

MIGRANT INJURY AT THE U.S.-MEXICO BORDER:
AN ANALYSIS OF THE IMPACT OF UNITED STATES BORDER POLICY AND
INFRASTRUCTURE ON MIGRANT HEALTH

By

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ABSTRACT

This literature review aims to synthesize material from a variety of sources, including journal articles, news articles, reports, and government sources into an accessible introduction to the research question: **How is migrant border crossers' health impacted by U.S. border policy and infrastructure?** While federal border policy is examined, the geographical focus of this analysis is the Southwestern region of the U.S.-Mexico border, with many sources being based in or near Tucson, home to the University of Arizona. Through an examination of the 1994 Prevention through Deterrence policy and the subsequent development of current border enforcement infrastructure, this thesis strives to answer the question: **What does the border itself look like today?** The next section illustrates **why people attempt to cross the border, even with all its dangers**, by describing the asylum process and its shortcomings, along with ambiguous recent border policies of exclusion and expulsion, including MPP and Title 42. Next, the most common injuries sustained by unauthorized border crossers are described. These include traumatic fall injuries from 18-30 foot border walls, and dehydration and hyperthermia resulting from exposure in the vast Sonoran Desert. Finally, the politics of emergency response to injury and death are briefly explored. This review concludes that **U.S. border policy is a form of structural violence resulting in migrant injury, illness, and death.** Future research should examine the mental health impacts of exclusion and expulsion, as well as the long-term costs associated with migrant injury and illness.

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INTRODUCTION

In March of 2022, I found myself sitting across from a young man at a migrant shelter in Nogales, Sonora, a Mexican border town. I was one of ten or so participants in an Honors Alternative Spring Break program through the University of Arizona, our purpose being to learn more about the U.S.-Mexico border and the immigration system. After mostly standing around as long-term volunteers served lunch, we peeled ourselves away from the walls and arranged plastic chairs in a circle at the center of the dining room. Our trip leader disappeared into the shelter rooms, where he asked if anyone would be willing to speak with us about their experience. Only one man volunteered, and I could tell he wished he hadn't as he approached the only empty seat, our chatter subsiding as we turned to face him.

Only a few of us spoke Spanish, and at that point I was not confident enough in my seven years of classroom experience to speak up and introduce myself, but I did ask questions through our trip leader. We learned that this young man, who was probably in his late teens or early twenties like all of us, was from Michoacan, Mexico, and was staying in this shelter because he had made it all this way only to learn the border was closed due to Title 42. He described the beautiful landscape of Michoacan with affection, his eyes filling with tears. He had fled due to continual attempts at recruitment by a gang in his area, and said that he had two choices: be killed or join the gang, where he would likely eventually be killed. He had left everything behind, hoping to join his uncle in California. I asked, did he do research into border policy prior to leaving his community? Had he heard about the dangers of the journey? He explained that he had already been so nervous to leave home, and worried that research would only frighten him out of doing what he had already decided was his only option.

This young man was full of hope, speaking of the importance of perseverance and optimism, but my heart sank as I considered the realities of his case. Based on the information he had shared, and my limited knowledge of asylum laws, I did not believe he would qualify for asylum in the United States. Still, he insisted, he would find a way in. In his view, there was no other choice. Would this mean he would attempt to cross between Ports of Entry? Would this mean he would work in Nogales until he could save enough money to pay smugglers, who seem to have little regard for human life, to guide him across? Would this mean he would try to scale the 30 foot border wall? Would this mean he would attempt to cross vast, uninhabited areas of the Sonoran Desert?

We drove away from the shelter in a University vehicle, with our U.S. Passports close to our chests, and I could not help but feel that this had not been a fair exchange of information. This young man had shared his hopes, his fears, his struggles, and I had not even shared my name.

The southern border of the United States is 1954 miles long. It is varied in its appearance, both in terms of landscape and border infrastructure. Many people are unaware that even prior to former President Trump's calls to "Build a Wall," a wall already existed. In Nogales, a newer, taller wall, finished in 2011, looms, casting a shadow onto the land of one country or the other, depending on the time of day. During Trump's presidency, some sections of border fencing were updated, and entirely new barriers were added in other locations. In addition to physical barriers built by contractors and a 'virtual fence' of surveillance technologies, there is the environment itself, the Rio Grande in Texas, spanning "1,255 miles along the international boundary with Mexico" and the Sonoran Desert – "100,000 square miles of rugged mountain ranges and wide,

bone-dry valleys straddling the Mexico border from southeastern California to eastern Arizona” (IBWC, 2010; Motlagh, 2019).

There is a large body of literature detailing the ways in which U.S. border policy impacts the physical health of unauthorized border crossers, but this literature is at times inaccessible to the general public. The purpose of this thesis is to create a starting-point for those interested in learning more about U.S. immigration policy and the border, and the impact of policy on human health. While this thesis deals with Federal immigration policy, its lens focuses on how these policies impact migrant health in the Southwestern section of the border, specifically the section of the border that cuts through the Sonoran Desert.

First, this thesis discusses the history of the infrastructure of the border itself, including the 1994 shift to Prevention through Deterrence, which in 2023 continues to be the overarching border protection strategy. This section aims to answer the question: **What does the border itself look like today?** The next section defines important terms related to the immigration process and briefly explains *asylum*, a word that is often thrown around by the media but poorly understood. Recent changes to the application of border policy, like the Migrant Protection Protocols (MPP) and Title 42 are also explained. This section acts as the answer to the question: **Why do people attempt to cross the border, even with all its dangers?** The purpose of this background section is to give the reader an overview of current border conditions, so that they can better understand the components that make up border enforcement infrastructure, and how unclear policies result in people making the desperate choice to cross the border without authorization.

The next section utilizes case studies and several studies analyzing hospital electronic medical record data to illustrate the most common types of bodily harm experienced by migrants

in the U.S.-Mexico border region. These include fall injuries, attributable to falls from tall sections of the U.S. border wall, and illnesses associated with dehydration and hyperthermia, attributable to exposure to the elements in the vast Sonoran Desert. Woven throughout this section are explanations of how U.S. border policy is a form of **structural violence** resulting in migrant injury and illness. Structural violence is defined by Farmer et al as “social, political, and economic forces that drive up the risk of ill health for some while sparing others” (2019, p. 9). The concept of migrant injury and illness as an epidemic and as a *para-communicable* disease is also introduced (Jusionyte, Moran-Thomas). U.S. border policy is inherently political and, as this thesis demonstrates, it causes harm. While outside the scope of this thesis, it is worth noting that social, political, and economic forces, often somehow related to U.S. intervention or involvement in Central and South American countries or beyond, push migrants from their homes to the U.S.-Mexico border, another dimension to this structural violence.

The third section focuses on rescue and humanitarian work in the borderlands. Rescue and recovery efforts occur in response to injury and death, which, as previous sections illustrate, often occur *as a result of* U.S. border policy. The Border Patrol’s role in rescue is examined, as well as those of non-governmental humanitarian groups. The evolution of the relationship between these factions is noted, and the continued politicization and criminalization of humanitarian work is described.

PREVENTION THROUGH DETERRENCE

Prevention through Deterrence, the United States’ strategy of border enforcement, employs large numbers of Border Patrol agents, physical barriers, surveillance technologies, and the environment itself in an attempt to catch unauthorized migrants before they have the chance

to blend in with U.S. citizens in border towns. This strategy also relies on the threat of migrant injury or even death to dissuade prospective migrants from attempting to cross the border, although it has become clear that people in desperate situations will not be deterred. This section acts as an introduction to U.S. border infrastructure and includes a brief overview of the history of the Prevention through Deterrence strategy and its components. Impacts of this infrastructure on migrant health are discussed in the later “Bodily Harm” section.

The History of Prevention through Deterrence

To best understand how a physical border and the policies that surround its existence can cause harm, the history of the United States-Mexico border must be examined. Following the 1993 success of Border Patrol agent Silvestre Reyes’ “Operation Blockade” in El Paso, Texas, other operations, like “Operation Gatekeeper,” “Operation Safeguard,” and “Operation Rio Grande” in California, Arizona, and Texas, respectively, were established. These operations stationed Patrol agents in high concentrations at popular crossing points, making the power and scale of the Border Patrol visible to people hoping to cross into the United States for work (de León & Wells, 2015). This resulted in a decrease in the number of people crossing in these specific sections of the border, which solved one of the Border Patrol’s biggest challenges: public relations.

Prior to the implementation of these new strategies, the Border Patrol operated primarily with a catch-and-release system. Agents would search and question people in border communities, unintentionally targeting legal citizens along with undocumented people. In 1992, the United States Border Patrol was sued by staff and high schoolers from Bowie High School in El Paso, Texas for harassment and discrimination on the basis of race. The court ruled in *Murillo*

v. Musegades that the Border Patrol had violated citizens' constitutional rights. Rather than focus on apprehending undocumented people once they were already in U.S. communities, Reyes' Operation Blockade aimed to deter people from crossing the border at all, or to catch them as they attempted to cross the border. In 1994, the Strategic Plan, or Prevention through Deterrence, was adopted nationally as the Clinton Administration recognized the political efficacy of these local operations (de León & Wells, 2015; *Murillo v. Musegades*, 1992). Between 1994 and 1998, the number of Border Patrol agents increased from 4,200 in to 8,000 agents (de León & Wells, 2015). In 2021, "there [were] 18,600 Border Patrol agents deployed along the Southern border" (Soular, 2021). Even with this many agents, there is no way for agents to monitor all areas of the border at all times. This is where tactical infrastructure comes into play.

Physical Barriers: Fences and Walls

While border fences did exist prior to the Prevention through Deterrence policy, they were more like the fences separating properties in residential neighborhoods. In 1994, the construction of a taller, more daunting, pedestrian fence began in some common crossing areas, as an extension of the Prevention through Deterrence strategy. The top of this 8 to 12 foot fence was extremely sharp, as it was made from corrugated sheet metal left over from the Vietnam war: "By 2006, [the sheet metal landing mats] were used to build over 60 miles of border fence in California, Arizona, and Texas" (Jusionyte, 2018, p. 59).

Republicans and Democrats alike agreed that more fencing needed to be added to secure the border. The Secure Fence Act of 2006 "was signed by then-President George W. Bush" and supported on the Senate floor by Barack Obama (Blake, 2017; Bernstein, 2019). This "bill led to the construction of about 700 miles of various kinds of fencing:" "As of May 2015," there were

“353 miles of primary pedestrian fencing,” designed to prevent people from walking across the border, and “300 miles of vehicle fencing,” designed to prevent from vehicles from driving across the border, installed along the Southern border (Blake, 2017; Arguello, 2016, p. 15).

Under the Trump administration, existing fences and barriers were updated, and approximately 280 miles of new fencing was erected “in locations where no barriers previously existed” (U.S. Customs and Border Protection, 2021).

An 18-30 foot wall stands in several sections of the border, usually between Mexico and populous U.S. cities, including in San Diego, CA, El Paso, TX, and Nogales, AZ. In the case of Nogales, this wall was erected in 2011. It was constructed to be more difficult to climb, with the hopes that its height would dissuade people from even trying to surmount it (Jusionyte, 2018, p. 60-61). The purpose of a wall “isn’t to be unfailingly impenetrable” according to Jillian Melchior, “it’s to gain a tactical advantage” (Melchior, 2019). This delay in crossing as migrants figure out how to get past the wall gives the Border Patrol more time to use surveillance strategies to catch them.

Virtual Barriers: Surveillance Technologies

While fences and walls have been one aspect of the Prevention Through Deterrence strategy, more recently, surveillance technologies have been employed in addition to or as an alternative to these physical barriers. The Secure Borders Initiative Network (SBInet) was in effect from 2006-2011, and the surveillance network was tested near Tucson, Arizona. This system was essentially a series of towers with cameras and motion-detecting capabilities, along with a “high-tech network of ground sensors” (Boyce, 2019). This program was canceled before

its expansion to other sectors of the border because after five years the “Department of Homeland Security had ‘yet to identify expected benefits from the [program]’” (Boyce, 2019).

Following SBInet, Customs and Border Protection (CBP) set up more towers, for a total of 135 towers, including Integrated Fixed Towers (IFTs) and Remote Video Surveillance Systems (RVSS). RVSSs can “detect a person up to 7.5 miles away” (Maass, 2023). Announced in 2022, “CBP intends to bring the RVSS and IFT system under one program and, over the next decade, begin upgrading 135 existing towers with new capabilities, technologies and sensors, while also installing 307 new towers along the Southern border” (Maass, 2023). This consolidation and expansion program is called the “‘Integrated Surveillance Tower’ (IST) or ‘Consolidated Tower and Surveillance Equipment’ (CTSE) program” (Maass, 2023).

The purpose of surveillance systems is to detect and track migrants and criminals, allowing for apprehension by Border Patrol agents. Essentially, after these surveillance systems detect movement and confirm human presence, Border Patrol agents are rapidly deployed to that location. Thus far, the tactical advantage gained by physical or virtual barriers has been discussed – the stationing of border patrol agents, the use of physical and virtual border fences and walls. There is another component to the Prevention through Deterrence strategy, and that is the weaponization of the environment.

Weaponized Geography

While the previously discussed strategies to deter people from crossing the border have been effective in reducing the number of people crossing at more populated areas or historically common crossing areas, they have not deterred people from attempting to enter the United States. Instead, immediately after the implementation of Prevention Through Deterrence, people

began to cross the border in more remote areas – in Southern Arizona this meant crossing in the Sonoran Desert. Open spaces being employed as a part of Border Patrol strategy was acknowledged by the Border Patrol itself: “in 2009... the USBP testified that [in rural areas] it has a tactical advantage over border crossers because they must travel longer distances before reaching populated areas” (Jusionyte 50). The consequences of crossing in remote areas will be discussed further in the “Bodily Harm” section of this paper, in addition to the use of death itself as a deterrent.

CURRENT CONDITIONS

While many people assume the majority of migrants are from Mexico, this is no longer the case. Migrants are from a diverse set of countries, including India, Guatemala, Venezuela, El Salvador, Honduras, and Haiti. The numbers coming from each country are constantly changing based on different factors. While the predominant terminology that will be used in this thesis refers to “migrant” injury and illness, it is important to differentiate between commonly used terms, including migrant, asylum seeker, and refugee. This section briefly discusses U.S. border and immigration policy: how the asylum process is supposed to work, according to International Human Rights laws, and the shortcomings of this process. Major changes to the asylum process that have taken place since 2017 are examined, in addition to a discussion on the shift in the demographics of border crossers from single men to young families. The impact of these policies on migrant health, and especially the impact of the ambiguity and confusion surrounding these policies, is examined in the “Injury” section.

Asylum Explained

Many people attempting to enter the U.S. through the Southern border now either ask for **asylum** or trigger the asylum process when they express fear that they would be persecuted or tortured if they were to return to their home country. The rest of this section will discuss the way the asylum process is supposed to work in the present tense, although for many, this system was disrupted in 2017 with the start of policies like Migrant Protection Protocol (MPP) and eventually Title 42.

The 1951 Refugee Convention establishes the policy of non-refoulement as being paramount to the maintenance of human rights internationally. **Non-refoulement** is a “legal agreement that prohibits a signatory state from forcibly repatriating a refugee” (Blue et al., 2021, p. 1). According to this principle, a person cannot be returned to a country in which they face fear of persecution or torture on the basis of five qualifiers: “race, religion, nationality, membership in a particular social group, or political opinion” (The UN Refugee Agency, 2018). People have the legal right to ask for asylum at Ports of Entry, ask for asylum after entering the country without authorization, or ask for asylum while in the U.S. on a current or expired work or school visa. Asking for asylum does not guarantee that a person will qualify under the 1951 Refugee Convention, but they should not be returned to their home country until this has been determined.

At Ports of Entry, migrants present themselves to Customs and Border Protection agents. If a person asks for asylum at a Port of Entry or speaks of fear of persecution, they are referred to an asylum officer, who conducts a **credible fear screening**. If at any point in this process an asylum officer determines that the person does not have a credible fear of persecution as it pertains to the 1951 definition of asylum, then the person remains in the process of expedited

removal proceedings and is deported. If the individual is determined to have a credible fear of persecution, they are granted **humanitarian parole**, a type of temporary legal status, and given a date for a hearing with an immigration judge. Asylum seekers live with a sponsor while waiting for their hearing, which can be anywhere from 2 months to 5 years from the date of credible fear screening. Asylum seekers are still technically in removal proceedings until their hearing, and if they lose their case, they will be deported, unless they qualify for “other forms of protection...[such as] Withholding of Removal and the Convention Against Torture” (The UN Refugee Agency, 2018).

If migrants cross the border anywhere besides these Ports of Entry, they are usually apprehended by Border Patrol agents. When groups cross and then wait to be discovered by a Border Patrol agent, or even approach Ports of Entry and “surrender” to CBP, this is also considered an apprehension (Oglesby, 2019). While these migrants are automatically in the process of expedited removal proceedings after they are in custody, they do still have the right to ask for asylum. At this point, the process should work the same as it does for people who present at Ports of Entry, meaning that these people are subject to credible fear screenings, from which the next steps are determined.

It is also possible to affirmatively apply for asylum while in the country of persecution or a third country. These asylum seekers are thoroughly vetted, and if they meet all of the qualifications, they enter the U.S. legally as refugees. Refugees usually take flights directly to their sponsor’s location, rather than crossing land borders. There is a cap on the number of refugees accepted each year, determined by “the President in consultation with Congress” (Migration Policy Institute, 2023). Affirmative asylum applicants also include those who apply while in the U.S. on a student or work visa.

Winning an Asylum Case

Once an asylum seeker, who has temporary legal status in the U.S., has proven in court that they qualify for asylum, they are considered a **refugee** and have more permanent legal status in the U.S. The court date itself is far from a guarantee that an asylum seeker will be granted asylum. Alarming, the likelihood that a person will win their case for asylum seems to be largely dependent on several factors that are often out of their control. One of these factors is representation, meaning the asylum seeker's ability to afford or find an immigration lawyer impacts their chances at winning their asylum case: "During FY 2021, for example, denial rates in defensive cases were 66% for represented cases and 82% for those without representation" (TRAC, 2021). Another factor is which judge is assigned to the asylum seeker's case: For example, between 2012-2017, at the San Francisco Immigration Court, which has 21 judges, "the odds of denial varied from only 9.4 percent all the way up to 97.1 percent depending on the judge you had" (TRAC, 2017). Additionally, even asylum seekers who have clear-cut cases for asylum might have no physical proof of the dangers they would face upon returning to their home country, like medical or police records, making it more difficult for them to win their cases.

The qualifications outlined in the Cold War-context of the 1951 Refugee Convention leave out vulnerable people in the present-day context of migration: "Types of movement that normally would be understood as 'forced' in the ordinary usage of the word" are not considered to be valid reasons to leave a home country according to the 1951 Refugee Convention (Awad & Natarajan, 2018). Many people whose lives would be endangered if they return home do not qualify for refugee status under current asylum laws. A young man fleeing gang violence in

Mexico would likely not qualify as he is not technically being targeted on the basis of a specific trait. Additionally, people who are unable to afford food due to increased prices post-Covid-19, whose crops have perished due to drought, do not qualify for asylum. Not all people who cross the Southern border will end up asking for asylum or being granted an asylum hearing, and, not all of them have the chance to ask as many perish in the desert. For this reason, the terms *migrant* and *unauthorized border crosser* will be used interchangeably in this thesis.

Recent Changes to Border Policy: MPP and Title 42

Since 2017, there have been several significant changes to the implementation of U.S. border policy, including the migrant protection protocols (MPP) and Title 42. Blue et al. argue that these recent policies are based on migrant “exclusion and expulsion” (2021, p. 5). Under the Obama administration, detention and deportation of migrants increased, and under the Trump administration, a “‘zero-tolerance’ policy [began] in April 2018,” resulting in increased criminalization of migration and increased detention (Blue et al., 2021, p. 6). As people were being processed, detention centers became extremely overcrowded, so “U.S. Customs and Border Patrol (CBP) began a practice of ‘metering’”: “‘Metering’ allowed only a random, limited number of asylum seekers to enter US territory to be processed per day,” while everyone else, “eventually thousands of asylum seekers,” waited in long lines on the streets of Mexico for their turn (Blue et al., 2021, p. 6).

Metering was followed by the 2018 ‘Remain in Mexico’ policy, or Migrant Protection Protocol (MPP), which “required that asylum seekers wait for their court hearing in Mexico after quickly being processed into the US’ immigration database” (Blue et al., 2021, p. 2). Oftentimes, people were unable to find lawyers while waiting in Mexico for their Immigration

Court hearings. Of the “7967 MPP asylum requests” at the MPP border court in Brownsville, Texas, “7793 end[ed] in deportation,” and “only two cases were granted relief” (Blue et al., 2021, p. 7).

The third level of exclusion and expulsion, Title 42, began “on 20 March 2020” when “the Director of the Centers for Disease Control and Prevention (CDC) issued an order under Title 42 of the Public Health code that closed to border to non-essential travel under the pretext of preventing the spread of [COVID-19]” (Blue et al., 2021, p. 9). Title 42 gives the Border Patrol the authority to expel migrants “without due process, directly to Mexico... or... back to their home countries” (Blue et al., 2021, p. 9). There are some exceptions to this rule, though the exceptions are constantly changing and unclear to migrants and advocates. When Title 42 is used, all of the previously discussed asylum procedures are ignored, and no matter how valid a migrant’s case for asylum may be, they are returned to danger.

Because of this, human rights advocates have argued that Title 42 violates the refugee convention’s policy of non-refoulement, and therefore is a violation of human rights. Title 42 will no longer have any legal standing as the Covid-19 national emergency declaration expires on May 11th, 2023, so Title 42 is set to expire along with it. Most recently, the Biden Administration has announced that with the end of Title 42, there will be new systems in place, including the CBPOne app. This app was introduced in 2023, and currently, “migrants have been applying for 740 slots made available daily on the glitch-plagued app... which allows them to enter the U.S. legally at an official crossing” (The Associated Press, 2023). This is another iteration of the practice of metering, which took place under the Trump administration. Many people continue to be forced to wait in Mexico for a chance to have their case for asylum heard.

Motivations and Changing Demographics

There are refugees, asylum seekers, and then there are economic migrants. Oftentimes, there is overlap between these two categories, but migrant laborers might be less likely to have cases for asylum under current law. One of the primary pull factors for migration into the United States is the need for low-paid labor. Even though working conditions are often substandard and wages sometimes illegally low, the money is oftentimes more than migrants could make in their home countries. In his ethnography “Fresh Fruit, Broken Bodies,” Seth Holmes explains: “It is likely that the last hands to hold the blueberries, strawberries, peaches, asparagus, or lettuce before you pick them up in your local grocery store belong to Latin American migrant laborers” (Holmes, 2014, p. 43). Wendy Brown, author of “Walled States, Waning Sovereignty,” points out: “If you stopped all illegal migration and got rid of all undocumented workers tomorrow, entire U.S. industries would collapse: agriculture, construction, food processing, home health care, child care and other domestic work, janitorial work, landscaping and service” (Brice, 2019). Brown and Holmes illustrate the contradiction at the heart of U.S. immigration policy: the U.S. economy is dependent on undocumented migrant labor, yet the journey to get into the United States has become increasingly expensive and dangerous, with calls from both sides of the political aisle to increase border security. This tension extends beyond migration into the United States, as the “predominant discourse ... represents international migration as a threat that undermines the social, economic, and cultural systems of host countries and their security” (Awad & Natarajan, 2018).

It used to be that single adult males would cross the border seasonally to work, and then return home to their families. As the process of entering the United States for work has become much more difficult and dangerous, the financial cost of migration has also increased: “Where it

used to cost around \$1,000 to make the journey from Central America, it now costs up to \$15,000” (Oglesby, 2019). One reason for this steep increase in price is the sophisticated network of smuggling businesses: “A buildup in drug and migrant interdiction infrastructure on the U.S. side of the border has been met with an economy for moving drugs and migrants on the Mexican side” (Devereaux, 2019). This danger and cost discourages migrants from leaving the U.S. to live with family during the off-season, and as Holmes notes, “ironically, the forceful efforts to keep immigrants out have caused many of them to stay longer,” as migrants often resign themselves to never returning to their home country (Holmes, 2014, p. 42). As this has become the new standard, many parents now bring their children with them rather than leave them behind. The danger of crossing the border has now been mentioned several times, and “danger” goes beyond simply getting caught by Border Patrol agents. Danger can also look like physical harm, including trauma from falls, illnesses like dehydration due to exposure, and even death.

BODILY HARM AT THE BORDER

Now with more background information on U.S. border infrastructure and policy, it is time to discuss the impacts of this infrastructure and these policies on migrant health.

Types of Injuries

Araceli, a 30 year old woman with “bilateral open ankle fractures,” has experienced a traumatic 24 foot fall from the border wall – both ankles are broken, with bones piercing through her skin (Jusionyte, 2018, p. 48). Araceli is airlifted “directly to the [Banner] University Medical Center” – a Level I Trauma Center in Tucson, Arizona (Jusionyte, 2018, p. 49). At the hospital,

Araceli will receive care while remaining in the custody of the Border Patrol. After she is treated, she will either be detained or deported.

Banner University and Banner South are primary hospitals in the Tucson Sector of the border – a sector that ranges 262 miles, from the Yuma County line to the Arizona/New Mexico state line (cbp.gov). Physicians from these two hospitals in Tucson have analyzed hospital data to better understand patterns in migrant injury.

The first study took place in 2015, and reviewed admission diagnoses for 55 patients, all of whom were admitted to these ICU while in the custody of U.S. Border Patrol “between January 1, 2010 and December 31st, 2012” (Wong et al., 2015, p. 410). Researchers found that “the most common admission diagnoses” were “trauma... rhabdomyolysis... acute liver injury... dehydration... kidney injury... and encephalopathy” (Wong et al., 2015, p. 410). Encephalopathy is a general term which describes damage to the brain, and this can be caused by dehydration (Schreier). Rhabdomyolysis occurs when muscle fibers die, and it can be caused by trauma resulting from falls, or other causes like extreme muscle strain or hyperthermia,” meaning high body temperature (Stuart, 2021).

A 2018 study with a larger sample size found a similar pattern. Researchers, all “attending physicians at South Campus Hospital, located 60 miles from the U.S.-Mexico border,” analyzed electronic medical records to determine the top primary diagnoses for people in U.S. Border Patrol custody (Koleski et al., 2018, p. 1181). Out of 734 border crossers treated at Banner University and Banner South in 2016, the top three primary diagnosis categories were “musculoskeletal trauma” at 32%, “dehydration and rhabdomyolysis” at 13%, and “infections” at 10% (Koleski et al., 2018, p. 1181). Researchers noted that while many patients had more than one diagnosis listed, only primary diagnoses were counted and compared in this study. Migrants

who were not in the Border Patrol's custody and sought treatment on their own are not included in this study. These two studies illustrate that trauma is the number one reason border crossers are admitted to hospitals in Tucson, Arizona, followed by various conditions related to environmental exposure, such as hyperthermia and dehydration.

Injury as a Para-Communicable Epidemic

Is injury at the border accidental or attributable to poor decision making at the individual level? Or is injury *inevitable* because of U.S. Border Policy? In her book "Threshold: Emergency Responders on the U.S.-Mexico Border," Ieva Jusionyte discusses how trauma is a "neglected disease" and an "epidemic" occurring at the border, rather than simply a collection of accidents (Jusionyte 84). While broken legs, infected feet, and cases of dehydration may not sound like diseases, Jusionyte argues that they are all symptoms of the *disease of trauma* at the border. If trauma is a disease, is this disease contagious?

In order to make the argument that trauma at the border exists as a *para-communicable* disease, a seemingly unrelated disease, diabetes, will be briefly explored. Cultural anthropologist Amy Moran-Thomas describes Type II diabetes as a misunderstood disease that is neither contagious (communicable) nor not-contagious (non-communicable). While it is easier for people to understand how contagious diseases spread due to factors beyond the control of individuals, people are often blamed for developing diseases like diabetes. Individuals are also reprimanded for not complying with treatment plans, including expensive diet and lifestyle changes. This categorization of diabetes as non-communicable, and all of the biases that come with that term, disregards the structural factors that lead to its prevalence. Type II diabetes is a human-made disease – economic disparities result in people consuming more sugar, and

companies like Coca-Cola market their sugary beverages to people in areas where soda is cheaper than water” (El Susto, Moran-Thomas). Moran-Thomas argues that diabetes should fall within a third category of *para-communicable* disease because it is caused by structural harm (Moran-Thomas). The disease of trauma at the border, like the disease of diabetes, is in fact *para-communicable*, because it is caused by structural factors, specifically U.S. border policy and infrastructure.

The Fence: Traumatic Fall Injuries

As discussed in the background section, the original border fence was erected in 1994, and this fence was 8-12 feet tall, with sharp edges. Many people lost fingers to the wall as they dropped down onto the U.S. side of the border, and broken ankles, legs and other injuries were also common. One paramedic describes how the rescuers would attempt to locate the lost fingers for future reattachment: “[border crossers] would land on this side, and the finger parts would land on the other side... Sometimes we would reach over and grab the body part... other times people on the other side would pick up the fingers and hand them over the fence” (Jusionyte, 2018, p. 60).

Following the Secure Fence Act of 2006, many miles of new fencing were constructed from various materials. An 18-30 foot tall wall was erected in 2011 in some sections of the border, including in Nogales, Arizona. This wall has “4-inch gaps between bars,” which allows Border Patrol agents to monitor activity on the other side of the wall (Jusionyte, 2018, p. 59). According to “Chief Stevens, who oversaw the Nogales station in the early 2000s,” Border Patrol thought a new wall would prevent injuries because it would “stop[] people from even trying” (Jusionyte, 2018, p. 60-61). When the fence was 12 feet tall and completely opaque, a ladder

could easily be leaned against it on the Mexico side, so more people attempted to climb it. One paramedic agreed that “it was actually worse ‘before they built the big fence’” (Jusionyte, 2018, p. 61). However, those that do try now often have even worse injuries. Every fall from this wall qualifies as traumatic due to the mechanism of injury, a fall from higher than or equal to 20 feet for adults (Bucher, 2011).

Border Patrol agents are not under the illusion that the fence itself is a deterrent: “It’s meant to create time for agents to respond to incursions. It’s not meant to keep anyone in. It’s not meant to keep anybody out” (González, 2017). It is for this reason that other components of the Prevention through Deterrence strategy exist. While traumatic injuries, like falls from the border wall, can have long-lasting health consequences, this type of injury does not often result in death. However, in trying to avoid physical infrastructure like fences and walls, as well as surveillance infrastructure, migrants are pushed out into dangerous open spaces like remote areas of the Sonoran Desert.

The Environment: Dehydration and Hyperthermia

People who cross in remote areas often end up having to walk through the desert or mountains for 5-10 days, and many of them are unaware that the journey will be this long or arduous: One Border Patrol agent explains: “The smugglers are notorious for lying to groups of migrants... They may point them in a direction and say the road is only a mile away while it really is 20” (Kolb, 2015). In the Sonoran Desert, “temperatures rise to over 110 degrees F during summer days and fall to below freezing on winter nights” (Jusionyte, 2018, p. 7). Even if unauthorized border crossers understand the danger of the journey that lies ahead, there is no way to fully prepare. Scott Warren of No More Deaths explains how much water is needed for

the “80-mile journey” from “a well known departure point about 12 miles west of Sonoyta... to Gila Bend, the... smuggling destination”: “If you did the math on [the amount of water needed for a 7-10 day hike in hundred-degree weather], you are looking at 15 gallons of water. At 8 pounds a gallon, that would be like 130 pounds. You really couldn’t carry it” (Gonzales, 2017).

When the human body becomes severely dehydrated, the person becomes disoriented, with many experiencing hallucinations. One migrant describes his hallucinations: “We were surrounded by dirt but I kept seeing water everywhere in the desert” (Campbell-Staton et al., 2021, p. 1). Severe dehydration eventually leads to organ failure and death (Long & Bartholdt, 2021).

People do not find themselves in these situations by chance – smugglers drop them off at departure points or even accompany groups on the trek. If anyone begins to fall behind due to injury or illness, they are often left to die. Jusionyte illustrates the precarity of the situation:

“Those crossing near Nogales or Sasabe will walk for three days until they reach Green Valley or Three Points, the first semi-urban settlements north of the checkpoints; Tucson is about five days away. But that’s only if they go straight. Abandoned by their guides, thirsty and disoriented, people get lost and walk in circles. It’s a cruel and prolonged game at wilderness survival” (Jusionyte, 2018, p. 6).

As people trek for miles and miles, many develop excruciating blisters on their feet, with the open wounds eventually becoming infected and in the worst cases, leading to amputation (Motlagh, 2019). People also lose toenails, with one migrant describing this in detail: “I... couldn’t take it anymore. I tried again and my toenails fell off. All of these nails came off... All of them” (Campbell-Staton et al., 2021, p. 3). As a former intern and current staff member at a migrant shelter in Tucson, Arizona, I have seen foot blisters caused by walking extremely long

distances firsthand, and neither the written description of these blisters nor my experience as an Emergency Medical Technician prepared me for what I saw: at least 3 square inches on each foot had flesh entirely exposed, the protective skin barrier gone. I held this woman's hand while the doctor removed layers of deeper dead tissue from the bottom of her feet to allow the healthy tissues to heal. Tears streamed down her face as she winced in pain. While excruciating, the pain was a good sign, a signifier of living tissue. Fifteen minutes later, having made it through the debridement, with fresh bandages on both feet, she was once again resolute. It would be 48 hours until she would have to sit through the process again. I helped her back into her wheelchair.

Death as a Deterrent

The Prevention through Deterrence strategy was established with an acknowledgement of two primary ways in which it would be an effective policy: by providing the Border Patrol with an advantage, and by increasing the mortal danger of the journey, dissuading people to try in the first place.

Funneling people away from urban crossing areas would provide Border Patrol agents with “a strategic advantage in less populated areas” – in these barren areas, there would be no U.S. citizens for migrants to blend in with, as they could in big cities like “San Diego and El Paso” (Williams, 2015). The environment provides what agents also refer to as a “tactical advantage”: migrants are more easily apprehended while “traveling longer distances” through uninhabited open spaces (Jusionyte, 2018, p. 50). While the sterile wording of “traveling longer distances” might sound like this is simply an inconvenience to migrants, it can be a death sentence. This death sentence is another ominous, and planned, component of Prevention through Deterrence: “Officials hypothesized that [this strategy] would increase mortal dangers

associated with unauthorized crossings, compelling migrants to simply decide not to attempt illicit crossings” (Williams, 2015).

Although some Democrats talk about surveillance systems as being a more humane option than physical border barriers, these virtual barriers seem to create the same funnel effect that physical barriers do. A study conducted by geographers Geoffrey Boyce and Sarah Launius focused on the Arizona-Sonora border, and found a “significant correlation between the location of border surveillance technology, the routes taken by migrants, and the locations of recovered human remains in the southern Arizona desert” (Boyce 2019).

The U.S. Government acknowledged that deaths resulting from this strategy of Prevention through Deterrence were essentially evidence of its efficacy: “A 1997 report by the Government Accountability Office (GAO) identifies [“deaths of aliens attempting entry”] as one of the “Indicators for Measuring the Effectiveness of the Strategy to Deter Illegal Entry Along the Southern Border” (de León & Wells, 2015, p. 30). Officials hoped that as people began to hear of this danger, they would be discouraged from attempting to cross the border without authorization. Williams argues that this strategy is “explicitly necropolitical in that death and its potentiality is mobilized in an effort to shape the actions of potential migrants and govern transnational mobility” (Williams, 2015). By this, Williams means that death, and fear of death, are used by the Government to influence the decisions of migrants, and the flow of people between nations in general.

The idea of para-communicability is once again important to acknowledge here. Individuals are blamed for the decisions that lead to their own deaths, and there is no acknowledgment of the role of structural harm: “The rugged landscape of southern Arizona provides a ‘moral alibi’ for the state –the state abdicates responsibility for migrant deaths by

pointing to the harsh terrain (and individual migrant decisions) as the cause of deaths” (Williams, 2015). Because the violence and suffering that many of these migrants experience is not directly at the hands of people, but rather the environment, no one is forced to take responsibility for their deaths.

Counting Migrant Deaths

Just as officials predicted, the number of migrant deaths did increase after the implementation of the Prevention through Deterrence strategy. In Arizona, almost all the bodies found [in the Sonoran Desert] end up at the [Pima County] medical examiner’s office in Tucson” (Verini, 2020). “In 1994, Pima County handled 11 dead migrants. In 2000, it had 74 cases. By 2010, 222” (Verini, 2020). This number has remained fairly consistent since 2010, with a “record 225 bodies... recovered” in 2021 (Richards, 2022).

The number of deaths reported in southern Arizona represent a little less than half of the total number of deaths reported in official Border Patrol counts for border crosser deaths. As of 2020, “according to the Border Patrol, just under 8,000 migrants have turned up dead on the Southern border since 1998” (Verini, 2020). The Border Patrol’s official count of deaths is probably a significant undercount. No More Deaths, a humanitarian aid organization based in southern Arizona, “estimates that three to ten times as many people may have died or disappeared since the implementation of Prevention through Deterrence” (No More Deaths, 2021, p. 5). This undercount occurs both because of technicalities and desert ecology. Using Arizona as an example, in Pima County, remains discovered by Tohono O’odham tribal members are not included in the Border Patrol’s official count. This is due to a 2014 Border Patrol policy change where the agency only counts deaths in “instances where an agent [is] directly involved”

(Prendergast and Devoid, 2022). Additionally, “Yuma County doesn’t track migrant deaths because ‘they are all treated like any other case,’ said Alfonso Zavala, spokesman for the Sheriff’s Office” (González et al., 2017).

In many cases, remains of people who never arrived at their destinations are never found, or, if they are, medical examiners are unable to identify them or contact family members. Part of the reason some remains are never recovered and some are never identified is due to the ecology of the desert itself. In one study, pigs are used to research the ways in which and rates at which bodies decay or disappear in the desert. Jason de León explains that pigs, dressed in clothing and left with personal items to better represent people, “are about as... close as we can get to a human body” (O’Dell, 2018). Researchers found that one pig’s remains were “carried up to 100 feet from the death site after six days,” illustrating how remains can become separated from identifiable personal items (O’Dell, 2018). That was only after six days, but “in 2017, 44 percent of the 128 remains of undocumented border-crossers recovered by Pima County had been in the desert longer than six months” (O’Dell, 2018). After six months have passed, whatever remains are found are likely far from any personal items that might aid in identification, and likely far from the location where the person actually died. Additionally, a 2016 Congressional Research Service report explained: “U.S. data sources generally do not include information from the Mexican side of the border and therefore further undercount migration-related fatalities” (Argueta 2016, p.27).

Impact of Exclusion and Expulsion on Health

While there is not yet conclusive data on the impacts of more recent border policies, like the Migrant Protection Protocols and Title 42, on rates of death, UA researcher Daniel Martinez

explains, “Title 42 expulsions are leading people ‘to engage in repeat crossing attempts that we haven't seen since the early 2000s’” (Predergast and Devoid 2021). These repeat attempts might lead to an increase in desperation and possibly an increase in death on the U.S. side of the border. In fiscal year 2021, “The Border Patrol reported about 159,000 expulsions in the Tucson Sector... and about 32,500 migrants processed under immigration laws” (Predergast and Devoid 2021). That means 83% of migrants detected in the Tucson Sector, including those presenting at Ports of Entry, were expelled. Because these recent policies force migrants to wait in Mexico or even return to their home countries, counting only the deaths that occur in the U.S. does not accurately reflect the life-or-death impact of exclusion and expulsion: “The true cost of these policies must also consider those individuals that were turned back and killed in their home countries, and those kidnapped and killed along the border that aren’t included in official numbers” (Heyman and Slack, 2023).

It is also important to discuss the health impacts of these policies as they manifest on the Mexican side of the border. Camps formed as a result of migrants being turned away from at the border, or being forced to wait in Mexico for their asylum hearings. In these camps, sanitary conditions are deplorable, and at what was the largest camp, in Matamoros, Mexico, Hurricane Hanna in July 2020 hurricane caused flooding. This flooding led to a “resurgence in waterborne... and vector borne illnesses, or Dengue fever from mosquitos... [in addition to] eye infection and skin infections... [and] gastrointestinal illnesses” (Blue et al., 2021, p. 13). Migrants forced to wait in Mexico are also vulnerable to drug trafficking organizations that “systematically kidnap, rape, torture, and kill vulnerable migrants” (Blue et al., 2021, p. 13).

Most recently, a fire at a detention center in Ciudad Juárez, Mexico in March 2023 illustrates the consequences of the U.S. outsourcing immigration enforcement: “Under Title 42,

migrants are either expelled to their home country or Mexico” (Heyman and Slack, 2023). The U.S. government has an agreement with Mexico stating that migrants from “Guatemala, Honduras, El Salvador, Venezuela, Cuba, and Haiti” can be expelled to Mexico rather than returned to their home countries (Heyman and Slack, 2023). Migrants from these countries end up existing in a state of limbo, as they are living legally in Mexico but have few resources to survive. Additionally, the ambiguity of U.S. border policy, along with the fact that Title 42 is set to expire in May of 2023, gives migrants a sense of hope that if they just wait it out, they will finally be granted a credible fear screening. Many of the migrants held in this locked migration building had been arrested the day of the fire. When the fire started, guards did not unlock “the door to the section where the migrants were detained” (MND Staff, 2023). 40 men died in the fire and 28 were injured.

RESCUE

Emergency Medical Technicians (EMTs) and Paramedics, working for fire departments, respond to 911 medical calls in border towns. They see first-hand the “border wounds” – injuries caused by U.S. border policy – and “they provide rescue services and prehospital health care under conditions of increasing border militarization” (Jusionyte, 2018, p. 14, 21). Their work is neither a direct extension of this militarization nor purely humanitarian in nature. The Border Patrol’s role in rescue, the role of humanitarian organizations, and the intersection between these groups is examined in this section.

Border Patrol's Role in Rescue

Along with the physical dangers of the border comes the need for rescue operations. Rescue and humanitarianism in border regions exists both as an extension of border security, as the Border Patrol plays a significant role in rescue, and as a separate humanitarian effort, which has become increasingly intertwined with security efforts in recent years, despite the desires of many of these non-governmental humanitarian organizations.

Retired Border Patrol agents described the shift that occurred in national rhetoric, and therefore rhetoric within the Border Patrol, after the Border Patrol began to be viewed as an essential component of the Department of National Security following 9/11: "Throughout the 1990s and into the early 2000s," there was often "mutual respect" and understanding between migrants and agents, whereas after 2003 Border Patrol agents began to think of migrants as "potential terrorist threats" (Williams, 2015).

Border Patrol Search, Trauma and Rescue, or BORSTAR, is a specialized unit of the Border Patrol, which "provides specialized law enforcement, search and rescue response from conventional to high-risk Border Patrol Operations" amongst other responsibilities (cbp.gov). "BORSTAR was created in 1998 in response to... a need to provide emergency care and evacuation to injured Border Patrol agents in remote areas along the border," along with "increasing deaths among migrants crossing into the U.S." (Kolb 2015). BORSTAR agents have at least 2 years of Border Patrol experience and go through a rigorous selection and training course. If they pass, they receive further "advanced specialized trainings" (cbp.org). Along with Border Patrol agents routinely patrolling border areas and responding to surveillance tip-offs, there are "mobile rescue beacons... now situated throughout the desert. They feature a large red

button that, when pressed, sends a signal to the Border Patrol” (Verini, 2020). While initially, Border Patrol took a hands-off approach to dealing with injured or sick migrants, now, migrants in need of medical attention remain in the custody of the Border Patrol, even as they lie in hospital beds: “an agent will stay with the patient throughout their recovery in the hospital. When they are medically cleared, the deportation or incarceration process will begin” (Kolb 2015). In fiscal year 2022, “Border Patrol... reported nearly 19,000 rescues at the Southwest border” (Villagran, 2022). BORSTAR agent Jesse Munoz reaffirmed the humanitarian mission of BORSTAR: “regardless of your political views on immigration, people should not be dying in the desert” (Kolb, 2015).

In 2021, No More Deaths released a report entitled “Left to Die: Border Patrol, Search and Rescue & the Crisis of Disappearance” in which they insist that the Border Patrol, and its specialized unit BORSTAR, is in many cases not doing enough to save lives and is instead interfering with rescue efforts. This report “reviewed hundred of emergency cases received by the Derechos Humanos Missing Migrant Crisis Line,” along with audio recordings of 911 calls and found that in “63% of all distress calls that families and advocates referred to Border Patrol, the agency did not conduct any confirmed search and rescue mobilization whatsoever” (No More Deaths, 2021, p. 6).

While counties now usually transfer responsibilities relating to 911 calls received from unauthorized crossers or their families to the Border Patrol, “BORSTAR’S annual budget is... [just] .03% of U.S. Border Patrol’s total annual budget of \$4.7 billion. Only ~6% of Border Patrol agents have certified medical training, and only ~1% of agents are trained in search and rescue techniques” (No More Deaths, 2021, p. 12).

Overall, No More Deaths argues that while the Border Patrol touts its humanitarian work in press releases and public interviews, it is not investing enough in responding to the humanitarian crisis that the agency itself has in large-part caused. The priority of the Border Patrol will always be on border enforcement, and although individual agents may feel that people do not deserve to die in the desert, the system itself does not value the lives of migrants. ‘Rescue’ is really another word for “minimalist biopolitical efforts that preserve the biological life of migrants in order to facilitate timely deportation” (Williams, 2015). Meaning, the Border Patrol saves the migrants it has to save, so that they can be detained and eventually deported.

Criminalization of Humanitarianism

While the Border Patrol does provide some aid to sick and injured migrants, albeit with a catch, a network of humanitarian organizations work tirelessly to prevent the loss of life and recover and identify remains. No More Deaths, which is the latest in a long lineage of humanitarian organizations in the Sonoran Desert, “couples its desert aid with a critique of U.S. border policy,” as is apparent in the 2021 report discussed above (Devereaux 2019). Another group, “Armadillos Búsqueda y Rescate, Armadillos Search and Rescue,” is “an immigrant-led humanitarian organization... doing search and recovery... in the Sonoran Desert” (Devereaux, 2019). The Colibrí Center for Human Rights works alongside the Pima County Medical Examiner’s Office to identify remains and return remains to their families.

The relationship between these organizations and the Border Patrol is in constant flux, depending on the political climate. It does seem to be trending towards restriction of humanitarian work and even criminalization of this work:

“Humanitarian engagements with unauthorized migrants and migration are particularly challenging in a context of increasingly restrictive border enforcement regimes in which providing assistance to unauthorized migrants can be conflated with aiding and abetting” (Williams, 2015).

It used to be that groups like No More Deaths, which “drop[s] water and provide[s] medical aid,” would find people in need of medical attention and drive them directly to the hospital (Devereaux, 2019). Now, transporting migrants, even those in need of immediate medical attention, is considered a crime. Leaving out water in common crossing areas has also been criminalized. The criminalization of humanitarian efforts was evidenced by the arrests of two young volunteers in 2005, who had transported “three seriously ill migrants to John Fife’s church for medical care” (Devereaux, 2019). The judge “tossed the charges, ruling that the pair was abiding by a protocol that they understood to be in line with the law” (Devereaux 2019). In 2008, another volunteer “was convicted of littering” when he was found “in an SUV loaded with water jugs” (Devereaux, 2019). This volunteer’s conviction was eventually overturned.

Humanitarian groups and individual “activists both ‘evade’ and ‘engage’ the law in their efforts to assist migrants” (Williams, 2015). Despite ongoing communication between No More Deaths and Border Patrol leadership and assurance by the Border Patrol and the U.S. Attorney’s Office in Tucson that No More Deaths volunteers would not be prosecuted for their humanitarian efforts, this working relationship “between humanitarian groups and law enforcement” began to fall apart in 2017 (Devereaux, 2019). In 2018, soon after No More Deaths released a report “which included video footage,” detailing “the destruction of thousands of gallons of water left for migrants in the desert over multiple years,” Scott Warren of No More Deaths was arrested for

harboring undocumented migrants, a felony, and prosecutors “sought a 20-year prison sentence,” though charges were eventually dropped (Devereaux, 2019; Motlagh, 2019).

CONCLUSIONS

Unauthorized border crossers face a myriad of dangers that result in bodily harm due to the intentional design of U.S. border policy and infrastructure. Since the implementation of the Prevention through Deterrence strategy in 1994, the strategic stationing of Border Patrol agents and the installation of barriers like tall border fences and surveillance systems have funneled migrants away from populated areas and into remote regions of the Sonoran Desert.

Some migrants, having heard about the dangers of desert trek, hire smugglers to help them climb the border fences. Some make it across unscathed, but others sustain traumatic fall injuries and have to be transported to Level 1 trauma centers like Banner University Medical Center in Tucson, Arizona. There, they might be admitted alongside migrants suffering from illnesses related to exposure: dehydration and hyperthermia. Though they probably do not feel like it, these unauthorized border crossers are the lucky ones: hundreds of migrants die painful deaths in the desert each year, their remains discovered months or years later, far from personal items that would make them more easily identifiable. The number of deaths is likely to increase as the climate warms, as climate change itself will lead to a shift in migratory flows and the desert will become even more dangerous: “By 2050, the already severe costs of traversing the desert will likely increase by over 30%” (Long & Bartholdt, 2021). Death is actually another strategic component of Prevention through Deterrence, although its efficacy as a deterrent seems to be negated by the desperation faced by prospective migrants.

Despite the dangers, migrants attempt to cross between Ports of Entry because of the shortcomings of the U.S. asylum system, with many recent border crossers presumably doing so because they have been excluded from the U.S., forced to wait for their Immigration Court hearing in Mexico, or even expelled at or between Ports of Entry without any due process. Conditions in Mexico are often unsanitary and leave migrants vulnerable to targeting by organized crime. Resources dwindle, and migrants are forced to make the decision to return to the home they fled, to try to find employment in crowded Mexican border towns where they often face discrimination, or to attempt to cross the U.S.-Mexico border.

Governmental and non-governmental organizations both conduct rescue operations in border regions, although humanitarian aid organizations like No More Deaths argue that the Border Patrol is not doing enough to prevent loss of life. In recent years, the criminalization of humanitarian aid work and the targeting of community responders has led to more tension between these factions, even as the need for rescue is greater than ever before.

While this analysis focuses on the health impacts of the migration process itself, with a focus on the U.S.-Mexico border, it is important to note that migrant suffering does not necessarily end once this initial barrier to entry is overcome. People who survive the journey and begin to work in the United States are sometimes subject to harsh working conditions with inadequate access to both preventative and reactive healthcare. Seth Holmes explores the long-term health impacts that migrant laborers deal with in his book “Fresh Fruit, Broken Bodies.” A recent New York Times investigation into migrant children employed in the United States found that these children were more likely to experience traumatic injuries in the workplace (Dreier & Luce, 2023). Additionally, the mental health impacts of crossing the border, as well as of policies of exclusion and expulsion, are not addressed in this literature review.

While I have done my best to provide accurate information about U.S. infrastructure and policy and its impacts on the health of border crossers, I am not a lawyer or even a law student, so I cannot guarantee that my interpretation is entirely representative of the current asylum system. These policies seem to be in constant flux, so there is no saying what the state of policy will be upon publication of this review, or when you read it; however, I can say with confidence is that it is clear from this systematic review of existing literature that U.S. infrastructure and policy has many negative impacts on migrant health, with some of these impacts being acknowledged and even built into border policy itself.

Unauthorized border crossers continue to sustain life-altering injuries and illnesses every day, with some of these resulting in death. Other prospective crossers wait in dangerous conditions in Mexico or their home countries for U.S. officials to clarify expectations and procedures. Some people inevitably sustain bodily harm or even die as a result of being expelled with no due process, being deported because they do not qualify for asylum under its very strict criteria, or being forced to wait in border towns for their hearing or even just a chance to sit for a credible fear screening.

Four years of undergraduate classes and independent research later, I am just beginning to understand the history and current state of U.S. border policy. I believe that the ambiguous and confusing nature of available information pertaining to this system and its consequences excludes would-be advocates from the conversation. Many people, even those living in border communities like Tucson, Arizona, are unaware of the humanitarian disaster taking place just a brief hour or two drive away. This lack of community concern allows for the continuance of policies that cause physical bodily harm and death to people who, by definition, are extremely vulnerable and have the right to seek safety.

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