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ESI Product Proposal

The medical humanities are becoming increasingly engaged, necessary, and powerful in a nation whose biomedical system is attributed with cold detachment and the reduction of complex humans to treatable symptoms for the sake of capitalist productivity. The medical humanities have also served to give voice to those marginalized in such a system. As part of the Mellon Foundation: Engaged Scholars Initiative, I have been researching the marginalized experiences of Latinx immigrants to the U.S. who live with chronic illnesses by using medical anthropology. I now hope to use my research, as well as experiences of my own upbringing as a Mexican-American in a border community, to create a brief collection of writings to share academic investigation in a more presentable way to the American public.

The collection of writing will entail informal essays based on current events and personal experience to highlight issues in migration and health, as well as fictionalized short stories based on interviews with real migrants who live with chronic illnesses; the former writing is meant to touch the mind and the latter is to touch the heart. By alternately engaging both organs my goal is to engender a more nuanced and fruitful understanding of the Latinx immigrant experience, especially of those living with chronic conditions.

Tentative topics of the informal essays will address the proposed border wall, developing a dual identity within a border community, a socioeconomic snapshot of migrant marginalization in the U.S. and, lastly, the temporality and sensibility of living with a chronic illness – an alternate state of both body and mind. The fictionalized short stories will stem from real-life oral histories collected for my research, including: a Honduran woman with diabetes and hypertension who abandons her dreams and education – and ultimately her blue-collar job – for fear of deportation due to volatile criteria of immigrant statuses, though she never abandons her faith in God; a Mexican man who erred in his early life, losing his family and career goals, but has now come to the U.S. for a second chance at family reconnection and soul rebirth, while living with diabetes in a transnational context; and, lastly, a Mexican woman whose been successful in both family and care for her diabetes upon immigration to the U.S., despite the death of her siblings due to their failure to care for their diabetes and amidst anti-immigrant rhetoric and prejudice challenging her, my grandmother.

Illness is human. Medical care is political. In a need to bridge the two realms of health for the betterment of migrant livelihood in the U.S., I write my collection as a political fulcrum to engage readers and start a conversation about caring for this marginalized group.