

Irrationality and Pathology

How Public Health Can Help to Make Sense in Right-Wing Studies

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At the Sid Goldstein Freedom Park in Westminster, California, a small-statured Vietnamese soldier has been standing next to a tall white American soldier for twenty years, all four bronze feet welded to the same black marble base. That the “eternal flame” monument in front of them never goes out signals that here, in Orange County, South Vietnam lives on. The former nation’s flag, yellow with three red stripes, flies at every corner, and every spring the park hoists dozens more at its annual Black April event commemorating the 1975 Fall of Saigon. This, the community organizer explains to me, is how the Vietnamese diasporic community has dealt with the staggering loss of their people and their home country—mourning, remembering, and memorializing.¹ What ties it all together, she says, is a deep-rooted and unmoving sense that the cause of this catastrophic loss is communism. When I ask about the MAGA flags that flutter in droves alongside the South Vietnam ones, she says that too is the product of anticommunism. Her explanations dovetail with those of scholars on this topic, who argue that Vietnamese Americans in Southern California are oriented toward the political right due to shared anxiety about communism.²

While “red-baiting” has historically referred to the systematic defamation of people via false accusations of communist or socialist involvement, many Vietnamese American community members in Southern California use the term with a slightly different meaning. Here, red-baiting describes how members of the community are lured away from certain politicians or policies by (often false or distorted) accusations that those people or policies are in some way communist. People may also be red-baited *toward* policies or politicians that specifically denounce communism. In an article published in

1 Thu-Huong Nguyễn-Vo, “Forking Paths: How Shall We Mourn the Dead?,” *Amerasia Journal* 31, no. 2 (2005): 157–75, <https://doi.org/10.17953/amer.31.2.g232251372h12k78>.

2 Thuy Vo Dang, “The Cultural Work of Anticommunism in the San Diego Vietnamese American Community,” *Amerasia Journal* 31, no. 2 (2005): 64–86, doi:10.17953/amer.31.2.t80283284556j378.

the *Los Angeles Times* in 2022, a member of the Vietnamese American community was quoted stating that politicians have long been “exploiting fears within the immigrant community for political gain.”³ In another example, a press statement published by a local organizing group called VietRISE denounced “red-baiting tactics” by politicians who stoke fear of communism for constituent approval.⁴ It is in this sense that Vietnamese Americans here describe themselves as being “red-baited” by right-wing figures such as Donald Trump, finding solidarity with his vilification of supposedly communist and socialist people and agendas. They also echo right-wing talking points about bootstrap meritocracy, American nationalism and exceptionalism, and the right to call the United States home.

Watching the scene, my heart skips a beat. For the better part of the last decade, I have agonized over the difficult question of accountability in the production and performance of right-wing ideology. Who is responsible for building friendly, dialogic bridges with conservatives so we can work toward a free future, rather than reproduce one shackled by oppression and inequality? Though I am not from Little Saigon, I, like many residents there, descend from Vietnamese refugees who suffered unspeakable, nearly fatal hardships. Though I know nobody in the crowd, I feel that if anyone in my family had spent any time here, they very well *could be* in attendance. This fact troubles me because, if political divides make us unable to appeal to our own friends and family members, how can we expect change at larger scales? I sought answers in my disciplinary field, public health, where scholars have argued for structural and institutional change, claiming that redistributive policies, such as (and especially) universal healthcare, can singlehandedly equalize everyone’s chances at living healthy lives. Perhaps there was a way I could argue that the conservative politics of Little Saigon degrade public health and suggest interventions to restore faith in public goods. But with what I had been vehemently told is the unique unchangeable political story of Little Saigon—that its residents now and forever would reject collectivism by way of their anticommunism—I was stumped by what felt like “race traitorship.”⁵ To me, this seemed like people of color willingly submitting not only themselves to poorer health, but their neighbors, other racialized people, too.

3 Seema Mehta and Anh Do, “In Tight California House Race, ‘Red-Baiting’ Mailers Accuse Candidate of Communist Ties,” *Los Angeles Times*, September 30, 2022, <https://www.latimes.com/politics/story/2022-09-30/jay-chen-michelle-steel-china-communism-vietnamese-voters>.

4 “VietRISE Condemns the Usage of Red-Baiting Tactics by Santa Ana Councilmember Phil Baccera,” VietRISE press statement, April 17, 2023, <https://vietrise.org/wp-content/uploads/sites/38/2023/04/VietRISE-Letter-to-Santa-Ana-City-Council-re-Redbaiting.pdf> (accessed June 3, 2024).

5 See Shayla Colon, “I’ve Been Called a Race Traitor’: CT Latino College Student Criticized for Voting Trump,” *Connecticut Post*, November 6, 2020, <https://www.ctpost.com/elections/article/I-ve-been-called-a-race-traitor-CT-15706472.php>.

Do not be fooled, the organizer cautions me. Just because many of the constituents of Little Saigon, spanning the cities of Westminster, Fountain Valley, Santa Ana, and Garden Grove, vote Republican *does not mean that they support conservative policies*, she explains. They vote Republican merely because they are red-baited by opportunistic politicians who have long wielded fear about socialism for political gain, not because they actually endorse antistatism or reject redistributive politics. In fact, she contends, Vietnamese voters here are more likely than other Asian American voters to support universal healthcare and a basic income. What I heard the organizer telling me was that, for this community, support for public health was divorced from anticommunism. Views on policies for public goods were separate from other views on government reach; affiliation with the right wing did not necessarily bring with it antiwelfare views. Over my first few months in Little Saigon, I heard this analysis frequently from organizers and from teachers, students, and elders. The more it became a chorus, the more perplexed I felt. Why were so many of Little Saigon's elected officials Republicans, from city council members to congresspeople and mayors? Why on earth would people who experienced shattering trauma and displacement so vociferously ignore the US's direct role in that loss, pointedly cheering on the US, Trump, and sometimes even Confederate flags? If people were eager to support redistributive politics, like universal healthcare, public health's flagship objective, why would they vote *against* those interests? Regardless of where individuals fell on the spectrum of right-wing politics, this seemed like a paradox. I kept concluding that this place was simply riddled with contradictions, and I continued to feel hopeless in the face of the conviction that nothing could be done to untie anticommunism from conservative politics.

Hoping for a vivid conversation about these issues, I turned to the academic intersection of health studies and right-wing studies, but I was disappointed in what I found, or rather, did not find. At their intersection, what is being contended is at once contradictory and circular: right-wing politics produces poor health, and poor health predisposes people toward right-wing politics. The two essentially point fingers at each other as root causes of injustice. Taking a step back, though, I realized that the two arguments were talking past each other. I was relying on a limited and reductive definition of what public health is (and could be).

You see, as a student of the field for the last ten years, I have been taught that public health is “the science of protecting and improving the health of people and their communities . . . achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases.” The foundational principle of public health as “concerned with protecting the health of entire populations” suggests that the field envisions itself as an invisible hand that attempts to both sweep away and guard against conditions that can make people unwell.⁶ This epistemic stance relies on a few key problematic assumptions. The first is

6 “What Is Public Health?,” CDC Foundation, accessed May 9, 2024, <https://www.cdcfoundation.org/what-public-health>.

that there is one universal aim of public health, regardless of time, place, or person—namely, to make as many people as possible free of disease. This assumption is deeply flawed. Critical scholars know that well-being and the steps we take toward it stretch beyond rigid conceptions of disease and health. Influential writing from Black and Indigenous feminist scholars often frames public health not merely as a landscape of discrete outcomes (the way public health scholars typically do), but also as a *way that people envision liberation*.⁷ The health of a population reflects the quality of relationships that people have to each other, to the Earth, and to the past, present, and future more than it reflects individual-level health behaviors.⁸ And what can be more influential in a person's politics than these relationships?

Secondly, public health assumes that all conditions adversely affecting health are like pathogens, compelling our intervention. This assumption has led us down dark paths in our own history as a field. By decontextualizing these conditions, we have dehumanized people. Take, for instance, laws and policies that codify racist segregation in living arrangements, such as redlining. This mid-twentieth-century practice of excluding Black and Brown families from accessing mortgage lending was justified in part using public health logic that white residents would be safer and healthier if they did not have to live among people of color, who ostensibly brought with them pollution, poor sanitation, crime, and infectious disease.⁹

Redlining exemplifies a eugenic logic that misses where poor health actually comes from, conflating the pathogen with the person, linking disease with racialized bodies. This assumption raises another important issue in the field—that “public” and “health” are seldom, if ever, debated. Insofar as “public” can represent infinitely different categorizations of people, we rarely specify which public we are investigating. “Public” is also an inherently relational category in that it reflects the way we see ourselves in relationship with others and with the natural world, which means it is dynamic and constituted in context.¹⁰ In turn, we run into the problem of the first assumption: since health is forged in context, without defining who we mean by “public,” we can claim little about their health. In the example of redlining, the “public” refers to white

7 Cherríe Moraga and Gloria Anzaldúa, eds., *This Bridge Called My Back: Writings by Radical Women of Color* (Albany, NY: SUNY Press, 2015); Laura Harjo, *Spiral to the Stars: Mvskoke Tools of Futurity* (Tucson: University of Arizona Press, 2019).

8 See Edward W. Soja, *Seeking Spatial Justice* (Minneapolis: University of Minnesota Press, 2010); and Gerald Vizenor, *Survivance: Narratives of Native Presence* (Lincoln: University of Nebraska Press, 2008).

9 Carolyn B. Swope, Diana Hernández, and Lara J. Cushing, “The Relationship of Historical Redlining with Present-Day Neighborhood Environmental and Health Outcomes: A Scoping Review and Conceptual Model,” *Journal of Urban Health* 99, no. 6 (December 2022): 959–83, <https://doi.org/10.1007/s11524-022-00665-z>.

10 Natalia Molina, Daniel HoSang, and Ramon Gutierrez, *Relational Formations of Race: Theory, Method, and Practice* (Oakland: University of California Press, 2019).

residents, and for many, their “health” depended on segregation. These assumptions have certainly appeared where public health scholars have been interested in politics; thus far, research has shown that right-wing politics can make us sick, and that we need to intervene so communities do not continue to endorse right-wing politics, lest they become sicker and sicker.¹¹ In essence, according to this literature, right-wing politics is the disease to be cured.

I sense a similar terrain of struggle in the academic study of the right. Its scholars wrestle with problems in research and in policy, debating the legal and constitutional environments through which right-wing movements emerge, the histories of such movements, the appropriate affect with which to approach questions and methods, the curse of their relevance. Though I join a chorus of scholars who hope in right-wing studies to advance a collective agenda, others are not so sure if scholars are united by a coherent disciplinary goal. Therefore, parallel to public health, researchers of the political right grapple with *what* turns *whom* against the idea of public goods and democratic rule. This is where public health can play a part—to try to make sense of how people come to their politics. Influential writing has identified those on the right as mentally unwell, uneducated, conceited, and irrational. Even in the recently published roundtable in the *Journal of Right-Wing Studies*, Roger Griffin suggests that right-wing studies must better understand, among other factors, the role of “group and individual psychosis, megalomania and extreme narcissism, [and] palingenetic longings” as “drivers of the illiberal right.”¹²

Hallmark questions of public health and right-wing studies—“why do some people engage in unhealthy behaviors?” and “why do some people vote against their own interests?”—might actually be cut from the same cloth. Both rely logically on what Lisa McGirr has called an “excessively psychological interpretation” of the right.¹³ Both view their subjects as irrational, uninformed, poorly educated, and/or destructive. But by employing this stance, we have done a terrible job at understanding how public health is actually conceived, contested, and managed differently *all the time*, especially in communities that have been historically aggrieved.

11 Javier M. Rodriguez, “Health Disparities, Politics, and the Maintenance of the Status Quo: A New Theory of Inequality,” *Social Science & Medicine* 200 (2018): 36–43, <https://doi.org/10.1016/j.socscimed.2018.01.010>; Javier Rodriguez, “The Politics Hypothesis and Racial Disparities in Infants’ Health in the United States,” *SSM—Population Health* 8 (2019): 100440, <https://doi.org/10.1016/j.ssmph.2019.100440>; see also Arlie Russell Hochschild, *Strangers in Their Own Land: Anger and Mourning on the American Right* (New York: The New Press, 2016).

12 Roger Griffin, contribution to “Right-Wing Studies: A Roundtable on the State of the Field,” *Journal of Right-Wing Studies* 1, no. 0 (2023): 34–36, at 35.

13 Lisa McGirr, *Suburban Warriors: The Origins of the New American Right*, updated ed. (Princeton, NJ: Princeton University Press, 2015).

The intervention I propose is one that reconceptualizes “public health” in order to reconceptualize the incentive for people to endorse the right wing. To study what people are hopeful for, who they imagine to be included in their community, how they imagine caring for and protecting their community, including the natural world—for me, *that* is public health. It is sensitive to the infinite contexts through which we understand a “public” and how “health” might appear for them. Public health can therefore help us generate a set of local questions to ask about the kind of choices people make in pursuit of that goal. And if that is public health, then understanding political behavior as a way to achieve those goals makes the question more legible, meaningful, and potentially useful to right-wing studies. It responds to a call from Daniel HoSang and Joseph Lowndes to disavow our tendency to “write [the right] off as a collection of racist and conspiratorial groups on the margins of society.”¹⁴ Hopefully, it also answers Terri Givens’s appeal for “social scientists to let go of our assumptions and develop new models and tools to help us gain greater understanding of the societal shifts that are being impacted by and shaping party politics.”¹⁵ Perhaps by asking questions about right-wing politics through the lens of survival and wellbeing, we could interrupt the narrative that people who endorse the right are ill in some way. When it comes to the logic of pathology, we must remain especially vigilant to how we invoke this for racialized people. It may not be surprising, for example, that when Vietnamese refugees arrived in the US, officials attempted to avoid the Cuban “ghettoism” that concentrated conservative politics in one place by strategically scattering resettlements.¹⁶ I imagine they made these decisions even knowing that dispersing a group of highly vulnerable people, as they entered an unfamiliar language and culture, could only detrimentally impact their social cohesion and health. Again, who is the public and what is health?

I reconceptualize public health as a set of politically motivated choices that people and their collectives make, within the local particularities of oppression, to protect their health and well-being. How can this framing help make sense of the vexing phenomenon, for example, in which people of color vote against their own interests? We can begin by considering that they are not acting against their own interests or behaving contradictorily or irrationally—that they *might very well be protecting* their interests. Here, Ruth Wilson Gilmore’s definition of racism as “the state-sanctioned or extralegal production of group-differentiated vulnerability to premature death” is tremendously helpful.¹⁷ Racialized and immigrant communities understand that to give

14 Daniel HoSang and Joseph Lowndes, contribution to “Right-Wing Studies: A Roundtable on the State of the Field,” *Journal of Right-Wing Studies* 1, no. 0 (2023): 10–12, at 11.

15 Terri Givens, contribution to “Right-Wing Studies: A Roundtable on the State of the Field,” *Journal of Right-Wing Studies* 1, no. 0 (2023): 15–16, at 16.

16 Scott Gold and Mai Tran, “Vietnam Refugees Finally Find Home,” *Los Angeles Times*, April 24, 2000, <https://www.latimes.com/archives/la-xpm-2000-apr-24-mn-22846-story.html>.

17 Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley: University of California Press, 2007).

themselves the best chances of surviving and thriving in the US, they must forestall these interlocking conditions that otherwise send them careening toward premature death. The stakes are so high for some of these communities, like the Vietnamese, that they take up a politics that seemingly contradicts their best interests but, in actuality, might give them the best odds to maintain a quality life. For Vietnamese in Orange County, what if right-wing politics *is* public health? In a place where anticommunism coexists with support for policies and practices that make social equality possible, there must be another story. In Little Saigon, where life and freedom feel especially precious, why are living on, memorializing, and remembering so important?¹⁸

Orange County is considered the “nucleus” of the modern US conservative movement that began in the 1960s, with a long history of pious affluence shaping the enduring social and economic landscape.¹⁹ Its intolerance toward racial difference and hostility toward collectivism is embedded in its infrastructure and culture, appearing by way of sprawling suburbia and a keen sense of individualism and free-market radicalism. Sensing that socio-spatial environments and their histories had been an understudied dimension of assimilation, especially for Vietnamese Americans, Karin Aguilar-San Juan conducted a comparative study on Vietnamese place- and home-making between Orange County and Boston. Aguilar-San Juan found that Vietnamese refugees were required to quickly develop a sensitivity to Orange County’s “extreme spatial and cultural logic,” which long predated their arrival. According to Aguilar-San Juan, “staying Vietnamese is not an act of constancy but of purposeful, and ultimately strategic, shifting and changing in order to arrive at new ways of being Vietnamese in a US context,” a process that continues until they reach an “equilibrium state.”²⁰ Compared to Boston, which was already a racially diverse and contested place, lily-white Orange County required the Vietnamese to deploy different strategies of what we call “assimilation,” “suburbanization,” and “Americanization.” Perhaps most accurately, these strategies amounted to a project of “deracination” marked by the color-evasive insistence that the United States is postracial, which masks the ways that anti-Blackness and white supremacy both endure. As Toni Morrison writes, surviving as an immigrant in the United States requires the

enduring and efficient rite of passage into American culture: negative appraisals of the native-born black population. Only when the lesson of racial estrangement is learned is assimilation complete. Whatever the lived experience of immigrants with African Americans—

18 Nguyễn-Vo, “Forking Paths.”

19 McGirr, *Suburban Warriors*, 4.

20 Karin Aguilar-San Juan, *Little Saigons: Staying Vietnamese in America* (Minneapolis: University of Minnesota Press, 2009), xiii, xxvii.

pleasant, beneficial or bruising—the rhetorical experience renders blacks as noncitizens, already discredited outlaws. . . . In race talk the move into mainstream America always means buying into the notion of American blacks as the real aliens. Whatever the ethnicity or nationality of the immigrant, his nemesis is understood to be African American.²¹

It is conceivable that Vietnamese American community leaders took this lesson seriously, realizing that in order to survive as citizens, as fully human in the US, they needed to create and protect the boundaries of what eventually became Little Saigon by foregrounding what they found in common with white Americans—anticommunism. In her study of early twentieth-century anti-Black racial oppression and anticommunism, or the “Black Scare” and the “Red Scare,” Charisse Burden-Stelly writes that anticommunism has long been wielded “through and with white supremacy to encourage cross-class collaboration that obfuscated economic exploitation and discouraged interracial class solidarity.”²² This race-evasive cultural camouflaging may have been the ultimate weapon against the aggressive whiteness of Orange County, such that today (though not without struggle), Vietnamese have been able to build an institutionally complete society, in which community members wholly supply their own economic, educational, health, religious, and other needs within the boundaries of their enclave. Indeed, Orange County’s Little Saigon is considered the biggest Vietnamese community outside of Vietnam.²³ With whom do these communities see themselves linked in fate now?

What if instead of “deprived and captive” subjects whose gullibility and vulnerability made them eager to express gratitude to the US for its saviorism, the Vietnamese right-wing has emerged as itself an intentional strategy, sensitive to the histories of their new communities in the US and responsive to the politics of the moment, doing what they believe will offer the best chance to preserve their health and well-being?²⁴ After all,

21 Toni Morrison, “On the Backs of Blacks,” *Time*, December 2, 1993, <https://content.time.com/time/subscriber/article/0,33009,979736,00.html>.

22 Charisse Burden-Stelly, *Black Scare / Red Scare: Theorizing Capitalist Racism in the United States* (Chicago: University of Chicago Press, 2023), 139.

23 Thuy Vo Dang, Linda Trinh Vo, and Tram Le, *Vietnamese in Orange County* (Charleston, SC: Arcadia Publishing, 2015); see also Raymond Breton, “Institutional Completeness of Ethnic Communities and the Personal Relations of Immigrants,” *American Journal of Sociology* 70, no. 2 (1964): 193–205.

24 Elena S. H. Yu and William T. Liu, “Methodological Problems and Policy Implications in Vietnamese Refugee Research,” *International Migration Review* 20, no. 2 (1986): 483–501, at 499, <https://doi.org/10.1177/019791838602000218>.

as Aguilar-San Juan contends, being “Vietnamese” is just as much a “social and spatial” question as it is a “personal and psychological one.”²⁵

Understanding politics through public health helped me resolve the “contradiction” between the way Vietnamese Americans vote and what the community organizer claimed is their true, internal, authentic politics. In the absence of public health, the interventions we imagine for the right might be maladaptive. For example, I had been told in the context of Little Saigon that there was nothing anyone could do about conservatism here, that people were simply going to continue to be duped and manipulated by right-wing politics, and that the best we could do would be to ignore or shame them. But by understanding that these political actions may have been chosen with reason and intention, we can come up with better solutions that take seriously what people are struggling through and how they gauge the health of their communities, and we can strategize together by rerouting that pain toward a solidary, collective fight. By seeing anticommunism and assimilation through the lens of public health, we can see that these politics may reflect the embodied costs of navigating whiteness.²⁶ Through flipping this narrative, we can achieve three things: 1) depathologize people of color, who might be seen as backward or regressive; 2) more clearly articulate how local formations of white supremacy, heteropatriarchy, and elite class rule nurture hostility toward statism; and 3) find opportunities to nurture among aggrieved, racialized communities what Du Bois calls “second sight” in the pursuit of multiracial solidarity.²⁷ For Du Bois, “second sight” is the sensation “of always looking at one’s self through the eyes of others,” a heightened awareness among Black Americans that they are intended only to see themselves through the contemptuous lens of the oppressor.²⁸ How can second sight among other racialized communities awaken them to their captivity? How do we nurture, instead of a possessive investment in whiteness, a sense of linked fate with other communities who have had everything taken away from them?²⁹

By reframing a political question as a more expansive and relational concept of public health, we can craft more humanizing questions about how people make the

25 Aguilar-San Juan, *Little Saigons*, xxvii.

26 Daniel HoSang and Joseph Lowndes, *Producers, Parasites, Patriots: Race and the New Right-Wing Politics of Precarity* (Minneapolis: University of Minnesota Press, 2019).

27 Laura Pulido, *Black, Brown, Yellow, and Left: Radical Activism in Los Angeles* (Berkeley: University of California Press, 2006); W. E. B. Du Bois, *The Souls of Black Folk: Essays and Sketches* (Cambridge, MA: A. C. McClurg, 1909); Robin D. G. Kelley, *Freedom Dreams: The Black Radical Imagination* (Boston: Beacon Press, 2002).

28 W. E. B. Du Bois, “Strivings of the Negro People,” *Atlantic* 80 (August 1897), <https://www.theatlantic.com/magazine/archive/1897/08/strivings-of-the-negro-people/305446/>.

29 George Lipsitz, *The Possessive Investment in Whiteness: How White People Profit from Identity Politics*, revised and expanded ed. (Philadelphia, PA: Temple University Press, 2006).

ultimately political choices for the health and well-being of their communities. Public health could be the *medium* through which we understand political choices. What makes the study of these choices particularly illuminating is its ability to shed light on the local particularities of systems of oppression and ongoing colonialism. Moreover, though this idea of public health has been written about elsewhere, the field itself has not quite reached enough self-awareness to make way for these questions. What I propose is a new, multidimensional conception of public health that makes right-wing studies itself a study of what is “public” and what is “health” to a certain community in a time and a place. Only then can our fields begin to meaningfully converge.

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