

UC San Diego

UC San Diego Electronic Theses and Dissertations

Title

Contouring Care, Containing Crisis: Moral Wayfaring and Humanitarian Governance in an Emergent Migrant Clinic

Permalink

<https://escholarship.org/uc/item/7tx197n3>

Author

Merrill, Benjamin Maxwell

Publication Date

2020

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA SAN DIEGO

Contouring Care, Containing Crisis: Moral Wayfaring & Humanitarian Governance in an
Emergent Border Clinic

A thesis submitted in partial satisfaction of the requirements
for the degree Master of Arts

in

Anthropology

by

Benjamin Maxwell Merrill

Committee in charge:

Professor Thomas J. Csordas, Chair
Professor Janis H. Jenkins
Professor Saiba Varma

2020

Copyright

Benjamin Maxwell Merrill, 2020
All rights reserved.

The thesis of Benjamin Maxwell Merrill is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California San Diego

2020

Dedication

This paper, and the spirit of the effort it represents, is dedicated to all of those whose care, attention, and effort help sustain my own personal & intellectual journey. To say I'm deeply grateful somehow feels inadequate or lackluster as I reflect back upon those pivotal moments that landed me the opportunity of taking a shot at academic life while writing from my patio in San Diego. It would be a near-impossible task to list entirely the series of investments and instances of guidance that, in one way or another, cultivated my passions and honed my craft as a scholar, teacher, and activist. Though this represents but the first formal iteration of this project and my thinking through things, the growth I've experienced since starting this project – let alone since arriving at UC San Diego or even Creighton, my undergraduate institution – has been an immense privilege.

Any graduate student will tell you it takes a village. First and foremost, I'm grateful to everyone I've interacted with at the UCSD Asylum-Seeker Health Screening Clinic and its related Migrant Care Coalition who have accommodated this research project and sat for interviews. Likewise, I must express how deeply indebted I am to the wisdom and trust of my graduate advisors, Tom Csordas and Janis Jenkins, for without whom the TASET project would not exist. Thank you for taking a chance on me while taming my exuberance, and opening doors I never could have thought existed. My time under their tutelage has been immensely fulfilling and, as a gradual professionalization into the discipline, my time at UCSD would be vastly different without their care, attention, and thoughtfulness. \

Likewise, I'm grateful to the community they brought me to here in San Diego. A thousand thanks go to Ellen Kozelka and Giselle Sanchez for their constant warmth and support as the most gracious of friends and mentors – I couldn't imagine this experience with the two of

you. The research assistants Center for Global Mental Health, Aly Pryor and Shayna Orenzstein, are quite deserving of acknowledgement for the work they've done behind the scenes. Olga Olivas Hernandez and Nadia Santilles, former affiliates of the CGMH, are also worthy of thanks for their warmth and willingness to listen and offer advice. Likewise, my peers in the Csordas Lab on the TASET Project – Tiana McMann, Cristina Calderon, and Alexis Burnstan – have been the absolute best; thanks for having my back and know I have yours.

Beyond the immediacy of my advising, I've been lucky to find community in San Diego both on and off campus. I'm overwhelmed by the commitment to a spirit of comradeship that my first-year cohort continually demonstrates through their support and solidarity of one another – each of you has uniquely shaped my experience, and I continue to look forward to our shared growth. Likewise, I am grateful to peers in neighboring and senior cohorts in the Anthropology Department whose copresence I've found solace in and whose collegiality leaves me hopeful for the future of the discipline. Drew Kerr, Fatimah Kanth, Damini Pant, Nancy Turteltaub, Nathaniel James, and Gloriana Lopez-Montealegre all inspire me with their perceptiveness, and I feel fortunate to be in community with their cohort. Alicia Wright, Melina Economou, Maddie Boots, and Lauren Nippoldt all embody what the right balance of kindness, commitment, and persistence can accomplish in the trials of graduate school; I hope everyone in this vocation at some point has role models like them. Finally, Ramsey Ismail deserves the utmost recognition for the breadth of kindness and support he's provided from both sides of the Pacific. I owe so much growth to the caliber of his honesty and rigor; thank you, for being my senpai.

This same care and attention of my peers is reflected in the faculty and staff at UCSD's Department of Anthropology as well, many of whom have offered invaluable moments of informal mentorship. To my other professors in Psychological Anthropology – Saiba Varma,

Bonnie Kaiser, and Steve Parish – thank you from the bottom of my heart, for your time and insights. Whether in the classroom or individually, the three of you have always listened and offered me advice in a way that demonstrates the possibilities of our unique discipline. Likewise, many thanks go out to Rihan Yeh and Nancy Postero for helping me think more about the state as well as race, ethnicity, and citizenship in new ways. Joseph Hankins is also deserving of praise for his leadership as Vice Chair of Graduate Studies, and frankly just for being the kindest sort of person. A humble thank you to professors Keolu Fox, Katerina Semendeferi, Amy Non, Dredge Kang, Hanna Garth, and Paul Goldstein for always saying hello and, in that small way, making the department a brighter place. Lastly, to the staff of the Anthropology Department – particularly Debbie Kelly, Nancy Lee, and Josh Kong – thank you for your tireless work and commitment to our success.

Outside of Anthropology, I'm deeply grateful to my peers in the Departments of Sociology, Communication Studies, Iberian & Latin American Studies, and Ethnic Studies for contributing to a humble yet vibrant social sciences community here at UC San Diego. Students Rachel Fox, Cecelia Marie, Asia Feiss, Ben Berners-Lee, Leslie Meyer, Dorothy Howard, Googie Daniels, and Matt Soleiman have all, in their own ways, enriched the spaces I've shared with them. Likewise, special thanks goes out to Professor David Fitzgerald of Sociology for introducing me to the Comparative Center for Immigration Studies and one of its visiting scholars, anthropologist Joseph Wiltberger of CSU Northridge, who provided generous insights to my considerations of place, space, and environment in forced migration.

Outside of academic spaces in San Diego, I'm deeply grateful to my friends Jake, Becca, Ryan, and McKenna, without whom my first year of school would have been impossibly lonesome. You four are proof that home is found in people, rather than a place, and I'm so

grateful for how grounded you all leave me. Special recognition also goes out to my roommates, Dalton and Elliott, who likely witnessed my writing process and its most frenetic or peculiar; many thanks to them for always checking in on ‘the paper’ and accommodating far too many cluttered stacks of books & essays. Likewise, Moises, you have been so amazingly patient and encouraging throughout this process; thank you for being so accommodating of my obligations and supportive of my endeavors. I could not have done this without your help.

Back in Omaha, there are so many people to thank and recognize for helping me get this far. First, in the College of Arts and Sciences Dean’s Office, a special thank you goes out to Professors Bridget Keegan, Rebecca Murray, and HollyAnn Harris for their commitment and attention during my time as a Dean’s Fellow. Likewise, Tracy Leavelle, now Director of Creighton’s newly founded Kingfisher Institute of Health and the Humanities, is owed significant praise for his guidance and mentorship. I came into this program young, bright-eyed, and passionate. Without the influence of these four teacher-scholars, I would hardly be able to conceive of, let alone articulate, the work I’m engaged with today.

I’m infinitely appreciative for members of the Department of Cultural and Social Studies; Angela Batson, I still feel the void that was filled by our routine coffee sessions. Laura Heinemann and Pamela Runestad, thank you for taking me under your wings – who knew I’d need two medical anthropology advisors? Your faith in me and continued support reminds me why I went into this vocation, and I cannot express enough what it means to have first had you both as my instructors. Now dear friends, I hope I’ve made the two of you proud! Other faculty in the department include Sabrina Danielsen, Kevin Estep, and Susan Walsh – all of whom had some sort of hand in my applications to grad school. Stephanie Parks, a fellow graduate of the department who is also completing a PhD in Anthropology was my biggest fan during my

application process and continues to check in – I’m so grateful to have her as a companion in this shared trajectory.

In my initial undergraduate major department of Psychological Sciences, I owe thanks to professors Jill Brown, Maya Khanna, Alicia Klanecky, Corey Guenther, and Dustin Stairs for capturing my curiosity and encouraging me to take the material and run in my own direction. Out of the whole department, I owe Amy Badura Brack the most for bringing me into her lab on a mere recommendation; without your kindness I would have never caught the research bug or begun to engage with traumatic experience and psychopathology as sites of inquiry.

Outside of my major departments, many faculty and staff made a direct impact on my time at Creighton. Professors Faith Kurtyka, Guy McHendry, and Michael Hawkins all continue to be mentors, and I’m grateful for their willingness to check-in years after meeting. I would have never discovered my passion for social justice without the folks at the Schlegel Center for Service and Justice, as my trips to the Navajo Nation and Axtell, NE allowed me to apply lessons from my psychology and medical anthropology courses in practice. Others at Creighton who made a difference include Amanda McHendry, Colleen Chiacchere, Jim Dorsey, and MaryLee Brock – thank you for being the amazingly kind and nurturing people you are.

The friends I made at Creighton are invaluable for the ways they’ve shaped my trajectory as well. Etienne Brock, you are whole heart, and everyday I’m grateful you’re in my life. Other friends whose influence I’m grateful for include, but certainly is not limited to: Kendall West, Janine Bogard, Maddie Carlisle, Alexa Edwards, Samantha Bianci, Jared Goracke, Connor Wunsch, Brandon Crawford, Kyle Niemann, Kaden Cloud, Nicole Petrow, Hannah Botkin, Katherine Wenman, Sarah Kottenstette, Jake Recker, Alex Higgins, Kelly Behrens, Jose Quiroga, Trevor Schlect, Michelle Lee, Sally Moore, Linden Loutzenhiser, Ali Mause, Frannie

Eisenhauer, Alek Rehan, Cole Crawford, Madeline Kirk, Michael Tambone, Patty Nguyen, Grace Kuhl, and Maren Haddad. Additionally, I'm grateful to have made friends in the Omaha community who deserve recognition as well; these folks include Emmaline Sabin, Maya Pirie, James De Mott, Taylor Sankey and Walker Greene. I will always remember Omaha fondly because of you all.

Finally, I want to recognize all that my family has done to help me along my way. I see each of you in myself and miss you all every single day. I know the distance can be challenging in some ways, but in others it's been an amazing gift for growth through discomfort. And, although it was for an amazing opportunity, I recognize moving across the country was a self-centered decision; every day, I think how I couldn't have done this without your support. Thank you, for believing in me when I didn't believe in myself. I hope I continue to make you proud.

Epigraph

“But who can be surprised that democracy and socialism nowhere found more adherents than among the physicians or that... it is physicians who frequently head the movement? Medicine is a social science, and politics is nothing more than medicine on a grand scale”

– *Rudolf Virchow, The Charity Physician*

Table of Contents

Signature Page.....	iii
Dedication.....	iv
Epigraph.....	x
Table of Contents.....	xi
Abstract of the Thesis	xii
Introduction: Shattered Refuge and the Termination of Safe Release	1
Chapter 1 – Experiential Perspectives	17
1.1 Phenomenological Orientations	19
1.2 Wayfaring Trajectories	22
Chapter 2 – Charting an Institutional Geography.....	25
2.1 Biopolitical Models of Citizenship and the State.....	28
2.2 Contemporary Anthropological Engagements with La Frontera...	33
Chapter 3 – Respite & Reorientation in an Emergent Migrant Clinic.....	39
3.1 Two Charity Physicians.....	40
3.2 Creating and Maintaining the MFSC – A Timeline	42
Chapter 4 – When Governance is Care.....	46
4.1 Clinical Constraints and the Trouble with Trauma.....	51
4.2 Conclusion: Engaging Agency amid Constraint.....	55
References.....	62

ABSTRACT OF THE THESIS

Contouring Care, Containing Crisis: Moral Wayfaring & Humanitarian Governance in an Emergent Border Clinic

by

Benjamin M. Merrill

Master of Arts in Anthropology

University of California San Diego, 2020

Professor Thomas Csordas, Chair

In late October of 2018, the Department of Homeland Security’s sudden termination of its program, where ICE would “transport the traveling asylum seekers directly to the departure points for their prearranged mode of transportation [...] facilitating an orderly release process.” (Rosenburg 2018). DHS officials initially cited partnerships with local governments and NGOs to facilitate this transition; however, a total lack of communication left these organizations scrambling to shelter migrant families while ‘filling the gap’ created by this rescission of the state. In doing so, they knowingly fomented an optics of discord at the border by releasing

asylum-seeking families onto the streets while rejecting blame or responsibility by justifying their actions within the language of humanitarian concern (Fassin 2011).

Taking the subsequent emergence of an asylum-seeker's health screening program as its point of departure, this thesis situates medical humanitarians' experiences of response and caregiving within a political ethos (Jenkins 2015) of xenophobia manifested in the federal dismantling of the government's asylum system. This paper mediates cultural phenomenology, literature on citizenship and the state, and ethnographies of transit migration to reformulate a geographically and experientially salient theory of moral wayfaring (Heinemann 2015) within this clinic's context. Through interviews with the clinicians who helped found this novel health screening program, moral wayfaring facilitates critical examination of medical humanitarians' challenges addressing the struggles, trauma, and wellbeing of their clients. As such, I investigate the relationship between governance and care at the processual (and exceedingly liminal) threshold between migrant detention and asylum-seeker's resettlement.

Introduction: Shattered Refuge and the Termination of Safe Release

In late October of 2018, the Department of Homeland Security suddenly halted its “Safe Release” program, where an Immigration and Customs Enforcement (ICE) Officer would review a family’s plans for living in the United States as part of their discharge by making contact with whomever they planned to stay prior to the adjudication of their case, as well as “transport the traveling asylum seekers directly to the departure points for their prearranged mode of transportation [...] facilitating an orderly release process. ICE would also provide a minimal amount of food to asylum seekers for their journeys to their final destinations” (Rosenburg 2019). Amid growing public outcry over the conditions of immigrant detention facilities and nativist anxieties targeting the migrant caravan forming in Guatemala that would eventually arrive in Tijuana, the administration sought to evince Trump’s rhetoric of the nation as overwhelmed by an uncontrolled invasion of migrants. Given this was prior to the instatement of the infamous Migrant Protection Protocols (MPP), popularly known as “Remain in Mexico,” whereby Central America asylum-seeking families are required to wait in once initiating their asylum claims – the termination of safe-release rendered the migrant ‘crisis’ visible in border communities at a time when the government was unable to force asylum seekers’ exclusion from the body politic.

The solution? Outfit adults with electronic tracking monitors, provide them a notice of their court date, dropping them en masse in towns throughout the Southwest. Without “Safe Release” these asylum seekers – disoriented from the tumultuous discharge from federal detention time in transit – were indeed unsafe, without any assistance to secure lodging or arrange future travel. Some were released at Greyhound stations, sleeping in dark lobbies and cold vestibules, while others were left on dark streets without any direction (Sands 2019). This

was intentional; with the Department of Homeland Security’s immigrant detention system overwhelmed by a high number of families approaching the border and with space running out, “Coordinated,”¹ as opposed to “Safe” release was necessary in order to process the then-current and imminent influxes of migrants at the southern border

This burnt the candle at both ends. First The act of terminating Safe Release was framed as one of compliance, with the added effect of cleared space in facilities nearing capacity. Citing constraints by the Flores Act², which it violated only weeks prior, ICE argued that in order to “mitigate the risk of holding family units past the time-frame allotted to the government, ICE began curtailing all reviews of post-release plans from families apprehended along the southern border” (Corchado and Solis 2018). This emphasis of risk management and adherence to policy not only allowed former ICE Director Kirstjen Nielsen and here spokespeople to portray the state as a morally concerned actor, but effectively shifted the blame for current conditions in ICE detention on seemingly uncompromising congresspeople and subsequent partisan gridlock. Furthermore, in presenting these federal entities as overwhelmed and underfunded this sentiment additionally worked to absolve border authorities’ responsibility to care for migrants in custody (Gonzales 2019). As such, Homeland Security’s quick processing out of asylum-seeking families from federal detention – through the well-recognized tactic of “catch and release” – fomented an optics of discord at the border by furthering xenophobic depictions of communities under siege by immigrant families³. Another element of fabricating this narrative of chaos was ICE’s failure to notify any local immigrant rights groups or charities of this change in procedure – something

¹ “Coordinated” release is named as such due to ICE and CBP’s “coordination” with local governments and various charities, including JFS and SDRRN.

² This act established limits as to how long children, and thus families, can be held in U.S. federal detention

³ Note on how this relies on tropes of migrants as referential threats to the nation and its citizen’s security – develop this later!

that was previously routine. Caught off guard, advocates launched a border-wide scramble to fill this void in care and prevent families from spending the night on cold, unfamiliar streets without any plan or support to move forward.

For those in San Diego County, this meant finding temporary housing for the 20-30 family units (roughly 60-80 individuals) being released *per day* (Rosenburg 2019). And, while these arrivals could be divided up and hosted throughout the organizing community's network of individuals and shelters temporarily, a more permanent solution was needed. Shortly after this, San Diego Rapid Response Network and Jewish Family Services (SDRRN, JFS) partnered with the local government in order to convert an old courthouse into a long-term Migrant Family Shelter (MFS) that would provide short-term assistance to asylum seeking families and make travel arrangements to their host destination/point of contact. Two months later, just before Christmas of 2018, the county contacted local physicians working in local Refugee Health Assistance Programs (RHAPs) and UC San Diego Medical School in order to establish a clinic in the shelter that would screen asylum seekers for communicable disease and critical illness prior to their final stage of transit. In short, the cascading effects from the termination of Safe Release led to the MFSC's establishment. This space – emergent from and shaped by the often-contradictory imperatives of security and care – was explicitly created to facilitate a distinctly-transient population's passage from detention to resettlement. As such, I seek to explore the unique challenges and constraints experienced by the staff and specialists charged with managing project as well as situate it within our current political climate, invoking

By arguing that “politics is nothing more than medicine on a grand scale,” Virchow implies that the practice of medicine itself – the care of relieving bodily illness and suffering – is actually a micropolitics of state governance. Exploring this metaphor, Ian McNeely examines

how Virchow understood the methods and tools of medicine as capable of not only diagnosing and treating individual illness, but what may be considered social pathology or societal sickness (Edgerton, 1992). Specifically, Virchow claimed:

Just as medicine also embraced a moral concern for the well-being and happiness of individuals in suffering, so Medicine dictated that the political system had an ethical obligation to improve the health and material condition of the less fortunate in society.

The politician and the physician, if not one and the same, at least had the responsibility to co-operate in applying political salves to societal wounds (2014, 5).

Here we clearly see how politics is nothing, indeed, but social medicine in practice. The state has an obligation to its citizens and is tasked with the care of the less fortunate, or those who – due to unimaginable conflict, violence, and insecurity – seek refuge and reunification with their families. There is a long legacy of academic engagement with the social history of how migrants came to be racialized and criminalized (De Genova 2002, 2005; Inda 2006, Correa 2013) to the point where the prototypical “migrant” is presumed as the Mexican labor migrant who crosses the border (However, as the current administration continues its retreats from the commitment to provide care, the media charts emergent forms of a “draconian politics of enforcement” (Slack and Martínez 2019, 44) whereby sentiments of insecurity and implicit ideals of national purity are deployed in order to objectify asylum seekers through a lens of suspicion that renders them fraudulent, criminal, and therefore undeserving and unwelcome (Ahmed 2004, Ticktin 2011, Haas 2018). This operates, in part, to continually fabricate the violent regime of “Shattered Refuge” and further justify the gutting of the asylum system (U.S. Congress, 2019).

The declaration of crisis – or state of emergency – is significant, as couching matters of governance within the rhetoric of humanitarian concern enables new conditions of possibility when determining the breadth of federal response and management, along with novel modes of subjectivity as a result (Mmembe and Roitman 1995). In this instance, this signification provides the malevolent state with a self-justified mode of rule that contemporaneously equates morality with law and order. Thus, when the arrival and intentional mismanagement of asylum-seeking migrants becomes labeled as a humanitarian and security crisis, it enables particular modes of response and reformations of governmental practice by co-opting language that “inextricably links values and affects, and serves both to define and to justify discourse and practices of the government of human beings” (Fassin 2011, 2). Likewise, it is not just anthropologists who have contributed to critiques of humanitarianism as ideology and practice as Chimni, in tracing the development of the global north’s humanitarian practices as intertwined with processes of globalization, identifies how “ideology of humanitarianism has used the vocabulary of human rights to *legitimize the language of security in refugee discourse*, blur legal categories and institutional roles, *turn repatriation into the only solution*, and promote a neo-liberal agenda in post-conflict societies leading to the systematic erosion of the principles of protection and the rights of refugees” (2000, 251). Joseph Wiltberger demonstrates the implications of discourse framed by aid and crisis while situating the experiences of those taking or leaving supply drops at the Mexico-US border within the geopolitical context of criminalized humanitarian action. Specifically, he attends to how the hypervisibility, spectacle, and scrutiny of the Honduran migrant caravan. A political lightning rod of xenophobic fear-mongering and other affective sentiments, “framing the caravan as a threat to U.S. sovereignty and security ... [justified] sending thousands of National Guard troops to the border” (Wiltberger 2018). This enabled the

discursive expansion of ‘crisis’ – which originally began its circulation in migration and security discourses following the 2014 spike in unaccompanied minors –and demonstrates our government’s priority to “direct[s] blame and attention toward migrants and away from the United States’ role in producing the root causes of their migration” (ibid) At the moment my writing this, we may turn to the derisive irony of the Migrant Protection Protocols as an exemplar of how the state works to align objectively immoral actions with affectively moral values, given that “protection” through repatriation accomplishes everything *but* the preservation of human rights, life, or dignity. The irony of ICE claiming that “coordinated” release – simply dropping families off with no plans or support – was enacted in order to “facilitate an orderly release process” and, in fact, would be more effective than its previous program of “safe” release, is quite telling when put in context within an acutely polarized political climate. What is to be said about other acts of humanitarian governance?

This disregard for migrants’ humanity works in tandem with how the state foments uncertainty among refugee and migrant subjects, whose rights are continually violated and their sense of security eroded, contributing to what Janis Jenkins has referred to as a “political ethos” maintained through the state construction of affect, defined as “culturally standardized organization of feeling and sentiment pertaining to the social domains of power and interest” which have particular impressions or effects on the emotional expression and, consequentially, the mental health of those who inhabit or are the objects of such sentiments (2015). This political ethos – not unlike a prevailing mood or atmosphere which structures affectively attuned meanings within particular sociopolitical contexts – has come to be felt by the American public as the unequivocally Trumpian anti-immigrant sentiment that ushered in a new era of border militarization and surveillance. This mobilizes racist and xenophobic tropes of the nation as not

only a “particular, bounded collective body” (de Genova 2005, 309), but one that presumes a degree of homogeneity or sameness which dialectically defines its racialized other who is specifically recognized as a stranger who is out of place and does not belong (Ahmed 2014). As previously referenced, framing the migrant caravan as an “invasion” of “undocumented aliens” (as did President Trump) subsequently invites unwarranted accusations of criminality and assertions of fraudulence. The formation of the ‘alien’ migrant as an out of place other – a stranger⁴ – appears as an “open possibility” of reference, enabling the alignment all migrants as those who *could* be invasive, questionable, dangerous (Ahmed 2016). Crisis, then, comes to index a particular threat, and is embodied by those who occupy or are the objects of its reference.

Crisis has been invoked elsewhere and in other ways too, as officials from the County of San Diego aligned the need to support asylum-seekers in transit with that of protecting the county’s citizens from a “public health crisis” (Avitabile 2019). With incarcerated migrants having died from complications of communicable diseases like the flu in Clint, Texas **CITE**, federal and county governmental officials in Southern California were determined not to let the same happen in San Ysidro, one of the most heavily trafficked border crossings in the world. Health securitization, while a necessary component of public health, is problematic. Securitization, as “the discursive process by which an issue is socially constructed as a security threat through the speech and representation of relevant political actors,” is widely acknowledged as serving political interests – the question is whose interests and how those in power define security (People’s Health Movement 2017, 328). It is when an referent object comes to be viewed as threatened – when ‘emergency’ or ‘crisis’ are invoked – that “demands urgent and extraordinary countermeasures be taken ... and persuades an audience that such

⁴ Ahmed emphasizes the fact that this figure, rather than specific, is anonymous; the stranger is someone who ‘could be anyone’ and thus furthers the possibilities of risk and threat which are presented by difference.

action is necessary,” yet one cannot know what the threat constitutes – or, why it is threatening – without “reference to the particular character of the referent object” which is highly contested (ibid). Someone confusingly or contradictorily, claims of securitization in the name of health are made in two different ways: First, claims are made on the basis of protecting the health and well-being of individuals. Secondly, the referent object in securitization is the state itself and threats to health are framed as threats to international peace or stability (ibid, 328). These two, as overwhelmingly seen in Trump’s rhetoric, are slippery and often conflated – human security and state security become blurred, and threats to the sovereignty of the nation-state come to be understood as threats to the well-being of individual citizens, and vice-versa. In calls to prevent a “public health crisis,” it is worth asking, then, whose protection comes first or ultimately matters most? Is the referent object vulnerable to this public health threat the migrants who, being denied basic vaccinations, are held in close and substandard conditions optimal for the transmission of communicable disease? Or, is it the U.S. citizens who face the threat of illness brought by migrants released into the nation’s interior? There is no one correct answer given competing interests at stake under conditions of humanitarian governance. Yet, as the COVID-19 pandemic, and past outbreaks of Ebola & SARS so clearly demonstrate, the media and government’s attention to health security is predominantly assumes this as an endeavor of guarding nation-states, with practices of quarantine and isolation referential of the need to preserve the nation’s interior from pathogenic outsiders to be apprehended, managed, or otherwise responded to. Therefore, let us question when a rhetoric of security is authentic or justified, and discern how it can be deployed as a means of managing the mobility of certain groups. This notion of health security, and its connotations and dissonance, will be central to my discussion of the MFSC’s founding and ongoing practices.

Through the imposition of ‘Cruelty as Deterrence’, where family separation (popularly known as “zero tolerance”), the radical over-crowding of detention centers, the abhorrent rate of preventable deaths due to communicable illnesses or outright neglect in detention, and the enactment of MPP, the state has made its intent to dissuade asylum-seekers from entering the country vehemently clear. Shirking the humanitarian imperative of receiving stateless persons with total disregard of the international laws that protect forced migrants from non-refoulement, the state prioritizes national security with the justification that closed borders protect U.S. citizens from the threats of “illegal aliens” who – without any substantiation of the claim – take “thousands of lives... every year as a result of this lawless chaos” (The White House 2019).⁵ Clearly, the preservation of the body politic through maintaining the onus of security is prioritized in so far that the state blatantly rejects asylum applicants who surpass efforts of deterrence.

In light of Virchow’s analogy politician and physician, or his minimal mandate of the need for cooperative dualism in the state caring of those under its purview, I aim to situate the efforts of those physicians and organizations tasked with facilitating asylum seekers’ care and resettlement as the state rescinds itself from its own obligation to do so. Specifically, I draw upon data collected through a series of interviews with two ‘charity physicians’ who helped create and currently lead the operations of San Diego’s migrant family shelter and clinic (MFSC) as well as participant observation in JFS volunteer orientations and shelter tours, meetings with members of the San Diego Refugee Forum’s Health Task Force, and organizing within a grassroots coalition of migrant care professionals. While investigating the timeline and process by which these practitioners established and maintain a novel health screening program, I became attuned to

⁵ See De Genova 2002, Inda 2006, Sarabia 2012, and Correa 2013 for a chronology of border security post 9/11 and its effects of it rendering Mexican labor migrants as the prototypical “illegal immigrant”.

their efforts in having to constantly reorient themselves or adapt their practice based on changes in policy or funding and their effects. As such, central to my argument is the assertion that the MFSC is affectively contoured by a turbulent political ethos of crisis and mismanagement (Jenkins 2015) and that this is subsequently embodied by those who inhabit the space. As various stakeholders – governmental and non-governmental alike – are deputized by and integrated into the immigration apparatus, it became clear the only stable aspects in this line of work was the amount of change one must anticipate, adapt, and react to. Those tasked with staffing and operating the MFSC were no exception to this demand for adaptability, as clinic was constantly responding to and effected by politics in real time. How do all agents – asylum seekers and humanitarians alike – embody ever-changing federal immigration policies in their response to the Trump administration’s continual gutting of refugee protections? Likewise, in what ways might this political turbulence affect the temporal and spatial contours of the MFSC and, subsequently, asylum-seeker’s passage through it? Putting anthropological perspectives on biopolitics, citizenship, and state security in tension with those of critical phenomenology, mental health, and transit migration, this paper investigates the site of the migrant clinic as the material, judicially processual, and existential crux between migrant detention and refugee resettlement. Questions of selfhood and identity have long been central to the anthropology of migration, and, in bringing these questions into dialogue with biopolitical models of the state and how it manages varying degrees of politically-recognized life, I approach the clinic – established in what Agamben identifies as a “state of exception” – as a peripheral and liminal space where transformation of the self occurs through individual’s (re)orientations to the state.

Additionally, in the process of building a clinic from the ground up, these clinicians’ inhabit a positionality which Laura Heinemann defines as *moral* wayfarers, whereby individuals

move along “unstable terrain [in that,] with the stakes no less than the prospects of life and death, patients and caregivers must learn as they go – acquiring, integrating, and carrying on knowledge and practices along paths of movement” (2016, 6). Aligning these analytics of navigation and movement in with Virchow’s regard to physicians as front-line activists, what is there to be said about a micropolitics of the clinic? When acts of governance take the form of care or when care becomes a mode of governance, how ought we understand the relation of physicians, social scientists, advocates, and other ‘moral wayfarers’ to the subjects of their compassion? Moral wayfaring – as a mode of being in the world – may be understood on the part of practitioners as their engaging the “need to help” (Malkki 2015) by participating in a cultural politics of compassion, solidarity, and inequality which constitutes care as a form of “humanitarian governance” (Fassin 2011, 3). It is through these incommensurable moral sentiments – structured by intersubjective relations of domination vis-à-vis assistance that are situated within a historical continuum of violence experienced as “a continuation of processes [migrants in transit] have known all their lives” (Vogt 2018, 5) – that moral wayfarers come to encounter the those who arrive at the MFS from the liminal margins of the state. How, through a lens of humanitarian government, is the caring for shelter residents (as both objects of suspicion in the eyes of the state, and subjects who have undergone unimaginable trauma) subsumed by a biopolitical project of border security?

Tracing the Arc of this Paper

In what follows, I first introduce phenomenological literature on the body, movement, and placemaking in order to situate the primacy of lived experience within discussions of migration and asylum seeking. Presenting my approach to subjects and their subjectivities, with

the experiences of migrants and caregivers moving through the MFSC in mind, leads me to articulate a theory of moral wayfaring that is both geographically and experientially salient. This will be of particular importance when later considering the flows, distribution, accumulation, and dispersion of migrant bodies at given points in their trajectories. Then, I explore a series of theoretical approaches with conceptualize blur various dimensions of the border as a politically charged space and socially constructed place. Ranging from legal and geographic peripheries to the technological, bureaucratic, and material network of institutions which constitute the landscape of migrant surveillance, detention, and then either deportation or resettlement along the U.S.-Mexico border. My aim lies in strategizing a model or method to conceptualize the ‘immigration system’ (particularly the various actors, institutions, and events which constitute its geography of management) that is cognizant of the felt passage of bodies, capital, and discourse that occurs in this stage of migrant trajectories. The MFSC is exceptional, lying at the juridical and spatial interstices between state detention and humanitarian resettlement. Though not a complete summary of how states engage in projects of defining and enacting their borders, my analysis begins with a treatment of Foucault and Agamben in order to spatialize Central American migrants’ approach to the U.S.-Mexico border. The border as the material demonstration of the security infrastructure which guards the nation, upholding its outward anti-immigrant sentiment through deterring outsiders, can be understood in relative to a proximity to the state which accommodates both geography and citizenship.

After engaging these foundational biopolitics, I turn to feminist geopolitical perspectives which, when coupled with wayfaring as one’s intentional yet also fundamental condition of being in the world, enlivens the traditional formulae of citizenship, spatiality, and state power regimes which have previously defined border studies. However, as anthropologist Jason De

León cautions, “you are never going to capture all of the things that make the border system (dys)functional” (2015, 9). As such, I propose a formulation of the Mexican northern frontier and United States’ southern border that prioritizes actors’ agency amid constraint by drawing “attention to the place of power in shaping any subject and to the place of “subjection” (particularly to Foucauldian disciplinary practices) and “subjugation” (to state domination) in shaping subjectivity drawing tensions between subjection and subjugation in subjectivity” relative to processes which (re)orient subjects’ own orientation to the state, while also keeping in mind that the “immediate hazard of this framing is the representation of individuals as victims and an overdeterminist view of the role of governmentalities in producing unitary subjects and modes of consciousness” (Good et al. 2008, 9). This interpolates mobility and motility (as respectively attuned to the political and bodily)⁶ given one’s presence in or passage through spaces constituting one’s approach to, process within, and discharge from the border apparatus – without compromising the realities that come with increasing proximity to material sites of geopolitical boundaries and their militarized surveillance. Here, I recall Deborah Boehm’s ethnography of Mexican immigrant families’ experiences deportation and ‘return’, she prompts readers to complicate narrow ideas of the meaning of arrival, “as places of departure and destination blur, migrants, deportees, and other transnational subjects describe ‘going’ and ‘coming’ in ways that challenge traditionally linear understandings of migration” (2016, 4). What does it mean when arrival, in contexts of transit and clandestine migration, marks yet another point of departure?

⁶ Mobility refers to one’s ability to move within and between nation-states by nature of their political status, whereas motility is attuned to the subjective awareness of our bodies and their relative agential capacities. Together, they suggest attention to the dual registers which migration studies finds itself concerned with analytics of movement.

Furthermore, how do we challenge the privileged study of geopolitical borders while prioritizing their centrality in state projects of managing demarcations of difference and humanity? As Wendy Vogt argues, “there is no doubt that national borders are crucial to ongoing projects of state-making and national sovereignty in our globalized world. However, scholars have since moved beyond thinking about borders as just ‘fixed lines in the sand’ to instead reconceptualize a political geography constituted by sites where the power of the nation-state – along with the safety and belonging promised by the protection of citizenship – is ‘enacted, materialized, and performed’” (2018, 7). With these contributions in mind, I argue that blurred expressions of care and security within the MFSC, as a situated within this political geography, work to reconfigure the subjectivities of individuals in their reorientation respective to the state in moving from the category of transit migrant to asylum seeker and hopefully, one day, citizens. In doing so, I heed Yarris and Castañeda’s call to investigate the “encounters of care that sustain the possibilities of life itself” along migrant trajectories (2014) as well as follow Malkki’s shift from studying the recipients of international humanitarian aid to documenting the aims, motives, and experiences of humanitarian workers and volunteers themselves, as the ways these subjects imagine their work contributes to “ethical, aesthetic, and affective processes of world-making... of *being* in the world ‘out there’” (2015, 3).

Given the risk of saturating an assessment with analytics that impossibly strive to frame such immensity, I employ the concept of moral wayfaring in order to attend to the subjectivities of all – configured along hierarchies of race, citizenship, and power – who find themselves situated at or traversing the border. While migrants are absolutely more so wayfarers in the literal sense of the word, this method facilitates the documentation of how individuals and groups accumulate particular forms of caregiving knowledge and practices for those in transit grants a

formulation of experience. Here we might choose to evoke the expression of how one develops a feel of the game as they plays it (Bourdieu 1990) as a means of thinking about the actions and rationale of humanitarian caregivers in line with past attention to caregivers' acquisition, integration, and continuation of practices and forms of knowledge along lines of movement and experience (Heinemann 2016). Thus, understanding the border apparatus a processual and sometimes circuitous institutional geography emphasizes the moral calculus of caregiving subjects who, engaged in their clinical practice and bound by the constraints of bureaucracy, acutely feel the inability to determine the efficacy of their decision-making efforts due to both their own position within a protracted resettlement process and the temporary, if not outright fleeting, quality of their patients' residence in the MFSC. As migration and citizenship studies attend to paradigms of movement and mobility, the study of asylum's temporal and spatial dimensions in cultural and psychological anthropology illuminates the "clean violence" of juridical technologies with the aim of weaponizing time (Rousseau et al. 2004 in Haas 2019, 109) or impose the "violence of uncertainty" (Grace, Baise, and Roth 2018). Academic literature has largely attended to the phenomenon of waiting in the asylum process as the chief consequence of this technocratic violence (Hage 2009; El-Shaarawi 2015; Haas 2017). However, it should also be noted that the temporal effects of such bureaucratic violence are felt by care providers too.

While the dismantling of the asylum-seeking process by an administration set on punishing deterring, and dehumanizing asylum claimants weaponizes time and exacerbates the prolonged existential limbo of waiting, this "clean violence" effects providers too in prohibiting their evaluation of patient outcomes due to the fleeting quality of asylum seekers as they're processed in, through, and out of the MFS. Whereas the phenomenon of waiting has been studied

as the site or locus of anxiety and uncertainty for citizens in power and disempowered asylum seekers alike (Crapanzano 1985; Haas 2017) it's the very opposite – a lack of waiting – in the exceptional space of the migrant screening clinic that creates such tensions amid providers. How can they know that they made the ‘right’ or ‘best’ choice when they will never see that patient again, as they’ve merely passed through? Such concerns haunt my interlocutors on the level of their patients’ physical health, but also in light of their emotional and mental well-being. Would they ever achieve the resolution and safety which asylum provides?

Following an exploration of the northern frontier’s spatiality, I settle on an articulation of an institutional geography constituted by spaces whose navigators (clinicians and their patients alike) are moral wayfarers amidst shifting terrains. This analytic seeks to capture the multiple forms of surveillance, violence, and care, and subjectivity which constitute *la frontera*/the southern border. Then, I attend to the MFSC as one institution within the migrant care apparatus that is tasked with the dual and seemingly opposing imperatives of governance and care. By charting the development and operations of the shelter through qualitative, discovery-oriented and person-centered interviews (supplanted with data from news and media outlets as well as context gained through site visits), I demonstrate these physician’s fierce commitment to fill the gap between the state and individuals created by the termination of Safe Release as they reflect on their experiences of opening an Asylum Seeker’s Health Screen Program and challenges met along the way. I argue that the development and standardization of clinical protocols, while necessary to effectively manage the clinic and its transient population, highlights the material, spatial, and temporal boundaries which both enable consistent clinical practice and contemporaneously constrain what acts of care are imagined as possible or achievable. Through this discussion, I attend to how “the logic of the screening” poses ethical and logistical

challenges when tending to the mental health and trauma experienced by a population primarily recognized by their being in transit. This brings forth considerations of how shifts in the current political mood affect policy and resultantly produce varying implications to life in the clinic for physicians and clients alike. As such, my respondents demonstrate their experiences as moral wayfarers in attempting to care for a transient population subject in flux subjected to a heightened political ethos of uncertainty. How does the state's disregard for non-citizen's life – let alone wellbeing – affect migrant and clinician subjectivities as the clinic itself resists the same denigration as those it serves?

Phenomenological Perspectives: Bodies, Placemaking, and Movement

This interviewing project and thesis was born out of team-based collaborations within the UC San Diego Global Health Institute & Center for Global Mental Health to establish a collaborative partnership focused on addressing the mental health needs of migrants passing through San Ysidro. Given this context, I sought out key informants in order to historicize the development of this particular site as an initial means of familiarizing myself with assemblage of institutions and organizations consisting of the care and security apparatuses in San Diego tasked with managing refugee and migrant populations. The larger project, “Tracing Asylum Seeker's Experience and Trajectories – An Ethnography of Care in the American Southwest”⁷, seeks to examine migrant trajectories and wellbeing at the US-Mexico Border in San Diego with respect to how the MFS responds to or provides care for refugees arriving at the shelter once they initiate their asylum application and prepares them for the next phase of their journey. Our aims are to document the forms of care which emerge from relations between asylum seekers and staff in the

⁷ UC San Diego Institutional Review Board No. 191078

migrant shelter, as well as gain a better understanding of asylum seekers' trajectories (in terms of both geography and life course/wellbeing) once they have left the shelter and arrive to their familial point of contact where they will wait until the adjudication of their pending asylum claims in immigration court.

An initial question I had, as a psychological anthropologist in training was how to ethically represent migrants' agentic capacities amid intersecting structural constraints and socio-political processes – understanding intention as being *in tension*. For asylum seekers moving through the shelter, these ethical quandaries lie in prioritizing positionality and accounting for experiences without neglecting agency. Likewise, though certainly not equivocal, I must equally consider how to represent the experiences and judgement of the clinicians when, as the medical director for the MFS states, “The medical screening at the shelter stood up from a blank slate. Literally, the first few days we saw patients, we had blank pieces of computer paper and tried to write our exams and plans on these papers. From that, we pieced together policies and procedures.” Their authority of knowledge, their own moral orientations, and the multiple (as well as sometimes conflicting) demands made on them requires considerations of ethical ethnographic representation. While certainly not following the precarious trajectories of having experienced indescribable violence or enduring the existential limbo of inhabiting the dual-positionality as a “citizen-in-waiting, deportee-in-waiting” that asylum seekers in the U.S. know too well (Haas 2017), my clinician informants nonetheless find themselves having to negotiate their agency amid various constraints relative to the positionalities they inhabit both as citizens within the nation-state and as skilled workers in the care apparatus. As such, I turn to phenomenological anthropology as a way to recognize the agency and subjectivities of those who find themselves within the network of migrant care in San Diego.

Phenomenological Orientations

Phenomenology, with the starting point of lived experience “from the starting point of our bodies as being-in-the-world” (Csordas 2011, 137), may contribute to discussions surrounding immigration due to the attention one can pay to matters of place, space, and movement in asking questions experiences of transience and transit. We may consider Merleau-Ponty’s assertion of “intentional threads” projected from persons to things in our world as well as the “intentional arc” that “subtends the life of consciousness, projects round about us our human situation, [and] brings about the unity of our bodily capacities” (Merleau-Ponty 1962, 106 in Csordas 2011, 139) as formulation of experience that captures the sense of our “bodily being’s simultaneous in-tension and intention” (Csordas 2011, 140). Likewise, French philosopher Gabriel Marcel’s begins his existentialist approach to studying a metaphysic of hope by asserting that, as humans, our fundamental condition is that of a traveler, and that the idea of a journey “offer[s] the inestimable advantage of gathering together determinations which belong to both time and space; and that it would be worthwhile to find out how it accomplishes such a synthesis” (1962, 9). Furthermore, he argues that “it is precisely the soul is the traveler; it is of the soul and of the soul alone that we can say with supreme truth that ‘being’ necessarily means ‘being on the way’ (en route)” (11). This analytic is fitting, as Yarris and Castañeda emphasize that the term ‘migrant’ is not often heard in Mexican shelters. Instead, they find that shelter workers refer to migrants as *peregrinos*, drawing from the Catholic tradition of one being on a pilgrimage, who “for devotion or belief seeks to visit a sanctuary” and furthermore, they identify that “the English “pilgrim” lacks a sense of risk, danger, and vulnerability that the Spanish “peregrino” contains. Marginalized from power, work, and citizenship within contemporary global capitalism, these Central Americans risk life itself in search of life itself” (2014).

With its imperative of tracing experience and trajectories, the TASET research project's title explicates the need for more subjectivity-driven research that is productive for theoretically framing agency amid constraint. Csordas asserts that, regarding specific aspects of corporeality, "our ability to move is characterized by agency and intentionality, defined by style; it requires effort and encounters resistance." (2011, 137). Taking up considerations movement and experience as well, Tim Ingold engages a theory of wayfaring, "to describe the embodied experience of this perambulatory movement. It is as wayfarers, then, that human beings inhabit the earth" however, "human existence is not fundamentally place-bound, [...] but placebinding. It unfolds not in places but along paths. Proceeding along a path, every inhabitant lays a trail" (2011, 148). Put otherwise, experience through wayfaring can be understood as "life lived along lines" (xii). This echoes Merleau-Ponty's assertion of agents' "momentum of existence towards others, towards the future, towards the world..." (1962, 165). With these perspectives in mind we can imagine trajectories as the paths along which wayfarers intentionally take up with this momentum of existence, as it is moving along them – *wayfaring them* – which constitutes both place and experience⁸.

These concerns with wayfaring as a mode of subjects' being in the world inherently necessitate considerations of space. Csordas' components of corporeality are again helpful here in asserting one's orientation is the way which "we inhabit space, both natural/geographical and constructed/architectural, and even more fundamentally [how] we create space by the manner in which we move in relation to objects and others" (2011, 148). Here, importantly, he couples the creation of space with relational movement, not unlike Ingold's wayfaring as a mode of experience through placemaking. Similarly, Sara Ahmed defines one's orientation as "the point

⁸ Furthermore, these paths (trajectories, futures) are not straightforward, but they go amiss, loop back, meander, and can be held up – a point which I address later.

from which the world unfolds: the here of the body and the where of its dwelling” (2006, 545). Furthermore, her understanding of space as “a field of action” shaped by the body’s purposefulness, and the body as a “system of possible actions, a virtual body with its phenomenal ‘place’ defined by its task and situation” (ibid, 561). She too uses the metaphor of trails or lines to demonstrate how we find ourselves oriented “toward the very direction of desire” because “consciousness is always directed toward objects” but that “if consciousness is intentional, then we are not only directed towards objects, but those objects also take us in a certain direction” (ibid, 544-5). Likewise, we may return to the Marcel’s metaphysics of hope, with hope being a way of “knowing which outstrips the unknown – but it is a knowing which excludes all presumption” (1962, 10). In one sense, we might understand orientation directs our intentionality towards some things and away from others. Yet, along lines of aspiration, hope, or desire, we might think about our intentionality the initial orienting factor.

This follows trends in contemporary migration studies which argue for more attention to the aspirations of migrants themselves. Cawo M. Abdi, in her multi-sited ethnography of step-migration among the Somali Diaspora, argues for the need to further privilege in refugee studies given that “even before they venture to leave places of birth or places of transit, transnational relations with those who have settled elsewhere in part feed their imaginations about the destination countries” (Abdi 2015, 11), and that migrants’ own evaluations of their journeys and subsequent ‘success’ come less from “achieving their initial goal of prized citizenship” than “how the receiving country’s economic, political, and social dynamics align with the migrants’ racial, gender, and religious senses of self” (ibid, 8-9). Milena Belloni attends to shared moralities and transnational expectations in her study of Eritrean step-migration, and, like Abdi, attends to local “hierarch(ies) of preference” which imply that “mobility desires can be

differentially addressed to specific locations, historically, culturally, and economically linked to the contexts of departure” and inform migrant ideals about where is ‘best’ to go or end up (2019, 4). However, Belloni contrasts imagination as a representational system with “cosmologies of destination,” as symbolic constructions that “include emotional attitudes and moral orientations” (2019, 3). Specifically, she argues for the use of aspirations because “unlike alternative terms, such as ‘intention’, ‘plan’ and ‘wish’, ‘aspiration’ marks an intersection of personal, collective and normative dimensions.” (Carling and Collins 2018, in Belloni 2019, XX). Cosmologies of destination, therefore, importantly recognize geographic imaginaries “reflec[t] a pathway of moral achievements and recognition” and enables “systematically linking images of the outside world—and different destinations within it—with the subjects’ perception of their own position” by accounting for the social, emotional, and moral orientations of migrants (Belloni 2019, 3-5). This opens up new possibilities in the study refugee decision-making and the way matters of ‘choice’ are framed by prioritizing individuals’ agency and provides a tool for producing new insights in the study of mobility/immobility. Nonetheless, regardless of whether one is invested in the technicalities of imagination versus cosmology, there are valuable insights gained in the study of migrant aspiration. When brought back to the idea of movement as place- or space-making, it is clear that our movement is relational to – if not dependent upon – the objects we are oriented to and the destinations on the horizon which we aspire towards.

Wayfaring Trajectories:

The distinction between space and place is much theorized, but here I prioritize Setha Low’s theorization of embodied space as formula which emphasizes time as a necessary aspect of spatiality. Embodied space, according to Low “integrates body/space/culture and connects

microanalyses of individual bodies and place-making to macro analyses of social, economic and political forces” with time and space-specific goals. Furthermore, she asserts that “embodied spaces have ‘trajectories’ as well as time- and space-specific goals and intentions that are personally, culturally and politically directed [which] brings greater agency and an appreciation of power dynamics to the theorization of individual and collective bodies and their movements” (2017, 107). Here again we find echoes of Merleau-Ponty’s momentum, which tends towards objects in the world while still considering the effects of local expressions and constraints of power and agency. Coupled with Ahmed and Low’s respective theories of orientation and trajectories, Ingold and Heinemann’s engagements of wayfaring may be understood as being oriented along particular trajectories which constitute our fundamental condition as travelers (Marcel 1962).

It is after coming full circle to flesh out my conceptualization of wayfaring, as intentionally experiencing out world through movement amid situational conditions of both constraint and possibility, that we can fully appreciate the utility of its application in studying forced migration. Wayfaring is both geographically and experientially significant, invoking an understanding of our trajectories’ referent objects as occurring on affective and embodied registers. The objects which we are oriented towards, Ahmed argues, are those of desire. For asylum seekers, it may be reunification with loved ones or the knowledge of securing refuge from the plights of home. For the clinicians I interviewed, this may be understood as policy change, advocacy, or being able to provide a high level of care - what one of them describes simply as her “going to do the *best thing* for them”. Laura Heinemann adopts Ingold’s method of wayfaring in her ethnography of caregiving along the journey of organ transplantation and recovery. In doing so, she identifies the ways which patients, their families, and caregivers are

tasked with “acquiring, integrating, and carrying on knowledge and practices along paths of movement [...] working through logistical and moral challenges alike” (2016, 7). She describes these subjects as moral wayfarers whose movements towards and beyond decision-making occur on unstable landscapes where the stakes are all too high. For this reason, I adhere to her distinction from Ingold’s theory due to Heinemann’s explicit attention to the ethical, bureaucratic, and material constraints which shape the development, maintenance, and delivery of care practices and procedures. Though the contexts of constraint and precarity from which we both write are vastly different, I find her understanding of moral wayfaring useful in examining how individuals in care relationships experience and navigate shifting terrains. Likewise, Heinemann’s engagement explicitly encompasses the moral in a way that accommodates the role of subjective desire and aspiration which I argue ought to be further prioritized in the study of migration, governance, and care.

In this section, I have laid out the dimensions of my phenomenological foundation to the study of migration as an experiential process – fleshing out aspects of corporeality and spatiality (and with their confluences of movement, place, and time), as well as taking the time to define ‘orientations’ and ‘trajectories’. The point in explicating these terms and putting them in discussion with each other is to trouble the idea of migration as a bound event that simply occurs between geographic poles. By prompting a study of migratory experience that is grounded in questions of agency, subjectivity, and intention, we can push back against research in political science, sociology, international relations, etc. that (implicitly) imagines the migrants’ movement as secondary or consequential to other events or policies. While a theory of moral wayfaring does not negate the need to address the existential uncertainty, precarity, and structural violence forced migrants live with every day, it grants individuals much more agency and decision-

making capacity to refugees than top-down models that deny forced migrants personhood through the underlying assumption refugees as helplessly swept up and incapacitated by political or social acts.

While migration literature predominantly frames ‘migrants’ as economic agents who “mov[e] across administrative or political borders for a period of time to improve” in opposition to refugees, who “are often viewed to be the victims of circumstances – civil war, political persecution, environmental catastrophe, etc.,” these conditions frequently overlap (Abdi 2015, 9). Despite being implicitly constructed as passive sufferers, refugees are still agents in the same way other migrants are. The Cold-War era criteria that inform who qualifies under the category of ‘refugee’ are long-overdue for a thorough reassessment, as “people can meet every aspect of the United Nations definition of refugee and yet still be an agent, pursuing multiple strategies to improve their socioeconomic situations in highly constrained circumstances” (ibid). As such, a phenomenological framework to establish a basis of presumptions regarding *all* subjects’ movement and mode of experience is necessary. Now, I turn to the task of conceptualizing the border zone as a place. Though not exhaustive, I draw upon literatures engaging biopolitics and bare life as well as the environmental, social, and political geographies constituted by various sites that give it meaning and the institutions which create the infrastructure which subjects pass through.

Charting an Institutional Geography of Migrant Security and Care

Just as I privilege the orientations and nonlinear trajectories of my interlocutors’ and their patients’ passage, both within the greater context of their travels and within the MFSC, another objective of my interviewing project was to situate myself and the MFS within a broader

network of governmental institutions and NGOs that work to either surveil or support arriving migrants. As such, I sought to use this interviewing project as a means of charting the geography of bureaucratic institutions responsible for manages, governs, and cares for newly arrived asylum seekers. I knew then, to follow the many before me who followed Laura Nader's long-standing call to "study up" as well as down by taking a "vertical slice" in order to holistically understand the phenomenon of asylum-seeking from multiple vantage points that shape experiences of meaning-making and orientations to the state (1969, 8). Said otherwise, it is imperative when studying humanitarian organizations – as those entities which largely mediate the void between governance and care produced by the State – to not only study those governed or are care recipients, but caregivers and authority figures who occupy positions wherein they govern modes of care or enact caring governance (Malkki 2015, Ticktin 2011). Fassin's aforementioned humanitarian governance – as "the deployment of moral sentiments in contemporary politics" (2011, 2) – through governed acts of care is thus a mediation of what Haas and Shuman identify, in their historization of the most recent attacks on asylum, as "the strong divisiveness of the debate surrounding [...] the enduring and entrenched nature of the tensions between humanitarian obligations and concerns over national security" (2019, 2).

The task at hand in this current section, then, is asking how one might conceptualize the convoluted system which migrants encounter in the interstitial spaces which constitute one's shift from 'transit' and 'resettlement'. Furthermore, what is the role that health care – particularly, the health screening protocol – plays in the space created when filling the void of the state in the discharge and processing of migrants from detention? Note that, prior to being detained upon their surrender to the State in a defensive claim to asylum, many families resided in camps outside of the port of entry for weeks, awaiting their turn in the queue of "La Lista"

(Semple 2018). Tijuana’s infamous numbering system, informally operated by migrants camped outside of the San Ysidro port of entry, was created to establish a master queue that determined the order of families waiting to surrender themselves to Customs and Border Patrol. Having already endured the conditions of these tent camps, as conditions of detention, which most notably include the practice of “ice-boxing” migrants in *hieleras* (Garcia and Gallardo 2019), where migrants are forced to wait in frigid conditions prior to their meeting with an asylum officer as a form of punishment – it is important to clarify that these families have undergone their Credible Fear Interview⁹. Having established credible fear, they have officially transitioned from ‘migrant’ and ‘asylum claimant’ to ‘asylum seeker’ following this inspection at the border and begin the process of discharge into resettlement. As such, I ought to note that, rather than claiming to study the experiences of asylum seekers, I presently understand my imperative as engaging the process of asylum seeking itself. Prior to addressing questions of experience (as the formative medium of both culture and self), a preliminary analysis of the state’s practices, strategies, and tactics which determine the spatial distribution of migrants across the border zone is necessary. Immigration studies’ requisite emphases on analytics of mobility, surveillance, and security (born from 1980s studies of transnationalism) has facilitated a reinvigoration of contemporary scholarly questions regarding the reception and management of non-citizens in an era of unprecedented global forced migration. It is now that I turn to traditional biopolitical frameworks to chart a method by which we might better understand this system (and those who inhabit it) without creating an abstracted monolith.

⁹ See Bridget Haas’ 2019 chapter on “the ambivalent enactment of technologies of truth” for a thorough discussion of objective and subjective proof as it concerns the evaluative gaze of Asylum Officers – institutional actors – tasked with determining the legibility and validity of asylum seekers’ traumatic experience as an authentic yet tenable demonstration of their deservingness of adjudication.

Biopolitical Models of Citizenship and the State

In *Homo Sacer*, Agamben argues nation-states create political order through a “state of exception,” whereby a crisis is declared to justify denying individuals’ rights by using the full power of the state against them. This produces “bare life” through a “relation of ban,” whereby persons are simultaneously bound to and abandoned by the state (Agamben 1998, 23). This is accomplished through establishing zones of exclusion, these are spaces which routinise the state of exception into a permanent condition of governance outside of state and moral law. The state of exception, through the relation of ban, materializes in the peripheries of the state in the form of ‘detention centers’ or ‘holding facilities.

Currently, in public as well as academic discourse, there exists a debate as to what ‘we’ ought to label these spaces, as there lies a potential to overlook the connotation and historical complexity of using ‘concentration camp’ as a way to index the unacceptability and moral abjection which ‘detention center’ fails to capture in equating the current situation to the events of the Holocaust (Hodges 2019). While these marginal spaces could certainly be viewed ‘gray zones,’ or everyday spaces marked by severe conditions of horror and violence which enact distinctions of ‘us’ versus ‘them’, I struggle with mobilizing this particular lens born out the author’s experience during the Holocaust. The distinctions which Primo Levi makes regarding the degrees of culpability which prisoners in Nazi lagers embodied through their coercion and complacency with guards’ demands and granted various privileges camp life (Levi 1988), is a point I cannot assert with confidence. As Hodges writes, “Employing the term concentration camps today indexes this historical context and carries the extraordinary connotations associated with death camps when the term is inserted into the current political context. Using this term to label the border stations stirs controversy by creating a false equivalency with Hitler’s actions

while minimizing the experience of Jewish victims and survivors of the Holocaust.” (2019).

However, there’s certainly a kind of concentration camp that were/are death camps, but the term ‘concentration camp’ doesn’t always and only refer to these camps – we can turn to the United States’ internment of the Japanese for a historical counterpoint; though not explicitly ‘death camps’, the state’s subjugation of Japanese Americans has haunting parallels to the qualities, justification, and maintenance of ICE detention. As such, while we have to be careful and circumspect in terms of using the term and how it relates to this debate, the deplorable conditions at play certainly justifies bluntly indexing such history.

Nonetheless, we can make the argument that political philosophy born from the field of Holocaust studies provides a framework to mapping the state’s management and demarcation of life recognized by the state from that which is rendered bare. While Agamben and Levi’s work cannot be totally removed from its social and political context without the risk of erasing historical nuance, its contribution can be understood as facilitating the study of state’s spatial distribution of othered bodies. This can be applied to other contexts, so long as its focus carefully on these spatial modes of governance without comparing the circumstances of the past to those of the present. The academic tendency is in fact to do so, as the social construction of categories such as “illegal” immigrants – prototypically imagined under the lens of U.S. border security initiatives as Mexican day laborers (De Genova 2002; Inda 2006) – are proximal to, but not quite intertwined with, the genealogies from which the categories of “refugees” and “asylum seekers” which coalesced amid processes of camp liberation and the formation of international human rights law following WWII (Malkki 1995, Gatrell 2013).

Keeping this distinction in mind, we understand how framing the arrival and management of migrant groups under conditions of crisis naturalizes relations of exclusion that unequally

distribute the value and visibility of human life¹⁰. We may understand this form of biopolitical othering through carceral modes of spatial management by engaging James Holston's definition of citizenship as "a measure of differences and a means of distancing people from one another" (2008, 8) with Agamben's framework of the nation's state of exception through creating zones of exclusion in order to imagine and traverse the institutional arrangements which manages detained migrants and reconfigures possibilities of citizenship and selfhood. The relation of ban and declaration of crisis is integral to the justification of a state of exception – particularly, as I have argued, when mobilizing a politics of compassion through the language of humanitarianism (Fassin 2011, 2). It is when the unacceptable becomes coded as acceptable, or rather when 'we' as a public accept it as such, that such modes of discipline and punishment become routinised to the point where they are accepted as normal. The zones of exclusion, or gray zones, that ICE and CBP detention centers materialize are but one node, linkage, or site in a broader network tasked with the management of bare life. Agamben's attention to bare life and the state of exception is useful, not only in the ease of its application to the current conditions of governance – with Trump continually crying crisis or to justify increasingly cruel modes of governance. This framework highlights the state's role in creating and maintaining an infrastructure tasked with the management and distribution of non-citizens. Here, the notion of periphery is doubly important; (politically) peripheral subjects are increasingly marginalized at the (administrative) peripheries of the state.

In order to mediate analysis of exclusion or gray space as located at the fringes of the state, when the border is in fact central to this process of subjectification, I turn to Ted

¹⁰ Much work on the anthropology of citizenship has taken up these questions and methods of determining who 'belongs' in a given state. The act of being labeled as 'migrant' or 'asylum seeker' simultaneously delineates that and other categories of (non)citizenship.

Gideonse's application of Foucault's apparatus as a means of "referring to 'a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral and philanthropic proposition'" which constitutes the geography of actors and institutions addressing San Diego's methamphetamine epidemic and its various public health corollaries (Foucault 1980, in Gideonse 2015). Whereas my work would be understood as tending to a racial and immigration apparatus (tasked with the surveillance of and care for refugees, asylees, and asylum seekers), our shared geographic context implicates some of the same institutions. These include the local government – including the City of San Diego's police department, the County of San Diego's sheriff department, and the district attorney's office – as well as two research universities with medical schools which operate clinics throughout the San Diego metropolitan area¹¹. Other government branches unique to the immigration apparatus include divisions of the Department Homeland Security (DHS), specifically Immigration & Customs Enforcement (ICE) and California Border Patrol (CBP); the Department of Health and Human Services (DHHS) and the Office of Refugee Resettlement (ORR); and a variety of both religious and secular non-profit organizations that operate shelter, advocacy, or social services programs.

I not only draw inspiration from Gideonse's engagement with Foucault, but also from his ethnographic sensitivity and recognition of his positionality as oriented within and an extension of the apparatus designed to target and discipline the subjects of his participants.¹² While

¹¹ I should note, however, that my analysis at this stage of research solely attends to the apparatus as it pertains to the Asylum Seeker's Shelter and Health Screening Program which I detail below. While the biopolitical immigration apparatus certainly defies national boundaries with a far reach throughout both 'sides' of the border zone, and I am wholly concerned with the abuses by state and criminal agents that migrants experience, this paper only tangentially addresses threats of violence along the migrant trail or that which individuals are subjected to in ICE detention.

¹² Ethnographers, far from being assumed as passive or covert, must be attuned to the ways which their presence assumes complacency with or outright leverages the unequal clines of power which structure the relationship with those whom they find themselves amidst.

Gideonse's person-centered analysis of those subjected to – or, perhaps, subjectified by – the anti-meth apparatus' governance and provision care (certainly a position of significant social marginalization), my work interviewing physicians and administrators runs along much more gradual hegemonic lines when it comes to encountering radical alterity, trauma, and suffering.¹³ Though not racialized, disciplined, or managed in the same ways, those targeted by surveillance apparatuses (either Gideonse's anti-meth apparatus or the immigration apparatus I presently attend to) find their lives rendered bare through processes and structures marginalization. However, by prioritizing the need to conduct a person-centered ethnography, I find Csordas's distinction of "raw existence" from Agamben's bare life as particularly useful in facilitating my efforts to formulate subjectivity and individuals' agential capacities amid structural and institutional constraint (2011). While biopolitical models of border zones are useful for plotting the relationships between state power, citizenship, and spatiality, they neglect the depth and texture of individual experience or at least render it monolithic through attention to process. In prioritizing 'raw existence,' I am attuned to Sarah Willen's critical phenomenology of 'illegality' by situating wayfaring experience amidst "global political economic inequalities" and "national-specific politics of inclusion and exclusion", while juxtaposing her call for attention to the embodied experience of migrants with those on the other side of care encounters (2007, 28)

¹³ Nonetheless, Gideonse's humility is a guiding example of how to conduct and write person-centered ethnography with individuals who are intersectionally marginalized or occupy precarious positions. Such ethical sensitivities are those worth aspiring to as I continue along my own research trajectory and interview the asylum seekers who find desperately-needed respite in the MFS upon release from detention.

Contemporary Anthropological Engagements of *La Frontera*

While I illustrate only some institutions in the San Diego migration apparatus, the significance of international collaborations between federal immigration officials, humanitarian organizations, and health workers cannot be understated. As such, while resisting the tendency to essentialize the border's centrality and immigration studies, we can understand the apparatus as extending from and beyond the border's hyper-securitized infrastructure.. Issues of jurisdiction are certainly relevant here, as the border security complex additionally acts a processual threshold in the apparatus. Passage through and release from detention, then, not only signifies one's incorporation into the United States' body politic, but also indicates there lies networks of security and care on either side. The border is porous, and though certainly demarcated in terms of administration, the networks which sustain (and, at times devalue) migrant life do not simply arise as one encounters a geopolitical boundary.

Here, I find Yarris and Castañeda's definition of transit useful, as "the encounters, fleeting and permanent, that occur between migrants and the various material, bureaucratic, and social relations that structure transnational journeys and the possibilities of life itself for migrants en-route" (2014). It allows us to think of transit – like wayfaring – with both its literal semantic of travel and as an existential condition or mode of being (Marcel 1962). While transit is more referential to a process and an apparatus refers to a collection of structures and institutions, attention to these s encounters and relations along the way enhances our understanding of how migrant trajectories are shaped and sustained as they traverse the apparatus. Their ethnographic work is based out of a shelter in Mazatlán, a "particularly precarious site for Central American transit through Mexico" (ibid), and traces emergent forms of violence and care along the Ruta Pacífica transit corridor. Detailing the risks of injury faced while riding freight trains thousands

of kilometers north as well as threats to safety posed by cartel and police forces, as well as less organized yet equally opportunistic gang members, noting that “the risks of robbery and rape are ever-present and viscerally-felt for migrants in transit” (Yarris and Castañeda 2014). However, they also emphasize encounters of care between both humanitarian and informal local actors and the migrants who pass through their communities, documenting the networks of solidarity formed between shelters, comedors, and other aid-giving spaces. Encounters of violence and care dialectically inform experience along routes of transit and constitute humanitarian and surveillance apparatuses. Alternatively, drawing upon literature from the sociology of forced migration we may consider them as constituting an “architecture of protection” and “architecture of repulsion,” systems working respectively to protect and deter non-citizens (Fitzgerald 2019, 6).

Now, I turn to other contributions anthropologists whose work along migrant transit routes through Mexico and in the Sonoran Desert reimagine spatiality and migration in ways that prioritize considerations of individual agency amid constraint. By challenging monolithic, disciplinary models of U.S.-Mexico border apparatus and the technologies which enact “the biopolitical practice of the border” (Puumala, Ylikomi, and Ristimäki 2017), these analyses satisfy Csordas’ distinction of raw existence’s “sentient tropism, a tending toward the world” (2011, 139). Wendy Vogt presents Mexico’s “arterial border” in articulating the circuitous and fluid linkages, ruptures, and flows of both people and process which move through and subsequently constitute the “material, political, and social infrastructures that shape clandestine migration” (Vogt 2018, 8). Taking the field of transnationalism’s attention to the deterritorialization of “people, information, capital, and identities” in line with the liminality and transience which migrants come to embody (ibid, 7), she argues the “lived realities of transit are

fraught with uncertainty, and movements are incremental, circuitous, and often stalled” such that attention to the material, discursive, and ideological modes which “presents state power in terms of the more fluid, multidirectional, and contested regimes of mobility [...] the arterial border is in constant flux, expanding and contracting as migrants, organized criminals, and local activists engage, evade, and contest the state along highways, train routes, and the networks of shelters that traverse the country” (ibid, 8). This definition enlivens the *movement* within, along, and beyond migrant routes which allows for a more circuitous and lively spatial imagination of the immigration apparatus. This border reaches out, bleeding through the spaces which ‘make up’ the system; from spaces of respite and care, to those of detention and punishment, Vogt proposes an ethnography of transit which considers “the complex social worlds that emerge in transit zones” which include resettlement agencies on the opposite side of the border.

Jason De León, in explicating how CBP weaponized the border’s geography via Prevention Through Deterrence, employs Callon and Law’s theory of a hybrid collectif, “which posits that agency is an emergent property created by the interaction of many heterogenous components known as actants, sources of action that may be human or nonhuman” (2015, 39). Here, he emphasizes a ‘hybrid geography’ at work in the Sonoran Desert, where migrants engage all aspects of place – including the terrain, its natural inhabitants, and state actors patrolling the area – in migrants’ efforts to cross the border. His attention to questions agency here is directed towards the state’s attribution of the desert’s capacity to kill, which rhetorically absolves the state from blame in diverting migrants through the lethal desert as part of “Prevention as Deterrence”. He argues, “as the desert and all the actants it contains have become incorporated into the Prevention Through Deterrence hybrid collectif, the Border Patrol has attempted to separate its policy from the subsequent trauma that migrants experience” (De León 2015, 42-

3)¹⁴. We can acknowledge the hybrid collectif, then, as a tool which considers how heterogenous and nonhuman components shape “various geographic, environmental, and social obstacles that act as deterrents” (2015, 43). Joseph Wiltberger, in providing a more grounded means of engagement with the desert’s spatiality, grounds his analysis “both as a site of ‘environmental deterrence’ and as a space where the actions of contending actors are mediated by broader discourses and debates on U.S. immigration.” (2019, 67). This stance mediates De León’s emphasis on the geographic terrain and its very real possibilities of harm (if not outright lethality) with Vogt’s articulation of the arterial border’s fluctuating socialities and circuitous linkages that sustain both migrant trajectories and the networks of care which sustain them. How might these approaches to conceptualizing the geographies of transit enliven theories of the Foucauldian apparatus? What infrastructures, terrains, technologies, institutions, and social processes pose challenges to biopolitical models of asylum and the nation-state? What we find is that, aside from attention to the physical geography or material sites that constitute the border, these perspectives highlight the need for further scholarly attention to the material, discursive, and bureaucratic modes methods of the state to obscure its intention in raising risks of transit and divert ‘fault’ for those who do not make it

Both Vogt’s arterial border and De León’s hybrid collectif “effectively capture both the broader circumstances within which locally specific, dynamic configurations of people’s lives” while challenging the distant, third-person approach to questions of spatiality taken up by Foucauldian biopolitics (Willen 2007, 28). A new guard of anthropologist’s engagement with borders explicates a the call to look beyond migration as a unilinear act, from clandestinity,

¹⁴ While I am not concerned with these non-human actants and am skeptical to embrace this imagination of agential capacity, this perspective is contributive in attending to how the effects of securitization regimes and subsequent circulations of discourse push migrants into increasingly clandestine passages.

transit, violence, and death at the border. This includes Boehm's "ethnography of return" (2016) and geographers Martínez and Slack's "ethnography of removal" (2013), as well as Vogt's "anthropology of transit" (2018). Other works' attention to how this terrain becomes socially and politically constructed as a landscape of state-constructed violence and death (Doty, 2011, Magaña 2011, Slack and Martínez 2019) highlights the history of how state policy and surveillance, such as Prevention Through Deterrence and the effects of post-9/11 border securitization, in fact rely on migrants deaths in desert as an indicator the effectiveness of these initiatives in curbing clandestine migration. Additionally, the perils of transit are well-documented in cultural and medical anthropology, including works previously mentioned by Vogt (2018) as well as Yarris and Castañeda (2014). Given this, what is there to be said about what comes after – an ethnography of resettlement or asylum-seeking? It is on top of, or perhaps more appropriately, in line with, the contributions of scholars attending to the fluid contradictions and circular flows that constitute migrants' experiences of clandestinity and transit in forced migration (Coutin 2005).

As these and other models reimagine anthropological engagement with borders through prioritizing the ways which encounters or social relations with both state & non-state make the border zone meaningful, I likewise attend to how my clinician informants' experiences as moral wayfarers are informed by their relative positions within a constantly-fluctuating immigration apparatus. The metaphor of this apparatus as a maze is tenuous, and ought to be taken solely as figurative, given that Jackall's ethnography – focused on how the demands of bureaucratic structures effect the moral consciousness of their administrators – references the emotional labor and flexibility demanded of workers when fulfilling demands made of them given their position within occupational and social hierarchies (1988). This is appropriate, as staff in the MFSC must

continually adapt to new developments and policy changes that affect the border within a taxing occupational environment. This need to constantly reorient oneself – to reestablish a lay of the land – ultimately affects the wellbeing of both clients and lower-ranking staff. As such, these decisions are quite morally charged. Additionally, as part of the immigration apparatus’ architecture of protection, the MFSC inhabits a node in the arterial border that is tasked with anticipating the physical and mental health states of those experiencing the effects of transit and detention. As a result, their workplace is one that intensely feels the effects of the Trump administration’s juridical onslaught to the immigration and asylum system. In a January 2019 New York Times report, Kevin Malone – one of the founding members of San Diego Rapid Response Network – expressed that “the government isn’t doing anything — it’s been a total make-it-up-as-we-go thing. People are working 24 hours a day trying to make this happen. Everyone is strapped” (Del Real and Fernandez 2019).

This is all too accurate, underscoring the choice to frame this political ethos with paradigms of crisis and federal mismanagement, as my respondents reflected similar sentiments about the insurmountable breadth of work faced given the extemporary circumstances that led to the MFSC’s founding. As beneficial as these perspectives are in spatializing the arterial border’s apparatuses of protection and deterrence, they do not offer much clarity toward understanding the needs of actors responding to novel disruptions and abrupt shifts to the resettlement process. Nor do such theories consider how these shifts affective and embodied experiences of these shifts, to foment insecurity and uncertainty within U.S. border communities and the nation at large. It is now we look inward to the MFSC as a site particularly situated amid the transition from detention to resettlement.

Respite & Reorientation in an Emergent Migrant Screening Clinic

Before continuing, let us take stock of the path I have laid out. First; I established a phenomenological framework of brings together considerations of the body, its movement, and its relation to place and space through the analytic of wayfaring. Wayfaring, grounded in a French existential philosophy and phenomenological anthropology as a mode of being in the world, emphasizes the condition of the traveler as our fundamental condition, binding time and place together along lines of aspiration and hope (Marcel 1962, Ahmed 2006). I attend to the added distinction of *moral* wayfaring, being condition which when navigating “unstable terrain with the stakes no less than the prospects of life and death, patients and caregivers must learn as they go – acquiring, integrating, and carrying on knowledge and practices along paths of movement” (2016, 6). Without delving into an entire meditation on the political recognition of life, worthiness, or deservingness, I make the claim (and will further argue) that the decisions my interlocutors are having to make in the context of the MFSC certainly have life or death stakes behind them; their actions absolutely have moral weight beneath them.

In this next section, I first introduce my informant “charity physicians” and establish a history of the nascent MFSC. I highlight the aforementioned sentiment of urgency and its demands of flexibility through their narratives order to evince the pressures felt by those charged with creating and operating the MFSC. Then, I identify “the logic of the screening” which, through the need for established protocols and procedures, effectively contours the extent of care provided in the clinic given the unique constraints on time due to patients’ passage through the MFS-C. This necessitates that I trace the general path migrants (as state subjects) follow through the space in order to situate the screening as an act humanitarian governance within the

micropolitics of the clinic. Furthermore, I consider how the liminal context of the MFSC acts as a site of possible reorientation such that migrant subjectivities may be reconfigured (Ewing 2005; Haas and Shuman 2019). I demonstrate how the state's changes to immigration policy and other tactics intended to deter asylum seekers leads to shifts in the volume and demographics of migrants passing through the MFSC. Attunement to this turbulence evinces how all subjects' – care givers and recipients alike – wayfaring is placemaking, which demonstrates how the turbulence of our current political ethos is spatially and temporally affective. Finally, I turn to notions precarity, structural violence, and struggle as a means of prioritizing agency and the everyday in the formation of migrant subjectivities, having already referenced the nomenclature of political personhood – or migrant categories – from the view of state subjection/subjugation.

Two Charity Physicians

The two women I interviewed are life-long doctors who worked for both local clinics under the federally-funded Refugee Health Assessment Program (RHAP) and as faculty and staff physicians with UC San Diego Medical prior to their involvement with the MFSC. Given their expertise and established roles within the migrant care apparatus, they each played incremental roles in establishing the shelter's clinic and health screening program. Kaye, the medical director, is an internal medicine physician whose career began in the military. Originally a bootcamp clinician, she then became its medical director before eventually coming to manage a vast region of the Navy's health promotion programming and health services contracting sector. She tells me that her expertise and ability to manage the needs of competing stakeholders, without compromising the quality of care provided or received, came from these decades of service. She expresses how she “learned that medicine is a component of a community. It's not

something that just happens or that everyone suddenly complies with and understands – running any clinic or medical program requires a ton of logistics and coordination. And that’s what I do at the shelter.” Likewise, she expressed to me the importance of humanity and preserving individuals’ innate dignity. She explains to me that she has “seen a lot” across her decades of experience as an MD and an MPH; from working in both military and university medical systems, participating in weeks-long medical mission trips around the world, and now finding herself in the MFSC, she expresses that

Elles, the other physician I interviewed, serves as the executive director of the clinic. She tells me she never imagined living in San Diego or working in the context of the US-Mexico border zone, having lived in Ottawa before moving to the United States. Asking her what it was that motivated her to become involved specifically in immigrant and refugee health, she explains her internship (equivalent to the American system’s residency) was at Montreal’s Jewish General Hospital and that learning to practice medicine in this context influenced the type of practice she imagined pursuing. She describes Montreal as being “one of those cities where every single block is a different ethnicity. So we had all cultures, all languages. It was really nice to come to San Diego, and [...] the community clinics have been such a wonderful way of contributing to medicine. You know, I’ve been in practice for 40 years – I work for UCSD and I’ve never seen a patient with commercial insurance – just MediCal and Medicaid.” She tells me approximately 95% of her practice is refugees or other categories of forced migrants, and that, as a physician of family and preventative medicine, she’s spent her career in medicine working alongside bilingual and bicultural staff. From the arrival of the Vietnamese, Cambodian, Laotian, and Hmong refugees in the eighties, Elle expresses to me that “this sort of work has been my whole life – I always knew I wanted to be a part of the safety net”. As such, given her decade of experience as

an RHAP clinical director on top of effectively working in as similar of a context to the MFSC as one could get, it was clear to me she why the county tapped her to lead the establishment of its health screening program, as this aptly fits my engagement with moral wayfaring in caregiving as one's way of "acquiring, integrating, and carrying on knowledge and practices" (Heinemann 2016, 6). Clearly, both of my interviewees, as well as their many colleagues, demonstrate a fierce commitment to their duties in providing healthcare to asylum seekers coming through the MFS.

Creating and Maintaining the MFSC: A Timeline

Having introduced these invaluable informants, I return to the task of charting a history of the clinic's founding and fluctuations. While SDRRN's Malone was directly referring to the migrant shelter's operations in the last paragraph, the same could easily be said regarding the collaborative efforts between the County of San Diego with SDRRN to establish a program that provided health screenings for those coming out of detention. As such, it is here that I focus the events which occurred following the termination of "Safe Release" in late October of 2018 to the afternoon of December 21st, 2018. The physicians effectively explained to me that in the wake ICE ending the Safe Release program as Rapid Response and other institutions – including the Catholic Charities Diocese of San Diego and the county government – recognized the need to respond to the federal government's negligence, identified as the "intentional mismanagement" of the situation (U.S. Congress 2019) in contrast to then-director of DHS Kirsten Nielsen's identification as "coordination with local governments and communities".

Coordination was antithetical to what actually occurred. The emergency shelter that directly preceded the MFSC had to move 5 times in 9 weeks due to the temporary – if not tenuous – commitments made on the part SDRRN member agencies that volunteered available

space as temporary housing. Furthermore, in the same initial two-month span of the MFS's operations (late October to late December), the only healthcare workers present were visiting travel or county nurses contracted to address acute cases as they were identified. County Supervisor Nathan Fletcher expressed in an interview for the Washington Post that, "We have an obligation to take care of these families who have gone through so much — we can't let them become victims of human trafficking or become homeless [...] This is the federal government's responsibility. *This crisis is being created entirely by Donald Trump's inhumane immigration policies.*" (Rosenburg 2019). Not only was the crisis recognized as fomented by the current administration, but that the county felt immense pressure and obligation to prevent an actual crisis. Due to the 'gap' created by the withdrawal of Safe Release, there was no standardized or systematic procedure in place to monitor the health of those being processed out of detention. So, amid outcry from the advocacy community to secure a more permanent location for the shelter and in the wake of several migrant children dying of the flu under ICE custody in Clint, TX, The County Board of Supervisors came to the conclusion they had to do something to prevent migrants in San Ysidro from meeting the same fate as those in Texas. There needed to be a procedure which migrants passed through that included an assessment of their health status.

This is what led to the events of Christmas Eve, 2018. Elle was contacted by the County Department of Health and Human Services, who asked her to run the desperately needed screening program given her experience as an RHAP director. After agreeing, she then contacted Kaye asking if she had time talk. Bringing her up to speed, Elle explained to Kaye she thought of her given her experience contracting. This is where we return to the aforementioned blank sheets of paper as Kaye halted her holiday plans, donned the role of medical director, and began scribbling out what she knew to be essential for establishing the proper medical guidelines in

when trying to effectively manage and triage individuals. These protocols, she acknowledged in an interview, would change multiple times. Originally written for the open-air tent clinic outside of the Catholic Charities Center in Imperial Beach, the protocols would all have to be rewritten when the MFSC took over old, downtown court offices allocated as a more permanent (yet still temporary, given their 9-month lease) location. Given the spontaneous nature of their development, many protocols were written on an as-needed basis.¹⁵ These protocols were tailored to the context of the clinic's location, which was relatively stable after February of 2019 when the clinic settled into the downtown location, and importantly take into account what resources the clinic had at its disposal as well as what could (and couldn't) be contracted out. This came to be of particular interest to me, and as I will later demonstrate, highlights the concept of moral wayfaring's usefulness in analyzing the moral dilemmas that arise in the unique context of the MFSC

While Kaye began writing protocols, Elle explained to me how she arranged a contract between UCSD and the County that defined the scope of the work. Waiting in her car, she waited in the parking lot of the shelter with her impromptu team until receiving approval from the University grants manager for malpractice coverage 5 minutes to 3pm, and began seeing patients at 3 and did not leave until nearly 1am Christmas morning. I state the length which the clinic operated because, prior to the instantiation of Trump's Migrant Protection Protocols, the MFSC would receive anywhere from 60 to 270 clients per day arriving from detention, all of whom would be screened and undergo an intake as a family unit. By February 2019, when the MFSC was fully moved-in to their downtown location, clinic times often would run from 3pm until

¹⁵ for example, it wasn't until I visited the clinic in May 2019 that the need arose for a protocol to be written for the care of women who were more than 32 but less than 36 weeks pregnant. Likewise, a COVID-19 testing and containment protocol has been developed in more recent months.

whenever the last patients had been seen. More protocols had been established by this time, but there were lots to be desired; involvement by multiple NGO groups led to bureaucratic frustration in the shelter – records were not being shared, supplies were being fought over, responsibility for the care (who did the screening versus who provided follow up care) led to tensions between groups. This, along with sweeping cuts to federal and county-level funding, eventually led two smaller health-based NGOs that had been involved since the emergence of the Imperial Beach pop-up clinic to pull out, followed by county’s own nurses.

Coinciding with the enactment of Migrant Protection Protocols and the resultant stark drop in clients passing through the clinic and new funding from the state, these administrative shifts, though difficult to manage at the time, overall led to a more streamlined operation which largely continued through the calendar year. The lone exception to this was when federal government transported planes full of flu-infected migrants from Texas detention centers to San Ysidro for discharge. This meant that while there weren’t problems with flu outbreaks *occurring* in San Diego, one was effectively constructed, putting undue burden on the MFSC and endangering the healthy populations of asylum seekers those infected came into contact with (Nero 2019). This was also highly politicized, as critics used this ‘outbreak’ as justification for the MFSC to be shut down if it was not in fact ‘helping’ immigrants. Once this passed in mid June, things were relatively ‘normal’ – though, again, due to MPP the MFSC’s daily intake numbers rested around 30 asylum seekers due to MPP – until the downtown lease ended. Though more established in practice, the move to a more permanent location near the Elle Vista and Old Town neighborhoods of San Diego, posed new challenges to my interlocutors in terms of managing limited space and logistics for both the MFSC.

Though brief, the history of the MFSC is inflected by the same turbulent political ethos that shapes migrant and citizen subjectivities. From divestment by various stakeholders and the loss of staff (both due to cuts in funding), the marked shifts in client volume and demographics due to MPP, and the constant onslaught of xenophobia and racism by federal administrators that coincides with the gutting of the asylum process and motivates individuals to act upon their own racist beliefs and protest the shelter, life in the clinic is constantly affected by politics as they occur in real time. In what follows, I examine how the health screening assessment operates in the context of the MFSC and the detention-resettlement process at large.

When Governance is Care: Screening & Intake Procedures at Resettlement's Onset

As a node within the arterial border apparatus tasked with receiving asylum seekers out of ICE detention, I find it is important to situate the space of the clinic and its screening within the broader process of migrant trajectories through the border apparatus. After surrendering themselves to a border patrol agent and requesting application for asylum, migrants would be held in detention for up to two weeks. The depravity of federal detention are well-reported, and several reports documenting the conditions and abuse migrants are subjected to have been published.¹⁶ Needless to say, being held in a carceral environment marked by conditions of overcrowding, poor sanitation, inadequate meals, and forms of overt physical, verbal, psychological, and sexual abuse is a particularly cruel and dehumanizing form of suffering. This containment, as a mode of disciplinary management, is intentionally designed to deter future asylum seekers from arriving. Fear and risk proliferate as stories are exchanged through social networks as well

¹⁶ While not the direct object of my inquiry, see Wong, Bonilla, and Coleman 2019 as well as Martínez, Slack, and Heyman 2013 for in-depth descriptions of the hostility and dehumanization migrants face at the hands of border patrol agents.

as when narratives and images are circulated throughout the media (Slovic et al, 2017). Along with other strategies such as the aforementioned “environmental deterrence” that contribute to architectures of repulsion meant to deter asylum seeking migrants (Wiltberger 2019, 67; Fitzgerald 2019, 6), this deprivation contributes to the trauma, risk, and violence which all clients passing through the MFSC likely encountered in some form. In an interview with Elle Hill, she expressed the need for volunteers, clinicians, translators, and other staff to know *where these people are coming from* – not just in the geographic sense, but really getting at the situational contexts violence and precarity that define their struggle and resilience in seeking refuge. As I will discuss later on, it is not a question of *if* clients passing through the screening clinic have undergone some form of trauma; it’s a matter of understanding and being sensitive to the fact that every client has faced something.

Following their time in detention – not accounting for the possible weeks or months of transit and waiting in camps or queues on the Mexican-administrated side of the border, where many cast back by MPP are preyed on by criminals (Medecins Sans Frontieres 2017; Physicians for Human Rights 2019) – families are brought into *la hielera* for their preliminary credible fear interview. This is the preliminary interview, the ‘lower’ bar when compared to later asylum interviews, yet both pose the necessity to demonstrate the justification for asylum. While these too are not the primary focus of my study (see Haas 2017, Haas and Shuman 2019 for excellent ethnographic queries into the power dynamics at play and stakes at hand in these settings), I am interested in questions of how trauma and narratives of violence or suffering come to be represented and mobilized in these contexts – though that is another thesis in and of itself. For now, it is important to recognize that this initial interview is the last encounter these asylum-seekers (for they now legally viewed as ‘asylum seekers’ by the state) have before being

discharged. Border Patrol or ICE will contact shelter administration asking if they have space for a certain amount of family units that consist of a total number of persons, before the queued-up families are transported by van to the MFSC. Most of these families come from San Ysidro, though some are bought over from Calexico in Imperial County – another move by the state to disorient asylum seekers by moving them from their anticipated point of crossing.

Usually not having been told where they're going upon discharge, the asylum seeker's arrive and unload from the 15 passenger vans used to bring them up to San Ysidro. Upon first glance though, it would seem as if they were still detained – uniformed security officers stand guard at the gated entrance to the parking lot, firearms in hand or at their side. This is where a shelter volunteer or staff greets the new arrivals, reassuring them they are safe and will soon be able to shower, change, and eat. In the downtown shelter, asylum seekers were shepherded down a colorfully decorated stairwell before making their way through a series of twisting hallways – a reminder of the building's former life as county court offices. Arriving in a larger greeting area, they would be offered snacks and water before being asked to sit for a brief orientation. Here, a staff member would explain the procedure of what was to come; moving in family units, groups would first collect clean clothing. Then, folks would undergo their health screening before going to meet with a case manager to do the intake, after which they were free to shower, make phone calls, and rest. The scheduled mealtimes, quiet hours, and other logistical procedures were explained. Lastly, the 3 rules of the shelter – advertised throughout the shelter on bold flyers – were emphasized; no firearms, no violence, and no smoking.

The health screening is essentially that – a screening, meant to quickly survey the baseline health of individuals and identify high-risk individuals who either required immediate care or would be unable to travel given their condition. Blood pressures and temperatures are

checked, with doctors putting on smiles and cheery voices for small children. A brief questionnaire of each individual's recent health history is taken as a means of establishing a forensic log of any injury or illness that may have occurred in transit. Mild symptoms, such as coughs, sore throats, and stomach aches are treated with over the counter remedies while cuts and scrapes are cleaned with antiseptic fluid and bandaged. Scabies, lice, and other dermatological conditions symptomatic of transit are checked for, as are symptoms of communicable disease such as the flu, varicella, and whooping cough. If these are detected, there are protocols in place for the proper treatment, and, if needed, quarantine of individuals. In the downtown shelter, there were separate quarantine rooms and showers for those who had been treated with lice, and folks with communicable diseases would be taken to a nearby hotel where they stayed in a private room and would be checked on once a day by a shelter volunteer. Keeping in mind themes of health security I discussed in my introduction, and the fact that this program was instated by the county in order to prevent the deaths of migrants under their care as well as to prevent a "public health crisis," the screening acts as a site through which migrants are once again scrutinized – this time through the eyes of health providers, rather than the state directly – before being allowed to pass through and enter the interior of the body politic. Likewise, I'm prompted to consider Katherine Ewing's treatment of the migrant clinic in her analysis of immigrant identity and emotion. In defining migration as "a stressful, emotionally charged experience of discontinuity and rupture difficult to imagine for those who have not been through it," (225, 2005) she recognizes the clinic as "what White (this volume) calls a "proximal zone of everyday experience" or social contexts in which, he argues, people interpret, discuss, and recreate emotions in their own lives" (White in Ewing 2005, 226) in order to understand clinical settings as sites which "position the migrant in relations of authority and power in ways

that contribute to new articulations of emotional experience and identity formation,” (ibid). In light of this, I am called to think about the context of asylum seeker’s initial credible fear interview and release from detention, their transition to the MFSC, and experiences in the health screening and intake as sites where testimony is given and, therefore, emotional experiences of trauma in transit are expressed. When the stakes of continuing one’s passage – particularly in the harrowing contexts of federal asylum interviews – are contingent upon the presentation of one’s trauma in order to justify a legal status, what shifts in subjectivity occur amid these (re)articulations of experience?

Following the screening and whatever quarantine may be required, individuals sit down with a caseworker for their formal shelter intake. Biographic information is collected, along with rationale for departure from one’s country of origin and contact information for the families. After this interview, families are free to relax until they meet with a travel coordinator and eventually embark on the final leg of their journey to their host/point of contact. Though shelter staff do their best to act as witnesses to those who are still undergoing the tumultuous and disorienting transition from detention to resettlement, they also need work with expediency in order to account for all of the cases and begin arranging the logistics of these families’ travel. As one case worker bluntly put it, “I’m here to do the intake – not therapy.” This speaks to the constraints felt by all of those tasked with their individual responsibilities in ensuring the MFSC operates smoothly but also highlights a point of tension or dissonance – one might ask whether it is possible to even to consider a space of respite such as a shelter as not therapeutic. Not intending to twist the words of this case worker, as they were referring to the formal documentation of the intake and are certainly committed to their work, but what might this reflect in terms of limits to what the MFSC may offer? In this next section, I address a few

examples shared by clinical informants before attending to the question of how they approach issues of mental health and traumatic experience given the material and temporal constraints that structure the health screening program and asylum seeker's passage through the shelter.

Clinical Constraints and the Trouble with Trauma

The fact that the clinic, as an “asylum-seeker's health screening program,” was unable to address the holistic needs of the asylum seeker's passing through the MFSC presented many challenges to the clinical staff. Bound by whatever protocols existed and wanting to stay on good terms with and not abuse local hospitals' emergency services, they had to effectively determine what did and did not fall under the purview of what Kaye referred to as the “logic of the screening.” This is the idea of not screening for what cannot be reasonably treated; breast cancer was the example initially given to me – you're not going to check every individual for breast lumps when there's no mammogram available or options to effectively treat it. This, of course, is in the context of the MFSC where both material constraint (the need to continually assess what supplies were available and if the clinic was under budget) and the client's temporariness – given their average stay of 24-72 hours while their travel was arranged – limited the possibilities and realities of caregiving. These physicians, as moral wayfarers, struggle in their efforts to make the ‘best decision’ without any possibility of later being able to assess the outcomes of their decision making, in part due to the protracted process entailed in traversing this institutional landscape.

While managing the logistics of a clinic can certainly be overwhelming, it is another thing when a person's very own health and wellbeing lies in your hands, as Kaye shares “In the beginning, our referral pattern was sending people to the emergency room because it's something that they can't go on a plane greyhound bus with. But now, as people are staying longer and

longer past the original 24-48 hours, it gets tricky when they have medical needs that could be addressed that we normally wouldn't in the screening." When asked to provide an example, she shares, "For one instance there was a man who had really serious orthopedic surgery, a little while back, but they couldn't get the follow up to determine whether or not they could go in an airplane... I mean we couldn't get anyone to give us a travel clearance and we didn't feel as if we could give him a travel clearance..." I asked, "so they're stuck?" She responds, "well they're stuck, and finally we just have to decide because no one wants to do it over the phone, and you can't get them back into the clinic because they had their surgery and two follow-up visits. So, it was a couple months later and we were thinking 'well maybe they can go on an airplane, *we don't know?* If they have a wheelchair can they get on an airplane, *I don't know!*'"

This case of the man in the brace is poignant. Kaye describes him as younger, probably in his thirties, traveling with his toddler son. The brace is cumbersome and the gauze around his leg is frayed, with rust-colored stains where the stitches have begun to bleed. His back-and-forth trajectory along crossed lines and ruptures in communication, exceptions to protocol, and the need for his caregivers to do the work of forensic back tracking in order to identify the nature of his procedure, the doctor who conducted it, and the location of his surgery all emphasize both the patient and his caregiver's positions as moral wayfarers. Logistical, bureaucratic, and clinical ways of knowing all come together as they faced the uncertainty as to whether or not this man would be okay to travel. The logic of the screening fails here, as this man was not in need of acute care besides, perhaps, having his bandages changed. The circumstances which bring individuals into the MFSC do not always have protocols in place to resolve whatever obstacles or barriers they face. Fortunately, due to Kaye's professional connections due to working in

Southern California for several decades, she was able to get in touch with the surgeon who had performed this man's operation and get to the bottom of it – the patient was cleared for travel.

Another challenge, this time more administrative, that was expressed to me was one of staffing and hiring. Kaye expressed to me the difficulties that, when these physicians are volunteers, scheduling can be challenging when you don't know when ICE is coming, how many people there will be to see, etc. She says it's hard to keep people interested if they do not feel needed, which is understandable. In this conversation that we were having about staffing, she expresses that “we maintain a really high bar when bringing physicians on to our team as volunteers. We want folks who are bilingual, who have board certifications. We don't just take poor people and say, ‘well this is better than nothing’. No, no, no, whether I'm at the university hospital, one of my mission trips to Africa, or if down at the shelter, the goal is to always ensure a high quality, best standard of care.”

I final instance – that of family separation and the force of its accompanying grief – reveals the constraints engendered by the logic of the screening, as well as the general power of authority of the MFSC in the face of the letter of the law. One account Kaye shared with me was that of an elderly Guatemalan woman's arrival. She had, at some point in the midst of ICE detention or discharge proceedings, had been separated from her granddaughter in ICE detention. This woman, inconsolable, explained to Kaye that her daughter – the young girl's mother – had been murdered by her gang member son-in-law, and this is what prompted her to take her granddaughter and flee to Mexico in the hopes of eventually uniting with family in the United States. Kaye explained how powerless she felt to the situation, yet, as a grandmother, the fury of what happened to this woman in listening to her account. Holding up her daughter's crumpled-up death certificate, the grandmother explained that despite being able to prove her relation to her

granddaughter as well as demonstrate her daughter had been killed, the US government refused to acknowledge the grandmother's custody, as she had not formally – legally – adopted her. The staff and clinicians at the shelter never found out what came of that woman or her granddaughter; Kaye tells me it is one of those stories that will keep haunting her, “what was I to do?”

It is here that I recall conversations I had with both Kaye and Elle about mental health screening, given the distress of this woman and the clinic's lack of any sort of protocol or resources to support her besides a listening ear. Elle tells me during our first interview, that:

“An issue with mental health is first of all you have to assume that everyone in the shelter has been traumatized. They've been traumatized by why they left their country, who they left behind, they've been traumatized en route. And I mean there's levels of trauma, I admit, I mean there's women who have been sexually assaulted, and men who are threatened or kidnapped... you know. There's levels of trauma but everybody, everybody, has mental health issues. So you can't go into this saying “I'm gonna screen for mental health concerns”

Likewise, Kaye shares that, at one point in the winter of 2019, they did implement a mental health protocol for some time. However, “we started screening because we felt they wanted us to start screening, but then they asked us to stop screening because they didn't have the referrals. So we got that, I mean I have to say as the medical director I said multiple times ‘we don't screen for anything we can't do anything about.’” This issue of mental health care, of trauma being “we can't do anything about” is an issue that has troubled the MFSC since its inception. Despite adding inventory questions on violence to the health screening, without the proper referral network, there was nobody to address positive screenings of depression, anxiety, and PTSD for the longest time. So, why bother doing them? When everybody checks positive, what is

accomplished besides identifying problem that you do not have the resources to handle. Now, at least according to Elle, there's one or two licensed clinical social workers who are able to come and attend to individuals' needs on a regular basis as of February 2020. However, both Kaye and Elle admitted to me that the transient or fleeting aspect of migrants' stay at the MFSC prohibits any sort of meaningful therapeutic relationship to be formed. Explaining that they needed referrals – experts who they could send patients with mental health concerns to – Kaye continues, “we know how to screen for depression, anxiety, PTSD, we know how to and are ready to do these things; we've all done them before. So, we're like we can screen, we have the tools, we know the tools, they're all validated. But then what're we going to do about it? Is this the right setting for it?”

Here, we touch on a key issue – setting. One of the rationale behind why the MFSC doesn't screen for depression, or why the aforementioned caseworker “is not here to do therapy”, is the fear of retraumatization. In the context of asylum seekers' transit, multiple clinicians cited perspectives from the school of trauma-informed care, asking what good is it to unearth all of that emotionally charged and often on-going trauma when these people are about to go sit on a greyhound bus for 4 days? Better leave it to when they get to their final destination, Elle observes; “Right, they're only with us for a day or two usually, and one of the best things they need to be done is get to their families. You know, they don't need to be sitting in San Diego talking to some counselor when they finally got in the country and can be reunited with their one of their family members. Let's talk about what's going to really make them feel better, right?”

Engaging Agency amid Constraint: Future Directions and Anthropological Insights

As my clinical interlocutors identify that while “everyone is traumatized” and that such experiences of trauma as beyond the extent of their clinical purview, I wish to consider anthropological perspectives that might be used to frame issues of violence in transit and move beyond their medicalization; those of structural violence, precarity, and struggle. These issues are of particular importance when writing about the mental health of forced migrants, particularly in that, as anthropologists, we ought to be wary of how suffering and trauma are represented or reproduced in our writing. That being said, it is important to be able to provide nuanced insights as to how to talk about issues of suffering and trauma. Yêñ Espiritu observes in the case of Vietnamese refugees that in “casting Vietnamese refugees as objects of rescue, [scholarship] portrays them as “incapacitated by grief and therefore in need of care” (2006, 410), and similar literature presumes the same of Central American refugees today, presuming them as subjects who are irreparably broken, violated, and helpless in light of the forces which rendered them migrants (Mollica 2019).

I seek to follow Good et al.’s mandate to further “explore subjectivity at the borderlands or margins of states and polities” whereby “‘borderlands’ here refer not only to the geographical border areas of nation-states, *but to the marginal spaces of governmentality, global economics, biopower, and moral politics*. [As] these spaces of contradiction and disorder, as well as sites of cultural fluidity, identity making, and diverse and marginal forms of citizenship” which shape subjectivity (2008, 22), a theme I address more thoroughly in the next section of this paper. Subjectivity, in signaling “a new attention to hierarchy, violence, and subtle modes of internalized anxieties that link subjection and subjectivity, and an urgent sense of the importance of linking national and global economic and political processes to the most intimate forms of

everyday experiences” must be prioritized in order to situate the political within the psychological and, conversely, the psychological in the political (Good et al. 2008, 2-3). As such, I support their suggestion for the need of anthropologists engaged in issues of transnational migration to prioritize the lived experience of forced migrants, as well as both the geopolitical powers which prompt forced migration in the first place and the cultural politics of nation which shape it.

In order to do so, I employ Paul Farmer’s renowned theory of structural violence, as an understanding of “the social machinery of oppression” that is “exerted systematically – that is, indirectly – by everyone who belongs to a certain social order: hence the discomfort these ideas provoke in a moral economy still geared to pinning praise or blame on individual actor” (Farmer 2004). By looking at institutionalized forms of violence and oppression as being unequally distributed and most affect those who inhabit marginalized positions in society, we can understand how violence and suffering are social phenomena that are culturally relative and historically rooted in global inequalities. Furthermore, in recognizing these are “structural arrangements in political and economic systems that do not provide for basic needs. Often the result is inadequate and harmful conditions that are of great political and existential immediacy for embodied selves and can severely compromise mental health” (Jenkins 2015, 11). This echoes Wendy Vogt’s observation that the conditions driving Central American migrants from their homes in the first place is part of “a historical continuum where the violence people experience along the journey is not conceptualized as new or unique, but rather a continuation of processes they have known all of their lives” (2018, 25). Furthermore, she acknowledges that while “individual stories are important to put a human face on suffering, but as a political project, it is crucial that we contextualize the lived and embodied forms of gendered and sexual violence experienced along the journey, is not just the work of bad individuals, but rather

produced at the nexus of state and structural violence that permeate the lives of migrants” (ibid, 19). This is not to dismiss the reality of harm and depravity experienced by migrants, but to impress the need for locating the root causes suffering within broader social and historic structures such as U.S.-driven structural adjustment and narcoterrorism initiatives that continually plague the lifeworlds of Central Americans, further destabilizing the regions they call home. As Jenkins and Hollifield reflect in their discussion of transformations of the lived experience of Vietnamese refugees as “reciprocally produced within the nation-state and body-self,” we might think take up their question of “how to conceive at once the collective incorporation of public violence and the tormented inner conflict of a fragmented self” (2008, 379).

Those who are most often subject to these forms of structural and state violence inhabit positions of precarity and traverse precarious spaces marked by all sorts of threats – physical, psychological, and existential. Clara Han identifies two poles in the theorization of precarity – the first being that “precarity is tightly bound to transformations of labor and the welfare state under conditions of globalization” and that, conversely, “precarity, and its companion, precariousness, is understood as a common ontological condition of exposure and interdependency that seems to be independent of forms of life (Butler 2004)” (2018, 332). The first is grounded in Marxist theory which identifies precariat as those subject to “intermittent forms of casual labor” (ibid). Precarity, from this perspective, is the “predicament of those who live at the juncture of unstable contract labor and a loss of state provisioning” (ibid). We may understand displaced Central Americans as inhabiting this form of precariousness, given how “the emergence of precarity as a central political motif of the global movement relates not only to labor market conditions but also to the prevalent moods and conditions within advanced

capitalist societies at a time of seemingly interminable global conflict” (Neilson & Rossiter 2005, 6 in Han 2018). The positionality of persons in the global south, as consequence of global insecurity and conflict, may easily be traced to conditions and inequalities grounded in structural violence.

It is this sense of insecurity and marginality, lending those who inhabit it to suffering and abandonment, that can be traced to the other pole Han identifies in her analysis of precarity, precariousness, and vulnerability. Specifically, she takes up Judith Butler’s treatment of precarity in how she “formulates precarious life as a common human vulnerability that emerges because of embodied existence and the requirement that such existence crucially depends on interdependency—that humans are fundamentally constituted through relations and thus, through exposure to the other” (Butler 2004, 2010; Puar 2012 in Han 2018, 337). Here, ontological precarity is an common condition, universal yet unequally distributed in ways which determine some lives as more vulnerable and others more protected. Precarity, as such, is the “differential distribution of bodily destruction and grievability that emerges through specific social and political arrangements” (Butler 2009, Lorey 2015, in Han 2018, 337). Han emphasizes the perspective from which Butler writes – outside of instances of devastation and destruction which her work takes up, asking “What is the responsibility of this audience to distant others? Do their lives count to “me”?” (ibid). Janis Jenkins distinguishes this sense of precarity from that of vulnerability, just as Han seeks to distinguish precarity as an ontological condition from the authorial impulse to use it in order to describe various modes of vulnerability. Highlighting how precarity “designates that politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death [...] Precarity also characterizes that politically induced condition of

maximized vulnerability and exposure for populations exposed to arbitrary state violence and to other forms of aggression” (Butler 2009, ii in Jenkins 2015). Precarity, according to Jenkins, is “more precise from the standpoint of the person’s immediate experience: the phenomenology of mental illness, it seems, is less that of vulnerability than of precarity” in its attention to conditions of volatility – internal and external – and the impress of extremity that afflicts those who have been marginalized by structural violence. The notion of ‘vulnerability,’ while descriptive, is not experience-near, but is rather generally used to indicate conditions of adversity or affliction. Precarity, on the other hand, takes up the immediacy of experience in recognizing that “precarious lives are ‘lives who do not qualify as recognizable, readable, or grievable’” (Butler 2009 in Jenkins 2015). Certainly, from my perspective, as not having undergone the violence of Central American transit migration, I would argue the lives of those who pass through the MFSC are precarious.

Likewise, Jenkins argues that “in line with the replacement of vulnerability with precarity, it is more productive to think less in terms of the symptoms manifested by the afflicted and more in terms of the struggle in which they engage as a matter of everyday life and survival” (2015, 13). Struggle, as a fundamental and existential human process, is marked by resilience and agency that “is embedded in the often profound and even courageous social engagement with living, working, and caring for others *despite* an onslaught of subjective experiences [...] along with the social stigma and discrimination frequently accompany them” (2015, 2). The struggle of wayfaring *peregrinos* in transit, then, constitutes their form of being in the world as well, drawing together considerations of what it means to “subsist, let alone prevail, under these conditions [of extremity]” (ibid). Struggle, amidst intersecting forms of precarity, then, is the resilience demonstrated by intentional wayfaring agents whose daily lives come to be

marked by profound instability. When “palpable insecurity” is felt as the precariousness of lives lived on the margins as repeated traumatic events come to constitute a new normal, struggle as an analytic term demonstrates the endurance of those whose “reality is defined by the profound sense of unreality in the realm of what is (un)imaginable” (Jenkins 2015, 241). As such, struggle can be deployed as a way to both structurally and existentially frame matters of mental health and wellbeing in the clinic.

With the help of these analytics, I conclude by emphasizing the need to write against the medicalization of trauma, particularly of traumas which occur in transit (Yarris and Castañeda 2016), in order to promote a vision for the future of investigating the intersections of culture and mental health that prioritizes subjective experience as well as the dynamics of caregiving and the socio-political forces which necessitate care in the first place. Refugees and migrants are agentive and resilient, whose stories ought be promoted and not made mobilized in a way that renders them as spectacles in order to fit a particular agenda, even if it is one which seeks to help. Let us look to the clinic as a site of respite and reorientation, but also step beyond its boundaries when seeking restoration in the face of struggle.

Works Cited

- Agamben, Giorgio. 1998. *Homo Sacer: Sovereign Power and Bare Life*. Palo Alto: Stanford University Press.
- Ahmed, Sara. 2004. "Affective Economies." *Social Text*, 79(22): 117-39.
- _____. 2006. "Orientation: Toward a Queer Phenomenology." *GLQ: A Journal of Lesbian and Gay Studies*, 12(4): 543-574. Durham: Duke University Press.
- _____. "Making Strangers" *Feministkilljoys* (blog). August 4, 2014.
<https://feministkilljoys.com/2014/08/04/making-strangers/>
- _____. "Bogus" *Feministkilljoys* (blog). October 27, 2016.
<https://feministkilljoys.com/2016/10/27/bogus/>
- Avitabile, Rafael. 2019. "County Sues Federal Gov. Over End of Safe Release Program for Asylum Seekers," *NBC San Diego*. April 4.
- Belloni, Milena. 2019. *The Big Gamble: The Migration of Eritreans to Europe*. Oakland: University of California Press.
- Boehm, Deborah A. 2016. *Returned: Going and Coming in an Age of Deportation*. Berkeley: University of California Press.
- Bourdieu, Pierre. 1990. *The Logic of Practice*. Richard Nice, trans. Stanford: Stanford University Press.
- Chimni, Bhupinder. S. 2000. "Globalization, Humanitarianism and the Erosion of Refugee Protection." *Journal of Refugee Studies*, 13(3): 243-263.
- Csordas, Thomas. 2011. "Cultural Phenomenology". In *A Companion to the Anthropology of the Body and Embodiment*, edited by Frances E. Mascia-Lees, 137-156. Oxford: Blackwell Publishing Ltd.

- Corchado, Alfredo and Dianne Solis. 2018. "ICE says it won't help freed immigrants get to bus stations, airports," *The Dallas Morning News*. October 26.
- Correa, Jennifer G. "'After 9/11 everything changed': Re-formations of State Violence in Everyday Life on the US-Mexico Border," *Cultural Dynamics*, 25(1): 99-119.
- Coutin, Susan Bibler. 2005. "Being En Route," *American Anthropologist*, 107(2): 195-206.
- Crapanzano, Vincent. 1985. *Waiting: The Whites of South Africa*. New York: Random House.
- De Genova, Nicholas. 2002. "Migrant 'Illegality' and Deportability in Everyday Life," *Annual review of Anthropology*, 31: 419-447.
- _____. 2005. "The Legal Production of Mexican/Migrant 'Illegality'." In *The Anthropology of Citizenship: A Reader, First Edition*, edited by Sian Lazar, 309-325. Malden, MA and Oxford: John Wiley & Sons.
- De León, Jason. 2015. *The Land of Open Graves: Living and Dying on the Migrant Trail*. Berkeley: University of California Press.
- Doty, Roxanne. 2011. "Bare Life: Border-Crossing Deaths and Spaces of Moral Alibi." *Environment and Planning D: Society and Space*, 29(1): 599-612.
- El-Shaarawi, Nadia. 2015. "Living an Uncertain Future: Temporality, Uncertainty, and Well-Being among Iraqi Refugees in Egypt." *Social Analysis*, 59(1): 38-56.
- Ewing, Katherine P. 2005. "Immigrant Identities and Emotion." In *A Companion to Psychological Anthropology*, edited by Conerly Casey and Robert B. Edgerton, 225-240. Oxford: Blackwell Publishing Ltd.
- Edgerton, Robert B. 1992. *Sick Societies: Challenging the Myth of Primitive Harmony*. New York: The Free Press, Maxwell MacMillan International.
- Espiritu, Yên Lê. 2006. "Toward a Critical Refugee Study: The Vietnamese Refugee Subject in US Scholarship." *Journal of Vietnamese Studies*, 1(1-2): 410-433.

Farmer, Paul. 2004. "An Anthropology of Structural Violence." *Current Anthropology*, 45 (3): 305-325.

Fassin, Didier. 2011. *Humanitarian Reason: A Moral History of the Present*. Berkeley: University of California Press.

Fitzgerald, David Scott. 2019. "The Catch-22 of Asylum Policy" In *Refuge Beyond Reach: How Rich Democracies Repel Asylum Seekers*. New York: Oxford University Press.

Gonzales, Richard. 2019. "Border Patrol Starts Releasing Asylum-Seeking Migrants To South Texas Streets," *NPR Law*. March 20.

Good, Byron J., Mary-Jo DelVecchio Good, Sandra Teresa Hyde, and Sarah Pinto. 2008. "Postcolonial Disorders: Reflections of Subjectivity in the Contemporary World." In *Postcolonial Disorders*, edited by Mary-Jo DelVecchio Good, Sandra Teresa Hyde, Sarah Pinto, and Byron J. Good, 1-40. Berkeley: University of California Press.

Haas, Bridget. M. 2017. "Citizens-in-Waiting, Deportees-in-Waiting: Power, Temporality, and Suffering in the U.S. Asylum System." *Ethos*, 45(1): 75-97.

_____. 2019. "Asylum Officers, Suspicion, and the Ambivalent Enactment of Technologies of Truth." In *Technologies of Suspicion and the Ethics of Obligation in Political Asylum*, edited by Bridget M. Haas and Amy Shuman, 105-128. Athens: Ohio University Press.

Hage, Ghassan. 2009. *Waiting*. Melbourne: Melbourne University Publishing.

Han, Clara. 2018. "Precarity, Precariousness, and Vulnerability," *Annual Review of Anthropology* 47 (1): 331-343.

Heinemann, Laura L. 2016. *Transplanting Care: Shifting Commitments in Health and Care in the United States*. New Brunswick, New Jersey: Rutgers University Press.

- Hodges, Adam. 2019. "What to Call US Border Detention Centers?" *Anthropology News website*, August 5.
- Holston, James. 2008. *Insurgent Citizenship: Disjunctions of Democracy and Modernity in Brazil*. Princeton, NJ: Princeton University Press.
- Inda, Jonathan Xavier. 2006. *Targeting Immigrants: Government, Technology, and Ethics*. Malden, MA: Blackwell Publishing.
- Ingold, Tim. 2011. *Being Alive: Essays on Movement, Knowledge and Description*. London: Routledge.
- Jackall, Robert. 1988. *Moral Mazes: The World of Corporate Managers*. New York: Oxford University Press.
- Jenkins, Janis H. 2015. *Extraordinary Conditions*. Berkeley: University of California Press.
- Jenkins, Janis H. and Michael Hollifield. 2008. "Postcoloniality as The Aftermath of Terror Among Vietnamese Refugees." In *Postcolonial Disorders*, edited by Mary-Jo DelVecchio Good, Sandra Teresa Hyde, Sarah Pinto, and Byron J. Good, 378-296. Berkeley: University of California Press.
- García, Samuel David and Joseph Gallardo. "End 'la hielera' in immigrant detention," *Associated Press*. February 10, 2019.
- Gatrell, Peter. 2013. "The Making of the Modern Refugee." Oxford: Oxford University Press.
- Grace, B.L., Bais, R. and Roth, B.J. 2018. "The violence of uncertainty: undermining immigrant and refugee health." *New England Journal of Medicine*, 379(10): 904-5.
- Gideonse, Theodore K. 2015. "Pride, Shame, and the Trouble with Trying to Be Normal." *Ethos*, 43 (4): 332-352.
- Levi, Primo. 1988. *The Drowned and the Saved*. New York: Simon and Schuster.

Low, Setha. (2017). "Embodied Space." In *Spatializing Culture: The Ethnography of Space and Place*, 94-118. New York: Routledge.

Malkki, Liisa H. 1995. "Refugees and Exile: From "Refugee Studies" to the National Order of Things" *Annual Review of Anthropology*, 24: 495-523.

_____. 2015. *The Need to Help: The Domestic Arts of International Humanitarianism*. Durham and London: Duke University Press.

Magaña, Rocío. 2011. "Dead Bodies: The Deadly Display of Mexican Border Politics." In *A Companion to the Anthropology of the Body and Embodiment*, edited by Frances E. Mascia-Lees, 137-156. Oxford: Blackwell Publishing Ltd.

Marcel, Gabriel. 1962. *Homo Viator: Introduction to a Metaphysic of Hope*, translated by Emma Crawford, New York: Harper Torchbooks.

Martínez, Daniel E. and Jeremy Slack. 2013. "What part of 'Illegal' Don't You Understand? The Social Consequences of Criminalizing Unauthorized Mexican Migrants in the United States." *Social & Legal Studies*, 1-17.

McNeely, Ian F. 2002. "*Medicine on a Grand Scale*": *Rudolf Virchow, Liberalism, and The Public Health*. London: The Wellcome Trust Centre for the History of Medicine at University College London.

Medecins Sans Frontieres. 2017. "Forced to Flee Central America's Northern Triangle – A Neglected Humanitarian Crisis." Investigative Report. June 14.

Mmembe, Achille, and Janet Roitman. 1995. "Figures of the Subject in Times of Crisis." *Public Culture*, 7: 323-352.

Mollica, Richard F. 2019. "The New H⁵ Model: Trauma and Recovery" in *Humanitarianism and Mass Migration: Confronting the World Crisis*, edited by Marcelo M. Suárez-Orozco, 123-136. Berkeley: University of California Press.

Nader, Laura. 1969. "Up the Anthropologist: Perspectives Gained from 'studying up'" in *Reinventing Anthropology*, edited by Dell Hymes, 284–311. New York: Random House.

- Nero, Mark. 2019. "San Diego Shelter Housing Asylum-Seekers Suffers Flu Outbreak," *Patch*. May 24.
- People's Health Movement, Medact Third World Network, Health Poverty Action, Medico International, and ALAMES. 2017. "Framing Health as a Security Issue" In *Global Health Watch 5 An Alternative World Health Report*. 327-334. London, UK: Zed Books.
- Physicians for Human Rights. 2020. "Supreme Court Allowing "Remain in Mexico" Enforcement Is A Deadly Threat to Asylum Seekers: PHR." Press Release. March 11.
- Puumula, Eeva, Riita Ylikomi, and Hanna-Leena Ristimäki. 2017. "Giving an Account of Persecution: The Dynamic Formation of Asylum Narratives." *Journal of Refugee Studies*, 31(2): 197-215.
- Rosenburg, Eli. 2019. "California lawmakers Sue Trump Administration as Border County Cares for 11,000 Asylum Seekers," *Washington Post*. April 4.
- Sands, Geneva. 2019. "ICE ending practice of coordinating release plans for undocumented families in Arizona," *CNN Politics*. October 10.
- Sarabia, Heidi. 2012. "Perpetual Illegality: Results of Border Enforcement and Policies for Mexican Undocumented Migrants in the United States." *Analyses of Social Issues and Public Policy*, 12 (1): 49-67.
- Slack, Jeremy and Daniel E. Martínez. 2019. "The geography of migrant death: violence on the US-Mexico border." In *Handbook of Critical Geographies of Migration*, edited by Katharyne Mitchell, Reece Jones and Jennifer L. Fluri. 142-152. Northampton, MA: Edward Elgar Publishing.
- Semple, Kirk. 2018. "What is 'La Lista' Which Controls Migrants' Fates in Tijuana?" *The New York Times*. October 30.
- Ticktin, Mariam. 2011. *Casualties of Care: Immigration and the Politics of Humanitarianism in France*. Berkeley: University of California Press.

Trump, Donald J. Twitter Post. June 24, 2018, 8:02 AM.

<https://twitter.com/realDonaldTrump/status/1010900865602019329?s=20>

U.S. Congress. Senate. The Office of U.S. Senator Jeff Merkley. *SHATTERED REFUGE: A U.S. Senate Investigation into the Trump Administration's Gutting of Asylum*. 116th U.S. Congress, 2nd Session. 2019.

Virchow, Rudolf. 1985 [1879]. "The Charity Physician." In *Collected essays on Public Health and Epidemiology*, edited by L. J. Rather, 33-6. Canton, MA: Science History Publications.

Vogt, Wendy. 2018. *Lives in Transit: Violence and Intimacy on the Migrant Journey*. Berkeley: University of California Press.

The White House, United States Government. 2019. *Statement from the President Regarding Emergency Measures to Address the Border Crisis*. May 19.
<https://www.whitehouse.gov/briefings-statements/statement-president-regarding-emergency-measures-address-border-crisis/>

Willen, Sarah S. 2007. "Toward a Critical Phenomenology of 'Illegality': State Power, Criminalization, and Abjectivity among Undocumented Migrant Workers in Tel Aviv, Israel." *International Migration*, 45(3): 8-38.

Wiltberger, Joseph. 2018. "On the Border of Illegality: The Politics of Humanitarian Aid and Deterrence at the Mexico-U.S. Border." In *Porous Borders, Invisible Boundaries? Ethnographic Perspectives on the Vicissitudes of Contemporary Migration*, edited by Jayne Howell, Deborah R. Altamirano, Faedah M. Totah, and Fethi Kele, 67-72. Arlington, VA: Committee on Refugees and Immigrants; Society for Urban, National, and Transnational/Global Anthropology; American Anthropological Association.

_____. 2019. "In/Visibility in Migration: A Reflection on the Caravan." *Hot Spots, Fieldsights*, January 23. <https://culanth.org/fieldsights/in-visibility-in-migration-a-reflection-on-the-caravan>

Wong, Tom, Sebastian Bonilla, and Anna Coleman. 2019. *Seeking Asylum, Part 1*. Executive Report, 1-13. San Diego: UC San Diego U.S. Immigration Policy Center

Yarris, Kristin and Heide Castañeda. 2014. "Encounters of Violence and Care: Central American Transit Migration through Mexico." *Somatosphere*.