



# Critical Health Communication Methods at the U.S.-Mexico Border: Violence Against Migrant Women and the Role of Health Activism

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This essay re/envisions what critical health communication methods look like on the U.S.-Mexico border in reproductive justice contexts. For example, traditional health communication theories and methods have privileged objectivity, generalizability, and the creation of critically important health communication patterns and concepts that have guided the development, deployment, and execution of health communication programs and cultural competence programs. However, in this article, we discuss the utility and application of an intersectional/critical health communication reproductive justice method and envision its praxis in contexts like the U.S.-Mexico border. As two Chicana feminist reproductive justice/health communication scholars, our own research on reproductive feminicides throughout the U.S. and Latin America has necessitated the blending of a variety of theoretical and methodological approaches—border theories, intersectionality, Chicana feminisms, and health communication theories and methods. Thus, this essay traces the blending of these theories and methods and discusses how critical intersectional feminist health communication methods can be utilized in activist ways to resist reproductive and gendered violence at the U.S.-Mexico border.

**Keywords:** critical health communication methods, intersectionality, Chicana feminisms, reproductive justice, gendered violence, U.S.-Mexico border

This essay re/envisions what critical health communication methods look like on the U.S.-Mexico border in reproductive justice contexts. For example, traditional health communication theories and methods have privileged objectivity, generalizability, and the creation of important health communication patterns and concepts that have guided the development, deployment, and execution of health communication programs and cultural competence programs. However, in this article, we call for broader, more intersectional approaches to study reproductive and gender violence in health contexts and discuss the utility and application of an intersectional/critical health communication reproductive justice research theory and method. We also envision its praxis in contexts and locations such as the U.S.-Mexico border. As two Chicana feminist reproductive justice/health communication scholars, our own research on reproductive feminicides and violence against women throughout the U.S. and Latin America (Hernández and De Los Santos Upton, 2018, 2019; De Los Santos Upton, 2019; Gutiérrez-Perez and Hernández, 2019; Hernández, 2019) has necessitated the blending of a variety of theoretical and methodological approaches in order to most thoroughly investigate the topics at hand—border theories, intersectionality, Chicana feminisms, and health communication theories and methods.

Thus, this essay traces the blending of these theories and methods and discusses how critical intersectional feminist health communication methods can be utilized in activist ways. In other words, what can the blending of intersectional feminist methods and health communication methods bring to the proverbial table when considering border activism as a means to disrupt traditional health communication theories, frameworks, and approaches to studying culture and violence against women? By discussing the blending of our research, our activist work, and our lived experiences with activist organizations and birth centers in California and Texas, we analyze how critical intersectional health communication research methods can work in tandem with social justice activism to illustrate the application of critical health communication research praxis to eradicate violence against Latin American migrant women's bodies, a most pressing global public health epidemic (World Health Organization, 2013). First, we provide a brief overview of migrant rights violations occurring at the U.S.-Mexico border. Then, we discuss current limitations of health communication approaches in a context such as the U.S.-Mexico border and consider how a blended intersectional/reproductive justice/health communication method could serve as a puzzle piece within a sea of larger approaches to understand how we as scholars can utilize our positionalities and tools to both assist and resist at the border.

## THE U.S.-MEXICO BORDER: MIGRANT RIGHTS VIOLATIONS AND VIOLENCE AGAINST WOMEN

Over the past several years, news discourses, immigration lawyers, immigrant rights advocates, and activists have both documented and lamented migrants' rights violations transpiring at the U.S.-Mexico border. Within this homeland security state (De Genova, 2007; Gonzales, 2014), Latinos and other individuals of color are subjected to the racial gaze of government officials who view individuals of color, particularly migrants of color, as perpetual suspect foreigners (De Genova, 2007; Gonzales, 2014; De Genova and Tazziolo, 2015). The homeland security state, first symbolically consolidated in the aftermath of 9/11, is defined as a national security state that has roots linking to specters of Communism at the Outset of the Cold War and now focuses on migration control (Gonzales, 2014; De Genova and Tazziolo, 2015) through whatever means are necessary to subdue migrants and attempt to close borders. During the Obama Administration, border patrol agents utilized pepper spray against migrants when an altercation ensued (Haltiwanger, 2018). Critics of the Obama Administration's stance on immigration have compared the Obama and Trump Administrations' immigration policies as "not night and day, but rather shades of gray," given that immigrants were placed in detention camps during the Obama Administration as well (Villalobos, 2011). As De Genova (2010) asserts, the assumption that the election of then-President Obama would remedy the immigration violation excesses of the Bush Administration "must be tempered by a sober assessment of the deeply consequential institutionalization of antiterrorism

as the intransigent idiom of a new species of security state formation" (p. 613).

In the United States, in other words, the last few presidential administrations have presented for immigrants what De Genova (2009) refers to as "an ever more dismal horizon of rightlessness," with the Obama Administration's aggressive forms of border enforcement, workplace raids, and penalties for employers who hire immigrants now compared to the Trump Administration's violence policies on child detainment, migrant abuses, and family separation (p. 445). Migrants often occupy a precarious position: "They live in overcrowded houses and are subject to abuse and exploitation by employers in shady economies and denied access to education and health care. Furthermore, fearful of detention and deportation, they are susceptible to stress and anxiety," among other violences (Basok and Rojas Weisner, 2018, p. 1274). Mexican immigration in particular and Latin American immigration by extension has been rendered "synonymous with the US nation-state's purported 'loss of control' of its borders," thus contributing further to the American institutional intensification of militarized control (De Genova, 2004, p. 177). As Kovic and Kelly (2017) note, contemporary security policies produce and enact violence upon migrants in powerful and problematic ways:

Rather than being protected by the state security apparatus, migrants are targets of security forces and policies in both Mexico and the USA. Facing structural violence in their sending countries and unable to obtain visas to legally cross Mexico, let alone a visa to legally enter the USA, working poor migrants do not enjoy the protection from risk and danger promised by security, instead they confront the security of violence.<sup>2</sup> That is, the policies ostensibly designed to safeguard those living in the USA cause the violence that Central American working poor migrants almost certainly face in attempts to reach the USA. (p. 2)

Within the context of immigration from Latin America, The Trump Administration's migrant violations include but are not limited to the following: migrant adults and children have been kept in cages (Barry, 2018; Raff, 2018), migrant children have been both physically and sexually abused (Honarvar, 2018; Neuman, 2018), migrants have been forced to sleep under bridges because cages and detention centers have reached full capacity (Romero, 2019), and migrant women have been sexually abused, with no concrete understanding of just how many migrant women have been assaulted while on their journey or upon arriving at the U.S.-Mexico border. As Fernandez (2019) describes:

On America's southern border, migrant women and girls are the victims of sexual assaults that most often go unreported, uninvestigated and unprosecuted. Even as women around the world are speaking out against sexual misconduct, migrant women on the border live in the shadows of the #MeToo movement. The stories are many, and yet all too similar. Undocumented women making their way into American border towns have been beaten for disobeying smugglers, impregnated by strangers, coerced into prostitution, shackled to beds and trees

and — in at least a handful of cases — bound with duct tape, rope or handcuffs. (para. 4–5)

Although there are more than 100 documented reports of sexual assault of undocumented women along the border in the past two decades, law enforcement officials and immigrant rights advocates note that this number barely scratches the surface of the true violence epidemic at hand (Fernandez, 2019), suggesting that sexual violence is an inescapable component of the “collective migrant rights journey” (Fernandez, 2019). Moreover, from a reproductive justice rights violation perspective, babies have been ripped from their mothers’ chests while breastfeeding (Barnes, 2018), migrant women’s periods have been tracked against their knowledge and consent so as to prevent abortions (Anwar, 2019), migrant women have experienced stillbirths and miscarriages while detained because of restricted healthcare access (Gonzales, 2019), migrant children have been transferred to the foster care system with no plan for reunification (Lind, 2019), and, echoing centuries of racist, nativist governmental policies, families were separated with no plan for reparation or reunification. Women who have sought to relocate their children are provided with no resources *or* are provided with incongruent information, resulting in reunification efforts that span months (Stillman, 2018).

The “zero tolerance” policy instituted by the Trump Administration explicitly supported family separation as a government policy and enforced it under drastic measures (Lind, 2019). Within 2 weeks of the policy implementation, over 650 children were separated from their families and placed in detention centers with no notification to parents about their children’s whereabouts (Barnes, 2018). Although a federal judge in June 2018 ordered the Trump administration to halt migrant family-child separation and reunite children with their families, at least 250 parents were separated from their children after the ruling. This estimate does not include siblings and other family members that have also been separated, leading experts to believe that the number is much higher (Lind, 2019). Representative Alexandria Ocasio-Cortez stated that outgoing homeland security Kirstjen Nielsen “oversaw one of the largest-scale human rights violations in recent history” (Jativa, 2019). Migrant family separation is “another cog in the historical American machine of racist, assimilationist policies that have separated children of color—black children, Native American children, and Mexican children—from their families over the past several centuries” (Hernández, 2019, p. 3). In this particular moment, family separation is a new iteration of the United States’ fear of women of color’s reproductive capabilities because of fears of demographic change (Love, 2018; Serwer, 2018), particularly when it is historicized within the forced sterilization of Mexican, Native, and black women over the past several centuries in the United States (Roberts, 1999; Gutiérrez, 2009; Gutiérrez and Fuentes, 2009; Lira and Stern, 2014). In other words, “America has created psychological trauma by abducting and imprisoning children, and separating families for their race, color and nationality” (Love, 2018, para. 2). Furthermore, overshadowing a potentially grimmer future, when asked about Nielsen’s departure, Nancy Pelosi replied, “It is deeply alarming

that the Trump administration official who put children in cages is reportedly resigning because she is not extreme enough for the White House’s liking” (New York Times, 2019).

From a reproductive justice and gender violence perspective, the aforementioned violences against migrant women and children are representative acts of what we understand to be reproductive injustices, reproductive feminicidios that highlight the oppressive, violence circumstances surrounding Latin American migrant women’s abilities to provide safe spaces for their children, prevent further acts of violence, and keep their families together (Hernández and De Los Santos Upton, 2018). Furthermore, the term “reproductive feminicidio” highlights the gendered nature of this violence against Latin American women in reproductive spheres (Hernández and De Los Santos Upton, 2018). In other words, as we discuss in more detail later in this article, reproductive violence against women occurs not only through restrictions of women’s rights during pregnancy; rather, from a reproductive justice perspective, acts such as child abuse, maternal abuse, and mother-child separation with no plans of reunification constitute larger reproductive injustices that highlight the gendered nature of violence, the stripping of women’s choices and safety in both reproductive and maternal contexts, and institutional and structural limitations and barriers that endanger women and their children in the most dire of circumstances (Hernández and De Los Santos Upton, 2018; Hernández, 2019). As Guidotti-Hernández (2011) illustrates, violence orders an analysis of gendered, classed, racial, and sexual inequalities and renders visible the relationships between national politics and the treatment of citizen and immigrant bodies. In other words, if the meaning of gender violence depends on the gendered identities of the parties (Engle Merry, 2009), then in this context, we are concerned with the treatment of women migrants, their children, and the reproductive injustices occurring at the U.S.-Mexico border.

From a rhetorical and discursive perspective, news and popular discourses surrounding migrant rights and the “caravan” have ebbed and flowed between understanding the need to migrate as a requirement for survival versus a national security threat. From the perspective of survival, “the United States government under the Trump administration is enacting legal policies to sanction family separation and maternal/child abuse while simultaneously evading its hand in spearheading wars throughout Latin America that necessitated the need for asylum seeking in the first place” (Hernández, 2019, p. 1). Wars that were supported by the United States government in Guatemala, Honduras, and El Salvador directly facilitated the need for migrants to seek refuge and safety (Villeda, 2012; Baker Jordan, 2018; Hernández, 2019). In this moment, the “intertwining of geopolitical, geospatial, and colonialist actions illustrates how institutional, societal, and political structures across borders caused political unrest and economic collapse that necessitated the quest to find asylum” (Hernández, 2019, p. 1). From the perspective of a national security threat, Hannity (2018), for example, described it as a “border crisis”:

Now, for weeks, we’ve been warning about the looming crisis out of the southern border, now at least 5,000 migrants have already

arrived in the Mexican border city of Tijuana with thousands more still on the way. But over the weekend, we saw several hundreds of these so-called asylum-seekers, look at what they're doing, they are rushing the U.S. border. They are hurling rocks, bottles, other objects over the fencing. Three border patrol officers were struck. We have broken windows, damaged vehicles of border patrol in order to protect the border themselves, U.S. Border Patrol agents fired non-lethal tear gas to disperse the mob of migrants trying to break across by force.

As scholars assert, rock throwing is a weapon of the weak (Scott, 1985), one that has long justified retaliation and even lethal violence on behalf of Border Patrol agents against migrant bodies (Galvan, 2018; Chávez, 2019): "The rock throwing is a trope, a dog whistle to white nationalists. . . . In Trump's view, the slow-moving caravan of tired and weary people is itself weaponized, a mortal threat that must be extinguished by any means necessary" (Chávez, 2019, p. 14).

This "threat" and "crisis" is, however, manufactured politically. For example, in the fall of 2018 Customs and Border Protection Agents began using a process called "metering," which involved standing in the middle of international bridges in El Paso/Juárez, holding semiautomatic rifles and preventing migrants from stepping foot on U.S. soil to legally claim asylum in an effort to limit to number of asylum seekers allowed to enter the U.S. on any given day (Moore, 2018a, 2019a). This practice left hundreds of migrant families, many with young children, camping out on international bridges to avoid losing their places in line. On Christmas Eve 2018, Immigration and Customs Enforcement Officials released over 200 asylum seekers into the streets of downtown El Paso, leaving them without food, money, or transportation, causing non-profits and community members to quickly mobilize to create temporary shelters and provide warm meals (Moore, 2018b; De Los Santos Upton, 2019; Sowards, 2019). Most recently, U.S. Customs and Border Patrol created a temporary "holding pen" underneath an international bridge in El Paso where asylum seekers were harassed, treated like "animals," left untreated for illnesses, forced to wake up and stand every 3 h, and where children's bodies were bruised from sleeping on rocks (Da Silva, 2019; Moore, 2019b). These three events in El Paso and Juárez were extensively photographed and filmed, and the resulting footage was widely shared to create a media spectacle, which Trump and his supporters used to bolster their claims of a crisis at the border.

From a reproductive justice and migrant rights perspective, the border crisis we are concerned with is the problematic treatment of migrants and the separation of families. Although some popular discourses frame the U.S.-Mexico border, as we mentioned earlier, in problematic ways to incite national hysteria toward Latin Americans as "illegals," "drug dealers," and "rapists," other perspectives illustrate how the migrant caravan is a space for coalition building, safety, and security. As Chávez (2019) notes, the coalitional nature of the migrant caravan provides both physical safety and financial security—safety from environmental and physical assaults and mobility without a guide or coyote. However, the true danger of the migration occurred not *during* the migration but upon arrival at the U.S.-Mexico border when

the caravan was disbanded and re-rendered as deportees or detainees, "marked as best for expedited removal and at worst for death":

Roxsana Hernandez, a 33-year-old, HIV-positive transgender migrant from Honduras, arrived safely at the Mexico-US border in May. Immediately taken into detention, within a month, she died in Immigration and Customs Enforcement (ICE) custody from what can only be described as medical neglect. Once confined as an individual, the coalition no longer has power. (Chávez, 2019, p. 12)

Moreover, Johana Medina, a migrant transgender woman from El Salvador, died in a Texas hospital after being criminalized and denied medical care. Her death in migrant custody raises several questions about the larger pattern of systemic abuse by Immigration and Customs Enforcement (ICE) agents against LGBTQ migrant asylum seekers (Vasquez, 2019b), as journalists reported that ICE's statement on Medina's death used her dead name, perpetuated problematic narratives about transgender individuals, and parroted false claims about how certain individuals "bring unknown diseases" into the country (Vasquez, 2019b, para. 5). Hernandez's murder and Medina's death are but two examples of the gendered violence occurring at the border transpiring in tandem with other gendered and reproductive injustices, which is what inspired the origins of our intersectional/critical health communication reproductive justice method.

## LIMITATIONS OF CURRENT HEALTH COMMUNICATION APPROACHES IN A BORDER CONTEXT

The health communication sub-field has provided valuable research on health behaviors, health experiences, health barriers, health outcomes, and health interventions and campaigns, to name a few. However, health communication methodological approaches are oftentimes post-positivist in nature, which ontologically and epistemologically are not thoroughly equipped to study migrant lived experiences of the injustices transpiring at the border *or* of the impacts of the historic, racialized, systemic injustices in shaping one of the largest human rights violations in the United States in recent years. As we discuss in greater detail later in the essay, in order to attend to both migrant and reproductive justice, critical health communication methods should include intersectionality, border theories, and health communication theories, and methodological approaches should attend to historical foundations of the current crisis at the border and involve praxis. This is not to say, however, that health communication has no critical roots. Foundational scholars such as Beltrán (1995, 2004, 2006, 2010), Figueroa et al. (2002), Kincaid and Figueroa (2009), and Storey and Figueroa (2012) have provided critically important frameworks to help scholars and practitioners understand the relationship between communication and social change. Beltrán's (2006, 2010) works, for example, have analyzed social change and development within the context of U.S.-Latin America relations.

Viewing communication as a vehicle for social change, Beltrán (2010) defined health communication as a social process, a professional exercise through the systematic use of media, and as a transformation agent, an educated commitment dedicated to improving health for generations to come. Moreover, health communication can become transformative by being both cooperative and empowering, by allowing communities to intervene in decision making pertaining to development services and also empowering communities to become major partners in their healthcare program development and execution (Beltrán, 2010). Similarly, building upon the work of Freire (1970) who viewed communication as an important vehicle for social change, Figueroa et al. (2002), Kincaid and Figueroa (2009), Storey and Figueroa (2012) envisioned new connections between social development and global health communication, acknowledging that the evolution of new global public health concerns has necessitated aspirations toward a global theory of health communication (Storey and Figueroa, 2012).

Although these important scholarly and applied conversations are developing as we speak, with practical international applications across the globe, over the past 5 years, however, scholarship about Latina/o/x and Latin American populations in top health communication journals have largely utilized post-positivist methods to explore Latina/o/x and Latin American health, and virtually no research in top health communication journals has explored health issues and violence (as a public health concern) at the U.S.-Mexico border. Communication research on this topic, rather, is largely published in journals such as *Women's Studies in Communication* and elsewhere (Holling, 2014; Chávez, 2017, 2019; Flores, 2017, 2018; Lechuga, 2017; Lozano, 2018).

For example, Hernández and Martínez (in press) conducted a systematic review of representations of Latina/o/x and Latin American populations in top health communication journals from 2014 to 2019 and found that Latina/o/x and Latin American populations were present in a staggering 14% of health communication journal articles over the past 5 years ( $n = 257$  out of 1,850 articles total). From a sample perspective, Hispanic, Latina/o/x, and Latin American populations were the focus of 21% of all studies across health communication journals. At the outset, this percentage might appear to be slightly positive. However, further analysis revealed that Hispanic, Latina/o/x, and Latin American populations comprised 0–5% of the article/study sample in 31.5% of all studies across health communication journals. In other words, although Hispanic/Latino populations were present in these studies, their presence was marginal, given that they comprised less than 5% of the study sample. Moreover, out of all the articles published in top health communication journals that included Latina/o/x and Latin American populations, out of the 257 articles across journals, studies were mostly quantitative, with 53% of studies utilizing surveys and 21% of studies utilizing experiments. Qualitatively, only 10.5% of studies utilized in-depth interviews, and 9% of studies utilized focus groups. Survey and experimental methods could indeed provide valuable insights about different angles of the current health catastrophe occurring at the U.S.-Mexico

border, but they fail to capture, critique, and interrogate the larger systemic, national, colonialist, and xenophobic factors that facilitated these violations in the first place. Although we acknowledge that this may not be the overt goal or approach of quantitative methodological approaches, in a context such as this, such an approach to historicization and deconstructing power relations is needed more than ever.

We contend that reproductive and gender violence at the U.S.-Mexico border is indeed a health communication topic because of the colonialist violence, abuse, assault, and poor living conditions that (a) shaped the need to migrate for asylum and (b) shape the physical and reproductive injustices at detention centers and cages at the border. As such, we have called elsewhere for stronger theoretical and methodological collaborations between health communication scholars, Latina/o communication studies scholars, border scholars, and those of us who find ourselves located in the nepantla space between and betwixt theories and methods (De Los Santos Upton, 2019; Hernández and De Los Santos Upton, 2019). This kind of collaboration could lend valuable insights and applications for, say, a health communication campaign or intervention to improve health outcomes for migrants at the border, to break down language and literacy barriers, and/or to assess whether promotoras or other community/cultural liaisons could be employed to act as health advocates for migrants experiencing health crises, mental health issues, stillbirths, and other reproductive injustices that we outlined at the outset of this article. These types of approaches would benefit from both theoretical and methodological crystallization, as together they could combine a critical historicization of the abuse with both quantitative and qualitative methodological approaches to break down barriers to better health access and advocate for migrant rights and safety during this vulnerable time.

Hernández and Martínez (in press) also found that, topically, over the past 5 years, health communication research that either focused on Latina/o/xs specifically or included them in the sample mostly focused on health contexts such as tobacco use, healthy eating, weight management, diabetes, patient-provider communication, and health literacy. There is a silence in health communication journals about these reproductive and gendered violence injustices. Although we acknowledge that research could still be in the pipeline or revision process, this raises valuable questions about (a) whether scholars doing this research feel that health communication journals are appropriate for this topic and also receptive to their research, and (b) whether scholars feel that their research might be better received elsewhere. Latina/o communication scholars such as Holling (2014); Flores (2017, 2018); Chávez (2017); Chávez (2019); Lozano (2018); and Lechuga (2017) have addressed gendered violence at the border, yet their research has been published in *Departures in Critical Qualitative Research* and *Women's Studies in Communication*. Health communication scholars are uniquely positioned to address health injustices occurring at the border, particularly those who live in border states. The reproductive and gendered violences transpiring at the U.S.-Mexico border demonstrate the urgency for health communication, Latina/o/x communication, and border studies scholars to (a) make sense of the complex web

of historic, colonialist, misogynistic, and xenophobic factors that created the context for this violence, and (b) work together to utilize our tools and training to protect migrants in their most vulnerable state.

## OUR APPROACH: AN INTERSECTIONAL/CRITICAL HEALTH COMMUNICATION REPRODUCTIVE JUSTICE METHOD

We contend with Chávez (2019) that we take seriously our limitations to both understand and intervene in a context such as this, acknowledging our place privilege as U.S. citizens, insider/outside at the border (Hernández and De Los Santos Upton, 2019) in our home state of Texas, who utilize a critical eye to interrogate the racist, nationalist, and misogynistic undercurrents of migrant abuse. Thus, this approach is not a complete solution to the migrants' rights crisis at the border, but rather a space for us to consider how a blended intersectional/reproductive justice/health communication method could serve as a puzzle piece within a sea of larger approaches to understand how we as scholars can utilize our positionalities and tools to both assist migrants and resist injustice at the border.

In previous research we and others have argued that family separation and migrant violence is reproductive injustice (De Los Santos Upton, 2019; Hernández, 2019) and that reproductive justice can only be achieved when equitable and supportive healthcare is a reality for women of all backgrounds, including the ability and freedom to make their own informed decisions about whether or not to reproduce, free from intervention (Ross et al., 2016; Ross, 2017; Ross and Solinger, 2017; Hernández and De Los Santos Upton, 2018, 2019). By extension, for women who do choose to have children, reproductive justice also includes the right to carry, birth, and raise children in safe cities free from toxic, environmental, and legal/governmental pollutants and intervention. Women at the border are currently being denied the right to access safe, legal abortion, receive the prenatal and postnatal care they need, birth in supportive environments, and ensure they are able to stay with, protect, and raise their children. We therefore argue that family separation and reproductive injustice is an extension of *reproductive feminicide* (De Los Santos Upton, 2019; Hernández, 2019), which is an act of gendered violence against women on the reproductive spectrum, spanning from a structural limitation of reproductive options to the murdering of women because of their reproductive capabilities (Hernández and De Los Santos Upton, 2018).

To more thoroughly understand the scope of migrant rights violations at the border from a reproductive justice perspective, we realized we needed a critical health communication method informed by several approaches: intersectionality, border theories, and health communication theories (Hernández, 2019). In addition to reproductive justice, the second theoretical strand that informs our methodological blending is intersectionality. Communication and feminist/gender studies scholars have contributed literature and research that explores

the intersection of gender violence (Holling, 2014; Lozano, 2018), communication, and reproductive justice (Hernández and De Los Santos Upton, 2018; De Los Santos Upton, 2019), a combination of identity and gendered factors that necessitates a stronger, more complex theoretical approach. Intersectionality is one such tool that is useful in this context. As we mentioned earlier in this article, as Guidotti-Hernández (2011) illustrates, violence orders how we analyze classed, gendered, racial, and sexual inequalities. Moreover, gender violence theories render visible the relationships among national politics, citizenship, and the actions that support violence against bodies and individuals (Hernández and De Los Santos Upton, 2018). Thus, in this context, intersectionality helps us understand more clearly and more thoroughly how violence intersects with race, gender, class, sexuality, and nation to facilitate crises such as those occurring at the U.S.-Mexico border. As we have noted in past research, “the inclusion of intersectionality and reproductive justice as theoretical lenses highlights how connected structures such as politics, government actions and policies, and national and international conflicts form a constellation of effects and outcomes on migrant women’s bodily autonomy and reproductive rights” (Hernández, 2019, p. 2).

Rooted in black feminisms and critical race theory, intersectionality attends to the unique identity categories at play in shaping women of color’s experiences from racial, gendered, ethnic, sexuality, and nationality identity points, among others (Crenshaw, 1991). At its core, in Crenshaw’s (1991) earlier research, intersectionality “highlighted the ways in which social movement organization and advocacy around violence against women elided the vulnerabilities of women of color, particularly those from immigrant and socially disadvantaged communities” (Carbado et al., 2013, p. 303). Intersectionality “attends to both the ways that categorization has facilitated and rationalized social hierarchy and to the institutional and societal structures that have come to reify and reproduce social power” (Bello and Mancini, 2016). In other words, violence against women cannot be fully understood and conceptualized unless it is understood from a matrix that interrogates the outcomes of racism, sexism, and classism, to name a few (Hernández, 2019). As Crenshaw (1989, 1991) so aptly illustrated, interventions that seek to provide assistance to women of color dealing with violence and discrimination will fall short if using the same intervention approaches used for women of other racial or ethnic backgrounds. In the context of violence against migrant women at the U.S.-Mexico border, this ultimate takeaway from Crenshaw’s (1991) research is one of the driving forces underlying the need for a new methodological approach to study and resist violence against women. This does not mean, however, that we should resist coalitions with other groups. To the contrary, Crenshaw (1991) asserts:

In the context of antiracism, recognizing the ways in which the intersectional experiences of women of color are marginalized in prevailing conceptions of identity politics does not require that we give up attempts to organize as communities of color. Rather, intersectionality provides a basis for reconceptualizing race as a coalition between men and women of color. For example, in

the area of rape, intersectionality provides a way of explaining why women of color have to abandon the general argument that the interests of the community require the suppression of any confrontation around intraracial rape. (p. 1299)

Moreover, as Ross (2017) notes, in the spirit of the Combahee River Collective, reproductive justice activists have long utilized intersectionality as a guiding theoretical frame to shift reproductive politics and articulate “our demand for recognition of our full reproductive and sexual human rights” (p. 287). By moving past the pro-life/pro-choice binary that consistently characterizes reproductive rights discourses (Hernández and De Los Santos Upton, 2018) and by considering the intersections of racism, sexism, xenophobia, and classism, we can more thoroughly interrogate the factors that facilitate reproductive migrant rights violations at the U.S.-Mexico border. In other words, as we mentioned earlier in this manuscript, considering the intersections of racism, sexism, and classism historicizes and contextualizes family separation as not merely a migrant detention tool, but rather a violation of human rights that facilitates the legal separation of migrants from their newborns, the return of mothers to criminal custody, and the further erosion of Latin American families at the U.S.-Mexico border (Vasquez, 2019a). In this article, we assert that reproductive justice *is* a valuable health communication framework when approached intersectionally, as it necessitates an understanding of how systemic factors have contributed to health violations and detrimental health experiences for traditionally marginalized groups.

As such, the third and final strand in our critical health communication methodological approach is border studies. For outsiders looking in, borders are often viewed as strict lines of division that neatly and clearly separate two territories. For those of us who inhabit borders, we know that rather than existing as strict lines of separation, borders create borderland spaces and communities that are overlapping, ambiguous, and contested. These borderlands are not just physical, they also emerge “wherever two or more cultures edge each other, where people of different races occupy the same territory, where under, lower, middle and upper classes touch, where the space between two individuals shrinks with intimacy” (Anzaldúa, 2007, p. 19). Anzaldúa (2007) argues that borders are also psychological, spiritual, and sexual, as borderlands emerge when artificial binaries are constructed between genders and sexualities (i.e., gay/straight, male/female), and through efforts to rigidly define and delineate the secular from the sacred. People who exist in these in-between spaces therefore develop a “tolerance for ambiguity” known as “mestiza consciousness” (Anzaldúa, 2007, p. 101).

As Chicana feminist scholars from Texas, our methodologies are also informed by the various borders we inhabit. Anzaldúa (2015) explains that those living in the in-between space of the borderlands may choose to embrace a nepantla identity, characterized by the ever shifting, breaking, and rebuilding of identity that is sometimes necessary to maintain a sense of self as we straddle multiple languages, cultures, countries, and ways of being in the world. We are also equipped to attend to the

historical state of border militarization, and bear witness to how this militarization impacts lived experiences of the border today. Inhabiting this space of nepantla uniquely positions fronterizxs to engage in activism that moves beyond borders and binaries, enabling us to form alliances and build coalitions across multiple issues such as migrant and reproductive justice (De Los Santos Upton, 2019). As scholars existing in a space of nepantla, we also find it necessary to move beyond disciplinary limits and boundaries to blend methodologies that are meaningful for the topics we choose to research.

## WHAT DOES THIS LOOK LIKE IN PRAXIS?

As health communication scholars interested in reproductive justice and activism, it is important to keep in mind that the personal is always political. As black feminists have long noted, black motherhood is inherently always political, because in caring for children and raising them, we cannot simply accept the world as it is (Ross, 2017; McClain, 2019). Thus, in this same vein, we operate from the understanding that motherhood for women of color is always political particularly because of our current political, racial, and cultural climate. In previous research we have explored the ways in which our positions as mother and *tía* fuel “our commitment to reproductive justice in all spheres” (Hernández and De Los Santos Upton, 2019, p. 1), and we are not alone. For example, the group “Angry Tias and Abuelas of the Rio Grande Valley” are dedicated to providing humanitarian aid to migrants arriving at the Mexico-U.S. border. This aid ranges from providing needed items such as food, water, diapers, and sanitary napkins, to sitting one-on-one with migrants to go over bus routes, inform them about border checkpoints, and explain taken-for-granted information like the availability of free bathrooms and water fountains in public places (Molinari, 2019). These actions, both big and small, contribute to reproductive justice by providing items necessary for reproductive health and supporting individuals and families in their paths to create lives for themselves in the United States.

As we make our own choices about reproductive health we have, when possible, chosen to access services in spaces that work at the intersections of migrant and reproductive justice. For example, at the time of this writing Sarah is accessing prenatal healthcare with a birth center in El Paso that specifically works to make culturally appropriate, empowering prenatal and postnatal care, as well as birth services accessible to women in El Paso, Texas and Ciudad Juárez, Chihuahua. For example, the center holds a variety of birth and parenting workshops and classes in El Paso and Juárez, and midwives play a major role in ensuring women in this border community are able to birth in ways that allow them to feel empowered and respected, including helping to facilitate crossing the international border to birth. The center where she receives free breastfeeding support services also works at these intersections, continuously collecting donations for the most needed items at migrant shelters in El Paso and creating opportunities for the mothers accessing these services to play a role in addressing the migrant crisis in El Paso. Healthcare workers in both these spaces regularly organize and engage in

activist efforts around migrant and reproductive justice on the border, and for Sarah, choosing to enter these spaces for her own reproductive healthcare needs was ultimately a political choice that has allowed her to organize with other mothers and make meaningful connections that work to facilitate her own activism and scholarship. These health centers inform our understandings and definitions of reproductive justice, and in future research we will explore their cultural methods of care and birth as examples of health activism. Moreover, Leandra has been an active member of several reproductive justice organizations in California and Texas. By attending meetings and protests, developing community engagement coalitions, assessing community health needs and barriers, donating items and assistance to migrant communities near the border, and lending research services, she has been able to develop community partnerships and apply her methodological tools to work toward better health outcomes for local communities and migrant communities. Our experiences demonstrate how the decisions that we make, including where we access healthcare, what we study, and who we partner with in our research and activism, exist on a spectrum of reproductive justice that ranges from small, everyday acts, to more large-scale activists efforts, and each of these is interconnected. As scholars, given our training and expertise, we are uniquely positioned to assist where help is needed most. We can and should use our tools to both assist marginalized groups and resist interlocking webs of oppression, sexism, classism, and racism.

There are also several qualitative methodological tools that can be utilized to engage in critical health communication activist work in contexts such as the U.S.-Mexico border. Such methods can transform research “for research’s sake” or simply studying a topic, to being there, in the moment, fully offering one’s services and help where it is needed most. We fully acknowledge that our methodological approach is taxing from an emotional labor perspective; however, as critical, intersectional reproductive justice scholars, the personal is always political, thus facilitating the need for such a methodological approach to praxis. As Ross (2017) asserts:

Praxis is a term most often used by oppressed groups to change their economic, social, and political realities through social justice actions based on theoretical reflections. Reproductive justice praxis puts the concept of reproductive justice into action by elaborating the connection between activism and intersectional feminist theory. Activists intentionally employ a complex intersectional approach because the theory of reproductive justice is inherently intersectional, based on the universality and indivisibility of its human rights foundation. (p. 287)

First and foremost, from an intersectional perspective, scholars should seek to historicize the current state of the U.S.-Mexico border within the U.S.’s larger history of violence against families of color and women of color, as we have mentioned earlier in this article. Second, studies should interrogate the role of power in facilitating such violences. Operating within a critical feminist border and health communication framework, we contend with Lozano (2018) and Lockwood

Harris (2018) that approaches to deconstructing and interrogating gender and violence must centralize the role of power and understand how it operates. As is stated in Lockwood Harris (2018):

Meaningful efforts to sort out what is violent from what is less so must include an analysis of power. People with privilege routinely respond defensively—and sometimes violently—when marginalized groups insist on basic rights and autonomy. To acknowledge and validate the fear, shame, and anger that propels this backlash is important. It is also important to pursue critical questions about the structures from which societal emotion emerges (Cvetkovich, 2012, p. 114)

Her analysis provides a useful framework for understanding the social dimension of public backlash to migrants’ basic human needs and acknowledges the societal emotion dimension of this larger human rights violation context. Moreover, Lockwood Harris (2018) asserts that “Acknowledging the realities of violence requires perpetrators and survivors alike to grieve a lost illusion of safety and security. Scholars of gender and violence can and should identify the practices that both dissolve individuals’, communities’, and organizations’ denial about violence and also maintain their well-being” (p. 114). At both a micro and macro level, Lockwood Harris’ (2018) approach to interrogating gendered violence/violent gender reminds us that we should consider how individuals deny violence as one of the predominant factors that enables such violence to continuously occur. Citing Madison (2012), she notes:

Witnesses to violence—not mere onlookers—have the capacity to bear wounds of responsibility. They are able to notice violence without being victimized, but they also are not apathetic. To theorize gender and violence responsibly requires researchers to balance two sides of aversion: avoidance and despair. Scholars must not only assert the horrors of violence but also provide a map for a world with more complete justice, stronger communities, and collective psychological resilience. (p. 114)

Third, to move from being mere onlookers to true witnesses, we must pay attention to the ways narratives about violence on the border are constructed, as well as how we position ourselves as (potential) witnesses. For example, recounting a trip with students to Ciudad Juárez, Holling (2014) demonstrates that by sharing space with the sister of a victim of feminicidio, and listening to her feminicidio testimonio, her students were transformed from simply being listeners to becoming witnesses. This witnessing ultimately led them to engage in activism around the issue of feminicide. When emotional responses to violence are coupled with possibilities for action, we are positioned to bear witness in ways that produce *conocimiento* (Anzaldúa, 2015), or a transformative awareness which involves imaginal, spiritual-activist potential (Hernández and De Los Santos Upton, 2018). As educators, scholars, and researchers, particularly those of us in the borderlands, we should remain cognizant of how we are witnesses to violence discursively and physically, those of us who have the place privilege (Chávez, 2019) to witness border violence

atrocities without being directly affected. It is times like these that require our action the most.

Fourth, scholars could explore the discursive, the material, and the interplay between the two. In addition to frameworks that emphasize societal emotions and collective psychological resilience, Lozano (2018) presents border materialism as an additional framework that can be utilized in collaborative research, which “offers scholars and activists a lens to examine how women’s bodies, neoliberal logics, and geography intersect and function to give rise to and perpetuate global acts of feminicidio. Border materialism helps us understand how feminicidio is enabled, normalized, and perpetuated through mutually reinforcing material and cultural practices” (p. 105). As a scholar and activist, Lozano has utilized border materialism to explain violence against women at the U.S.-Mexico border and as a platform for over 15 years of social justice activism. Her work involves the analysis of movement artifacts and archival documents, as well as public discourses she recorded at town halls, symposia, protests, marches, and rallies. As a scholar-activist, Lozano has participated in three formal delegations to Juárez, traveled with students to “listen, learn, and work alongside family members and activists in their struggles for justice against feminicidio,” and engaged in protests against the Mexican government in the U.S. and Mexico (p. 10). Her ongoing scholarship and activism ultimately centers around the relationships she has built with Mothers<sup>1</sup>, family members, and activists, and she has worked alongside them to paint crosses where the bodies of feminicidio victims have been found, paint a mural of Maria Elena, one of the disappeared, and participate in a *rastreo*, searching for victims’ remains. Through these relationships, her rhetorical fieldwork privileges “co-presence” (De Onís, 2016) alongside community members, as her voice and body are present with Mothers and activists in Ciudad Juárez. While many scholars have conducted research around feminicidio in Juárez in ways that made families feel they were “profiting off their daughters’ deaths,” Lozano’s approach is a “labor of love” and a “labor of political commitment” aimed at doing justice for family members, victims, and the movement itself (p. 11). Lozano’s (2018) border materialism framework could be utilized in health communication studies to explain the geographic, economic and gendered histories and conditions that constructed material conditions at the border, which can then inform studies and interventions that seek to assist migrants and resist injustices. Her approach also reminds us that “it is critical that we, as ‘experts,’ defer to the community members or interlocutors that we are working with,” (p. 12) as all scholarly and activist efforts should stem directly from the needs, desires, and/or goals of migrants themselves. Similarly, Doering-White’s (2018) research that explored both violence and care along the Central American migrant trail through Mexico consisted of 2 years of ethnographic fieldwork with migrant shelters, individuals who are social workers, and non-recognized employees who provide care. Doering-White (2018) asserts that border materialism through

an analysis of movement artifacts such as bandages, blisters, and the items that migrants leave behind and gather on their journey “complicates ideas about agency and objectification that surround marginalized populations who may not be in a position to verbally contextualize their current predicament” (p. 435).

Fifth, approaching critical health communication research on the border requires a sensitivity to the experiences of migrants as a marginalized group, as Ojeda et al. (2011) remind us that “Research can either support or harm communities. Thus, researchers should develop the cultural competencies to conduct research with the Latino immigrant population” (p. 2). For example, because research methodologies are often developed based on U.S. cultural norms, common procedures such as obtaining informed consent can be difficult to navigate as migrant populations may be reluctant to sign forms they view as putting their immigration status in jeopardy (Lu and Gatua, 2014). Migrant populations are often characterized as vulnerable and in need of protection during the research process; however, they are also capable and competent, and to focus only on their vulnerability is a form of otherization (Lahman et al., 2011). In their work with undocumented participants during the passing of SB 1070 in Arizona, Lahman et al. (2011) explain: “While we agree sensitivity to vulnerability is vital to ethical research, we believe it is important to remember that someone who is vulnerable in one context might be powerful in another” (p. 308). Drawing from Lahman et al. (2011) to consider how culturally competent research should be pursued at the intersection of migrant and reproductive justice, we contend that researchers and activists must do the work to recognize the inherent strength and resilience needed to migrant during this “time of fear,” while simultaneously working to protect participants through careful methodological considerations surrounding anonymity, confidentiality, and consent. In line with Dutta’s (2008) culture centered approach, we echo these scholars’ approaches by reinforcing the need to historically situate culture in our research and build health communication theories and methods from the experiential vantage point of cultural members.

Sixth, in addition to the commitment to do no harm during the research process, it is important to reflect on how the composition of a research team and the cultural knowledge they bring to the table will impact the experiences of participants. The objectivist approaches traditionally taken in quantitative health communication research run the risk of reinforcing borders within the research process by reinscribing us/them, nos/otros binaries between researchers and the researched (Saavedra and Nymark, 2008; Lahman et al., 2011). Additionally, while quantitative approaches in traditional health communication research often test existing theories, Ojeda et al. (2011) argue that qualitative research can instead generate theories directly from the experiences of Latino migrants. Offering guidelines for culturally competent research with Latino migrants, they argue that researchers should pay specific attention to the process, rather than just focusing on outcomes. Integrating cultural values based in *personalismo*, or the creation of interpersonal connections, culturally competent researchers can engage in *plática* (small talk), demonstrate *respeto* (respect), and work to develop *confianza* (trust) (Ojeda et al., 2011). To effectively

<sup>1</sup>We have kept Mothers capitalized in accordance with Lozano’s strategic use of capitalization.

integrate these cultural values, Ojeda et al. (2011) stress the importance of involving bilingual and bicultural researchers as members of the research team. They explain that it is also important for researchers to understand the context surrounding the migration process:

“Researchers interested in learning about the Latino immigrant experience should acquire basic content knowledge regarding the immigration process of Latinos and their motives for migrating to the United States. This includes an understanding of participants’ premigration, migration, and postmigration contexts, reasons for migrating to the United States, prior and current U.S. immigration policies, and the different types of immigrant statuses.” (Ojeda et al., 2011, p. 5)

Similarly, critical health communication research and activism surrounding violence on the border should involve knowledge about the historical context surrounding current migration patterns, as well as remain up to date on current policies and practices affecting migrants at the border.

In conclusion, there are multiple ways to translate critical health communication methods into intersectional praxis at the U.S.-Mexico border. As critical health communication researchers, we should be strategic about our activism and scholarship, and find ways to live out our values surrounding reproductive justice in our communities. We must attend to the historical context surrounding migration and border militarization, and critically examine how these histories enable reproductive injustices. As scholars, activists, and community members we are also responsible for interrogating the ways in which power operates in bordered spaces and facilitates violence, and we should continue to reflect on our own roles as witnesses. It is thus important to consider the intersections of the material and the discursive and privilege the knowledges and experiences of the communities we work alongside. When working with any marginalized community, we have a responsibility to not only be sensitive to the harm research can cause and work to mitigate risk, but also avoid characterizing research participants as only

vulnerable, thus denying their power, strength and resilience. Finally, by practicing cultural competence we can work with participants in ways that allow us to transcend binaries in the research process. We argue that in order to resist reproductive and gendered violence at the U.S.-Mexico border, a combination of these practices in critical health communication methods is urgent.

## CRITICAL HEALTH COMMUNICATION METHODS MOVING FORWARD

In this article, we have described the migrants’ rights violations transpiring at the U.S.-Mexico border, detailed some of the limitations of current health communication approaches to studying this type of violence, and discussed our methodological approach: an intersectional feminist reproductive justice health communication approach that was necessitated by reproductive and gender violence against migrant Latin American women and children. Moreover, we have noted several methodological, cultural, and epistemological considerations that scholars should acknowledge and implement when seeking to work with migrant populations. Ultimately, as health communication scholars, we find ourselves located within theoretical and methodological paradigms that are uniquely positioned to address health violations and gender violence. By combining several theoretical approaches—intersectionality, reproductive justice, and border studies—and by utilizing cultural methodological considerations, we can work to address gender violence, assist marginalized populations, and resist human rights violations at the U.S.-Mexico border.

## AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.

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**Conflict of Interest Statement:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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