

Toward an Anthropology of ‘Foreign Bodies’: Migrant Health in the Age of Coronavirus

SCOTT SPIVEY PROVENCIO

Invasion. Infestation. Contamination. Border closures. National lockdowns. Citizens *only*.

Are we talking about the coronavirus pandemic or worldwide migrant and refugee ‘crises’? Every day, news headlines keep pouring in surrounding the mass proliferation of COVID-19, an entity that respects no borders. Doctors and politicians keep pushing for the halting of mobility and cessation of travel, especially cross-border and international travel. Myopic and nationalistic rhetoric has heightened efforts to mitigate “undesired migration” due to fear of the “uncontrolled movements of asylum seekers and migrants” (Banulescu-Bogdan, Benton, & Fratzke, 2020). Just recently, Mexico and U.S. are planning to close the border to all non-essential travel besides for economic trade, of course (Kennedy, 2020). Court dates for asylum seekers abiding by the Remain in Mexico policy will now all be pushed back at least a month, putting many displaced people at a halt at the border (Coleman, 2020). Ironically, many people around the world have instantly mobilized and uprooted from their current reality to go back ‘home’ and to their loved ones. Where do you want to spend the impending quarantine?



I, admittedly, am one of those people. This year I have been pursuing a master’s degree at the University of Cambridge in the UK. In the wake of sudden border closures and travel restrictions, I quickly bought a flight back home and left many of my things, fearful of the uncertainty in the developing pandemic and how it would affect ‘where I could get stuck’. I left with the intention of returning to England to finish my degree, but recently all my requirements and research have moved online.

For the last few years, my research focus has revolved around migrant health, largely informed by my own upbringing as a Mexican-American on the U.S./Mexico border. In reflecting on the experiences of people I have met throughout my research and on my own ability to rapidly relocate, there are many questions surrounding migration and health that we must keep in mind in this state of global panic. Who has the right to mobility in this time of pandemic? What about those who are in also *stuck* foreign country but do not have the means to travel home? In times of lockdown, do people have the right to *any* ‘temporary home’? What about those who are ‘in between countries’, such as refugees stuck in camps or asylum seekers trapped in detention centres? How far will privileges stretch for those with visas, green cards, and other temporary citizenships? How do we ‘shelter in place’ when some are fleeing to seek shelter in the first place? If people who are displaced get coronavirus, what rights do they have for healthcare and who (or what) is responsible to provide it? And, since my previous research focused on chronic illness management,

where and how will vulnerable groups (like the uninsured in the U.S.) access their medication if certain places, like free healthcare clinics, are closing?

Just because this event is unprecedented and extraordinary does not mean that human rights and concerns for displaced peoples can go out the window. From an anthropological perspective, we must be wary of the current lived realities of people on the move in this time of an extremely mobile pathogen. To do so, I use a metaphor, one that builds off of my personal research on how Latinx immigrants seek healthcare in the United States and manage illness. In her 1990 academic article “Toward an Anthropology of Immunology: The Body as a Nation State,” medical anthropologist Emily Martin analyses the engrained metaphor in U.S. culture to perceive the body’s immune system as a nation-state designed to eradicate foreign invaders. Bacteria and viruses are called attackers, and our white blood cells are the defenders. The blood stream becomes a battlefield for bio-chemical warfare, and the body’s boundaries are policed against intruders. These metaphors may seem agreeable, but partially because we have been taught that our immune systems function in this ‘exact way’.

Similarly, and historically, migrants have been perceived as disease-carrying invaders when they arrive to pristine border checkpoints (Banulescu-Bogdan, Benton, & Fratzke, 2020), especially at the U.S./Mexico Border (Stern, 1999). When it comes to healthcare for migrant populations in the United States, we must remember that bodies are more than organs that may live with disease, but rather, they represent “a focal site for the coming together and entwinement of biology, lived experience, culture, and social relationship” (Baer, Singer, & Susser, 2003, p. 44). In my research, I have argued that the embodiment of illness among Latinx immigrant patients seeking healthcare is inextricably linked to the anti-immigrant political rhetoric that defines our nation at this time. Indeed, human bodies— and particularly foreign ones—bear the brunt of restrictive immigrant statuses and policies.



I use the metaphor of 'foreign bodies' as a way to scrutinize the way that Latinx immigrants have recently been perceived in the United States. The symbolism behind the name 'foreign bodies' is three-fold. The first symbolic element references the medicalized term, 'foreign bodies,' objects or organisms that have entered the human body and are 'not supposed to be there' (Hunter & Taljanovic, 2017). I compare medical usage of the term to the common perception of Latinx immigrants as pathogenic invaders that are thought to bring harm to the dominant body's system. Today, certain politicians label immigrants as "invaders," suggesting that they may cause pathological harm to the United States paralleling the scientific view of "foreign bodies" as harmful pathogens that enter the human body. Indeed, many view immigrants, and especially the undocumented, as threats to American culture and abusers of social services in the United States (Ortega et al., 2007).

The second symbolic element revolves around the semantic use of the word 'foreign.' The term 'foreign' emphasizes the non-native characteristics and otherness of immigrants that emerge as a result of anti-immigrant rhetoric and policy. Humans are keen to distinguish themselves from those who are different, yet this distinction of otherness is "open to the charge of being reductionist and over-simplified" (Hall, 2001, p. 329). This discourse, in turn, subjugates minority groups, like Latinx immigrants, and can lead to stereotypes and prejudice.

The third and final symbolic element lies in the word "bodies." Medical anthropologists have thoroughly examined and critiqued biomedicine as a technological and hierarchical practice that often results in the objectification of human bodies and constitutes them as devoid of their social and political realities (Lock & Nguyen, 2010). This detachment seen in biomedicine contributes to the de-personification of sick individuals seeking care and can ignore many of the psychosocial attributes of illness. Consequently, care for the chronic illnesses of Latinx immigrants is defined by a clinical gaze that overlooks the historical, social, and political factors that influence their health.

This expanded metaphor is meant to bring awareness to the tendency (in healthcare and policy) to reduce immigrant lives as objects that enter pre-established boundaries, much like a virus does in the human body. In this developing pandemic of COVID-19, the virus is making us conscious of not only our bodily borders, but our national ones as well, earning it discriminatory names such as the "Chinese virus" and "Wuhan flu". Yet, should we even be referring to the virus as a foreign body (Napier 2012)?

As we have seen in the past few weeks though, coronavirus is *borderless* and does not discriminate. Yet, the reaction has been to build up walls, tighten the borders, and trump our national identities and rights. Now, don't get me wrong; I am not saying that these measures are not effective in containing the spread of the virus. However, during our quarantines, we should keep in mind: *who* has the right to mobility in the time of 'crisis'? If asylum seekers and refugees are displaced due to respective crises, *what* makes this crisis different regarding the right to seek shelter and protection?

Many migrants (refugees and asylees included) around the world are being and will be affected by the socio-political realities of 'shelter in place', containment protocols, border closures, and traveling restrictions. Mobility, which has been an aspect of human nature since its beginning, has become a privilege to those who hold political power (i.e., citizenship). In the case of this current pandemic, *immobility* has become a luxury for many who can 'work from home', take their classes online, live off their savings, and have the political right to remain where they are.

Like I mentioned, I am from El Paso, Texas, on the U.S./Mexico border. Asylum seekers are still crowded in tents below the international bridge, kids are still separated from their parents and sleeping on floors in detention centres, and U.S. Immigration and Customs Enforcement (ICE) agents are still shuttling immigrants to other places in the U.S. even though Trump wants us all to stop traveling. More broadly, asylum detainees are testing positive for COVID-19 in New Jersey (U.S. ICE, 2020), the inability to social distance in immigration detention is posing public health concerns in Australia (Holt & Vasefi, 2020), and only one water tap is available to near 1,300 refugees in Moria camps in Lesbos (Cowles, 2020). As policy, research, and activism continue to develop, our attention should re-evaluate the privilege of mobility and, now, immobility in a time of minimizing the spread of this especially mobile virus. 'Foreign bodies'

brings awareness to the entanglement of migration policies and health, yet also creates more questions surrounding mobility, borders, and health in the time of pandemic.

ABOUT THE AUTHOR:

Scott Spivey Provencio is completing an MPhil in Health, Medicine and Society, at the University of Cambridge. His research is in medical anthropology, focusing on Latin American migrant health. He will be starting medical school this summer.

References:

- Baer, H. A., Singer, M., & Susser, I. (2003). *Medical Anthropology and the World System: Critical Perspectives*. Westport, CT: Praeger.
- Banulescu-Bogdan, N., Benton, M., & Fratzke, S. (2020, March 20 [March 4]). *Coronavirus Is Spreading across Borders, But It Is Not a Migration Problem*. Migration Policy Institute (MPI). <https://www.migrationpolicy.org/news/coronavirus-not-a-migration-problem>
- Coleman, J. (2020, March 23). *Trump administration delays court hearings for asylum-seekers in Mexico amid pandemic: report*. The Hill. <https://thehill.com/latino/489163-trump-administration-delays-court-hearings-for-asylum-seekers-in-mexico-amid-pandemic>
- Cowles, B. (2020, March 23). *Refugees in Moria camp left with no water, no soap and no support against virus*. Morning Star. <https://morningstaronline.co.uk/article/w/refugees-in-moria-camp-left-with-no-water-no-soap-and-no-support-against-virus>
- Hall, S. (2001). The Spectacle of the Other. In M. Wetherell, S. Taylor, S. J. Yates, *Discourse Theory and Practice: A Reader*. London: Sage Publications.
- Holt, R. & Vasefi, S. (2020, March 23). *'We are sitting ducks for Covid 19': asylum seekers write to PM after detainee tested in immigration detention*. The Guardian. <https://www.theguardian.com/australia-news/2020/mar/24/we-are-sitting-ducks-for-covid-19-asylum-seekers-write-to-pm-after-detainee-tested-in-immigration-detention>
- Hunter, T.B., & Taljanovic, M.S. (2017). Foreign Bodies. In T. B. Hunter, M. S. Taljanovic, J. R. Wild, *Radiologic Guide to Orthopedic Devices*. Cambridge: Cambridge University Press. doi: 10.1017/9781316084304
- Kennedy, M. (2020, March 20). *Trump Administration Says U.S. Border With Mexico To Close To Nonessential Travel*. National Public Radio (NPR). <https://www.npr.org/sections/coronavirus-live-updates/2020/03/20/818969256/trump-administration-says-u-s-border-with-mexico-to-close-to-nonessential-travel>
- Lock, M., & Nguyen, V.-K. (2010). *An Anthropology of Biomedicine, Second Edition*. Hoboken, NJ: Wiley Blackwell.
- Martin, E. (1990). Toward an Anthropology of Immunology: The Body as a Nation State. *Medical Anthropology Quarterly*, 4(4), 410-426. doi: 10.1525/maq.1990.4.4.02a00030
- Napier, D.A. (2012). NonselF Help: How Immunology Might Reframe the Enlightenment. *Cultural Anthropology*, 27(1), 122-137. doi: 10.1111/j.1548-1360.2011.01130.x
- Ortega, A. N., Fang, H., Perez, V. H., Rizzo, J. A., Carter-Pokras, O., Wallace, S. P., & Gelberg, L. (2007). Health Care Access, Use of Services, and Experiences Among Undocumented Mexicans and Other Latinos. *Archives of Internal Medicine*, 167(21), 2354-2360.
- Stern, A. M. (1999). Buildings, Boundaries, and Blood: Medicalization and Nation Building on the U.S.-Mexico Border, 1910-1930. *Hispanic American Historical Review*, 79(1), 41-81. Retrieved from <https://www.jstor-org.ezp.lib.cam.ac.uk/stable/2518217>
- U.S. Immigration and Customs Enforcement. (2020, March 23). *ICE detainee tests positive for COVID-19 at Bergen County Jail*. https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/reference_list_electronic_sources.h