

AM



59 / giugno 2025

RIVISTA DELLA SOCIETÀ ITALIANA DI ANTROPOLOGIA MEDICA
FONDATA DA TULLIO SEPPILLI



In copertina: gli street artist di tutto il mondo hanno interpretato la pandemia da COVID-19 a modo loro. Monna Lisa, cioè la *Gioconda*, e l'interpretazione di TVBoy, al secolo Salvatore Benintende, che a Barcellona ha raffigurato il capolavoro di Leonardo nell'atto di proteggersi dal Coronavirus indossando la mascherina.



Il logo della Società italiana di antropologia medica, qui riprodotto, costituisce la elaborazione grafica di un ideogramma cinese molto antico che ha via via assunto il significato di “longevità”, risultato di una vita consapevolmente condotta lungo una ininterrotta via di armonia e di equilibrio.



Rivista della Società italiana di antropologia medica
Journal of the Italian Society for Medical Anthropology

Fondata da / Founded by
Tullio Seppilli

Biannual open access peer-reviewed online Journal

59

giugno 2025
June 2025



Fondazione Alessandro e Tullio Seppilli (già Fondazione Angelo Celli per una cultura della salute) – Perugia

Direttore

Giovanni Pizza, Università di Perugia

Comitato di redazione

Roberto Beneduce, Università di Torino / Sara Cassandra, scrittrice, Napoli / Donatella Cozzi, vicepresidente della SIAM, Università di Udine / Fabio Dei, Università di Pisa / Lavinia D'Errico, Università di Napoli "Suor Orsola Benincasa" / Erica Eugeni, studiosa indipendente, Roma / Corinna Sabrina Guerzoni, Alma Mater Studiorum Università di Bologna / Fabrizio Loce-Mandes, Università di Perugia / Alessandro Lupo, Sapienza Università di Roma, presidente della SIAM / Massimiliano Minelli, Università di Perugia / Angela Molinari, Università di Milano Bicocca / Chiara Moretti, Università di Milano-Bicocca / Giulia Nistri, Università di Perugia / Cristina Papa, presidente della Fondazione Alessandro e Tullio Seppilli (già Fondazione Angelo Celli per una cultura della salute), Perugia / Elisa Pasquarelli, studiosa indipendente, Perugia / Francesca Pistone, studiosa indipendente, Roma / Ivo Quaranta, Alma Mater Studiorum Università di Bologna / Andrea F. Ravenda, Università di Torino / Elisa Rondini, Università di Perugia / Pino Schirripa, vicepresidente della SIAM, Università di Messina / Nicoletta Sciarrino, Università di Torino / Alberto Simonetti, studioso indipendente, Perugia / Simona Taliani, Università di Napoli L'Orientale / Eugenio Zito, Università di Napoli "Federico II"

Comitato scientifico

Naomar Almeida Filho, Universidade Federal da Bahia, Brasile / Jean Benoist, Université de Aix-Marseille, Francia / Gilles Bibeau, Université de Montréal, Canada / Andrea Carlino, Université de Genève, Svizzera / Giordana Charuty, Université de Paris X, Nanterre, Francia / Luis A. Chiozza, Centro de consulta médica Weizsäcker, Buenos Aires, Argentina / Josep M. Comelles Universitat "Rovira i Virgili", Tarragona, Spagna / Ellen Corin, McGill University, Montréal, Canada / Mary-Jo Del Vecchio Good, Harvard Medical School, Boston, Stati Uniti d'America / Sylvie Fainzang, Institut national de la santé et de la recherche médicale, Paris, Francia / Didier Fassin, École des hautes études en sciences sociales, Paris, Francia – Institute for advanced study, Princeton, Stati Uniti d'America / Byron Good, Harvard Medical School, Boston, Stati Uniti d'America / Mabel Grimberg, Universidad de Buenos Aires, Argentina / Roberte Hamayon, Université de Paris X, Nanterre, Francia / Thomas Hauschild, Eberhard Karls Universität, Tübingen, Germania / Elisabeth Hsu, University of Oxford, Regno Unito / Laurence J. Kirmayer, McGill University, Montréal, Canada / Arthur Kleinman, Harvard Medical School, Boston, Stati Uniti d'America / Annette Leibing, Université de Montréal, Canada / Margaret Lock, McGill University, Montréal, Canada / Françoise Loux, Centre national de la recherche scientifique (CNRS), Paris, Francia / Ángel Martínez Hernández, Universitat "Rovira i Virgili", Tarragona, Spagna / Raymond Massé, Université Laval, Canada / Eduardo L. Menéndez, Centro de investigaciones y estudios superiores en antropología social, Ciudad de México, Messico / Edgar Morin, École des hautes études en sciences sociales, Paris, Francia / David Napier, London University College, London, Regno Unito / Tobie Nathan, Université de Paris VIII, Vincennes-Saint-Denis, Francia / Rosario Otegui Pascual, Universidad Complutense de Madrid, Spagna / Mariella Pandolfi, Université de Montréal, Canada / Ekkehard Schröder, Arbeitsgemeinschaft Ethnomedizin, Potsdam, Germania / Ciro Tarantino, Università della Calabria, Italia / Allan Young, McGill University, Montréal, Canada

Comitato tecnico

Massimo Cimichella, Università di Perugia / Alessio Moriconi, Università di Perugia / Stefano Pasqua, Università di Perugia / Raffaele Marciano, Aguplano Libri, Perugia / Attilio Scullari, Digital manager, Perugia

Editor in chief

Giovanni Pizza, Università di Perugia, Italy

Editorial Board

Roberto Beneduce, Università di Torino, Italy / Sara Cassandra, writer, Napoli, Italy / Donatella Cozzi, vicepresidente of the SIAM, Università di Udine, Italy / Fabio Dei, Università di Pisa, Italy / Lavinia D'Errico, Università di Napoli "Suor Orsola Benincasa", Italy / Erica Eugeni, independent scholar, Italy / Corinna Sabrina Guerzoni, Alma Mater Studiorum Università di Bologna, Italy / Fabrizio Loce-Mandes, Università di Perugia, Italy / Alessandro Lupo, Sapienza Università di Roma, president of the SIAM, Italy / Massimiliano Minelli, Università di Perugia, Italy / Angela Molinari, Università di Milano Bicocca, Italy / Chiara Moretti, Università di Milano-Bicocca, Italy / Giulia Nistri, Università di Perugia, Italy / Cristina Papa, president of the Fondazione Alessandro e Tullio Seppilli (già Fondazione Angelo Celli per una cultura della salute), Perugia, Italy / Elisa Pasquarelli, independent scholar, Perugia, Italy / Francesca Pistone, independent scholar, Roma, Italy / Ivo Quaranta, Alma Mater Studiorum Università di Bologna, Italy / Andrea F. Ravenda, Università di Torino, Italy / Elisa Rondini, Università di Perugia, Italy / Pino Schirripa, vicepresidente of the SIAM, Università di Messina, Italy / Nicoletta Sciarrino, Università di Torino, Italy / Alberto Simonetti, independent scholar, Perugia, Italy / Simona Taliani, Università di Napoli L'Orientale, Italy / Eugenio Zito, Università di Napoli "Federico II", Italy

Advisory Board

Naomar Almeida Filho, Universidade Federal da Bahia, Brasil / Jean Benoist, Université de Aix-Marseille, France / Gilles Bibeau, Université de Montréal, Canada / Andrea Carlino, Université de Genève, Switzerland / Giordana Charuty, Université de Paris X, Nanterre, France / Luis A. Chiozza, Centro de consulta médica Weizsäcker, Buenos Aires, Argentine / Josep M. Comelles Universitat "Rovira i Virgili", Tarragona, Spain / Ellen Corin, McGill University, Montréal, Canada / Mary-Jo Del Vecchio Good, Harvard Medical School, Boston, USA / Sylvie Fainzang, Institut national de la santé et de la recherche médicale, Paris, France / Didier Fassin, École des hautes études en sciences sociales, Paris, France – Institute for advanced study, Princeton, USA / Byron Good, Harvard Medical School, Boston, USA / Mabel Grimberg, Universidad de Buenos Aires, Argentine / Roberte Hamayon, Université de Paris X, Nanterre, France / Thomas Hauschild, Eberhard Karls Universität, Tübingen, Germany / Elisabeth Hsu, University of Oxford, UK / Laurence J. Kirmayer, McGill University, Montréal, Canada / Arthur Kleinman, Harvard Medical School, Boston, USA / Annette Leibing, Université de Montréal, Canada / Margaret Lock, McGill University, Montréal, Canada / Françoise Loux, Centre national de la recherche scientifique (CNRS) Paris, France / Ángel Martínez Hernández, Universitat "Rovira i Virgili", Tarragona, Spain / Raymond Masseé, Université Laval, Canada / Eduardo L. Menéndez, Centro de investigaciones y estudios superiores en antropología social, Ciudad de México, México / Edgar Morin, École des hautes études en sciences sociales, Paris, France / David Napier, London University College, London, UK / Tobie Nathan, Université de Paris VIII, Vincennes-Saint-Denis, France / Rosario Otegui Pascual, Universidad Complutense de Madrid, Spain / Mariella Pandolfi, Université de Montréal, Canada / Ekkehard Schröder, Arbeitsgemeinschaft Ethnomedizin, Potsdam, Germany / Ciro Tarantino, Università della Calabria, Italy / Allan Young, McGill University, Montréal, Canada

Technical Board

Massimo Cimichella, Università di Perugia / Alessio Moriconi, Università di Perugia / Stefano Pasqua, Università di Perugia / Raffaele Marciano, Aguplano Libri, Perugia / Attilio Scullari, Digital manager, Perugia

AM. Rivista della Società italiana di antropologia medica fondata da Tullio Seppilli è una testata semestrale della Fondazione Alessandro e Tullio Seppilli (già Fondazione Angelo Celli per una cultura della salute), Perugia.

AM

Rivista della Società italiana di antropologia medica
fondata da Tullio Seppilli

Journal of the Italian Society for Medical Anthropology
Founded by Tullio Seppilli

Indice
Contents



n. 59, giugno 2025

n. 59, June 2025

Editoriale

- 9 Giovanni Pizza
Editoriale di AM 59: etnografie mediche
AM 59 Editorial: Medical Ethnographies

Ricerche

- 11 Nicola Martellozzo
La malattia viene col vento. L'esperienza della doppia epidemia in Val di Fiemme
The Disease Comes with the Wind. The Experience of the Double Epidemic in the Fiemme Valley
- 41 Chiara Moretti
Pharmaceutical Borders. The Twofold Function of Medications in the U.S. Immigration Policies
Frontiere farmaceutiche. La duplice funzione dei farmaci nelle politiche migratorie statunitensi
- 81 Giacomo Pasini
Precettare il tempo, disfare la tempesta. I tiemperos, tra clima e cura alle falde di La Malinche
Predicting the Weather; Unravelling the Storm. The Tiemperos, between Climate and Healing in the Foothills of La Malinche
- 107 Elisa Rondini
Mind the gap! Storie oltre la rete della psichiatria territoriale
Mind the Gap! Stories Beyond the Network of Territorial Psychiatry
- 135 Elena Sischarenco
Innovating through Transdisciplinary Knowledge. Bridging Engineering and Medicine through 3D Printing Technology
Innovare tramite la conoscenza interdisciplinare: collegamenti tra ingegneria e medicina nella tecnologia di stampa 3D
- 155 Domenico Maria Sparaco
Passaggi interrotti. Lutti pandemici nella prima zona rossa d'Italia
Interrupted Transitions. Pandemic Grief in Italy's First Red Zone

- 177 Lorenzo Urbano
La dipendenza è il contrario della consapevolezza. Mindfulness, corporeità e riabilitazione
Addiction is the Opposite of Awareness. Mindfulness, Embodiment, Rehabilitation

Riflessioni e racconti

- 211 Sara Cassandra
Malattia e revisione del concetto di felicità
Illness and a Reconsideration of the Concept of Happiness

Recensioni

Amalia Campagna, *Quale buon uso sociale dell'antropologia davanti alla 'datificazione' dell'invecchiamento? Le pratiche di cura proposte dalla mobile-Health / What Good Social Use Can Anthropology Give to the 'Datafication' of Aging? The Care Practices Proposed by Mobile Health* [Charlotte Hawkins, Patrick Awondo, Daniel Miller (Eds.), *An Anthropological Approach to mHealth*], p. 217 • Francesco Diodati, *Narrare la fatica. Storie di caregiver informali fra Giappone e Inghilterra / Narrating Fatigue: Stories of Informal Caregivers in Japan and England* [Jason Danelly, *Fragile Resonance. Caring for Older Family Members in Japan and England*], p. 224 • Giovanni Pizza, *Il Ballo di San Vito / Saint Vitus' Dance* [Vincenzo Alastra, *Malattia di Huntington: una danza tra destino e speranza*], p. 231.

Editoriale di AM 59: etnografie mediche

Giovanni Pizza

Università degli Studi di Perugia
[giovanni.pizza@unipg.it]

In questo numero 59 ci sono due etnografie del COVID: una in Val di Fiemme, di Nicola Martellozzo, e una di Domenico M. Sparaco, a Codogno e comuni vicini. Il primo studia la doppia pandemia, *vegetale*, con il coleottero Bostrico dell'abete rosso, seguito alla tempesta Vaia avvenuta nell'autunno del 2018 con il forte vento di scirocco e le piogge, che ha interessato la fascia che va dalla Francia alla Croazia passando per l'Italia, l'Austria e la Svizzera, e *animale* con il COVID-19. Il secondo studia il cerimoniale del lutto nel primo COVID italiano nel Lodigiano. Se il primo ritiene che il concetto di salute sia interspecie, il secondo rinnova, per quello che può, *Morte e pianto rituale* di Ernesto de Martino.

La ricerca di Giacomo Pasini sui meteorologi popolari messicani rivela che non ci sono soluzioni di continuità fra *tiemperos* e *curanderos*. E che la religione fa da sfondo comune per quanto riguarda la correlazione clima-salute.

C'è poi l'esito della ricerca sui farmaci e la migrazione di Chiara Moretti, condotta in U.S.A.; la ricerca di Elisa Rondini sulla psichiatria territoriale condotta in Umbria; lo scritto di Elena Sischarenco che dà conto di una ricerca etnografica italo-slovena che fa della "consilienza", cioè della interdisciplinarietà avanzata, il perno centrale del discorso.

Chiude Lorenzo Urbano con uno scritto dedicato ai metodi che usano la *mindfulness* come riabilitazione per le dipendenze nei servizi toscani, che qui sono esplorati etnograficamente.

L'etnografia è ciò che accomuna questi scritti, un'etnografia consapevole del fatto che essa è una prassi e non un mero metodo, che si cala nei mondi di esperienza del malessere in tutte le sue forme.

Si prosegue con *Riflessioni e Racconti* che stavolta consiste in uno scritto dedicato al tema della felicità in rapporto alla malattia: si direbbe “ammalarsi fa bene”.

Infine, come sempre, si termina con le recensioni.

E speriamo che questo assortimento sia accolto bene. Come sempre.

Pharmaceutical Borders

The Twofold Function of Medications in the U.S. Immigration Policies

Chiara Moretti

Università degli Studi di Milano Bicocca
[chiara.moretti@unimib.it]

Riassunto

Frontiere farmaceutiche. La duplice funzione dei farmaci nelle politiche migratorie statunitensi

Basato su una ricerca etnografica condotta ad Albuquerque (New Mexico) tra settembre 2024 e marzo 2025, questo articolo esplora il ruolo ambivalente dei farmaci nel contesto delle politiche e dei sistemi di controllo della mobilità nella frontiera meridionale degli Stati Uniti. Lungi dall'essere un mero strumento terapeutico, il farmaco assume funzioni disciplinari e simboliche: diventa segno di disordine e di minaccia nello spazio pubblico mentre agisce come tecnologia disciplinare sui corpi migranti trattenuti sotto custodia. La doppia vita del farmaco – cura negata “dentro”, pericolo evocato “fuori” – rivela così come politiche e retoriche securitarie convergano nel produrre esclusione e sofferenza.

Parole chiave: farmaci, corpi, cura, mobilità, frontiera

Twelve Pills

Ysabel: Many individuals that we go and see at the detention have been there for several months living in very dehumanizing conditions [...] it's like a whole another world in there, and I also feel like their rights and everything are stripped from them. I truly believe that part of their punishment is the detention and for them just to be manipulated, or just mentally weakened them, if that makes sense... so, one of the strategies they use is that, they try to keep them in there as long as possible. And it works out because many of them are tired of being there. They're telling me that they'd rather just be back, making a little bit of money and at least helping their families, have something to eat instead of being detained forever. And so, they do just sign the deportation papers. It's all a mental game and it is mentally exhausting. They try to weaken them mentally and physically... from the food, from how they would talk to them. They would belittle them a lot, they would abuse them mentally so they could feel that they can't even speak.

Tina: That's why they enter they look like 50 and five months later they look like 65. They grew grays, they are so ill... they give them food they don't know what it is, but they say like raw potatoes... it's also about the conditions they live.

Ysabel: So when we go at the detention, sometimes we don't even know what to say since you don't know when they will be released, because many people technically should have been already released, so you have no answer. [...] what you can do is you make them aware of their rights because... you know, even myself, I just think about prior from this, we would be like any other immigrant because we were misinformed. We didn't know our rights. We didn't know that we had a voice and we had rights. Because that's what people forget, that... just because you're put as an immigrant that doesn't mean that you're powerless, that doesn't mean that you don't have a voice, that doesn't mean that you don't have rights. As a human being, you know, you have rights in this Country. So, you keep telling: «I wish they knew their rights, they need to know their rights».

As she utters these last words – her voice, as always, soft yet resolute – Ysabel's¹ fists tense and lightly strike the table that separates us in that moment. A silence follows, which Tina, Ysabel, and I share for a while before we each slowly lift and sip from our glasses of water in turn.

It's the first of March 2025, and we are sitting in a crowded restaurant on Central Avenue in Albuquerque, the largest city in New Mexico, a southwestern U.S. State located about 260 miles from the border with Mexico, the area known as the *El Paso Sector*². Like other sectors monitored by the Customs and Border Protection (CBP), a federal law enforcement agency under the U.S. Department of Homeland Security (DHS)³, this area received a considerable attention since Donald Trump took office on January 20 of this year, declaring a national emergency at the U.S. southern border⁴, with the intent of demonstrating that the promises made during the election campaign – strengthening border security, regaining U.S. sovereignty and territorial integrity, and protecting national security – are promises kept.

I met Tina and Ysabel in September 2024. At that time, I was conducting an initial fieldwork phase as part of the CLIBOR project, aimed at analyzing the interactions between climate and environmental crises, migration, and border dynamics from the perspective of the body, embodiment and health⁵. The U.S.-Mexico border clearly emerges as a privileged site for observing how these phenomena intersect: increasingly crossed by migrants fleeing disastrous climate and environmental events (AYAZI, ELSHEIKH 2019; FETZEK 2023; IRAP 2024; ZHU *et al.* 2024), its enforcement and

securitization deeply affect the health of “exposed”, “mobile”, “illegal” and “excluded” bodies (ALUNNI, MORETTI 2024).

Tina and Ysabel share a migratory background. Tina was 18 when she arrived in 2011 with her family from Veracruz, Mexico. They crossed the border in El Paso, Texas, by showing a tourist visa, which allowed them to enter the U.S. “legally” only to become, six months later, “undocumented” migrants working in the low-wage domestic and cleaning sectors. Five years ago, Tina obtained a legal residence by marrying a U.S. citizen and eventually received her Permanent Resident Card (Green Card). Meanwhile, her family continued working in Albuquerque with expired passports and tourist visas, later applying for and receiving the ITIN (Individual Taxpayer Identification Number) and a Standard ID card⁶. Ysabel was 3 years old when she arrived in New Mexico. After being denied a tourist visa, her parents decided in 2006 to leave Cuauhtémoc, in the Mexican state of Chihuahua, and cross the desert on foot with a *coyote*. They entered through Palomas, then reaching Albuquerque. She and her parents also lived undocumented for years, negotiating the possibility of obtaining a fragile legal status through precarious jobs and the partial recognition enabled by the Standard ID card. Both lived in Albuquerque’s International District, a neighborhood where refugees have been resettled from Central America, Southern Africa, Vietnam, Cambodia, Laos and Cuba. Officially named as such since 2009, locals often refer to it as Albuquerque’s “War Zone” because of its associations with high crime, homicides and drug-related violence, a site of “exception” where policing and the use of excessive force is often considerate as necessary and justified (JUHASZ-WOOD 2020).

After being assaulted at an ATM machine, Ysabel’s father applied for a U-Visa and, later for the Green Card for himself and his family, which has not yet been obtained. *Deportability* constitutes a condition rooted in the everyday processes of the illegality “production” (DE GENOVA 2002) and tied to a selective border’ opening that serves a labor market-driven mobility (MEZZADRA, NEILSON 2013). It has shaped historically both the construction of the Mexican migrants’ subjectivities in the United States and the ways in which they are included or excluded from the citizenship space along ethnic-racial lines (SPENER 2009; CHAVEZ 2013; HOLMES 2013; CASTAÑEDA 2019). This condition has consistently marked Ysabel’s presence on the U.S. territory, as well as that of Tina and their families. However, following the recent policies introduced by the Trump administration – clearly intended to make the immigration regimes that define the contemporary era all the more visible – fear has further infiltrated her

everyday life. Perhaps for this reason, just a few days ago (I am writing on March 23, 2025), her photo, biography, and contact information disappeared from the website of the organization where she and Tina work as community advocates⁷.

As our conversation continues, Ysabel explains:

So, at the detention most of the individuals obviously have tried to take their life or hurt themselves in a way. But many of the individuals were letting us know that they would give them pills, but some of the pills made them really drowsy, made them feel like sleepy all day, which would even get them more depressed... and then they would pretty much keep them in a cold room, sometimes strip them of their clothes, instead of helping them. And another thing that we've noticed is that when people are feeling sick or just like one individual that tried to take his life, they do medicate them way too much and they don't even tell them what exactly it is for... or even, like when you're sick and you ask for pills, it would take weeks. So, like usually when you feel bad you have to make a report and then you have to give it to the officer who gives it to the nurse, and that's when the nurse comes and helps you. But they say that sometimes they don't even look at the reports until weeks after and like, you know, they're in pain or like... I mean, there is total negligence.

Tina: Daniel, for example, you remember?... He was from Nicaragua, he stayed like ten months in detention and one day he fell down because he was mopping, and he hurts his hip and they left him there asking for help for four hours. They didn't let anyone help him, they left him there crying, they would just pass across him and kick him or something, and he was asking for pills. He was asking for pills so much, like begging them to give him pain medications. Afterwards he had to make a request and do all of the filing and the paperwork for having twelve ibuprofen, twelve pills a day. And he said to me at the detention: «No, *senorita*, they're telling me that now I have to drink this, take this, forcibly, but I feel bad, like my stomach is not going well»... twelve pills a day! They forced him to drink it and he would just vomit... so dehumanizing.

Ysabel: Right, like make him more sick.

(Ethnographic Interview with Tina and Ysabel, March 2025)

Although the research I've already conducted thus far has exposed me to the pain density and complexity (MORETTI 2019; MORETTI, BARKER 2024), I find myself unprepared for the kind of suffering Tina and Ysabel are describing. It's a feeling that suddenly overwhelms me, eliciting an interplay of anger, guilt and impotence, coupled with the fear that my analytical tools may be inadequate for engaging with such issues. The literature in social sciences has examined the role of emotions in doing ethnography and

qualitative research (DICKSON-SWIFT *et al.* 2007; THORESEN, ÖHLÉN 2015); these are complex matters, frequently intertwined with the methodological and ethical considerations that arise when conducting research in sensitive contexts (MARCHETTI, MORETTI, SPADA 2024).

Daniel and the other individuals whom Tina and Ysabel meet on Thursdays at a detention center near Albuquerque are predominantly from Central or South America⁸. Many have surrendered themselves to U.S. Border Patrol agents after crossing the U.S.-Mexico border (in El Paso or elsewhere) to request asylum, or have been encountered in border areas. Accused of “illegal” entry into the United States, they are often first detained in processing facilities near the crossing points – commonly referred to in Spanish as *hieleras* or *carpas* (“freezers” or “iceboxes”) – where their personal, medical, and biometric data are collected and cataloged. They are then placed in removal proceedings and held in ICE’s custody in a detention center⁹. Some, after appealing to immigration court to contest their deportation, are awaiting the “Credible Fear of Persecution Interview”¹⁰ with an asylum officer. Others, having passed the interview, are waiting for a judicial proceeding to determine whether they will be released to continue their asylum process, or deported. Still others, following a negative interview outcome and a denied asylum request, remain subject to removal proceedings. Despite the diversity of their situations, many confined migrants remain, as Ysabel told, “stuck in detention”, held in custody for an indefinite period of time. They experience a temporal uncertainty, where time feels suspended, and the future becomes unclear and unpredictable (GRIFFITHS 2014).

Formally, individuals in ICE’s custody are not there as punishment for having committed a crime. Immigration detention is framed as an administrative/civil confinement for which the officially-stated purpose is to facilitate the removal of individuals lacking authorization to enter or remain in the Country or whose legal status is otherwise still under evaluation. However, the use of detention to deter “unauthorized” migration (MARTIN 2012; RYO 2019), its consolidation as a punitive apparatus (HERNÁNDEZ, CUAUHTÉMOC 2014), and its evolution into a containment system where law enforcement agencies abuse their power by preemptively applying highly coercive measures to individuals perceived as “hostile” “untrustworthy” or “dangerous” (CAMPESI 2020), have fundamentally reshaped the nature of these facilities. As a result, they become sites where “public safety” is pursued through procedures that target migrant bodies as primary objects of disciplinary intervention and control. A comparable dynamic is evident within processing facilities where migrants are detained under the CBP custody in

proximity to border areas. In these spaces, temporary detention serves not to punish specific actions but rather to criminalize conditions of existence, namely, being “unauthorized” and “undesirable” non-citizens, whose legal subjectivity is systematically obscured and suspended (DE GENOVA, PEUTZ 2010; MOUNTZ *et al.* 2021).

Tina and Ysabel’s narratives illustrate how such procedures, deeply impacting migrant health, elevate pharmaceuticals to roles that go far beyond their intended clinical use. Far from being neutral therapeutic tools, they indeed become key agents in institutional dynamics and governance technologies inscribed within a broader biopolitical rationality aimed at regulating human mobility through forms of exclusion. Whether withheld when requested, administered through mismanaged and clinically inappropriate modalities, or placed at the core of medicalization processes that become routine confinement practices, medicines emerge as a key medium through which migrant bodies are simultaneously made invisible and hyper-visible. They operate as agents in the production of these bodies as “sites” upon which political, historical, socio-cultural, and economic rationalities are materially and symbolically inscribed. In this sense, pharmaceuticals contribute to the consolidation of U.S. homeland security processes enacted *within* the spaces where migrants are held in custody.

These processes, however, appear to be further reinforced by the symbolic charge, the multiple uses, and the layered meanings that pharmaceuticals acquire even *beyond* these spaces.

«When you don’t secure the border that’s when national security threats enter the Country, that’s when sex trafficking goes up, that’s when the fentanyl comes in»¹¹. With these words, Thomas Homan (ICE Deputy Director and appointed “border czar” under the current Trump administration) justified the intensification of military control along the U.S. southern border to block individuals attempting to enter “illegally”. This narrative doesn’t come out of the blue. During the 2024 presidential campaign, Trump repeatedly asserted that the rollback of migration policies enacted during his first term, undertaken by the Biden administration, had contributed to a sharp increase in fentanyl-related overdoses across the Country¹². This argument was further amplified during the Republican National Convention, held in Milwaukee in July 2024, where the mother of a 15-year-old who died in 2022 after ingesting fentanyl-laced pills publicly faulted Biden over his border policies and the flow of illegal opioids into the United States¹³.

Fentanyl is a synthetic opioid medicine with narcotic and analgesic properties; it belongs to the opioid analgesics pharmacological class, but its potency is significantly greater than that of morphine which increases the risk of overdose and death. While fentanyl is generally used in pain management, since the early 2010s the substance has increasingly been obtained outside formal biomedical circuits.

In the United States, the spread and consumption of illicitly manufactured fentanyl and its analogs have been driven by a combination of different factors: fraudulent prescriptions and unauthorized distribution (involving patients, physicians, and pharmacists), purchases on the black market, and production in clandestine laboratories outside regulated pharmaceutical industries. These dynamics have led to the widespread consumption of fentanyl in the form of counterfeit pills, pure powder, or mixtures with cocaine, methamphetamine, or heroin (GARDNER *et al.* 2022). Since 2013, fentanyl consumption has become the leading cause of overdose-related deaths in the United States, marking what is commonly referred to as the “third wave” of the U.S. “opioid crisis”. This crisis has unfolded in three distinct phases: the first wave, which began around 2000 and steadily increased through 2016, was driven by a rising number of overdoses linked to opioid pills’ prescription; the second wave was characterized by a surge in heroin-related deaths, starting around 2007 and surpassing prescription opioid fatalities by 2015. Finally, the third wave has seen illicitly manufactured fentanyl replace heroin as the primary driver of opioid-related mortality (CICCARONE 2019; MONTERO *et al.* 2022; BRUZELIUS *et al.* 2024)¹⁴. It is estimated that between 1999 and 2022, approximately 727,000 people died in U.S. from an opioid overdose involving both prescription and illicit opioids (Cdc 2024). A significant portion of these deaths occurred between 2013 and 2022, largely due to the spread of fentanyl across the drug markets¹⁵.

For these reasons, fentanyl represents a focal point of concern in public health and policy debates. However, rather than prompting a reflection on the substance abuse, or on access to healthcare inequalities in the United States context, public and political discourses have often conflated the “opioid crisis” with the “border crisis”, emphasizing how the latter has fueled the former. While this narrative has been present under both recent Democratic and Republican administrations, fentanyl has assumed an especially prominent role in Trump’s immigration policies. It has, for example, been portrayed as a lethal *poison* spreading death across the U.S. territory, allegedly circulating as a result of the uncontrolled entry

of “irregular” migrants, who are themselves framed as *contaminating* the «blood of the Nation»¹⁶.

Building on these premises, this article explores how pharmaceuticals, beyond their therapeutic function, are objects that can acquire multiple symbolic meanings and socio-political values, depending on the material and political contexts in which they circulate, and are administered, consumed, narrated and represented. In particular the analysis unfolds across two interrelated planes, interrogating the dual function of pharmaceuticals within the broader U.S.-Mexico border control apparatuses. On the one hand, I examine the role assumed by fentanyl and its analogs – in their “unexpected” deployment beyond clinical settings – within the discursive and policy frameworks advanced by the current Republican administration. In this context the pharmaceutical ceases to function solely as a curative substance and becomes instead a symbol of threat to the State, by fueling imaginaries of danger that serve to legitimize and intensify border enforcement practices. On the other hand, I examine the role played by medications within the spaces where migrants classified as having an “irregular” legal status are held in custody. Here, these objects acquire a distinctly symbolic and disciplinary valence: as technologies of control, they are implicated in processes through which the migrant body becomes a site of the border inscription and embodiment (FERRERO, QUAGLIARIELLO, VARGAS 2021; ALUNNI 2024).

The analysis draws on data collected during my ethnographic fieldwork in Albuquerque between September 2024 and March 2025, particularly from ethnographic interviews conducted with Venezuelan asylum seekers, as well as with representatives of local organizations providing legal and medical assistance to migrants¹⁷.

Poisons

My community is tired, my community is frustrated over the last three and a half years, what we've dealt in this County when it comes to crime. [...] Over the last thirty-one months here in Cochise County, to see the real impact on the community, we have booked 3762 people in my County jail for border related crimes. These are not immigration issues, these are border related crimes [...]. When President Trump took office six years ago, you probably never heard much about fentanyl. President Trump's last year in office in 2020, there was a little two million pills seized in Arizona. Last year, there was one hundred eleven million fentanyl pills seized in Arizona. You wonder where the epidemic is coming from... it's the cartels who have been allowed

to commit these crimes. And I will say this, thanks to 51% of Congress, we have cut our DEA budgets in this Country. We have less DEA agents in Arizona than we ever had before, and we lead the Nation with fentanyl. [...] The river behind you [...] we had the cartel come across the border early mornings to kidnap and kill one of my deputies because they're allowed to think that way. [...] America's sheriffs have stood strong on the voice to secure our borders. We have tried everything to meet with President Biden and Vice President Harris, the border czar. [...] this is the first Administration in modern days that has never met with one American sheriff to address border. That's a shame¹⁸.

With these words, Mark Dannels – sheriff of Cochise County and Chairman of the National Sheriffs' Association for Border Security – spoke on August 22, 2024, during a live broadcast from Montezuma Pass (Arizona), organized as part of Donald Trump's presidential campaign.

The camera frames a sunlit, dusty, unpaved road. On the right side of the image stands the completed section of the U.S.-Mexico border wall: tall, solid, and imposing. On the left, metal fence panels lie stacked on the ground, evidence of an unfinished barrier and a material trace of incomplete constructions. The visual contrast is intentional and reinforces narratives that emphasize the different levels of security associated with two competing political visions. In this sense, it also reaffirms the multiplicity of meanings ascribed to border walls and their related infrastructures. These structures operate both as practical and symbolic attempts to impose spatial order in a world shaped by mobility, and as mechanisms that politicize territory by materializing forms of socio-spatial exclusion through criminalization processes that disproportionately affect certain groups (FASSIN 2011; HEYMAN 2012). At the same time, they symbolically emphasize the pursuit of control aimed at safeguarding the “well-being” of a bounded and enclosed interior against an external realm perceived as unruly, threatening, or radically “other”. After all, this is precisely the role that the border has historically come to embody (HEYMAN 1994; ALVAREZ 1995; DUNN 2021), beginning with the “prevention through deterrence” strategy introduced in the U.S. during the 1990s, which relied on the intensified deployment of enforcement resources – including agents, physical barriers, lighting systems, and surveillance technologies – concentrated in the most accessible urban border areas, with the aim of discouraging or significantly reducing unauthorized crossings, by diverting migratory flows toward more remote, hostile, and dangerous terrains (MCGUIRE 2013; DE LEÓN 2015; MILLER 2019).

Trump, at the center of the stage, is accompanied by a young couple and two women who, over the course of the live broadcast, share their personal

testimonies. Although differing in contents, these narratives exhibit a structural similarity, likely shaped by their intended function: to share experiences of loss and violence allegedly resulting from an unsecured border framed as a key factor in the rise of the criminal activity within local communities. These accounts are interspersed with Trump's campaign address, which explicitly blames the Biden administration for adopting an "open-border" policy that, according to his rhetoric, has facilitated the entry of, I quote, «criminals, people from prisons and mental institutions, insane asylums, gang members, terrorists, and drug climbers». The political rhetoric thus transforms the suffering of those present into a spectacle, making it strategically shareable with the aim of reinforcing an already substantial electoral base – one that would ultimately lead Trump to win the presidential election on November 5 of that same year. Crucially, this political performance relies on a representation that is substantially detached from the empirical reality, particularly with regard to the migration policies and opioid control measures implemented under the recent Democratic administration¹⁹.

The opioid crisis was also a key pillar of Trump's 2016 campaign for the White House. The American "war on drugs" – officially declared in 1971 by Richard Nixon, and repeatedly reaffirmed over the decades without ever clearly identifying its true targets (TOWLE 2024) – has once again served as a platform to promote the fiction that undocumented migrants crossing the U.S.-Mexico border are the principal couriers of the illegal drug trade. While this narrative has allowed Republican candidates to gain electoral support, particularly in states with higher drug mortality rates (GOTTSCHALK 2023), it has also indirectly reinforced the drug-related immigration enforcement, that is the historical processes through which the U.S. immigration system becomes increasingly punitive and criminalizing toward non-citizens convicted of minor drug offenses, thereby rendering them more vulnerable to arrest and deportation. This dynamic constitutes what has been described as the "war on immigration" within the "war on drugs" (TOSH 2021; HUMAN RIGHT WATCH 2024). This "double war" led Trump, in 2017, to declare the opioid epidemic as a public health emergency²⁰, to reinforce border controls for curbing both unauthorized migration and the flow of fentanyl and its analogs, and to introduce policy measures for reducing substances' misuse and abuse. These efforts, however, ultimately proved ineffective as the years of Trump's presidency coincided with some of the highest overdose rates on record.

Today, compared to the years of his first term, the situation appears notably different, particularly with regard to the rates of drug overdose deaths involving fentanyl and its analogs. Following a sharp increase in fatalities in recent years, it has been observed that overdose deaths began to decline between 2022 and 2023 (GARNETT, MINIÑO 2024). Furthermore, provisional data from CDC's National Vital Statistics System predict a nearly 24% decline in drug overdose deaths involving fentanyl in 2024 compared to the previous year. Other data²¹ shows about 87,000 drug overdose deaths from October 2023 to September 2024, down from around 114,000 the previous year. This recent national evidence shows a continued steep decline in overdose deaths since June 2020. Multiple factors have likely contributed to this decline, including the widespread distribution of naloxone, a life-saving medication for overdose reversing; improved access to substance use disorders treatments and the restoration of long-term prevention frameworks following the structural interruptions instigated by the COVID-19 pandemic; finally, possible decline in demand in U.S. drug markets and changes in the same drug supply which are, in turn, influencing how people are consuming fentanyl (FAIRBAIRN *et al.* 2017; LOVE *et al.* 2023; RAWSON, ERATH, CLARK 2023; ROSENBLUM *et al.* 2024).

The decline in overdose deaths appears, in turn, to mirror the decrease in fentanyl seizures at the border in recent years: in 2024, the total weight of drug seizures was 21,889 pounds, compared to 27,023 pounds in 2023, a downward trend that has continued into fiscal year 2025 which began in October 2024. Between October and January 2025, 5,409 pounds of fentanyl were seized, representing a 22% decrease from the 6,932 pounds seized during the same period in the previous fiscal year, and a 38% decrease compared to the 8,673 pounds seized during that timeframe two years earlier²². Moreover, while overall seizures are declining, it is important to note that fentanyl is overwhelmingly intercepted at official land ports of entry. A recent analysis by the Cato Institute reveals that U.S. citizens constituted approximately 80% of individuals apprehended with fentanyl at ports of entry between 2019 and 2024²³. Corroborated by additional sources (FRIEDMAN *et al.* 2023; UNITED STATES SENTENCING COMMISSION 2023), these findings reveal that fentanyl smuggling by “irregular” migrants crossing the border without authorization constitutes a statistically marginal phenomenon.

These evidences show that concerns raised by the Trump administration emerged at a particularly inopportune moment. More importantly, they underscore how narratives portraying migrants as responsible for the

spread of fentanyl in the United States are rooted in rhetorical constructions that are fundamentally contradicted by empirical data. And yet, this distorted representation has allowed the current Administration to justify a wave of policy measures. Although these measures are ostensibly aimed at combating the abuse and misuse of fentanyl, they have instead reinforced the processes of border militarization and expansion of the homeland security in order to curb the so-called “invasion” of migrants who are portrayed, among other things, as responsible for overdose deaths in the United States.

One such measure is the executive order signed on the day of Trump’s inauguration, which classified Mexican cartels and transnational organizations as terrorist entities. This action has enabled expanded surveillance at the southern U.S. border, with CIA-operated MQ-9 Reaper drones covertly deployed over Mexican territory to monitor drug cartels, locate clandestine fentanyl laboratories, and disrupt trafficking routes. It also led to the invocation of the “Alien Enemies Act”, a 1798 law that can be activated during a “declared war” with a “hostile nation or government” or in response to an invasion or “predatory incursion” perpetrated, attempted, or threatened by a foreign power on U.S. soil.

On this basis, the Administration deported over two hundred Venezuelan nationals, alleging their affiliation with the *Tren de Aragua* criminal organization and transferring them to a detention facility in El Salvador²⁴ without giving them the opportunity to contest the accusations, or to go before an immigration or federal court judge, or to access any form of legal proceeding that might allow for the verification of the claims brought against them. This occurred despite the absence of evidence confirming their affiliation with the organization, despite the fact that the U.S. Department of State was aware of the ongoing and systematic human rights violations within detention facilities in El Salvador²⁵, and despite the intervention of a federal judge who had blocked the measure since it violates the U.S. Constitution²⁶. «I don’t care what the judges think», stated Tom Homan, explaining that the judge’s decision could not be enforced because it was issued when the deportation flight was already over international waters. He went on to assert that deporting members of one of the most recognized terrorist organizations which he claimed uses fentanyl to kill thousands of Americans was the right course of action for “making the Country safe again”²⁷.

However, according to Amnesty International²⁸, the people expelled include individuals who were in the midst of ongoing court processes, that

were arrested while complying with their immigration obligations, that were already granted protections in the United States, and were labeled as gang members for their connection to the Venezuelan state of Aragua with no other evidence. Even ICE officials have admitted that many of them had no criminal record and some were removed because of a perception they may commit crimes in the future (*ibidem*). These arrests and expulsions, carried out by agents operating beyond the immediate border zone – particularly by ICE – highlight a fundamental issue: operations aimed at ensuring national security are increasingly being conducted within the United States territory. This illustrates the concept of “shifting border” (SHACHAR 2009), which redefines the border not as a fixed, physical, and clearly delineated line, but as a dynamic and expanding mechanism of control. The border thus extends inward (as well as outward), by generating spaces in which legal and constitutional protections can be curtailed or suspended, especially in relation to those who do not have proper documentation or legal status. This trend is further corroborated by the current number of individuals held in immigration detention – 47,892 as of March 23, 2025²⁹ – the majority of whom, despite having no criminal convictions, were apprehended by ICE rather than by CBP.

This data once again illustrates the growing emphasis on interior enforcement operations, rather than on intensified removal efforts at the border – which have, moreover, diminished in response to a substantial reduction in the actual volume of “irregular” crossings recorded since July 2024³⁰. This decrease is likely due to a combination of enforcement policies and expanded legal pathways implemented by the previous Administration, as well as the measures undertaken by the Mexican government to control migration within its territory, including increased enforcement efforts at its northern border³¹. Nevertheless, Trump is likely to attribute this decline to his own leadership, a stance he has already publicly expressed. In his first address to Congress, for example, he framed the shift in immigration dynamics as a direct consequence of the Administration change, stating: «The media and our friends in the Democrat party kept saying we needed new legislation, we must have legislation to secure the border. But it turned out that all we really needed was a new President»³².

A “new presidency” which, facing a “double war” – the “war on immigration” and the “war on drugs” – has justified and implemented several policy measures that have so far targeted both individuals attempting to reach the U.S. borders and those already living in the United States. This includes the acceleration of deportation proceedings, the tightening of asylum

access, the suspension of refugee resettlement programs, and agreements with third countries designed to both restrict migratory flows and facilitate removals³³. The declaration of a state of emergency at the U.S. southern border has also enabled an expansion of presidential executive powers, allowing for the release of federal funds to reinforce the U.S. homeland security apparatus. This has included the extension of the border wall, the construction of additional physical barriers, increased funding for the expansion of detention and deportation systems, and the deployment of personnel and resources – including military forces – to facilitate a greater arrests number. Notably, such operations have increasingly taken place in areas previously considered sensitive or “protected”, such as schools, hospitals, universities and churches³⁴.

The “double war” has also contributed to the expansion of foreign policy initiatives, transforming fentanyl from a substance at the core of a domestic public health crisis into a strategic instrument for the redefinition of international power dynamics and geopolitical influence. A pivotal dimension of this strategy has been the demand for the reinforcement of border control mechanisms along both the U.S. northern and southern borders, with particular pressure directed toward Mexico and Canada. Anchored in a securitization framework, this approach has once again discursively linked the proliferation of fentanyl to “irregular” migration, thereby consolidating a narrative that conflates public health, national security, and border governance. This rhetoric has not only facilitated the intensification of restrictive immigration policies, but has also provided the political justification for the adoption of coercive economic measures, most notably, the imposition of tariffs to both countries. Despite their formal participation in the United States-Mexico-Canada Agreement (USMCA), Mexico and Canada have been portrayed as insufficiently cooperative in efforts to combat the transnational trafficking of fentanyl, thus legitimizing punitive trade actions within a broader logic of “securitized diplomacy”. Tariffs have also been extended to China, which has been accused of exporting the chemical precursors of fentanyl to Mexico, of fueling the drug cartels’ supply chains, and, consequently, of bearing responsibility for the substance’s diffusion within the United States³⁵.

Within this context, U.S. strategy has evolved along two primary axes. On the commercial front, the fentanyl-related “crisis” has been used as a lever for negotiating new trade agreements and for strengthening the U.S. position in global relations, in alignment with the broader MAGA agenda. On the national security front, the constructed nexus between drug traf-

ficking and migration has reinforced the link between economic nationalism and the restriction of mobility (KINGSOLVER, MATHUR, ONTO 2022), facilitating the consolidation of border enforcement practices. This dynamic thus serves a dual purpose: on the one hand, to reassert economic sovereignty and autonomy vis-à-vis other states. On the other, to advance a broader program of nation-building – and nation-rebuilding (FETZER 2020, 2021) – designed to consolidate a cohesive national identity. This is achieved through the internal exclusion of perceived “outsiders” and the entry regulation for new groups represented as not belonging to the national community (NANDITA 2020; KINGSOLVER, MATHUR, ONTO 2022).

The economic and political pressures exerted by the United States – culminating in trade disputes with China, Canada, and Mexico – have prompted these three countries to respond through a combination of direct economic measures and diplomatic negotiations³⁶. While China has officially claimed to have tightened controls on fentanyl-related substances (THE STATE COUNCIL INFORMATION OFFICE OF THE PEOPLE’S REPUBLIC OF CHINA 2025), Mexico agreed to reinforce militarization measures by deploying 10,000 National Guard troops to the U.S.-Mexico border. Despite playing a comparatively minor role in the cross-border fentanyl trade³⁷, Canada also announced an investment of 1.3 billion dollars to mobilize additional law enforcement personnel and to enhance border security resources³⁸. Paradoxically, these developments unfolded at a time when the Trump administration is implementing significant reductions in public health funding. In particular, the Department of Health and Human Services (HHS) recently announced the withdrawal of approximately 11.4 billion dollars in grants previously allocated to essential healthcare services which is expected to severely undermine programs addressing substance abuse and opioid addiction treatments. In parallel, the Administration also suspended international aid programs funded by the U.S. Department of State, including those administered by the Bureau of International Narcotics and Law Enforcement Affairs (INL), the agency that has historically provided critical support to foreign governments and security forces in combating drug trafficking and organized crime. This is expected to have a significant impact in Mexico, where U.S. funding has played a vital role in efforts to curb fentanyl trafficking.

In Mexico, tariffs are also likely to have a substantial impact on the national economy, particularly affecting key sectors such as manufacturing, agriculture, and exports to the United States, one of the Country’s primary sources of income. This economic weakening could severely strain the

social structures resulting in worsening living conditions, rising poverty, and the expanded influence of organized crime, factors that may, in turn, intensify migratory pressure toward the United States.

«Don't Get Sick»

Recently, a team of marine biologists detected traces of fentanyl in 18 tissue samples collected from a group of 89 dolphins swimming in the waters of the Gulf of Mexico (today also referred to as the “Gulf of America”), in the Upper Laguna Madre area in Texas (OCAMPOS *et al.* 2024). As bioindicators of the ecosystems’ health in which they live, these bodies – in their becoming *toxic* (OPPERMANN 2015) – stand as critical markers of the intensifying dissemination of pharmaceuticals as emerging micropollutants in the ongoing climate crises and pervasive environmental degradation era.

Pharmaceutical contamination, however, is unfolding within an ecological context that is already deeply compromised, where the Gulf of Mexico is becoming gradually vulnerable to the environmental crises’ effects: rising water temperatures and ocean acidification, sea level rise and coastal erosion, loss of biodiversity, and the growing hurricanes’ frequency and intensity. These pressures increasingly threaten the livelihoods of coastal communities – particularly, though not exclusively, those in Mexico – by exacerbating socio-ecological vulnerability and prompting a growing number of people to leave their homeland (ALBO, ORDAZ DIAZ 2011; U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS 2023). United States has played a significant role in driving these environmental transformations, primarily, but not exclusively, through oil extraction activities and the outsourcing of industrial production³⁹. Yet, facing the growing environmental-induced displacement, the dominant response has been an intensification of the homeland security apparatus, marked by the border surveillance aimed at curbing such migratory flows (MILLER 2017; HUBER *et al.* 2023).

Not far from the Mexican side of the Laguna Madre lies Matamoros, a border city separated from Brownsville by the Río Bravo (Rio Grande), the river that runs along the entire length of the Texas-Mexico border up to El Paso. It is here that Martina Marchiò⁴⁰, a nurse of Doctors Without Borders, provided medical assistance between 2020 and 2021 to migrants arriving primarily from Venezuela, Haiti, Guatemala, El Salvador, and Honduras, as well as to those deported from the United States under the enforcement of the Title 42 measure. Matamoros, as Martina ex-

plains during our interview (march 2025), is a city marked by «pervasive and multi-layered violence», where migrants are continuously exposed to physical violence, including kidnappings for ransom, sexual assaults in public spaces, and abuse perpetrated by drug cartels as well as corrupt government authorities. Many arrived – and still arrive today (REYNOLDS *et al.* 2024) – with serious health issues such as respiratory infections, gastrointestinal and dermatological diseases, or exacerbations of pre-existing chronic conditions, largely caused by the harsh and precarious conditions endured during their journeys. Upon arrival, they are forced to live for months in precarious settlements, often makeshift shelters or unauthorized encampments beneath urban bridges, lacking basic services and with no access to healthcare infrastructure.

It is in Matamoros that José, a 34-year-old Venezuelan man, arrives in October 2023, after departing from Caracas and making his way through Colombia, the Darién Gap, Costa Rica, Nicaragua, El Salvador, and Guatemala, at times traveling on foot, at others by bus. Upon reaching Mexico City, he slept on the street to avoid being approached by cartels' members who control local hotels and are known to recruit migrants seeking refuge in shelters. Once in the state of Tamaulipas, he was detained by immigration agents and released after three days. He had attempted to schedule an appointment for his asylum application through the CBP One app; however, after several days of waiting and upon learning from other people about reported delays of six to seven months before receiving a response, he ultimately decided to surrender at the border. During those days, he was subjected to intimidation by armed individuals whom he identified as drug traffickers and these circumstances ultimately led him to leave Mexico. Upon reaching the border, U.S. agents recorded his personal information and placed him in custody for four days in a cold and overcrowded holding facility (the *hielera*), alongside approximately one hundred twenty other individuals. After undergoing an interview with immigration authorities to assess the basis of his asylum request, José was handcuffed along with fifty other individuals and transferred to a detention center. He would remain there for six months, until he was released following a positive outcome in his “credible fear interview”. After this, he came into contact with Tina, who provided ongoing assistance during the progression of his asylum claim. Thanks to Tina I met him a few months later.

Jose: The number was 556, the cell [...] I was there with other thirty-six people, it was a bit big with three showers and three toilets, all inside the cell [...] and the conditions of the place were not the best. They were catastrophic

in every sense. One day I got sick, I don't know, I had pain in my belly I think because of the food they give you there. [When you are sick] you have to fill a questionnaire to get picked up and taken to the doctor. I sent like eight of them. And I never went [...] I got treated by a man from Honduras, he had a cream, and he started massaging my body, my feet, my hands, my belly... then he gave me something to drink, it was basically like a laxative, something like that, and I got better with that. And then they came for me after twelve days. [...] when they came, I was better and I told the agent I won't go anywhere now. [...] during these months I've lost a lot of weight, I mean, I have always been thin, but at that moment... I didn't recognize myself... my size in kilograms is 67 or 68 and at that time I weighed, I don't know, 53. [...] [I've lost weight] for everything, for the food but also because I was staying in such a horrible place. Because a criminal maybe is used to, but a person who doesn't understand why he is in that kind of place... of course you lose weight because staying there is a psychological attack on your dignity as human being. [...] in this place, no one gives you attention... I mean, the motto inside was: «Don't get sick because they are not coming for you». [...] Once I asked for sleeping pills because after losing sleep for about three months, I just couldn't sleep anymore, that is, I had my sleep cycle completely out of whack and I think that also affected my health... not only me, other people who were with me as well. We asked for pills many times but nobody ever gave them to us.

(Ethnographic Interview with José, February 2025).

Systemic deficiencies in medical care provision are a defining feature of detention spaces across the United States (BONFIGLIO 2020; TELLEZ *et al.* 2022; DEKKER *et al.* 2024). This is further corroborated by a report issued by the Office of Inspector General (2024) of the U.S. DHS, which conducted several unannounced inspections of detention facilities between 2020 and 2023. The findings exposed a consistent pattern of non-compliance with established minimum standards for medical care, alongside deficiencies in environmental and sanitary conditions.

Medical neglect – as part of broader mechanisms that characterize the global carceral system extending beyond the U.S. context (KOBELINSKY, MAKAREMI 2009; RAVENDA 2011; CAMPESI 2012; CROSBY 2016; BOSWORTH 2018; VAN HOUT, LUNGU-BYRNE, GERMAIN 2020) – has a significant impact on migrants' health (CASTAÑEDA 2010; HUMAN RIGHTS WATCH 2018; SAADI *et al.* 2020; HAMPTON *et al.* 2022). Mirna, a mental health therapist and social worker, and Ana, a case manager – both working at healthcare centers in Albuquerque that provide services to migrants and community members – shared with me (March 2025) their insights on this impact. According to Ana, many individuals who voluntarily presented themselves to border authorities, seeking protection but ultimately detained,

endure extremely difficult conditions that increase their vulnerability to developing various health conditions or worsening existing ones. When they request medical care, their needs are frequently ignored. The conditions within detention facilities and the absence of adequate medical care are so grave that, in certain instances, they lead to fatalities, as Mirna recounts. Recently published reports confirm this; a federal analysis occurring between 2017 and 2021, underscores that fatalities were primarily the result of misdiagnoses, failure to provide timely emergency care, and inadequate, delayed and missed medical interventions (PHYSICIANS FOR HUMAN RIGHTS 2024).

Emily, an attorney who provides pro bono legal assistance to asylum seekers in Albuquerque, discussed the impact of these conditions within detention centers in New Mexico during our online conversation in November 2024. The organization she collaborates with has gathered multiple testimonies from asylum seekers who have reported a complete medical neglect, particularly within two detention centers in New Mexico: the Cibola County Correctional Center and the Torrance County Detention Facility, both located in the northern part of the State and designated exclusively for a male population⁴¹. Individuals arrive in physically and emotionally precarious conditions, a direct consequence of the hardships endured during the migratory journey. Many suffer from severe health issues, such as major fractures or infections resulting from untreated wounds, yet they do not receive adequate treatments. Access to medical care is indeed extremely limited: medical visits occur several days after a request, and even for severe conditions, ibuprofen is often administered with an approach that addresses only the superficial management of symptoms without tackling the underlying etiological causes. Additionally, there is no provision for an interpreter to facilitate the clinical interaction, rendering the therapeutic process ineffective. Often, medicines – both those prescribed and those requested without prescription, such as pain relievers – are not administered.

Furthermore, living conditions are severely degrading; individuals report excessive use of force and verbal/psychological abuse by the agents, as well as material deprivations, such as a lack of potable water for extended periods of up to three days, poor-quality food, and insufficient sanitation facilities. These factors contribute to the exacerbation of their health issues. As Emily explains, expressions of sadness and distress, or the onset of symptoms such as insomnia, stress, or anxiety, can expose individuals to the real risk of solitary confinement – officially justified as a measure to prevent self-harm (suicide watch), but, in practice, functioning as a form

of punitive isolation. Alternatively, these symptoms may result in the prescription of psychotropic medications, including sedatives or sleeping pills. While not administered coercively, these medications ultimately become the only available option due to the almost complete lack of psychological support, making the choice “imposed”. The administration of these medications aligns with the broader strategy that Anthony Ryan Hatch (2019) describes as *technocorrections*, a set of actions and processes designed to reduce the costs of mass incarceration and minimize the risks posed by prisoners to society, making pharmacological containment an integral part of the governance of marginality.

Pharmaceuticals thus appear to play a central and ambivalent role within detention contexts as evidenced by several asylum seekers’ testimonies published in a report compiled by the organization with which Emily collaborates. For instance, a 31-year-old Venezuelan man held at the Cibola Center states: «Many people who experience headaches are not given pills for three or four days. A companion who had a fever for days was told it wasn’t an emergency and that he should just take a shower. We joked with him that he first had to die for them to see him» (NMILC 2024: 74). A 26-year-old Colombian man, held at the same center, asserts:

There is confusion with the medication; at night they give me medicine, but in the morning, they tell me they have nothing for me. Or vice versa. This happens even though they prescribed medication for both morning and nighttime but they don’t always give it to me. I inform them that I was prescribed medication twice a day, but the officers still tell me they have nothing for me, despite what the doctor prescribed (*ibid.*: 84).

Furthermore, a 23-year-old Venezuelan man, held at the Torrance County Detention Facility, claims:

I experience pain in my ribs and spine because of past injuries. [The doctor] gave me pills for the pain in my ribs and spine... I went to refill the medicine and they told me I’m not in the system anymore and would not get more. When I requested more medicine, they told me to get out. They make it seem like you are bothering them. If you continue to ask them, they put you in the cold room [...] If you say you are depressed, they take you to the cold room and leave you there alone because they think you are crazy. When they took me there, I wasn’t crazy, nor did I feel like I wanted to hurt someone (*ibid.*: 70).

The degrading conditions experienced by migrants also extend to the CBP processing facilities near border crossing points, which, in this sense, function as an extension of the detention logic, even though they are formally classified as transit or screening areas for those who have entered the

Country. Gabriela and Rafael, a young Venezuelan couple, both 28 years old, whom I met with Ysabel in March 2025, shared their experiences of enduring extreme conditions within these spaces. After a year-long journey that began in the summer of 2023 and after surrendering at El Paso border, they were separated by agents due to their unmarried status, and spent several days in a shelter facility that, however, reproduced the detention logic: they were forced to stay in rooms separated by glass, with the lights constantly on, in complete lack of privacy, and eating poor-quality food. Gabriela and her 5-year-old daughter slept on the floor with an aluminum blanket, compelled to share cramped spaces with ten other women and their children, with the option to take a cold, two-minute shower once a day, before putting on the uniforms they had been given. The semantic ambiguity between reception and detention also manifested in Rafael's case through discriminatory practices by border agents who treated him with hostility by telling to «go back home» when he stated that he was Venezuelan.

These practices, documented by multiple organizations⁴², place pharmaceuticals at the core of specific processes. Luis – who left Venezuela with his partner, his two children, and his mother in June 2023 – arrived in El Paso in August of the same year. I met him, along with Tina, in March 2025. After unsuccessfully attempting to secure an appointment for asylum through the CBP One app, the family made the decision to cross the border and voluntarily turn themselves to U.S. authorities. Luis was separated from his partner and mother, and detained with his children for ten days at a CBP processing facility. During this period, one of the children developed symptoms of diarrhea, likely a result of the harsh conditions of the journey, which were exacerbated by the poor quality of food provided, which Luis described as either frozen or spoiled. Other minors in the facility exhibited similar symptoms, which were attributed to the consumption of expired food, such as cookies and fruit juices, that were regularly distributed. In spite of repeated appeals for medical support and medications, no treatment was delivered. After several days without any response and in light of his child's worsening condition, he had multiple discussions with the border agents. As a result of these incidents, his partner was deported to Tapachula, in southern Mexico. Luis reported that the deportation was carried out through the falsification of her signature by the agents, who used her biometric data collected upon entry to falsely present it as a voluntary return.

The testimonies of Luis, Gabriela, Rafael, and Jose, along with those of Ana, Mirna, Tina, Ysabel, Emily, and the asylum seekers encountered by the organization with which Emily works, highlight the central role of pharmaceuticals in U.S. securitarian policies well before Trump's second term. These accounts describe indeed experiences that occurred during the Biden administration. On one hand, this confirms a structural continuity in the practices of controlling and managing migrant bodies, regardless of the political orientation of the governing administrations. On the other hand, they suggest the potential for an intensification of these practices in response to the recent political pressures for increasingly stringent border control measures⁴³.

Pharmaceutical Density

It has been consistently demonstrated that pharmaceuticals, across the multiple phases of their "life cycle" (VAN DER GEEST, WHYTE, HARDON 1996), cannot be anthropologically conceptualized as autonomous entities, or as pure objects existing independently of their socialization and interpretation. Rather, they should be analyzed within the socio-cultural and political matrices through which they circulate, are consumed, and are ascribed specific properties shaped by individual perceptions and collective imaginaries (DESCLAUX, LÉVY 2003; HARDON, SANABRIA 2017). Conceived as commodities bearing economic significance, as objects of exchange and as resources endowed with political value, medicines further reveal a distinct social life (WHYTE, VAN DER GEEST, HARDON 2002), a life "with" and "among" people, wherein their efficacy becomes not solely therapeutic, but inherently social: they operate as active agents reshaping relationships among individuals involved in their distribution and consumption, redefining social positions and establishing, reinforcing or challenging pre-existing hierarchies (SCHIRRIPA 2015). Arising from the interplay of these factors, pharmaceuticals disclose a primordial ambiguity, captured in the ancient Greek notion of *pharmakon*: a substance whose inherent potential is to act both as a "remedy" and a "poison", whose dual nature holds the potential both to heal and to harm (PERSSON 2004; MORETTI, PIZZA, SCHIRRIPA 2025). The ethnographic context I explored has revealed this dual nature.

Situated at the core of detention practices within border control policies, access to pharmaceuticals is discontinuous, shifting into a governance device

that operates based on logics of classification and exclusion regulation of migrant bodies. Far from being merely a therapeutic object responding to clinical rationality, the medication and its denial, inappropriate administration or “imposition” when no alternatives exist, becomes a tool through which power structures are shaped and the ethics and politics of life are negotiated (FASSIN 2018). In this context, it assumes a fundamentally relational value, serving as a mechanism through which institutions establish boundaries of legitimacy and belonging: between those recognized as worthy of care and those who are not, and between those regarded as citizens and those who are not. This selective logic results in invisible and yet socially determined suffering (KLEINMAN, DAS, LOCK 1997), in which the care denial constitutes a structural form of “punishment”. In this context, the institutional negligence is not an exception but a routine practice that both reflects and reinforces social hierarchies and the everyday, normalized violence inscribed in the “irregular” migrants’ bodies in the United States (HOLMES 2013; DE LEÓN 2015; SHERIDAN, MCGUIRE 2019). Simultaneously, outside of these contexts, the pharmaceutical object, and its unexpected uses, take on a central symbolic function in securitarian and nationalist discourses, which, in turn – and both directly and indirectly – shape the strategies and practices of migrant containment. Inextricably tied to a perceived threat posed to the Nation as well as to the representation of the “illegal alien”, fentanyl serves as a tool to strengthen the border apparatus and justify exceptional measures that extend beyond the geographical frontiers, permeating the legal, social, and political structures of the United States internal territory. In this sense, it operates as a medium between the everyday microphysics of suffering and the broader macropolitics of security, leaving imprints of exclusion and institutionalized violence on the bodies of people in motion.

Notes

⁽¹⁾ All names are pseudonyms.

⁽²⁾ El Paso Sector is one of the U.S. Border Patrol Sectors that run along the 1,954 miles U.S.-Mexico border from the Pacific Ocean to the Gulf of Mexico. It covers the geographical region of the entire state of New Mexico as well as two counties within far west Texas (El Paso and Hudspeth Counties). This consists of 125,500 square miles, 121,000 square miles in New Mexico and 4,500 square miles in Texas. In New Mexico, the majority of the border counties are situated within the Chihuahuan Desert.

⁽³⁾ The U.S. Customs and Border Protection (CBP), which includes the U.S. Border Patrol, is the agency responsible for monitoring and securing the U.S. borders. It asserts the authority to conduct operations up to 100 miles inland from the border. Immigration and Customs Enforcement (ICE), additional federal agency under the DHS, is tasked with immigration enforcement within the Country territory, beyond the 100-mile zone.

⁽⁴⁾ <https://www.whitehouse.gov/presidential-actions/2025/01/declaring-a-national-emergency-at-the-southern-border-of-the-united-states/>

⁽⁵⁾ *The Climate of Borders: Lessons from Borderlands on the Environmental Crisis* – National Recovery and Resilience Plan (PNRR), Mission 4, Component 2. University of Milano Bicocca, Department of Human Sciences for Education “Riccardo Massa”. Principal Investigator: Lorenzo Alunni.

⁽⁶⁾ Document issued in the state of New Mexico regardless of a work permit or any immigration status. It serves as a driver’s permit but it cannot be used for federal identification purposes.

⁽⁷⁾ Organization established in Albuquerque in 2019 with the aim of facilitating and strengthening the engagement of newcomer communities – including asylum-seekers, refugees and other immigrants – by addressing their needs through educational, economic, social, and health programs.

⁽⁸⁾ Visits inside the detention center take place as part of the *Know Your Rights Presentation*, a session designed to inform migrants about the procedures they may face during detention. These presentations are organized by civil rights advocacy organizations with whom Tina and Ysabel collaborate, and they are intended for the entire detained population, regardless of the nationality.

⁽⁹⁾ The U.S. detention system is characterized by a hybrid management model involving both federal agencies and private companies. These companies, as for example Core-Civic and Geo Group, are responsible for the daily operational, including logistical activities, surveillance, and internal security. ICE agents, although present within the facilities, play a limited role, primarily restricted to document handling or the legal and logistical procedures related to migrant deportations. The expansion of detention facilities – aimed at fulfilling the mass deportation promises made by Trump during his electoral campaign – has led to both an acceleration in the growth of the “detention industry” and an increase in profits and capital accumulation for the main private corporations operating in the sector (CHARALAMBOUS 2024; BERZON, MCCANN, ALEAZIZ 2025).

⁽¹⁰⁾ The “Credible Fear of Persecution Interview” is a key preliminary procedure within the U.S. asylum system designed to assess protection claims at an early stage. It applies primarily to individuals who, upon arrival at a U.S. port of entry or after crossing the border without authorization, express a fear of persecution or harm if returned to their homeland. The interview determines whether there is a *significant possibility* that the individual may ultimately qualify for asylum or withholding of removal. This mechanism plays a crucial role within the expedited removal process, where noncitizens

may otherwise be subject to immediate deportation without access to a full hearing before an immigration judge.

⁽¹¹⁾ <https://www.youtube.com/watch?v=hF7X1UHwE04>

⁽¹²⁾ <https://www.youtube.com/live/qqG96G8YdcE?feature=shared>

⁽¹³⁾ <https://www.youtube.com/watch?v=ITZRv-p4DLI>

⁽¹⁴⁾ The early stage of this crisis is rooted in the widespread consumption and misuse of opioids pills that were initially medically prescribed for pain management. This phase emerged from a combination of factors: the growing recognition of pain management as a “human right”, the medical community’s response to the pain undertreatment, and the influence of pharmaceutical companies. The perception of pain as an urgent medical issue led to the U.S. Food and Drug Administration’s approval in 1995 of OxyContin (and other new oxycodone formulations), sustained-release opioid designed to provide pain relief, yet highly addictive and prone to misuse. This regulatory milestone was soon followed by the classification of pain as the “fifth vital sign” (LEVY *et al.* 2018) and the beginning of the so-called “war against pain”, supported by the Federation of State Medical Boards through its 1998 model guidelines. From the 1990s onward, the production and marketing of opioid analgesics, especially oxycodone, were aggressively driven by pharmaceutical companies, most notably Purdue Pharma. These campaigns led to a sharp increase in opioid prescriptions: not only for cancer-related pain, but also for postoperative and chronic pain, even in its milder forms; physicians were encouraged to prescribe these medications more “liberally”, reassured by misleading claims that products like OxyContin were non-addictive (VADIVELU *et al.* 2018; MEIER B. 2022). Opioid prescriptions rose by over 400% between 1999 and 2010 (AYOOK *et al.* 2020). Millions of people – particularly living in rural and suburban areas across states such as West Virginia and Kentucky – were prescribed OxyContin (VAN ZEE 2009; MURCH 2019). By 2010, the Country was facing a full-scale “iatrogenic” epidemic (PODOLSKY, HERZBERG, GREENE 2019), with a dramatic rise in overdoses linked to “legitimate” opioid addiction (HERZBERG 2020). U.S. federal agencies introduced measures to curb opioid distribution by implementing prescription drug monitoring programs. However, these interventions failed to provide evidence-based treatment options for opioid use disorder or alternative pain management strategies for those who were already dependent (GOTTSCHALK 2023). Meanwhile, reductions in the availability of prescription opioids led many dependent patients to turn to illicit drugs. Heroin, fentanyl and its analogues quickly became the primary drivers of opioid-related overdose deaths (CICCARONE 2019; FELBAB-BROWN *et al.* 2020; TANZ *et al.* 2024). Non-therapeutic and recreational use of oxycodone also surged, fueled by pharmaceuticals’ theft as well as the access through fraudulent and illegal sale of medical prescriptions (AYOOK *et al.* 2020).

⁽¹⁵⁾ While deaths from opioid pills and heroin began to stabilize around 2017 (CICCARONE 2019), fatalities from fentanyl and other synthetic opioids have continued to rise. The spread of fentanyl, especially in urban areas, has reduced previous rural-urban and racial disparities in overdose deaths. By 2013, opioid-related death rates among African Americans surpassed those of White individuals, with signifi-

cant increases also seen among Hispanic populations (FURR-HOLDEN *et al.* 2021; GOTTSCHALK 2023). Initially concentrated in the Eastern U.S. (CICCARONE 2019; SHOVER *et al.* 2020), fentanyl use has expanded westward and now impacts both U.S. and Mexican border regions (FLEIZ *et al.* 2020; FRIEDMAN *et al.* 2022; ROMERO *et al.* 2023).

⁽¹⁶⁾ <https://www.nbcnews.com/politics/2024-election/trump-says-immigrants-are-poisoning-blood-country-biden-campaign-rcna130141>

⁽¹⁷⁾ This research would not have been possible without the support of Jessica Goodkind, Professor of Sociology at the University of New Mexico, and Director of the *Refugee & Immigrant Well-Being Project* (RIWP) at UNM, who facilitated my connection with Tina, Ysabel, and with other representatives of local organizations. Tina and Ysabel became key interlocutors throughout the ethnographic fieldwork, mediating my initial contact with seven Venezuelan asylum seekers, all of whom I could later interview. These individuals were introduced to Tina and Ysabel through support programs previously run by the organization where both are employed. They had been residing in the U.S. for over a year, with the majority having arrived in New Mexico with their families. Further semi-structured interviews were conducted with Tina, Ysabel and their parents, who, as previously mentioned, have been living in New Mexico for over twenty years and yet remain “undocumented”. All the interviews were conducted in Spanish, with Tina and Ysabel providing compensated interpretation services. Their contribution was crucial in preserving the nuance, richness, and depth of the interlocutors’ narratives. Prior to each interview, individuals received information about the research and were asked to provide informed oral consent. The consent form also stated that the interviews would be audio-recorded, verbatim transcribed and data dissemination would be aggregated by using a coding system and pseudonyms. In parallel, I conducted interviews with six representatives of local organizations based in Albuquerque. These included a case manager, a mental health therapist and social worker, a family physician, an attorney, and two executive directors of programs and projects. These interviews were conducted in English. During my ethnographic research, I also systematically monitored media sources related to migration and border issues in the U.S. context. This was a productive endeavor given the rapidly evolving nature of the border policies. Throughout this paper, I draw on these sources to support my arguments, particularly those addressing the intersections between drug enforcement and immigration policy.

⁽¹⁸⁾ https://www.youtube.com/watch?v=hv_AhqfIx_c

⁽¹⁹⁾ Under the Biden administration, migratory flows increased significantly, partly as a consequence of the restrictive immigration policies enacted during the first Trump era, which had sharply curtailed legal entry options. Despite a rhetorical shift toward a more humane migration approach, the Administration ultimately reinforced the existing border control and security infrastructure (MILLER 2017). Providing a comprehensive overview of all the measures involved is beyond the scope of this article, yet several key ones warrant specific mention. Funding for agencies such as ICE and CBP, as well as for private detention facility operators, rose sharply, alongside multi-billion-dollar investments in surveillance technologies – often implemented without

consultation with local communities. Expulsion and deportation policies reached historic levels, through Title 8 – the federal legislation that regulates immigration – and Title 42 – public health emergency measure introduced in 2020 by the Trump administration, officially aimed at containing the spread of COVID-19 and that allowed for the immediate expulsion of migrants without granting them the opportunity to apply for asylum. This latter measure was suspended in May 2023 after proving to be largely ineffective (CHISHTI, BUSH-JOSEPH, MONTALVO 2024). Meanwhile, detention numbers remained high (ACLU 2023), and new asylum regulations – such as the *Circumvention of Lawful Pathways Final Rule* (May 2023) and *Securing the Border Final Rule* (June 2024) – significantly restricted asylum eligibility. These rules effectively barred most non-citizens from entry, except for limited groups such as unaccompanied minors, trafficking victims, visa or permanent residency holders, and individuals who scheduled an asylum appointment via the CBP One mobile application. Due to frequent technical issues with the CBP One app and the limited number of available appointments, many asylum seekers were left stranded at the border for extended periods, often in precarious and highly vulnerable conditions (AMNESTY INTERNATIONAL 2024). In addition, an emergency 2024 policy enabled temporary border closures and suspension of asylum processing when daily unauthorized crossings exceeded 2,500 for a week, raising serious concerns over migrant safety and human rights violations. Concurrently, the Administration ramped up efforts to combat fentanyl trafficking by increasing DEA funding, deploying advanced scanning technologies at ports of entry, sanctioning traffickers, and prosecuting members of major drug cartels. On the public health front, investments in harm reduction – such as naloxone distribution and addiction treatment programs – were also expanded.

Also see: <https://www.dhs.gov/archive/news/2024/07/31/fact-sheet-dhs-shows-results-fight-dismantle-cartels-and-stop-fentanyl-entering-us>.

⁽²⁰⁾ <https://www.youtube.com/watch?v=KJHAm87W8NM>

⁽²¹⁾ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>;
<https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>

⁽²²⁾ <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>

⁽²³⁾ <https://www.cato.org/blog/us-citizens-were-80-crossers-fentanyl-ports-entry-2019-2024>

⁽²⁴⁾ The Trump administration signed an agreement with the State of El Salvador to deport approximately three hundred individuals to be detained in the “Terrorism Confinement Center” (CECOT). Under this arrangement, the U.S. government pay six million dollars for one year of detention services.

⁽²⁵⁾ <https://www.state.gov/reports/2023-country-reports-on-human-rights-practices/el-salvador/>

⁽²⁶⁾ <https://www.nytimes.com/2025/03/15/us/politics/trump-alien-enemies-act-deportations-venezuelans.html>

⁽²⁷⁾ <https://www.foxnews.com/video/6370142440112>

⁽²⁸⁾ <https://www.amnesty.org/en/latest/news/2025/03/unlawful-expulsions-to-el-salvador-endanger-lives-amid-ongoing-state-of-emergency/>

⁽²⁹⁾ <https://www.ice.gov/detain/detention-management>

⁽³⁰⁾ According to official CBP data (<https://www.cbp.gov/newsroom/stats/nationwide-encounters>), encounters at the U.S. Southwest border began to decline months before the Trump administration, starting notably in July 2024. From the beginning of Fiscal Year 2025 (October 2024), this downward trend became consistent: encounters dropped from nearly 250,000 in October 2023 to just over 106,000 in October 2024, and further to approximately 94,000 in November 2024 – down from 242,399 the previous year. The term “encounters” includes three categories: “Apprehensions” (individuals temporarily detained for crossing the border between ports of entry), “Inadmissibles” (those denied entry at official ports under Title 8), and “Expulsions” (individuals removed under Title 42 from March 2020 to May 2023). The total number of encounters also counts repeat attempts by the same individuals following expulsion.

⁽³¹⁾ Alongside stricter enforcement measures, the Democratic administration expanded legal pathways to reduce unauthorized border crossings. Key initiatives included the CHNV *Humanitarian Parole Program* for Cubans, Haitians, Nicaraguans, and Venezuelans, allowing temporary entry and work authorization for two years. A *Family Reunification Parole Program* was also implemented, enabling migrants with U.S.-based relatives to apply for legal entry. Additionally, *Temporary Protected Status* (Tps) was extended to multiple nationalities, offering work permits and protection from deportation. Efforts were also made to maintain the DACA (Deferred Action for Childhood Arrivals) program. Internationally, the U.S. reached agreements with Mexico, which increased deportations and border enforcement, and with Guatemala and Honduras, which strengthened their own border controls and repatriation efforts to curb northward migration flows.

⁽³²⁾ <https://www.cbsnews.com/news/how-watch-trump-speech-address-congress-2025/>

⁽³³⁾ Following the ten executive orders signed by Trump in January 2025, additional measures have been implemented to drastically reduce so-called “illegal” entries. While not an exhaustive list, some of the most notable measures include: 1) Indefinite entry ban at the southern border for non-citizens seeking asylum without sufficient medical or background information (THE WHITE HOUSE 2025a). 2) Termination of *Temporary Protected Status* (Tps) for Venezuelans and suspension of all humanitarian parole programs (THE WHITE HOUSE 2025b). 3) Reinstatement of the Migrant Protection Protocols (“Remain in Mexico”), forcing asylum seekers to wait in Mexico during their immigration proceedings. This policy – introduced during Trump’s first term and suspended by the Biden administration – has forced thousands of individuals to live in extremely dangerous conditions in Mexican border cities, where they were exposed to severe risks of violence, including sexual assault, kidnapping for ransom, extortion, and armed robbery (DOCTORS WITHOUT BORDERS 2020; HUMAN RIGHTS WATCH 2021). 4) The end of the “catch and release” policy, previously allowing migrants, at times of high arrivals, to be released from custody pending their immigration court proceedings (THE WHITE HOUSE 2025b). 5) The deactivation of

the CBP One app, now used as a “self-deportation tool” through which individuals communicate their intention to voluntarily depart from U.S. According to the Robert Strauss Center for International Security and Law at the University of Texas (2025), approximately 13,000 migrants are currently stranded in major Mexican border cities after their scheduled appointments were canceled. 6) The indefinite suspension of the U.S. Refugee Admissions Program (USRAP) (THE WHITE HOUSE 2025c) halting all refugee resettlement in the Country. 7) The denial of the U.S. citizenship to children born on U.S. soil to undocumented or non-naturalized parents (THE WHITE HOUSE 2025d). This measure was temporarily blocked by a federal judge because it violates the XIV Amendment which guarantees citizenship to anyone born on U.S. soil. 8) The reinstatement of family detention during asylum processing; according to a DHS report (2016), this measure profoundly affects children’s well-being by exacerbating trauma, increasing anxiety and depression, and exposing them to inadequate healthcare services within detention centers. 9) The planned use of Guantanamo Bay facility to detain up to 30,000 undocumented migrants labeled as “high-priority criminals”. Further policies have been published on the official White House website: <https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-ends-taxpayer-subsidization-of-open-borders/>

⁽³⁴⁾ <https://www.defense.gov/News/News-Stories/Article/Article/4119896/securing-the-southern-border-two-months-of-decisive-action/>;
https://www.ice.gov/about-ice/ero/protected-areas?utm_source=substack&utm_medium=email;
<https://www.cbp.gov/newsroom/local-media-release/texas-national-guard-sworn-support-border-patrol-efforts-el-paso>

⁽³⁵⁾ <https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-imposes-tariffs-on-imports-from-canada-mexico-and-china/>

⁽³⁶⁾ Although the so-called “trade war” has, in recent months, expanded to include additional countries, it is particularly significant that drug policy has emerged as a central axis in trade negotiations with these specific nations.

⁽³⁷⁾ <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>

⁽³⁸⁾ https://www.canada.ca/en/services/defence/securingborder/strengthen-border-security.html?utm_campaign=ps-sp-borders-frontieres-24-%2025&utm_medium=gc-features&utm_source=web

<https://www.politico.com/news/2025/02/06/mexico-deploys-first-of-10-000-national-guard-troops-to-us-border-00202812>

⁽³⁹⁾ U.S. offshore oil platforms in the Gulf of Mexico significantly contribute to greenhouse gas emissions – especially methane – thus exacerbating climate change. Since 2010, offshore fracking has further intensified environmental risks by releasing millions of liters of toxic drilling fluids, threatening marine ecosystems and human health (NEGRON *et al.* 2020; CENTER FOR BIOLOGICAL DIVERSITY 2021). These environmental consequences should be contextualized within a broader policy realignment under the Trump administration, which consistently prioritized industrial expansion over

environmental sustainability. Multiple executive orders signed by Trump clearly signal this strategic orientation. The “energy nationalism” underpinning these decisions culminated in the renewed withdrawal of the United States from the Paris Agreement. It also legitimized the renewed push for fossil fuel extraction (symbolized by the “Drill, baby, drill” slogan) framed within a broader agenda of achieving energy independence and dismantling regulations seen as obstacles to the exploitation of conventional energy sources like oil and gas. Simultaneously, the Administration systematically curtailed support for scientific research that referenced “climate” or “climate change”, terms that were also removed from federal communications and official documents (YOURISH *et al.* 2025), reflecting a broader pattern of climate denialism associated with Trump’s political stance (MILLER 2017).

⁽⁴⁰⁾ Real name.

⁽⁴¹⁾ The third detention center, the Otero County Processing Center, is located in southern New Mexico and includes female migrants among detainees. Like other facilities in the State – operated by private companies – it has seen a marked increase in detainee numbers in recent years. This trend reflects both an intensification of migration flows and a rise in migrant fatalities, particularly in southern New Mexico (HERNANDEZ, EDGAR 2024) due to stricter federal immigration policies and more severe measures in neighboring states like Texas and Arizona. As crossings in those regions became more dangerous, more migrants indeed began entering through New Mexico, formerly known as a “Sanctuary State” for its limited cooperation with federal authorities. However, with the new Administration, this legal status and protections have become increasingly uncertain. The executive order signed by Trump, which designated international drug cartels as terrorist entities, also targeted “Sanctuary” jurisdictions, accusing them harboring individuals affiliated with terrorist-designated groups. It further allowed for the potential prosecution of public officials, local governments, and non-profit organizations for providing services to migrants allegedly linked to such groups. These developments are unfolding in a broader context in which the migrants’ administrative detention continues to expand within the State. Detention centers in New Mexico hold both individuals who cross the border near El Paso and others who are transferred from surrounding border areas. Whereas the majority of detained migrants were previously of Mexican origin, there is now a growing presence of individuals from Central and South America, with Venezuelans representing a particularly significant group. New Mexico has introduced the Immigrant Safety Act (House Bill 9), aiming to gradually eliminate civil immigration detention within the State. Although the bill has progressed legislatively, detention facilities remain operational during the transition phase.

⁽⁴²⁾ <https://www.nmilc.org/our-blog/asylum-seekers-stories>;
<https://www.americanimmigrationcouncil.org/research/hieleras-iceboxes-rio-grande-valley-sector>;
<https://nomoredeaths.org/abuse-documentation/a-culture-of-cruelty/>

⁽⁴³⁾ While this may not be the appropriate context for a comprehensive historical reconstruction of U.S. immigration policy prior to the Trump and Biden administrations,

it is nevertheless important to emphasize that – despite divergent political orientations – these approaches exhibit significant continuities. These continuities, in turn, reveal a specific genealogy embedded within the enduring trajectory of U.S. immigration governance, through which both Democratic and Republican administrations have progressively intensified control measures since the 1990s (NAIL 2016; MILLER 2019; DUNN 2021; GANSTER, COLLINS 2021).

Bibliography

ACLU (2023), *Unchecked Growth: Private Prison Corporations and Immigration Detention, Three Years Into the Biden Administration*, <https://www.aclu.org/documents/unchecked-growth-private-prison-corporations-and-immigration-detention-three-years-into-the-biden-administration> (accessed 10 April 2025).

ALBO A., ORDAZ DIAZ J.L. (2011), *Migration and Climate Change: The Mexican Case*, https://environmentalmigration.iom.int/sites/g/files/tmzbd11411/files/documents/2023-10/wp_1128_mexico_tcm348-267328.pdf (accessed 10 April 2025).

ALUNNI L. (2024), *Le cicatrici di Ulisse. Corpi e frontiere nel Mediterraneo*, Meltemi, Milano.

ALUNNI L., MORETTI C. (2024), *Il clima delle frontiere: per un'etnografia ambientale dei corpi*, in "EtnoAntropologia", Vol. 12(1): 101-115.

ALVAREZ R.R. (1995), *The Mexican-US Border: The Making of an Anthropology of Borderlands*, in "Annual Review of Anthropology", Vol. 24: 447-470.

AMNESTY INTERNATIONAL (2024), *CBP One: A Blessing or a Trap?*, <https://www.amnesty.org/en/documents/amr51/7985/2024/en/> (accessed 10 April 2025).

AYAZI H., ELSHEIKH E. (2019), *Climate Refugees: The Climate Crisis and Rights Denied*, https://belonging.berkeley.edu/sites/default/files/climate_refugees.pdf (accessed 10 April 2025).

AYOOK K. *et al.* (2020), *The Opioid Crisis in North America: Facts and Future Lessons for Europe*, in "Anesthesiology Intensive Therapy", Vol. 52(2): 139-147.

BERZON A., MCCANN A., ALEAZIZ H. (2025), *Private Prisons Are Ramping Up Detention of Immigrants and Cashing*, <https://www.nytimes.com/2025/03/07/us/politics/private-prisons-immigrants-detention-trump.html> (accessed 10 April 2025).

BONFIGLIO G. *et al.* (2020), *The Long Journey Inside Immigration Detention Centres in the USA*, "Journal of Travel Medicine", Vol. 27: 7, 3 pp.

BOSWORTH M. (2018), *Immigration Detention, Punishment and the Transformation of Justice*, "Social & Legal Studies", Vol. 27(3): 1-21.

BRUZELIUS E. *et al.* (2024), *Law Enforcement Fentanyl Seizures and Overdose Mortality in US Counties, 2013-2020*, "Drug and Alcohol Dependence", Vol. 262: 111400.

CAMPESI G. (2012), *Le libertà degli stranieri. La detenzione amministrativa nel diritto internazionale e dell'Unione Europea*, "Politica del Diritto", Vol. 43(2-3): 333-391.

- CAMPESI G. (2020), *Genealogies of Immigration Detention: Migration Control and the Shifting Boundaries Between the 'Penal' and the 'Preventive' State*, "Social & Legal Studies", Vol. 29(4): 527-548.
- CASTAÑEDA E. (2010), *Im/Migration and Health: Conceptual, Methodological, and Theoretical Propositions for Applied Anthropology*, "Napa Bulletin", Vol. 34(1): 6-27.
- CASTAÑEDA E. (2019), *Building Walls. Excluding Latin People in the United States*, Lexington Books, Lanham.
- CDC (2024), *Understanding the Opioid Overdose Epidemic*, <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html> (accessed 10 April 2025).
- CENTER FOR BIOLOGICAL DIVERSITY (2021), *Toxic Waters. How Offshore Fracking Pollutes the Gulf of Mexico*, https://www.biologicaldiversity.org/campaigns/fracking/pdfs/Toxic-Waters-offshore-fracking-report-Center-for-Biological-Diversity.pdf?_gl=1*1dgjde6*_gcl_au*MTM1ODM2ODk4Ny4xNzQ0MzA1MDg0 (accessed 10 April 2025).
- CHARALAMBOUS R. (2024), *In Trump's Mass Deportation Plan, the Private Prison Industry Sees a Lucrative Opportunity*, <https://abcnews.go.com/US/trumps-deportation-plan-private-prison-industry-sees-lucrative/story?id=115775702> (accessed 10 April 2025).
- CHAVEZ L.R. (2013), *Shadowed Lives. Undocumented Immigrants in American Society*, Wadsworth, Belmont.
- CHISHTI M., BUSH-JOSEPH K., MONTALVO J. (2024), *Title 42 Postmortem: U.S. Pandemic-Era Expulsions Policy Did Not Shut Down the Border*, Migration Policy Institute, <https://www.migrationpolicy.org/article/title-42-autopsy> (accessed 10 April 2025).
- CICCARONE D. (2019), *The Triple Wave Epidemic: Supply and Demand Drivers of the US Opioid Overdose Crisis*, "International Journal of Drug Policy", 71: 183-188.
- CROSBY A. (2016), *Governing Immigration through Crime at the Street Level. The Metamorphosis of an Immigration Detention Centre in Belgium*, pp. 145-166, in DE BIASE M., FERRARO S. (Eds.), *Bisogna difendere l'umanità. I diritti umani tra pratiche di guerra, relazioni di potere, mobilità internazionale e resistenze*, Mimesis, Milano.
- DE GENOVA N. (2002), *Migrant 'Illegality' and Deportability in Everyday Life*, "Annual Review of Anthropology", Vol. 31: 419-447.
- DE GENOVA N., PEUTZ N. (Eds.) (2010), *The Deportation Regime: Sovereignty, Space, and the Freedom of Movement*, University Press Durham, Duke.
- DEKKER A.M. et al. (2024), *A Call for Increased Transparency and Accountability of Health Care Outcomes in US Immigration and Customs Enforcement Detention Centers*, "The Lancet Regional Health", Vol. 36: 100825.
- DESCLAUX A., LÉVY J.J. (Eds.) (2003), *Cultures et médicaments*, "Anthropologie et Sociétés", Vol. 27(2): 5-247.
- DHS (2016), *Report of the DHS Advisory Committee on Family Residential Centers*, <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf> (accessed 10 April 2025).

- DE LEÓN J. (2015), *The Land of Open Graves. Living and Dying on the Migrant Trail*, University of California Press, Berkeley.
- DICKSON-SWIFT V. *et al.* (2007), *Doing Sensitive Research: What Challenges Do Qualitative Researchers Face?*, "Qualitative Research", Vol. 7(3): 327-353.
- DOCTORS WITHOUT BORDERS (2020), *No Way Out – The Humanitarian Crisis for Central American Migrants and Asylum Seekers*, <https://www.msf.org/report-no-way-out-central-american-migration>, (accessed 10 April 2025).
- DUNN T. (2021), *The Militarization of the US–Mexico Border in the Twenty-First Century and Implications for Human Rights*, pp. 35-53, in RIBAS-MATEOS N., DUNN T. (Eds.), *Handbook on Human Security, Borders and Migration*, Edward Elgar Publishing.
- FAIRBAIRN N. *et al.* (2017), *Naloxone for Heroin, Prescription Opioid, and Illicitly Made Fentanyl Overdoses: Challenges and Innovations Responding to a Dynamic Epidemic*, "The International Journal of Drug Policy", Vol. 46: 172-179.
- FASSIN D. (2011), *Policing Borders, Producing Boundaries. The Governmentality of Immigration in Dark Times*, "Annual Review of Anthropology", Vol. 40: 213-226.
- FASSIN D. (2018 [2017]), *Life: A Critical User's Manual*, Polity Press, Cambridge.
- FELBAB-BROWN V. *et al.* (2020), *The Opioid Crisis in America. Domestic and International Dimensions*, https://www.brookings.edu/wp-content/uploads/2020/06/0_Overview.pdf (accessed 10 April 2025).
- FERRERO L., QUAGLIARIELLO C., VARGAS A.C. (2021), *Emboding Borders. A Migrant's Right to Health, Universal Rights and Local Policies*, Berghahn, New York.
- FETZEK S. (2023), *Climate Change, Migration and Security in the Context of Urbanization in Northern Central America*, United Nations Environment Programme and International Organization for Migration, <https://www.un.org/climatesecuritymechanism/en/article/climate-change-migration-and-security-context-urbanization-northern-central-america-2023> (accessed 10 April 2025).
- FETZER T. (2020), *Nationalism and Economy*, "Nationalities Papers", Vol. 48(6): 963-973.
- FETZER T. (2021), *Beyond 'Economic Nationalism': Towards a New Research Agenda for the Study of Nationalism in Political Economy*, "Journal of International Relations and Development", Vol. 1: 235-259.
- FLEIZ C. *et al.* (2020), *Fentanyl Is Used in Mexico's Northern Border: Current Challenges for Drug Health Policies*, "Addiction", Vol. 115(4): 778-781.
- FRIEDMAN J. *et al.* (2022), *The Introduction of Fentanyl on the US-Mexico Border: An Ethnographic Account Triangulated with Drug Checking Data from Tijuana*, "International Journal of Drug Policy", Vol. 104: 103678.
- FRIEDMAN J. *et al.* (2023), *Fentanyl, Heroin, and Methamphetamine-Based Counterfeit Pills Sold at Tourist-Oriented Pharmacies in Mexico: An Ethnographic and Drug Checking Study*, "Drug and Alcohol Dependence", Vol. 249: 110819.
- FURR-HOLDEN D. *et al.* (2021), *African Americans Now Outpace Whites in Opioid-Involved Overdose Deaths: A Comparison of Temporal Trends from 1999 to 2018*, "Addiction", Vol. 116(3): 677-683.

- GANSTER P., COLLINS K. (2021), *The U.S.-Mexico Border Today. Conflict and Cooperation in Historical Perspective*, Rowman & Littlefield, Lanham.
- GARDNER E.A. *et al.* (2022), *The Opioid Crisis: Prevalence and Markets of Opioids*, "Forensic Science Review", Vol. 34(1): 43-70.
- GARNETT M.F., MINIÑO A.M. (2024), *Drug Overdose Deaths in the United States, 2003–2023*, https://www.cdc.gov/nchs/products/databriefs/db522.htm#section_4 (accessed 10 April 2025).
- GOTTSCHALK M. (2023), *The Opioid Crisis: The War on Drugs Is Over. Long Live the War on Drugs*, "Annual Review of Criminology", Vol. 6: 363-398.
- GRIFFITHS M.B.E. (2014), *Out of Time: The Temporal Uncertainties of Refused Asylum Seekers and Immigration Detainees*, "Journal of Ethnic and Migration Studies", Vol. 40(12): 1991-2009.
- HAMPTON K. *et al.* (2022), *Clinicians' Perceptions of the Health Status of Formerly Detained Immigrants*, "BMC Public Health", Vol. 22(1): 575.
- HARDON A., SANABRIA E. (2017), *Fluid Drugs: Revisiting the Anthropology of Pharmaceuticals*, "Annual Review of Anthropology", Vol. 46(1): 117-132.
- HATCH A.R. (2019), *Silent Cells The Secret Drugging of Captive America*, University of Minnesota Press, Minneapolis.
- HERNÁNDEZ G., CUAUHTÉMOC C. (2014), *Immigration Detention as Punishment*, "UCLA Law Review", Vol. 61(5): 1346-1414.
- HERNANDEZ J.R., EDGAR H.J.H (2024), *Migrant Deaths in New Mexico: What Is Known; What Is Unknown*, "Journal on Migration and Human Security", Vol. 12(3): 226-242.
- HERZBERG D. (2020), *White Market Drugs. Big Pharma and the Hidden History of Addiction in America*, The University of Chicago Press, Chicago - London.
- HEYMAN J. (1994), *The Mexico-United States Border in Anthropology: A Critique and Reformulation*, "Journal of Political Ecology", Vol. 1(1):43-66.
- HEYMAN J. (2012), *Constructing a 'Perfect' Wall: Race, Class, and Citizenship in US- Mexico Border Policing*, pp. 153-174, in GARDINER BARBER P., LEM W. (Eds.), *Migration in the 21st Century: Political Economy and Ethnography*, Routledge, New York - London.
- HOLMES S. (2013), *Fresh Fruit, Broken Bodies*, University of California Press, Berkeley.
- HUBER J. *et al.* (2023), *Climate-Related Migration and the Climate-Security-Migration Nexus in the Central American Dry Corridor*, "Climatic Change", Vol. 176: 79.
- HUMAN RIGHTS WATCH (2018), *The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention*, <https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration> (accessed 10 April 2025).
- HUMAN RIGHTS WATCH (2021), *Like I'm Drowning. Children and Families Sent to Harm by the US "Remain in Mexico" Program*, <https://www.hrw.org/report/2021/01/06/im-drowning/children-and-families-sent-harm-us-remain-mexico-program> (accessed 10 April 2025).
- HUMAN RIGHT WACH (2024), *Disrupt and Vilify. The War on Immigrants Inside the U.S. War on Drugs*, <https://www.hrw.org/report/2024/07/15/disrupt-and-vilify/war-immigrants-inside-us-war-drugs> (accessed 10 April 2025).

- IRAP (2024), *Enduring Change. A Data Review of Firsthand Accounts of Climate Mobility Impacts*, <https://refugeerights.org/news-resources/enduring-change-a-data-review-of-firsthand-accounts-of-climate-mobility-impacts> (accessed 10 April 2025).
- JUHASZ-WOOD C. (2020), *Contesting Historical Enchantment: Militarized Settler Colonialism and Refugee Resettlement in New Mexico*, PhD dissertation, https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1107&context=amst_etds (accessed 10 April 2025).
- KINGSOLVER A., MATHUR C., ONTO G. (2022), *Economic Nationalisms in a World on Fire. An Introduction*, "Anuac", Vol. 11(2): 113-126.
- KLEINMAN A., DAS V., LOCK M. (1997), *Social Suffering*, University of California Press, Berkeley.
- KOBELINSKY C., MAKAREMI C. (Eds.) (2009), *Enfermés dehors*, Éditions du Croquant, Broissieux.
- LEVY N. et al. (2018), "Pain as the Fifth Vital Sign" and Dependence on the "Numerical Pain Scale" Is Being Abandoned in the US: Why?, "British Journal of Anesthesia", Vol. 120(3): 435-438.
- LOVE J.S. et al. (2023), *Opioid Overdoses Involving Xylazine in Emergency Department Patients: A Multi-center Study*, "Clinical Toxicology", Vol. 61(3): 173-180.
- MARCHETTI M., MORETTI C., SPADA S. (Eds.) (2024), *Di quale antropologia il mondo ha bisogno? Confronto sulla sostenibilità delle prassi antropologiche*, "AM. Rivista della Società Italiana di Antropologia Medica", 57, 119-268.
- MARTIN L.L. (2012), 'Catch and Remove': Detention, Deterrence, and Discipline in US Noncitizen Family Detention Practice, "Geopolitics", Vol. 17(2): 312-334.
- MCGUIRE R.H. (2013), *Steel Walls and Picket Fences: Rematerializing the U.S.-Mexican Border in Ambos Nogales*, "American Anthropologist", Vol. 115: 466-480.
- MEIER B. (2022), *Pain killer. L'impero dell'inganno e la grande epidemia americana di oppiacei*, Mondadori, Milano.
- MEZZADRA S., NEILSON B. (2013), *Border as Method, or, the Multiplication of Labor*, Duke University Press, Durham.
- MILLER T. (2017), *Climate Change, Migration and Homeland Security*, City Lights, San Francisco.
- MILLER T. (2019), *Empire of Borders: The Expansion of the US Border around the World*, Verso Books, London.
- MONTERO F. et al. (2022), *Potency-Enhancing Synthetics in the Drug Overdose Epidemic: Xylazine ("Tranq"), Fentanyl, Methamphetamine, and the Displacement of Heroin in Philadelphia and Tijuana*, "The Journal of Illicit Economies and Development", Vol. 4(2): 204-222.
- MORETTI C. (2019), *Il dolore illegittimo. Un'etnografia della sindrome fibromialgica*, Edizioni ETS, Pisa.
- MORETTI C., BARKER K.K. (2024), *Suffering without Remedy: The Medically Unexplained Symptoms of Fibromyalgia Syndrome and Long COVID*, "Social Sciences", Vol. 13(9): 1-25.
- MORETTI C., PIZZA G., SCHIRIPA P. (2025), *Pharmakon. Farmaci e vaccini tra rimedio e apocalisse*, pp. 114-130, in RANISIO G., ZITO E. (Eds.), *Fini del mondo, fine dei mondi Comunità e salute globale*, Morlacchi Editore, Perugia.
- MOUNTZ A. et al. (2021), *Conceptualizing Detention: Mobility, Containment, Bordering, and Exclusion*, "Progress in Human Geography", Vol. 37(4): 522-541.

- MURCH D. (2019), *How Race Made the Opioid Crisis*, <http://bostonreview.net/forum/donna-murch-how-race-made-opioid-crisis> (accessed 10 April 2025).
- NAIL T. (2016), *Theory of The Border*, Oxford University Press, New York.
- NANDITA S. (2020), *Against National Sovereignty: The Postcolonial New World Order and the Containment of Decolonization*, "Studies in Social Justice", Vol. 14(2): 391-409.
- NEGRON A.M. (2020), *Airborne Assessment of Methane Emissions from Offshore Platforms in the U.S. Gulf of Mexico*, "Environmental Science & Technology", Vol. 54: 5112-5120.
- NMILC (2024), "What They're Doing to Me is an Injustice": Violations of the 2011 Performance-Based National Detention Standards in New Mexico Immigration Detention Facilities, <https://www.nmilc.org/our-blog/what-theyre-doing-to-me-is-an-injustice> (accessed 10 April 2025).
- OCAMPOS A.I. et al. (2024), *Pharmaceuticals in the Blubber of Live Free-Swimming Common Bottlenose Dolphins (Tursiops Truncatus)*, "iScience", Vol. 27(12): 111507.
- OFFICE OF INSPECTOR GENERAL (2024), *Summary of Unannounced Inspections of ICE Facilities Conducted in Fiscal Years 2020-2023*, <https://www.oig.dhs.gov/sites/default/files/assets/2024-09/OIG-24-59-Sep24.pdf> (accessed 10 April 2025).
- OPPERMANN S. (2015), *Il corpo tossico dell'altro. Contaminazione ambientale e alterità ecologiche*, pp. 119-132, in FARGIONE D., IOVINO S. (Eds.), *Contaminazioni ecologiche. Cibi, nature e culture*, Led-Edizioni Universitarie di Lettere Economia Diritto, Milano.
- PERSSON A. (2004), *Incorporating Pharmakon: HIV, Medicine, and Body Shape Change*, "Body and Society", Vol. 10(4): 45-67.
- PHYSICIANS FOR HUMAN RIGHTS (2024), *Deadly Failures: Preventable Deaths in U.S. Immigration Detention*, <https://assets.aclu.org/live/uploads/2024/06/2024-07-01-ICE-Detainee-Deaths.pdf> (accessed 10 April 2025).
- PODOLSKY S.H., HERZBERG D., GREENE J.A. (2019), *Preying on Prescribers (and Their Patients): Pharmaceutical Marketing, Iatrogenic Epidemics, and the Sackler Legacy*, "New England Journal of Medicine", Vol. 380(19): 1785-1787.
- RAVENDA A. (2011), *Alì fuori dalla legge Migrazione, biopolitica e stato di eccezione in Italia*, Ombre corte, Verona.
- RAWSON R.A., ERATH T.G., CLARK H.W. (2023), *The Fourth Wave of the Overdose Crisis: Examining the Prominent Role of Psychomotor Stimulants with and without Fentanyl*, "Preventive Medicine", Vol. 176: 107625.
- REYNOLDS C.W. et al. (2024), *Epidemiology of Asylum Seekers and Refugees at the Mexico-US Border: A Cross-Sectional Analysis from the Migrant Settlement Camp in Matamoros, Mexico*, "BMC Public Health", Vol. 24: 489.
- ROBERT STRAUSS CENTER FOR INTERNATIONAL SECURITY AND LAW (2025), *Asylum Processing at the U.S.-Mexico Border*, <https://www.strausscenter.org/publications/asylum-processing-at-the-u-s-mexico-border-february-2025/> (accessed 10 April 2025).
- ROMERO R. et al. (2023), *Implementing a Decentralized Opioid Overdose Prevention Strategy in Mexico, a Pending Public Policy Issue*, "The Lancet Regional Health", Vol. 23: 100535.

- ROSENBLUM D. *et al.* (2024), *Estimating Changes in Overdose Death Rates from Increasing Methamphetamine Supply in Ohio: Evidence from Crime Lab Data*, "Drug and Alcohol Dependence Reports", Vol. 11: 100238.
- RYO E. (2019), *Detention as Deterrence*, "Stanford Law Review", Vol. 71: 237-250.
- SAADI A. *et al.* (2020), *Understanding US Immigration Detention: Reaffirming Rights and Addressing Social-Structural Determinants of Health*, "Health and Human Rights Journal", Vol. 22(1): 187-197.
- SCHIRRIPA P. (2015), *La vita sociale dei farmaci. Produzione, circolazione, consumo degli oggetti materiali della cura*, Argo, Lecce.
- SHACHAR A. (2009), *The Shifting Border of Immigration Regulation*, "Michigan Journal of International Law", Vol. 30(3): 809-839.
- SHERIDAN T.E., MCGUIRE R.H. (2019), *The Embodiment of Risk Along the U.S.-México Line*, The Arizona Board of Regents, Open-access edition.
- SHOVER C.L. *et al.* (2020), *Steep Increases in Fentanyl-Related Mortality West of the Mississippi River: Recent Evidence from County and State Surveillance*, "Drug and Alcohol Dependence", Vol. 216: 108314.
- SPENER D. (2009), *Clandestine Crossing. Migrants and Coyote on the Texas-Mexico Border*, Cornell University Press, Ithaca and London.
- TANZ L.J. *et al.* (2024), *Detection of Illegally Manufactured Fentanyls and Carfentanil in Drug Overdose Deaths – United States, 2021-2024*, "MMWR Morbidity and Mortality Weekly Report", Vol. 73(48): 1099-1105.
- TELLEZ D. *et al.* (2022), *The United States Detention System for Migrants: Patterns of Negligence and Inconsistency*, "Journal of Migration and Health", Vol. 6: 100141.
- THE STATE COUNCIL INFORMATION OFFICE OF THE PEOPLE'S REPUBLIC OF CHINA (2025), *Controlling Fentanyl-Related Substances – China's Contribution*, http://english.scio.gov.cn/node_9015522.html (accessed 10 April 2025).
- THORESEN L., ÖHLÉN J. (2015), *Lived Observations: Linking the Researcher's Personal Experiences to Knowledge Development*, "Qualitative Health Research", Vol. 25(11): 1589-1598.
- TOSH S. (2021), *Drug Prohibition and the Criminalization of Immigrants: The Compounding of Drug War Disparities in the United States Deportation Regime*, "International Journal of Drug Policy", Vol. 87: 102846.
- TOWLE S. (2024), *Crossing the Line. Finding America in the Borderlands*, She Writes Press, Berkeley.
- THE WHITE HOUSE (2025a), *Guaranteeing The States Protection Against Invasion*, <https://www.whitehouse.gov/presidential-actions/2025/01/guaranteeing-the-states-protection-against-invasion/> (accessed 10 April 2025).
- THE WHITE HOUSE (2025b), *Securing Our Borders*, <https://www.whitehouse.gov/presidential-actions/2025/01/securing-our-borders/> (accessed 10 April 2025).
- THE WHYTE HOUSE (2025c), *Realigning The United States Refugee Admissions Program*, <https://www.whitehouse.gov/presidential-actions/2025/01/realigning-the-united-states-refugee-admissions-program/> (accessed 10 April 2025).

THE WHITE HOUSE (2025d), *Protecting the Meaning and Value of American Citizenship*, <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-meaning-and-value-of-american-citizenship/> (accessed 10 April 2025).

UNITED STATES COMMITTEE FOR REFUGEES AND IMMIGRANTS (2023), *Climate of Coercion Environmental and Other Drivers of Cross-Border Displacement in Central America and Mexico*, <https://refugees.org/wp-content/uploads/2023/03/Climate-of-Coercion-Report.pdf> (accessed 10 April 2025).

UNITED STATES SENTENCING COMMISSION (2023), *Quick Facts on Fentanyl Trafficking Offenses*, United States Sentencing Commission, www.ussc.gov/sites/default/files/pdf/research-and-publications/quick-facts/Fentanyl_FY21.pdf (accessed 10 April 2025).

VADIVELU N. *et al.* (2018), *The Opioid Crisis: a Comprehensive Overview*, "Current Pain Headache", Vol. 22: 16.

VAN DER GEEST S., WHYTE S.R., HARDON A. (1996), *The Anthropology of Pharmaceuticals: A Biographical Approach*, "Annual Review of Anthropology", Vol. 25: 153-178.

VAN HOUT M.C., LUNGU-BYRNE C., GERMAIN J. (2020), *Migrant Health Situation When Detained in European Immigration Detention Centres: A Synthesis of Extant Qualitative Literature*, "International Journal of Prisoner Health", Vol. 16(3): 221-236.

VAN ZEE A. (2009), *The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy*, "American Journal of Public Health", Vol. 99(2): 221-227.

WHYTE S.R., VAN DER GEEST S., HARDON A. (2002), *Social Lives of Medicines*, Cambridge University Press, Cambridge.

YOURISH K. *et al.* (2025), *These Words Are Disappearing in the New Trump Administration*, <https://www.nytimes.com/interactive/2025/03/07/us/trump-federal-agencies-websites-words-dei.html> (accessed 10 April 2025).

ZHU J.L. *et al.* (2024), *Weather Deviations Linked to Undocumented Migration and Return between Mexico and the United States*, "Proceedings of the National Academy of Sciences", Vol. 121(46): e2400524121.

Scheda sull'Autrice

Chiara Moretti è nata ad Atessa (CH) nel 1983. Ha conseguito il Dottorato di Ricerca presso l'Università di Strasburgo in co-tutela con l'Università degli Studi di Perugia. Negli ultimi anni ha condotto ricerche etnografiche, in Italia e in Francia, focalizzate sui processi di femminilizzazione, medicalizzazione e delegittimazione nel dolore cronico e sui gender bias che caratterizzano gli approcci e le teorie biomediche. Più di recente, ha condotto una indagine etnografica centrata sul nesso tra cambiamenti climatici, crisi ambientali, migrazioni, frontiere e salute analizzando il contesto statunitense, in particolare la zona di frontiera tra New Mexico e Messico.

Abstract

Pharmaceutical Borders. The Twofold Function of Medications in the U.S. Immigration Policies

Drawing on ethnographic fieldwork conducted in Albuquerque, New Mexico, between September 2024 and March 2025, this article examines the contradictory role of pharmaceuticals within the broader framework of mobility control policies at the U.S. southern border. Far from being mere therapeutic tools, medications assume both concrete and symbolic functions: they are represented as markers of disorder and threat in public discourse, while simultaneously operating as a disciplinary technology on migrants' bodies held in custody. The double life of pharmaceuticals – care denied “inside”, danger evoked “outside” – thus reveals how securitarian policies and rhetoric converge in producing exclusion and suffering.

Keywords: Pharmaceuticals, Bodies, Care, Mobility, Border

Resumen

Fronteras farmacéuticas. La doble función de los medicamentos en las políticas migratorias de Estados Unidos

A partir de una investigación etnográfica llevada a cabo en Albuquerque (Nuevo México) entre septiembre de 2024 y marzo de 2025, este artículo analiza el carácter ambivalente de los fármacos en el marco de las políticas y dispositivos de control de la movilidad en la frontera sur de los Estados Unidos. Lejos de limitarse a su función terapéutica, los medicamentos adquieren dimensiones disciplinarias y simbólicas: son contruidos como marcadores de amenaza y desorden en el discurso público, al tiempo que operan como tecnologías de control sobre los cuerpos migrantes en custodia. La doble vida del fármaco – cura denegada en el “interior”, peligro invocado en el “exterior” – permite así visibilizar la convergencia entre políticas securitarias y retóricas de exclusión en la producción de sufrimiento.

Palabras clave: fármacos, cuerpos, cuidado, movilidad, frontera

Résumé

Frontières pharmaceutiques. La double fonction des médicaments dans les politiques migratoires des États-Unis

Basé sur une recherche ethnographique menée à Albuquerque (Nouveau-Mexique) entre septembre 2024 et mars 2025, cet article explore le rôle ambivalent des médicaments dans le cadre des politiques et des dispositifs de contrôle de la mobilité à la frontière méridionale des États-Unis. Loin d'être de simples outils thérapeutiques, ils acquièrent une portée à la fois disciplinaire et symbolique: sont mobilisés comme des signes de désordre et de menace dans l'espace public, tout en agissant comme des technologies de contrôle sur les corps des migrants placés en détention. La double vie du

médicament – soin refusé «à l'intérieur», danger invoqué «à l'extérieur» – révèle ainsi comment les politiques et les rhétoriques sécuritaires convergent dans la production de l'exclusion et de la souffrance.

Mots-clés: médicaments, corps, soin, mobilité, frontière

