one **'body/nation'** | *Pathology and Cultural Citizenship in Australia*

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> The thing is, if we're going to allow refugees into this country we are going to end up having
> some people who have got diseases.
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> <div align="right">Tony Abbott (then federal Health Minister), 2007[1]</div>

In April 2007 the headline 'PM wants ban on HIV immigrants'[2] appeared in the *West Australian*
newspaper. The article reported then prime minister John Howard's 'initial reaction is no' to
a question of whether HIV-positive people should be permitted to immigrate to the country.
Howard continued, 'I think we should have the most stringent possible conditions in relation
to that nationwide, and I know the health minister is concerned about that and is examining
ways of tightening things up'.[3] Following a strident opposition to these comments—in news-
paper letters pages, from AIDS advocacy groups and even from his own party—the matter
seemed to briefly disappear from the public discourse. It then re-emerged, with Howard
again calling for a reassessment of screening policies for HIV positive immigrants. This
signalled that this issue has held significant sway within Australia's recent concerns over
immigration, and also elucidates ongoing anxieties regarding Australia's borders and disease
control.[4] Despite a June 2007 headline that the 'PM softens his stance on HIV migrants',[5] the
previous government's federal preoccupation with disease and 'foreigners' seemed anything
but transient, or, it could be said, 'soft'. Specifically, this reigniting of HIV issues highlighted
the underlying connotations of 'health', and its enduring relationship to border regulation,
in the Australian national identity.

Associations with Australia's health are created through complicated, and problematic,
assumptions and negotiations with identity that link sexuality, ethnicity, gender and the body

in myriad ways, giving the term 'a healthy constitution' a new meaning. As Catherine Waldby has suggested, notions of 'public health' do not exist as a prediscursive state; they are inevitably linked to biological assumptions of the sexed body, and the organisation of that body in society.[6] The framework of health is here contingent on notions of sexuality as a primary mode through which ideas of whom and what are deemed 'natural' and 'normal'. In this manner, cultural codes predicated on normative associations become the filter through which the integrity of the body politic is maintained. These regulatory mechanisms working to maintain national and social cohesiveness are intricately tied to discourses of ethnicity and migrancy. Furthermore, the threat of disease both informs, and is fuelled by, connotations of 'the foreign', often conflating the two in very literal ways. As such, HIV/AIDS has become a crucial site where cultural fears of the 'non-normal' coalesce; a meeting point for all manner of perceived threats to the 'white heteronormativity' of a healthy Australia.

This article will investigate concepts of 'health' in the Australian body politic and the discursive associations between 'disease' and the 'foreign' as perceived contaminants to the nation in Australia. Through representation of 'third-world' disease in the *West Australian* newspaper, the entwined discourses of immunology, ethnicity and sexuality will be interrogated, exposing the constructed boundaries that sustain cultural norms. The article will subsequently explore the manner in which these boundaries are continually reconstituted, fuelling avoidance of the ambiguities of national belonging and ensuring the enduring pathologisation of the 'un'Australian.

I have chosen HIV as the dominant area of analysis in this essay not because it was (is) alone in media discourse as a disease often interpreted through immigration fears and their racialised and sexualised narratives—tuberculosis similarly gets attention in the media during the same time period (albeit sporadically)—but because of its continued elevation as a disease often denoted as stemming from deviousness or forms of 'non-normal' transmission. HIV/AIDS is also, I would argue, unique, in that its manner of contagion is not casual—in the way tuberculosis is airborne—and therefore the attention and overt significance it has gained as an issue of public health presents interesting intersections for analysis of national belongings and citizenships, especially in a country such as Australia where rates of infection are low by global standards.

— Assumptions of Health

The discursive links between nation and the body have been explored thoroughly in recent years, both through theoretical examinations and empirical historical works. Theorists have explored at length the manner in which gendered and sexualised national borders can relate to the metaphorical reading of the nation in explicit as well as implicit ways.[7] An integral part of these analyses has rested on the denotation of borders as sites of separation, not only

geographical and national in nature but as forms of social and cultural delineation—what Ann Laura Stoler has called 'interior frontiers'.[8] Connotations of health are often significant to the way that borders are managed and maintained; indeed, evolving definitions of 'public health' have been intricately tied up in the business of the social construction of nationhood and its connection to cultural citizenship(s), because of, as Bashford has illustrated, 'the political philosophy that thinks of the population as one body, the social body, or the body of the polity'.[9] In this manner, issues of sexuality, reproduction, gender and 'race' have often entwined to delineate appropriate and 'healthy' behaviour from that deemed deviant, weak or simply not falling within the confines of national belonging, for 'the border is traditionally the site where otherness is constructed and managed'.[10] As many authors examining postcolonialism and diasporas have demonstrated, the 'nation' is increasingly an ambiguous model for understanding the movement of peoples around the globe and indeed highlights the disconnect between national belonging and geographical location. Correspondingly, the ways that identity is constructed and embodied in specific locations and times emphasises the unsettled nature of belonging in a 'globalised' world. The idea of 'globalisation'—a term debated with regard to its accuracy and analytical utility— highlights the ambiguous place national borders have within the current geopolitical climate. As Bashford has stated:

> The 'age of globalisation'… might be 'global' in terms of disease speed, but is also characterized by increasingly intense regulation at national borders. Medicine at the national border, indeed, is not really being 'brought back', it is spreading and deepening from places it never went away.[11]

It is no longer possible—if it ever has been—to differentiate in any simple way 'citizen' from 'foreigner', 'migrant' from 'local'; as Lavie and Swedenburg explain, there are no longer any certainties surrounding an innate connection between identities and particular places.[12] Similarly, the singularity of the term 'migrant' renders invisible the multitude of interpretations and manifestations of 'foreign' bodies within national space. In this sense, incarnations often rely on the type of visa given—the student, the backpacker, the permanent resident, the refugee.

Significant to the context of this discussion are Australia's own peculiarities in regard to enduring nationalist attempts to conflate geographical boundaries and nation/its people in very distinct ways. As Ang states, Australia's status as an 'island-nation' was neither a natural nor automatic conclusion in drawing up the boundaries of the country, and imagining Australia in this way 'absolutises the disconnection of the territory from the rest of the world'.[13] This geographical certainty of the continent-as-nation negates the linkages to other countries in the region as well as predicating the idea of the nation's borders on more ambiguous ocean

boundaries, where the entry of 'illegal' Indonesian fishermen and 'boat people' are often used as examples of the need for constant vigilance by border security.[14]

Collective understandings of what forms a healthy nation are therefore not only predicated on the threat of disease but equally on the threat of the 'foreign'. Here, those even deemed legally Australian can still be regarded with suspicion as 'migrants' due to being culturally different or socially deviant. Health in particular is one specific code by which 'whiteness' can be monitored—a term often categorised by its ambiguity and malleability depending on the socio-historical and geographical specificities of particular groups at particular times. In addition, the cultural codes of what constitute 'Australianness' manifest through the fluid ways in which certain ethnicities are regarded within the nation. Similarly, despite notions of nondiscrimination within official immigration legislation, the position of 'whiteness' in the discourses of disease screening and the foreign remains a central 'invisible' referent in the issue of acceptability into the nation. In this manner, 'ethnicity' becomes a vital element in the demarcation of Australianness, and therefore the health of the nation. Cultural citizenship is often regulated by shifting and complicated exclusions and carefully chosen inclusions into the body politic.

Underpinning national assumptions of public health is the concept of the imagined coherent Australian body, one based on the building blocks of strong immunocompetence. The insistence on fixed and regulated borders forms an important part of this model, which translates through the cultural filters of what is deemed normal and natural. As Deborah Lupton has explored, public health in Western countries is entwined with power relations in the national body. For Lupton:

> 'Healthiness' has replaced 'godliness' as a yardstick of accomplishment and proper living. Public health and health promotion, then, may be viewed as contributing to the moral regulation of society, focusing as they do upon ethical and moral practices of the self.[15]

It is this extension of public health to issues of social morality that I am most interested in, in this context. In representations of disease the boundaries of the body and the 'threat' to the nation can be blurred to the extent that controlling the individual body can be seen to be as important as defending geographical boundaries from invasion. These ideas take on an added potency when issues of ethnicity infiltrate not only physical immigration but also the notions of 'foreign' in more insidious and damaging ways to the nation's coherency, as they provide a literal (often visible) corporeality on which to project anxieties.[16] Here, notions of the foreign are manipulated to denote anything that the body politic deems undesirable and threatening to the nation state. The correlation between the notion of disease infecting a body and 'undesirable' immigration 'infecting' a nation here can be seen as fairly close, one being a metaphoric and visceral feeling of threat from the other. For Waldby,

'immunological health is assumed to consist of perfect internal cleanliness, where the inside of the body is perfectly distinct from, and untouched by, what is on the outside'.[17] In the Australian context, Ang has called this feeling the 'psycho-geography of "white Australia": the fear of invasion'.[18] However, this matrix of intersecting notions of what constitutes the 'foreign bodies' is complicated by the exploration of more shifting and fluid boundaries of what comprises a 'normal' healthy nation/body, what is deemed 'foreign' and by what means one determines the evidence of 'infection'.

Conflating deviance or foreignness with disease by projecting collective anxieties onto a group has occurred throughout history and has often highlighted racial anxieties as manifest through historical and geographical specificities, as well as concerns about sexualities, reproduction and the maintenance of national 'hygiene'.[19] HIV/AIDS has been stigmatised in part through its connection to homosexuality,[20] and the 'third world', making it easily categorised as a corporeal manifestation of the so-called degeneracy of non heterosexual, or promiscuous, activities. As Cindy Patton states:

> The epidemiological accident that many of the people diagnosed with HIV in Africa claimed to be heterosexual … only made it easier for the US media and scientists themselves to believe that only perverse bodies were subject to HIV: African heterosexuality was described as perverse, precultural and primitive.[21]

Here, immigrants and those from outside the national borders are posited as dangerous entities whose failure to remain coherent as 'enclosed subjects' heralds a threat to 'Australians', even as the line between citizen and foreigner is deemed unproblematic.

This very literal conflation of foreigner/migrant and HIV is even more insidious when we frame it in the notions of legality that codify the transition of foreigner to citizen. The term 'migrant' is loaded with connotations of the liminal, being both a legal member of the national community and yet culturally suspect and outside total cultural integration. This limbo between the 'outside' and the 'inside' of 'Australianess' is then the pivotal location of anxieties regarding the maintenance of the national body's integrity. For Probyn:

> the outside (*le dehors*) is a more adequate figure for thinking about social relations and the social than either an interior/exterior or a centre/marginal model. The notion of outside supposes that we think in terms of 'relations of proximity', or the surface … the surface is not to be posed as ineluctable but rather as a way of configuring the lines of force that compose the social, lines of force that are by their very nature deeply material and historical.[22]

This model works well, as any simplistic idea of a set binary delineating the interior from the exterior of Australia is, in and of itself, intensely problematic. Indeed, the rejection of a coherent and consistent boundary separating the two destabilises the very paradigm by which

notions such as 'foreigner' and 'national' are constructed as 'commonsense' through politico-legal definitions. As long as the dichotomy is maintained through coherent entities comprising each side, the border dividing the two remains a space of anxiety. This ambiguous (and amorphous) boundary, which the 'migrant' straddles, becomes a space of vigilance, in which the foreigner literally needs to be screened for potential infection. This vigilance indicates that what is being monitored is in actuality a cultural, rather than biomedical, danger, with the potential to undermine the nation's health in moral and social ways. If 'Australianness' is something indecipherable and to which direct links to citizenship seem tenuous, then the boundaries of the nation, both cultural and geographical, determining the 'essential' health of the nation, seem to be non-existent except under direct simulation by a fetishised determinism and constant reiteration of identity.

Dealing with the discourses and metaphors surrounding HIV and immigration in Australia necessitates first laying out the actual parameters of the national visa system and its relationship to health screening. Clarifying Australian visa requirements entails navigating an intensely complicated web of shifting and variable provisions. While health screening is compulsory under the *Commonwealth Migration Act 1958*, there is no blanket provision to test for HIV, except in the case of those applying for permanent residency. In short, skilled workers, international students and tourists are not tested in most cases—although these temporary visas are still subject to the doctor's discretion to test if 'any signs [of AIDS] are present', or there are 'specific arrangements' to do so.[23] As stated in the 'Health Requirement':

> In Australia, HIV/AIDS is not regarded as a public health risk … and consequently, visa applicants with HIV/AIDS may still be granted a visa. However, visa applicants with HIV/AIDS may fail the health requirement … if the MOC [Medical Officer of the Commonwealth] gives the opinion that this condition would attract estimated treatment costs well beyond a level considered reasonable for Australian taxpayers to bear.[24]

Indeed, it is made clear that: 'If asked about the effect a positive result [of an HIV test] may have on an applicant's likelihood of meeting the health requirement, the Panel Doctor should state that this is a matter for a MOC to consider.'[25] These gestures toward the economic cost that may be borne from such an immigrant are at odds, however, with the categorisations of countries from low to high risk for temporary visas,[26] which, on closer inspection, fall fairly neatly into racialised groupings. While the length of stay and intended activities (for example, working as a doctor, nurse or dentist) are important factors in determining which health requirements the applicant is obliged to fulfil. However, the risk status of the applicant's country of origin is a central component in deeming which visas apply and which health tests are conducted.[27] The treatment of refugees is even more indicative of these racialised processes: African refugees are screened numerous times and are deemed 'not fit

to fly' if appearing unwell.[28] In Western Australia, where the state government's Department of Health works in concert with federal immigration departments in maintenance of health priorities, the 'extent of health screening will be determined by the migrant's country of origin and the prevalence of specific diseases in that country'.[29] These intricate visa systems therefore entwine fluid and complex categories of health screening with varying—and ever-evolving—visa requirements, rendering the separation of health and nation almost impossible. As Bashford states, 'the compulsory health criteria is one of the main reasons for the visa system itself'.[30] The centrality of health to gaining entry into Australia is, therefore, a subtle and contradictory set of exclusions and inclusions rather than blanket rejection.

— HIV/AIDS, DISEASE AND THE 'FOREIGN'

In 2006 and early 2007 a series of articles appeared in the *West Australian* regarding HIV/AIDS, disease and concerns about an apparent lack of screening for those entering the country. These articles present interesting and important material within this broader discourse conflating disease and migrancy in Australia. Not only does the *West Australian* speak a form of popular journalism that is accessible to a broad spectrum of the population, but its position as the state's only newspaper grants it enormous privilege in creating the identities that it purports to describe. In addition, the connections within popular media between 'race' and disease in Australia have historically maintained much endurance, making its place within the discursive framework significant as a cultural text.[31] Finally, Western Australia is also a useful microcosm of broader national themes as Australia's historical anxiety concerning isolation and boundary control is exemplified in the state, where its capital city, Perth, exists as the most isolated city in the world. The intersecting aspects of this brand of popular media within the cultural-historical specificity of Western Australia posit this brief saturation of issues concerning HIV with utility for the interrogation of issues of national importance.

This analysis begins with an article that appeared on 24 March 2006, titled 'Third World Diseases Hit WA'.[32] Commenting initially on diseases such as dengue fever and typhoid, the article states that 'at present, the Government tests people only for HIV and tuberculosis—and even then tests are not mandatory'.[33] The then Opposition health spokesman, Kim Hames, (making the first of many appearances in these articles) then is quoted as saying that 'health screenings for immigrants and refugees were clearly not comprehensive and dangerous diseases were being allowed to spread through WA',[34] and, indeed, that 'I don't know why every single person that comes to WA isn't being fully screened for diseases'.[35] These simple statements rest upon a whole array of problematic assumptions, but most telling is the categorisation of Western Australia as a separate entity to the rest of the nation. This is a theme that recurs throughout this coverage and one that not only symbolises Western Australia's sense of isolation within the nation but also provides a correlation with the manner in which Australia is imagined

and conceived of within its larger geographical region. As such, this correlation provides a mechanism by which we can 'read' Australia's language of isolation.

Four days later, the front page headline 'Disease Test "All Migrant Workers" '[36] echoed these sentiments. Stating that '[t]emporary migrants are not screened for the diseases before arrival even though many come from tropical climates where the diseases are more common',[37] the article neatly conflated disease with migrants, substantiating the claim by stating that 'Last week, Dr Watson, a Public Health Association member, recommended against testing for HIV but said yesterday the growing number of migrants persuaded him to change his view'.[38] This assertion was qualified in the following day's news, when, hidden away on page eight under the headline of 'Test Migrants from At-risk Areas: Expert',[39] it was acknowledged that 'Dr Watson disputed a report in the *West Australian* yesterday in which he was quoted as saying all skilled migrants should be tested for disease'.[40] However, it did explain that, according to Watson, 'people do come from places where at that moment there is a very high risk of something or other and you might select some of those cases for particular attention'.[41] Again weighing in on the discussion, Kim Hames 'rejected claims that calls for health screening for migrants was racist. He said it was sensible given WA was facing an increase in long-term visitors from countries with a higher incidence of infectious and deadly disease.'[42] These themes were echoed in an April 2007 article, titled 'States Not Told of Migrants with HIV',[43] which stated that:

> A Spokesman for Immigration Minister Kevin Andrews yesterday confirmed that his department did not keep statistics on how many HIV–positive migrants were accepted into Australia and did not keep track of them once they had arrived. This was because HIV was not on the Government's list of diseases it must notify the States about.[44]

This unease regarding the lack of monitoring of those with HIV illustrates the manner in which conflation of the 'foreign' and 'disease' operates to heighten fears of movement and non-control. The other voice predominant in these debates is Paul Van Buyden, Director of Communicable Disease Control in the federal Health Department, who is quoted as balancing this view, stating that 'there was no evidence WA residents were contracting diseases through illness brought in by refugees or immigrants', and that 'Western Australia receives immigrants and refugees that have had the same screening as those entering other states'.[45] Indeed, as the article concedes, only seventeen HIV-positive migrants were residing in WA between 2004 and 2006.[46]

These discourses, linking geography, ethnicity and disease, are exemplified further in a front page article with the headline 'AIDS Fear Over Skilled Migrants',[47] in which panic was expressed over the alleged deficiency in testing arriving migrants for HIV infection, in particular those from Asia and Africa, grouped together under the banner of 'AIDS hotspots'.[48]

The article expresses the anxiety that 'hundreds of skilled migrants moving to WA each week on temporary work visas are not being screened for deadly diseases including HIV':[49]

India and Southern Africa, the second and forth biggest pools of temporary skilled migrants to Australia, have the highest number of HIV sufferers in the world. Immigration department figures show that from July to December last year, 204 skilled migrants entered WA on temporary work visas each week. They are allowed to bring their families with them, meaning the total number of arrivals could be as many a 1000 a week.[50]

While theorists such as Cindy Patton have explored the ways that 'Africa' and 'Asia' actually are understood through different notions of racialised sexualities in portraying them as 'vectors' of HIV/AIDS,[51] in these articles we see a conflation that brings them together as one 'othered' entity. In explaining the implication of countries of origin in screening, Paul Van Buyden further stated, 'If most of our people are coming from New Zealand we are not going to start doing malaria testing on them but if most people start coming from Africa, then we make sure that we do.'[52] The figure of the 'infected foreigner' is therefore here situated as the central player in this narrative. This impression of the foreign in this context then amplifies the danger associated with the unknown and in particular the (often 'dark') 'other'. In this manner, the distinctions between people from different locations are embedded into the account of AIDS transmission; ideas of how the 'epidemic' occurs are based upon deeper connotations of the risk of particular kinds of bodies, projecting receptivity to infection onto the body itself, instead of the disease. As Waldby asserts:

Epidemiology allocates risk of viral spread to certain groups because they are composites of bodies which are held to lack proper boundaries … And just as the virus seeks to colonize the body it has entered, so too does it seek to colonize the entire social field, through its propagation in the maximum number of bodies.[53]

This discourse of multiplication and risk is heightened by the 'vectorial'[54] nature in which it manifests; developing in varying places at once evokes a sense of panic arising from a perceived inability to 'contain' outbreaks. In a similar way, the perception of an ever-increasing deviation from a social centre, in which new patterns of lifestyle and behaviour emerge in an organic manner, provokes the same level of 'moral panic' about an uncontainable non-normative 'other' who threatens the cohesiveness and fibre of the social and cultural framework.

The references to specific geographical locations recur in these discourses as shorthand for particular sexualised and racialised assumptions. 'Africa'—often represented as a homogeneous entity—is utilised in these articles as a discursive symbol for HIV, one that links 'migrant' or 'refugee' with disease and contagion. In one front page headline it was declared that 'Refugees Bring Disease into WA':[55]

Refugees are arriving in WA with undetected serious diseases including tuberculosis and HIV after slipping through overseas-based health checks, according to new research. The study of more than 2000 refugees living in Perth in 2003 and 2004 found that those from sub-Saharan Africa had particularly high rates of infection … This was despite refugees having to have two mandatory health checks in their home country before reaching Australia.[56]

While the actual number of cases and the specificities of the otherwise ambiguous 'infection' are left unsaid in the piece, it is the reference to 'sub-Saharan Africa' that evokes anxieties surrounding sex and disease—indeed, equating HIV transmission with racialised sexuality. This preoccupation with 'Africa' as the core of the HIV epidemic has been an enduring association; as Patton has suggested, the consensus regarding dealing with HIV in Africa has constantly been undermined by ideas such as 'Africans won't use condoms; Africa is a disaster; in Africa, AIDS is a disease of poverty',[57] and indeed that 'the temporal logic that once promoted Africa as the original locale of "AIDS" is now used to suggest that Africa is already lost'.[58] These portrayals of 'Africa-as-AIDS', then, can circulate with enormous cultural currency, predicated upon numerous entwined beliefs regarding an essentialised African sexuality and notions of the 'promiscuous savage'. Holding more promise on unpacking these stereotypes, the article 'Migrant Health Beset by Myths'[59] ran in response to Pauline Hanson's comments regarding African refugees. Hanson is quoted in the article as saying that:

We're bringing in people from South Africa at the moment. There's a huge amount coming into Australia, who have diseases; they've got AIDS … They are of no benefit to this country whatsoever; they'll never be able to work. And what my main concern is, is the diseases that they're bringing in and yet no one is saying or doing anything about it.[60]

Despite the piece offering a rebuttal from refugee advocacy groups, dismissing these views as misinformation, the article went on to caution that the views 'appear to fit a more wide-spread belief that many refugees and new migrants must be—as a result of their experiences—sick or diseased'.[61] As evidence of this belief, the commentary states that refugee intake had shifted from Asia to Africa, in fact, with '70 per cent now coming from sub-Saharan Africa'.[62] This too-neat (and uninterrogated) conflation of 'disease/HIV' and 'Africa/refugee' illustrates again these discourses of 'the foreign'. Furthermore, on closer inspection, not only does the categorical equivalence of particular locations with particular epidemic collapse under scrutiny, but the normative centre upon which these operate fails to withstand inspection of its own. The 'Australian' is here left as an invisible and assumed norm, one that is not, and has never been, a 'migrant', or refugee. The article also portrays a paradoxical account of danger though by oscillating between base level cautions—'but what of the refugees who have spent years in camps?'[63]—and actual statistics undermining these fearful discourses.

It acknowledges that in a Western Australian study undertaken at the Migrant Health Unit, of 2111 refugees, seven Africans were invited to be screened, and 'just two tested positive for HIV'.[64]

The reference to slipping through the borders is also a recurring discursive mechanism within these articles. The malleability of these discourses is exemplified by the paper running the same article, on the same day, both on page eleven, but in different editions—the country and the metro—with a different headline for each. In the metro edition, the article's headline ran 'Pressure to Test All Migrants for Disease',[65] while in the country edition the headline was 'Test Resisted as Ill Migrants Slip Net'.[66] These differing emphases given to the article speak to obvious ways in which the same story can be manipulated to produce effects. The article(s) stated that 'Health authorities are under fresh pressure to screen migrants for a range of diseases amid revelations refugees arriving in WA slip through checks made overseas.'[67] Kim Hames again refuted calls that his judgments were based on race, saying:

> We expect a better standard of health here and we need to get those people up to the same health standard … It's not a big deal. We would be doing it to help, not to criticise or to be racist in any way. We don't want to have the same things happening here that happen in other countries.[68]

This theme of 'slipping through the net' has had immense endurance in discourse regarding Australian quarantine lines; one that, as Bashford asserts, 'captures the constant anxieties about 'holes' and 'leakiness', about the undesirables slipping through'.[69] The common anxiety that 'despite these screening tests, some diseases got through'[70] recurs throughout these pieces. If we follow Bashford's contention—that the borders of Australia are not absolute exclusions, but instead aim to 'regulate and control'[71]—then perhaps these mechanisms accenting HIV's entry 'into' Australia seem dependent not only on the literal machinations of border security and immigration officials, but equally—and perhaps even more—upon the moral and collective assumptions that reinstitute hegemonic norms regarding 'race', sexuality and gender in Australia. To put it another way, white heteronormativity can be read as a crucial immigration barrier to 'outside' disease, and monitoring the influx of HIV seems not an economic issue but rather a diversion and excuse for dealing with the more significant anxieties of immigration and the maintenance of a 'healthy'—'pure'—Australia.

In tandem with this discourse of racial taxonomy, another corresponding narrative recurs within these articles. The switch is away from the vilification of the 'infected African refugee' to those Australian travellers who are highlighted as 'bringing it in from out there'. The figure of the Aussie traveller is evoked to defer attention from the 'infected migrant', with Van Buyden asserting that 'West Australians who had contracted the disease overseas and returned to WA accounted for most of the cases of HIV in the State'.[72] This curious attempt to deflect

attention from migrants in actuality compounds the representation of the 'outside' of Australia being a host of contagion, which, due to Australia's 'proximity', reinforced a need to be more careful in 'foreign' dealings. As the article explains, the African refugees 'posed less of a risk to public health than groups such as overseas students or sponsored workers who might live here for extended periods without any screening, or Australians who picked up a disease holidaying overseas'. As Paul Van Buyden explains:

> Last year over half the HIV cases that occurred in WA were contracted overseas … They weren't people who got them from refugees who came to Australia and slept around. It was people who went to Thailand and fell in love with a bar girl, that was 15 per cent of our cases.[73]

It is this sexualised and racialised narrative of contamination that here underscores what seems initially to be a matter-of-fact tale of HIV infection. However, the epidemiology is here wrapped up in implicit assumptions regarding 'innocent' heterosexual relationships in under-privileged countries. The introduction of the working-class, presumably promiscuous, 'bar girl' is underpinned by the referral to Thailand. Here, 'Thailand' can be read as a dis-cursive symbol of sex, and indeed sex tourism, as a location that carries the representation of 'the world's biggest brothel'.[74] By employing 'Thailand' in this way, it becomes short-hand for a whole range of sexualised, gendered and racialised assumptions that cast the 'Thai woman', in particular, as a symbol of promiscuity and poverty—an easy referent to disease. In addition, the discursive 'feminisation' of 'Asia'[75] in regard to assumptions about more general cultural essentialism (such as Asians as 'passive') resounds through these represen-tations. In contrast, the heterosexual man is again posited as innocent, perhaps foolhardy, by 'falling in love' with such a woman.

This narrative is illustrated further in another article where AIDS Council executive director, Trish Langdon, 'warned that men in permanent relationships with women overseas were not necessarily safe from the disease'.[76] Here, again, the 'foreign' woman is cast as conduit, and one that cannot be relied upon to maintain the sanctity of relationship—implying hidden danger to 'unknowing' heterosexual men. These discursive machinations operate to enforce and normalise strict bodily and social boundaries through a lens of disease, dirt and danger. Correspondingly, the idea of unregulated bodies is heavily linked to behaviours and expressions of sexuality considered abnormal or inappropriate. Bodily fluids feature strongly as the constructed threat. Affiliated with the feminine they stand in for all manner of anxieties concerning infection, and the vulnerable body; they are, as Elizabeth Grosz demonstrates, a sign of the body's inability to maintain a solid, singular outer contour.[77] Bodily fluids are posited as the conduit of direct peril, requiring that the boundaries of the body be monitored with vigilant regulatory mechanisms. This notion of fluidity is directly evoked by the discourse

of 'weak' susceptible boundaries of the nation, the evocation of a 'body' that can be permeated, and undermined, by outside forces. By focusing on women as vectors of disease to otherwise 'normal'—heterosexual, able-bodied and presumably white—men, and anxieties over the porousness of the border visa systems, this fluidity manifests as a central theme in the disquiet concerning HIV infection in Australia. This fluidity is demonstrated, interestingly, not through the traditional positioning of the 'deviant homosexual man', but through the 'new' link between heterosexuality and foreignness—in this case, the 'foreign woman'. Gendering the vector of disease as feminine in these cases also highlights these connections and anxieties over this form of contagion.

This idea of white heterosexuality 'under threat' from engagement and lack of care in foreign countries, as a recurring discourse, reveals a number of entwined and complicated racialised and sexualised assumptions that are left as unproblematic in these discourses. This theme is illuminated further through another article, which announced that 'Health chief issues a wake up call as number of AIDS cases doubles'.[78] Again, here, it is the figure of the young, presumably promiscuous, backpacker that is placed under the disapproving glare of the nation (personified by Western Australian Director General of Health, Neale Fong). Identifying the increase in HIV cases in Australia, the article raises alarm over the number of Australian travellers bringing disease in from outside the country. Here the presumed unruly and indiscriminate nature of sexual activity is posited as the real threat to national health as a whole with the implied 'inappropriateness' holding more consequence for the nation than for the HIV-positive individual.

However, a more complicated dynamic is at play. The backpacker/traveller, a figure that falls neatly into the iconography of outdoorsy larrikinism and mateship that remains integral to popular conceptions of 'Australianess', is posited as 'unknowing', or 'innocent'. The presumed heterosexuality of the traveller is underscored by the 'natural' naivety of youth, and the danger that they supposedly stumble into. As such, the backpacker's sexual activities signal a weakness to threat that they then can 'bring back' into their nation, from 'out there'. Such a discourse is not new; in the late 1980s an advertising campaign ran that showed a Qantas jet wearing a condom.[79] The iconography of a symbol of Australian international travel here, protecting itself from 'out there', sends a powerful message regarding appropriate sexual acts. As a front line of defence it is implied that 'they' fail to maintain the strength of the nation's healthy borders and through their inappropriate expressions of sexuality may unknowingly infect the national body. These discourses of naivety are crucial, as rather than condemn the figure of the heterosexual backpacker, the article is a caution to those being sexually indiscriminate, or unruly, in their foreign adventures. As one article, quoting Dr Watson, states, 'Australia is more at risk from its own travellers returning from overseas than from migrant workers'.[80] These discourses project the menace as being from an 'outside' that the backpacker must avoid. In this manner, the 'white heteronormativity' of national

health in Australia remains unchallenged, with the hegemonic ideas about appropriate expressions of even heterosexual activity being monitored under the surveillance of an ever-present 'threat'.

In this binary, then, masculine is understood only through the lens of heterosexuality, assigning the notions of 'real' and 'authentic' to those expressions of strength associated with appropriate heterosexual activity. Crucially, then, femininity is also linked with male homo-sexuality as a potential channel of both symbolic and literal contamination of a 'healthy', robust and implicitly masculine nation.[81] This gender–sexuality cross-referencing acts through, and on, the receptivity of the bodies of the sexed female and gay male, pertaining to their permeability as 'orificial' bodies, which 'absorb and transmit contagious bodily fluids'.[82] The potential infiltration of something from the 'outside' to the 'inside' or, conversely, the exposure of boundaries not rigorously maintained, evokes a fear of infection and pollution and the desire to solidify that which defies containment. As Butler has argued, 'If the body is synecdochal for the social system per se or a site in which open systems converge, then any kind of unregulated permeability constitutes a site of pollution and endangerment.'[83] The reassertion of strong, (hetero) masculine boundaries then is fuelled by a certain angst regarding the perceived passivity associated with openness and receptivity.[84]

The discourse of danger and contagion is linked explicitly to 'outside' locations, positing HIV as element of the countries themselves and, correspondingly, residing in the citizens of the foreign locale. This geographical pathologisation is interconnected with notions of pollution and visceral connotations of darkness, and takes on a number of increasingly complex layers as it calcifies through the discourses of ethnicity, gender and disease. Similarly, the emphasis on geographical proximity also amplifies the anxieties about physical closeness to countries where disease is endemic, reinforcing this pathologisation. In projecting darkness onto the foreign body and nation, 'whiteness' is left as a symbol of purity and cleanliness,[85] the heteronormative male body becoming a symbol for social, moral and national 'health'.[86] If, therefore, heteronormativity is associated then with the enclosed, active male body, and the cleanliness of a body is understood through cultural notions of being 'white'[87] then the relationship between anxieties regarding ethnicity, and the health of the body politic, are exposed as intricately entwined. This is demonstrated further in an article titled 'Overseas stints spur 25pc HIV rise in WA',[88] where it stated that, in contradiction to the earlier spread of HIV through homosexuality:

this time the virus is spreading in the heterosexual community … Royal Perth Hospital clinical immunology director Martyn French said heterosexual people made up almost half of the increase of 61, and many were men who travelled or worked in South East Asia or Africa. [French] said WA's proximity to and business interests in some of the areas where HIV is widespread had helped cause the increase. 'A lot of these men work in the resources

industry and are stationed in countries where HIV is very common. The firms they work for need to do more to warn people about this.'[89]

Agreeing with these sentiments WA AIDS Council executive director, Trish Langdon, added then that:

WA is different from other parts of the country, where HIV is starting to spread in young homosexuals who don't remember the Grim Reaper. What this says about WA is that our proximity to the epidemic is leaving us vulnerable.[90]

The anxieties arising over Australian heterosexual men contracting HIV—and potentially 'bringing it back home'—therefore speak to this incredible investment that Australia as a nation has in its notions of 'normalised', healthy, male citizenship. The disquiet is increased when these inferences of 'dirt' and 'danger' are literally evoked through connections between migrants and pathology in everyday media. In this manner, racism and concerns about sexual disease inform each other, as immigration panic is not only about the visible antagonisms of an increasingly different (sometimes literally dark) ethnic minority, but about the perceived threat of darkness of culture and society as a whole.

Correspondingly, the emphasis on heterosexuality as a potential—if unwitting—conduit of HIV shifts the tone to one of responsibility and self-monitoring through good education. This belief in education further solidifies the representation of the heterosexual as simply 'unknowing', and an 'innocent'. As a Department of Health media release titled 'Bid to reduce HIV rates in WA travellers' emphasises, a more vigilant self monitoring of citizens by way of rigorous education is needed to remedy this growing problem. Stating that the number of cases of heterosexual transmission of HIV doubled from fourteen in 2004 to twenty-eight in 2005, the release declared that 'the Department of Health has embarked on a public education campaign in a bid to reduce the number of Western Australians acquiring HIV while working or travelling overseas.' One step taken to address the problem was that the 'WA AIDS Council will run a sexual health education campaign targeting backpackers travelling in WA and overseas later this year'.[91] In another article these anxieties were addressed more directly, as 'AIDS lobby attacks health education'.[92] However, even as the article gives voice to the concerns that a Victorian-based lobby group—'Youth Empowerment Against HIV/AIDS'— has regarding lack of effective health education in schools, it quickly diverts attention back to the issue of the 'outside', referring again to those 'who bring it back home from overseas':

In WA, the number of reported cases of HIV more than doubled … But according to the Health Department, the increase was because of people contracting the disease while overseas and was not linked to a lack of education.[93]

Trish Langdon again is part of this debate, quoted with almost identical wording as the Health Department, stating that she agreed that the increase in HIV cases was 'because of people contracting the disease overseas and was not linked to a lack of education in schools'.[94] The entwined anxieties regarding HIV's infiltration into the 'heterosexual community' (portrayed as both homogeneous and the norm) and the spatial elements of national boundaries is here most dominant. These assumptions are correspondingly predicated upon the casting of the 'other' as the faceless women in the narratives—those who infect the Australian men. The heterosexual men, in contrast, are left uninterrogated, with any responsibility for the potential infection being allocated to 'our' proximity to these women.

What is striking about the ways that these narratives and representations work is that places and people are portrayed as capable of being distinct, consistent entities, able to be separated and kept at bay as long as vigilance at the border and education within are exercised. The realities of flow of peoples, heterogeneity of local communities and the numerous ways that belonging is articulated, experienced, negotiated and embodied within the national borders means that such illusions remain discursive fantasies. In addition, it can seem at first glance that the parameters of this 'debate' seem to be articulated by lone voices stirring up discourses of danger and contagion for their own purposes. One may then wonder at the utility and incredible endurance of these binaries within popular discourses and particularly the mainstream media—and to what extent the 'debate' exists outside of the pages of the *West Australian*. For instance, in one such case, Western Australian Health Minister Jim McGinty responded to calls for stricter testing for skilled workers by stating that the 'expense of establishing a comprehensive disease screening system for skilled migrant workers could not be justified because there was *no credible evidence of risk*' (my italics).[95] However, the paper's enthusiasm for perpetuating—and thus helping create—the very debate it claims to represent, symbolises a cultural currency these images and connotations have within Australian collective imagination. The portrayal of concerns regarding immigration by focusing on disease, however sensational on first appearance, carries enough weight to garner interest and to construct a larger idea of public discussion about these issues.

Ethnicity—and its sexualisation—then, holds a crucial place within the national frame-work. The ethnicity of a 'migrant' poses myriad problems for the coherency of an imagined Australian nation, precisely because of these underlying assumptions about the gendered and sexualised 'whiteness' of authentic Australianess. The link between foreignness and disease, national identity and health, are uncovered as not only symbolic concerns of a metaphorical nation, but literal constructions of threat, that work to conflate the mechanisms of integrating migrancy in a dominant culture with the absorption of foreign disease in a host body. The notion of an inherent 'danger' is mirrored through discourses of HIV. Texts explaining the development of infection use personification of the virus to describe the manner in which it can multiply and survive within the body; as one such text states:

> The structure of the AIDS virus is almost perfect. The virus lives and replicates within human cells, a perfect place to escape from the body's defences … it performs an even neater trick: it becomes part of the genetic material of the cell. Hiding within this inner most sanctum of our bodies, the virus adopts the ultimate camouflage—it becomes part of the person it infects.[96]

It is the notion of camouflage that here lends itself most significantly to concepts of migration and its 'untidy' integration into national culture. Ethnicity here operates through a mutually reinforcing reciprocity. For Rey Chow, the contact between a 'national' ethnicity and the 'foreign' relies upon the paradoxical assumption that ethnicity as an 'element' is both essential and 'natural' (and consequently inextinguishable) while simultaneously vulnerable to outside forces.[97] Ethnicity is therefore deemed an aspect of identity needing concurrent integration and distinction from the dominant (host) culture. The notion of going 'undetected' into the mainstream here holds as much if not more 'threat' to the integrity of a coherent national body as visible and outright 'infection' of the national fibre. The dual influences of ethnicity and sexuality converge in one potentially vulnerable body: *Australia*. This infection by a virus that is able to at first be undetected in the immune system is elucidated, then, not only by an analogy to immigration, and those deemed ethnically different in Australia, but in a direct correlation between HIV/AIDS and foreignness, with the Australian body and nation being the site of potential infiltration and attack, emphasising the need for strong borders.

— ANXIOUSLY AUSTRALIAN

As a filter by which panic about non-white immigration can be projected onto something more 'legitimate', such as public health, where fears over an increasing flow of people play into historical anxieties regarding Australia's geographical proximity to Asia and Africa (and its isolation from other parts of 'The West' such as the United States and Europe), a disease such as HIV/AIDS can be a simplistic means to displace the more disquieting factors of Australia's cultural future. Such public and popular discourse—such as in the *West Australian*—can be read as separating out and demarcating 'danger' from the rest of 'normal' (white) Australia. By focusing attentions on the borders that protect the 'inside' from the 'outside', such discourses can reiterate a particular form of cultural belonging not dictated by the dryness of legal citizenship. What these narratives also indicate is that the deflection of attention from the hegemonic norm actually betrays the efforts that must be made to constantly shore up these cultural borders of national belonging, revealing the ambiguity and insecurity that can lurk beneath the surface of such concentration on the 'other'.

That the body becomes a site of projected anxieties concerning the nation at large relies upon these notions of 'naturalness' being reiterated through simplistic correlations between

health and cultural cohesiveness within Australia's national borders. In this manner, HIV/AIDS does not exist separately from 'race' as a social issue but is integral to the framework that organises the complex normative association between sexuality and gender and the boundaries and health of the body, and therefore the nation. Heterosexuality, in only its 'appropriate' forms, filters notions of health and 'normality' and becomes the lens that informs broader connotations of 'natural' national belonging. This web of machinations compounds and renders increasingly intricate the connotations of all elements of 'darkness', funnelled through a one-dimensional layer of good and bad, health and disease, and functioning as a code for all manner of ideological, social and moral ills.

Here, the body is implicated in all aspects of these complicated matrices of identity markings, revealing the fluid and often contradictory manner in which the nation's cultural borders are articulated, assumed and performed, on, and through, the body. Indeed, as the taxonomies of national identity are reiterated and reaffirmed through discourses of the every-day, the boundaries rendering distinct those deemed truly 'Australian', by virtue of cultural appropriateness, become increasingly important in the desire to maintain the 'essential' nature of national belonging.

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2. 'PM Wants Ban on HIV Immigrants', *West Australian,* 14 April 2007, p. 2.
3. Ibid.
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14. See Andrew Jakubowicz (ed.), *Racism, Ethnicity and the Media*, Allen and Unwin, Sydney, 1994, pp. 67–73.

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16. Here the 'foreign' is a symbol for anything different to the norm, extrapolating the term 'migrant' from the literal geographical moves of immigration to mean anyone still on the outskirts of mainstream 'Australian' life, whether a citizen or not.

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31. See for example Alison Bashford and Maria Nugent, 'Leprosy and the Management of Race, Sexuality and Nation in Tropical Australia', in Alison Bashford and Claire Hooker (eds), *Contagion: Historical and Cultural Studies,* Routledge, London and New York, 2001, p. 118.

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33. Ibid.

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37. Ibid.

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39. 'Test Migrants from At-Risk Areas—Expert', *West Australian*, 29 March 2006, p. 8.

40. Ibid.

41. Ibid.

42. Ibid.

43. 'States Not Told of Migrants with HIV', *West Australian,* 18 April 2007, p. 3.

44. Ibid.

45. 'Third World Diseases hit WA', *West Australian,* 24 March 2006, p. 5.

46. 'States Not Told of Migrants with HIV', *West Australian,* 18 April 2007, p. 3.

47. 'AIDS Fear over Skilled Migrants', *West Australian,* 20 March 2006, p. 1.
48. Ibid.
49. Ibid.
50. Ibid.
51. Patton, pp. 24–8.
52. 'Pressure to Test All Migrants for Disease', *West Australian,* 12 December 2006, p. 11.
53. Waldby, p. 105.
54. Patton, p. 21.
55. 'Refugees Bring Disease into WA', *West Australian,* 11 December 2006, p. 1.
56. Ibid.
57. Patton, p. 26.
58. Patton, p. 26.
59. 'Migrant Health Beset by Myths', Health and Medicine Section, *West Australian,* 24 January, 2007, p. 6.
60. Pauline Hanson, as quoted in ibid.
61. 'Migrant Health Beset by Myths'.
62. Ibid.
63. Ibid.
64. Ibid.
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66. 'Test Resisted as Ill Migrants Slip Net', *West Australian*, Country Edition, 12 December 2006, p. 11.
67. 'Pressure to Test All Migrants for Disease'.
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76. 'Overseas Stints Spur 25pc HIV Rise in WA', *West Australian*, Country Edition, 11 March 2006, p. 11. This article was called 'Has the Grim Reaper Lost his Fear Factor?' in the Metro Edition.
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78. 'Health Chief Issues a Wake Up Call as Number of AIDS Cases Doubles', *West Australian,* 6 April 2006, p. 9.
79. For more analysis of notions of Asian 'sex tourism' and how Australia has been implicated, see Patton, p. 26.
80. 'AIDS Fear over Skilled Migrants'.
81. The place of gay women within the nation is generally ignored as the lesbian body is cast as distinctly 'un-national' for rejecting the national/natural heterosexual family unit, and by doing so, being seen to not fulfil her 'reproductive' duties. In contradiction, lesbian women who *do* want to reproduce are often actively discouraged by the state, as being socially 'unfit'. For an analysis of Australian policy in this area, see Jean Carabine, 'A Straight Playing Field or Queering the Pitch? Centring Sexuality in Social Policy', *Feminist Review,* 54, Autumn 1996, pp. 31–64.
82. Waldby, p. 75.
83. Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity,* Routledge, London and New York, 1990, p. 132.
84. Grosz, p. 201.
85. Richard Dyer, *White*, Routledge, London and New York, 1997, p. 21.
86. As Waldby states, 'The full political significance of [the] equation between heterosexual masculinity and cleanliness becomes evident when compared to the collorary status of gay men with the epidemic … gay masculinity has been so intensely medicalised and so closely associated with the AIDS epidemic that gay men are effectively treated by much public health discourse *as if they themselves were the virus,* the origins of infection.' Waldby, pp. 11–13.
87. As many theorists have explored in depth, 'whiteness' here is not necessarily the visible marker of skin colour but often the cultural assumptions that work through a hierarchy of acceptability. See Birgit Brander Rasmussea, Eric Klinenburg, Irene Nexica and Matt Wray (eds), *The Making and Unmaking of Whiteness*, Duke University Press, Durham and London, 2001.
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