Home is where I’m alienated*

Pakistani flour mill workers recovering from a near-fatal lung infection due to poor occupational health and safety conditions, West Ham Hospital, 1960s (Source: Qureshi 2012, p. 7)

To be transnational has become rather fashionable: never before in human history have so many people been on the move, airfares have never been so cheap, new communication technologies have never been so, well, new, and space and time have never been so compressed. As a result, migrants are no longer just ‘migrants’ but have become ‘transnationals’ maintaining links between their country of origin, their current country, and, not unusually, other countries where they have spent time.

The cool imagery of the new transnationalism is sometimes ruptured by analysts pointing out how class and race constrain or enable different forms of transnationalism. However, even critical accounts such as these are usually based in generic embodiments of ‘black’ vs. ‘white’ or ‘Asian’ vs. ‘Western.’ By contrast, few commentators – whether academic or not – bother to look at actual bodies on the move.

A fascinating ethnography with chronically ill working-class men from Pakistan in London (Qureshi 2012) is an excellent attempt to correct this situation. Qureshi starts with the observation that, according to the literature, Pakistanis in Britain have

developed a ‘transnational ethnic world’ that is continually reproduced through longdistance phone calls, frequent return visits and holidays, the consumption of circulating goods and media products, exchanges of gifts, philanthropic investments in schools, hospitals and humanitarian projects in Pakistan and so forth (Qureshi 2012, p. 2).

Descriptions of a British-Pakistani transnational world such as these are based on normalized assumptions of healthy, materially secure migrants whose first priority is their cultural and ethnic identity. The chronically ill men the researcher encountered in East London told a different story, a story where their ailing bodies tied them to London.

The post-war manufacturing boom in Britain was to a considerable degree made possible by the labour of commonwealth migrants. After 15-20 years of hard ‘back-breaking’ manual labour, many of these men found their health deteriorating at exactly the time when the manufacturing base started to disappear in the 1980s. With their bodies no longer able to do hard manual labour and their education insufficient for ‘light’ office jobs, many of them have been unemployed ever since.

Benefits-dependent, these men have for more than two decades been made to feel superfluous and useless. The fact that their labour (migration) cost them their health has ironically meant that they are neither here nor there. Their lack of financial resources has tied them to London and has made practices of transnationalism difficult: for instance, ‘cheap’ airfares are not ‘cheap’ to them but involve years of budgeting ahead and borrowing; their disability coupled with the fact that Pakistanis back home see them as ‘rich’ and expect bribes and presents at every turn, makes movement in Pakistan difficult and unpleasant for them; and, phone cards, the so-called ‘social glue’ of transnationalism, have to be carefully rationed.
Not only do they find it difficult to maintain transnational ties with Pakistan. Sometimes, actually severing those ties is their only way to stay afloat: for many of them, selling ancestral land titles in Pakistan or houses they might have built there during better times is their way to cope with unexpected larger expenses such as home renovations.

Qureshi’s interlocutors are predictably bitter about their experiences: they feel they had given their youth and health to Britain, that Britain had aged them prematurely but does not allow them to age well. One man said:

I used to keep very well you know, I was doing a good job. You can’t even imagine. I have a younger brother here, he was younger than me by 13 years but when we sat together, people used to think I was the younger one. Before I came to this country, from ’75 to ’90 I never used to go to the doctor, never ever to the hospital. But now I’m just a big mareez [patient]. (Qureshi 2012, p. 13)

It is not only their failing health and financial precariousness that they feel bitter about but also the way in which they have been treated by ‘the system’: the legal-medical apparatus through which they continually have to prove their disability and ill-health in order to be entitled to benefits while simultaneously finding that the same system has been slow to attend to their medical needs and has often exacerbated their condition through long waiting times or malpractice.

Interestingly, they do not attribute the ‘miscommunication’ they experienced in their encounters with medical practitioners to language difficulties or cultural differences, as is often assumed in the literature on intercultural health communication, but to racial and class discrimination. They see doctors taking sides with the state and with employers rather than with patients and feel that doctors’ priorities often are to save money rather than to heal.

The people we meet in Qureshi’s work are not cool transnationals belonging to two places but bitter patients who are alienated from two places. As such,

the men’s life histories serve to critique scholarly accounts of ‘space–time compression’ that privilege migrants’ cross-border mobility and exclude the slower paced and more localized lives of migrants who might be bound by material circumstance to one place, or to a stretching out of time in the present. (Qureshi 2012, p. 16f.)

*With a tip of the hat to Said, whose title ‘Wo ich sterbe ist meine Fremde’ I have been trying to translate/imitate.

QURESHT, KAFERI (2012). Pakistani labour migration and masculinity: industrial working life, the body and transnationalism Global networks DOI: 10.1111/j.1471-0374.2012.00362.x