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Title 42 is more than a border distraction. It puts your health at risk

Opinion: Title 42 exacerbates COVID-19 transmission by concentrating migrants in squalid camps. There are better ways to keep border communities safe.

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It is not clear if the court decision mandating continued deportation of asylum-seekers under Title 42 will ultimately stand up on appeal.

What is clear is that relying on Title 42 to protect U.S. public health is dangerous because the protection it offers is just an illusion and distracts from the actual public health efforts needed to effectively fight COVID-19 in border communities – in both the U.S. and in Mexico.

Continuing Title 42 exacerbates SARS-CoV-2 transmission by disrupting orderly processing of asylum-seekers and concentrating migrants in squalid camps, holding cells and crowded detention facilities.

Viral transmission is via aerosol, making crowded spaces, and especially chaotic ones, the most fertile environment for outbreaks.

Plans to address public health are falling short

The Trump administration's use of Title 42 to deport asylum-seekers arriving to the Mexico-U.S. border was political subterfuge.

Arizona and the 23 other anti-immigrant states that asked for continuation of Title 42 deportations clearly stated their objective was actually just to decrease immigration. Their arguments gave zero attention to the actual epidemiological dynamics of COVID-19 spread.

Moreover, the plaintiff states said DHS had no plans to combat COVID-19 if Title 42 were terminated, although it actually did.

The trouble is that DHS' enhanced plan was basically good but lacked details and is now threatened by lack of adequate funding.

For example, DHS made a commitment to vaccinate all detainees in custody. It has recently been vaccinating about 1,000 migrants per day.

But there are now about 7,300 Border Patrol encounters per day at the border during the past three months. That's not a surge, but, clearly, vaccination efforts and other planned activities are falling short.

How to slow COVID-19 transmission at the border

1. Ensure that detainees are up to date with vaccination. The highly infectious BA.4 and BA.5 omicron subvariants will soon be the predominant strains.

“Full vaccination” (two shots) does little to control COVID-19 transmission. Booster shots are needed both to diminish transmission and effectively protect those who do become infected from serious illness and hospitalization.

2. Work harder and smarter to get detainees to agree to vaccination. “Trusted voices” (not from law enforcement) are needed.

Worried asylum-seekers and others need opportunities to ask questions about vaccination and get answers in their native language. Special efforts will be needed to convince those who understandably but unwisely refuse vaccination because of worries about side effects, including pregnant women and the parents of young children.

3. Implement “test to treat,” a key element in overall U.S. COVID-19 strategy.

This means provisions are needed to immediately prescribe anti-viral medication for detainees who test positive and who are at risk of developing serious illness. In addition to saving lives, prompt anti-viral treatment decreases the likelihood that seriously-ill detainees infect others.

This is crucial when crowded living conditions make effective isolation impossible.

4. Work on both sides of the border. Crowding dramatically increases COVID-19 transmission, not simply in DHS detention facilities but in informal camps and shelters in Mexican communities along the border. It is not possible to avoid the reality that life in these communities is linked to adjoining U.S. communities – one basic reason there is no scientific rationale for using Title 42 to return asylum-seekers to Mexico.

This isn't just an effort for DHS. Involve others

DHS cannot implement an effective Mexico-U.S .border public health initiative on its own, given its organizational identity as a law enforcement agency.

Border strategy also needs to include partnering with migrant-serving nongovernmental organizations, local public health departments and other community partners on both sides of the border – focusing on action, not on interagency processes and proclamations.

We've learned in the past two years of pandemic response that COVID-19 variants continue to evolve. Our responses must be configured to assure they will be sustainable for years to come.

Broader, more inclusive collaboration and more strategic responses will be crucial to success.

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