in every area of medical service. Puerto Ricans have had “drug problems” for many years, but it wasn’t until a few white kids in the suburbs started getting strung out, that the health empire “discovered” drugs and a big stink was made in the press. This is like Columbus “discovering” Puerto Rico. The 70,000 Taino Indians had always been there, but just like the drug problem, until the man feels it directly, in his pocket or in his home, it doesn’t exist and he doesn’t give a damn (Enck-Wanzer 2010, pp. 192–93).

Here, Pastor provides an early critical voice that is now being echoed by activists, historians, and sociologists studying the racial framings of drug addiction and drug policy in the United States. For example, Netherland and Hansen (2016) offer examples of how addiction narratives have operated through racialized lenses since at least the 1914 Harrison Act and 1934 Marijuana Tax Act, often depicting Chinese migrants, Mexicans, and Black Americans as “drug crazed,” addicted, and in need of control and sanction. Moreover, by the 1980s and 1990s, public distinctions between crack cocaine and powder cocaine usage operated along similarly racialized terms. Crack cocaine was viewed as a “new” drug that was being pushed across predominantly poor Black and brown neighborhoods and was met with harsh anti-drug laws and sentencing minimums (Reinarman and Levine 2004). However, powder cocaine had been in popular use for well over a century, although the average cost of a half-gram of one-gram unit of cocaine was 50–100 USD in the mid-1980s, which meant that it tended to be used predominantly by more affluent drug users. What made crack cocaine appear “new,” Reinarman and Levine argue, was that crack, sold in “rocks” and produced by being cooked down into a smokable base form, could be sold in 5–10 USD units. Thus, crack cocaine was a “marketing innovation” that was sold to predominantly poor Black and brown communities (Reinarman and Levine 2004, p. 184). In this sense, structural racial poverty and expanding narratives of Black and brown criminalization fed into public perceptions of the “crack epidemic,” and the need for more severe drug policy and policing.

From this lens, the community health focus of the Young Lords, as well as their prescient critiques of the hypocrisies of U.S. drug awareness and policy, and the increasing patterns of criminalization impacting Black and brown urban communities, foreshadowed the growing trends in medicalization and public health crises that depicted white drug users as in need of treatment and salvation. As a

form of nationalist exceptionalism, suburban white teenagers have been viewed as the “sympathetic victims” of the expansion of drug industries in the U.S., and have benefitted from the public health campaigns and other initiatives that have effectively kept “law-breaking white youth out of prison” (Lassiter 2015, p. 127). In this sense, Muhammad (2010) has traced throughout the 20th century the manner in which the criminalization of Blackness requires a converse pattern of decriminalizing whiteness, and as I propose below, this is form of ablenationalism. Such patterns of decriminalization include, as Lassiter 2015 and others argue, public resources, anti-drug campaigns, and drug policies that primarily benefit suburban white drug users.

Similarly, the “War on Drugs” included notable shifts in foreign policy as well. That is, in the mid-1980s, then-president Ronald Reagan linked U.S. national security with the importation of illegal drugs, and the early 1990s policies of George H.W. Bush quickly intensified the war on drugs as an issue of foreign policy (Youngers and Rosin 2004, p. 3). The close of the Cold War was significant at this time, Bagley and Rosen (2015) propose, and they note that “this stage emphasizes the notion that drug trafficking and organized crime also represent a major problem for the internal stability and political dynamics of a country. Criminal organizations have the potential to challenge and disrupt national security, political order, and stability” (xvi). Countries in Latin America and the Caribbean were thereby severely impacted by the new U.S. countertrafficking drug policies of this period. Moreover, such antidrug policies created patterns of U.S. exceptionalism that sought to exculpate the U.S.’s own role in the distribution and market in the illegal drug trade. Among these were the Andean Regional Initiative, beginning in 1989, focusing on countries such as Colombia, Peru and Bolivia, and the Plan Colombia of 1999, both of which sought to curtail the importation of cocaine to the United States. These efforts included massive trends in military and antidrug spending, shifting from \$5 million under the Reagan administration to \$600 million under the Bush administration in the early 1990s (Vorobyeva 2015, p. 50). Central America and Mexico were also among the targeted regions of U.S. antidrug efforts, including the mid-2000s-era Mérida Initiative, which focused on policing, anti-corruption, and militarization in Mexico, Guatemala, El Salvador, and Honduras. Additionally, the War on Drugs also brought with it an increase in the militarization of the Mexico–U.S. border zone, a trend in congressional spending and resource allocation that continues until today. Notably, such patterns of militarization, including police trainings in the use of lethal force and other counterinsurgency tactics, often spread throughout local policing programs, and, as researchers have pointed out, these forms of police militarization have had deadly consequences for Black and brown communities domestically and internationally (Coyné and Hall-Branco 2016). As such, the prescient critiques of the 1970s radical health activists mentioned above appear as harbingers of an oncoming era in which public health, national security, and domestic policy would become further intertwined. Such assemblages of national interests, corporate expansion, and biomedical discourses would become stabilized under the banner of the “war on drugs,” and would thereby continue to harm people of color in the U.S. and the Global South by creating patterns of exceptionalism that deem specific populations as “undeserving,” “untrustworthy,” or “corrupt” in the eyes of the state.

2. Welfare, Workfare, and the Criminalization of Immigration

Against this backdrop, the “war on drugs” bears deep connections to immigration reform and domestic welfare policy. Such policies have led to increasing forms of criminalization that impact Central American and Mexican migrants in the United States, including patterns of criminalization that have resonances in recent statements like those of the Acting Commissioner of the U.S. Customs and Border Protection, Mark Morgan. In a January 2019 interview with conservative news pundit Tucker Carlson, Morgan stated “I’ve been to detention facilities where I’ve walked up to these individuals that are so-called minors, 17 or under, and I’ve looked at them and I’ve looked at their eyes, Tucker—and I’ve said that is a soon-to-be MS-13 gang member. It’s unequivocal” (Tucker Carlson Tonight 2019). Statements such as these, which depict migrant youth as gang-affiliated and dangerous, have their historical precursors in the late 20th century drug war. Specifically, in this section, I trace shifts from

welfare programming to workfare policies that effectively criminalized Black and brown populations, and converged with immigration reform policies and the militarization of immigration law enforcement.

First, regarding the shift from welfare to workfare, these terms refer to changes in public aid policies, beginning with Franklin D. Roosevelt's New Deal programs to the curtailment and restrictions placed on access to health care, food security, educational, and housing security programs implemented in the 1980s and thereafter, that placed employment status and economic productivity as requirements for access to such public aid. Ruth Wilson Gilmore's pivotal work, *Golden Gulag* (Gilmore 2007), outlines the relationship between the implementation of workfare policies and the expansion of prison systems across the late twentieth century. Dispelling the myth that the reasons for prison expansion involve a simple narrative, such as "crime went up; [the state] cracked down; crime went down" (Gilmore 2007, p. 17), Gilmore digs into the possible explanations not only for the massive increase in the numbers of incarcerated peoples in the state, but also the demographics of who primarily ends up in carceral facilities, namely, people of color and poor whites. Specifically, Gilmore examines the industries and forms of wealth accumulation that boomed during World War II in the Southern and Western United States. To explain prison expansion in California, she examines the relationships between postwar economic crises, state-driven geographical attempts to solve these crises, and the exploitable and threatening excess labor markets in California. Notably, she argues that many Black workers, who had migrated to the West during the war to participate in the industrial boom of that era, were left displaced after the war. While some aeronautical, communication, and electronic warfare industries remained under contract with the military following the hot-war period, a number of military industrial centers shifted to the production of consumer or produced goods during the Cold War. During these shifts, a number of Black workers, many of whom now had families based in California, lost jobs as the pay levels once provided through military spending dried up and consumer/producer industries could not match their previous wages (Gilmore 2007, pp. 38–39).

Specifically, Gilmore argues that the boom in prison industries resulted from a crisis in the state's capacity to maintain "the formal inequality of capitalism," including the laws, bureaucracies, budgets, taxation, and educational sectors that produce "primary definitions of social reality" (Ibid., p. 78). Gilmore states: "The peculiar welfare-warfare, or military Keynesian, state form began to lose its legitimate ability to manage crisis, and thus to reproduce itself and endure, at about the time the profit rate started to flatten and then fall in the mid to late 1960s" (79). The seeming "safety nets" put into place through welfare programming since the New Deal, while always stratified across racial lines, began to decline further, and Gilmore notes the rise of workfare programming, which attempted to solve multiple crises, including labor surpluses, limitations and restrictions regarding access to welfare programming, and the reinvestment of surplus land and circulation of finance capital into prison industries. Such programming ties wage-labor, prison labor, and other labor pools with the distribution of social goods. Such standards, including employment requirements, drug-testing, etc., then justify the limiting of housing, health care, and nutritional resources to populations that are considered irresponsible and thus undeserving of public aid.

Regarding the welfare to workfare shift in the late 20th century, and the maintenance of a public narrative that justifies formal inequalities in the state, Loïc Wacquant has also spent considerable time examining the parallels between welfare reform and the treatment of poor people as "a troublesome population" that requires control and sanction. In *Punishing the Poor* (Wacquant 2009), Wacquant argues that "In the age of deregulated and underpaid labor, this law effectively assimilates welfare beneficiaries to civic felons for whom workfare will serve as an [analogue] of probation fit to ensure that they abide by the reaffirmed national norms of wage work and family morality, on pain of being effectively kept out of the citizenry" (Wacquant 2009, pp. 79–80). Additionally, Wacquant traces the cutbacks of welfare programming for immigrant children and adults through these shifting terms of welfare reform.

As such, increasing forms of health-related exceptionalism continue to emerge and shape the criminal punishment system and the expanding restrictions on public resources available to immigrants

during 1990s. Tracing such lines of the language of “dependency” and “dangerousness,” Martha Escobar argues in *Captivity Beyond Prisons: Criminalization Experiences of Latina (Im)migrants* (Escobar 2016), that immigrants were cast as racialized and gendered threats to the stability of the nation-state during the 1990s. The same year as the Personal Responsibility and Work Opportunity Reconciliation Act went into effect, 1996, the Illegal Immigration Reform and Immigrant Responsibility Act also went into law. Accordingly, these pieces of legislation heightened public discourse around the language of individual responsibility for forms of basic subsistence needs (medical care, food and housing security, and disability benefits). The immigration policy during this period also “amended and added new offenses to the definition of aggravated felony, making this new definition apply retroactively . . . [and this led to] an immediate upsurge of removals” (Escobar 2016, pp. 50–51). Such policies began sending more migrants to prisons and detention facilities, and began making access to basic social goods unavailable or risky for a number of migrant communities. This period also brought about the “criminal alien identification system,” an enforcement initiative which sought to link criminal legal systems with federal immigration systems. Regarding gendered dimensions of the criminalization of migration, Escobar, as well as Natalie Cisneros, have examined the language of “anchor babies” and the assumptions of excessive Latina sexuality and fertility often attributed to migrant women from Latin America and the Caribbean (Escobar 2016; Cisneros 2013). In this sense, like Black women demonized through the framing of the “welfare queen” in the United States, Latinas are viewed as “stealing” the social goods and resources of more “deserving” citizens (Escobar 2016, p. 46).²

These legal changes, as well as the growing government spending and administration of anti-drug trafficking laws throughout the 1980s and 1990s has become known as “cimmigration” (Ibid., p. 51). Many of these changes significantly impacted and continue to impact Mexican and Central American migrants at the U.S.–Mexico border. However, broader repercussions and state enactments of cimmigration through increased spending on guns, ammunition, and military equipment, can be tracked across virtually all U.S. ports of entry, as well as within other administrative units of the U.S. government, including the Food and Drug Administration, the Social Security Administration, National Oceanic and Atmospheric Administration, United States Mint, Department of Education, Bureau of Engraving and Printing, and National Institute of Standards and Technology (Andrzejewski and Smith 2016). These changes included employer sanctions for employing undocumented workers, border militarization, and limits on amnesty for asylum seekers. What we now know as the “286g Agreements” between local law enforcement and federal immigration enforcement, which include local police officers holding persons under Immigration and Customs Enforcement detainer requests, occurred during these 1990s reforms as well. Additionally, databases emerged during the 2000s to connect biometric data and records between federal, state, and local levels to further link immigration and criminal law enforcement. Such forms of criminalization, then, function in tandem with efforts to limit the health care, food and housing security, and supplemental income programs offered through the state. This includes, for example, the recent administration’s efforts to spread the myth that migrants travel to the U.S. simply to receive welfare benefits.

Returning to the previous discussion of public health and the war on drugs, we can see how the community health initiatives of organizations such as the Young Lords and others can be interpreted as important warnings for future generations about the impending neoliberal workfare and privatization models for public services that have framed many people of color, including migrants, as likely to

² For an additional analysis of the gendered dimensions of patterns of criminalization impacting Latinas, Juanita Díaz-Cotto has explored the differential forms of plea-bargaining power between Latinas and Latinos in drug-related criminal cases. Due to issues of kinship and community loyalty, as well as often being primary caretakers for children, which results in additional charges of “child endangerment” when drug trafficking happens through the home, many Latinas become stuck within networks of criminality that lessen their ability to provide high-level cartel information or to receive reduced sentences through plea bargains (Díaz-Cotto 2006, p. 22). Many thanks to Mel Castañeda for bringing this point to my attention.

abuse social welfare programs or likely to become “public charges” who are dependent on the state.³ We could consider what the Young Lords called “Health Empires” as an early framing of the networks of corporate finance, medical industries, and policy initiatives that effectively converge in a manner that operatively controls, contains, and punishes poor communities of color. In the following section, I expand on this point by turning directly to transnational disability critique and the war on drugs, which allows us to better focus on the manner in which ablenationalism operates under a broader hemispheric lens.

3. Transnational Disability Critique

Transnational disability critique, in general, and ablenationalism, in particular, I contend, can help scholars in migration studies frame the shifting welfare policies of the late 20th and early 21st centuries and the devastating effects of the war on drugs. Specifically, the issues addressed in this section show the relationship between disability and racialized state violence, which thereby demonstrate how nation-states serve to justify the neglect, displacement, and degradation of people of color. First, Nirmala Erevelles, in *Disability and Difference in Global Contexts* (Erevelles 2011) examines “how the body, particularly the disabled body, is constituted within the social relations of production and consumption of transnational capitalism, [and she] foreground[s] the implications these social/economic arrangements have for making bodies matter (or not) (Erevelles 2011, p. 7). She argues that the “the lack of access to economic resources and, consequently, to health care . . . contributes to the creation and proliferation of disability” (Ibid., pp. 17, 21). In this vein, disability is conceived as produced through the relations of production under advanced capitalism. Weaving her experiences with her husband’s treatment and eventual death due to brain cancer, Erevelles engages with debates regarding the relationship between materiality and sociality. Like other theorists of disability, such as Tremain (2005, 2017) and Helen Meekosha and Russell Shuttleworth (Meekosha and Shuttleworth 2009), Erevelles critiques the naturalization of impairment, and extends this critique through an analysis of the expansion of transnational capitalism. Political economy, she argues, shapes the forms of embodied difference that render lived experiences possible. As such, her view provides a “relational analysis that foregrounds the social relations that separate and connect subjects located within the broader context of transnational capitalism,” specifically focusing on the relationship between First and Third World subjects through the lens of political economy (Erevelles 2011, p. 20).

Disability, she argues, exists in a dialectical relation to race, gender, and sexuality (Ibid., p. 21). The term “becoming” is significant for Erevelles, as she marks the production and processual conditions of disability. Erevelles contends that the material conditions of late capitalism have enacted the “racialization of disability” and the “dis-abilization of race” (Ibid., p. 23). By this, she means that both race and disability are co-enabling conditions, and her work points to the intercorporeal dimensions of impairment. Rather than features of people or identities, the view that the flesh is capable of becoming commodified, maimed, mutilated, and violated, frames the medical discourses that eventually codify the contours, functions, and physiological norms of the body. Illness, disease, motility, reproduction, and so on are “atomized” or individualized under the lens of the biomedical and psychological sciences (Ibid., p. 43). These fields emerge from the potentialities underwritten by the rendering of flesh through, for example, the Trans-Atlantic slave trade and medical experimentation across the United States, Central America, and the Caribbean. Erevelles thus sheds light on the multiply stabilizing matrices of relations that ensure the co-existence of race and disability, and the material conditions that ensure their continued degradation and violability.

³ The Trump administration has announced that it will be changing immigration policy to reflect new considerations regarding a given applicant’s use of programs such as non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program, and several housing programs. Such factors may be used to determine whether a migrant is inadmissible for admission or adjustment of status to the U.S. (Kaiser Family Foundation 2019).

One such production of difference, Erevelles writes, occurred through the media circulation of images of disabled people in the aftermath of Hurricane Katrina:

The aftermath of Hurricane Katrina became one of those truth-telling times when the ideology of disability as a purely “natural” phenomenon could no longer be sustained in the face of the obvious failure of social policy to support the survival of disabled people in their daily lives (Erevelles 2011, pp. 127–28).

In contrast to this, she notes, Third World depictions of suffering and death are naturalized, but come into sharper focus in light of efforts to erase disability or diminish the functions of disability following Hurricane Katrina. She states:

On the one hand, the hypervisibility of the Third World appeared in sharp contrast to the invisibility of disability only because the former could be safely invoked as a naturalized condition that could inspire emotion but not transformation. On the other hand, to acknowledge disability required the recognition of the material violence waged against disabled bodies—a recognition that would destroy the tropes that construct disability as the “natural” rather than a “political” (read materialist) embodiment of destitution. Thus, even though on the surface the two constructs, Third World and disability, experienced differential treatment in their representations, it is their commonalities that actually forced these differentiations—their commonality being the collective public effort to read them as “natural” rather than “political/materialist” constructs (Ibid., p. 128).

Depictions of destitution and depravity in the Third World, including things like gang violence, famine, and disease, are considered natural and inevitable features of the contexts and peoples that inhabit such geopolitical spaces. Likewise, disability, when viewed through a medicalized or impairment–social dichotomy, similarly frames the inevitability of specific intracorporeal relations that assume lack and despair.

As such, from this framing, the photographs and vignettes about migrants documented in Cárdenas’ *Traveling Soles* series prompt us to consider again the transnational framings of disability, global capitalism, and military intervention and violence. For example, in “Disability as Imperialist Discourse,” Erevelles examines the relationship between war and disability. Looking specifically at the wars in Iraq and Afghanistan, she argues that the terms of U.S. imperialism entail incredibly high degrees of death, destruction, deprivation, injury, and debility (Ibid., p. 132). According to Erevelles, the material economic conditions of warfare in Third World countries lead to deprivation, death, and the continuation of perceptions of people with disabilities as “burdensome on society.” Thus, in this vein, I propose that we could similarly read the “war on drugs,” U.S. immigration reform, and the infrastructural adjustment programs of the 1990s that led to increased privatization of state resources and market deregulations throughout Latin America (e.g., the Washington Consensus), as bearing significant impacts on the material conditions of peoples now fleeing war-torn conditions in Honduras, El Salvador, and Guatemala, and other militarized conflicts in parts of Mexico and Mesoamerica, i.e., the very people that Cárdenas interviews in her series. Read in this light, the shifts from welfare to workfare to crimmigration occurring throughout the 1980s, 1990s, and 2000s ought not be delinked from the interventionist efforts of the United States occurring throughout those periods as well. Within this purview, it comes as no surprise that White House national security adviser John Bolton and the current U.S. president have revived language and discussion of the Monroe Doctrine, a U.S. policy that has been used to justify economic and military interventions in Latin America for the past two centuries (Taylor 2019). Most notably, historians mark that the United States’ own involvement in the training of death squads and militia at School of the Americas has had significant impacts on the civil wars and conflicts throughout Central America, including the training and placement of military-trained officers in various governmental roles throughout the Americas (Gill 2004). Additionally, such framings demonstrate the states of exceptionalism that have shaped the contours of U.S. migration flows,

including patterns of granting asylum to Cubans, Iranians, and refugees from the former Soviet Union, countries that the United States has explicit foreign interests in allowing to immigrate. Meanwhile, Haitians, Mexicans, Salvadorans, Hondurans, and Guatemalans remain tangled within migration policies that perpetually seek to exclude and reject their claims for asylum.

With this in mind, we can view the war on drugs, immigration reform, as well as other interventionist policies of the U.S., as contributing to the perceptions of Central America and Mexico as spaces of assumed “natural” depravity, despair, and deathliness. Regarding, then, migration from Central America and Mexico, here we can directly consider Snyder and Mitchell’s articulations of ablenationalism (Snyder and Mitchell 2015). Ablenationalism, they contend, reifies the neoliberal state’s investment in the commodification of material supports aimed at “rehabilitation” for persons considered debilitated within specific labor pools of advanced capitalism. Akin to the work of Gilmore mentioned above, Snyder and Mitchell focus on responses to nationally-framed economic crises involving “surplus labor” that effectively curtail and constrain access to social support and resources (Snyder and Mitchell 2015, pp. 16–17). Yet, they note that, “the calculated provision (and purposeful nonprovision) of services based on principles of detecting qualifying bodies as ‘too impaired’ for meaningful labor” demonstrates the ways in which disability exceeds many Marxist framings of surplus labor (Ibid.). In this sense, the creation of forms of “state-sanctioned ostracization” of some people, specifically, those who are assumed to be incapable of participating within labor markets, creates differential modes of state and private-sector responsibility, including charity models.

Additionally, rights frameworks that laud the inclusion of disabled people within the labor markets of the state are another facet of ablenationalism. Snyder and Mitchell state: “Within the terms of ablenationalism . . . disabled people are increasingly fashioned as a population that can be put into service on behalf of the nation-state rather than exclusively positioned as parasitic upon its resources and therefore, somehow outside of its best interests” (Snyder and Mitchell 2015, p. 17). This then leads to the uneven and partial distribution of resources within a nationalist framing, creating forms of disability exceptionalism that erase axes of the broader neoliberal politics of exclusion, patterns of exclusion that operate in terms of racial, classed, gendered, and nationalist forms of state refusal. Thus, as Jasbir Puar notes on the biopolitics of disability, “the transnational deployment of this exceptionalism renders the United States an advanced and progressive nation of disability awareness, accommodation, and incorporation while projecting backwardness and incapacity of modernity onto those Others elsewhere” (Puar 2017, pp. 71–72).

Within these terms, then, we see the mutual imbrication of disability exceptionalism and the welfare to workfare programming characteristic of the 1980s and 1990s reforms. Similarly, the criminalization of immigration functions within the biopolitics of disability and ablenationalism by constructing migrants as needy dependents, stemming from destitute contexts who seek the utilization of rights and resources of otherwise “more deserving” U.S. citizens. Such framings also thereby erase the large-scale neoliberal economic and military interventions that structure health care, environmental conditions, access to goods and resources, and the material features of national and local infrastructures. Other shifts are also notable within national disability rights frameworks, including the creation of categories of “deserving” and “underserving” recipients of disability aid programs. For example, while drug addiction has become increasingly medicalized in recent decades, the Americans with Disabilities Act (ADA) of 1990 effectively excluded drug users from receiving disability benefits (Spade 2015, p. 27). Specifically, the ADA distinguishes between current drug users, who are ineligible for disability benefits, and people who are addicted to drugs and are currently in treatment or recovery, who are eligible for ADA protections (Westreich 2002; Henderson 1991). Previously, under the 1973 Rehabilitation Act, current drug users were eligible for state disability benefits. Thus, such patterns in drug policies and workfare policies create tight connections between the distribution and allocation of state protections, such as public accommodations and protection from housing and employment discrimination.

4. From Crimmigration to Crip Theory

Lastly, I would like to turn here to the reclamatory and destabilizing functions of Robert McRuer's framing of crip theory (McRuer 2006) as a methodology for examining sites and forms of cultural creation that are seeking transformation beyond ablenationalism and disability exceptionalism. Given the biopolitical and neoliberal functions of disability discussed above, finding sites of contestation, critique, and affirmations of embodiment and desire within disability remain important facets of an analysis of migration. In this last section, I examine the work of three theorists, each of whom offer complex framings of the relationship between disability, U.S. settler colonial politics, and environmental degradation, all of which point toward forms of coalitional praxis beyond the parameters of ablenationalism that I have outlined above. Specifically, this last section highlights how Latinx and Indigenous theorists have been underscoring the complexity of debates regarding the neoliberal policies that have effectively tightened austerity measures across the United States, Mexico, and parts of Latin America, and seeking modes of resistance against them. Such authors are precariously positioned "outside" gendered, racialized, settler, and able-bodied norms of the neoliberal state, and their work connects contemporary patterns of resistance to ablenationalism to the clarion calls of the radical health care activists of the 1970s that I mention in Section I.

First, consider Gloria Anzaldúa's critiques of representational and identitarian constructions of disability, as well as her affirmation of the complexities of pleasure, creativity, and pain as forms of crip theorizing *de la frontera*. Namely, consider her words in 2003, in a series of email exchanges with Ana Louise Keating and her students who are discussing disability studies. While Anzaldúa is cautious about taking on the label of being "disabled" or "diabetic," she also notes that she welcomes the students to read her within the context of disability studies. She worries about "generic/cultural slices-of-the-pie terms" that may reduce identity and experience. Yet, she rejects a description of her relationship to disability as one of being "distanced" from disability. She states:

I feel an in-my-face, up-front-and-personal relationship with diabetes & its disabling complications. I can't escape it. I am concerned with my eyesight when I read, write, watch TV, or go to the movies. I have to pay attention to my blood sugar levels when I eat and exercise, when I stay up at night, when I socialize, & when I travel to do speaking engagements. The state of my feet is foremost in my thoughts at all times. When I forget some of these my body reminds me, sometimes painfully (Anzaldúa 2009, p. 300).

Here, naming the everyday relationship that she has with disability, Anzaldúa continues to explain that she considers people with disabilities as "prone to develop *la facultad*" (Ibid.). By this, Anzaldúa is referring to an aesthetic concept whereby persons develop a sense for interpreting or perceiving the underlying complexity of their geopolitical spaces. This concept appears in many of Anzaldúa's writings, and a discussion of it is raised in her 1987 *Borderlands/La frontera*. In that work, Anzaldúa describes *la facultad* as: [T]he capacity to see in surface phenomena the meaning of deeper realities, to see the deep structure below the surface. It is an instant "sensing," a quick perception arrived at without conscious reasoning. It is an acute awareness mediated by the part of the psyche that does not speak, that communicates in images and symbols which are the faces of feelings, that is, behind which feelings reside/hide. The one possessing this sensitivity is excruciatingly alive to the world (Anzaldúa 1999, p. 60).

While this description tends to prioritize *la facultad* through a visual sensory modality, her continuation of the discussion opens up further possibilities for interpreting her later 2003 correspondence on disability. In particular, she notes that there are specific conditions under which people develop this kind of perceptive sensitivity. She notes that "those who are pushed out," "who do not feel psychologically or physically safe in the world," and "those who are pounced on the most" develop this kind of "acute awareness" (Ibid.). In this framing, *la facultad* becomes an embodied and critical orientation toward the world that is developed through difference, confrontations with harm, and displacement. Against ablenationalism's patterned displacements, rejection, and deathly neglect,

Anzaldúa finds aesthetic and epistemic modes of orientation and perceptual awareness that may help to investigate systemic forms of political ostracization and population management. However, she also rejects the labeling of being included within “slices-of-the-pie” models of identity wherein differential access to resources and affirmation may be at stake.

Within this frame, it thus comes as no surprise that disability studies theories like Minich (2014) and McRuer (2006) consider Anzaldúa a crip theorist due to her “career-long considerations of terms and concepts that might, however contingently, function to bring together as they threaten to rip apart *los atravesados*: ‘The squint-eyed, the perverse, the queer, the troublesome, the mongrel, the mulato, the half-breed, the half dead: in short, those who cross over, pass over, or go through the confines of the ‘normal’” (McRuer 2006, pp. 38–39), quoting (Anzaldúa 1999, p. 25). As such, Anzaldúa’s work offers ways to examine the normativity of identity claims, embodied pleasure and creativity, as well as the destruction and control of life and death through transnational neoliberal capitalism and governance. For example, we can trace throughout her oeuvre how Anzaldúa describes her experiences of an endocrine condition that caused her to begin menstruation as an infant and undergo puberty at 6 years old. On these matters, Levins Morales and Bost have read Anzaldúa’s work as seeking to find the transformative and creative potential within disabled, chronically ill, and pained forms of embodiment.

In response to Anzaldúa’s refusal to identify as “disabled,” Levins Morales notes that the reason for this may have been that Anzaldúa did not have the “strong, vocal, politically sophisticated disability justice movement led by queer working-class women and trans people of color who understood [her] life” (Levins Morales 2013, pp. 4–5). Such a community, Levin Morales remarks, could have been the normative bridge that would have possibly led Anzaldúa to embrace disability as a home-making practice rather than refuse it. Levin Morales writes that Anzaldúa likely needed a disability justice movement that would hold her in her multiplicitous dimensionality, and see “all the ways our bodies are made wrong, held responsible for our own mistreatment, blamed for showing the impact of oppression, all the ways our nature is called defective, are connected, rooted in the same terrible notions about what is of value” (Ibid., p. 5). In the context of a panel on disability and Latina feminism, Levin Morales offers a statement of hope and suggestion: “I think if we called on you [Anzaldúa] to bring the story of your body to this circle, you would come” (Ibid., p. 9). This sentence, thus, finds in Anzaldúa’s work the desire to build, create, and seek transformation through embodied experiences with pain, illness, environmental toxins, and negotiations with the able-bodied institutions, spaces, and norms that govern most worlds of sense and meaning. Anzaldúa’s work, as Bost also notes, viewed the materiality and experience of pain as a site from which to theorize selfhood, society, and history (Bost 2010, p. 29). This is what Levins Morales considers “the atlas of our skin and bone and blood” that embodiment and experience provide, and which critical disability studies has so carefully thematized (Levins Morales 2013, p. 10).

In this vein, Joni Adamson has linked Anzaldúa’s framings of illness, medical intervention, diabetes, and bodily pain to the transnational agricultural industries that shaped Anzaldúa life and those of many others in the border zones of the Rio Grande Valley (Adamson 2012). Notably, both diabetes and various endocrine conditions have been linked to the use of DDT and arsenic in pesticides used across agricultural sectors in Texas (Ibid., p. 18). In fact, agricultural labor movements, critics of environmental racism, and Indigenous and Chicana resistance movements have been deeply intertwined with the politics of southern Texas, as well. Taking the agricultural industries as productive of their own networks of disability exceptionalism, whereby some laborers are thought to produce, quietly and apolitically, for corporations, Anzaldúa’s work undermines the notion of the disabled, debilitated, and silenced laboring body, and revalues her relationship to land, to community, and to the nation–state’s own refusals. Within these terms, Adamson also links Anzaldúa’s work to the writings of Lipan Apache scholar–activist–author Margo Tamez on issues of border militarization, environmental degradation and toxicity, and Indigenous–Chicana solidarity.

Specifically, Adamson examines Tamez’ poetry and demonstrates the long traditions of Lipan Apache resistance to the industrialization and militarization of Indigenous lands along the Rio

Grande. Adamson specifically notes the broad alliances among Indigenous and Chicana communities in Tamez's work, communities that have often been viewed as bearing conflicted or contested relationships.⁴ As such, both Tamez and Anzaldúa, write in their respective works about their families' experiences as laborers in the agricultural industries in South Texas, and describe "the human costs of diaspora and detribalization in terms of sexual and gender violence and literal contact with toxins" (Adamson 2012, p. 17). Through this lens, both Tamez and Anzaldúa struggle against notions of authenticity and the stereotypical expectations for Indigenous and "ethnic" writers (Ibid.), and both reject simplistic identarian moves that re-inscribe patterns of thought, affect, and habits that seek to flatten the meanings of particular Indigenous or ethnoracial identities.

For example, in an interview with Lisa Alvarado, Tamez writes that many publishers of Indigenous literature want to market books by Indigenous woman that present them as "flat caricatures who are submissive and placid, complacent non-actors in their own destiny" (Alvarado 2007). To resist this tendency, Tamez's describes her collection of poetry, *Naked Wanting*, as primarily a book about "decolonization, patriarchy, sexism, oppressive traditionalism and indigenism, miscarriage related to DDT and Toxaphene, indigenous women's labor and reproduction as sites of many colonization projects, erased histories" (Ibid). In this sense, Tamez's framings of environmental degradation, sexual violence, and border militarization are persistently linked to Indigenous land claims and rejections of settler state narratives of futurity.

Similarly, throughout her writings, Anzaldúa criticizes efforts to homogenize or reduce experiences and authorial positionings of Chicanas to reified stereotypes or identities. In a published email dialogue on disability, Anzaldúa writes that the forms of nepantlismo that she seeks would not reify particular identarian norms. Rather, she writes:

I'd like to create a different sense of self (la nepantlera) that does not rest on external forms of identification (of family, race, gender, sexuality, class, and nationality), or attachments to power, privilege, and control, or romanticized self-images (Anzaldúa 2009, p. 302).

In this sense, both Tamez and Anzaldúa reject narratives of collective transformation that rely on unified forms of identification that place authorial agency within existing tropes of race, gender, and other social identity markers. If we were to read Anzaldúa more conservatively on this matter, she might appear to be advocating a rejection of forms of identification with racial and gender categories that are often important strategic tools used to counter state power and control. For example, important race-based movements, such as the Black Liberation Army or the Brown Berets, have relied on racial identification and solidarity to resist racism, class-violence, and imperialism. Yet, if we link her critique of identitarian strategies with analyses of the futural and critical senses of embodied experiences of disability that act against ablenationalist tropes, we find much more fertile ground from which to analyze her approaches to environmental, medical, and societal patterns of toxicity and harm. When read together, the work of Tamez, Levins Morales, and Anzaldúa provide shifting, multiplicitous registers through which to interpret and frame the destruction caused through border militarization, as well as the patterns of deprivation and denial countenanced through neoliberal logics of workfare and criminalization. For example, in *Kindling*, Levins Morales provides a careful analysis of her time spent in the International Center for Neurological Restoration in Havana, Cuba. Levins Morales critiques fears of "socialism" in the United States, and frames the care and prioritization of her wellbeing within the context of the Cuban medical system. She writes:

In spite of the horrific day-to-day costs of the cruel economic blockade that the U.S. has imposed for fifty years, in spite of dreadful shortages of the most basic supplies (toilet paper, writing paper, soap, pens), Cubans have prioritized health care and spend a large part of

⁴ See, for example, Cotera and Saldaña-Portillo (2015) on the conflictual relations between Chicana and Indigenous communities.

the national budget providing it . . . Socialist medicine is about putting human need ahead of greed . . . It's about making societies built on taking care of each other instead of taking advantage of each other. It's about putting human dignity and love above profit, the right to good lives ahead of the right to wealth (Levins Morales 2013, pp. 153–56).

Here, Levins Morales harkens back to the radical health care organizers of the 1970s, who were raising an alarm about the rise of “health empires” that would continue to value profit over people. Similarly, Tamez’ work continues that of Indigenous and Chicana movements that have fought against the environmental degradation and labor exploitation of workers in the Rio Grande Valley.

Thus, this work orients us toward a growing coalition of Indigenous, Latinx, and Black activists and theorists who are continuing to place nation-building projects and transnational economic policies within the purview of disability, health, and the medical industrial complex.⁵ Through their work, as I hope to have offered here, we find the resonances of a critical strand of disability justice that has persisted throughout the late 20th and early 21st centuries, and that will continue to enrich and deepen our understanding of disability politics, experience, and futurity.

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⁵ See, for example, (Block et al. 2016; Million 2013; Minich 2014; Pickens 2017; Shalk 2018).

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