Article

The Biopolitics of Immigration: A Genealogy of the “Hispanic Paradox”

Jordan Liz

Department of Philosophy, San José State University, San José, CA 95112, USA; Jordan.Liz@sjsu.edu

Received: 12 October 2019; Accepted: 10 December 2019; Published: 21 December 2019

Abstract: The “Hispanic Paradox” refers to the epidemiological finding that, despite a lower socioeconomic status, Hispanics tend to have health outcomes (especially regarding mortality rates and life expectancy) that are similar to, if not better than, US non-Hispanic Whites. Within the public health literature, a number of explanations have been proposed focusing on reproductive and fertility rates, biological differences, cultural and lifestyle advantages, the impact of selective migration to the US, among others. Despite the abundant literature on this topic since the late 1980s, little work has been done on the paradox from a philosophical perspective. In this paper, I seek to address this gap by offering a genealogy of the “Hispanic Paradox.” The bulk of this paper, then, focuses on exposing how the development of the Hispanic Paradox is epistemically tied to the prevailing anti-immigration discourse of the 1980s and 1990s. By highlighting the relationship between these two phenomena, this paper proposes a new direction for research into the biopolitics of immigration. More specifically, this paper suggests that the discourses of the “browning of America” and the Hispanic Paradox reveal a specifically biopolitical concern over the longevity of the United States as a White-majority country.

Keywords: Hispanic paradox; immigration; biopolitics; acculturation

1. Introduction

Within public health research, it is widely accepted that mortality rates and health outcomes for any given population are strongly influenced by a number of social factors, such as income, education, quality of neighborhood, access to health care, etc. In practice, this finding is used to explain why, for example, socioeconomically disadvantaged racial groups, like African Americans, display worse health outcomes than relatively more socially advantaged groups like non-Hispanic Whites. However, one exception to this general principle has puzzled public health experts for decades. Despite living in similar socioeconomic conditions as African Americans, Hispanics display health outcomes, mortality rates and life expectancy favorable than those of non-Hispanic Whites. For example, according to the CDC, compared to non-Hispanic Whites, Hispanics have lower mortality rates for nine of the fifteen leading causes of death in the US, including cancer and heart disease (Dominguez et al. 2015). Among Hispanics, life expectancy at birth is 2.5 years longer than that of non-Hispanic Whites and 7.7 years longer than African Americans (Thomson et al. 2013)¹. This phenomenon is known as the “Hispanic Paradox.” Since the 1980s, public health experts and epidemiologists have proposed a number of different explanations for this phenomenon focusing on differences in social and cultural norms, religious beliefs and practices, fertility rates and even selective migration practices (Franzini et al. 2001).

¹ For reference, life expectancy refers to the average time one is expected to live, based on year of birth, current age, and other demographic factors (e.g., gender, race, nationality, etc.). Mortality rates, on the other hand, refer to the number of deaths within a given area or period. Mortality rates may be measured for a specific cause of death, or for all causes of death.

Despite the persistence of the Hispanic Paradox, the phenomenon has received little scholarly attention outside of public health research. One noteworthy exception to this trend is Sean Valles' work on phenomenon choice. Valles offers a critical analysis that outlines two sets of philosophical and methodological challenges faced by research into the Hispanic Paradox. The first involves inconsistencies with regards which health outcome(s) the paradox is about (e.g., adult mortality rates, infant mortality rates, birthweight, etc.); and the second focuses on the lack of consensus regarding the meaning of 'Hispanic' as an ethnic population category (Valles 2016). The latter is particularly significant since although studies on the Hispanic Paradox rely on data collected predominately from Mexican and Mexican-American populations, the paradox is intended to refer to all Hispanics, regardless of country of origin.² This paper seeks to contribute to this burgeoning literature by offering a genealogical account of the Hispanic Paradox, focusing in particular on the narratives of immigration and culture found throughout this research. Following Foucault, this paper understands genealogy as a process of uncovering the matrix of power, truth and subjectivity that give rise to particular forms of knowledge. The bulk of this paper, then, focuses on exposing how the development of the Hispanic Paradox is epistemically tied to the prevailing social and political discourse of the 1980s and 1990s. As such, as an epidemiological and public health phenomenon, its emergence is not the byproduct of a value-neutral scientific process; but rather, intimately tied with the racial and anti-immigration politics of the period. By highlighting the relationship between these two phenomena, this paper proposes a new direction for research into the biopolitics of immigration. More specifically, this paper suggests that the discourses of the "browning of America" and the Hispanic Paradox reveal a specifically biopolitical concern over the longevity of the United States as a White-majority country.

The rest of this paper is organized into five sections. The second section provides a brief overview of the seminal 1986 study by Kyriakos Markides and Jeannine Coreil, which is widely credited with launching the literature on the Hispanic Paradox. The section covers both their evidence for the paradox and the initial explanations that Markides and Coreil offer. The third section focuses on situating the Hispanic Paradox within the specific social and political milieu in which it emerges. While studies since the late 1960s have indicated unexpected health outcomes among Hispanic populations, intense research into the phenomenon did not occur until the late 1980s. Importantly, the late 1980s saw a tremendous increase in the number of Hispanic immigrants entering the country. This, in turn, was met with more punitive immigration policies and enforcement as well as sparking fear and anxiety over new immigrants and "the browning of America." The fourth section attempts to bridge the gap between these two seemingly distinct phenomena: growing concerns over Hispanic immigrants, on the one hand; and medical research into Hispanic mortality rates, on the other. The goal will be to expose how the origins and development of research into the Hispanic Paradox was influenced by this social and political background. Afterwards, in the fifth section, drawing upon Foucault's account on biopolitics, I briefly examine the implications of this political-medical relationship for examining the biopolitical implications of contemporary immigration policies and enforcement. Finally, the sixth section offers two proposals for future research into the Hispanic Paradox and biopolitics.

2. The "Hispanic Paradox"

In 1986, Markides and Coreil highlighted the 'paradoxical' mortality rates of Hispanic populations. Given the centrality of their study to the discourse of the 'Hispanic Paradox,' this section briefly examines its key points and conclusions. Afterwards, I begin the work of situating this study within the social and political context in which it emerges.

---

² Importantly, it is unclear whether the Hispanic Paradox is applicable to groups such as White Hispanics or Black Hispanics. As LaVeist-Ramos et al. observe, the health profiles (e.g., health behaviors, health status, health service outcomes) of Black Hispanics is noticeably different from that of non-Hispanic Blacks, non-White Hispanics and White Hispanics (LaVeist-Ramos et al. 2012). Although it is beyond the scope of this paper, a critical intersectional approach would be useful to unravel the complex inequities of the Hispanic Paradox across such mixed-raced populations.

Markides and Coreil begin by acknowledging the increasing Hispanic population within the United States. Not only do they project that Hispanics will exceed African Americans by 1990, they also note that the best estimates of the Hispanic population “undoubtedly excludes large numbers of undocumented immigrants” (Markides and Coreil 1986, p. 253). Nevertheless, little research had been conducted on Hispanic populations thus far. In the 1940s, studies focused on “the more exotic folk medical beliefs and practices of Mexican Americans in the Southwest” (Markides and Coreil 1986, p. 253). During the 1950s and 60s, studies focused primarily on health risks, especially mental health. According to these studies, unlike other disadvantaged socioeconomic groups, Mexican Americans made little use of mental health services. Common explanations posited that strong familial and communal ties among Hispanics protected them against the negative effects of stress. As such, Hispanics arguably “enjoyed a mental health advantage” (Markides and Coreil 1986, p. 253). Moreover, in a number of health indicators, Hispanics demonstrated favorable outcomes relative to non-Hispanic Whites. Thus, the goal of the study was to determine the epidemiological validity of this insight by examining the following: (i) infant mortality, (ii) life expectancy, (iii) cardiovascular diseases, (iv) cancer, (v) diabetes, (vii) other diseases (e.g., influenza and pneumonia), and (viii) mental health.

Throughout the article, narratives of immigration play an important role (Abraído-Lanza et al. 1999). For example, with regards infant mortality, they note that the lower rates among Hispanic populations, especially among Mexican Americans, may be artificial. The rates are, on the one hand, inflated because of undocumented immigrants crossing the border to have their children in the United States; and, on the other hand, deflated because of undocumented immigrants returning to their home country whenever their children became sick. The net effect is that the total population of newborn Hispanic children is artificially boosted, while the number of deceased infants is artificially suppressed. Even alternative explanations for this phenomenon relied heavily on narratives of immigration. For example, in an earlier paper, Markides and Hazuda suggested that foreign-born Mexican women demonstrated favorable birth weight distributions compared with native-born non-Hispanic white women (Markides and Hazuda 1980). Based on this, Markides and Coreil hypothesize that if Mexican women who migrate to the US enjoy this “high reproductive efficiency,” then that may account for their children’s relative health advantage (Markides and Coreil 1986).

According to Markides and Coreil, these advantages persist when the child enters adulthood. As they note, during the 1970s, studies conducted on mortality rates showed that Mexican Americans have much higher life expectancy than African Americans and only slightly lower than Whites (Markides and Coreil 1986, p. 255). For example, in 1978, Benjamin Bradshaw and Edwin Fonner found that Hispanic males had a life expectancy of 67.2 years compared to 68.1 for Whites and 61.5 for African Americans. Similar statistics were found among women: Hispanic women had a life expectancy of 73.4 years compared to 76.5 for Whites and 69.5 for African Americans (Bradshaw and Fonner 1978). However, by the 1980s, new data from Texas and California suggested that the life expectancy of Hispanics was beginning to exceed that of Whites (Markides and Coreil 1986, p. 255). However, despite these higher than expected life expectancies, Markides and Coreil observe that Hispanics display mixed health outcomes on a variety of diseases and medical conditions. With regards cardiovascular diseases and cancer, Hispanics fare better than their White counterparts; however, with regards diabetes and infectious diseases, Hispanics on average have worse health outcomes than Whites (Markides and Coreil 1986). The relative life expectancy advantage of Hispanics, then, cannot be explained on the basis of better overall health.

In their conclusion, Markides and Coreil propose a number of possible explanations, which tend to fall into one of three categories: biological factors (e.g., high levels of fertility of Hispanic women), social and cultural factors (e.g., strong familial support and dietary practices), and immigration (e.g., selective migration to and from the US) (Markides and Coreil 1986, p. 263). Throughout the literature, however, the most common explanations focus on immigration: the healthy migrant effect and salmon bias. According to the former, the paradox is driven by the entry of large numbers of healthy foreign-born Hispanics into the US. This skews the estimation of Hispanic mortality rates by boosting the total

population of healthy Hispanics (Abraído-Lanza et al. 1999). According to salmon bias, as foreign-born Hispanics age and become sick, they elect to return to their country of origin. Due to deaths are not recorded within the US, the morality rate of Hispanics is suppressed (Abraído-Lanza et al. 1999).

3. Immigration and “the Browning of America”

The previous section provided a brief overview of the seminal Markides-Coreil study on Hispanic mortality rates. Importantly, despite the centrality of this study for subsequent epidemiological and public health research on the topic, the data they utilized and even the phenomenon they highlight had already been known for decades. As Rodriguez et al. summarize, the “epidemiological paradox for Hispanic health outcomes was first reported in 1969 by Karno and Edgerton, who observed low mortality rates for Hispanic among psychiatric patients, whereas Teller and Clyburn in 1974 described favorable birth outcomes among Mexicans” (Rodriguez et al. 2014, p. 614). Despite the many scholarly and popular articles that credit Markides and Coreil with coining the term “Hispanic Paradox,” its first appearance would not occur until a 1993 study by Sorlie et al. (Sorlie et al. 1993). Nevertheless, as Rodriguez et al. note, Markides’ work “reinvigorated the concept of the epidemiological paradox” and sparked a wave of research into the phenomenon (Rodriguez et al. 2014, p. 614).

The question, then, is: if such unexpected mortality rates had already been observed almost twenty years prior to the Markides-Coreil study, then why did their work spark such interest? While it may be argued that this gap merely reflects the slow and meticulous progress of science, I contend it is important to consider the social and political context in which this ‘reinvigoration’ occurs. Several journalists throughout the 1980s reported the effects of surges in Asian and Hispanic immigration on the social, political and economic climate of the US (Arocha 1988; Fallows 1983; Barringer 1990). As Zita Arocha reports in 1988 for *The Washington Post*, “Immigration to the United States during the 1980s is expected to match or exceed the historic high mark set by the flood of nearly 9 million immigrants who reached American shores in the first decade of the century, according to a new study of government statistics” (Arocha 1988). Unlike earlier peaks in immigration that were “characterized mainly by unskilled immigrants from Europe, the new arrivals are primarily of Asian and Hispanic descent” (Arocha 1988). As the article further notes, this raised a series of political questions and concerns. Some worried about the ability of the US to absorb so many non-European immigrants. Others raised concerns about the changing demographics this level of immigration would cause. Such concerns were exacerbated by predictions that Whites would become the numerical minority in states like California, New York and Texas within the next twenty to twenty-five years (Arocha 1988).

The ‘reinvigoration’ of the Hispanic Paradox occurs precisely at a time wherein public concern over immigrants, especially Hispanics, was peaking. As such, several of the explanations offered by Markides and Coreil would have serious and immediate sociopolitical consequences. The thought of large numbers of healthy Hispanics entering the country, and ultimately outliving US-born Whites, would be a terrifying prospect for many Americans during the 1980s. Likewise, it would heighten the call for immediate implementation of harsher immigration policies and enforcement. At the same time, the political climate of the 1980s and 90s would likely spark interest in examining the health and longevity of Hispanic populations. The rest of this paper will critically examine the emergence of these two seemingly distinct sets of discourses—a medical discourse of Hispanic mortality rates and a sociopolitical discourse of immigration and the “browning of America.” In this section, I focus on the latter. Afterwards, in the next section, I turn to the issue of Hispanic health and mortality as a social and political issue.

3.1. Immigration Enforcement and Discrimination

In 1986, the same year that Markides and Coreil’s seminal article was published, the Immigration Reform and Control Act (IRCA) was passed. The IRCA had three central components. First, the act instituted a number of amnesty programs for undocumented immigrants living in the US. The main amnesty program granted legal status to all immigrants who had entered the country prior to

1982. This is often referred to as the “Pre-1982” program (Rytina 2002). From this program, about 1.6 million people were granted legal status. The second largest amnesty program was the “Special Agricultural Worker” program (SAW). This program required applicants to prove that they had worked in the agricultural sector for at least ninety days between May 1984 and May 1986 (Rytina 2002). SAW granted legal status to 1.1 million undocumented immigrants. Of the approximately 2.7 million immigrants granted amnesty, the majority were of Mexican origin (Rytina 2002). Now, two points are worth emphasizing. First, despite growing public concern over new immigrants, many industries still relied on cheap, foreign labor from Mexico (Massey and Gelatt 2010). The introduction of the SAW program into the IRCA was bred from that dependency. Second, as Mark J. Miller argues, despite the millions granted legal status, the “gap between the eligibility cutoff and the start of the legalization program made the principle US legalization program more restrictive than comparable legalization policies in other market economy countries” (Miller 1989). Thus, while the program did benefit many undocumented immigrants, the 1982-cutoff point did significantly limit the number of nonwhite immigrants that were eligible.

The second component to the IRCA was a series of restrictions and sanctions prohibiting employers from knowingly hiring undocumented immigrants. To achieve this, the act required employers to verify the legal status of applicants. If employers violated these sanctions, they faced a number of increasingly severe penalties (Schwabach 1991). Although these sanctions were very controversial, they were viewed as an essential element of the act. As President Reagan argued in 1986, the provision was necessary to “remove the incentive for illegal immigration by eliminating the job opportunities which draw illegal aliens here” (Pear 1986). As such, the IRCA would, on the one hand, dramatically reduce the then-current undocumented immigrant population via its amnesty programs; and, on the other hand, disincentivize undocumented immigrants from entering the country.

However, the sanctions also increased discrimination against Hispanic-Americans and Asian-Americans. As B. Lindsay Lowell, Jay Teachman and Zhongren Jing, write, under the IRCA, “[A]n employer’s rationale for discriminating as a result of the IRCA’s provisions is based on the penalties for employing unauthorized and on the possibility that an employee is unauthorized” (Lowell et al. 1995, p. 619). The problem is that legal status is an unobservable characteristic. In lieu of direct indicators, employers would attempt to infer immigration status from a job candidate’s speech, name, race/ethnicity, among other factors. The provisions would promote discriminatory practices against all Hispanics and Asians, regardless of whether they migrated to the US legally or were US citizens (Lowell et al. 1995). This trend is observable in a number of studies, including one conducted by the General Accounting Office (GAO). After the implementation of the IRCA, the GAO was tasked with conducting annual reports investigating whether the employer sanctions promoted employment discrimination based on race, ethnicity or nationality. In the GAO’s third report, they identified that among 4.6 million employers surveyed, about nineteen percent engaged in discriminatory practices because of the IRCA (Schwabach 1991). In Los Angeles and Texas, the percentage of employers who reported beginning discriminatory practices in response to the IRCA reached nearly thirty percent (Schwabach 1991). Among those undocumented immigrants hired after the IRCA, many “experienced a significant lowering of wages and a deteriorating in working conditions” (Lowell et al. 1995, p. 625). Moreover, as Michael Wishnie argues, the IRCA did more than just increase workplace discrimination. It also “undermined public safety and homeland security by driving millions of undocumented immigrants and their families into the shadows of civic life, fearful that cooperation with ordinary law enforcement, public health, and other social programs may lead to their deportation” (Wishnie 2007, p. 195).

The third, and most important, component of the IRCA was increased immigration enforcement measures. As Marta Tienda and Susana Sanchez note, for decades, lax and inconsistent immigration regulation allowed hundreds of thousands of people to illegally enter and remain in the US without penalty. However, with the passage of the IRCA, immigration policy shifted towards “a growing emphasis on border enforcement, with heightened penalties for persons who enter without

authorization as well as for nonimmigrants who remain in the country after their visas expire” (Tienda and Sanchez 2013). Indeed, the two other components of the IRCA were ultimately meant to enable harsher punitive measures. To explain, in 1978, in light of growing public concerns about immigration, Congress established the Select Commission on Immigration and Refugee Policy (SCIRP) (Osuna 1988). Much of what SCIRP proposed in their final report made it into the finalized IRCA, including the amnesty program. As Lawrence Fuchs, Staff Director of the SCIRP, put it, granting amnesty to undocumented immigrants “would aid in the enforcement of United States immigration laws by enabling the INS [Immigration and Naturalization Service] to focus its enforcement resources on new flows of illegal aliens; and that for the first time the United States would have reliable information about the sources of illegal migration, its characteristics and its impacts” (Osuna 1988). By granting amnesty, the US would be better positioned to put to an end to illegal immigration. Not only would the INS implement harsher regulations on immigration entry and visa monitoring, but even if an undocumented immigrant successfully entered the country, employment sanctions would make it more difficult for them to stay. Thus, whether by federal deportation or self-deportation, the US would, in the words of President Reagan, “humanely regain control of our borders and thereby preserve the value of the most sacred possession of our people, American citizenship” (Pear 1986).

3.2. “The Browning of America”

In the years that follow, the IRCA would have little impact on the number of undocumented immigrants entering the country. As Campbell Gibson and Emily Lennon observe, the foreign-born population living in the US increased rapidly from 9.6 million in 1970 to 19.8 million in 1990 (Gibson and Lennon 1999). In 1996, the INS estimated that there were 5 million undocumented immigrants then-currently living in the US (Camarota 1997). Most of the blame was placed on the lack of enforcement of the IRCA regulations. Several studies throughout the 1990s argued that the IRCA was deficient and should either be amended or repealed entirely (Schwabach 1991; Perotti 1992; Shanks 2009).

Throughout the 1990s, the impact of high rates of immigration on US demographics were becoming more apparent. In 1988, the Census Bureau estimated that the US population would likely peak at 300 million by the end of 2010. By their estimate, the population would remain relatively stable until 2050 (Johnson et al. 1997). However, by 1995, the Census Bureau had drastically altered its estimation. According to its then-current projection, the population would increase to 394 million by the end of 2050—a fifty percent increase from its 1995 population (Day 1996). As the 1995 report further stipulates, “The non-Hispanic White share of the US population would steadily fall from 74 percent in 1995 to 72 percent in 2000, 64 percent in 2020, and 53 percent in 2050” (Day 1996, p. 1). Increases in the Hispanic population were projected to be the driving force for population growth in the upcoming decades. According to the report, from 1995 to 2050, Hispanics would add the largest number of people to the US population. By 2020, they predicted that Hispanics would be adding more people to the US population than all other racial and ethnic groups combined (Day 1996). The racial/ethnic groups with the highest rate of growth were projected to be Hispanics and Asians. As James Johnson, Walter Farrell and Chandra Guinn write, these new estimates entailed that “largely as a consequence of continued high rates of immigration—legal and illegal—and high rates of natural increases among recently arrived immigrants, nonwhite ethnic minority groups will continue to be responsible for the majority of the nation’s population growth over the next six decades” (Johnson et al. 1997).

Unsurprisingly, the public reaction to these latest estimates provoked fears about immigrants, and the threat they posed to the ‘soul’ of America (Henry III 1990; Uriarte 1991; Pantoja 2006). Johnson, Farrell and Guinn report that, throughout the 1990s, “Public opinion polls and other data indicate that there is a steadily increasing fear of the so-called ‘browning of America’” among US-born Americans towards immigrants (Johnson et al. 1997, p. 1060). Additionally, they report “growing opposition to what is perceived to the nation’s open door immigration policy on the one hand and its seeming inability to stem the tide of illegal immigration on the other” (Johnson et al. 1997, p. 1060). In a public poll

conducted by *Newsweek* in 1995, fifty-two percent of respondents agreed that “immigrants are a burden on our country because they take jobs, housing and healthcare” (Alder 1995). Sixty-three percent of White respondents indicated that over the last twenty years the “American national character” had changed for the worse (Alder 1995). According to a survey conducted by the Field Institute in 1988 in California, the majority of White (75%) and African American (66.9%) respondents indicated that they believed newly arriving immigrants from Asian and Hispanic backgrounds “will make it hard to maintain American traditions and the American way of life” (Field Institute 1988). They likewise indicated that the place of English as a common, national language as well as the quality of American education was endangered by immigrants, especially Hispanics (Field Institute 1988). Such views were becoming increasingly commonplace. As the sociologist Douglas Massey noted, since the 1970s, a number of English-only amendments had either been proposed or passed at the state-level, federal immigration policies have become more restrictive and punitive, and politicians have increasingly used immigrants as scapegoats for a number of social and economic problems (Massey 1995).

This nativist position is, perhaps, best exemplified by Peter Brimelow and his infamous 1995 best-selling book *Alien Nation: Common Sense about America's Immigration Disaster*. Throughout the 1990s and early 2000s, Brimelow's views on immigration garnered substantial notoriety as his work was discussed in prominent academic and popular publications. In 1995, Brimelow even presented his views to the House Subcommittee on Immigration and Claims (Motomura 1996). As Hiroshi Motomura explains, “There is a reason that *Alien Nation* has received so much attention. Brimelow's call to reverse current racial and ethnic demographic trends resonates deeply with many who feel threatened by these changes. Their fear surely fortified public support for California's Proposition 187, which won fifty-percent of the vote in November 1994” (Motomura 1996, p. 1931).

In *Alien Nation*, Brimelow argues that immigration policies after 1965 have caused a seismic shift in the character of the US. Not only has immigration increased tremendously, but these newer immigrants “come predominately from one area—some 85 percent of the 16.7 million legal immigrants arriving in the United States between 1968 and 1993 came from the Third World” (Brimelow 1996, p. 77). For Brimelow, while some Americans may view these new waves of immigrants as contributing to the strength of the country, such optimism overlooks two distinct features of recent immigration. First, prior surges in immigration were prominently followed by sharp declines in new arrivals. For example, while roughly 15 million European immigrants entered the US between 1901 and 1930, it was followed by a massive drop off in immigration throughout the mid-1900s (Massey 1995). However, since the 1970s, the rate of new arrivals has increased rapidly, with current projections indicating no slowdown. For Brimelow, the “great lulls” following increases in immigration are necessary because it allows new immigrants to assimilate into US-American culture and become, what he calls, “hyphenated-American” (e.g., Irish-American, British-American, French-Americans) (Brimelow 1996). As several studies of the period attested, earlier waves of immigrants coming from European countries gradually tended to self-identify as “American” and forgo their ethnic identity (Lieberson and Waters 1988; Alba 1990). For Brimelow, such self-identification is necessary to ensure a united American character. The problem, on his account, is that because of increases in immigration and the rapidly changing demographics of the US, immigrants, especially Hispanics, tend to retain an identity tied to their race, ethnicity, linguistic community and/or country of origin. Such immigrants, in his view, do not contribute to US-American culture, but rather morph and change it.

Brimelow's second point concerns the possibility of a multicultural nation. As he writes, “The word ‘nation’ is derived from the Latin *nescare*; to be born. It intrinsically implies a link by blood. A nation in a real sense is an extended family. The merging process by which all nations are created is not merely cultural, but to a considerable extent biological, through intermarriage” (Brimelow 1996, p. 203). Due to this, even if cultural assimilation among immigrants was achieved, this would ultimately be insufficient. For a nation to maintain itself, it requires not only a shared culture, but a biological unity. For Brimelow, a shared culture emerges and is sustained through marriage. It is because individuals living within the same country come together to wed and reproduce that a nation is

formed. Immigrants will continue to constitute a ‘foreign-body’ unless they are biologically assimilated. To illustrate the point, Brimelow evokes the example of Irish-Americans: according to him, initially, the Irish “displayed social pathologies strikingly similar to those of the contemporary American black ghetto: poverty, disease, violence, family breakdown, drug addiction (alcohol in those days) and, perhaps not surprisingly, virtually no intermarriage” (Brimelow 1996, p. 216). Slowly, however, the Irish changed—they became Irish-Americans who “in terms of measures like income, education and political affiliation [. . .] are more or less indistinguishable from the mainstream, into which they have extensively intermarried” (Brimelow 1996, p. 216). The problem with immigrants arriving after 1965, then, is cultural, biological and numerical. Although there was some indication that by the 1990s Hispanics were beginning to intermarry with Whites, those offspring are being “swamped by the sheer growth of the Hispanic population” generated by intra-Hispanic marriages, whether they be among US-born Hispanics, foreign-born Hispanics or a mixture of the two (Brimelow 1996, p. 275). Either way, for Brimelow, as Hispanic immigration increased, the nation itself weakened.

4. Immigration, Healthcare and the “Hispanic Paradox”

The previous section sought to outline the political and social discourse on immigration in the 1980s and 1990s. From that discussion, two points are worth emphasizing: first, the problem of immigration was not limited to illegal immigration. Rather, the concern was that a large and steady influx of nonwhite immigrants, regardless of legal status, would eventually cause seismic shifts to the US population. In the long run, this would effectively displace US-born Whites as the numerically superior racial group. Second, alongside concerns about population sizes, there was growing worry about the survival of the ‘heart of America.’ Unlike prior waves of immigrants, these new immigrants were predominately from Asian and Hispanic countries. They held cultural values, traditions and languages that differed significantly from those of US-Americans. Importantly, implicit in these discourses is the assumption that those norms are inferior (Jaret 1999). As such, any shifts in culture and social norms were publicly perceived as being for the worse—and yet, at the same, as being increasingly likely as the number of immigrants rose.

In this section, I return to the medical discourse surrounding immigration. In doing so, I aim to reveal the extent to which the political desire to regulate immigration and public concern over ‘the browning of America’ motivated and influenced the questions and explanations posited by public health experts during the 1980s and 1990s. Before returning to the Hispanic Paradox, I will briefly outline the issue of access to healthcare resources for immigrant populations. Doing this is significant for at least two reasons: first, it represents the most public concern about medical resources as well as the health of newly arriving immigrants. Second, the implementation of more rigorous barriers to healthcare would influence the study of the Hispanic Paradox throughout the 1990s.

4.1. Healthcare and Immigration

As Johnson, Farrell and Guinn summarize, the nativist backlash of the 1990s was fueled by “the perception that: (1) Their culture and traditions are being imperiled; (2) their level of education is being lowered; (3) their jobs and housing are being taken; (4) their political influence is being lessened; (5) English is declining as the primary language; and (6) social and health services are being overburdened” (Johnson et al. 1997, p. 1086). For the purposes of this paper, the sixth point is worth emphasizing. In response to recent immigration, a number of states began proposing more restrictive policies targeted against undocumented immigrants. For example, in 1994, California, a favored destination place for new immigrants, issued Proposition 187, which denied educational, health and social services to undocumented immigrants (Park 1996). Pete Wilson, the then Governor of California, defended the bill as a necessary defense against the ‘invasion’ of undocumented immigrants. This rhetoric of ‘invasion’ had been prominent since the late 1970s but intensified throughout the 1990s, and is still prevalent in contemporary discussions of immigration (Ana 1999, 2015).

Despite the rhetoric of ‘invasion’ and immigrant ‘drain’ on healthcare resources by Wilson and others, few studies had been conducted to measure the overall usage and economic cost of immigrant use of healthcare resources. Of the few studies that had been conducted, most were limited to a single institution or a specific geographic area (Berk et al. 2000). To address this gap, in 1996, Project HOPE, a global health and humanitarian relief organization, launched the Hispanic Immigrant Health Care Access Survey. The survey focused on four communities within two states with the highest concentration of undocumented immigrants: Houston and El Paso in Texas, and Fresno and Los Angeles in California (Berk et al. 2000). The survey found that the majority of immigrants did not migrate to get access to healthcare services. About seventy-five percent of respondents cited work as their primary reason. The sole exception was El Paso, where forty-nine percent of respondents cited uniting with family and friends as their primary reason, and work as their secondary (Berk et al. 2000). In total, fewer than one percent cited social services as a motivating factor for their migration.

Moreover, the survey found that, undocumented immigrants obtained fewer ambulatory physician visits; and, overall, “Rates of physician visits were much lower for undocumented Latino immigrants in the study sites than for all Latinos or all persons in the United States” (Berk et al. 2000, p. 57). According to their data, approximately seventy-five percent of the US population and sixty-six percent of the Hispanic-American population had at least one physician visit between 1994 and 1996. By comparison, the rate of physician visits for undocumented Hispanics varied from twenty-seven percent in Los Angeles to fifty percent in Fresno (Berk et al. 2000). These lower rates of use appear, at least partly, due to general fears of arrest or deportation. In each city, a significant portion of respondents affirmed having such fears: thirty-three percent in Houston, thirty-six percent in Los Angeles, forty-seven percent in Fresno, and fifty percent in El Paso (Berk et al. 2000).

The sole exception to this trend was hospitalization for childbirth, which were much higher for undocumented immigrants. According to Marc Berk, Claudia Schur, Leo Chavez and Martin Frankel, these higher rates are “probably related to the higher proportion of Latinas of childbearing ages, the overall higher fertility rates among Latinos, and the fact that children born in the United States will become citizens” (Berk et al. 2000, p. 61). Regardless of the cause, this finding entails that female immigrants were unlikely to receive prenatal care as well as preventive services. While the study predicts that this is unlikely to affect the number of children born, it will likely lead to “a decrease in the relative number of healthy children born instead” (Berk et al. 2000, p. 61). This result is further complicated by the study’s major finding that excluding undocumented immigrants from receiving public health care services is unlikely to reduce the level of migration into the US; but, is likely to greatly impact both the quality and accessibility of healthcare to US-born children living in immigrant households (Berk et al. 2000). According to Leighton Ku and Sheetal Matani, most immigrants have limited access to insurance. Even when care was provided, it tended to be of worse quality than for citizens (Ku and Matani 2001). The same applies to children of noncitizen parents as well as noncitizen children (Ku and Matani 2001).

4.2. *The Hispanic Paradox in the 1990s*

As the debate concerning Hispanic immigration and use of healthcare services occupied much of the public imaginary, epidemiologists and public health experts continued to examine the ‘paradoxical’ morality rates and life expectancy of Hispanics. Paralleling the political discussion, this research turned precisely to the issue of acculturation and immigration.

In 1989, Richard Scribner and J.H. Dwyer from the Institute for Health Promotion and Disease Prevention Research examined birth rates and infant mortality rates among “Latinos of Mexican descent”. Similar to Markides and Coreil, they were interested in investigating a “paradox” within the data: on the one hand, as a population, “Latinos of Mexican descent” exhibit one of the lowest risks of low birthweight at birth as well as an infant mortality rate similar to Whites. On the one hand, they have lower socioeconomic status and less access to medical resources, including fetal and neonatal care, than Whites (Scribner and Dwyer 1989, p. 1263). According to their study, this ‘paradox’

may be explained, at least partly, by two phenomena. First, Mexican immigrants are healthier than US-born Latinos (and foreign-born Latinos that do not migrate); and second, that Mexican culture and lifestyles positively contribute to favorable pregnancy outcomes. As they write, “Mexican cultural orientation acts as a marker for a lifestyle which is associated with a favorable prenatal experience among these Latino mothers. Such an effect is seen primarily in the highly Mexican-oriented Latinos and lost when one moves away from this cultural orientation” (Scribner and Dwyer 1989, p. 1267). In other words, Mexican culture and lifestyle, especially with regards diet and smoking habits, have certain reproductive advantages that are lost if and when they embrace US-American culture and lifestyles. The change in culture even impacts which external factors are likely to effect low birthweight and infant mortality. For example, increases in formal education were found to be associated with a reduced risk in these outcomes among Mexicans acculturated to US-American social norms and lifestyles; but had no effect among Mexicans who had not acculturated. The researchers explained this lack of correlation is due to the lack of influence of formal education in the development and maintenance of the values and beliefs compromising Mexican cultural orientation (Scribner and Dwyer 1989, p. 1267).

Several studies throughout the 1990s expanded on this acculturation hypothesis, also referred to as “barrio advantage.” For example, in 1995, Sylvia Guendelman and Barbara Abrams found major dietary differences associated with degree of US-American acculturation. According to their study, first-generation Mexican-Americans consume “significantly more protein, carbohydrates, cholesterol, vitamins A and C, folic acid, and calcium than second-generation Mexican American or White non-Hispanic women” (Guendelman and Abrams 1995, p. 23). However, far less differences were observed between second-generation Mexican American and White non-Hispanic women. As Guendelman and Abram put it, “As Mexican-origin women move from the first to the second generation, the quality of their diet deteriorates and approximates that of White non-Hispanic women” (Guendelman and Abrams 1995, p. 24). On this basis, Guendelman and Abrams conclude that the relative reproductive advantage enjoyed by Hispanic immigrants is owing to a traditional diet. Also in 1995, Aizita Magaña and Noreen Clark examined the relationship between religiosity, spirituality and infant mortality rates among Mexican Americans. On their account, a closer affiliation with Mexican culture, including religious beliefs, was positively associated with better reproductive outcomes. Their study suggested that greater adherence to religious belief strongly correlated with higher levels of social integration and social support (Magaña and Clark 1995). Such positive social support contributes to better infant mortality than their non-Hispanic White counterparts. In 1996, Cobas et al. sought to reexamine the conclusions of Scribner-Dwyer study using the same data, but more sophisticated regression analyses. Their findings supported the acculturation hypothesis but, added a greater level of specificity. In particular, they found that the extent to which one preferred speaking, reading and writing in Spanish “language was more important than ethnic identification in the prediction of smoking and low-birthweight status” (Cobas et al. 1996, p. 396). In other words, a preference for Spanish language was strongly associated with a lack of acculturation into US-American social norms. Those who displayed this preference demonstrated more favorable birthweights and mortality rates.

As the acculturation hypothesis became more popular, the scientific legitimacy of the two immigration-based explanations offered by Markides and Coreil—the healthy migrant effect and salmon bias—became widely debated. On the one hand, some researchers, such as Wei et al., argued that data from the San Antonio Heart Study revealed that foreign-born Mexicans demonstrated healthier behaviors and better health statistics than US-born Mexican Americans (Wei et al. 1996). Yet, on the other hand, in 1999, Abraído-Lanza et al. suggested that neither of those explanations were plausible once multiple Hispanic ethnic populations were jointly considered. With regards salmon bias, if lower mortality rates among Hispanics were due to this effect, then mortality rates should differ significantly between Hispanic subgroups. For example, if salmon bias is correct, then mortality rates should be higher for Cubans and Puerto Ricans. The former because of the difficulty of returning to Cuba once arriving in the US; and the latter because of the heavy cultural, social and political impact of the US on Puerto Rico, given its status as a US commonwealth (Abraído-Lanza et al. 1999). Similarly,

they argued that the healthy migrant effect could not explain why US-born Hispanics displayed lower morality rates compared to non-Hispanic Whites. Thus, they conclude that, the “paradox may be that in the United States, the land of opportunity, these health behaviors worsen with acculturation” (Abraído-Lanza et al. 1999, p. 1547).

A few points are worth emphasizing here: first, while the legitimacy of salmon bias and the healthy migrant effect were questioned, the two remain prominent explanations for “the Hispanic Paradox” throughout 2000s (Fenelon et al. 2017; Lariscy et al. 2015; Markides and Eschbach 2005; Thomson et al. 2013). Second, the basic presumption was still that the paradox was tied to immigration. The key difference is that the emphasis shifted to the traditional culture and lifestyles of new Hispanic immigrants and first-generation Hispanics, rather than the health of Hispanic immigrants at the time of entering and/or exiting the US. Third, and perhaps more importantly, the emphasis of the acculturation hypothesis is both reflective of the social concerns surrounding the future of US-American culture and, at the same, facilitated by the social and political effects of immigration policy. To explain, as Brimelow described, without “great lulls,” new immigrants would not have the opportunity to adjust and ultimately embrace US-American culture and values (Brimelow 1996). This sentiment appears operative in concerns about the rapidly changing racial and ethnic demographics of the US. To protect US-American values and citizenship, policies like the IRCA were enacted to either prevent the flow of new immigrants entering the US and/or create such hostile and restrictive living conditions that new immigrants would elect to return to their country of origin. Restrictions on healthcare accessibility also followed this anti-immigration logic—if newly arrived immigrants could not receive healthcare, then they would either leave, or die prematurely. The problem, however, was that, despite these restrictions, mortality rates among Hispanics continued to rival that of non-Hispanics Whites. This statistic persisted even though restrictions on employment and social services impacted not only Hispanic immigrants, but US-born Hispanic citizens as well (Bansak and Raphael 2001; Bendremer 1987; Davila et al. 1998). As such, the then-current immigration policies limited the possibility of Hispanics—whether immigrants or US citizens—to embrace an American lifestyle and achieve the ‘American Dream.’

Moreover, as an explanation, the acculturation hypothesis faces several immediate problems. First, the diet of newly arriving immigrants is not necessarily reflective of their culture, but rather cost and affordability. The assumption that one’s lifestyle and ability to practice one’s culture remain constant after migrating to a new country is, in principle, debatable. However, in the case of newly arriving Hispanic immigrants, it becomes less clear given language barriers and little financial resources (Radford 2019). Second, while Hispanic cultures arguably place a higher value on community and family, it is unclear the level of psychological benefit those values provide in a society wherein racial and ethnic discrimination as well as anti-immigration rhetoric and beliefs are prevalent. Despite the emphasis on culture, the lived experience of racism and xenophobia were rarely, if ever, accounted for in these studies. This omission also mirrors the political discourse of the era. While the public and politicians were concerned about the likelihood of newly arriving immigrants embracing American culture, the recognition that such acculturation will be hindered by racism and xenophobia were rarely, if ever, addressed (Berry and Hou 2017; Wimmer and Soehl 2014).

Other criticisms of the acculturation hypothesis are possible, but the larger question is: if the hypothesis is conceptually and methodologically limited, then what accounts for its prevalence in studies on the ‘Hispanic Paradox’ throughout the 1990s? In other words, why does the study of the “Hispanic Paradox” in the 1990s become an examination of Hispanic lifestyle and culture? I propose that it is because the acculturation hypothesis had clear political and social consequences. Given concerns that US-American culture cannot survive if immigration rates persist, the finding that the culture and social norms of immigrants actually contribute to them living longer would be a shocking revelation. This possibility did not escape news coverage. For example, in 1995, an article in the *Los Angeles Times* reported that, for newly arrived immigrants the “sad reality is that cultural assimilation has become bad for your health. While the ‘huddled masses’ have never had it easy, the version of American culture that many of today’s immigrants come to know first is the poisonous combination of dysfunction, decay,

automatic weapons and drugs that characterizes inner cities” (Hayes-Bautista and Rodriguez 1995). The article ends on a hopeful note that “the cultural strengths immigrants bring with them no longer have to be abandoned in order for them, their children and grandchildren to become true Americans” (Hayes-Bautista and Rodriguez 1995). Nevertheless, much public opinion on immigration, regardless of their political ideology, was negative (Jones 2016). The concern that America was losing itself under a wave of immigrants loomed large. Within this context, discussions of culture within the Hispanic paradox literature serve not only an epidemiological purpose, but entail major social and political consequences as well. If the acculturation hypothesis were correct, then for many US-Americans it would spell the end of the US. As such, the acculturation hypothesis, and research into the Hispanic Paradox, had biopolitical implications.

5. Biopolitics, Immigration and the “Hispanic Paradox:” A New Direction in Latinx Studies

The previous section sought to outline how the medical discourse of the Hispanic Paradox and the political discourse of immigration and ‘the browning of America’ developed throughout the 1990s. New immigration policies were intended to take control of the US southern border to ensure not only the longevity of US-American culture, but that the nation’s most vital resources, such as access to work and healthcare, were available exclusively to US-American citizens. Thus, new immigrants were regarded as social problem—the influx of new social norms will inevitably challenge and potentially redefine the status quo. Importantly, however, the issue was not simply confined to a question of norms and values, but to the very character and demographics of the population. It was concerned with which population will replace Whites as the dominant group within the US. As a problem of reproduction and survival, the issue of immigration was also importantly biological.

While many scholars have discussed the biopolitics of immigration, few, if any, have taken up the Hispanic Paradox as an object of analysis. Yet, the emergence of the Hispanic Paradox precisely during the late 1980s represents, on the one hand, a specifically political interest in estimating, predicting and managing the longevity of a new ‘invading’ force within the body politic. While, on the other, a growing anxiety concerning how to deal with a population that, despite traditional predictors of low life expectancy, still managed to live as long—if not longer—than native-born US-Americans. Examined from this perspective, the Hispanic Paradox may serve as a productive resource for the growing literature on the biopolitics of immigration. In this section, I make a first attempt at articulating the biopolitics of the Hispanic Paradox drawing predominately from the work of Michel Foucault.

Now, before proceeding, three points are worth emphasizing: First, as several scholars have noted, the applicability of Foucault’s own work on biopolitics and racism to contemporary issues of race and racism within the US is limited (Weheliye 2014). My use of his work here is neither intended to challenge these scholars nor to endorse it as the most helpful. Rather, I employ it as one possible bridge between biopolitical analyses and the relationship between the Hispanic Paradox and immigration policies articulated in this paper. Second, and in the same vein, the biopolitical account presented here is not intended to foreclose other possible explanations. Problems arising from contemporary immigration policies and enforcement are multidimensional. The goal here is to propose the Hispanic Paradox as a valuable, yet understudied, dimension of these problems. Finally, because the genealogy offered in this paper ends in the 1990s, it neither discusses more recent changes to immigration policies and enforcement, nor more recent developments within the literature on the Hispanic Paradox. As such, the biopolitical implications of the Hispanic Paradox presented here are meant to be suggestive and point to new possible directions for research into the biopolitics of immigration.

5.1. Biopolitics and State Racism

According to Foucault, the nineteenth and twentieth century saw the emergence of a new form of power: biopower. Biopower refers to the deployment of “numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” (Foucault 1990, p. 140). That is, it is a form of power that operates at the level of the population or species. It is this form of power that,

as Michael Behrent notes, makes possible the emergence of liberalism and capitalism (Behrent 2009). Within this regime of power, biopolitics refers to the regulatory control and series of interventions deployed to supervise the biological processes of “propagation, births and mortality, the level of health, life expectancy, and longevity” (Foucault 1990, p. 139). That is, unlike the sovereign’s right to “take life or let live,” the biopolitical state exercises a distinct right over the population.³ It requires regulatory mechanisms “to establish an equilibrium, maintain an average, establish a sort of homeostasis, and compensate for variations within this general population of living beings so as to optimize a state of life” (Foucault 2003, p. 246). The biopolitical state must take “control of life and the biological process of man-as-species” (Foucault 2003, p. 246). For Foucault, this is accomplished by a medley of disciplinary and regulatory powers: The police, health-insurance systems, old-age pensions, rules of hygiene, social pressures, childcare, education, and even the field of medicine itself. All of these mechanisms, working in unison, help to maintain the life of the population, of the species.

However, if the goal of biopower is to promote life, then how can it exercise the power of death? How can a biopolitical state kill? “It is, I think,” says Foucault, “at this point that racism intervenes” (Foucault 2003, p. 254). For Foucault, racism establishes a break within the biological continuum of the species or the population—it distinguishes between those that must die from those that must live, thereby allowing the state to kill in the name of defending society.⁴ In the biopolitical state, this racism becomes intimately connected with the functioning of the state. As Foucault puts it, it “is bound up with the workings of a state that is obliged to use race, the elimination of races and the purification of the race, to exercise its sovereign power” (Foucault 2003, p. 258). Thus, for example, it is only by connecting criminality with racism that the biopolitical state may execute or isolate prisoners; the same applies to madness and other pathologies or conditions. Thus, Mary Beth Mader writes,

On Foucault’s construal of the modern notion of life, *if* something is a biological threat, *then* it can become the object of power in the modern age, the object of bio-power. That is, the living continuity, or the continuum of life, by being threatened with interruption, allegedly destines to death any threats to it. However, life includes lives destined to die; all lives are mortal. So, state murder is of course a matter of deliberately hastening the death of human beings. Whatever else modern racism is for Foucault, it is certainly a specifically scientific death sentence. (Mader 2011, p. 109)

If the biopolitical state is to kill, it must become racist—it must seek to eliminate abnormal members in the name of the ‘Race.’ However, unlike the sovereign, the biopolitical state does not “take life,” but rather “lets die.” It is, as Mader notes, “a matter of deliberately hastening the death of human beings” (Mader 2011, p. 109). It is a “death sentence” as opposed to the quick death of the guillotine. It is a death by exclusion from the domain of the biopolitical states’ right to “let live.”

5.2. Biopolitics, Immigration and the Hispanic Paradox

As many scholars have noted, US-American immigration policies serve a biopolitical purpose (Brendese 2014; Valdez 2016; Yeng 2015). By serving as mechanisms of exclusion, such policies serve to regulate the population by either denying immigrants access to vital services, such as Proposition 187;

³ Importantly, Foucault does not argue that biopower and biopolitics simply replaces sovereign power. Rather, alongside biopower, older forms of power are still operational. The sovereign right to “take life” runs alongside the biopolitical state’s right to “let die.” Biopower, then, is not meant to describe a linear progression to a new mode of power, but rather the addition of a new regulatory apparatuses that operates precisely at the level of the population. While the state gains the right to “let die,” it nevertheless retains its sovereign right to “take life.”

⁴ To be clear, Foucault use of the term “racism” is much broader than the traditional US-American usage of the term. It is not an ethnic racism focused primarily on the division between White and non-Whites, but rather a new distinction between normal and abnormal members of the human race. Abnormality may be defined by ethnicity, racial classification, sex/gender, sexuality, class, dis-ability, etc. The abnormal or degenerate are deemed a threat to the longevity of the species as a whole; and as such, they must be contained and, ultimately, eliminated.

or by dissuading foreigners from even entering the country to begin with, such as the employer sanctions under the IRCA. Moreover, the constant reference to safeguarding and preserving US-American values reveals a specifically racial component—the US-American is not merely everyone who has citizenship, but rather that segment of the population that embodies the privileged values. Due to this, the problem of immigration extends beyond the issue of undocumented immigrants. Proposals like the employer sanctions not only made it difficult for undocumented workers, but for everyone who may be viewed as ‘foreign’ or ‘ethnic’ (Berk et al. 2000). Similarly, policies like Proposition 187 not only negatively affected access to healthcare for undocumented immigrants, but for anyone living under their care, regardless of their citizenship status. In each case, the underlying logic permitted discrimination against certain citizens in the name of excluding undocumented immigrants from accessing social services. Indeed, the very project of establishing conditions wherein people will ‘self-deport’ is a prime example of how a biopolitical state exercises racism against those deemed a threat to the nation.

Within a biopolitical state, the Hispanic Paradox represents a peculiar problem. Again, as Mader notes, death within biopolitics occurs via exclusion (Mader 2011). However, studies into the Hispanic Paradox consistently show that Hispanics, and more specifically immigrants, tend to have health outcomes that are either similar or preferable to those of non-Hispanic Whites. This, despite the fact that, first, Hispanics have lower socioeconomic status, which thereby excludes them from accessing better quality goods and services. Second, despite the political rhetoric to the contrary, Hispanic immigrants tend to make less use of healthcare services; and, in some instances, are denied such services altogether. Third, despite intense discrimination, not only do Hispanic immigrants remain in the United States, but the Hispanic population continues to grow. Fourth, Hispanics experience favorable mortality and population growth rates despite exposure to high rates of violence especially during adolescence. To explain, although as a population Hispanics have a mortality rate rivaling that of Whites, mortality rates between the two races are not similar across all age ranges. In particular, the mortality rate of Hispanics, especially males, between ages fifteen and twenty-four is almost double that of Whites (Hayes-Bautista et al. 2002). Such deaths are due predominately to homicide and motor vehicle collisions (Hayes-Bautista et al. 2002). Importantly, one common characteristic of newly arriving immigrants, despite the political rhetoric to the contrary, is that they are far less likely to engage in illegal activity (Bernat 2017). This feature is also often included as an aspect of the Hispanic Paradox (Bernat 2017). In short, if the aim is death via exclusion, then the Hispanic Paradox presents a fundamental failure of the biopolitical state to fulfill its primary directive. Indeed, within the context of a biopolitical analysis, the extent to which this phenomenon is specifically ‘paradoxical’ becomes clearer: the state was designed to kill via exclusion, yet this population is excluded and will not die. Such an outcome runs contrary to the very foundation of the biopolitical state.

Now, this raises the two further questions: first, what precise biopolitical function would the Hispanic Paradox service? There are two possibilities: first, to better determine whether the health outcomes of the ‘degenerate’ race is superior to that of the ‘normal’ race. Importantly, the Hispanic Paradox is precisely the mortality rates of Hispanics in comparison to Whites. However, why choose Whites as the medical norm? Asians have the lowest infant and adult mortality rate (Center for Disease Control and Prevention (CDC); Acciai et al. 2015). If the purpose was solely to measure the relative mortality advantage of Hispanics for the sake of understanding the phenomenon, then choosing the racial group with the lowest mortality rates, highest average income and the greatest educational attainment appears the most logical (Ryan and Bauman 2016; Fontenot et al. 2018). Arguably, one could try to defend the stipulation of “non-Hispanic Whites” as the medical norm as merely reflective of the historical trend—the paradox was originally defined in terms of that category. However, this too faces problems given that the comparison class is unnecessary. One could simply note that low socioeconomic status is strongly correlated with high mortality rates and then note that Hispanics are an exception. So, what purpose does the racial reference point serve? For Foucault, the biopolitical states must establish a norm against which it can identify and estimate “the death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal)” (Foucault 2003, p. 255).

Thus, in a biopolitical state, every measurement has a norm, and that norm is always the same. Indeed, it must be since its primary goal is the defense and maintenance of that norm. If this true, then the very formulation of the Hispanic Paradox reveals that non-Hispanic Whites are the designated norm; and that such research is ultimately intended to their benefit.

Second, in light of the Hispanic Paradox, how does the biopolitical state respond? For Foucault, the respond must be a more intense racism. If the ‘abnormal’ or ‘degenerate’ race resists exclusion, then new mechanisms must be implemented. In the US, this heightened severity is visible in more recent immigration policies. For example, the intensification of immigration policies and procedures following the rise of the US Immigration and Customs Enforcement (ICE) in 2003 is a clear example of this phenomenon. Likewise, shifts in federal policies and spending likewise reflect a biopolitical logic. In 2018, President Trump announced a planned to eliminate all family-based visa programs and the “diversity visa program” (Stein and Dam 2018). If the plan is enacted, it would forestall the overthrowing of a White majority in the United States for approximately five more years (Stein and Dam 2018). Even more recently, in 2019, President Trump ordered the government to require Americans who bring migrants from other countries to become financially responsible if that person claims welfare benefits, such as food stamps or Medicaid (Talev and Sink 2019). Such a move would disproportionately impact low-income Hispanics. As B. Rose Kelly notes, while Hispanics may have better overall mortality rates, they have high rates of obesity and diabetes stemming in part from lack of access to healthcare, availability of healthy, affordable foods and lack of recreational facilities in Hispanic neighborhoods (Kelly 2016). Although Hispanics live longer than Whites, “they face many serious health issues, all of which show signs of worsening in the near future (Kelly 2016).

To be clear, the claim here is not that these shifts are solely the byproducts of the Hispanic Paradox or even completely explainable by biopolitics. As Foucault argues, within a biopolitical regime, sovereign and disciplinary power remain operational. As such, the spectacle of the sovereign’s ‘right to kill’ still persists alongside the biopolitical project of ‘letting die.’ Such displays are clearly evident, for example, in the disproportionate killings of people of color by police and other law enforcement. Instead, the point here is that concern over ‘better-than-expected’ mortality rates for Hispanics may be an important variable for understanding contemporary hostility over Hispanics and immigrants. The persistence of research into Hispanic life expectancy coinciding with more aggressive immigration enforcement and a nationalistic drive to ‘make American great again’ provides fruitful ground for those working on the biopolitics of immigration.

6. Conclusions

The rise of research into the Hispanic Paradox precisely at a time wherein the US was experiencing an unprecedented wave of nonwhite immigrants raises immediate questions about the value-ladenness of such research. Despite the wealth of explanations and theories offered by public health experts and epidemiologists over the last four decades, the phenomenon has received little attention by scholars in philosophy, medical humanities and Latinx studies. This paper has sought to address this gap as well as contribute to genealogical work on the relationship between racial and ethnic classifications and biomedical research (Doron 2012; Liz 2018; Jackson 2015). Still, more work is needed in exposing the potentially biopolitical implications and motivations of research into the Hispanic Paradox. Here I propose two such avenues for future research. First, despite a rise in both the Hispanic and Asian population, much more of the public outcry since the 1980s concerned Hispanic immigrants (Brown et al. 2018; Walters and Eschbach 1995). This is not to suggest that newly arriving Asians and Asian American did not (or do not) experience discrimination nor is the purpose to compare degrees of racism and xenophobia, but rather to highlight that the discourse of ‘the loss of America’ was closely aligned with a racially-specific discourse of ‘the browning of America.’ Arguably, the identification and persistence of a Hispanic Paradox may help address this difference. Second, recent studies into the Hispanic Paradox suggest that the primary cause is inherently biological. In 2016, Horvath et al. found differences in epigenetic aging rates between Hispanics and Caucasians (Horvath et al. 2016).

As Steve Horvath, the lead researcher explains, “Our study helps explain this by demonstrating that Latinos age more slowly at the molecular level” (Schmidt 2016). As I have tried to show in this paper, the shift from an emphasis on the health of newly arriving immigrants to an emphasis on culture and lifestyle within Hispanic Paradox research paralleled the shift in the sociopolitical discourse concerning immigration. This contemporary shift to biological explanations of the paradox may likewise hint to a similar shift in the political discourse. Examining the relationship between these biological accounts and contemporary nationalistic and anti-immigration discourses may represent important new lines of inquiry. Moreover, the implication that Hispanic mortality rates is driven by biological factors has several implications from practical concerns of how it may impact public health spending on Hispanic communities to conceptual questions of understanding a biological Hispanic identity. At a moment in US history defined by fears of immigration and a vocal concern over the loss of ‘White America,’ such research could help explain and address national fears and concerns about Hispanic immigration.

Funding: This research received no external funding.

Conflicts of Interest: The author declares no conflict of interest.

References

- Abraído-Lanza, Ana F., Bruce P. Dohrenwend, Daisy S. Ng-Mak, and J. Blake Turner. 1999. The Latino Mortality Paradox: A Test of the “Salmon Bias” and Healthy Migrant Hypotheses. *American Journal of Public Health* 89: 1543–48. [CrossRef] [PubMed]
- Acciai, Francesco, Aggie J. Noah, and Glenn Firebaugh. 2015. *Journal of Epidemiology and Community Health* 69: 1006–11. [CrossRef] [PubMed]
- Alba, Richard D. 1990. *The Transformation of White America*. New Haven: Yale University Press.
- Alder, Jerry. 1995. Sweet Land of Liberties. *Newsweek*. Available online: <https://www.newsweek.com/sweet-land-liberties-184578> (accessed on 5 September 2019).
- Ana, Santa O. 1999. “Like an Animal I was Treated”: Anti-Immigrant Metaphor in US Public Discourse. *Discourse and Society* 10: 191–224. [CrossRef]
- Ana, Santa O. 2015. The Cowboy and the Goddess: Television News Mythmaking about Immigrants. *Discourse and Society* 27: 95–117.
- Arocha, Zita. 1988. 1980s Expected to Set Mark as Top Immigration Decade. *The Washington Post*. Available online: <https://www.washingtonpost.com/archive/politics/1988/07/23/1980s-expected-to-set-mark-as-top-immigration-decade/9ecd472f-e691--4d49-a0f4--00a3200250f5/> (accessed on 13 September 2019).
- Bansak, Cynthia, and Steven Raphael. 2001. Immigration Reform and the Earning of Latino Workers: Do Employer Sanctions Cause Discrimination? *ILR Review* 54: 275–95. [CrossRef]
- Barringer, Felicity. 1990. Asian Populations in US Grew by 70% in the 80’s. *The New York Times*. Available online: <https://www.nytimes.com/1990/03/02/us/asian-population-in-us-grew-by-70-in-the-80-s.html?auth=login-google&login=google> (accessed on 20 November 2019).
- Behrent, Michael C. 2009. Liberalism without Humanism: Michael Foucault and the Free-Market Creed, 1976–1979. *Modern Intellectual History* 6: 539–68. [CrossRef]
- Bendremer, Fedric J. 1987. The Unfair Immigration-Related Employment Practices Provision: A Modicum of Protection against National Origin and Citizenship Status Discrimination. *University of Miami Law Review* 41: 1025–55.
- Berk, Marc L., Claudia L. Schur, Leo R. Chavez, and Martin Frankel. 2000. Health Care Use among Undocumented Latino Immigrants. *Health Affairs* 19: 51–64. [CrossRef]
- Bernat, Frances. 2017. Immigration and Crime. In *Oxford Research Encyclopedia: Criminology and Criminal Justice*. Oxford: Oxford University Press.
- Berry, John W., and Feng Hou. 2017. Acculturation, Discrimination and Wellbeing among Second Generation of Immigrants in Canada. *International Journal of Intercultural Relations* 61: 29–39. [CrossRef]
- Bradshaw, Benjamin, and Edwin Fonner Jr. 1978. The Mortality of Spanish Surnamed Persons in Texas: 1969–1971. In *The Demography of Racial and Ethnic Groups*. Edited by Frank D. Bean and William P. Frisbie. New York: Academic Press, pp. 261–82.

- Brendese, Philip J. 2014. Borderline Epidemics: Latino Immigration and Racial Biopolitics. *Politics Groups and Identities* 2: 168–87. [CrossRef]
- Brimelow, Peter. 1996. *Alien Nation: Common Sense about America's Immigration Disaster*. New York: Random House, Inc.
- Brown, Hana E., Jennifer A. Jones, and Andrea Becker. 2018. The Racialization of Latino Immigrants in New Destinations: Criminality, Ascriptions and Countermobilizations. *RSF: The Russell Sage Foundation Journal the Social Sciences* 4: 118–40. [CrossRef]
- Camarota, Steven A. 1997. 5 Million Illegal Immigrants: An Analysis of New INS Numbers. *Immigration Review: A Publication of the Center for Immigration Studies* 28: 1–4.
- Center for Disease Control and Prevention (CDC). 2019. Infant Mortality. Available online: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm> (accessed on 30 August 2019).
- Cobas, José A., Hector Balcazar, Mary B. Benin, Verna M. Keith, and Yinong Chong. 1996. Acculturation and low-birthweight infants among Latino Women. *American Journal of Public Health* 86: 394–96. [CrossRef] [PubMed]
- Davila, Alberto, Jose A. Pagan, and Montserrat V. Grau. 1998. The Impact of IRCA on the Job Opportunities and Earnings of Mexican-American and Hispanic-American Workers. *The International Migration Review* 32: 79–95.
- Day, Jennifer C. 1996. *Population Projections of the United States by Age, Sex, Race and Hispanic Origin: 1995 to 2050*; U.S. Bureau of the Census: Current Population Reports. Washington, DC: US Government Printing Office.
- Dominguez, Kenneth, Ana Penman-Agular, Man-Huei Chang, Ramal Moonesinghe, Ted Castellanos, Alfonso Rodriguez-Lainz, and Richard Schieber. 2015. Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risks Factors, and Use of Health Services among Hispanics in the United States—2009–13. *Morbidity and Mortality Weekly Report* 65: 469–78.
- Doron, Claude-Olivier. 2012. Race and Genealogy: Buffon and the Formation of the Concept of “Race”. *Journal of Philosophical Studies* 22: 75–109.
- Fallows, James. 1983. Immigration: How It's Affecting US. *The Atlantic*. Available online: <https://www.theatlantic.com/magazine/archive/1983/11/immigration/305928/> (accessed on 21 November 2019).
- Fenelon, Andrew, Juanita J. Chinn, and Robert N. Anderson. 2017. A Comprehensive Analysis of the Mortality Experience of Hispanic Subgroups in the United States: Variation by Age, Country of Origin, and Nativity. *SSM-Population Health* 3: 245–54. [CrossRef]
- Field Institute. 1988. *Statistical Tabulations from the February 1988 Survey of the Field Institute on Ethnic Minorities*. San Francisco: Field Institute.
- Fontenot, Kayla, Jessica Semega, and Melissa Kollar. 2018. Income and Poverty in the United States: 2017. Available online: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.pdf> (accessed on 25 July 2019).
- Foucault, Michel. 1990. *The History of Sexuality, Volume 1: An Introduction*. New York: Vintage Books.
- Foucault, Michel. 2003. “Society Must Be Defended:” *Lectures at the Collège de France 1975–1976*. New York: Picador.
- Franzini, Luisa, Ariene M. Keddie, and John C. Ribble. 2001. Understanding the Hispanic Health Paradox. *Ethnicity & Disease* 11: 496–518.
- Gibson, Campbell J., and Emily Lennon. 1999. Historical Census Statistics on the Foreign-Born Population of the United States: 1850–1990. Available online: <https://www.census.gov/population/www/documentation/twps0029/twps0029.html> (accessed on 29 August 2019).
- Guendelman, Sylvia, and Barbara Abrams. 1995. Dietary Intake among Mexican-American Women: Generational Differences and a Comparison with White non-Hispanic Women. *American Journal of Public Health* 85: 20–25. [CrossRef]
- Hayes-Bautista, David E., and Gregory Rodriguez. 1995. California: Cultural Assimilation Is Bad for Your Health. *Los Angeles Times*. Available online: <https://www.latimes.com/archives/la-xpm-1995--12--17-op-16182-story.html> (accessed on 11 August 2019).
- Hayes-Bautista, David E., Paul Hsu, Maria Hayes-Bautista, Delmy Iñiguez, Cynthia L. Chamberline, Christian Rico, and Rosa Solorio. 2002. An Anomaly within the Latino Epidemiology Paradox: The Latino Adolescent Male Mortality Peak. *Archives of Pediatrics and Adolescent Medicine* 156: 480–84. [CrossRef]
- Henry III, William A. 1990. Beyond the Melting Pot. *Time Magazine*. Available online: <http://content.time.com/time/magazine/article/0,9171,969770,00.html> (accessed on 5 December 2019).

- Horvath, Steve, Michael Gurven, Morgan E. Levine, Benjamin C. Trumble, Hillard Kaplan, Hooman Allayee, Beate R. Ritz, Brian Chen, Ake T. Lu, Tammy M. Rickabaugh, and et al. 2016. An Epigenetic Clock Analysis of Race/Ethnicity, Sex, and Coronary Heart Disease. *Genome Biology* 17: 1–21. [\[CrossRef\]](#)
- Jackson, Myles W. 2015. *The Genealogy of a Gene: Patents, HIV/AIDS, and Race*. Cambridge: MIT Press.
- Jaret, Charles. 1999. Troubled by Newcomers: Anti-Immigrant Attitudes and Action during Two Eras of Mass Immigration to the United States. *Journal of American Ethnic History* 18: 9–39.
- Johnson, James H., Jr., Walter C. Farrell Jr., and Chandra Gunn. 1997. Immigration Reform and the Browning of America: Tensions, Conflicts and Community Instability in Metropolitan Los Angeles. *The International Migration Review* 31: 1055–1095. [\[CrossRef\]](#)
- Jones, Bradley. 2016. Americans' Views of Immigrants Marked by Widening Partisan, Generational Divides. *Pew Research Center*. Available online: <https://www.pewresearch.org/fact-tank/2016/04/15/americans-views-of-immigrants-marked-by-widening-partisan-generational-divides/> (accessed on 20 August 2019).
- Kelly, B. Rose. 2016. Q&A: Does the 'Hispanic Paradox' Still Exist? *Princeton University News*. Available online: <https://www.princeton.edu/news/2016/05/24/qa-does-hispanic-paradox-still-exist> (accessed on 1 October 2019).
- Ku, Leighton, and Sheetal Matani. 2001. Left Out: Immigrants' Access to Health Care and Insurance. *Health Affairs* 20: 247–56. [\[CrossRef\]](#) [\[PubMed\]](#)
- Lariscy, Joseph T., Robert A. Hummer, and Mark D. Hayward. 2015. Hispanic Older Adult Mortality in the United States: New Estimates and an Assessment of Factors Shaping the Hispanic Paradox. *Demography* 52: 1–14. [\[CrossRef\]](#)
- LaVeist-Ramos, Thomas A., Jessica Galarraga, Roland J. Thorpe Jr., Caryn N. Bell, and Chermeia J. Austin. 2012. Are black Hispanics black or Hispanic? Exploring Disparities at the Intersection of Race and Ethnicity. *Journal of Epidemiology and Community Health* 66: e21. [\[CrossRef\]](#)
- Liebersohn, Stanley, and Mary C. Waters. 1988. *From Many Strands: Ethnic and Racial Groups in Contemporary America*. New York: Russell Sage Foundation.
- Liz, Jordan. 2018. 'The Fixity of Whiteness': Genetic Admixture and the Legacy of the One Drop Rule. *Critical Philosophy of Race* 6: 239–61. [\[CrossRef\]](#)
- Lowell, Lindsay B., Jay Teachman, and Zhongren Jing. 1995. Unintended Consequences of Immigration Reform: Discrimination and Hispanic Employment. *Demography* 32: 617–628. [\[CrossRef\]](#)
- Mader, Mary Beth. 2011. Modern Living, and Vital Race: Foucault and the Science of Life. *Foucault Studies* 12: 97–112. [\[CrossRef\]](#)
- Magaña, Aizita, and Noreen M. Clark. 1995. Examining a Paradox: Does Religiosity Contribute to Positive Birth Outcomes in Mexican American Populations? *Health Education Quarterly* 22: 96–109. [\[CrossRef\]](#)
- Markides, Kyriakos S., and Jeannine Coreil. 1986. The Health of Hispanics in the Southwestern United States: An Epidemiologic Paradox. *Public Health Reports* 101: 253–65. [\[PubMed\]](#)
- Markides, Kyriakos S., and Karl Eschbach. 2005. Aging, Migration, and Mortality: Current Status of Research on the Hispanic Paradox. *The Journal of Gerontology: Series B* 60: S68–S75. [\[CrossRef\]](#) [\[PubMed\]](#)
- Markides, Kyriakos S., and Helen P. Hazuda. 1980. Ethnicity and Infant Mortality in Texas Counties. *Social Biology* 27: 261–71. [\[CrossRef\]](#) [\[PubMed\]](#)
- Massey, Douglass S. 1995. The New Immigration and Ethnicity in the United States. *Population and Development Review* 21: 631–52. [\[CrossRef\]](#)
- Massey, Douglass S., and Julia Gelatt. 2010. What Happened to the Wages of Mexican Immigrants? Trends and Interpretations. *Latino Studies* 8: 328–54. [\[CrossRef\]](#)
- Miller, Mark J. 1989. Preliminary Results of the IRCA Legalization Programs at the End of Phase I. *International Migration* 27: 109–14. [\[CrossRef\]](#)
- Motomura, Hiroshi. 1996. Whose Alien Nation? Two Models of Constitutional Immigration Law. *Michigan Law Review* 94: 1927–52. [\[CrossRef\]](#)
- Osuna, Juan P. 1988. Amnesty in the Immigration Reform and Control Act of 1986: Policy Rationale and Lessons from Canada. *American University International Law Review* 3: 145–96.
- Pantoja, Adrian. 2006. Against the Tide? Core American Values and Attitudes toward US Immigration Policy in the Mid-1990s. *Journal of Ethnic and Migration Studies* 32: 515–31. [\[CrossRef\]](#)
- Park, John S. W. 1996. Race Discourse and Proposition 187. *Michigan Journal of Race and Law* 2: 175–204.

- Pear, Robert. 1986. President Signs Landmark Bill on Immigration. *The New York Times*. Available online: <https://www.nytimes.com/1986/11/07/us/president-signs-landmark-bill-on-immigration.html> (accessed on 10 August 2019).
- Perotti, Rosanna. 1992. IRCA's Antidiscrimination Provisions: What Went Wrong? *The International Migration Review* 26: 732–53. [CrossRef]
- Radford, Jynnah. 2019. Key Findings about US Immigrants. *Pew Research Center*. Available online: <https://www.pewresearch.org/fact-tank/2019/06/17/key-findings-about-u-s-immigrants/> (accessed on 24 September 2019).
- Rodriguez, Carlos J., Matthew Allison, Martha L. Daviglius, Carmen R. Isasi, Colleen Keller, Enrique C. Leira, Latha Palaniappan, Ileana L. Piña, Sarah M. Ramirez, Beatriz Rodriguez, and et al. 2014. Status of Cardiovascular Disease and Stroke in Hispanics/Latinos in the United States: A Science Advisory from the American Heart Association. *Circulation* 130: 593–625. [CrossRef] [PubMed]
- Ryan, Camille L., and Kurt Bauman. 2016. Education Attainment in the United States: 2015. Available online: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20--578.pdf> (accessed on 16 September 2015).
- Rytina, Nancy. 2002. IRCA Legalization Effects Lawful Permanent Residence and Naturalization through 2001. Paper presented at the Effects of Immigrant Legalization Programs on the United States: Scientific Evidence on Immigrant Adaptation and Impacts on US Economy and Society, National Institute of Health—Main Campus, Washington, DC, USA, October 25.
- Schmidt, Elaine. 2016. Latinos Age Slower Than Other Ethnicities, UCLA Study Shows. *UCLA Newsroom*. Available online: <http://newsroom.ucla.edu/releases/latinos-age-slower-than-other-ethnicities-ucla-study-shows> (accessed on 25 September 2019).
- Schwabach, Aaron. 1991. Employer Sanctions and Discrimination: The Case for Repeal of the Employer Sanctions Provisions of the Immigration Reform and Control Act of 1986. *La Raza Law Journal* 4: 1–21.
- Scribner, Robert, and James H. Dwyer. 1989. Acculturation and Low Birthweight among Latinos in the Hispanic HANES. *American Journal of Public Health* 79: 1263–67. [CrossRef] [PubMed]
- Shanks, Cheryl L. 2009. *Immigration and the Politics of American Sovereignty, 1890–1990*. Ann Arbor: The University of Michigan Press.
- Sorlie, Paul D., Eric Backlund, Norman J. Johnson, and Eugene Rogot. 1993. Mortality by Hispanic Status in the United States. *Journal of American Medical Association* 270: 2464–68. [CrossRef]
- Stein, Jeff, and Andrew Van Dam. 2018. Trump Immigration Plan Could Keep Whites in U.S. Majority For Up to Five More Years. *The Washington Post*. Available online: <https://www.washingtonpost.com/news/wonk/wp/2018/02/06/trump-immigration-plan-could-keep-whites-in-u-s-majority-for-up-to-five-more-years/> (accessed on 23 September 2019).
- Talev, Margaret, and Justin Sink. 2019. Trump Looks to Threat of Welfare Bulls to Curb Immigration. *Bloomberg*. Available online: <https://www.bloomberg.com/news/articles/2019--05--23/trump-orders-government-to-collect-bills-for-immigrant-welfare> (accessed on 2 September 2019).
- Thomson, Esme T., Amani Nuru-Jeter, Dawn Richardson, Ferrah Raza, and Meredith Minkler. 2013. The Hispanic Paradox and Older Adults' Disabilities: Is There a Healthy Migrant Effect? *International Journal of Environmental Research and Public Health* 10: 1786–814. [CrossRef]
- Tienda, Marta, and Susana Sanchez. 2013. Latin American Immigration to the United States. *Daedalus* 142: 48–64. [CrossRef]
- Uriarte, Miren. 1991. The Meaning of the Browning of America. Gastón Institute Publications. Paper.1. Available online: https://scholarworks.umb.edu/gaston_pubs/1 (accessed on 11 November 2019).
- Valdez, Inés. 2016. Punishment, Race and the Organization of US Immigration Exclusion. *Political Research Quarterly* 69: 640–54. [CrossRef]
- Valles, Sean. 2016. The Challenges of Choosing and Explaining a Phenomenon in Epidemiological Research on the "Hispanic Paradox". *Theoretical Medicine and Bioethics* 37: 129–48. [CrossRef]
- Walters, Mary C., and Karl Eschbach. 1995. Immigration and Ethnic and Racial Inequality in the United States. *Annual Review of Sociology* 21: 419–46. [CrossRef]
- Weheliye, Alexander G. 2014. *Habeas Viscus: Racializing Assemblages, Biopolitics, and Black Feminist Theories of the Human*. Durham: Duke University Press.

- Wei, Ming, Rodolfo A. Valdez, Braxton D. Mitchell, Steven M. Haffner, Michael P. Stern, and Helen P. Hazuda. 1996. Migration Status, Socioeconomic Status, and Mortality Rates in Mexican Americans and Non-Hispanic Whites: The San Antonio Heart Study. *Annals of Epidemiology* 6: 307–13. [[CrossRef](#)]
- Wimmer, Andreas, and Thomas Soehl. 2014. Blocked Acculturation: Cultural Heterodoxy among Europe's Immigrants. *American Journal of Sociology* 120: 146–86. [[CrossRef](#)] [[PubMed](#)]
- Wishnie, Michael J. 2007. Prohibiting the Employment of Unauthorized Immigrants: The Experiment Fails. *University of Chicago Legal Forum* 8: 193–217.
- Yeng, Sokthan. 2015. *The Biopolitics of Race: State Racism and US Immigration*. Lanham: Lexington Books.

© 2019 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).