I propose to study how international family networks cope with the stresses of migration and how caregiving is modified in the context of migration. This project poses two questions: 1) how is embodied inequality experienced through relationships maintained across international borders? and 2) how do US immigration policies, border militarization, and experiences of ethno-racial discrimination influence relations of care in families with diabetic family members who are separated by the international border? I will conduct multi-sited ethnography in Southern Arizona and Northern Mexico with families whose members are separated by the border. I will focus on families with diabetic family members living in Mexico. I will investigate what role the border plays in modifying practices of care between family members, and how this impacts health outcomes for people living with diabetes in Mexico whose caregivers have migrated. My hypothesis is that border militarization, policy, and discrimination in the US are affecting the ability of families to care for members with diabetes by severely restricting immigrants’ options, and by negatively impacting immigrants’ lives.

US immigration policy and border militarization have a profound influence on the social relations between family members separated by the border. For Mexican migrants living in Arizona in particular, ethno-racial targeting by police and immigration law enforcement are commonplace experiences of discrimination that further economic and political marginalization (Ochoa-O’Leary and Sanchez 2011). When people migrate to another country for work, they frequently leave family members behind, forming a shortage of care for people who used to rely on the migrant family member (Hochschild 2000). I plan to research what forms of care do happen between family members, and how relationships are maintained. By studying how people provide care for each other across national borders, it is possible to trace political economic shifts by how they manifest in what Buch calls the “intimate politics of globalization”. Political economy provides a strong theoretical framework for analyzing how political and economic shifts, such as mass migration between Mexico and the US, manifest in individual’s lives. “Changing care arrangements thus highlight the intersections of embodied experience, everyday practice, intergenerational relations, and political economy” (2015, 278). The anthropology of care focuses on how people’s relationships are constituted by caregiving.

It is also important to study how immigrants are impacted by living in the border region. Discrimination produces high levels of chronic physical and emotional stress (Carvajal et al. 2013). The groups with the highest rates of diabetes and the most severe complications live in poverty and often belong to marginalized ethnic/racial groups. Stress and strong emotions play a key role in diabetes onset and management. People connect negative emotional experiences with structural inequalities, such as living in poverty, in a way that critiques their disproportionate burdens and the impact that diabetes has on their lives. Because of these characteristics, diabetes is an example of embodied inequality, or the manifestation of structural inequalities in people’s physical being (Mendenhall 2012). This makes diabetes an important disease to focus on when investigating the impact of the politics of immigration across international networks of care. There is a gap in the academic literature on how inequality is experienced through international family networks. Because diabetes is partially hereditary, and because it is a disease of poverty, it is helpful to focus on it when studying the familial impacts of immigration across borders.