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Bodies on the border: The state, civil society and HIV at Mexico's *Fronteras*

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Abstract

This article examines how HIV-focused civil society organizations operate at Mexico's northern and southern borders. Drawn from a larger study that uses interviews, participant observation, and document analysis to examine these phenomena at the national level in Mexico, this article provides clear evidence that shifting institutional opportunities and divergent policy frames shape organizational activity in these two border zones. While the United States largely frames border health as a question of national security, the Mexican government increasingly views disease as something to protect migrants from. Given these different perceptions and the inherently transnational nature of HIV/ADS, organizations respond to the opportunities and constraints of working on difficult border issues with hard to reach, vulnerable populations. Given recent indications that the Obama administration will provide support to militarize Mexico's southern border, this timely analysis captures the dynamics of civil society organizations' operations in a moment of potentially shifting opportunity structures.

1. Introduction

Eduardo, a Central American migrant, stopped in Tapachula, Chiapas earlier this year with his family for a medical check-up and a break from their long journey toward Mexico's northern border. It was not his first trip north. While at the clinic, he opted for a free, rapid HIV test. The test confirmed what he already knew: he was HIV-positive. The previous year, while being held at a migrant detention center in Arizona, Eduardo had been diagnosed with HIV prior to deportation. At the time, he did not believe the results, thinking the U.S. officials were simply trying to scare him. He never told his wife or children that he was infected, or that they may be at risk. That day in Tapachula, his wife learned of Eduardo's infection status, as she received her own HIV-positive diagnosis.[1]

The story of Eduardo's family highlights key challenges in combatting HIV/AIDS in today's mobile world. First, the movement of bodies across borders and around border regions plays an important role in the transmission of HIV/AIDS, and in subsequent treatment efforts. The family crossed several borders before receiving a diagnosis, resulting in many missed opportunities to begin treatment. Second, in an increasingly mobile world, states struggle to determine who is responsible for the health of mobile populations. In Eduardo's case, though receiving an initial diagnosis in the

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[1] Eduardo's story, emblematic of many migrant experiences, was adapted from McAnarney (2013).

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U.S., he ultimately received treatment in Mexico. Finally, different views of immigrant health created vastly different experiences for Eduardo in the U.S. and in Mexico. In the U.S., Eduardo was a detainee who viewed his initial diagnosis as a trick coming from law enforcement. In Mexico, Eduardo received his diagnosis from a doctor in a clinic meant to serve migrants passing through Tapachula. He immediately received follow-up testing and was enrolled in a free treatment program, even though he was not a Mexican citizen. As the Obama administration considers aid to Mexico's southern border focused on heightened militarization of that zone, there is cause for concern that increased securitization may undermine the relatively new emphasis on human rights that made Eduardo's diagnosis and treatment possible.

It is important to examine HIV at Mexico's northern and southern borders because diseases travel with bodies, becoming transnational challenges. The literature on disease and borders nearly unanimously promotes cross-national collaboration as a policy objective, focusing on information sharing and disease monitoring (Bronfman et al., 2002b; Goldenberg et al., 2011; Magis-Rodriguez et al., 2004). U.S. and Mexican medical professionals invoked this framework, that ''disease knows no borders,'' as impetus for the creation of the U.S.-Mexico Border Health Commission, a binational coalition meant to ''provide international leadership to optimize health and quality of life along the U.S.-Mexico border'' (United States-México Border Commission, n.d.). Collins-Dogrul (2012) argues divergent policy frames, wherein the U.S. and Mexico define the policy problem in vastly different ways, in part shaped the creation of the commission: ''many U.S. lawmakers thought migrants were a border health problem, [whereas] most Mexican lawmakers wanted to protect migrants from border health problems'' (120). These divergent policy frames serve to shape the nature of state-civil society relationships, alternatively constraining and creating opportunities for policy negotiation.

It is clear that the U.S. and Mexico differ in how they frame policy issues related to borders: the U.S. emphasizes the national security framework when it comes to immigration, whereas Mexico, increasingly over the last decade, focuses on protecting the human rights of migrants, both in Mexico and living abroad (Gonzalez-Murphy and Koslowski, 2011). These divergent policy frames help explain why civil society organizations face different institutional opportunities and constraints when approaching issues of HIV/AIDS at Mexico's two borders. U.S. interests at the northern border provide financial resources and organizational capacity to groups focused on HIV/AIDS, leading to a higher degree of institutionalized collaboration among U.S. and Mexican groups. In the south, limited resources for HIV/AIDS organizations result in less transnational collaboration. In this article, I argue that these policy frames shape the opportunities available to civil society organizations. Now is the time to examine these opportunities and constraints, as attempts to further militarize Mexico's border with Guatemala, supported by the U.S., might rapidly shift the conditions under which organizations operate.

Taking these divergent policy frames as the foundation for this article, I first explain further the theoretical foundations of this study, providing a brief explanation of civil society and structured mobilization. This theory has the potential to concurrently address policy frames, social constructions, and political opportunity structures, enabling an interpretive analysis of a complicated crossborder health issue. Next, I briefly examine the epidemiological trends and challenges of HIV at Mexico's northern border, followed by an analysis of two civil society organizations whose vanguard work on HIV/AIDS and border populations make them exceptional cases for analysis. Finally, I shift focus to epidemiological trends and policy challenges at Mexico's southern border, examining the work of a Chiapas-based organization whose integration into the local community and work on HIV/AIDS issues in this border state also make it an exceptional case for analysis. The focus on two organizations in the north, and only one organization in the south, is representative of the difference between these two zones in the density of organizations; there are far fewer HIV-focused organizations on Mexico's southern border than in the north.

This analysis is drawn from a larger study that includes archive research, interviews, participant observation, and document analysis examining state-civil society negotiations on HIV/AIDS policy at the national level in Mexico. I examine newspaper articles, documents and memos from government agencies, the websites of civil society organizations, and reports from international development agencies as primary sources of evidence throughout. I use process tracing, a method aimed at interrogating processes of policy development over time, in order to best understand how particular conditions are ''translated into outcomes'' within the arena of border health (Falleti, 2006). Because of the unique challenges posed by transnational health issues, this article focuses on the major differences in capacity and the effect of civil society groups at the borders, finding that the capacity and effect rests on the asymmetrical impact of U.S. policy frames and institutional support in the north.