National Security, Economization, and the Rhetoric of Refugee and Veteran PTSD

By

Sahar Fakhruddin

Thesis

Submitted to the Faculty of the

Graduate School of Vanderbilt University

in partial fulfillment of the requirements

For the degree of

MASTER OF ARTS

in

Medicine, Health, and Society

May 10, 2019

Nashville, TN

Approved:

Kenneth MacLeish, Ph.D.

JuLeigh Petty, Ph.D.

Table of Contents

List of Figures

Introduction

Background

In the wake of President Trump's refugee ban, hashtags such as "#veteransoverrefugees" circulated throughout Twitter, indirectly shaping public discourse on immigration. Memes questioning the government over "why we should feed 10,00 Syrian rebels" when we could supposedly "take care of 50,000 homeless veterans instead," serve not only as marketing tools for retailers selling shirts emblazoned with those expressions, but implicitly influence health and immigration policy by shaping narratives on human value and deservingness of care (Nahan, 2017). This idea of aid and deservingness plays out most prominently when thinking about refugees in particular as a subset of immigrants, who are defined by the United Nations High Commissioner for Refugees as "people who have fled war, violence, conflict or persecution, and have crossed an international border to find safety in another country" (UNHCR, 2018). Veterans, by contrast, are defined by Title 38 of the Code of Federal Regulations as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable" (VA, 1995). Veterans and refugees thus become two sides of the same coin: competing products of war waged by liberal democracies. Not only are they are defined by their relationship to the state as either being the epitome or antithesis of a citizen, but both ultimately symbolize objects of state control with two drastically different sets of cultural significance. Why such polarizing, interconnected language exists between these two groups, and the exploration of their relationship in the context of trauma, warfare, and PTSD are topics this study seeks to uncover.

With the January 2017 enactment of Executive Order 13769 that placed a ban on all refugees coming into the U.S., we see that the parts of immigration policy most vulnerable to the political climate and public rhetoric affect those very people most affected by violence and war. Heralded as a response to the "refugee crisis," the term in of itself implies that the migration of these people into the country is inherently threatening, destabilizing, and should demand public fear (Nawyn, 2019). Thus, refugees continued to take a hit even after the temporary ban was lifted, as new ever more stringent vetting policies were put in place to slow down the resettlement rate (Nahvi, 2018). The question then becomes what are

the mechanisms and cultural narratives in place that allow America to singlehandedly control the fate of refugee bodies. With 85% of the global refugee population, which stands at 25.7 million as of 2017, being resettled in developing countries as opposed to those with presumably more resources and power, it is important to understand the dynamics in place that influence the political rhetoric around immigration, safety, and why society perceives refugee bodies as threatening. (UNHCR, 2018).

The conversation on safety, however, is not limited to who we protect ourselves against, but rather encompasses the tools we use to keep us safe in a globalized world. The hallmark of U.S. national security and foreign policy is arguably the scale of our military action; 2.77 million service members have been on 5.4 million deployments across the world in the name of freedom, democracy, and national security since 9/11 (McCarthy, 2018). These neoliberal ideals, along with the way in which U.S. based weapons manufacturers, medical research institutes, and other industries profit off war, showcase just how entrenched neoliberal economic policies are with warfare and security (Terry, 2017). This connection is further cemented with the privatization of the military post 9/11 (Ettinger, 2011); thus, economic neoliberalism and military policy are entangled in much the same way as forced immigration and the rise of refugees through the upsurge of global poverty, warfare, and environmental degradation by neoliberal policies (Illingworth and Parmet, 2017). Thus, although the refugees that I discuss in this project are not all directly touched by U.S. led warfare, they exist within a world that has been by shaped Western neoliberalism, military intervention, and the violence associated with them; this has not only led to the rise of the global refugee population, but the trauma and mental health burden suffered veterans and refugees alike. The economization of vulnerable lives through the calculations of value, rising awareness of refugee PTSD (Silove, Ventevogel, and Rees, 2017), and the very public knowledge of the disproportionate burden of PTSD veterans face, thus presents to us a highly politicized public health problem worth discussing in the context of national security and neoliberalism.

Aim

Through the lens of narratives surrounding refugee and veteran PTSD, I explore the intersection between health, security, economy, and power. By the very nature war and the places that veterans engage in combat, it comes as no surprise that both groups experience trauma and its corresponding mental health effects in similar ways. By highlighting the cultural narratives employed in treating this highly politicized disease, the goal of this project is to explore the juxtaposition of veterans being heralded as protectors of the very nation that refugees are professed to threaten. I provide an argument that these narratives only serve to distract from the larger problem of violence and trauma inherent in liberal democracies, and that increased access to mental health resources and treatment for both groups need not come at the expense of the other. Thus, my project becomes two-fold, as it employs methodology that not only highlights similarities and interdependency between two polarizing populations within this public health issue, but also untangles their diagnosis from normative narratives of care and structures of power. By conducting an analysis of the rhetoric of PTSD and other effects of trauma within refugees and veterans—two figures of war—I show how narratives surrounding refugee and veteran health are intrinsically tied to national security, neoliberal economization, and the control of bodies.

Methods

Using a cultural studies approach that emphasizes both the production of meaning in a society, and how those cultural processes shape social relations and create social change, I employ an interdisciplinary methodology that reflects the nature of the problem I wish to tackle (Gray, 2003): the structures of power essential to understanding the clinical and sociopolitical dimensions of PTSD in two seemingly unrelated, yet polarizing populations. I do this by conducting a systematic review of literature of refugee and veteran mental health, a theoretical overview and synthesis, and content analyses of media, legal, and political discourse. In the literature review on refugee and veteran mental health, I highlight the similarities in trauma experienced by both groups and the resulting mental health consequences from a

clinical and epidemiological perspective. Furthermore, I explore the history behind the diagnosis and social construction of PTSD in the United States. The theoretical overview section combines theories of Orientalism, biopower, social constructivism, post-colonial public health, and neoliberal warfare to explain how the social construction of PTSD has been used to give legitimacy to the mental health needs of the veteran population at the exclusion of other groups. These frameworks are then used in my analysis and conclusion to inform how controlling the physical and mental health of populations is inherently a form of political governance and warfare.

Next, I conduct an ethnographic content analysis of the existing laws, political discourse, and media representations of refugee and veteran mental health, through close reading of congressional and presidential statements, policies around veteran health and refugee resettlement, as well as the media's depiction of the two groups. By using the critical theories described above to analyze the rhetoric found surrounding refugee and veteran PTSD, I follow in the style of disabilities scholar Margaret Price— author of *Mad at School: Rhetoric's of Mental Disability and Academic Life*—who examines the language of mental disability through close readings of media and institutional rhetoric (Price, 2011). Using a critical disabilities framework to inform her analysis, she successfully challenges normative assumptions on academia, productivity, and security (Price, 2011; Siebers, 2011). I use a grounded theory approach and begin my searches in Google News before expanding to other sites, looking specifically for articles in Fox News, CNN, and the New York Times; not only were they three of the five top 5 USA News websites, but they commonly represent the breadth of the mainstream political spectrum (Top 100 USA News Websites on the Web, 2017). In doing so, I used search terms such as "refugee mental health," "refugee PTSD," and "veteran mental health" and "veteran PTSD." In addition to analyzing what I found within these searches alone using the critical theories framework discussed earlier, I also drew out themes such as "economic value" and "security" in relation to refugees, which I then used to inform my later media and policy searches on veterans as well. Thus, using LexisNexis, Congress.gov, and Factiva found within Vanderbilt University's Library's Research guide, I used search terms, "economic value," "security threat," "PTSD," and "mental health" in relation to both veterans and refugees in order to

compare and contrast the narrative surrounding each group found within legislation. Each section by starts with media representation and ends with policy discourse on both the refugees and veterans, and I attempt to show the bidirectional influence of public narrative and policy for the themes found in each subsection.

Lastly, the conclusion begins with a summary on my findings and their theoretical implications: I discuss how frameworks of national security and economization used by media and politicians not only creates a "good" and a "bad" PTSD based on a population's perceived deservingness, but also how such narratives are used to justify warfare, trauma, and eugenic immigration and health policies. In my future directions and recommendations section, I include the possibility for further research to be done to showcase how cultural narratives surrounding PTSD and perceived violence impact the lives and bodies of refugees and veterans alike. And finally, I highlight importance of critiquing disease narratives and normative models of care based on notions of cost and worthiness, in the hopes of changing the rhetoric— and promoting the health and safety—of all vulnerable bodies.

Literature Review

Epidemiology of PTSD in Veterans and Refugees

Post-Traumatic Stress Disorder is defined by the American Psychiatric Association as a "psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape, or other violent personal assault" (DSM-V, 2013). Symptoms, according to the DSM V, include intrusive thoughts (such as vivid flashbacks or dreams), avoiding reminders of the traumatic event (including people, places, objects, etc.), negative thoughts or feelings (guilt, shame, fear, horror, detachment etc.), and finally arousal or reactive symptoms (angry, self-destructive or reckless behaviors) (DSM-V, 2013). While it is a known fact that torture, trauma, and PTSD contribute significantly to suicidal ideation (Lerner, et.al. 2015), and that the veteran suicide rate is 1.5 times the rate of their civilian peers (National Suicide Data Report, 2016), research also demonstrates increasingly high rates of suicide within refugee communities as well (Forte,

et.al, 2018). Not only do 30% of Vietnam veterans and 20% of Iraq war veterans suffer from PTSD according to the U.S Department of Veteran Affairs, but one study that reviewed 181 different surveys of approximately 80,000 refugees from 40 different countries similarly found a 30% prevalence rate of PTSD among refugees (Steel, Z. et.al., 2009; "Feature: Post Traumatic Stress Disorder PTSD: A Growing Epidemic," 2009). Other scholars, however, find that the prevalence rate among refugees varies significantly based on country of origin and host country (4.4-86%), with refugees of Yugoslavian and Cambodian origin having the highest rates as well as those resettling in the United States as compared to either Canada, Europe, and Australia (Bogic, Njoku, and Priebe, 2015). Nevertheless, even those refugee groups with the lowest prevalence rates stand in stark contrast to the 1.1% prevalence rate of PTSD across non-refugee populations found in the WHO Mental Health Survey (Silove, Ventevogel, and Rees, 2017). PTSD can thus be seen to disproportionately affect those groups touched by war, illustrating the inherently traumatic and violent nature of the conflicts both groups face.

Although studies differ on the exact prevalence of PTSD among different refugee populations, it is clear that both veterans and refugees—particularly those either from or serving in similar parts of the word—have experienced significant trauma. In a study comparing Vietnam veterans and Southeast Asian refugees, symptoms of PTSD such as sleep disturbance, aggression, and detachment were found heavily among both groups, who in this case have faced similar exposures (August and Gianola, 1987). Additionally, by the very nature of their involvement in warfare, both veterans and refugees have not only come close to death themselves, but have witnessed the deaths of others up close (Bolton, 2016; "Feature: Post Traumatic Stress Disorder PTSD: A Growing Epidemic," 2009). Nevertheless, not only is the word PTSD more closely associated with veterans than refugees, but 90% of federal legislation on PTSD revolves around the military population, highlighting the disparity in societal and governmental responses to trauma foreign populations (Purtle, 2016). This discrepancy in treatment, where PTSD is prevalent in both groups but is afforded resources and recognition in one at the expense of the other, expands far beyond the "refugees versus veterans" argument; one review article on the diagnosis and treatment of torture survivors in our country illustrates that while the number of torture survivors and Vietnam

veterans (as independent groups) in this country were approximately equal, specifically tailored services were only afforded to the veterans (Williams and van der Merwe, 2013). This can be partially explained by the fact that disease narratives—in this case, contrasting ones of PTSD in veterans and refugees—are not only inherently political and value ridden, but "justify certain pathways to disease responses," and directly influence access to treatment and care (Leach, Scoones, Stirling, 2010). Because contagion narratives and the desire to prevent "interspecies contact" have historically been used as tool to influence immigration policy and national defense, changing the rhetoric and public perception of refugees and their right to health is an important first step in shaping policies related to their mental health care. (Ahuja, 2016; Totten, 2015). Thus, I seek to explore how this rhetoric around mental health, national security, and refugees is employed in the media, and the resulting policy and societal implications it has on the populations suffering from PTSD and trauma.

Social Construction of PTSD

In order to understand why narratives and treatment of PTSD center so heavily around veterans, it is important to understand the history and social construction of the diagnosis itself. Created in 1980 as a response to the Vietnam War, PTSD became a way to confer clinical legitimacy to the unsettling effects of trauma on a large portion of American citizens coming home from war (Summerfield, 2001). Anthropologists Didier Fassin and Richard Rechtman argue that the labelling of the diagnosis as "post-traumatic stress disorder" rather than "traumatic neurosis" in 1980, and its characterization as a "normal response to an abnormal situation," placed the emphasis on the event as the sole cause of the disorder, effectively shifting blame and suspicion away from the afflicted (Fassin and Rechtman, 2009); thus, individual experiences erased from our understanding of the problem as it became reduced to the measurable symptoms (Fassin and Rechtman, 2009). Furthermore, the creation of the diagnosis also established a sense of victimhood as political tool to achieve rights and reparations, as Vietnam War veterans were able to receive physical and mental health services that would have been inaccessible to them had the problem not been medicalized (Fassin and Rechtman, 2009). This is especially important

when thinking about the development of PTSD as a response to a U.S.-led military intervention, and the implications it has making culturally specific forms of violence—such as the Vietnam War then or the War on Terror today—acceptable to our society.

By medicalizing the effects of trauma, the creation of PTSD not only legitimized the suffering of those now deemed victims, but effectively depoliticized the war and violence committed by returning soldiers. Confronted with accusations of being "baby killers" and "psychopaths" upon coming home, the rendering of veterans' post- war struggles in psychiatric terms thus became a means to depoliticize and legitimize the veterans' past and present violent actions, and soothe the "collective distress of a defeated USA as individual psychopathology" (Summerfield, 2001 and Williams and van der Merwe, 2013). Furthermore, the grouping of both victims and perpetrators of violence into the same diagnosis eliminated the moral element of being able to distinguish "good" and "bad" victims of PTSD. This allowed both pacifists and proponents of the war to achieve political victory, as the public would simultaneously be able to view the full scope of the war's atrocities and the toll it took on the soldiers. By underscoring the humanity and sorrow of these soldiers, and in making the diagnosis "pathological rather than political," the sources of trauma and violence that "underpin the liberal democratic state" are thus left unexamined (Fassin and Rechtman, 2009; Howell, 2011). Therefore, in medicalizing the distress and supposed injustice experienced by the soldiers, not only could the country itself and proponents of the war shrug off the blame of losing and committing large scale atrocities, but the road to treatment and care could be paved for veterans, as recovery is seen as "associated with the reconstruction of social and cultural networks, economic supports, and the respect for human life" (Williams and van der Merwe, 2013). Thus, this idea of changing rhetoric and societal perception refugees can be justified since public narratives heavily impacted the way in which veterans obtained access to treatment.

How then does PTSD play out in regards to trauma suffered by other populations? Not only have most standardized screening instruments for PTSD, such as the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder, primarily been used on American war veterans until the late 1980s, but the supposed universality in the diagnosis precludes those who fall beyond "the moral economy" of our time

and place (Kienzler, 2008; Fassin and Rechtman, 2009). Thus, not only do most cultures and peoples (such as survivors of the Rwandan Genocide) lack the Western framework and "idioms of PTSD" to talk about their mental distress, but, Fassin and Rechtman argue, the idea of trauma has now assisted in developing a "new division between human beings" in which greater value and greater measures to protect are afforded to some groups at the expense of others (Yawar, 2004 and Fassin and Rechtman, 2009). This concept, as political scientists Helen Ingram and Anne Schneider describe, specifically plays out in regards to policy design for the affected groups; in their work on social constructivist policy design, they explain how social constructions both produce and reproduce policy agendas, creating a system that advantages some groups over others in the political sphere, and implicitly reveals who is and is not worthy of protection or care (Schneider and Ingram, 1993; Purtle, 2016). The social construction of PTSD as a war-induced ailment suffered by soldiers thus impacts policy regarding their treatment as well as that of others who fall beyond the conventional scope of the diagnosis.

In regards to refugees, this idea of worthiness applies to resettlement policies as well as mental health treatment. Although the U.S. found public support for resettling European refugees following the Second World War, with the influx of refugees coming from war-torn Southeast Asia in the 1970s and 1980s, there was an initial period of "inertia and dissension" (Silove, Ventevogel, and Rees, 2017). This highlights how the United States' willingness to accept is refugees is "inversely related to the ethnic difference of the incoming groups," and how fear of the other becomes more pronounced as differences in supposed Westernization increase. (Silove, Ventevogel, and Rees, 2017). Whereas suspicion and doubt is removed from the part of the traditional veteran trauma victim in the U.S., "the experience of a refugee puts trust on trial" and incites suspicion (Fassin and Rechtman, 2009). Politically, not only were they seen as threats against the nation, but also as competitors in the labor market, which effectively complicated and obscured the entire asylum seeking process (Fassin, and Rechtman, 2009). By introducing more stringent and restrictive policies for evaluation that placed preference on visible bodily injury and harm, the validity of refugee mental health and trauma essentially came under scrutiny, bolstering the suspicion with which these groups were already met with. In fact, looking at the certifications of refugees who had

been accepted into the United States, in 2002 although 25% were "assumed to suffer post traumatic sequelae," only 4% actually had the diagnosis listed in their certificates (Fassin and Rechtman, 2009). This goes to show that the conferring of clinical legitimacy of trauma and its mental health struggles is inherently bound up in notions of what we consider legitimate suffering and violence, excluding people thought of outside the scope of worthiness.

Theoretical Overview

In attempting to untangle the relationship between veterans and refugees in regards to pathologization, mental health, and national security, I provide a discussion on the institutional frameworks that shape public policy and discourse. These two groups, who undergo significant trauma and experience similar symptoms of PTSD, are discussed differently in regards to their right to care based on public perceptions of public health, safety and relative value of life. Highlighting the history and ideology behind these frameworks that take place at the intersection between health and foreign policy, I depict the intimate connection between these two seemingly disparate populations, and showcase how the health and wellbeing of one is dependent on the other. Thus, this section serves an analysis of how biopower, orientalism, and neocolonialism as they relate to the control and valuation of human life, are essential components of violence, medicine, and the expansion of empires.

How do we get to the place of seeing foreign bodies as inherently threatening? In his work on Orientalism done in the late 20th century, Edward Said laid the groundwork for understanding how the unequal power balance between the Occident and the Orient has contributed to the process of "otherization" that is fundamental to how we view non-Western bodies—in this case, particularly in regards to foreign policy (Said, 1978). Not only are non-Western people understood to be fundamentally different than Westerners, but because of this, they should be treated with suspicion, exotification, and fear. Dispelling the notion that Orientalism is simply an academic theory used by scholars to understand foreign cultures, Said writes that it is rather a "system of knowledge" that places Westerners in position of power and domination over the Orient (Said, 1978). Thus, in regarding non-white bodies as "other," it

implicitly labels them as deviant; this in turn, makes it easy to continue the colonial and eugenic framework of subjugation and prohibiting undesirable peoples from "altering the racial type" of a population to be deployed in all foreign policies regarding the supposed "Orient" (Bashford, 2004). This includes warfare and immigration, and the two populations—veterans and refugees—who are emblematic of those policies.

The mechanisms states use to assert that control over and assess value of "inferior" populations as it relates to foreign bodies are best understood through notion of biopower and neoliberal economization. In philosopher Michel Foucault's works, he discusses the ways the human body has become a political object to be controlled by state apparatuses in terms of sexuality, reproduction, hygiene and surveillance: in other words, tools that propagate and "administer life" rather than directly take it away (Foucault, 1976). The way in which we move about and interact with others in relation to the nation state becomes subject to regulation, as population and migratory control efforts are put in place to create an idealized, governable society. This process of trying to both discipline and optimize life, however, is necessarily bound to the notion of valuation and what forms of life should be celebrated and perpetuated. These concepts are key to understanding the modern day neoliberal economization as explained by international studies scholar Luca Mavelli (Mavelli, 2018); because neoliberal economization "disseminates the model of the market to all spheres of human activity," the state's agenda is to "maximize value" of all its individuals in every way possible (Mavelli, 2018). This "neoliberal political economy of belonging," includes and exclude migrants based on their "financial, economic and emotional capital," works in tandem with philosopher' Michelle's Murphy's notion of the economization of life. In her book, she tackles this idea of regulating foreign bodies based on value by explaining how population control efforts are tied to the neoliberal agenda of governing the reproduction of poor, non-white bodies for the sake of economic development (Murphy, 2017). Furthermore, she delves into the cost benefit analysis that devalues some forms of human life for the sake of uplifting others (Murphy, 2017). When these concepts become imbedded in the institutional framework of governing bodies, it provides the rationale for colonization, as well as disease and population control efforts enacted on a global scale.

The regulation of international migration became a biopolitical measure in the 20th century, as the U.S.'s and Europe's body politic became increasingly defined in biological terms of what would or would not be considered a "fit population" by eugenic logic (Bashford, 2004). This effectively influenced how wars were fought abroad, how immigrants were allowed entry into the U.S, and how imperial disease interventions took place; public health thus took on a national security lens to "defend the national body in a world of expanding contact" (Ahuja, 2016). This idea of biopower thus becomes essential to our understanding of neocolonialism and the expansion of empires through various forms of violence in the name of public health in the 20th century. Cultural studies theorist Neel Ahuja, expands upon this biopolitical notion of disease control working as a form of "expansion U.S empire into the domain of biological life" (Ahuja, 2016). Not only was the U.S. as an imperial state consider themselves as "protector of life," but they effectively perpetuated racialized fears of trans-border epidemics and disease (Ahuja, 2016). Therefore, when the attacks on 9/11 occurred in the early 21st century and those defenses were breached, philosopher and gender theorist Judith Butler explains, the U.S saw a "loss in prerogative, only and always, to be the one who transgresses sovereign boundaries of other states, but never to be in the position of having one's own boundaries transgressed" (Butler, 2004). With the security once felt within our borders now breached, came an increased desire of surveillance; this, in turn, has led to the media "authorizing and heightening racial hysteria" in the name of "self-defense" (Butler, 2004). Thus, the idea of defense against the encroachment of foreign peoples is fundamental to our understanding of how we see migrant bodies, influencing not only health policy, but immigration policy as well.

Furthermore, in addition to the large scale vaccination, surveillance, and quarantine programs, we see how biopower plays out specifically in regards to the eugenic fear of mental health problems among foreign populations, as the mental health and hygiene criteria for entry into the country became ever more stringent in the 20th century with the Aliens Order of 1920 (Bashford, 2004). "The concept of disability" was used as a way to justify discrimination among minorities and restrict immigration, according to historian Douglas Baynton, as "attributing disability" to these groups became a means of

labelling them as abnormal, deviant, and a threat to security (Baynton, 2001). This idea of defending the settler state from these supposedly racialized microbes, viruses and mental disorders, is further expanded upon by political scientist Allison Howell. Not only did the diagnosis of PTSD serve as a biopolitical tool to "produce orderly self- governing subjects," Howell says, but she also argues that the label effectively managed what forms of trauma and violence were acceptable; thus, pathologization and securitization are fundamentally intertwined (Howell, 2011). Psychiatric disorders she says, are treated "not only in the hope of improving quality of life, of individual patients, but also in rendering them—and whole populations—orderly and secure (Howell, 2011). By illustrating how deviations from state power and control, such as the uprisings in the Balkan states, were seen and treated as a "malignancy" infecting the European body politic, she cements the connection between biopower, nationalism and outbreak narratives (Howell, 2011). This racialization of disease and the valuation of some lives over others in the name of public health, national security, and biopower lies at the crux of our understanding of why some wounded bodies—such as soldiers—are afforded treatment while foreign ones are not.

Cultural studies theorists such as Jennifer Terry and Talad Asad take on the notion of warfare in neoliberal democracies as essential to creating the violence that lends itself to the trauma and otherness experienced by refugees and veterans. The line between soldier and terrorist—and who is and is not considered innocent—is blurred in modern warfare, as shown by Talal Asad. Not only do both groups employ similar methods of violence, but they both ultimately target people traditionally thought of outside the scope of warfare (Asad, 2008). Liberal democracies, he argues, must constantly "undermine" the distinction between the killing of "innocent civilians" and the "justified deaths of soldiers," particularly in counterinsurgency operations where the targeting of civilian institutions is commonplace and wartime is thus unable to "neatly separate [itself] from peace" (Asad, 2008). Terry echoes this idea by explaining way in which biomedical logics, or the narratives espousing care in the name of neoliberal values of freedom and democracy, ultimately lend themselves to supporting violence, warfare, and the treatment (Terry, 2017). War and medicine are intrinsically intertwined, she argues, by the very nature of how biomedical knowledge is purported as gained through the injuries and wounds of others, and

13

developed as a mechanism to heal those victims (Terry, 2017). Biomedical logics then not only drive war itself, but also serve as reasoning to rehabilitate some and not others. Going back to the idea of colonized bodies are pathogens, Terry explains that the goal of counter insurgency and warfare is to "restore a population's immune system after alien infection and insurgents are disease agents threatening to spread if intervention isn't performed" (Terry, 2017). This idea situates the role of soldiers as not only champions of disease prevention, but also as regulators of diseased foreign bodies; they protect the nation from the disease agents they host, and the potential metaphorical infectious status they embody.

Thus, with the health and wellbeing of the imperial state valued over that of colonized bodies, and with soldiers representing the biopolitical tools employed by governing bodies to promote national security and public health, we can begin to see how the lives of veterans are dependent upon the people they go to war with—including refugees—and how the corresponding care afforded to each group will necessarily reflect that.

Content Analysis

"We want to ensure that we are not admitting into our country the very threats our soldiers are fighting overseas. We only want to admit those who will support our country and love deeply our people" (Miroff, 2017). This quote, declared by President Trump upon signing the Refugee Ban in January 2017, here again cements the intrinsic connection between soldier and refugee. Their antagonistic relationship is thus shown as not only an economic threat, as illustrated by the #veteransoverrefugees hashtag, but a security threat that the entire profession of a soldier is predicated upon: defeating the foreign enemy. This objective, deeply ingrained into the psyche of soldiers through the cultural narratives presented in this section, can remain far beyond the termination of employment, as veterans take with them the message that immigrant and refugee bodies will always be foreign, always be threatening. Thus, we see statements like, "You guys aren't American," become the rationale with which veterans—such as the Marine with PTSD who attacked the Iraqi restaurant owner in Portland—exclaim in a moment of assault, but also with which policymakers, media, and the public alike characterize foreign bodies perceived as threatening

(Brown, 18). The veteran and refugee, both victims of trauma and defined by their relationship to the state as either friend or foe, become the mechanism through which we are able to understand not only the politics of PTSD, but more broadly who we perceive to be worthy, valuable, and deserving of care. Thus, this research focuses on how popular rhetoric and cultural narratives shape not only public perception of an issue, but ultimately how those perceptions are translated into tangible outcomes for affected individuals.

In this section, I take the major themes, quotes, and headlines gleaned from close reading of over 80 articles from CNN, the New York Times, and Fox News, as well as variety of congressional hearings, bills, laws, and presidential statements on the topic of refugee and veteran health and analyze them through the lens of the theoretical frameworks discussed above. Through an understanding of the social constructivist theory, I showcase not only the bidirectional influence of policy and media rhetoric on one another, but also the gaps in my searches of PTSD within both groups, which serve as important indicators of how both groups are perceived and afforded care. I find that most news articles, regardless of political orientation, utilize the same frameworks of neoliberal economization and national security to frame the question of both veteran and refugee PTSD. Not only that, but they are similarly present throughout policy and legislative discourse on both sides of the aisle. More importantly, however, I find that these narratives are fundamentally intertwined, as notions of security, economic value, and deservingness inherently inform one another in the neoliberal state, and are thus codified into laws that ultimately affects access to treatment and care. Figure 1 gives a brief summary of this interdependency and how the same narratives play out in regards to both refugees and veterans, highlighting how although the two groups are perceived differently, they are both objects of state control that contain characteristics of each other. As we will soon see, the intersection between mental health, the threat of violence, and how we value lives based on their ability to serve not only the American economy but the idea of the American dream, all figure into how we as a nation designate the right of PTSD to some groups over others, and regulate the bodies of citizens and non-citizens alike.

Figure 1: Rhetorical Analysis of Refugee and Veteran Interdependency

Refugees	Veterans
• Escape wars started by neoliberal democracies	• Fight wars started by neoliberal democracies
• Bestowed the American generosity	• Earned American generosity
• Threaten the State	• Protect the State
• Violence is blamed on their race and national origin	• Violence is blamed on foreign wars and mental illness
• Public fear of PTSD	• Public support and fear of PTSD
• Worth based on economic productivity	• Economic worth based on military expertise
• Overwhelming need and drain on mental health resources	• Overwhelming need and deserving mental health treatment and care

Refugees: The Breach of Borders and A National Security Threat

This section of the content analysis focuses on the stories upon stories of refugees as individuals and as a groups characterized as violent, extreme, and a threat to American security. From Trump's Refugee Ban discussed in the introduction, to a variety of congressional statements, hearings, and news articles all found through searches on "refugee health," "refugee mental health," and "refugee PTSD," their perceived violence is racialized, psychologized, and nearly always framed as a matter of national security threats. But what does security truly mean to American society? Howell describes the politics of security and order as increasingly being shaped by "psychiatric and psychological expertise" to become a thing that "inevitable, necessary, and desirable"; thus, the desire for security not only becomes something easily accepted by society the but taken for granted as a medically necessary good (Howell, 2011). Security works not only to shape how we define American sovereignty by labelling terror as the "iconic" and "fetishized" antagonist to the state, but how we protect the body politic from the "threat" of "penetration" by immigration (Howell, 2011). These notions of security are derived from the idea of the foreign as not only inherently threatening, but also dishonest, as "trust and fear are put on trial" in regards

to refugee admittance as depicted in these articles (Fassin and Rechtman, 2009). Not only is America "the protector of the world," acting as the de facto enforcement agency of security wherever it goes, but as Butler explains with the attacks on 9/11, the idea of security being accepted as a matter of "self-defense" made it socially acceptable to "heighten racial hysteria" that we see in these public and legislative accounts about those perceived as threats (Butler, 2004; Ahuja, 2016). This is evidenced by not only the scope of American military presence, but also by the fact that anyone who looks "vaguely Arab in the dominant racial imaginary"—including Latin Americans as Trump's quote on the migrant caravan shows—is immediately scrutinized, feared, and subject to surveillance and screening (Butler, 2004). Western neoliberal democracies not only claim exclusive right to enacting violence in the process of upholding security, but do so at the expense of the racialized "others"; thus, as we will see in this section, they allow the proliferation of sensational narratives of foreign bodies as violent threats to societal order.

"Whenever America's presence diminishes in the world, whatever minimal order and stability existed there will rapidly evaporate;" this statement found in Fox News article "Migrant Crisis Isn't Just Europe's Problem Its Our Problem Too," speaks perfectly to the idea that not only is America perceived to be the sole entity with the right to intervene and manage the governance of foreign nations, but that once encroachment on our borders occurs through the arrival of "tides" of foreign bodies, problems arise (Bolton, 2015). Among these problems, as the article is quick to point out, are the "rising islamicist terrorist threat" (Bolton, 2015). The language of magnitude and natural disasters ("tide") is again used here but this time in reference to the threat of violence, rather than economics (Bolton, 2015); this implicitly suggests the need for emergency-like response that incite the panic, fear and suspicion. The only way to ensure "peace and security" is through expanding our global influence in the form of military troops, not unlike how the U.S. controls the Global South through public health and development interventions (Bolton, 2015). When this does not occur and refugees are allowed to come into the country seemingly unrestrictedly, the rhetoric of the threat of violent crime thus emerges. Thus, in articles like "U.S. Officials: Ex Isis Fighter Entered U.S. as Refugee," "Iraqi Refugee Charged in Colorado Cop Shooting Had Lengthy Criminal Background But Was Never Deported," "Refugee Influx Tied to Violent

Crime Surge in Germany," and "Syrian Refugee Charged in Random Murder of a Girl, 13" not only tie violent crime to the rise of the refugee population, but also underscore how not enough was done to screen, vet, and prohibit such individuals from coming into the country (Thompson and Watson, 2018; Lam, 2018; Shaw, 2018; Lam, 2018). The "lengthy criminal background" did not preclude the Iraqi refugee from being deported, nor did resettlement programs do enough to "weed out those with terrorist ties" (Thompson and Watson, 2018; Shaw, 2018); even faith based refugee sponsorship programs become subject to investigation when crimes do occur, as depicted in the article about the Syrian refugee who was resettled through St. Andrews Wesley Church (Lam, 2018). Screenings are thus heralded as the weapon with which to stave of the threat of violence and the only tool that serves the joint purpose of keeping America not only pure from foreign terror and foreign disease.

Screening for terror, just like screening for medical conditions, is thus seen as part and parcel of an effective immigration policy; however, when the terror becomes racialized and limited to Arab and other brown bodies, it becomes easy for this narrative of heightened immigrant crime rates to culminate in statements such as "you're going to find MS-13, You're going to Find Middle Easterners," as President Trump said in reference to the migrant caravans (Gomez, Dudar, and Theobald, 2018). Not only does the president assume violence on the part of the migrants fleeing their home countries, but he depicts that violence as exclusively foreign, exclusively brown. The headlines mentioned above without fail mention the nationality of the refugee, intentionally tying the atrocities committed to them as being factor of their "Iraqi" or Syrian" background. This means of racializing violence in the media is certainly not new—as evidenced by our history of misleading and extensive coverage on black crime perpetrated against white people (Sun, 2018)—and can be seen even when depicting school shooters, such as Seung-Hui Cho from the Virginia Tech massacre (Price, 2011). As Price describes, his Korean ethnicity is brought to the forefront in describing his eccentricity, deviance, and predisposition toward violence, but simultaneously unacknowledged in accounts of the bullying and racial stereotypes he faced at school (Price, 2011). Similarly, in regards to refugees, national origin and race are highlighted in headlines depicting their violence, but are noticeably absent when the perpetrator is a white, male veteran. Racializing as well as

psychologizing violence is here done as a way to imply that these people are deviances from the norm, distancing the public from such abnormal behavior so that society can feel comfortable knowing that those who commit atrocities are "the other." Mental illness narratives for people of color and foreigners specifically are thus shown to be inherently different, more threatening, and represent a greater need to be contained as shown by the legislature passed for refugee resettlement.

The transition between political and public discourse disseminated by the media can often be seen through statements made by policymakers and politicians through interviews and congressional hearings. In an interview with Senator Newt Gingrich, we see evidence of this "refugees as threats" narrative presented as fundamental to American identity. He states that "this is a national security issue. This isn't a partisan issue," and that "the country will not understand why Barack Obama has more passion for Syrian refugees than he has for protecting Americans" (Cavuto, 2015). These statements not only play into the rhetoric of pitting refugees against American citizens by implicitly deeming their lives as more valuable, but also effectively implicate anyone of wishing to support them as Un-American. Furthermore, as mentioned before, when Congresswoman Marsha Blackburn spoke of the overwhelming generosity that America has already shown for the poor and downtrodden in her statement against the admission of Syrian refugees in 2015, she also said, "How can we verify these refugees do not present a threat to our national security? Syria has proven to be a fertile recruiting ground for Islamic extremists and terrorists" (161 Cong. Rec. H 6800, 2015) Her fears and concerns are further expressed in the congressional hearing on admitting Syrian refugees, as the chairman Peter King emphasizes that although he recognizes most refugees are not terrorist, the "flawed vetting system" in place currently presents "security risks" ("Admitting Syrian Refugees: The Intelligence Void and The Emerging Homeland Security Threat," 114th Cong., 2015); thus even in hearings supporting the admission, such as the testimony of PLCY Office of Immigration and Border Security for a Senate Judiciary Subcommittee hearing on "The Syrian Refugee Crisis," we see an emphasis on thoroughly describing the vetting processes and ensuring the U.S refugee admission program identifies individuals "who do not present a risk to our security" (Civil Rights and Human Rights Hearing, "The Syrian Refugee Crisis," 2014**).** The threat of terror and desire for

security and protection are yet again thus seen as components for preventing as well as allowing the arrival of non-western, Arab bodies.

Codified into legislation, Executive Order 13769, officially titled "Protecting the Nation from Foreign Terrorist Entry," encapsulates this recurring theme of refugees as threats to national security. From the onset, the executive order talks about the "terrorism related crimes" committed by foreign nationals, particularly ones from countries with "deteriorating conditions" of war, strife, disaster, or civil unrest (Executive Order No. 13769, 2017). Living through warfare is thus seen as a precursor to violence and "terror-related crimes" and something that should preclude entry into the nation, no matter the definition of refugees as those who are escaping persecution. Along with shutting down the Refugee Admission Program for 120 days, the statute later states that further measures must be taken to "ensure that those approved for refugee admission do not pose a threat to the security or welfare of the United States" (Executive Order No. 13769, 2017). Refugees are thus characterized as a monolithic group prone to terror and that the barring their entry serves the in the United States' best interest. However, by no means is the language of threat, terror, and security found in the Refugee Ban unique in any way. In title IV section C of the 1996 "Anti-Terrorism and Effective Death Penalty Act" S.735 we see mention of a modification to asylum procedures that includes "Prohibit[ing] the Attorney General from granting asylum to an alien excludable as a terrorist unless the Attorney General determines that the individual seeking asylum will not be a danger to U.S. security" (S.735, 104th Cong., 1995-1996). Asylees, who differ from refugees only in that they seek refuge in host countries at the border rather than before arrival, are thus implicitly labelled as threats to national security until proven otherwise. Furthermore, this law shows that the association between refugees and other foreign nationals with terrorism had already been cemented in the public imagination and legislature well before the events of 9/11, indicating that the fear of the other—particularly the non-western other—has dominated immigration and foreign policy well before the breach of borders and violent attacks occurred on American soil. Refugees, constructed as figures of war whose ideals our soldiers are fighting against, thus serve as the antagonists that the country needs in order to not only justify wars fought abroad, but maintain an image of sovereignty and security.

Refugees: Economic Utility in Serving the American Dream

This next two sections of the content analysis explore the ways in which refugees are problematized in the media and political discourse in terms of their economic worth and cost, and how that directly influences how their health and wellbeing are controlled by a society that sees them as inherently threatening. Whether they are seen as issues too large handle that will result in the overburdening of our systems, or whether they represent a value-add to a society that is constructed as the land of opportunity, proponents for and against refugee treatment and admittance both utilize economizing arguments to frame the question of what to do with refugees and refugee PTSD. Questions of economic worth thus are directly tied into to how we employ public health interventions—including whether to treat or leave untreated mental health disorders—as well as how we conduct foreign policy and manage national security, in terms of immigration and refugee admittance based on mental health criteria.

In thinking about quantifying the value of life as seen in both the news stories and particularly in political legislation, it is important to understand how Murphy's notion of the economization of life is used as biopolitical tool of population control. When the "valuation of life is hinged to the macrological figure of the economy," not only does it becomes easier to conduct overtly eugenic and bio-political population control efforts—such as the Aliens Order of 1920, and other medical screenings that kept out the "poor" "feeble minded" "insane" and "convicted"—but it also deems some lives as worthy of investment over others (Murphy, 2017; Bashford, 2004; Parmet and Illingworth, 2017). Investing in the development in the Global South, can thus become a biopolitical tool, or as Howell describes, a "disciplinary intervention aimed at the psyche of the poor" in order to "improve the economy and the populations of so called developing countries" (Howell, 2011), Thus, in thinking about development projects and how "aid is increasingly concerned with transforming the recipient into a liberal subject," we can begin to see how institutional powers use the intersection of mental health and economic productivity to exert control over populations (Howell, 2011). Furthermore, on both sides of the political spectrum, the theme of the American dream and American generosity comes up in the context of refugee admittance

and mental health, speaking to the idea of generosity constructed as "a political maneuver" to "promote social obligation" and "moral behavior" (Sherry, 1983; McCullough et.al., 2001). Thus, because of the inherent mistrust with which we regard refugees in terms of their perceived safety, it becomes important to promote the rhetoric of giving and generosity in order to once again, exert control over foreign born population (Fassin and Rechtman, 2009). This, in turn, shapes the economizing narratives of how we either come to support or oppose legislation regarding public health, immigration, and PTSD, as refugees are depicted as not only public health threats with mental and physical health risks, but also as foreign invaders that encroach upon the security and racial purity of the nation (Ahuja, 2016).

Articles from all three of the major news outlets I surveyed all used language that pointed toward economic worth as being the primary factor in regards to refugee admittance and health. Some of these stories that took this economizing approach appeared not only when explicitly using search terms such as "refugee" and "economic value," but also when simply searching "refugee health," thus speaking to the broader preoccupation with the financial impact of refugees over their health or even health impact. Stories from the New York Times as well as CNN titled, "Trump's Huge Mistake on Refugees," "Trump Administration Rejects Study Showing Positive Impact of Refugees," and "Trump's Effort to Limit Refugees Will Hurt U.S. Economy," all reference language on "the nation's economic wellbeing," local businesses", "local economy," "taxes," and "contribution" (Berengaut and Bilkin, 2018; Davis and Sengupta, 2017; Sayid, 2018). They go on to say that cutting back on refugee resettlement would "be economic malpractice" since the Department of Health and Human Services has found that refugees brought in "$63 billion more in government revenues than they cost" (Davis and Sengupta, 2017). CNN article "Human Migration is a Pressing Public Health" issue reiterates this point by saying that "migrants contribute to the economy more than they cost" (Christensen, 2018). Cost and contribution to the economy are here presented as the primary indicators of value and justification for belonging. Furthermore, the framing of this narrative is significant for these center to center-left outlets, for it places their arguments in conjunction with those who argue of the economic drain to this country that refugees potentially pose. Though they may be advancing opposing sides, both CNN and the New York Times in

these examples use the same framework of neoliberal economization to speak on the matter of refugee acceptance.

In a similar vein, when looking for articles in CNN and Fox News using search terms "refugee and "economic value," we find several stories that reference the economic value that refugees embody in the form of success stories about the American dream. One such story titled, "How a Romanian Refugee Turned CEO Found the American Dream," was written through CNN Wires but published on Fox 2 Now, emphasizing how economizing narratives bind two seemingly opposing platforms. Not only does it use terms such as "productivity" and "American businesses," but it more explicitly frames the discourse in language of gratitude; "Not only am I alive because of America and the American people, but because along the way I have always gotten help" (CNN Wires, 2018). By invoking mantras such as "America is the land of immigrants", both this article and "Trump's Effort to Limit Refugees Will Hurt the U.S. Economy," use the perspective of "successful" refugees to idealize the notion of the American Dream and highlight "America's generosity" in helping support these otherwise struggling and forgotten peoples (CNN Wires, 2018; Sayid, 2018). This framework not only positions America as a benevolent giver, but effectively turns aid into a favor bestowed upon by outsiders who can use it as tool for social control.

This idea of social control though generosity is particularly dangerous when we think of aid as a favor that can be taken away just as easily as it is given; as shown here, it can be used by policymakers in the creation and implementation of anti-immigration legislation. For example, Congresswoman Blackburn's statement shows that it can be used as a tool against admittance; following President Barack Obama announcement that America would welcome 10,000 Syrian refugees, she says on congressional record on October 2015 that "America has been a generous, welcoming country; but I have to tell you, while we have compassion for these refugees, Secretary Kerry's pledge leaves us with some grave concerns" (161 Cong. Rec. H 6800, 2015 2015). Not only does she imply that she, and the nation itself, are coming from a place of supposed "compassion," but she implicitly states we have done enough for refugees, and that our duty to them has a limit; generosity is thus politicized as a means by which we can control the movement populations. In the same year, during a hearing before the Subcommittee on

23

Counterterrorism and Intelligence, Chairman Peter King opens his statement by reminding the committee that he is aware of "America's long and proud history of providing safe harbor to refugees" ("Admitting Syrian Refugees: The Intelligence Void and The Emerging Homeland Security Threat," 114th Cong., 2015). Soon thereafter, he proceeds to qualify this statement by adding "but we have also had refugees and asylum seekers take advantage of U.S. safe haven" ("Admitting Syrian Refugees: The Intelligence Void and The Emerging Homeland Security Threat," 114th Cong., 2015). Invoking the narrative of the United States' history of generosity in immigration not only obscures the reality of its exclusionary and racist immigration policies, but frames the argument in such a way as to shield themselves from proponents who argue for admittance on the basis of the U.S.'s supposedly proud history. It allows for people, such as then presidential candidate Rick Santorum to go on air incorrectly stating that "we already take in 70% of UN refugees in the world today" (Weigel, 2015). Once again, because acceptance is framed as an act of goodwill, the moral obligation or duty we have toward refugees or migrants overall is expunged, simply because the United States has supposedly done its job. This narrative goes hand in hand with the idea that refugees are an economic drain to host countries based on their numbers and needs, and that even the criteria for acceptance is tied to the disease burden they carry.

In terms of countering the arguments made by proponents of the Refugee Ban and countless other outlets who espouse the "refugees as threats" narrative, both media and policymakers alike utilize this economizing approach to addressing the need for accepting refugees. From the 1951 "Convention Relating the Status of Refugees" to the "Refugee Protection Act of 2016," the notion of economic value has been on the forefront of legislative discourse on refugee the admittance. Thus, regarding the admission of refugees and immigrants to the U.S., Congress Resolution 25 stated that the president's executive order is, "not a testament to the United States as a Nation that is welcoming to all regardless of race, religion, or country of origin" (H.Con.Res. 25, 115th Cong., 2017-2018). However, they go on to say that one of the reasons to eliminate this ban is because people under the Visa Interview Waiver Program are "an important contribution to U.S. institutions of higher learning and the U.S. economy" (H.Con.Res. 25, 115th Cong., 2017-2018). This implies that the welcoming nature of the U.S. toward the supposedly

tired, poor, and huddled masses is conditional upon the economic worth of those human beings; refugees are thus afforded rights, protections, and as we will see, public favor insofar as they contribute to the wellbeing of the nation's economy.

Chapter 2 of the Refugee Act of 1980 titled "Refugee Assistance" is a prime example of language economic worth embedded into the law of the land, influencing how refugees are seen as tools of state from the moment of their arrival, and in ways that long precede President Trump's ban. Section 412 lists the first condition for states to receive assistance for resettlement as incumbent upon employment, stating that the Office of Refugee Resettlement needs a "description of how the state intends to encourage effective refugee resettlement and to promote economic self-sufficiently as quickly as possible" (Public Law 96-212). The idea that refugees must stand on their own two feet as soon as possible draws upon economizing arguments of why immigrants should be let into this country, as doing so not only helps create but save more money in the long run. Not only should they immediately prove their economic productivity and start contributing to the GDP, but by assuring employment, it precludes the need for additional subsidies or assistance. In 2016, however, this idea of economic self-sufficiency was challenged in the Refugee Protection Act, S.3241, which included a section on "further matters to be studied" that included the ambiguous definition self- sufficiency and how the Office of Refugee Resettlement programs may better "help refugees meet self-sufficiency" (S.3241, 114th Cong., 2015-2016). This change demonstrates that even though aid and time can be given to refugees to meet this criteria of self-sufficiency, the idea of economic autonomy still remains front and center.

The notion that refugees must prove their economic worth as soon as possible rests upon the assumption that those foreign bodies who are most unlike us in terms of race are fundamentally more suspicious and threatening. Thus, this legislative language of economic self-sufficiency is found even more explicitly in 1980 when refugees from Southeast Asia were entering the U.S. following the Vietnam War, than in the previous version of the law. The 1951 "Convention Relating to the Status of Refugees" does not mention the idea of "wage earning employment" until Article 17, which focuses on the conditions by which a refugee may or may not be employed, and it describes how "restrictive measures

on aliens or the employment of aliens for the protection of the national labor market shall not be applied to a refugee" ("Convention Relating to the Status of Refugees," UNHCR, 1951). Anti-discriminatory policies here are thus presented as the forefront of the discussion on employment. This discrepancy is particularly noteworthy, as most of the refugees this law pertained to were those coming from Europe after the Second World War; the public acceptance of racially similar populations is thus clearly depicted in the language of policies surrounding them. With the increase of refugees from East Asia, the Middle East, and Latin America, however, this idea of non-white populations having to prove their worth in order to gain acceptance is the prevailing rhetoric of law and public opinion, no matter where they fall on the spectrum of favor.

Refugees: A Crisis of Epic Proportions and Overwhelming Cost

The economic threat allegedly posed by these non-white refugees is more often than not intrinsically tied to their physical and mental health needs. Much of the language found through searches on "refugee health" and specifically "refugee mental health" on all three media outlets of the New York Times, Fox News, and CNN, were all iterations of the idea of overwhelming. Not only that, but even when looking at legislative language on improving the mental health burden of the Global South, we see proclamations of the financial costs that society must bear when leaving mental health disorders untreated. With the conflation of mental health disorders with poverty and violence, PTSD burdens are presented as problems that not only refugees must experience, but also financial and security risks that American citizens must bear as well. Thus, the public health threat these sources claim refugees pose— whether they are for or against admittance and treatment—do not simply affect the health outcomes of the native population, but the pockets of individuals charged to care for them.

Seventeen of the articles found through these searches explained the mental health needs of refugees to be a "crisis," with words of excess such as "massive," "epic proportions," "tsunami," "overwhelm," "epidemic," "grand scale" to describe the struggle that not only they, but host countries must bear (Basu, 2014; Starnes, 2014; Associated Press, 2016; Kingsley, 2018; Siegel, 2014). In one

26

article by Fox News titled, "Refugee Health Needs Could Overwhelm, Experts Fear," not only is the language of fear and suspicion explicitly in the headline, but the article begins with narrative of cost and burden by talking about how unprepared organizations to "treat the mental scars of war" (Associated Press, 2016). Furthermore, the way in which they define a mental health crisis is because "it is at the point they really need a lot of mental health care" (Associated Press, 2016). Thus, mental health crises and trauma in particular are problematized as a matter of resources that host countries may lack, shaping the narrative of how treatment should or should not be afforded to them. Even when discussing refugees settling in other nations, articles such as "Lebanon Struggles to Help Syrian Refugees with Mental Health Problems" talk about the "gaps" and "shortages" in mental health services and practitioners, stating that "the public health system in Lebanon is under tremendous pressure" (Reuters, 2016). The focus of the argument then centers on the host country and the burden they must bear, particularly when followed shortly thereafter by a statement on how "mental health problems would have social and economic repercussions for both Syria and Lebanon" (Reuters, 2016). The struggle of refugees themselves and their perspectives on what their needs are, are supplanted by mainstream narrative of refugees as an economic problem to be dealt with.

Depictions of refugee health problems are characterized as not only vast, but fundamentally different, foreign, and burdensome to the native population. CNN article "How Do You Keep a Million Refugees Healthy," not only underscores the vastness of the problem by including numbers in the headline, but is also broken up into sections on "new range of diseases" and "paying for healthcare," and "mental decline" that effectively intertwine the idea of expenses and health threats (Senthilingam, 2016). Additionally, when talking about the "new era of disease" refugees bring that humanitarian agencies are supposedly unequipped for, they fail to recognize that this "new era" of non-communicable diseases has been present in the "developed" world for quite some time now (Senthilingam, 2016); only now is it seen as a problem because it is occurring to migrant bodies. Not only are the numbers coming in immense, as shown by the use of word millions, and a "crisis of epic proportions" as shown in another CNN article, but they reiterate that, "the expenses can be vast, particular when managing chronic conditions such as

diabetes" (Basu, 2014; Senthilingam, 2016). However, their treatment is also seen as something that is instrumental to the nation's wellbeing, as one CNN article states that "their health and wellbeing will impact our societies for generations to come" (Christensen, 2018); this not only advances the "us vs. them" rhetoric, but simultaneously labels their value as dependent upon what they bring to the host country. Refugees and their chronic and mental health burden are thus perceived as overwhelming in terms of costs and resources; furthermore, by framing the narrative so that caring for such populations requires additional effort on the part of host countries, American society places themselves on a pedestal of magnanimity when thinking about aid and development.

This idea development and aid promoted as a tool to stave off the threat of mental health disease burdens can be seen more explicitly in the language of international and domestic policy. For example, The WHO's Mental Health Improvement for Nation's Development Project, or "MIND," focuses on the ways in which treatment for mental health disorders is tied to positive outcomes not only for individuals but for the nations' economy. It states, "by treating many of the debilitating mental health disorders and by improving mental health, people will experience major improvement in their lives. They will be able to work and rise out of poverty . . . participate productively in community life, and contribute to the economy of their country" (Howell, 2011); thus, aid is not only depicted as favors granted by Western industrialized nations, but in regards to mental health, as mechanisms to relieve the Global South of their financial distress. Even within the United States we see efforts to reduce the global mental health burden being framed in terms of cost; Senate Resolution 284 on recognizing the importance of mentally health on a global scale stated that the global mental health cost" was 2.5 trillion in 2010 and is projected to be to be $6 trillion by 2030; however, it only accounted for "1% of all development assistance" (S.Res. 284, 114th Cong., 2015-2016). In regards to refugees in particular, the resolution stated that "traumatic events and losses are common experiences . . . and may double the incidence of mental health disorders, result intense suffering and dysfunction, and require mental health treatment" (S.Res.284, 114th Cong., 2015-2016). Trauma is framed as something that requires treatment because high incidence rates contribute to disease "burdens" on the population. Not only does treating—and thereby controlling— their mental

health alleviate the economic burdens of nations, but it also helps produce more governable populations of poor, non-white bodies. This idea of governing a population through managing their health—in this case mental health in the form refugee PTSD—is the essence of biopower and its commitment toward regulating the lives of people, and can be taken one step further when thinking about medical screenings as a more overt form health control.

Though often discussed in terms of terrorism and crime, screenings for infectious diseases and mental health are one of the earliest forms of eugenic, biopolitical public health and immigration interventions. In this way, medical screenings serve to not only keep a population safe from the threat of communicable diseases, but also keeps society pure by upholding the desirable population traits a nation values. In the following news stories, "How Do You Keep a Million Refugees Healthy", "Refugee Illness Often Misdiagnosed in the US," "U.S. Experiencing Major Public Health Crisis Too," "Pregnant Women, Children, Survivors of Torture Abandoned in Greek Camps as Screening System Breaks Down," and "U of M National Survey Finds Lack of Mental Health Screenings For Refugees," we see the a recurring theme of inadequate screenings and surveillance mechanism in place to ward off not only infectious diseases like TB, malaria, influenza, STDS, and chickenpox, but mental non communicable diseases such as mental illness and diabetes (Senthilingam, 2016; Siegel, 2014; Cohen, 2007; University of Minnesota, 2012; Oxfam, 2019). One article laments how in earlier years, immigrants from European countries went through "rigorous public health screenings," but that with the rise in illegal immigration this does not occur (Siegel, 2014). Though it does not specifically mention refugees, the article bemoans the "public health disaster" that would occur because of the high risk that these "unvaccinated immigrants" pose, concluding the argument by stating that "open borders to disease is not a healthy option for America" (Siegel, 2014). This closed door mentality plays directly into the idea of protecting the nation against the threat of foreign bodies, and what that would do to the safety and security of the nation. Other articles take a slightly less aggressive tone but continue reiterate the fear of unvaccinated immigrants, by saying that doctors miss Hepatitis B in refugees because they "aren't used to seeing it and don't think to screen for it" (Cohen, 2007). Furthermore, the lack of screenings does not only imply that the risk of contagion is

29

greater, but that for mental health in particular, "undetected" and "untreated" people will end up costing more to society through "long term dependence on social security and disability income" (University of Minnesota, 2012); here, once again, refugees and their mental health needs are framed as drain to the economy. Not only are screenings problematized as the solution to refugee physical and mental health issues, but without them, the valued lives of American citizens are at risk.

Other articles take a different stance on the nature of the public health threat that refugees pose by focusing on the scale of the risk. "Study Finds High Psychosis Risk Among Europe's Refugee Migrants and "One Third of Migrants in Caravan Being Treated for Health Issues," both focus on data and percentage of risk to underscore the magnitude of the problem being presented (Reuters, 2016; Mikelionis and Jenkin, 2018). By stating that refugees who have fled war-torn countries have a "much higher risk of developing psychotic illnesses like schizophrenia than people who migrate for social or economic reasons" in the first line of the article, and that they are "3.6 times as likely to suffer from psychosis than the Swedish born population," the article pits refugees against not only native born citizens, but against more socially acceptable immigrants who migrate for economic reasons (Reuter, 2016). Similarly, in the second article, the first line is used to show how at risk this population of migrants are by stating that "migrants in the caravan are suffering from respiratory infections, tuberculosis, chicken pox, and other serious health issues" (Mikelionis and Jenkins, 2018). Refugees, with their history of trauma and exposure to violence, are thus characterized to be an even greater of contagion and mental instability that nations must guard themselves against. Though neither article explicitly discusses how their risk should preclude them from getting access to treatment, the headlines themselves exacerbate the fear and suspicion of the refugees as not only a public health threat, but also potentially dangerous given their high risk for violent mental health disorders. Refugees, as shown in these three sections, are not only characterized by the public health, economic, security threat they pose, but also as potential recipients of American generosity and aid. This not only links together the figure of the refugee and veteran—who as we will soon see is promoted as the group most deserving of American support—but also highlights

public health being framed as a national security issue, and how mental illnesses, immigration, and crime rhetoric are shaped to promote particular foreign policy agendas.

Veterans: A Monopoly on PTSD, Violence, and Deservingness

The emblem of citizenship, veterans are hailed as the ultimate defenders of the nation; not only do they stave off the threat posed by foreign invaders and uphold national security, but because of this, they deserve a special place in the political economy of belonging. The next section of this content analysis focuses on the language surrounding the worthiness of veteran PTSD and consequent threat of violence associated it. Though we do see a recurrence of techniques that emphasize Murphy's idea of the economization of life and the idealized nature of the American Dream, Veteran PTSD, failing health, and lack of job opportunities are not discussed as problems too large to handle, but rather something we as Americans should prioritize (Murphy, 2017). This idea of duty, service, and honoring veterans, plays into the "support the troops" mentality that Katherine Millar, international studies professor, discusses in her work on veteran organizations; she argues that because of the work of NGOs on veteran welfare societies, caring for the troops becomes a matter of "collective concern," one that "apoliticizes support" to become a "matter of morality" (Millar, 2015). Thus, it becomes a moral duty for citizens to care for veterans, regardless of political affiliation or stance on foreign policy, as they work as biopolitical tools of the state to uphold the governing and stability of society (Howell, 2011). Moral duty, along with the pursuit of knowledge, science, and wealth at the expense of veteran bodies—as shown through Terry's discussion on "biomedical logics"—thus becomes the mechanisms through which we as a society are able to justify the effects of war, trauma, and mental illnesses that are *suffered* by the veteran population as opposed to *abused* by refugees (Terry, 2017). However, not only are economic value and war violence interconnected, but "madness is strangely twinned with crime," as Foucault explains (Foucault, 1964); depictions of mental pathology by the media "inevitably escalates toward extreme violence," as shown by Price in her chapter "Representation of Madness in The Discourse of U.S. School Shootings" (Price, 2011). However, unlike with school shooters, violence is not only thus accepted as normal for veterans

with PTSD, but is almost exoticized because of the foreign nature of the terror they witness abroad; in anthropologist Kenneth MacLeish's words, this "orientalization of war violence," renders the mental health burden and subsequent violence of veterans a product of a uniquely non-western forces, effectively placing the burden of trauma away from soldiers and toward the foreign foe (MacLeish, 2018). Thus, even in representations of PTSD as dangerous as seen with refugees, the overwhelming majority of the results from these searches on veterans resulted in one major theme: the struggle of veterans, in relation to their health, wellbeing, and finances, and the duty American society has toward helping them achieve the care they deserve.

Unlike in my investigation of "refugee mental health," when searching for stories on "veteran mental health," we see far more headlines highlighting not only the toll of PTSD on veteran life, but the failing of institutions such as the VA to provide that care: thus, the focus is on the plight of this population and how to serve them better, rather than presenting them as a burden to American medical facilities. Whereas public health systems were "overwhelmed" and put under "pressure" by refugees, the VA and other agencies are condemned for allowing such atrocities to occur to veterans. In CNN articles such as "307,000 Veterans May Have Died Awaiting Veterans Affairs Health Care, Report Says," as well as "33-Year-Old Vet Went to VA for Help, Hours Later He Took His Own Life," the VA is explicitly implicated the deaths of people how have served this country (Devine, 2015; Cohen, 2018). In critiquing how the VA's suicide prevention center "did not properly follow protocol" in treating and discharging the veteran, they rebuke the healthcare system by saying they "failed at something so serious," and that it was "profoundly unacceptable" (Devine, 2015). In "Veterans Aren't Always Getting the Mental Health Care They Urgently Need," we see the same reiteration of the point that mental health needs of veterans coming from Iraq and Afghanistan are not being met by the VA, and that their appointment system is "burdensome" and unsatisfying for veterans (Christensen, 2018). The VA is seen as not only capable of treating veterans with their "tremendous mental health expertise"—unlike agencies trying to treat refugees—but because of this, also accountable for the deaths due to mental health disorders of their

patients. Thus, not only are institutions who treat valued members of society liable for the providing care, but that care is also portrayed as necessary, serious, and something that society should champion for.

The research not only underscores the culpability of the VA for veteran mental and physical health burdens, but that the veteran struggle is something we should all care about. In "Veterans Sleeping in Their Car to Access Medical Care, and Its Only Getting Worse," as well as "VA Suicide Data Show Vets Still Desperately Struggling," and "Veterans Not Getting the Mental Healthcare They Urgently Need, words such as "desperately struggling," "urgently need," "getting worse," all do the job of emphasizing the severity of their affliction, implying to audiences that this issue is one that merits attention (Schenck, 2018; Diaz, 2018; Christensen, 2018). Rather than use words of magnitude to describe their mental health need—such as vast, overwhelming, and high risk—we see an effort to get audiences to sympathize with the plight of veterans suffering from PTSD. In "307,000 May Have Died Awaiting Veteran Affair Health Care, we see a statement by the chairman of the House VA committee who says, "No veteran should ever fall through the cracks when attempting to receive the care they have earned" (Devine 2015). Furthermore, as the "Veterans Not Getting the Mental Health Care They Urgently Need" shows the way they receive their healthcare, including the large out of pocket payments they incur, are "problems that deserve our attention" and that "the nation needs to address" (Christensen, 2018). This language of deservingness in reference to those who have served the country stands in stark contrast to the rhetoric of aid applied to foreigners and refugees, who receive care as a matter of generosity rather than duty. This notion of civilian duty toward veterans is depicted in "5 Ways to Honor a Troop Beyond Veterans Day"; here, readers are called upon to serve veterans—in terms of volunteering in veteran programs, helping veteran families, reforming the VA—beyond the repeating catechisms such as "thank you for your service" (Fantz, 2014). By socializing citizens to believe that above all other groups, veterans have earned their right to care, and it is thus our moral obligation serve them as they have served us, liberal democracies are not only able to rationalize inequitable distribution of care at the expense of other groups, but also justify war making and the violence they have put veterans through.

33

In Fox News article, "Prosecutor Says Mental Health Laws Should Be Scaled Back," and we see in the intersection between mental health and the criminal justice system, and specifically how acts of violence become attributable to mental health disorders: particularly PTSD (Associated Press, 2018). The article states that because of California law that allows "diversion programs" to criminal subjects with "developmental disabilities, traumatic brain injuries, post-traumatic stress disorder, or who have mental health problems resulting from their military service" has now expanded to include all mental health disorders, prosecutors now claim that anyone charged with any crime can now ask for a mental evaluation; for this to occur would be a "dangerous social experiment" (Associated Press, 2018). This law and the pushback showcase not only the violence associated with people with mental health disorders, but how some groups—such as veterans—whose afflictions are due to their military service, are afforded the benefit of the doubt when committing criminal activity. We see this idea of special consideration for veterans with mental health problems in the criminal justice system yet again in CNN article "Drug Addicted Veterans Get Second Shot at Treatment Court;" this article highlights the ways in veteran courts, a "unique combination of drug court and mental health court," would offer specialized treatment for veterans with "substance abuse problems who have gotten in trouble with the law" (Christensen, 2014) Though this is certainly a step in the right direction in providing alternatives to punitive drug sentencing laws, it begs the question of what type of person is considered worthy of this care, and how health disparities between different populations can arise in the formation of unequal representations and considerations of who is allowed to be violent and mentally ill.

This is not to say that all veterans with mental disorders such as PTSD are treated without suspicion. In CNN articles "For Veterans Working in U.S. Federal Prisons, PTSD and Government Shutdown is a 'Disaster Waiting to Happen" and "White House Fence Jumper Has PTSD," as well as Fox News article, "Marine Veteran Who Killed 12 in California Bar Served in Brutal Afghanistan Province May Have Had PTSD," and New York Times article "Debunking Stereotypes of Veterans with PTSD" we see that the notion that veterans as unstable, unhealthy, and unsafe to public welfare also plays into the picture of the narrative of Veteran PTSD (LaMotte, 2019; Spodak, Lucas, and Fantz, 2014; Sang, 2018;

Katzenberg, 2018). Though not explicitly stated as a national security issue as with refuges, because of their place in American society as protectors of the nation, it touches on the same ideas of those with mental disorders as threats. This psychologizing of crime not only impacts how mental illness narratives are shaped by notions of security, violence, and defense, but shows how conferring a clinical diagnoses of mental disorders on individuals effectively gives society the license to assume violence from them. In one account of the veteran with PTSD who works at a correctional officer at a national prison, where he is required to continue working during the shutdown—he admits that "the public and prison management sees PTSD as something that could make him "snap," and thus must fight against these stereotypes in order to keep his job (LaMotte, 2019). The perception of people with PTSD as volatile and violent, even in regards to veterans, speaks to the threatening nature with which mental health disorders are not only discussed in the media, but treated by society at large in regards to employment and discrimination.

Though this article and the New York Times piece take a sympathetic approach to the misconceptions surrounding PTSD in veterans, the other two articles, however, simply underscore the violence being perpetrated by the veteran as symptomatic of his PTSD, linking criminal, violent, and volatile behavior with their diagnosed or even presumed mental disorder. Furthermore, the article on the California shooting does nothing to explain the horror surrounding massacre, but rather his experiences in a "brutal Afghanistan province" where "despite the relative peace, there was a constant threat of improvised explosive devices, snipers or hidden bombs" (Sang, 2018). Thus, even in highlighting the violence associated with PTSD—which in this case is presupposed rather than certain—the rhetoric surrounding veterans is usually one of accommodations and allowances, with emphasis on the uniquely foreign and traumatic nature of the veteran experience. Rather than the condemnation and fear-mongering we see in portrayal of refugees, veterans with PTSD are depicted as suffering as a result of an exoticized violence associated with non-western bodies and places, effectively making their PTSD more valid and acceptable. However, although the narrative around refugee and veteran PTSD in the context of national security differs in differs on the basis of who we perceive and allow to be threats, the conversation around

35

their financial value and worth utilizes many of the same economizing techniques discussed in regards to refugees, thus prioritizing the importance of economy to neoliberal governance of bodies.

Veterans: The Economic Value of Their Service and The Care They Deserve

The idea that we should "take care of 50,000 homeless veterans" instead of "feeding 10,000 Syrian rebels" perfectly captures the rhetoric of veterans and refugees alike being valued and pitted against based on their economic cost and worth to society. This narrative of neoliberal economization found on social media similarly plays out when searching for articles on "veteran mental health" and specifically on the "economic value of veterans," as we see evidence of economizing approaches undertaken as a way to promote aid and care of veteran populations. Along with the call help volunteer with veteran programs, the article "5 Ways to Honor a Veteran Beyond Veterans Day" points out that we should "invest in veterans" because "its good business" (Fantz, 2014). Not only does it emphasize the "financial incentive" that businesses have for hiring veterans because of the Returning Heroes Tax Credit, but it lists the business such as Walmart, Uber, and Starbucks who have jumped on the bandwagon of veteran hiring initiatives, effectively providing benchmarks for other companies to aspire to (Fantz, 2014). What is interesting, however, is the tone the article takes at the end of the section that briefly lists the resources veterans should use to find a job given their high unemployment rates; it states, "Thanks for your service vets! Now try finding a job" (Fantz, 2014). This statement not only utilizes the cliché that it critiques in the beginning by offering gratitude for their service, but it patronizingly places the responsibility of finding a job on veterans, effectively contradicting the narrative espoused in the title of how we as society should be helping veterans. In "10 Reasons to Hire a Veteran" and "Getting Hired After the Military," we see a slightly different though similarly contradictory approach taken to the idea of why investing in veterans is good business (Brooks, 2012; Madden, 2011); both articles highlight the "valuable" skills that veterans come to the job market with, including "discipline, leadership ability, and strong work ethic—that should make them highly desirable to nonmilitary employers" (Madden, 2011). However, in doing so they simultaneously include the anxieties surrounding why employers do not wish

to hire veterans, citing negative stereotypes about PTSD, problems adjusting to civilian life, and unrecognizable skills and competencies. Though both articles empathize the need to combat these arguments against veteran employment, they use language that underscores the tension between what is and is not considered valuable in terms of skillsets and qualities that employers desire. In this way the rhetoric surrounding veteran employment is similar to that of refugees, as not only is their worth tied to what they can offer to the economy, but their arguments for admission and employment exist in conjunction with the narratives about economic drain and burdens.

Similar to the discussion on refugees, the rhetoric of the how vulnerable bodies serve the American dream is highlighted in the exploration veteran economic worth and value. In "Homeless Veterans Deserve a Place in the American Dream Too," and "Vet Turns Military Training Company into $50 million Dollar Training Company," we see reiterations of the same ideas found in the articles describing refugees who have turned into CEOs, or other types of sort of "successful" business owner (Cole, 2015; Lobosco, 2013). The American dream is once again presented as the reason for which these individuals are able to chase their dreams and succeed in his supposed land of opportunity; and by reminding people of this, it reiterates the idea of moral duty that society has toward them. Indeed, the first article includes a call for action against veteran homelessness by stating "We must give them the tools to empower themselves and reclaim the self-worth and dignity which comes from occupying a place in the American dream. It is a dream they fought so hard to defend for the rest of us" (Cole, 2015). The difference here in the portrayal of the American dream for veterans rather than refugees, is that it becomes a moral obligation we should ensure happens because they have served the country; it is not simply a longstanding American tradition to uphold for the sake of upholding our international image. It becomes "our own investment" to help this population from suffering, once again tying aid to our own self-interest of improving national economic wellbeing (Cole, 2015). The second article, by contrast, does the work of prioritizing and valuing the life of those who have become traditionally "successful," by highlighting the veteran who has done his part in contributing $50 million to the national economy (Lobosco, 2013). Furthermore, the unique skills that veterans possess as a consequence of their military training and

experience in war, are thus translated into something that is seen as valuable; thus, we can clearly see how society profits off the bodies of veterans and their military training expertise, highlighting the importance of economy in the justification of violence, strain, and trauma governments have put them through as a consequence of warfare.

How then does this rhetoric of deservingness, value, security, and danger surrounding veteran care—particularly in regards to PTSD—play out in the political landscape? In a content analysis on the "Legislative Response to PTSD in the United States (1989-2009), Jonathan Purtle, assistant professor in Drexel Dornsnife School of Public Health, found that not only were 91.4% of the 349 PTSD specific subunits in 161 bills that mentioned PTSD from 1989-2009 explicitly targeted toward military personnel, but that civilians were not even targeted in any of the subunits until 1999 (Purtle, 2016). Though combat exposure is the primary mechanism through which all 91.4% PTSD specific bill section units explain PTSD, it fails to mention other populations besides soldiers—such as refugees—who have been subject to such exposure (Purtle, 2016). This sets the stage for the legislation to be discussed in this section, as it underscores how not only are there far more bills passed regarding veteran PTSD specifically than there was for refugee PTSD, but how PTSD is constructed as a uniquely veteran experience that deserves a place in not only media and public attention, but in policy legislation as well.

Though refugee legislation focuses on broader themes of resettlement even when using search terms such "refugee PTSD," "refugee mental health" a plethora of legislation exists on specifically combatting mental health disorders and removing barriers to care for veterans. For example, H.R. 5314, or the Veterans Mental Health Accessibility Act, sets out to "provide unlimited eligibility for mental illnesses for veterans of combat service during certain periods of hostilities and war." Furthermore, it states that this should be accessible "notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such service" (H.R. 5314, 115th Cong., 2017-2018). H.R. 1152 or "The Care Veterans Deserve Act of 2017, similarly expands eligibility in the Veterans Choice Program to "veterans with a 50% service-connected disability" (H.R. 1152, 115th Cong., 2017-2018). Thus, although physical impairments are subject to more scrutiny, this idea of eligibility regardless of a

diagnosis, speaks to the fact that mental illness, and PTSD specifically, is assumed in veterans without conditions or question. Like the article about the California bar shooting, the suspect is presumed to have PTSD without there being a clear diagnosis of the fact; the suspicion that is felt with refugees who are believed to be lying about their mental conditions is absent in the case of veterans because of the social construction of PTSD as a uniquely soldier's illness. Furthermore, the law reiterates this notion of deservingness, and granting care based on what these veterans "deserve," on the basis of their service to the country (H.R.1152, 115th Cong., 2017-2018). And when discussing policy based upon what one group deserves, there is an implicit message of what others do not deserve that eventually culminates in language of "us versus them" that we see in the #veteransoverrefugees tweet.

In S.841, or "Prioritizing Veterans Access to Mental Health Care Act of 2015," and we see the same reiteration of the fact that veteran's mental health should be prioritized above all other populations, as it addresses the need for veterans to be able to seek mental healthcare from non-VA entities if not properly served at the VA (S.841, 114th Cong., 2015-2016). The use of the word "prioritizing" in title alone characterizes the problem as one that should be solved at the expense of others, speaking to the inequitable distribution access to mental treatment and care as well as differing the valuation of veteran lives over other populations with mental health illnesses (S.841, 114th Cong., 2015-2016). In S.1503, or the "Veterans PTSD Treatment and Psychological Readjustment Act of 1993," one of the first bills of its kind to specifically address PTSD for Veterans following the Persian Gulf War, we see that along with expanding PTSD-related services provided by the VA to veterans, there is also a push to provide "referral services to assist such individual, to the maximum extent practicable, in obtaining treatment and rehabilitative services from sources outside the Department" (S.1503, 103rd Cong., 1993-1994). Veterans are not only equipped with specialized care from within veteran specific agencies, but are given priority in treatment for PTSD within all other sectors.

There are, however, exceptions to this idea of unlimited eligibility and benefits afforded to veterans who don't fit the normative model of a solider, thus influencing their perceived deservingness of PTSD. In 2009 during a committee hearing on Post-Traumatic Stress Disorder by representative John. J

Hall, he emphasizes the vague diagnostic criteria for PTSD that precludes veterans from accessing treatment, especially for those veterans who "still face issues of stigma, gender, and racial disparity in rating decisions, poorly conducted disability exams and inadequate military histories" (John J Hall Hearing on "Post-Traumatic Stress Disorder," 2015) Thus, although some segments of veterans may benefit from the assumption of PTSD in receiving care, veterans who are do not fit the mold of what the ideal veteran is continue to face the structural bias they would have in society had they not been a veteran, and are barred from access to treatment and care. This is not only the case for veterans from minority populations, but for veterans who did not perform their supposed "duty" to the fullest extent. In the article "Leave No Solider Behind: Ensuring Access to Health Care for PTSD-Afflicted Veterans," we see that under the statutory bars in 38 U.S.C. § 5303, soldiers with PTSD who are discharged for "other than honorable reasons" are not eligible for VA treatment, though it is a 'service connected disabilities" (Chapman, 2010) In this way, the idea of honor and deservingness being connected to whether you have served the country in a way that is acceptable to governing powers, is the essence of biopower and controlling the physical bodies and lives of individuals in a way that serves the body politic.

By acknowledging the often contradicting identities of the veteran population and by resisting the urge to label them a monolithic group, we can see the cracks in how even they are afforded care, based on their level of "deservingness" and worth. Although veterans are typically heralded as protectors of the state, they also pose a threat to national security when their they fail to perform their duty, or succumb to instability and violence associated with PTSD. Thus, refugees and veterans, constructed as two competing figures of war, not only depend on one another's existence, but contain characteristics of their opposing side. Veterans are normally celebrated but sometimes feared, while refugees are usually feared, but sometimes welcomed, further demonstrating the how narratives of security, economy, value and power are intrinsically connected.

Conclusion

"Refugees Receiving Better Treatment Than Many U.S. Citizens:" this Fox News television headline encapsulates the idea of the differing value afforded to two dichotomous groups in this country: the citizen and non-citizen, the deserving and the un-deserving (Judd on Fox and Friends First, 2018). Though not directly pitted against veterans like the #veteransoverrefugees tweet, refugees are here presented as the antagonist in this neoliberal political economy of belonging, embodying the Orientalist figure of the foreign "other" that cannot exist harmoniously with natives. However, as shown by this discussion on refugee and veteran PTSD in media political, and legislative discourse, simply being a native does not represent the fullest embodiment of citizenship this country has to offer; that honor is reserved for those who fight on behalf of the nation. Thus, the refugee's identity as a figure of war is placed in juxtaposition against that of the veteran: one as friend and the other as foe. And because of this protector/threat narrative propagated by the media and legislation—even within veterans who were discharged for other than "honorable reasons"—we see the rhetoric of PTSD depicted as deserving in one group and risky in the other. The creation of PTSD as a diagnosis was specifically intended for veterans who committed extreme acts of violence but needed to win public sympathy after a humiliating loss (Fassin and Rechtman, 2009). Thus, although the medicalization of trauma was meant to emphasize the traumatic experience rather than condemn the individual—eliminating notions of "good" and "bad" trauma—I argue that in relation to veterans and refugees, this theory falls apart. Because of their inherently politicized and interdependent identities of either being protectors or enemies of the state, veteran and refugee PTSD are socially constructed in media and law as two competing mental illnesses, with treatment and care regarded as a zero sum game based on whose diagnosis—and life—are worth more.

This idea of calculating the worth of human life is fundamental to our understanding how institutions of power work to produce more orderly, governable societies; thus, although PTSD is

constructed as more deserved in veterans than in refugees, the same principles of neoliberal economization and biopower are used in in news articles and legislation alike to describe the right of treatment and care afforded to each group. Their economic contributions and costs are not only used as measurements of the value they bring to society, but as arguments for and against why we these populations deserve our sympathy and resources. This is compounded by the idea of the moral duty we have toward the bodies of individuals who serve the state, underscoring how institutions of power not only shape who we believe to be worthy or unworthy of care, but implicitly favor those who work to uphold the sovereignty and security of the state. Thus, we can begin to see how national security and public health rhetoric coexist alongside narratives of economic worth in order to justify not only refugee admission or veteran mental health care, but also the violence inherent in liberal democracies.

Through this analysis, popular press and political legislation are shown to absolve society at large of the trauma and mental health burden created by warfare and the enactment of destabilizing and destructive neoliberal polices by playing on the fears of the public in terms of preventing the spread of terror and disease. Soldiers are sent off to war where they not only experience violence, but where they are conditioned to perpetrated it as well; and by the same token, refugees are subject to violence that may or may not have come at the hands of veterans or U.S.-linked wars, and are prohibited from entering the country based on the fear of the violence they may commit. Therefore, because of the fact that neoliberal warfare and polices have the potential to taint the idealized image of the United States as the land of freedom, opportunity, and dreams, media and policy makers are thus shown make a concerted effort to underscore the potential threat of disease and violence posed by racialized, and Orientalized "other." Refugee mental health burdens are depicted as particularly risky, overwhelming, and dangerous, whereas that of veterans are cause for collective concern. Furthermore, not only is the violence associated with PTSD portrayed as uniquely foreign in nature and cause, but the violence of foreigners is also illustrated as more extreme than that of veterans. Thus, the PTSD that nations states create becomes acceptable when the "veteran hero" and "refugee villain" are seared in the public imagination.

Depicting violence as inherently associated with one group over others has serious implications for the health and wellbeing of all populations, "undeserving" veterans and refugees alike. Not only does it allow veteran to claim more of a "right" to PTSD than refugees, thus allowing narratives of deservingness to influences access to mental health treatment and care, but it also shapes the way we conduct immigration and public health policy on a broader scale. As shown in the literature review, though economic development and public health interventions were carried out in the name of reducing poverty and disease burdens, the intent behind many neocolonial projects in the Global South were based on population control efforts aimed at regulating the lives of poor, non-white bodies prone to violence; therefore, when these same bodies found themselves migrating to the Global North in the late 20th and 21st century, the principle of control still applied. Through the content analysis we see that mental health screening criteria and other forms of biometric evaluations serve to not only weed out the threat of terror, but because terror is so heavily racialized and psychologized by the media and law, they also act as biopolitical tools to control the "fitness" of a population, one that is mentally and racially pure. Racist and ablest immigration and health policy can thus proliferate under the guise of national security and neoliberal economization as institutions of power use these narratives in order to create more orderly, governable, and eugenic societies.

Recommendations and Future Directions

For future research, I would like to explore on a more personal level how the cultural production of PTSD impacts lived experiences of those suffering from it. By including a personal ethnography section that includes a multitude of semi-structured interviews of refugees and veterans who have either been diagnosed or are simply perceived to have PTSD, I could better understand their feelings on the care, respect, and value afforded to them as members of such politicized populations. Furthermore, the way in which people live with PTSD may differ from mainstream stereotypes and narratives about them, and provides a different type of understanding to the social construction of PTSD in today's political

climate. In this way, these anecdotes could provide the analysis with a more thorough understanding of the human impact of dehumanizing rhetoric, and perhaps provide an even greater impetus for changing the way we speak and treat these populations.

How then do we move past such ideas of deservingness in order to preclude the need for typecasting some groups of people as inherently riskier, violent, threatening based on their race or mental stability? By moving past economizing narratives of valuing lives based on their "worth" to society, we might begin to challenge normative models of care that are characterized as a zero sum game; then, not only may the traumatic nature of the refugee experience be acknowledged by society, but the veteran labelled as "dishonorable" may be afforded respect as well. Therefore, although information and resource sharing among veteran agencies that specialize in PTSD and mental health treatment can be one possible solution to this problem of health inequity, it does not solve the larger problem of the criminalizing narratives—that can lead to the deaths of children in ICE detention centers, the assault of Iraqi restaurant owner in Portland, or even the Christchurch mosque shootings—that refugees face on a day to day basis. Thus, the rhetoric of the "good" versus the "bad" can only be solved when PTSD is not only accepted as a socially constructed disease, but when the notion of deservingness is eliminated so that the health may truly become a universal right. Because although it may be clear that the experiences that have led to the development of PTSD may be similar across many groups—including veterans and refugees—until and unless we see their lives as being equally valuable and care as unlimited in supply, we will never afford these groups the care they both deserve.

References

ADMITTING SYRIAN REFUGEES: THE INTELLIGENCE VOID AND THE EMERGING
    HOMELAND SECURITY THREAT. (2015). Retrieved February 24, 2019, from
    https://www.govinfo.gov/content/pkg/CHRG-114hhrg96168/html/CHRG-
    114hhrg96168.htm

A 33-year-old vet went to the VA for help. Hours later he took his own life - CNNPolitics. (n.d.).
    Retrieved February 24, 2019, from https://www.cnn.com/2018/09/29/politics/veterans-
    affairs-suicide-prevention-data/index.html

Adams, A. S. (2017, March 9). Text - H.Con.Res.25 - 115th Congress (2017-2018): Expressing
    the sense of Congress on the admission of refugees and immigrants to the United States.
    [webpage]. Retrieved February 24, 2019, from https://www.congress.gov/bill/115th-
    congress/house-concurrent-resolution/25/text

Ahuja, N. (2016). *Bioinsecurities: Disease Interventions, Empire, and the Government of
    Species*. Duke University Press.

Asad, T. *On Suicide Bombing.* (2008). Retrieved September 19, 2018, from
    http://web.b.ebscohost.com/ehost/ebookviewer/ebook?sid=ba8003cf-3e26-48a7-9f44-
    eed09915047e%40pdc-v-sessmgr05&vid=0&format=EB

August, L. R., & Gianola, B. A. (1987). Symptoms of War Trauma Induced Psychiatric
    Disorders: Southeast Asian Refugees and Vietnam Veterans. *The International Migration
    Review*, *21*(3), 820–832. https://doi.org/10.2307/2546624

Bachmann, S., & Bachmann, S. (2018). Epidemiology of Suicide and the Psychiatric
    Perspective. *International Journal of Environmental Research and Public Health*, *15*(7),
    1425. https://doi.org/10.3390/ijerph15071425

Bashford, A. (2003a). *Imperial Hygiene: A Critical History of Colonialism, Nationalism and
    Public Health*. Springer.

Baynton, D. C. (2001.). Disability and the Justification of Inequality in American History. *The
    New Disability History*. Retrieved from
    https://www.academia.edu/20727957/Disability_and_the_Justification_of_Inequality_in_
    American_History

Berengaut, A. A., & Blinken, A. J. (2018, September 20). Opinion | Trump's Huge Mistake on

Refugees. *The New York Times*. Retrieved from
https://www.nytimes.com/2018/09/11/opinion/syria-trump-refugees-quotas-
discrimination.html

Blackburn. M. 161 Cong. Rec. H 6800, (2015).

Kingsley, P. 'Better to Drown': A Greek Refugee Camp's Epidemic of Misery - The New York
Times. (n.d.-a). Retrieved February 24, 2019, from
https://www.nytimes.com/2018/10/02/world/europe/greece-lesbos-moria-refugees.html

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a
systematic literature review. *BMC International Health and Human Rights*, *15*.
https://doi.org/10.1186/s12914-015-0064-9

Bolton, J. (2015, September 1). Migrant crisis isn't just Europe's problem, it's our problem, too
[Text.Article]. Retrieved February 24, 2019, from
https://www.foxnews.com/opinion/migrant-crisis-isnt-just-europes-problem-its-our-
problem-too

Brooks, C. (2016, March 23). Ten Reasons to Hire a Veteran [Text.Article]. Retrieved February
24, 2019, from https://www.foxbusiness.com/features/ten-reasons-to-hire-a-veteran

Brown, E. (2018, March 6). Marine Veteran Gets No Jail Time After Attacking Iraqi Restaurant
Because He Has PTSD. Retrieved from https://www.thedailybeast.com/marine-veteran-
gets-no-jail-time-after-attacking-iraqi-restaurant-because-he-has-ptsd

Butler, J., & Butler, M. E. P. of R. J. P. (2004). *Precarious Life: The Powers of Mourning and
Violence*. Verso.

CareerBuilder.com, B. K. M. (2011). Getting hired after the military. Retrieved February 24,
2019, from https://www.cnn.com/2011/11/21/living/hired-after-military-cb/index.html

Cartwright, M. (2018, March 15). Text - H.R.5314 - 115th Congress (2017-2018): Veterans
Mental Health Accessibility Act [webpage]. Retrieved February 24, 2019, from
https://www.congress.gov/bill/115th-congress/house-bill/5314/text

Cavuto, N. Gingrich says refugee debate is a national security issue | Fox News. (2015).
Retrieved February 24, 2019, from https://www.foxnews.com/transcript/gingrich-says-
refugee-debate-is-a-national-security-issue

Chapman, T. ARTICLE: LEAVE NO SOLDIER BEHIND: ENSURING ACCESS TO
HEALTH CARE FOR PTSD-AFFLICTED VETERANS, 204 Mil. L. Rev. 1. (2010).

Retrieved February 24, 2019, from

https://advance.lexis.com/search/?pdmfid=1516831&crid=936a93ac-1a98-42a2-b9ec-

5cb86339b206&pdsearchterms=ARTICLE%3A+LEAVE+NO+SOLDIER+BEHIND%3

A+ENSURING+ACCESS+TO+HEALTH+CARE+FOR+PTSD-

AFFLICTED+VETERANS%2C+204+Mil.+L.+Rev.+1&pdstartin=hlct%3A1%3A1&pdt

ypeofsearch=searchboxclick&pdsearchtype=SearchBox&pdqttype=and&pdquerytemplat

eid=&ecomp=75p_k&prid=d3ac2a3e-a96f-40d5-bb13-662c49d6d0e7

CNN, B. A. F. (2014). 5 ways to honor veterans beyond Veterans Day. Retrieved February 24,
2019, from https://www.cnn.com/2014/11/10/living/veterans-day-five-ways-to-
help/index.html

CNN, B. C. S., Mary Grace Lucas and Ashley Fantz. (2014). White House fence jumper has
PTSD, former stepson says. Retrieved February 24, 2019, from
https://www.cnn.com/2014/09/21/us/white-house-security-incident/index.html

CNN, B. J. C. (2014). Drug-addicted veterans get 2nd shot at treatment court. Retrieved
February 24, 2019, from https://www.cnn.com/2014/08/26/health/veterans-treatment-
court/index.html

CNN, B. M. B. (2014). A refugee crisis of epic proportions on U.S. soil. Retrieved February 24,
2019, from https://www.cnn.com/2014/06/13/us/immigration-undocumented-children-
explainer/index.html

CNN, J. C. (2018). Human migration is a pressing public health issue. Retrieved February 24,
2019, from https://www.cnn.com/2018/12/05/health/migrant-mortality-advantage-
study/index.html

CNN, J. C. (2018). Veterans aren't always getting mental care they urgently need. Retrieved
February 24, 2019, from https://www.cnn.com/2018/02/01/health/veterans-mental-health-
care-federal-investigation/index.html

CNN, M. S., for. (n.d.-h). How do you keep a million refugees healthy? Retrieved February 24,
2019, from https://www.cnn.com/2016/01/12/health/keeping-refugees-healthy-on-the-
move/index.html

CNN, S. L. (2019). For veterans working in federal prisons, PTSD and shutdown could be
deadly. Retrieved February 24, 2019, from
https://www.cnn.com/2019/01/25/health/shutdown-veteran-disgrace/index.html

CNN Wires. How a Romanian refugee-turned-CEO found the American Dream. (2018,

September 24). Retrieved February 24, 2019, from

https://fox2now.com/2018/09/24/how-a-romanian-refugee-turned-ceo-found-the-

american-dream/

CNN, Z. C. (2018). A 33-year-old vet went to the VA for help. Hours later he took his own life.

Retrieved February 24, 2019, from https://www.cnn.com/2018/09/29/politics/veterans-

affairs-suicide-prevention-data/index.html

Cole, M. C. (2015). Homeless veterans deserve a place in the American dream. Retrieved

February 24, 2019, from https://www.cnn.com/2015/05/24/opinions/cole-homeless-

Davis, J. H., & Sengupta, S. (2018, January 20). Trump Administration Rejects Study Showing

Positive Impact of Refugees. *The New York Times*. Retrieved from

https://www.nytimes.com/2017/09/18/us/politics/refugees-revenue-cost-report-

trump.html

de C Williams, A. C., & van der Merwe, J. (2013). The psychological impact of torture. *British

Journal of Pain*, *7*(2), 101–106. https://doi.org/10.1177/2049463713483596

Diaz. VA suicide data shows vets still desperately struggling | Fox News. (2018). Retrieved

February 24, 2019, from https://www.foxnews.com/us/va-suicide-data-shows-vets-still-

desperately-struggling

Katezenburg. Debunking Stereotypes Around Veterans and PTSD - The New York Times.

(2018). Retrieved February 24, 2019, from

https://www.nytimes.com/2018/11/16/magazine/stereotypes-veterans-ptsd-

newsletter.html

Do Syrian refugees pose a threat to national security? (2015, November 15). [MovingImage].

Retrieved February 24, 2019, from http://video.foxnews.com/v/4613702779001/

Epidemiology of PTSD - PTSD: National Center for PTSD. (n.d.). [General Information].

Retrieved October 6, 2018, from https://www.ptsd.va.gov/professional/ptsd-

overview/epidemiological-facts-ptsd.asp

Ernst, J. (2015, March 23). S.841 - 114th Congress (2015-2016): Prioritizing Veterans Access to

Mental Health Care Act of 2015 [webpage]. Retrieved February 24, 2019, from

https://www.congress.gov/bill/114th-congress/senate-bill/841

Ettinger, A. (2011). Neoliberalism and the rise of the private military industry. *International*

Journal, 66(3), 743-764. Retrieved from

http://www.jstor.org.proxy.library.vanderbilt.edu/stable/23104379

Feature: Post-Traumatic Stress Disorder PTSD: A Growing Epidemic / Neuroscience and PTSD
Treatments | NIH MedlinePlus the Magazine. (2009). Retrieved December 6, 2018, from
https://medlineplus.gov/magazine/issues/winter09/articles/winter09pg10-14.html

Forte, A., Trobia, F., Gualtieri, F., Lamis, D. A., Cardamone, G., Giallonardo, V., … Pompili, M.
(2018). Suicide Risk among Immigrants and Ethnic Minorities: A Literature Overview.
International Journal of Environmental Research and Public Health, *15*(7).
https://doi.org/10.3390/ijerph15071438

Foucault, M. (2001). *Madness and Civilization: A History of Insanity in the Age of Reason*.
Psychology Press.

Foucault, M. "Right of Death and Power over Life." (2010, August 7). Retrieved December 14,
2018, from https://caringlabor.wordpress.com/2010/08/06/michel-foucault-right-of-
death-and-power-over-life/

Gomez, A,, Dudar H., Theobald B. Migrant caravan: President Trump claims it includes Middle
Easterners. (n.d.-b). Retrieved February 24, 2019, from
https://www.usatoday.com/story/news/politics/2018/10/23/migrant-caravan-president-
trump-claims-includes-middle-easterners/1742685002/

Hudson, R. (2017, March 3). H.R.1152 - 115th Congress (2017-2018): Care Veterans Deserve
Act of 2017 [webpage]. Retrieved February 24, 2019, from
https://www.congress.gov/bill/115th-congress/house-bill/1152

Immigration crisis: Official: 'A tsunami of people crossing the border' | Fox News. (n.d.).
Retrieved February 24, 2019, from https://www.foxnews.com/opinion/immigration-
crisis-official-a-tsunami-of-people-crossing-the-border

Illingworth, P. M., & Parmet, W. E. (2017). *The Health of Newcomers: Immigration, Health
Policy, and The Case For Global Solidarity*. New York: New York University Press.

Kienzler, H. (2008). Debating war-trauma and post-traumatic stress disorder (PTSD) in an
interdisciplinary arena. *Social Science & Medicine*, *67*(2), 218–227.
https://doi.org/10.1016/j.socscimed.2008.03.030

Kingsley, P. (2018, October 15). 'Better to Drown': A Greek Refugee Camp's Epidemic of
Misery. *The New York Times*. Retrieved from

https://www.nytimes.com/2018/10/02/world/europe/greece-lesbos-moria-refugees.html

Leach, M., Scoones, I., & Stirling, A. (2010). Governing epidemics in an age of complexity: Narratives, politics and pathways to sustainability. *Global Environmental Change*, *20*(3), 369–377. https://doi.org/10.1016/j.gloenvcha.2009.11.008

Lebanon struggles to help Syrian refugees with mental health problems. (2016, March 1). [Text.Article]. Retrieved February 24, 2019, from https://www.foxnews.com/health/lebanon-struggles-to-help-syrian-refugees-with-mental-health-problems

Lerner, E., Bonanno, G., Keatley, E., Joscelyne, A., & Keller, A. (2015). Predictors of Suicidal Ideation in Treatment-Seeking Survivors of Torture. *Psychological Trauma : Theory, Research, Practice and Policy*, *8*. https://doi.org/10.1037/tra0000040

Lobosco, K. (2013, November 10). Vet turns military training into $50M fitness company. Retrieved February 24, 2019, from https://money.cnn.com/2013/11/10/smallbusiness/trx-veteran/index.html

MacLeish, K. (2018). How to Feel About War: On Soldier Psyches, Military Biopolitics, and American Empire. Retrieved from https://www.academia.edu/36056465/How_to_Feel_About_War_On_Soldier_Psyches_Military_Biopolitics_and_American_Empire

Mavelli, L. (2018). Citizenship for Sale and the Neoliberal Political Economy of Belonging. *International Studies Quarterly*, *62*(3), 482–493. https://doi.org/10.1093/isq/sqy004

McCarthy, N. (2018). 2.77 Million Service Members Have Served On 5.4 Million Deployments Since 9/11 [Infographic]. Retrieved December 6, 2018, from https://www.forbes.com/sites/niallmccarthy/2018/03/20/2-77-million-service-members-have-served-on-5-4-million-deployments-since-911-infographic/

Mccaul, M. T., Smith, L., King, P. T., Rogers, M., Miller, C. S., Duncan, J., … Goins, H. (n.d.). COMMITTEE ON HOMELAND SECURITY, 49.

McCullough, M. E., Kilpatrick, S. D., Emmons, R. A., & Larson, D. B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, *127*(2), 249–266. https://doi.org/10.1037//0033-2909.127.2.249

Murphy, M. (2017). *The Economization of Life*. Durham: Duke University Press.

Mikelionis, L. (2018, November 29). One-third of migrants in caravan are being treated for

health issues, Tijuana health official says [Text.Article]. Retrieved February 24, 2019, from https://www.foxnews.com/world/caravan-migrants-suffer-from-respiratory-infections-tuberculosis-chickenpox-other-health-issues-tijuana-government-says

Millar, K. M. (2016). 'They need our help': Non-governmental organizations and the subjectifying dynamics of the military as social cause. *Media, War & Conflict*, *9*(1), 9–26. https://doi.org/10.1177/1750635215606867

Miroff, N. (2017). U.S. to accept refugees again, with tougher screening for 'high-risk' applicants. Retrieved February 24, 2019, from https://www.washingtonpost.com/world/national-security/us-to-accept-refugees-again-with-tougher-screening-for-high-risk-applicants/2017/10/24/c6010d4a-b8e4-11e7-be94-fabb0f1e9ffb_story.html

Nahan, I. (2017, May 24). Pitting homeless vets against Syrian refugees: A theme for online right-wing activism - Sociological Images. Retrieved December 13, 2018, from https://thesocietypages.org/socimages/2017/05/24/pitting-homeless-vets-against-syrian-refugees-a-theme-for-online-right-wing-activism/

Nahvi, S.Trump's Muslim and Refugee Ban: Where are We Now? (2017). Retrieved December 6, 2018, from https://www.fcnl.org/updates/trump-s-muslim-and-refugee-ban-where-are-we-now-1222

OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf. (n.d.). Retrieved from https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

One-third of migrants in caravan are being treated for health issues, Tijuana health official says | Fox News. (n.d.). Retrieved February 24, 2019, from https://www.foxnews.com/world/caravan-migrants-suffer-from-respiratory-infections-tuberculosis-chickenpox-other-health-issues-tijuana-government-says

Parekh, R.What Is PTSD? (2017). Retrieved December 6, 2018, from https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd

Perspectives, Z. S. for C. B. (n.d.). Perspectives: How closing America's doors on refugees like me will hurt the economy. Retrieved February 24, 2019, from https://www.cnn.com/2018/12/03/perspectives/refugees-boost-us-economy/index.html

Ph.D, J. B. (2003). Violence, Mourning, Politics. *Studies in Gender and Sexuality*, *4*(1), 9–37.

https://doi.org/10.1080/15240650409349213

Pregnant women, children and survivors of torture abandoned in Greek camps as screening
system breaks down. (n.d.). Retrieved February 24, 2019, from /press/pregnant-women-
children-and-survivors-of-torture-abandoned-in-greek-camps-as-screening-system-
breaks-down/

Price, M. (2011). *Mad at School: Rhetorics of Mental Disability and Academic Life*. University
of Michigan Press.

Price, M.; Siebers. *Mad at School*. (n.d.). Retrieved from
https://www.press.umich.edu/1612837/mad_at_school

Prosecutors Say Mental Health Law Should be Scaled Back. (2018, July 27). Retrieved February
24, 2019, from https://fox40.com/2018/07/26/prosecutors-say-mental-health-law-should-
be-scaled-back/

Protecting the Nation From Foreign Terrorist Entry Into the United States. (2017, March 9).
Retrieved February 24, 2019, from
https://www.federalregister.gov/documents/2017/03/09/2017-04837/protecting-the-
nation-from-foreign-terrorist-entry-into-the-united-states

PTSD in Refugees - PTSD: National Center for PTSD. (n.d.-a). [General Information]. Retrieved
October 6, 2018, from https://www.ptsd.va.gov/professional/trauma/other/ptsd-
refugees.asp

Purtle, J. (2016). "Heroes'' invisible wounds of war:" constructions of posttraumatic stress
disorder in the text of US federal legislation." *Social Science & Medicine, 149*, 9–16.
https://doi.org/10.1016/j.socscimed.2015.11.039

Refugee illnesses often misdiagnosed in U.S. - CNN.com. (n.d.). Retrieved February 24, 2019,
from http://www.cnn.com/2007/HEALTH/06/20/refugee.health/index.html

Refugee mental health needs could overwhelm, experts fear. (2016, February 10). [Text.Article].
Retrieved February 24, 2019, from https://www.foxnews.com/health/refugee-mental-
health-needs-could-overwhelm-experts-fear

Refugees, U. N. H. C. for. (n.d.-a). Convention and Protocol Relating to the Status of Refugees.
Retrieved February 24, 2019, from
https://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-
refugees.html

Refugees receiving better treatment than many US citizens. (2018, May 30). [MovingImage].

Retrieved February 24, 2019, from http://video.foxnews.com/v/5791271071001/

REP. JOHN J. HALL HOLDS A HEARING ON POST-TRAUMATIC STRESS DISORDER.

(n.d.). Retrieved February 24, 2019, from

https://advance.lexis.com/document/?pdmfid=1516831&crid=280c0ce7-aeae-40ca-93e1-

49ad37d34648&pddocfullpath=%2fshared%2fdocument%2fnews%2furn%3acontentItem

%3a4VYG-DKF0-009G-54J0-00000-00&pddocid=urn%3acontentItem%3a4VYG-

DKF0-009G-54J0-00000-

00&pdcontentcomponentid=147909&pdteaserkey=sr3&pditab=allpods&ecomp=3fyk&e

arg=sr3&prid=0b5d326b-11b5-4144-940a-

22e98c16341a&aci=la&cbc=0&lnsi=c6d4b8d0-751e-4fd6-b0b0-

fe755ca4aabc&rmflag=0&sit=null

Said, E.W. (1978). *Orientalism*. New York: Pantheon Books.

Sang, L. S. (2018, November 9). Marine veteran who killed 12 in California bar served in brutal

Afghanistan province, may have had PTSD [Text.Article]. Retrieved February 24, 2019,

from https://www.foxnews.com/us/marine-who-killed-12-in-calif-bar-served-in-brutal-

afghanistan-province-may-have-had-ptsd

Schneider, A., & Ingram, H. (1993). Social Construction of Target Populations: Implications for

Politics and Policy. *The American Political Science Review*, *87*(2), 334–347.

https://doi.org/10.2307/2939044

Senthilingam, M. How do you keep a million refugees healthy? - CNN. (2016). Retrieved

February 24, 2019, from https://www.cnn.com/2016/01/12/health/keeping-refugees-

healthy-on-the-move/index.html

Shaw, A. (2018, January 3). Refugee influx into Germany fueled violent crime surge, report

finds [Text.Article]. Retrieved February 24, 2019, from

https://www.foxnews.com/world/refugee-influx-into-germany-fueled-violent-crime-

surge-report-finds

Sherry, J. F. (1983). Gift Giving in Anthropological Perspective. *Journal of Consumer Research*,

10(2), 157–168.

Schenck.Veterans are sleeping in their cars to access medical care – and it's only getting worse |

Fox News. (2018). Retrieved February 24, 2019, from

https://www.foxnews.com/opinion/veterans-are-sleeping-in-their-cars-to-access-medical-care-and-its-only-getting-worse

Siegel, M. (2015a, March 5). Immigration crisis: US experiencing major public health crisis, too [Text.Article]. Retrieved February 24, 2019, from https://www.foxnews.com/opinion/immigration-crisis-us-experiencing-major-public-health-crisis-too

Silove, D., Ventevogel, P., & Rees, S. (2017c). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, *16*(2), 130–139. https://doi.org/10.1002/wps.20438

Stack, S. (1981a). The Effect of Immigration on Suicide: A Cross-National Analysis. *Basic and Applied Social Psychology*, *2*(3), 205–218. https://doi.org/10.1207/s15324834basp0203_4

STATUTE-94-Pg102.pdf. (n.d.). Retrieved from https://www.govinfo.gov/content/pkg/STATUTE-94/pdf/STATUTE-94-Pg102.pdf

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Ommeren, M. V. (2009). Association of Torture and Other Potentially Traumatic Events With Mental Health Outcomes Among Populations Exposed to Mass Conflict and Displacement. *Jama, 302*(5), 537. doi:10.1001/jama.2009.1132

Study finds high psychosis risk among Europe's refugee migrants. (2016a, March 15). [Text.Article]. Retrieved February 24, 2019, from https://www.foxnews.com/health/study-finds-high-psychosis-risk-among-europes-refugee-migrants

Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *BMJ : British Medical Journal*, *322*(7278), 95–98.

Sun, E. (2018, August 29). The Dangerous Racialization of Crime in U.S. News Media. Retrieved March 21, 2019, from https://www.americanprogress.org/issues/criminal-justice/news/2018/08/29/455313/dangerous-racialization-crime-u-s-news-media/

Text - S.Res.284 - 114th Congress (2015-2016): A resolution recognizing the importance of mental health globally and highlighting the contributions and value of mental health, psychosocial support, and human capacity, particularly in development contexts and

humanitarian settings. | Congress.gov | Library of Congress. (n.d.). Retrieved February
24, 2019, from https://www.congress.gov/bill/114th-congress/senate-resolution/284/text

The Refugee Act. (1980). Retrieved February 24, 2019, from
https://www.acf.hhs.gov/orr/resource/the-refugee-act

Totten, R. J. (2015). Epidemics, national security, and US immigration policy. *Defense &
Security Analysis*, *31*(3), 199–212. https://doi.org/10.1080/14751798.2015.1056940

Top 100 USA News Websites on the Web | US News Sites. (2017, April 12). Retrieved March
24, 2019, from http://blog.feedspot.com/usa_news_websites/

Trump Administration Rejects Study Showing Positive Impact of Refugees - The New York
Times. (n.d.). Retrieved February 24, 2019, from
https://www.nytimes.com/2017/09/18/us/politics/refugees-revenue-cost-report-
trump.html

Nahvi, S.Trump's Muslim and Refugee Ban: Where are We Now? (2017). Retrieved December
6, 2018, from https://www.fcnl.org/updates/trump-s-muslim-and-refugee-ban-where-are-
we-now-1222

Nawyn, S. J. (2019). Refugees in the United States and the Politics of Crisis. *The Oxford
Handbook of Migration Crises*. https://doi.org/10.1093/oxfordhb/9780190856908.013.23

Tyyskä, V., Blower, J., DeBoer, S., Kawai, S., & Walcott, A. (n.d.). The Syrian Refugee Crisis
in Canadian Media, (2017), 37.

UNHCR Global Trends - Forced Displacement in 2017. (n.d.). Retrieved October 6, 2018, from
http://www.unhcr.org/globaltrends2017/

UNIVERSITY OF MINNESOTA NATIONAL SURVEY FINDS LACK OF MENTAL
HEALTH SCREENINGS FOR REFUGEES. (n.d.). Retrieved February 24, 2019, from
https://advance.lexis.com/document/?pdmfid=1516831&crid=55dc4e5a-ffa0-477d-95a2-
8c8e56730de9&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentIt
em%3A578D-7RD1-JDKC-R01B-00000-00&pddocid=urn%3AcontentItem%3A578D-
7RD1-JDKC-R01B-00000-
00&pdcontentcomponentid=282801&pdteaserkey=sr3&pditab=allpods&ecomp=3fyk&e
arg=sr3&prid=0984a8a3-f933-4d43-9d0a-acce66deffe2

US officials: Ex-ISIS fighter entered US as refugee. (2018, August 16). [Text.Article]. Retrieved
February 24, 2019, from https://www.foxnews.com/us/us-officials-ex-isis-fighter-

entered-us-as-refugee

US resettled fewer refugees than rest of world in 2017 for first time. (n.d.-c). Retrieved October 6, 2018, from http://www.pewresearch.org/fact-tank/2018/07/05/for-the-first-time-u-s-resettles-fewer-refugees-than-the-rest-of-the-world/

U.S. to accept refugees again, with tougher screening for 'high-risk' applicants - The Washington Post. (2017). Retrieved February 24, 2019, from https://www.washingtonpost.com/world/national-security/us-to-accept-refugees-again-with-tougher-screening-for-high-risk-applicants/2017/10/24/c6010d4a-b8e4-11e7-be94-fabb0f1e9ffb_story.html?utm_term=.c1012c1fd99d

Diaz. VA suicide data shows vets still desperately struggling | Fox News. (2018). Retrieved February 24, 2019, from https://www.foxnews.com/us/va-suicide-data-shows-vets-still-desperately-struggling

Veterans aren't always getting mental care they urgently need, report finds - CNN. (n.d.-a). Retrieved February 24, 2019, from https://www.cnn.com/2018/02/01/health/veterans-mental-health-care-federal-investigation/index.html

Weigel, David. (2015). Republican candidates and voters wrestle with the refugee question. Retrieved February 24, 2019, from https://www.washingtonpost.com/news/post-politics/wp/2015/09/10/republican-candidates-and-voters-wrestle-with-the-refugee-question/

Wellstone, P. D. (1993, September 30). Text - S.1503 - 103rd Congress (1993-1994): Veterans PTSD Treatment and Psychological Readjustment Act of 1993 [webpage]. Retrieved February 24, 2019, from https://www.congress.gov/bill/103rd-congress/senate-bill/1503/text

What is a Veteran? The Legal Definition – VA.org. (1995). Retrieved March 22, 2019, from https://va.org/what-is-a-veteran-the-legal-definition/

Written testimony of PLCY Office of Immigration and Border Security for a Senate Judiciary Subcommittee on the Constitution, Civil Rights and Human Rights hearing on "The Syrian Refugee Crisis." (2014, January 7). Retrieved February 24, 2019, from https://www.dhs.gov/news/2014/01/07/written-testimony-plcy-office-immigration-and-border-security-senate-judiciary

Yawar, A. (2004). Healing in survivors of torture. *Journal of the Royal Society of Medicine*,

97(8), 366–370.