Manisha Mishra //

On February 25, 2019 at 6:32 AM, President Donald Trump tweeted the following message:

> *We have a State of Emergency at our Southern Border…without the Wall…you cannot have Border Security. Drugs, Gangs and Human Trafficking must be stopped.*

Since the start of his 2016 presidential campaign, Trump remains committed to building his controversial wall on the southern border in an attempt to deliver his promise of curbing illegal immigration. With his aggressive and inflammatory rhetoric casting migrants from Central America as "outsiders" who bring drugs and violence across the border, his political agenda regarding border control urgency has expanded to include the discourse of disease and health: he frequently says, "open borders…bring large scale crime and disease." [1] In rhetorical bursts, he suggests that migrants need to be "controlled" just like an epidemic.

Like Trump, other opponents of immigration continually link migrants to disease in an effort to propagate the need for a wall; however, they fail to provide substantive data to support their claims. Many public health experts explain that there is no evidence that this is the observed trend. Epidemiologist and physician Dr. Paul Spiegel states that "there is no evidence to show that migrants are spreading disease. That is a false argument that is used to keep out migrants."[2] Terry McGovern, a professor of population and family health, refers to the positive correlation between migrants and economic sustainability: "Contrary to the current political narrative portraying migrants as disease carriers who are a blight on society, migrants are an essential part of economic stability in the U.S." As such, in this era of "Fake News," it is important to separate fact from fiction in order to understand the impact of migration on the individual and population-level health.

Building upon Travis Chi Wing Lau's "Prophylactic Fictions; or, The Purpose of Caravans," (*Synapsis*, November 2018), this article presents an overview of the political and public responses to the current Central American migrant crisis unfolding at the southern U.S. border from the perspective of health and disease. I focus on how both the construction and medicalization of an unsanitary citizen have created a core biopolitical dilemma: which individuals—specifically, which bodies—have access to health care and rights? Through the analysis of how biocommunicability is influenced by various spheres of knowledge and regulatory bodies (i.e. public health, biomedicine, government, and institutions), researchers and responders can begin to understand how Central American migrants are constructed and portrayed as "unhygienic carriers of disease." Specifically,

the dissection of these multifaceted and mediated discourses allows us to see how populations have been constructed as "other" when compared to Western societal expectations; in particular, how this "otherness" affects these populations' access and deservingness to citizenship and access to health resources and rights.

Biocommunicability: Spread and Rise of Unsanitary Citizens

A 2018 Fox News article features a daunting picture—makeshift tents patched up with quilts, dirty amassed water on the ground, and a young teenage boy sitting with dirt on his legs while eating food from Styrofoam cups. The article states the different diseases that around 2,267 (of 6,000) migrants are suffering from: respiratory infection, tuberculosis, chickenpox, HIV/AIDs, skin infection, and a "threat" of Hepatitis outbreak. As resources begin to deplete in Tijuana, the article emphasizes that officials and residents worry about sanitary conditions in the city as "the location… has only 35 portable bathrooms." [3]

This article is one of many published that implies that migrants are carrying diseases and bringing unhygienic behaviors from their country of origin. This narrative portrays the migrant caravans as the antithesis of a sanitary citizen, which anthropologist Charles Briggs defines as the following:

> *individuals who (1) conceive of the body, health, and disease in terms of medical epistemologies; (2) adopt hygienic practices for disciplining their own bodies and interacting with others; (3) and recognize the monopoly of the medical profession in defining modes of disease prevention and treatment. [4]*

As Briggs highlights, the construction—and resulting acceptance—of the sanitary citizen is a result of the dominance of Western biomedicine that is characteristic "of its corresponding requirement that single causal chains must be used to specify pathogenesis in a language of structural flaws and mechanisms as the rationale for therapeutic efficacy." [5] Further, the classification of disease reinforces a Western biomedicine model in which diagnosis can be used as a "tool for social control." [6] Specifically, in an individualistic society like the U.S., the person is victimized for contracting and manifesting the disease as a result of their behaviors; thus, migrants are portrayed by society as a sign of weakness and otherness, deviating from the Western standards of hygienic, disease-free bodies. Consequently, any sign of disease manifestation in the body is seen as a sign of uncleanliness and—as an extension—a threat to the biological well-being of society.

Additionally, it is important to analyze the selectivity of the societal narrative, and how this selectivity is created by mediated discourses by the media. Briggs' article blames migrants for failing to prioritize the proper measures for their health outcomes; it seldom considers the environmental conditions and political situations that perpetuates the lack of access to basic care, exacerbates pre-existing conditions, and generates new sickness. [7] By excluding the government's responsibility for the perpetration of unsafe and unclean environments for migrants seeking refuge at the border, the media perpetuates the pervasive argument that migrants are the sole source of germs and sickness. Hence, the construction of this mediated "truth" generates a

greater public urgency for the need for the wall as a barrier—a sort of preventative protection—between the U.S. and Mexico.

Though the media excludes the government's liability in fostering unsanitary living conditions at the border, the migrant caravan is still a biopolitical issue. A 2018 article in *The Hill* quotes Trump stating that the "border wall is necessary to prevent a 'tremendous medical problem' tied to immigration. [8] Though vague in the specificity of the "medical problem," this rhetoric signals for a swift response—it embodies a sense of a public health emergency unfolding. Briggs talks about the "pragmatics of biopolitical communication" as follows:

> *These circuits and 'spheres of biocommunicability,' at these times of heightened awareness, resonate and appeal to a politics of global health citizenship that at once demands global surveillance systems in the name of biosecurity and accepts new forms of governance during pandemic threats. [9]*

Media echoes this administrative rhetoric in attempting to generate a biopolitical "disaster" fermenting at the border in order to "challenge society and represent forces to which society must adapt along a number of fronts, ecologically, socially, and ideologically." [10] Furthermore, by depicting the U.S. population as the vulnerable, at-risk victims of the impending "disease" disaster, the government is signaling a threat to its normalcy and a need to respond. By labeling the caravan as a disaster, the government would have the power to allocate resources to the cause in order to respond and adapt; however, these responses can also "set in motion forces with long-term implications for the evolution of each society. [11] That is, responses can shape the context of interactions with migrants with the government, society, and institutions that deem them a threat and see them as undeserving of services—and even of good health.

Citizenship and Race: Which Groups are Deserving of Good Health

A video in a 2018 USA Today article uses pertinent imagery to support a discourse of migrants as unsanitary citizens—makeshift tents, individuals sprawled across the floor sleeping on thin sheets, a man picking infected skin on his knee, a young girl having her hair checked for lice, dirty water puddles and trash around the tent site, an older lady using a breathing mask, and a group of young boys spitting into the ground. The article states that the local government in the Baja California area has spent 7 million pesos (around $363,000) to provide medical services for migrants housed in shelters at Tijuana and Mexicali, two towns close to the U.S. border. While the article reported that the situation was "contained" but a "risk" for "producing" all kinds of infections, it also subtly hinted that it is an expensive task to ensure proper health screening and treatments. [12]

Race and ethnicity enter this mediated discourse in articles emphasizing the groups of "Latin American," "Central American," Latino/a," and/or "Mexican" migrants; meanwhile, videos focus in on the skin tones of patients at the border for sensational effects. In the journey to asylum, the personhood of migrants becomes dramatically reduced—their status and role in society are

defined by disease and unsanitary citizenship. However, a new component is added as migrants and their bodies become symbolic—now their racialized bodies are seen as pathological and disease-ridden. Such portrayals result in deepened social vulnerability for migrants. Race and ethnicity "combine with other factors of vulnerability—such as class, literacy, mobility, and nationality—to compound risk and create critically vulnerable groups" that experience "increased marginalization." [13] Moreover, this unequal social vulnerability is further perpetuated by many patterns of structural inequalities.

The marginalization of migrants further translates to health inequalities that they face, in part due to their citizenship status. Citizenship status is tied to health and which groups have access to health-enhancing resources and proper medical care. Migrants from Central America who are seeking asylum status at the border await asylum in Mexican towns neighboring the U.S. border. If they are granted refugee status, these migrants become a responsibility of the U.S. government. At that point, the government is legally obligated to allocate resources for refugee health conditions (i.e. The Refugee Act of 1980); however, there is little evidence to show this stricture is observed. In Briggs' approach to the racial dimension of health inequalities, he proposes that the linguistically and culturally constructed notions of state and citizen produce hierarchies that cause Latinos, African Americans, and "immigrants" to fall to the bottom of the chain. [14] In particular, Latino immigrants are seen as a threat ("Latino Threat"). A 2018 *Washington Post* article states that the press frequently portrays immigrants negatively and that "they reinforce the narrative of a 'Latino threat,' portraying immigrants as criminals unable or unwilling to integrate into the U.S." and as an "over reproducing immigrant group" that will burden the U.S. public healthcare system. [15] However, this narrative is a myth that researchers have largely shown to be false. [16] Regardless of what researchers claim, the discourse of Latino migrants as "threats" is not only due to their citizenship status, but also due to the perception that they are depleting resources that ought presumably to be saved for White U.S. citizens.

Conclusion

If the U.S. government desires "sanitary citizens," it is crucial for the government to gain migrants' trust in order to provide culturally-sensitive care that is attentive to their needs. News coverage and media need to understand and accurately portray the reasons for migrants' journey: their health conditions may reflect a lack of proper health services in their hometowns, chronic illnesses that they may have had prior to migrating, and/or of the toll of the journey itself on their health. Rather than media generating fear of migrants being hazardous, they need to generate attentiveness—and in turn, activism—to the current conditions that migrants are living in, which are causing deleterious health disparities and outcomes. Stigma must be removed from the individual's behaviors and taken upon by society as to why they are not able to care for migrants seeking asylum in the first place. Rather, the perspective needs to be shifted—does Western society and ideas serve as a threat to migrants in the long term?

Manisha Mishra is an MA candidate in the Medicine, Health, and Society program at Vanderbilt University. Her research interests include global public health, the doctor-patient relationship, and clinical

communication.

Footnotes

[1] Trump 2018

[2] Fox 2018

[3] Mikelionis and Jenkins

[4] Briggs, 288

[5] Kleinman 29

[6] Brown 39

[7] Briggs and Hallin 45

[8] Rodrigo

[9] Briggs and Nichter 191

[10] Oliver-Smith and Hoffman 7

[11] Oliver-Smith and Hoffman 9

[12] Dudar

[13] Vásquez-León 2009

[14] Briggs 282

[15] Farris and Mohamed

[16] Sargent and Larchanche 34

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