

MIGRANT DEATHS: A SOCIAL JUSTICE AND PUBLIC HEALTH MATTER. WHERE IS THE OUTCRY?



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The immigration crisis and anti-immigration sentiment of today is not very different compared to 100 years ago; only the racial and ethnic groups have changed. Various scholars on the subject agree that this egregious sentiment is cyclical and in response to the current political and economic shifts our society is experiencing. While NAFTA is hailed as a panacea by some, the free trade policies have gravely impacted the rural communities of Mexico resulting in the mass migration of men, women, and children. Those that decide to make this journey primarily seek reuniting with family or securing work to feed, clothe, and provide for the educational needs of family left behind. Few decide to cross in search of medical and social services in the US contrary to the belief of many immigration restrictionists. Those who cross the international boundary are driven by economic inequities brought about by a global movement that supports liberal economic policies¹. NAFTA was publicized to the American public as a job creator and an economic development strategy for Mexico. Nevertheless, the agreement failed to include requirements to protect or increase Mexican workers' wages, workplace standards or human rights, resulting in the abundance of cheap labor for companies to exploit. A decade after NAFTA was signed 19 million more Mexicans now live in poverty than before the agreement was signed². In one study, investigators measured average wages for Mexican-born men who had recently moved to the United States and compared them to the wages of similar men who were still working in Mexico³. Wages adjusted for international differences in prices (that is real wage ratios), ranged from about 6-to-1 to 2-to-1 in favor of the U.S.-based workers, depending on the age and education group⁴.

These men and women that brave the border crossing are not only seeking quality of life, but are nourishing the U.S.'s desire for unskilled and low-cost labor. U.S. government sanctioned initiatives, part of a broader border strategy to reduce border crossings, include such programs as "Operation Hold the Line" in greater El Paso, Texas, "Operation Gatekeeper", in south San Diego, California, and "Operation Rio Grande" in Brownsville, Texas. These initiatives along with the construction of the "wall", is intimately tied with increased surveillance and border enforcement of the more populated and more accessible areas along the border causing a shift in the migrant stream. This militarization of the border region has only succeeded in giving rise to an increase in the flow of undocumented migrants through the most arid lands. This is referred to as the "funnel effect" in the literature. U. S. immigration policy has knowingly and inhumanely channeled the undocumented into the inhospitable environment of the Arizona desert; aptly described as "The Devil's Highway" by Luis Alberto Urrea. A study conducted by the Binational Migration Institute "unambiguously confirm previous evidence that such U.S. policies [U.S. immigration control policies] did create the 'funnel effect' and that it is indeed the primary structural cause of death of thousands of North American, Central American, and South American unauthorized men, women, and children who have died while trying to enter the U.S."⁵

In a report published by the Government Accountability Office (GAO) in 2005, migrant deaths were examined between 1985 and 2005. State vital registry data was used by the GAO and found that beginning in the late 1980's through the early 1990's, migrant border-crossing deaths declined. Subsequently, from the late 1990's through 2005, the number

of deaths approximately doubled with deaths in 1999 totaling 241 and deaths in 2005 totaling 472. The majority of the increase in these deaths during this period occurred within the Tucson area-which includes much of the Arizona Sonoran desert. Analysis of National Council of Homeland Security (NCHS) data revealed that between 1990 and 2003, more than three-fourths of the rise in migrant border-crossing deaths along the southwest border can be attributed to an increase in deaths in the Tucson sector. Over this period, deaths due to exposure, especially heat-related exposure, increased substantially, while deaths from traffic fatalities and homicide declined. This pattern represents a major shift in the causes of migrant border-crossing deaths, as traffic fatalities were the leading cause of migrant border-crossing deaths during the early 1990's, while from the late 1990's onward, heat exposure was the leading cause of death. The increase in deaths due to heat exposure over the last 15 years is consistent with the GAO's previous reports that found evidence that migrant traffic shifted from urban areas like San Diego and El Paso into the desert following the implementation of the Southwest Border Strategy in 1994. Analysis indicates little change over time in the ages of border-crossers and while the majority of border-crossers are male, the percentage of female border-crossers has more than doubled from 1998 to 2005.

The number of unfortunate, preventable deaths that have occurred in the past few years in the Arizona desert and the number of unrecovered bodies, has stirred the consciousness of the community and called upon various organizations and religious sectors to respond in the form of civil initiatives calling for "No More Deaths". Many local, national and international groups and organizations such as Amnesty International, Samaritans, Humane Borders and No More Deaths have provided humanitarian aid to people determined to make this treacherous journey. These activities have received mixed reactions and divided affected communities along political party lines. Yet, an organized response from the public health community has not been forthcoming. Why has concern and outrage been at a premium by public health practitioners? And where is the collective voice of the various policy influencing entities whose primary focus is the US Mexico border such as the Arizona Mexico Commission/Comision Sonora Arizona, the US Mexico Border Health Commission, the US Mexico Border Governor's Conference, US Mexico Border Philanthropy Partnership, and the Border Legislative Conference, to name a few. These organizations and Commissions all purport to act as policy advocates on issues impacting the border region and profess to serving as catalyst for needed change. Each provide venues for broad participation, some even offer the broader region a voice in addressing common health issues to ensure optimum health and quality of life along the US-Mexico border. Should we not expect these entities to be front and center weighing in on this debate? Are these, and others, logical collaborators, which could potentially contribute to the discussion and solutions or at the very least educate its members, policymakers, and the general public on what has become a public health matter of significant importance? Should we question these organizations and its membership to exercise due diligence by conveying and facilitating open dialogue and discussion on issues such as preventable deaths on the border that impact all who live and work on the US-Mexico border? Therein rests the challenge.

The fundamental tenet of public health is social justice and the profession of public health is concerned with the overall well-being of the population regardless of social standing, ethnic background or documented status. The deaths occurring at the border are both a social justice and public health issue. It is a moral imperative that we agree to collectively and publicly acknowledge migrant deaths as a public health concern and recognize these deaths as preventable, which will require a commitment to binational collaboration to bring about binational solutions.

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