

# **“Unintended Consequences”: Conflicts of Emergency Care on the United States-México Border**

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**ABSTRACT:** This paper examines the conflicts between emergency first responders, humanitarian organizations, and Border Patrol agents in regards to the health and safety of unauthorized migrants. Following the implementation of the Prevention through Deterrence program, thousands of migrants have been funnelled into the Sonoran Desert. At the mercy of its hostile terrain, border crossers are subject to a mixture of environmental and man-made hazards that cause serious injury and illness. This paper argues that physical risk and consequence is a tool of U.S. border policy and that deliberate barriers are in place to prevent migrants from receiving emergency health care. The challenges of medical first responders and humanitarian organizations will be examined through a study of primary and secondary sources and will illuminate the problems that medical personnel face while treating migrant patients.

## **Introduction**

A twenty-foot wall bisects the city of Nogales. What used to be a united community is now separated by Border Patrol checkpoints and steel bars, aimed at safeguarding the sovereignty of the United States of America from unauthorized migrants and refugees, or “nefarious actors,”<sup>1</sup> according to United States Customs and Border Protection. Though the border wall spans nearly three miles, emergency responders, humanitarian agencies, and anthropologists have found that the majority of migrant deaths and injuries occur where the wall disappears. Between October 2000 and September 2014, 2721 bodies of border crossers were recovered in southern Arizona.<sup>2</sup> This number hardly accounts for the immeasurable number of border crossers who suffered serious injuries or illness in the desert and were quietly apprehended, treated, and deported.<sup>3</sup> Ieva Jusionyte, a trained Emergency Medical Technician

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<sup>1</sup> “2020 U.S. Border Patrol Strategy,” United States Customs and Border Protection, August 2019.

<sup>2</sup> Jason De León, *The Land of Open Graves: Living and Dying on the Migrant Trail* (Oakland: University of California Press, 2015), 29.

<sup>3</sup> De León, *Land of Open Graves*, 6-7.

(EMT) and anthropologist, worked as an EMT/Firefighter<sup>4</sup> for a number of years in Arizona. Her research on the subject of trauma in the borderlands, conducted through interviews with fellow medical professionals and through firsthand experience treating undocumented migrants who had crossed the Sonoran desert, asserts that “emergency is routine on the border, but not due to an error... on the contrary, migrant injuries are its intended outcomes.”<sup>5</sup> The border she refers to is more than just a twenty foot wall; it is a complex system of laws, policies, and obstacles that are intended not only to harm migrants, but to prevent them from receiving necessary, and in some cases life-saving, care.<sup>6</sup> This paper will verify Jusionyte’s claim that migrant injuries are an intended consequence of current border enforcement policies, while also asserting that under the guise of ‘law enforcement,’ undocumented migrants are consistently denied emergency medical care due to their legal status. In order to provide a better understanding of the framework that allows for harm to undocumented migrants, this paper will first examine the origins of the dangerous “Prevention through Deterrence” policy currently in use by the United States government and the role that the terrain plays in injury and illness. Then, the paper will examine the politics of medical care, first through the work done by emergency responders, and then by assessing reports and firsthand accounts from a number of humanitarian organizations based in the borderlands.

### **The Space of Exception and the Politics of Wounding**

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<sup>4</sup> Many, if not all, EMS services in southern Arizona are integrated services, meaning that each responder is trained as a firefighter and as an EMT-A or paramedic. Of the communities I am looking at, all ambulances operate out of fire halls and are considered part of their respective fire districts.

<sup>5</sup> Ieva Jusionyte, *Threshold: Emergency Responders on the US-Mexico Border*, (Oakland: University of California Press, 2018), 85.

<sup>6</sup> This paper will focus solely on physical health and injuries of migrants. This is not meant to diminish the serious and often physical effects of psychological injury and mental health; mental health is a major concern that is only beginning to be tackled by humanitarian agencies. The psychological aspect of forced migration is difficult to study within a mobile population and is simply too large a project to undertake within the scope of this paper.

Article three of the United Nations Declaration of Human Rights states that everyone has the right to “life, liberty, and security of person.”<sup>7</sup> Advocacy groups such as Physicians for Human Rights argue that the right to life is inclusive of the right to access emergency health care; treatment of life-threatening injuries or illnesses generally results in prolonged life while withholding the same treatment often results in death.<sup>8</sup> This right is commonly ignored when suffering migrants are discovered after walking through the desert to reach the American border. This is no accident; it is a deliberate act that is able to exist only within the liminal space of the borderlands. Many border researchers call upon Giorgio Agamben’s influential work *Homo Sacer* to make sense of the seemingly unjust policies surrounding the politics of space, state, and individual rights. Cultural anthropologist Jason de León applies Agamben’s “state of exception” to the border, renaming it a *space* of exception. Rather than the government declaring a nation-wide state of emergency in order to suspend civil liberties, de León views border zones as “physical and political locations where an individual’s rights and protections under the law can be stripped away upon entrance.”<sup>9</sup> This is an apt description of the southern border of the United States. A Physicians for Human Rights report on medical neglect states that “according to US government interpretation in the post-WWII period, basic constitutional protections are not fully applicable within 100 miles of the US border.”<sup>10</sup> This exception emulates Agamben’s emergency measures: as a region that is geographically part of the United States but not considered as such, the borderlands exist outside of the laws and protections that are afforded to those that reside within the country. The space of exception belongs to no nation and is, therefore, exempt from the declarations of the United Nations.

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<sup>7</sup> UN General Assembly, *Universal Declaration of Human Rights*, 10 December 1948, 217 A (III), accessed December 10, 2019. <https://www.refworld.org/docid/3ae6b3712c.html>

<sup>8</sup> Kathryn Hampton, “Zero Protection: How U.S. Border Enforcement Harms Migrant Safety and Health,” *Physicians For Human Rights*, Jan. 2019, 16.

<sup>9</sup> De León, *Land of Open Graves*, 27.

<sup>10</sup> Hampton, 4, 16.

Anthropologist Miriam Ticktin also references Agamben in her work on humanitarianism in France, though she is critical of Agamben’s philosophical belief in “bare life,” or “life stripped of its political and social qualities.” Ticktin argues that we cannot know what “life stripped of all political and social features looks like, even theoretically.” In a social world, she believes, every life is inherently political.<sup>11</sup> Her fellow anthropologist, Didier Fassin, agrees. In a study on victimhood, he wrote, “the body is the place, par excellence, on which the mark of power is imprinted. It is an instrument used both to display and to demonstrate power.”<sup>12</sup> The bodies of migrants are marked with suffering in order for the state to exert power over them, as permitted in a region where regular laws do not apply and where suffering can be obscured within the deadly terrain of the Sonoran desert.<sup>13</sup>

The space of exception that de León describes exempts not only the legal rights of those crossing the desert, but also those tasked with enforcing it. De León wrote that migrant death and injury in the desert is especially dehumanizing because “the Sonoran Desert is remote, sparsely populated, and largely out of the American public’s view. This space can be policed in ways that would be deemed violent, cruel, or irrational in most other contexts.”<sup>14</sup> The defence from a 2010 report to Congress argues that the dramatic number of migrant deaths is an “unintended consequence” of Prevention through Deterrence, a statement which De León is critical of. He argues that lawmakers had access to evidence that would confirm that siphoning migrants into desolate areas would result in increased fatalities.<sup>15</sup> In other words, the policy implemented by the United States government was known to, and therefore intends to, cause harm. The desert

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<sup>11</sup> Miriam I. Ticktin, *Casualties of Care: Immigration and the Politics of Humanitarianism in France*, (Berkeley: University of California Press, 2011), 14.

<sup>12</sup> Didier Fassin and Estelle D’Halluin, “The Truth from the Body: Medical Certificates as Ultimate Evidence for Asylum Seekers,” *American Anthropologist* 107, no. 4 (December 2005): 598.

<sup>13</sup> Ticktin, 15.

<sup>14</sup> De León, *Land of Open Graves*, 28.

<sup>15</sup> De León, *Land of Open Graves*, 34.

was deliberately transformed into a geopolitical weapon that wounds slowly and silently, absolving Border Patrol of the responsibility for thousands of deaths and injuries that have occurred in the desert. Scholar Gaston Gordillo describes weaponized terrain as “a weapon unlike any other in a similar sense, for it pervades spatiality in its entirety and its existence exceeds any weaponization.”<sup>16</sup> The desert has many weapons at its disposal: high temperatures during the day and low temperatures at night cause hyperthermia and hypothermia; lack of access to water leads to extreme dehydration; and difficult terrain causes injuries to the body and its organ systems. Gordillo judges the ‘power’ of terrain by how it affects other bodies, or, in this case, the bodies of those considered ‘other.’<sup>17</sup> The desert, with its capacity to wound and kill, is a powerful weapon.

### **The Effects of Weaponized Terrain on the Body**

Many migrants are left with no choice but to traverse the dangerous desert. De León conducted a study of materials left behind at migrant camp sites in the desert, reporting that “those who migrate across the desert generally recognize that the process will be difficult, dangerous and laden with various forms of suffering.”<sup>18</sup> It is a journey not taken lightly, and evidence shows that it is impossible to carry enough supplies to escape the desert without some form of suffering, as evidenced from the supplies left behind. The most common discarded item De León found was water bottles, most empty, but some with evidence of having been filled from cattle tanks.<sup>19</sup> Other items provided evidence that certain injuries are expected: discarded

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<sup>16</sup> Gastón Gordillo, “Terrain as Insurgent Weapon: An Affective Geometry of Warfare in the Mountains of Afghanistan,” *Political Geography* 64 (2018): 60, accessed November 6, 2019, <https://doi.org/10.1016/j.polgeo.2018.03.001>.

<sup>17</sup> Gordillo, 56.

<sup>18</sup> Jason De León, “Undocumented Migration, Use Wear, and the Materiality of Habitual Suffering in the Sonoran Desert&#38;nbsp;,” *Journal of Material Culture* 18, no. 4 (2013): 340. Accessed November 6, 2019. <https://doi.org/10.1177/1359183513496489>.

<sup>19</sup>De León, “Undocumented Migration”, 340.

gauze wrappers indicate blisters and scrapes from plant life and barbed wire fences while empty bottles of pain relievers point to muscle cramps from prolonged walking and dehydration.<sup>20</sup>

Dehydration is unavoidable for those in the desert long enough to cross the border, but the extent to which further symptoms develop are dependent on individual experience and physical health. Kathryn Ferguson, a volunteer with Tucson Samaritans and co-author of the Samaritans-funded monograph, *Crossing with the Virgin*, recounted an experience where she advocated for a migrant named Aurelio to receive medical treatment after he was apprehended by Border Patrol. Aurelio was severely dehydrated, which caused him to suffer from severe nausea and hypotension: his blood pressure was recorded at 80/40 and he had no peripheral pulses. The minimum systolic blood pressure required to sufficiently perfuse the brain is 90 mmHg, while a lack of pulse at the wrist indicates that the circulatory system is compromised and oxygen-rich blood is not being sufficiently pumped to the brain.<sup>21</sup> Raúl, a thirty-six year old migrant, brought only a single gallon of water with him during his crossing. He described his experience to Jason de León: “It thought I was going to die out there... I couldn’t take it. My heart was pounding and I started to see things. I was delirious. I was hallucinating. I was looking at the trees but I was seeing houses and cities all around me.”<sup>22</sup> Not everyone is lucky enough to be found before the damage becomes irreversible. Former Border Patrol agent Francisco Cantú was tasked to guard a hospitalized migrant who had been lost in the desert for six days and sustained acute kidney failure. After forty-eight hours without food or water, one of his companions had died, one was rehydrated in the hospital and discharged, and one was admitted

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<sup>20</sup> De León, “Undocumented Migration”, 340.

<sup>21</sup> Kathryn Ferguson, Norma A. Price, and Ted Parks, *Crossing with the Virgin* (Tucson: University of Arizona Press, 2010), 26-27 and John Campbell, *International Trauma Life Support for Emergency Care Providers*, 7th ed. (New Jersey: Pearson Education, 2012), 144-146.

<sup>22</sup> De León, “Undocumented Migration, 332-333

to the Intensive Care Unit, comatose.<sup>23</sup> Despite the risk, smugglers tend to walk when it is hottest “because [they] know the Border Patrol agents are in their trucks with the air conditioning on.”<sup>24</sup>

Some would rather avoid the heat, choosing to traverse the desert at night. This presents an entirely new set of hazards. Temperatures can drop low enough in the Sonoran desert that Arivaca EMS responds regularly to cases of hypothermia and heatstroke. Tangye, an Arivaca EMT-firefighter described the terrain as “very rough” and has responded to injuries caused by migrants falling off cliffs or tripping over rocks in the dark.<sup>25</sup> Even when the sun is not shining, the need for water does not disappear. Despite an increase in warnings from migrant shelters south of the border, gastrointestinal problems resulting from drinking contaminated water meant for cattle are still common. Andres, a 43-year-old migrant, explained the risk he took when he crossed the desert: “We crossed with another man who was 62 years old. He couldn’t handle it. He drank some water from a cattle tank that made him sick. Well, we all drank it but he got an infection. The water had little animals swimming in it but we were so thirsty.” The 62-year-old man began vomiting and having episodes of diarrhea, both of which are symptoms that dramatically speed up the dehydration process. Andres made the choice to take the man back to Mexico, saving his life but ending his own attempt at crossing the border.<sup>26</sup>

The most frequent injury besides dehydration is severe blistering of the feet. At the Tucson Samaritans aid station, Norma Price, volunteer and retired physician, would regularly see migrants assisting each other in walking because “blisters on the bottom of the foot can be like a

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<sup>23</sup> Francisco Cantú, *the Line Becomes a River: Dispatches from the Border*, (New York, New York: Riverhead Books, 2018), 44.

<sup>24</sup> Jason De León and Cameron Gokee, “Sites of Contention: Archaeological Classification and Political Discourse in the US–Mexico Borderlands,” *Journal of Contemporary Archaeology* 1, no. 1 (2014): 144, accessed 6 November 2019, <https://doi.org/10.1558/jca.v1i1.133>.

<sup>25</sup> Jusionyte, 151-152.

<sup>26</sup> De León, “Undocumented Migration”, 335.

severe burn.”<sup>27</sup> Blisters usually result from ill-fitting or poor quality shoes and, coupled with the unsanitary conditions of the desert, can lead to infection.<sup>28</sup> A teenager who had wounded his foot in Honduras developed a fever by the time he arrived at an aid station in Mexico, indicating that the wound had become infected. The infection had spread through his bloodstream and he was treated for early signs of septic shock. Infection can be caused by other injuries as well: barbed wire fences and cactuses are common sources of injury that open the bloodstream to bacteria.<sup>29</sup> Though cactuses are a naturally occurring danger of the desert while barbed wire fences are tactically positioned, both are used as intentional weapons of the state against migrants.

Law enforcement provides another of the major hazards that those crossing the desert face. In order to avoid detection and subsequent deportation, more dangerous methods are undertaken by human smugglers to avoid law enforcement. High speed car chases through the rough desert often result in rollover accidents, many of which kill migrants in the pursued vehicle.<sup>30</sup> With the addition of more Border Patrol checkpoints outside Arivaca, the most popular smuggling route was eventually abandoned and the number of deaths from motor vehicle accidents decreased dramatically.<sup>31</sup> Foot chases are still common, however, and the expanded technology that Border Patrol has access to has caused deadly results. Helicopters, SUVs, ATVs, horses, dogs, and Tasers are deployed to pursue migrants travelling by foot and have been reported to cause serious injuries and death.<sup>32</sup> Local humanitarian groups have identified drowning as another cause of death attributed to Border Patrol: migrants are chased into

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<sup>27</sup> Ferguson, 70.

<sup>28</sup> De Leon, “Undocumented Migration”, 331-332

<sup>29</sup> Sheri Fink and Caitlin Dickerson, “Border Patrol Facilities Put Detainees With Medical Conditions at Risk,” *The New York Times*, March 5, 2019, accessed December 3, 2019.  
<https://www.nytimes.com/2019/03/05/us/border-patrol-deaths-migrant-children.html>.

<sup>30</sup> Jusionyte, 155.

<sup>31</sup> Jusionyte, 153-154.

<sup>32</sup> Hampton, 7.

dangerous water crossings and there is little effort to locate those swept away by the currents.<sup>33</sup> Amidst the numerous methods of wounding that the desert presents, it is no shock that many migrants turn themselves in to Border Patrol or call 911 for medical assistance.

### **Emergency Responders in the Border Regions**

Emergency responders in southern Arizona occupy the same exceptional space as migrants and Border Patrol. Ieva Jusionyte argues in her ethnography that because emergency responders are confined to a “legally interstitial space” between Mexico and the “real” Arizona, the distance from federal politics allows them to “notice how the government uses terrain to shape the kinematics of trauma in order to make trauma look like an accident.”<sup>34</sup> She writes that the government viewed southern Arizona as an extension of Sonora, where, as stated earlier, constitutional rights could be suspended to protect the sovereignty of the nation.<sup>35</sup> After working for two decades in this liminal zone, Victor, one of Jusionyte’s coworkers at the Nogales Fire Station, told her that for firefighters, the border does not exist: “The line is there, but when there is an emergency, it’s as if it weren’t,” he said.<sup>36</sup> In the past, firefighters and emergency responders have easily moved through the border gate during major structure fires on either side of the border. When the Hotel San Enrique in Nogales, Sonora, caught fire in 2012, Border Patrol closed the port of entry to the public and Vicente, a Mexican *bombero* (firefighter) recalled that “all of those who were dressed up as firefighters could move from one country to another” without providing documentation.<sup>37</sup> Border Patrol itself was involved in facilitating the free movement of firefighters and *bomberos*, indicating that the border is not simply a barricade, but a semi-permeable membrane that exists to exclude only those that are considered unwanted.

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<sup>33</sup> Hampton, 7.

<sup>34</sup> Jusionyte, 84.

<sup>35</sup> Jusionyte, 84.

<sup>36</sup> Jusionyte, 89.

<sup>37</sup> Jusionyte, 94.

Physical barriers may not exist for emergency responders, but they do for the patients they seek to help. Border Patrol’s dominance in the border region is often a major hindrance to EMS operations because its mission of law enforcement supersedes medical care. In northern Mexico, the nearest hospital equipped to deal with major trauma is in Hermosillo, located two hundred kilometres south of Nogales. The Tucson hospital located across the border in Arizona is much closer. For critical patients, time is the main factor in survival.<sup>38</sup> In these cases, if the patient has no passport or visa, the port director has the authority to provide “humanitarian parole,” which allows them to pass without documentation. Customs and Border Protection, however, has no rules regarding this policy, leaving the outcome of critical patients to the discretion of whoever is on shift at the time.<sup>39</sup> Though it seems most, if not all, life-threatening injuries are allowed to pass through the border, there have been reports of ambulances from the Arizona sector who have been forced to abandon their Mexican patient at the border when Customs and Border Protection refused to grant entry to the patient for being unable to produce the proper documents.<sup>40</sup> The American Civil Liberties Union (ACLU) has also documented several instances in New Mexico where ambulances in transit were stopped and searched by Border Patrol agents, impeding the emergency care of suspected undocumented patients. In one instance, the ACLU obtained evidence that a ten-year-old girl with cerebral palsy was arrested by Border Patrol agents while she was in an ambulance headed towards the hospital to be admitted for emergency gallbladder surgery.<sup>41</sup> This concerning evidence exemplifies one action that would result in serious disciplinary action if it occurred outside the border region: terminating medical care of a patient who requires additional attention is forbidden under

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<sup>38</sup> Campbell, 33.

<sup>39</sup> Jusionyte, 67.

<sup>40</sup> Jusionyte, 67-68.

<sup>41</sup> Hampton, 8.

medical negligence laws, as is the transfer of care to a person with a lesser level of medical training, such as from an EMT to a vast majority of Border Patrol agents.<sup>42</sup> The space of exception exists to flout these serious laws; national security ranks above the right to life, even, it seems, in the case of children.

This practice extends to the sparsely populated desert. Border crossers who are apprehended by Border Patrol, including those who have called for rescue or turned themselves in for medical treatment, are subject to law enforcement protocols first and medical care second. Agents are authorized to detain or deport without a medical examination if they deem it to be unnecessary, even though a small fraction of Border Patrol agents are medically trained. In December 2018, a seven-year-old girl apprehended in the desert was determined to be healthy by agents with no medical training; eight hours later she died from severe dehydration.<sup>43</sup> As knowledge of situations like this spreads, border crossers become less likely to turn themselves in to Border Patrol, even when they are in desperate need of medical attention. As an alternative, those with access to cell phones can choose to call 911, but even calling the emergency line is not without risk. Cell phone signals are often absent in the desert and when a caller does get through to 911 dispatch, dispatch systems rarely have the ability to accurately pinpoint the caller's location. "Foundations of Borderlands Humanitarian Relief," a statement written by three major humanitarian groups in the border area, addresses the discriminatory dispatch system, in which calls from suspected border crossers are forwarded directly to Border Patrol, while calls from those likely to be citizens are sent to local emergency responders.<sup>44</sup> Callers are

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<sup>42</sup> W. Ann Maggiore, "Patient Abandonment: What It Is — and Isn't," *Journal of Emergency Medical Services*, September 30, 2007, accessed November 18, 2019, <https://www.jems.com/2007/09/30/patient-abandonment-what-it-an-0/>.

<sup>43</sup> Hampton, 10.

<sup>44</sup> "Foundations of Borderlands Humanitarian Relief," No More Deaths, 4. Accessed November 20, 2019, <https://nomoredeaths.org/wp-content/uploads/2019/08/Foundations-English.pdf>.

not informed when their call is transferred to Border Patrol, whether it be to the Border Patrol Search, Trauma, and Rescue team (BORSTAR), or to regular agents.<sup>45</sup> In counties where 911 dispatch and Border Patrol are separate entities, there is evidence that the lack of coordination between the two dispatch systems results in a majority of calls being dropped. As a result, no help is sent to the callers in the desert. Physicians for Human Rights reports that nearly 70 percent of callers referred to the Pima County BORSTAR team for rescue do not get through.<sup>46</sup> When agents do arrive, migrants are arrested, detained, and deported once they receive help. Border Patrol agents can request an ambulance; however, as Foundations states, this is done “at the discretion of Border Patrol agents in the field who are tasked with prioritizing law enforcement,” most of whom do not have the medical knowledge or experience to determine the need for medical aid.<sup>47</sup>

Emergency responders themselves are mixed on what their role is in regards to reporting their patients to immigration enforcement. Reporting suspected undocumented migrants to immigration authorities raises the ethical question of whether it is appropriate to subjugate medical care to law enforcement, which has been the case in the borderlands since 2005.<sup>48</sup> Prior to this, Border Patrol agents were specifically instructed not to become involved with migrants that required medical care, instead calling 911 and transferring care to the local fire departments. In the shift towards terrorism prevention, this policy changed. Agents were asked to “establish the alienage of all migrants” and arrest all who had entered the country illegally, even those who required advanced medical care.<sup>49</sup> The fire captain in Nogales bemoaned the involvement of Border Patrol in EMS operations. “The only reason we do it is so that we can get paid,” he said.

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<sup>45</sup> Hampton, 9

<sup>46</sup> Hampton, 9.

<sup>47</sup> Foundations of Borderlands Humanitarian Relief, 4.

<sup>48</sup> Jusionyte, 166.

<sup>49</sup> Jusionyte, 171.

One of the EMT-firefighters that worked under him had no qualms ignoring the financial impetus. When asked about his relationship with Border Patrol, he said, “we’ve gone out to places where people were in extremely bad shape and taken medical custody of them, knowing that we should have called Border Patrol... If I’m gonna mess up, I’m gonna mess up on the good side.”<sup>50</sup> The Rio Rico Fire District did not have a rule regarding suspected unauthorized migrants. A veteran firefighter being interviewed said simply, “if the patient needs assistance, their nationality has no bearing on us.”<sup>51</sup> His department chose to do the extra paperwork regarding billing rather than call Border Patrol to get the transport authorization request form required to reimburse the station. “We don’t hold any law enforcement title,” he said by way of justification.<sup>52</sup> In the Arivaca Fire Department, many of those interviewed believe they are “bound by law” to report those suspected to be in the country illegally, though there are no legal documents to support this claim. Other Arivaca employees disagree and support the local humanitarian organizations and the right to medical care without involving immigration enforcement. Though personal opinions differ, most emergency responders agree that when Border Patrol is called, it is for the practical reasons of money and safety rather than law enforcement.<sup>53</sup>

The reality of publicly funded emergency services means that each fire department and ambulance service relies on Border Patrol to continue operating. The chief of the Sonoita-Elgin fire district, Joseph DeWolf, explained in an interview that emergency responders must produce a transport authorization request, or TAR, in order to bill the federal government for services provided to an undocumented migrant.<sup>54</sup> The TAR is provided by Border Patrol when the

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<sup>50</sup> Jusionyte, 171.

<sup>51</sup> Jusionyte, 171.

<sup>52</sup> Jusionyte, 171.

<sup>53</sup> Jusionyte, 166-168.

<sup>54</sup> Jusionyte, 168-169.

undocumented person being transported is in Border Patrol custody.<sup>55</sup> Until 2014, each state had an alternate option in the form of Section 1011, which reimbursed ambulance services, hospitals, and physicians who treated undocumented migrants. Arizona ran out of Section 1011 money in 2014 and, starting in 2015, acquiring a TAR from Border Patrol became the only way for ambulance services to be reimbursed for the cost of the call, including fuel, equipment, medications, and time. For many small communities that sit in close proximity to the border, this is the only way to generate enough money to remain active.<sup>56</sup>

First responders also rely on Border Patrol for safety reasons. Emergency responders do not carry any weapons, and though some counties do supply their staff with bulletproof vests, they are not trained to deal with violent situations as law enforcement personnel.<sup>57</sup> With reported instances of violent smugglers and assaults in the desert increasing, responders often turn to Border Patrol for safety measures. Carmen, a paramedic from the Tubac fire district, works near Peck Canyon, an area known for violent attacks, including the murder of a Border Patrol agent in 2010.<sup>58</sup> Carmen explained that she calls Border Patrol when she feels unsafe on a call where she and her partner respond “at night, in the middle of nowhere” where there is no cell service. Tangye from Arivaca experienced an uncomfortable sense of danger after Border Patrol informed her that the patient she had transferred was a convicted criminal; once she discovered this, she yelled at the agents for failing to accompany her in the back of the ambulance. Medical personnel rely on Border Patrol agents to keep them safe, replacing the role of other law enforcement officials such as the police and the sheriff. In Joseph DeWolf’s sector, the sheriff is forty-five minutes away. Border Patrol agents are much more useful to responders when an

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<sup>55</sup> Jusionyte, 163.

<sup>56</sup> Jusionyte, 169.

<sup>57</sup> Jusionyte, 173.

<sup>58</sup> Jusionyte, 172.

troubling situation arises, whether they are providing traffic control during motor vehicle collisions or securing the scene of a domestic abuse call for the EMTs.<sup>59</sup>

Despite their conflicts, emergency responders and Border Patrol agents often work together due to simple necessity. The line between medical care and law enforcement blurs for reasons of money and safety, despite the question of personal ethics. The tense alliance between the two organizations has resulted in an increased role of the third major faction in the desert: humanitarian aid groups. Suspicious of the relationship between EMS and Border Patrol, humanitarian groups such as No More Deaths and the Tucson Samaritans have taken medical care into their own hands rather than risk calling the fire department and having Border Patrol become involved.<sup>60</sup> While the distrust between volunteers and emergency responders creates a new conflict over care, both groups exist to help those who suffer in the borderlands.

### **Humanitarian Aid Groups**

Faith-based humanitarian groups in southern Arizona operate as civil initiatives to prevent suffering and death in the desert through activities that range from building water stations deep in the Sonoran desert to holding conferences to discuss faith-based immigration reforms.<sup>61</sup> The three major groups present in the borderlands—No More Deaths, the Tucson Samaritans, and Humane Borders—are not granted the same protections as organized institutions such as fire departments and Border Patrol. Rather, humanitarian groups rely on protection under the Religious Freedom Restoration Act to defend their humanitarian actions against prosecution from law enforcement with purported “littering,” “harboring,” and “trafficking” charges. Under the Religious Freedom Restoration Act, humanitarians are able to defend their actions by

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<sup>59</sup> Jusionyte, 169.

<sup>60</sup>Jusionyte, 168.

<sup>61</sup> “Faith-Based Principles for Immigration Reform,” No More Deaths, March 2004, accessed December 6, 2019. <https://nomoredeaths.org/about-no-more-deaths/faith-based-principles-for-immigration-reform/>. and “Water Stations,” Humane Borders, 2019, accessed December 6, 2019. <https://humaneborders.org/water-stations/>.

claiming them as expressions of religion, explaining why successful groups are associated with local churches and religious groups.<sup>62</sup>

No More Deaths was formed in 2004 as a coalition of faith groups and has since evolved into its own organization associated with the Unitarian Church. Volunteers conduct activities such as documenting abuse, searching for the disappeared, leaving water and supplies in the desert, and employing harm reduction techniques in Mexican border towns. No More Deaths believes that human rights abuses “cannot be excused because of state laws,” a reference to the Nuremberg Tribunal following the fall of Nazi Germany.<sup>63</sup> The Tucson Samaritans began in 2002 and assumes a more active role in the medical treatment of migrants in the desert. Many volunteers are doctors, nurses, or first responders who travel deep into the desert with the primary goal of witnessing “what happens on the roads and trails.”<sup>64</sup> Often, Samaritan patrols come across migrants and provide food, water, and medical attention. The Samaritans also frequent migrant shelters to conduct medical assessments and provide treatment.<sup>65</sup> Similar to the others, Humane Borders has been operating since the early 2000s. Its main initiative is the establishment of water stations across the desert and the distribution of maps pointing to these areas in migrant shelters across northern Mexico.<sup>66</sup>

No More Deaths and the Samaritans operate under the co-written statement “Foundations for Borderlands Humanitarian Relief,” which states that they “collaborate with the individuals in

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<sup>62</sup> Ryan Lucas, “Deep In The Desert, A Case Pits Immigration Crackdown Against Religious Freedom,” NPR, 2018, accessed December 6, 2019.

<https://www.npr.org/2018/10/18/658255488/deep-in-the-desert-a-case-pits-immigration-crackdown-against-religious-freedom>.

<sup>63</sup> “About No More Deaths,” No More Deaths, accessed December 9, 2019.

<https://nomoredeaths.com/about-no-more-deaths> and Jusionyte, 185.

<sup>64</sup> Humane Borders.

<sup>65</sup> “A Desert Trip,” Tucson Samaritans/Los Samaritanos, accessed December 6, 2019, <http://www.tucsonsamaritans.org/go-on-a-desert-trip.html>.

<sup>66</sup> Humane Borders.

need to provide medical support including: contacting emergency medical services, supporting access to care at area hospitals, and temporary and established relief stations, and providing medical care in the field.”<sup>67</sup> The Tucson Samaritans are frequently invited to migrant shelters south of the border to provide assistance to migrants who are about to cross the desert. One volunteer, Ted, accompanied the Samaritans to a shelter in Altar where he handed out socks, shoes and hats to reduce the risk of serious blisters and heatstroke. The medically trained volunteers, meanwhile, bandaged blisters and offered pregnancy tests to those that wanted them at the shelter. When the doctor that accompanied the volunteers discovered that a young man with epilepsy had lost his medication during his previous crossing attempt, Ted accompanied the man to the pharmacy to purchase the medication for him.<sup>68</sup>

Though some assistance can be provided south of the border, any help in facilitating the movement of migrants northwards is strictly forbidden. No More Deaths established a camp south of Arivaca that provides border crossers with food, water, and medical care. The suffering that occurs between the shelters of northern Mexico and the refuge of the camp is great enough that migrants are often in poor condition when they are met by the No More Deaths volunteers. They “vomit blood, they are dehydrated; their feet are so blistered that they resemble raw meat;”<sup>69</sup> grave conditions that often require advanced treatment. Though there is a tacit understanding between No More Deaths and Border Patrol that Border Patrol is not to enter the camp for enforcement purposes, volunteers are often reluctant to call 911 in case the ambulance is accompanied by Border Patrol for financial or safety-related reasons.<sup>70</sup> As a general rule, volunteers do not call 911 without the consent of the patient, opening humanitarian operations to

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<sup>67</sup> Foundations of Borderlands Humanitarian Relief, 6.

<sup>68</sup> Ferguson, 88.

<sup>69</sup> Jusionyte, 168.

<sup>70</sup> Jusionyte, 157-158, 168.

major critique. Emergency responders in particular claim that groups like No More Deaths ignore the medical needs of patients in order to protect them from deportation.<sup>71</sup> Some citizens of border towns like Arivaca disagree, preferring to call the local humanitarian aid group instead of 911 when they find a migrant in need of medical care. Most callers were unsure about where the migrant is transported to, but they suspect it to be a camp such as the one south of Arivaca.<sup>72</sup>

Without the close working relationship between Border Patrol and fire departments, humanitarian volunteers are forced into competition with Border Patrol. Jusionyte observed this while working as an EMT-firefighter: “The Border Patrol and the Tucson Samaritans pass each other on Arivaca Road, perpetually competing in their quest to find unauthorized migrants. The former wants to detain and deport them; the latter hope to save their lives.”<sup>73</sup> Occasionally, the competition to find migrants becomes a race. Samaritan Kathryn Ferguson recalled a traumatic day where, on a routine patrol, a volunteer noticed a group of migrants hidden under a bridge near Arivaca. On their way to offer the migrants aid, a series of accidents—a spilled bag of supplies, the decision to walk to the bridge instead of drive—delayed them and a Border Patrol vehicle drove past, also detecting the group of men under the bridge. The agent “picked up a walkie-talkie as he put his right hand on his pistol” and the migrants panicked, running from the safety of the bridge into the river. As Ferguson wrote, she was forced to watch as “four men were hunted down like animals.”<sup>74</sup> The competition continues, even when migrants have been apprehended and the Samaritans arrive to offer water and assess the vital signs of the border crossers in custody. Humanitarian volunteers are not given the same respect as uniformed EMT-firefighters and are generally seen as a nuisance. Volunteers from various agencies have

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<sup>71</sup> Jusionyte, 168.

<sup>72</sup> Jusionyte, 168.

<sup>73</sup> Jusionyte, 146.

<sup>74</sup> Ferguson, 169-170.

reported that Border Patrol agents have threatened them with physical violence and arrest, and have brandished firearms at them when they attempt to offer necessary aid.<sup>75</sup> To curb the potential of abuse and promote transparency, Ferguson asserted when Border Patrol was on scene, their rule was to ask. She wrote, “No one really cared, yet we had to ask permission for every move we made... We are required to ask permission to give water. We ask to give food [...] We ask for permission to move a man from sun to shade. We ask to carry a semiconscious man to a hospital.”<sup>76</sup> When humanitarian volunteers arrive first and begin to provide lifesaving care, Border Patrol agents have been reported to “impede and criminalize volunteer first responders [...] by arresting them and filing federal charges against them.”<sup>77</sup>

The dangers of actively providing care to migrants in the desert have led many organizations to focus on harm reduction measures such as leaving supplies in key positions across the desert. Humane Borders’ water stations, though criticized by political officials for “facilitating illicit entry,” remain untouched by Border Patrol agents. They have a tentative alliance, with Humane Borders arguing that their water stations give Border Patrol “more time to achieve their objectives of deterrence and apprehension instead of spending time on search and rescue missions.”<sup>78</sup> In exchange, volunteers with Humane Borders “provide an extra pair of eyes and ears” for the Border Patrol.<sup>79</sup> Their willingness to cooperate with Border Patrol is not shared by No More Deaths. The founders of No More Deaths were active in the sanctuary movement of the 1980s, where multiple congregations of many denominations declared themselves ‘sanctuaries’, giving a safe haven to Central American migrants denied refugee status by the US

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<sup>75</sup> Hampton, 8.

<sup>76</sup> Ferguson, 30.

<sup>77</sup> Hampton, 3.

<sup>78</sup> James P. Walsh, “From Border Control to Border Care: The Political and Ethical Potential of Surveillance,” *Surveillance and Society* 8, no. 2 (December 19, 2010): 121, accessed October 14, 2019.

<https://doi.org/10.24908/ss.v8i2.3481>.

<sup>79</sup> Walsh, 121.

government. Familiar with civil disobedience, No More Deaths exploits the “ostensible illegality of some of its practices to directly challenge legal truth.”<sup>80</sup> It has made for a contentious relationship with Border Patrol that has led to multiple volunteers being arrested for “littering” while leaving bottles of water in a particularly deadly region of the desert.<sup>81</sup> One such volunteer, Dr. Scott Warren, was arrested for providing food, water, clothing, and shelter for two migrants in the desert, allowing them to rest in a building used by No More Deaths. He was acquitted after making a defence on religious grounds.<sup>82</sup> In 2018, No More Deaths issued a report that accused Border Patrol agents of vandalising food and water drops based on video evidence that they collected.<sup>83</sup> Physicians for Human Rights also reports that between 2012 and 2015, over 3500 jugs of water had been found slashed with knives and emptied.<sup>84</sup> The Border Patrol agents identified on the video evidence have faced no consequences, despite a statement that Border Patrol policy does not condone intentional destruction of food and water.<sup>85</sup> The nature of the space of exception, however, obscures these policies just as it obscures the dire consequences for the people who rely on the supplies they allow to be destroyed.

## Conclusion

As a volunteer with the Tucson Samaritans, Ieva Jusionyte found the medical care she provided had “no effect on the political and economic conditions that have forced people to leave their homes and put them in harm’s way.”<sup>86</sup> Just as bandaging blisters and providing doses of

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<sup>80</sup> Walsh, 123, 126.

<sup>81</sup> Rory Carroll, “Eight Activists Helping Migrants Cross Brutal Desert Charged by US Government,” *The Guardian*, January 24, 2018, <https://www.theguardian.com/us-news/2018/jan/24/us-immigration-activists-arizona-no-more-deaths-charged>.

<sup>82</sup> Lucas.

<sup>83</sup> Rory Carroll, “US Border Patrol Routinely Sabotages Water Left for Migrants, Report Says,” *The Guardian*, January 17, 2018, <https://www.theguardian.com/us-news/2018/jan/17/us-border-patrol-sabotage-aid-migrants-mexico-arizona>.

<sup>84</sup> Hampton, 7.

<sup>85</sup> Hampton, 8.

<sup>86</sup> Jusionyte, 200.

painkillers may temporarily alleviate suffering, the work of emergency responders and humanitarian groups has no effect on the sociopolitical situation that has caused these wounds in the first place. The borderlands have become a deadly killing field; the desert has been cultivated to become a geopolitical weapon that wounds and kills while the lawless space that surrounds it deters help from reaching those who need it. The role of emergency responders and humanitarian volunteers is arrested by the politics of the borderlands. Migrants are wounded and harmed deliberately under the pretext of sovereignty, while first responders and humanitarian volunteers struggle to operate ethically outside the influence of US Customs and Border Protection. The border is policed by a combination of harsh, unforgiving terrain and a law enforcement agency that takes advantage of the interstitial nature of the area to obscure the intentional harm that is the purpose of Prevention through Deterrence.

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