

CURRENT DEVELOPMENTS

BORDERS ARE THE REAL CRISIS: A PUBLIC HEALTH PERSPECTIVE ON THE NEED FOR DISMANTLING IMAGINED BORDERS

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INTRODUCTION

The United States follows a typical script when it comes to addressing unauthorized migration. Pictures of migrants at the border are featured on the front page of every newspaper, intentionally amplifying the violence and hardships faced by migrants. Some use these pictures to villainize the migrants, justifying the violence against them. Others attempt to sensationalize the hardships endured by the migrants, distracting from the role the United States has played in provoking the migration it seeks to prevent and instead, fixating on the economic value of life. In each response, migrants are characterized as either the “crisis” or the “helpless victims who are good for our economy,” but never simply and mundanely, as humans.

However, the “border crisis” is an imaginary crisis at political borders, deliberately constructed to justify border militarization and dehumanization of (im)migrants and thus, protect the white hegemony. In this paper, I situate borders as the real crisis that erases the humanity of (im)migrants, creates their criminality, and at all times, invokes the State as the victim to maintain the goals of colonial-capitalist regimes. In doing so, I expose how borders achieve these goals by using and misusing public health and, in the process, continue to compromise (im)migrant health and safety.

Section I of this paper will briefly discuss the connection between borders and public health, exposing how the public health interest has consistently

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been co-opted to criminalize and dehumanize (im)migrants. Section II of this paper will then situate borders as the public health crisis, highlighting how borders perpetuate adverse mental and physical health outcomes over the life course, including reproductive exploitation, through border militarization, criminalization, and discrimination. After exposing borders as the real public health crisis, Section III will conclude with a summary on the need for dismantling imagined borders.

I. THE CONNECTION BETWEEN BORDERS AND PUBLIC HEALTH

Public health—or the co-option of public health interest—has played a significant role in sustaining and justifying militarized borders. The United States has consistently used the narrative of “protecting public health” as a pretext to restrict and criminalize migration as well as dehumanize (im) migrants as “carriers of diseases”—both necessary tactics to make (im) migrants exploitable. That is, borders are used as a justified instrument to criminalize and confine (im)migrants (using direct force, surveillance, deportation, and incarceration) to keep “contamination” and “disease” away from the United States.

These narratives around “fear of contamination” influence the treatment and perception of (im)migrants, “not just at the time they cross[] the border[s], but long after they settle[] in the United States.”¹ For example, during the Bracero program, the United States perpetuated xenophobic narratives about Mexican workers, characterizing them as “carriers of diseases” to exploit their labor while maintaining the inhumane living and working conditions for workers. In 1916, when a typhus epidemic broke in a railroad camp in Los Angeles County—affecting predominantly Mexican workers (five of whom died)—the employers and public health agencies targeted Mexican workers as the scapegoats.² Typhus is an “infectious disease caused by rickettsia (a bacteria-like microorganism) and transmitted to humans through lice and tick bites.”³ Mounting evidence has confirmed that typhus epidemics occur due to unhygienic environments such as overcrowding, lack of facilities for bathing and washing clothes, and poor sanitation⁴—all conditions present alongside the camps as a result of negligent and unsatisfactory employer conduct. Despite this reality and evidence, employers criticized Mexican workers for their “unclean habits,” deliberately distracting from the inhumane conditions that gave rise to the typhus epidemic in the first place. With these negative characterizations, the United States portrayed Mexican laborers as “carriers of disease” and, thus, a threat to the United States and the general public while enjoying the exploitation of Mexican (im)migrants’ labor.

1. Natalia Molina, *Borders, Laborers, and Racialized Medicalization Mexican Immigration and US Public Health Practices in the 20th Century*, 101 AM. J. PUBLIC HEALTH 1024, 1025 (2011).

2. *Id.*

3. *Id.*

4. *Id.*

These long-lasting negative characterizations of Mexican workers as the “problem” subsequently shaped immigration laws and policies, particularly within the Bracero program. Pursuant to these policies, Mexican workers were expected to undergo invasive and dehumanizing “public health screenings” before entering the United States.

Mexicans underwent intrusive, humiliating, and harmful baths and physical examinations at the hands of the US Public Health Service (USPHS) at the US–Mexico border beginning in 1916. The rationale was the belief that Mexicans were bringing disease into the United States. Thus, public health policies helped to secure the US–Mexico border and to mark Mexicans as outsiders even before the advent of more focused gatekeeping institutions, such as the border patrol, created in 1924.⁵

The dehumanization of (im)migrants in this way was not limited to Mexican workers. Throughout the nineteenth century, (im)migrants were characterized and treated as medical threats to the United States. Using this “fear of contamination and disease” as a rationale, the United States carried out large-scale invasive medical inspections and barred entry to many (im)migrants.⁶ In fact, the Immigration Act of 1924, which established national origin as a criterion for blocking immigration, was passed in part due to this fear,⁷ thereby memorializing and sustaining anti-immigrant rhetoric on a policy level.

Today, this negative characterization of (im)migrants, particularly Mexican (im)migrants, is used to spur anti-immigrant rhetoric and as the rationale for increased border protection. For example, former President Donald Trump villainized Mexican (im)migrants for bringing “tremendous infectious diseases”⁸ to the United States throughout his term in office to justify their mistreatment at the border and exclusion from the country. In fact, this rhetoric was used as a necessary tool to increase funding for border militarization, including the infamous “border wall.”

Similarly, at the beginning of the pandemic, the United States shifted the focus from its inadequate response to COVID-19 by blaming Asian and Asian American communities, specifically Chinese people, for the spread of COVID-19. As a result of this growing anti-Asian narrative regarding COVID-19 spread, there was a 150 percent increase in anti-Asian violence and racism in 2020.⁹

5. *Id.*

6. Rae Lynn Mitchell, *How Does Immigration Policy Affect Public Health in the US?*, TEXAS A&M TODAY (May 3, 2018), <https://perma.cc/JXC5-SXXP>.

7. *Id.*

8. Rupert Neate & Jo Tuckman, *Donald Trump: Mexican Migrants Bring “Tremendous Infectious Disease” to US*, GUARDIAN (July 6, 2015), <https://perma.cc/5EWY-E6EC>.

9. Kimmy Yam, *Anti-Asian Hate Crimes Increased by Nearly 150% in 2020, Mostly in N.Y. and L.A.*, *New Report Says*, NBC NEWS (Mar. 9, 2021), <https://perma.cc/MN4E-9BA9>.

Between March 19, 2020 and February 28, 2021, Asian communities reported over 3,795 incidents of anti-Asian violence to Stop AAPI Hate.¹⁰

The use of borders as a method to sustain xenophobia and exploitation, all under the guise of protecting public health, is on an even clearer display during the pandemic. In March 2020, the Trump administration cited public health risks as a pretext to “suspend the introduction of persons from designated countries or places, if required, in the interest of public health.”¹¹ In July 2020, the administration proposed to expand this rule to give the Department of Justice and the Department of Homeland Security the discretion and authority to categorically bar asylum seekers and refugees from entering the United States.¹² Through this proposed rule, the administration portrayed asylum seekers and refugees “whose entry would pose a risk of further spreading infectious or highly contagious illnesses or diseases, because of declared public health emergencies in the United States or because of conditions in their country of origin or point of embarkation to the United States,”¹³ as a “danger to the security of the United States.”¹⁴ While the Biden administration delayed the effective date for this rule until December 31, 2021, no action has been taken to repeal it altogether.¹⁵

Simultaneously, the Biden administration has continued using Title 42 to turn away migrants at the U.S.-Mexico border, expelling predominantly Black (im)migrants and asylum seekers.¹⁶ Title 42 is part of the 1944 Public Health Services Law with the following provision:

[if] by reason of the existence of any communicable disease in a foreign country there is a serious danger of introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce persons and property is required in the interest of public health.¹⁷

10. STOP AAPI HATE, *2020-2021 National Report* (Mar. 16, 2021), <https://perma.cc/A7C9-QV7P>.

11. Notice of Order Under Sections 362 and 365 of the Public Health Service Act Suspending Introduction of Certain Persons from Countries Where a Communicable Disease Exists, 85 Fed. Reg. 17,060 (Mar. 20, 2020); Control of Communicable Diseases: Foreign Quarantine; Suspension of Introduction of Persons into United States from Designated Foreign Countries or Places for Public Health Purposes, 85 Fed. Reg. 16,559 (Mar. 24, 2020) (codified at 42 C.F.R. pt. 71).

12. Security Bars and Processing, 85 Fed. Reg. 84,160 (Dec. 23, 2020) (codified at 8 C.F.R. pts. 208, 1208); see also Prashasti Bhatnagar, *Public Health as Pretext: The Evisceration of Asylum Law and Protections During a Pandemic*, 35 GEO. IMMIGR. L.J. 317–23 (2020).

13. 85 Fed. Reg. 84,160.

14. *Id.*

15. Exec. Order No. 14010, 86 Fed. Reg. 8267 (Feb. 2, 2021); Security Bars and Processing; Delay of Effective Date, 86 Fed. Reg. 6847 (Jan. 25, 2021) (codified at 8 C.F.R. pts. 208, 1208).

16. See, e.g., Julian Borger, *Haiti Deportations Soar as Biden Administration Deploys Trump-Era Health Order*, GUARDIAN (Mar. 25, 2021), <https://perma.cc/HJN3-G4V2>; Tina Vásquez, *Biden Spent Black History Month Deporting Black Immigrants. Where's the Outrage?*, TRUTHOUT (Feb. 17, 2021), <https://perma.cc/8RVU-M96E>.

17. Title 42, 42 U.S.C. § 265.

At the beginning of the pandemic, the Trump administration cited concerns over the spread of COVID-19 to justify xenophobic actions of rapidly expelling migrants at the border under Title 42.¹⁸ The Biden administration has continued using this provision to do precisely the same while hiding under the pretext of protecting public health. In fact, the Biden administration “expelled almost as many (im)migrants using Title 42 in two months as the Trump administration did in seven months.”¹⁹ Between October 2020 and August 2021, 938,045 migrants were expelled under Title 42, without any due process and without getting a chance to apply for asylum.²⁰ In addition to depriving migrants of their legal rights, “the suffering of families, adults, and children subjected to this policy continues to mount, with at least 7,647 kidnappings and other attacks on people blocked or expelled under Title 42 since President Biden took office.”²¹ The fact that the administration has continued the use of this racist policy despite evidence that the Centers for Disease Control and Prevention order “does not provide adequate public health justifications for expelling asylum-seeking families at the border”²² and that “expulsions magnify the risks of COVID-19 transmission”²³ begs the question: *whose* public health interest is being prioritized through Title 42?

Furthermore, similar to historical examples demonstrated during the Bracero Program era, the Title 42 policy shows how the “public health interest” is manipulated to serve capitalist interests by treating (im)migrants as disposable and deportable. In addition to using public health as a pretext, the United States deliberately characterized the (im)migrants attempting to cross the U.S.-Mexico border as a “criminal surge” and “problem,” distracting from the gross problem of violating migrants’ due process rights and humanity.

These historical (and present) examples expose the intersection of public health and borders, specifically highlighting how the public health interest is co-opted to categorically exclude and exploit (im)migrants. Through mechanisms of anti-immigrant rhetoric and practice, the United States dehumanizes (im)migrants as “carriers of diseases” and then invokes itself as the victim, criminalizing their migration to keep “contamination” away from the United States. Thus, the United States can evade responsibility while benefiting from the exploitation of (im)migrants, both at and beyond the border.

18. Armando Garcia, Deena Zaru & Quinn Owen, *What Is Title 42? Amid Backlash, Biden Administration Defends Use of Trump-Era Order to Expel Migrants*, ABC NEWS (Sept. 26, 2021, 11:09 AM), <https://perma.cc/42SL-FLVF>.

19. Melita Seibel, *Title 42: The Cruel Trump Policy Continuing Under Biden*, HUM. RTS. FIRST (Mar. 31, 2021), <https://perma.cc/E6WM-JCSA>.

20. Garcia, Zaru & Owen, *supra* note 18.

21. Julia Neusner & Kennji Kizuka, “Illegal and Inhumane”: Biden Administration Continues Embrace of Trump Title 42 Policy as Attacks on People Seeking Refuge Mount, HUM. RTS. FIRST (Oct. 21, 2021), <https://perma.cc/B44M-L6Y5>.

22. *Letter to CDC Director Walensky, HHS Secretary Becerra, and DHS Secretary Mayorkas on the August 2021 Title 42 Order*, COLUM. MAILMAN SCH. PUBLIC HEALTH (Sept. 1, 2021), <https://perma.cc/CCF4-VU98>.

23. *Id.*

II. BORDERS ARE A PUBLIC HEALTH CRISIS

I want to be clear to folks in this region who are thinking about making that dangerous trek to the United States-Mexico border: Do not come. Do not come. The United States will continue to *enforce our laws and secure our borders*.

– Vice President (VP) Kamala Harris²⁴

In June 2021, VP Kamala Harris—tasked with the role to address the “border surge” by unraveling the root causes of migration²⁵—went to Guatemala and emphatically discouraged would-be migrants from crossing the border. Other than being a clear violation of migrants’ right to asylum, this provocation by VP Harris also presents the duality of the United States: seeking to prevent the same migration “crisis” it has provoked by creating the conditions of violence and deprivation that displaced workers from their countries.²⁶ As discussed in the previous section, this tactic of shifting blame onto the migrants—portraying them as the “crisis”—while invoking itself as the victim is a deliberate construction to justify militarizing the border and the mistreatment of (im)migrants to protect the white nation.

While the United States intentionally characterizes and treats migrants as the “crisis,” borders have always functioned as a public health crisis, endangering (im)migrant health through border militarization, criminalization, and discrimination.

A. *Border Militarization*

Borders are designed to be dangerous, difficult, and deadly. That is, attempting to cross the border either directly kills (im)migrants or exposes them to premature death. As discussed in the previous section, the United States constructed the need for border militarization to sustain the xenophobic narrative of (im)migrants as “carriers of disease” and thus, maintain the white hegemony. Accordingly, since 1993, the United States has passed several punitive immigration laws and strategies—focused on the principle of “prevention through deterrence”—and intensified the ongoing militarization of the U.S.-Mexico border.²⁷ Particularly, such policies have purposefully “displace[d] and diver[t] migrants into more treacherous and dangerous zones to cross, such as deserts, rivers, canals, and rugged terrain,”²⁸ thereby making the journey to seek asylum—which is a legal right—inherently

24. *Kamala Harris Tells Guatemala Migrants: “Do Not Come to US,”* BBC NEWS (June 8, 2021), <https://perma.cc/2XB4-VRQP> (emphasis added).

25. Exec. Order No. 14010, 86 Fed. Reg. 8267.

26. See Pedro Gerson, *Kamala Harris’ “Do Not Come” Message Was a Political Failure*, SLATE (June 10, 2021), <https://perma.cc/982C-SHWS>.

27. AM. PUBLIC HEALTH ASS’N, *Border Crossing Deaths: A Public Health Crisis Along the US-Mexico Border* (Nov. 10, 2009), <https://perma.cc/275Q-RSTG>.

28. *Id.*

dangerous. This intentional displacement of migrants into dangerous conditions to prevent the migration that the United States itself has provoked highlights the duality inherent in VP Harris' speech in Guatemala. Given that the United States has intentionally *made* the trek dangerous in the first place through intentional laws and policies, VP Harris' appeal to would-be migrants to avoid the "dangerous trek" exposes how the United States continues to invoke itself as a victim while characterizing (im)migrants as the "problem."

In addition to the obvious threat of treacherous and dangerous zones, the extreme weather conditions in such environments can impose significant health challenges to human survival. Recent research has confirmed that migrants who cross deserts in an attempt to seek asylum in the United States endure significant heat exposure and, as a result, experience "severe dehydration and associated conditions such as disorientation and organ failure that can lead to death."²⁹ Some conservative estimates suggest that since 1998, over 8,000 migrants have died crossing the border—"a rate of about one migrant death per day, every day of the last 2[4] years."³⁰ In 2021 alone, at least 650 people have died during border crossing, which is the highest number of deaths in a particular year since an international agency began documenting deaths in 2014.³¹ While these statistics are staggering on their own, several reports suggest these numbers to be under-estimates. None of these statistics include "those border crossers who have never been found or were reported missing, thereby underestimating the actual number of migrants who have died attempting to cross the border."³²

Despite the dangerous trek, those who manage to survive such harrowing crossings—while enduring significant physical and psychological harm—are met with physical violence at the hands of border enforcement officers.³³ While there is no reliable data capturing the sheer extent of brutality and killings conducted by CBP officers, some research has estimated that since 2010, at least 160 migrants have been killed by CBP agents, while many others sustained life-altering injuries.³⁴ The violence against Haitian migrants in 2021 that evoked the dark history and legacy of slavery in the United States is but one example of the endless violence faced by (im)migrants.³⁵

29. Julio Cortez, *Migrants Crossing U.S.-Mexico Border Subject to Dehydration, Death, University of Idaho Study Finds*, BIG COUNTRY NEWS (Dec. 16, 2021), <https://perma.cc/F2AU-RJK6>.

30. James Verini, *How U.S. Policy Turned the Sonoran Desert into a Graveyard for Migrants*, N.Y. TIMES (Aug. 18, 2020), <https://perma.cc/74QF-6HRJ>.

31. Priscilla Alvarez, *At Least 650 Migrants Died Crossing the US-Mexico Border this Year*, CNN (Dec. 9, 2021), <https://perma.cc/2YBB-Z5QJ>.

32. AM. PUBLIC HEALTH ASS'N, *supra* note 27.

33. *Id.*

34. *Fatal Encounters with CBP*, S. BORDER CMTYS. COAL. (Dec. 16, 2021), <https://perma.cc/R83H-6PQ2>.

35. See, e.g., Bernd Debusmann Jr., *Grim Echoes of History in Images of Haitians at US-Mexico Border*, BBC NEWS (Sept. 23, 2021), <https://perma.cc/CDF9-ANNY>.

B. *Criminalization*

Despite the inherent dangers and death created as a result of criminalizing the act of migration, borders are sustained through increased funding of immigration enforcement. Accordingly, immigration enforcement—through CBP and U.S. Immigration and Customs Enforcement (ICE)—has become a key function of the U.S. immigration system to criminalize and control (im)migrants.

CBP and ICE funding continues to increase every year³⁶ even though significant research has shown that detention (both short- and long-term) can lead to chronic stress and trauma, Post-Traumatic Stress Disorder (PTSD), depression, and anxiety in adults and children.³⁷ Children are at an even greater risk of harm and damage that persists over the life course.³⁸ Recently, the first qualitative analysis of mental health effects of the family separation policy—implemented during the Trump administration—confirmed that forced family separation and detention created long-lasting “severe psychological harms” for both parents and children.³⁹

In addition to perpetuating long-term psychological harms, ICE detention centers also expose (im)migrants to unsafe and unsanitary conditions, thereby increasing the risk for infectious diseases and outbreaks.⁴⁰ As a result of the harsh, hazardous, and unsanitary conditions within detention centers,⁴¹ ICE facilities became a massive COVID-19 hotspot in 2020 and again in 2021–22 during the Omicron wave. The disposability of immigrant lives as treated by ICE has been even more explicit during the pandemic. Between April to late May 2020, COVID-19 cases in detention centers spiked nearly 500 percent.⁴²

36. AM. IMMIGR. COUNCIL, *The Cost of Immigration Enforcement and Border Security* (Jan. 20, 2021), <https://perma.cc/A2LB-KLB2>.

37. See, e.g., Julie M. Linton, Marsha Griffin, Alan J. Shapiro & COUNCIL ON CMTY. PEDIATRICS, *Detention of Immigrant Children*, 139 PEDIATRICS 1, 6 (2017); Arlin Cuncic, *The Psychological Effects of Being in a Detention Center*, VERYWELL MIND (Dec. 27, 2020), <https://perma.cc/PV8B-MD44>; Chloe Reichel, *How Detention Centers Affect the Health of Immigrant Children*, JOURNALIST'S RES. (July 22, 2019), <https://perma.cc/ED9A-V5CT>.

38. See, e.g., Rhitu Chatterjee, *Lengthy Detention of Migrant Children May Create Lasting Trauma, Say Researchers*, NPR (Aug. 23, 2019), <https://perma.cc/7ZS7-R3C6>; Marion Hart, *Why Detaining Children Is Harmful*, UNICEF USA (June 21, 2018), <https://perma.cc/HE7B-MWX8>; *What Research Shows About Long-Term Psychological Damage of Immigrant Children Being Detained Indefinitely*, KAISER HEALTH NEWS (Aug. 23, 2019), <https://perma.cc/8ACS-AT6M>; see also Prashasti Bhatnagar, *Children in Cages: A Legal and Public Health Crisis*, 34 GEO. IMMIGR. L.J. 181, 182–83 (2019).

39. Kathryn Hampton, Elsa Raker, Hajar Habbach, Linda Camaj Deda, Michele Heisler & Ranit Mishori, *The Psychological Effects of Forced Family Separation on Asylum-Seeking Children and Parents at the US-Mexico Border: A Qualitative Analysis of Medico-Legal Documents*, 16 PLOS ONE e0259576 (2021).

40. See Nathan C. Lo, Sindiso Nyathi, Lloyd A. C. Chapman, Isabel Rodriguez-Barraquer, Margot Kushel, Kirsten Bibbins-Domingo & Joseph A. Lewnard, *Influenza, Varicella, and Mumps Outbreaks in US Migrant Detention Centers*, 325 JAMA 180, 180–82 (2021); J. David McSwane, *ICE Has Repeatedly Failed to Contain Contagious Diseases, Our Analysis Shows. It's a Danger to the Public*, PROPUBLICA (Mar. 20, 2020), <https://perma.cc/C37D-XAVN>.

41. Christina Potter, *Outbreaks in Migrant Detention Facilities*, OUTBREAK OBSERVATORY (July 11, 2019), <https://perma.cc/S3UR-DCGP>.

42. Eric Katz, *ICE Struggles to Protect Detained Immigrants as Coronavirus Spreads in Its Facilities*, GOVT. EXEC. (June 24, 2020), <https://perma.cc/9F2G-K3GV>.

Similarly, COVID-19 cases increased by 520 percent at the start of January 2022.⁴³

Women (im)migrants are particularly at risk of abuse and trauma in ICE detention facilities.⁴⁴ The United States has a shameful and horrifying history of perpetuating reproductive control and exploitation using the carceral apparatus and immigration policies, such as the Page Act of 1875 that primarily functioned as a “population control” instrument violating the reproductive freedom of Chinese women to maintain the white hegemony.⁴⁵ Such blatant exercises of reproductive control and exploitation have continued both within and outside detention facilities. Several reports have revealed ICE officers as perpetrators of sexual abuse against women and children,⁴⁶ forced hysterectomies,⁴⁷ and gross medical neglect in detention facilities.⁴⁸ Similarly, pregnant farmworkers—many of whom are undocumented—are continuously exposed to dangerous pesticides that lead to intergenerational epigenetic effects, negatively impacting their health as well as their children’s health over the life course.⁴⁹ This relentless exploitation aptly showcases the workings of racial valuation, demonstrating whose future is worthy of protecting.

C. *Discrimination*

The negative health impacts caused by border militarization and criminalization are compounded by discrimination through barriers to health care access and interpersonal discrimination.⁵⁰ For example, many (im)migrants have to wait for five years before becoming qualified to access any public insurance options, thereby restricting their access to necessary and life-saving services. Undocumented (im)migrants, on the other hand, are permanently barred from any public insurance options, leaving them vulnerable to high

43. Camilo Montoya-Galvez, *Coronavirus Infections Inside U.S. Immigration Detention Centers Surge By 520% in 2022*, CBS NEWS (Jan. 14, 2022), <https://perma.cc/G8RR-QBDQ>.

44. See Nora Ellmann, *Immigration Detention Is Dangerous for Women’s Health and Rights*, CTR. FOR AM. PROGRESS (Oct. 21, 2019), <https://perma.cc/Q4RZ-TEVX>.

45. CTR. FOR AM. PROGRESS, *Fact Sheet: Immigration Policy and Reproductive Justice* (July 10, 2007), <https://perma.cc/S5XT-2RVZ>.

46. See AM. CIVIL LIBERTIES UNION, *Sexual Abuse in Immigration Detention*, <https://perma.cc/XH3A-77U5> (last visited Jan. 30, 2022); Matthew Haag, *Thousands of Immigrant Children Said They Were Sexually Abused in U.S. Detention Centers, Report Says*, N.Y. TIMES (Feb. 27, 2019), <https://perma.cc/7CMX-3DT7>; Lomi Kriel, *ICE Guards “Systematically” Sexually Assault Detainees in an El Paso Detention Center, Lawyers Say*, PROPUBLICA (Aug. 14, 2020), <https://perma.cc/A6LK-GF5N>.

47. See Rachel Treisman, *Whistleblower Alleges “Medical Neglect,” Questionable Hysterectomies of ICE Detainees*, NPR (Sept. 16, 2020), <https://perma.cc/Q4VP-CEPE>; Moira Donegan, *ICE Hysterectomy Allegations in Line with US’s Long and Racist History of Eugenics*, GUARDIAN (Sept. 17, 2020), <https://perma.cc/9P8Q-LZSK>; Catherine E. Shoichet, *The US Has a Horrifying History of Forced Sterilizations*, CNN (Sept. 16, 2020), <https://perma.cc/X4HB-5SWR>.

48. Ellmann, *supra* note 44.

49. V See e.g., Madison Barbour & Julie Guthman, (En)gendering Exposure: Pregnant Farmworkers and the Inadequacy of Pesticide Notification, 25 J. POL. ECOLOGY 332 (2018); Sarah Goldman, Anna Aspenson, Prashasti Bhatnagar & Robert Martin, *Essential and in Crisis: A Review of the Public Threats Facing Farmworkers in the US*, CTR. FOR A LIVABLE FUTURE (2021), <https://perma.cc/474Z-AE39>.

50. See Samantha Artiga & Maria Diaz, *Health Coverage and Care of Undocumented Immigrants*, KFF (July 15, 2019), <https://perma.cc/NMF7-RDTQ>.

rates of uninsurance.⁵¹ Additionally, (im)migrants—especially undocumented (im)migrants—experience discrimination in medical settings as well as fear of being reported to the authorities (i.e., ICE).⁵² In fact, in 2020, the Trump administration proposed the “public charge” rule that criminalized (im)migrants’ use of essential services such as Medicaid. This criminalization created a “chilling effect” that persists even after the rule was repealed.⁵³

Together, border militarization, criminalization, and discrimination work in tandem to accumulate over time and contribute to long-lasting, adverse physical and mental health outcomes over the life course of (im)migrants.

III. THE PUBLIC HEALTH NEED FOR DISMANTLING IMAGINED BORDERS

As demonstrated in the previous section, borders function as an instrument of xenophobia and harm, deliberately endangering (im)migrant health through border militarization, criminalization, and discrimination. Therefore, we must situate borders themselves as a public health crisis and adopt upstream approaches to protecting (im)migrant health and futures, such as by imagining a world without borders.

Prioritizing upstream approaches is consistent with the theoretical application of public health, such as the Socio-Ecological theory,⁵⁴ Health in All Policies theory,⁵⁵ Health Equity Measurement Framework,⁵⁶ and Life Course Theory,⁵⁷ among others. All these models center around the social and structural determinants of health and strive to address health and safety from multiple levels—individual, community, and societal/structural levels. Additionally, public health professionals take on iterations of public health oaths, all of which have a central goal of recognizing and protecting health as a human right.⁵⁸ For example, Johns Hopkins Bloomberg School of Health

51. *Id.*; RAND CORP., *Health Newsletter: Undocumented Immigrants Are Most Likely to Be Uninsured*, <https://perma.cc/2UMW-5EDE> (last visited Jan. 30, 2022); CTR. FOR REPRODUCTIVE RTS., *Discrimination Against Immigrants in Access to Health Care, Including Sexual and Reproductive Health Services and Information* (2018), <https://perma.cc/NY77-DG5Q>.

52. *See, e.g.*, ROBERT WOOD JOHNSON FOUND., *Immigration, Health Care and Health* (Sept. 12, 2017), <https://perma.cc/CSR3-GXRY>; Diane S. Lauderdale, Ming Wen, Elizabeth A. Jacobs & Namratha R. Kandula, *Immigrant Perceptions of Discrimination in Health Care: The California Health Interview Survey 2003*, 44 *MED. CARE* 914, 914–20 (2006); Artiga & Diaz, *supra* note 50.

53. “Chilling effect” is defined as the “phenomenon of not enrolling or actively disenrolling from public health insurance or other public benefits” out of fear of enforcement. Caroline La Rochelle, Diana Montoya-Williams & Kate Wallis, *Thawing the Chill from Public Charge Will Take Time and Investment*, POL’YLAB (Apr. 13, 2021), <https://perma.cc/5PY8-5VGM>.

54. *See, e.g.*, *Social-Ecological Model Offers New Approach to Public Health*, BORGEN PROJECT (Aug. 5, 2017), <https://perma.cc/A4B5-TKGD>.

55. *See, e.g.*, Ketan Shankardass, Emilie Renahy, Carles Muntaner & Patricia O’Campo, *Strengthening the Implementation of Health in All Policies: A Methodology for Realist Explanatory Case Studies*, 30 *HEALTH POL’Y PLAN* 462 (2015).

56. *See, e.g.*, Douglas C. Dover & Ana Paula Belon, *The Health Equity Measurement Framework: A Comprehensive Model to Measure Social Inequities in Health*, 18 *INT’L J. EQUITY HEALTH* 1 (2019).

57. *See, e.g.*, ELIZABETH D. HUTCHISON, *Life Course Theory*, in *ENCYCLOPEDIA OF ADOLESCENCE* 21 (Roger J. R. Levesque, ed., 2011).

58. OFF. UNITED NATIONS HIGH COMM’R FOR HUM. RTS. & WORLD HEALTH ORG., *The Right to Health*, <https://perma.cc/KM47-8Z8F> (last visited Jan 30, 2022).

graduates take on the International Declaration of Health Rights oath upon graduation with the following goal:

We, as people concerned about health improvement in the world, do hereby commit ourselves to advocacy and action to promote the health rights of all human beings. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. It is not a privilege reserved for those with power, money or social standing.⁵⁹

Similarly, the Columbia Mailman School of Public Health emphatically declares that:

Health is a human right. The public health community exists to safeguard that right. I believe it is a defining element of a civil society. Public health represents the collective actions necessary to protect the health of all people. Through prevention science and practice we can accomplish this goal.⁶⁰

The goals of these oaths—centered around health as a human right—as well as the principles of public health demonstrate the need for adopting upstream approaches rooted in equity and justice for protecting health, particularly (im)migrant health. Thus, we must stop misusing the “public health interest” to exploit (im)migrants and erase their humanity and futures. Instead, we must treat borders as the real crisis and address the ongoing harm caused by these constructions by dismantling borders entirely.

To successfully disrupt and dismantle these militarized and colonial borders, we must also disrupt and dismantle the larger colonial-capitalist regimes that sustain their existence and operation. This includes abolishing the carceral apparatus, committing to settler decolonization, respecting Indigenous sovereignty and leadership, and building solidarity to radically reimagine the social conditions we live in today. Black and Indigenous scholars continue to lead us into movements of justice and collective liberation through community-driven efforts and knowledge-making, such as the BREATHE Act,⁶¹ LANDBACK Manifesto,⁶² and the Red Nation Manifesto,⁶³ showing us that a different world—one that is rooted in radical love—is possible.

59. *International Declaration of Health Rights*, JOHNS HOPKINS BLOOMBERG SCH. PUBLIC HEALTH, <https://perma.cc/NYV8-H5BK> (last visited Jan. 30, 2022).

60. *Public Health Oath*, COLUM. MAILMAN SCH. PUBLIC HEALTH, <https://perma.cc/7EWG-ELEM> (last visited Jan. 30, 2022).

61. *BREATHE Act*, MOVEMENT FOR BLACK LIVES, <https://perma.cc/B3R8-E27Y> (2020).

62. *LANDBACK Manifesto*, LANDBACK, <https://perma.cc/85XQ-H3CE> (last visited Jan. 30, 2022).

63. *10 Point Program*, RED NATION, <https://perma.cc/J3X4-BTEA> (last visited Jan. 30, 2022).

CONCLUSION

Borders have always been a public health crisis, created and sustained to exploit (im)migrant lives while maintaining the white hegemony. In this paper, I expose how borders achieve these goals by using/misusing public health and in the process, continue to compromise (im)migrant health and safety. Particularly, the United States has consistently used the narrative of “protecting public health” as a pretext to restrict and criminalize migration as well as dehumanize (im)migrants as “carriers of diseases.” At the same time, it has constructed an imaginary “border crisis”—seeking to prevent the migration it has provoked by creating the conditions of violence and deprivation that displace workers from their countries—to justify and maintain militarized borders. While the United States portrays the migrants at the border as a “crisis,” the border operates as a public health crisis for the (im)migrants, endangering their lives through border militarization, criminalization, and discrimination. These forces work in tandem to accumulate over the life course and lead to long-lasting negative health impacts.

Just as we created this dystopian nightmare that was inherently designed to perpetuate harm, we can and must invest in a new future—without borders—to promote equity and justice for all. As Arundhati Roy poignantly stated, “another world is not only possible, she is on her way. On a quiet day, I can hear her breathing.”⁶⁴ It is our responsibility to protect, pursue, and amplify these breaths until we hear them every day.

64. *A Quote by Arundhati Roy*, GOODREADS, <https://perma.cc/RSA8-SDH4> (last visited Jan. 30, 2022).