



CONSEQUENCES OF THE COVID-19 PANDEMIC ON THE MIGRANT POPULATION:
**VOICES OF INTERNATIONAL MIGRATION
FROM GUANAJUATO**

CONSULTING EDITOR: MIGUEL VILCHES HINOJOSA



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The Secretaría del Migrante y Enlace Internacional del Estado de Guanajuato (Ministry of Migrant and International Affairs of the State of Guanajuato) has as one of its main responsibilities to carry out and manage studies and research on the phenomenon of migration to foster the recognition of processes of hospitality and interculturality in Guanajuato territory and towards Guanajuato citizens who live and work abroad.

The project “Voices of International Migration from Guanajuato” came about to produce an international reflection by experts on the opportunities and challenges that the COVID-19 pandemic has generated around international human mobilities. Currently, Mexico has a privileged condition to give a response that positively impacts thousands of people who are in the migratory process, generating a local reaction with global effects to improve the living conditions of the migrant population.

We hope that this book will be a contribution to understanding the consequences of the COVID-19 pandemic on the lives of millions of migrant people and therefore, the entire planet. We wish to visualize new opportunities for solidarity management of international migration for Guanajuato and the world.





Message from Governor Diego Sinhue for the Book Voices of International Migration from Guanajuato

August 18, 2022

In Guanajuato, we have a welcoming and human rights-oriented approach towards migrants.

We take a comprehensive perspective on migration flows, encompassing foreign individuals passing through our state, settled foreign communities, Mexicans from all states circulating or arriving in Guanajuato, and, of course, our fellow countrymen in the United States and around the world.

Recognizing the significance of the issue, we established La Secretaría del Migrante y Enlace Internacional del Estado de Guanajuato (The Ministry of Migrant and International Affairs of the State of Guanajuato), "SMEI," for its acronym in Spanish, during this administration. The SMEI's purpose is to conduct studies and research on migration, generating knowledge and advancements in humane treatment. It also seeks to deepen our understanding of migration realities globally and within Guanajuato.

Therefore, in collaboration with national and international institutions and experts, we are proud to present this

publication initiative sponsored by the SMEI. It contributes to enhancing our comprehension of the migration phenomenon, allowing different sectors of society to share their perspectives and gain better insight into the challenges and opportunities arising from human displacement.

I commend the completion of this editorial work, which aims to provide a platform for the shared understanding of the migration experience, considering the interpretations of citizens and experts regarding this phenomenon.

This book focuses on a highly relevant topic: the impact of the COVID-19 pandemic on the migrant population, which has posed the most significant crisis in recent history for humanity.

I invite you to carefully read and share the series of texts presented here, as they serve as a starting point for improving the living conditions of millions of migrant individuals in Guanajuato and beyond our borders.

Diego Sinhue Rodríguez Vallejo
Governor of Guanajuato



Message from Dr. Thomas M. Evans, president of the University of the Incarnate Word

July 28, 2023

At the University of the Incarnate Word (UIW), we are called by our Mission to shed light on the greatest needs of our time and ready the next generation to respond. UIW's three campuses in North America are located in regions where the phenomenon of immigration is a defining element of our societies and communities – San Antonio, Texas, Mexico City, and Irapuato, Guanajuato. The regions serve as a destination or stopping point to hundreds of thousands of immigrants each year, or as the starting point of altogether new journeys.

Migrant populations worldwide were already scant in resources prior to the COVID-19 pandemic and struggling terribly to achieve some level of physical and economic well-being. The impact of the pandemic created even greater, more profound need that called for humanitarian, medical, economic, political and spiritual responses.

It is in the spirit of our Mission that we strive to educate globally enlightened citizens, and that we support this valuable collection that so effectively gives voice to our migrant brothers and sisters, shedding light on the challenges that the pandemic brought to an already complicated global crisis of humanity.

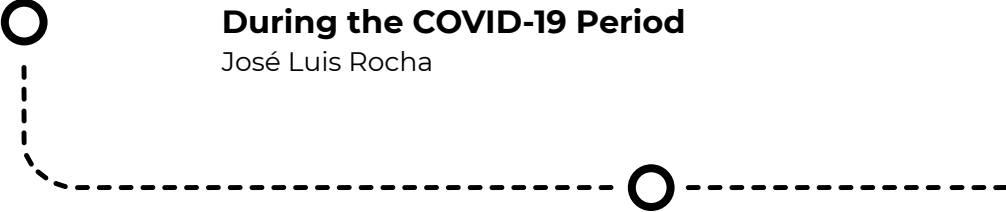
We thank the University of Guanajuato and the Guanajuato Ministry of Migrant and International Affairs for inviting us to participate, and we congratulate them on the work they continue to advance on the topic of immigration.

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THE GOVERNMENT OF THE STATE OF GUANAJUATO,
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WHOSE WORK HELPED MITIGATE THE CONSEQUENCES OF
COVID-19.



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Prologue



Juan Hernández

Titular de la Secretaría del Migrante y Enlace Internacional del Estado de Guanajuato. (Minister of Migrant and International Affairs of the State of Guanajuato). Writer, internationalist, political analyst (CNN) and expert in strategic communication. Recognized as “One of the 100 Most Influential Hispanics” (Hispanic Business) and “Humanitarian of the Year” (Latin Trade Magazine).

The Secretaría del Migrante y Enlace Internacional del Estado de Guanajuato (Ministry of Migrant and International Affairs of the State of Guanajuato) has a key responsibility to conduct research and studies on immigration. The aim is to promote recognition of processes related to hospitality and interculturality, emphasizing receptivity, respect, solidarity, and acceptance of cultural diversity. This vision extends to fostering coexistence and social cohesion within Guanajuato's territory and towards Guanajuatenses living and working abroad.

The global impact of the COVID-19 pandemic has disrupted various aspects of human life, including the needs of migrant populations. It is crucial to respond in a coordinated manner, involving all sectors of society, to ensure safe, orderly, and regulated migration with a humane approach.

The initiative “Voices of International Migrations from Guanajuato” emerged to gather expert reflections on the opportunities and challenges brought about by COVID-19 in global human mobility. The goal was to create a collection of texts that could be disseminated, providing interpretations to guide efforts in improving the living conditions of millions of migrants in Guanajuato and beyond. Understanding the meaning of the migration experience and considering the interpretations of citizens themselves are essential to deepen knowledge about the migration reality worldwide and in Guanajuato.

International migration is a complex phenomenon,



and various sectors of society strive to comprehend the challenges and opportunities it presents. Mexico currently has a unique position to positively impact and enhance the living conditions of thousands of individuals going through migratory processes. In the State of Guanajuato, efforts have been made to understand and address migration from different perspectives. Attention to migrant individuals has been reinforced by sectors such as academia, organized civil society, and socially responsible companies.

The public policies promoted by el Titular de la Secretaría del Migrante y Enlace Internacional del Estado de Guanajuato. (Minister of Migrant and International Affairs of the State of Guanajuato) have had a remarkable success in raising awareness among the population and developing a hospitable vision towards migrant individuals and their families, whether national or foreign, in transit or returning, among the Guanajuato population. Specifically, in the context of the COVID-19 pandemic, the following governmental actions have been deployed to mitigate the negative effects of the new coronavirus on the migrant population.

An emergency plan was activated so that the Support Without Borders, Safe Journey, and Support for Migrants in Transit programs focused on the acquisition of goods for community service (ambulances, school transportation, wheelchairs, and walkers), food aid, scholarships,

educational, sports and health equipment, medicine or general supplies that were necessary to address the health contingency.

Attention to Guanajuatenses abroad was offered through our five liaison offices in the United States (California, Texas, and Illinois), providing 24/7 telephone or electronic assistance to our fellow national citizens, which derived from the shelter in place order by the US government. We assisted in the process of repatriation of 102 Guanajuatenses stranded in other countries and worked to ensure that five fellow nationals stranded in Colombia, India, and Russia returned as soon as possible to Guanajuato.

Regarding migrants in transit, we focused on indigenous agricultural day laborers who come to work in Guanajuato and people from Central America. For both populations, humanitarian aid in kind was provided: personal cleaning kits, antibacterial gel, face masks. For agricultural day laborers, material on sanitary measures and prevention against COVID-19 was made available and translated into indigenous languages (Chichimeca Jonas, Otomí, and Mixteco, both written and in audio, distributed on radio and loudspeakers at workplaces).

For the foreign population in Guanajuato, various approaches were made with leaders of the communities from Germany, Algeria, Argentina, Brazil, Chile, Cuba, Spain, Japan, Lebanon, Peru, Turkey, and Venezuela. This was done in order to respond to concerns generated by



quarantines and various information circulating around the pandemic.

Finally, various inter-institutional actions were taken such as collaborating with the System for the Comprehensive Development of the Family (DIF) in the distribution of supplies to communities of migrants and signing a collaborative agreement with DIF to carry out the 1x1 program with donations from migrants.

This book consists of nine chapters by experts, academics, activists, students, and human rights defenders of migrant people from various countries who provide a global overview of the consequences of the COVID-19 pandemic on this population.

In the first chapter, Father Melo from Honduras describes how the news of the novel virus became a reality and generated a series of challenges in his country. He reminds us that it is not enough to reconfigure the institutions of the state, but that community, personal, material, and spiritual work is required at the roots of nations. "Either we turn the pandemic into an opportunity to rebuild ourselves as a society and heal our wounds [...] or the pandemic sinks us into a state of crisis and infinite deterioration."

In the second chapter, Adriana González Arias and Olga Aikin Araluce describe the increase in economic inequality in the context of the pandemic as a mechanism

that perpetuates vulnerable human mobility worldwide. They propose promoting the opening of “labor markets to refugees and individuals in the context of human mobility, to facilitate obtaining work permits, provide access to education, and facilitate access to healthcare.”

From Chicago, Illinois, Celeste Sánchez, María Vidal, Cary Rositas-Sheftel, and Maricela García analyze the health and economic impact of the COVID-19 pandemic on Latino immigrants. The importance of the civil society assistance response to address the disproportionate impact on the health and economy of the Latino immigrant community and mixed-status households is emphasized.

In chapter four, José Luis Rocha from Nicaragua recounts the experience of Central American migrants in the US during the pandemic. The words of these Salvadoran, Guatemalan, and Honduran migrants in the cities of Virginia and California, “give a human face and emotional depth to the impersonal figures, shedding light on certain hidden problems obscured within the realm of percentages. Their narratives reveal a diverse range of experiences, at times painting a contrasting picture of two different countries.”

From Spain, Luis Díe asks if Spanish policies are truly about integrating and welcoming immigrants in the context of the COVID-19 pandemic. Through an analysis of the main immigration data in Spain, he reminds us that in Europe, sometimes being a foreigner and an immigrant are not the same because the myth of invasion and fear



of immigrants, mainly Sub-Saharan ones, prevails. “The hopeful conclusion is that solidarity in Spain overcomes racism.”

In chapter six, Jair Eduardo Restrepo Pineda from Colombia, analyzes the access to health services for the Venezuelan migrant and refugee population. In line with the World Health Organization, the importance of inclusive and non-discriminatory health services for migrants and refugees is emphasized. It is concluded that in Colombia, there are “multiple administrative, economic, and social barriers that limit certain population groups from receiving comprehensive, timely, and quality care.”

In the following chapter, Eduardo Torre Cantalapiedra analyzes the management of migration in the border region of Tijuana, where thousands of people wait to gain access to US territory, becoming a floating population. It ends with a series of policy recommendations for the management and integration of migrant populations. “The challenges facing Tijuana regarding migration are extrapolatable to other border cities, so the lessons learned about migration in this city can serve as lessons for others and vice versa.”

Chapter 8, written by Virginia Betancourt Ramos, highlights the challenges of providing care to irregularly transiting migrants during the pandemic in western Mexico. Civil society actors, such as migrant shelters, faced serious challenges operating in the context of the COVID-19 pandemic, as it “became evident that there was a need for

flexible and pragmatic responses to emerging situations such as the arrival of minors and all that entailed (clothing, shoes, toys, diapers, powdered milk, a playroom, etc.), and the reception of a migrant population that travels in small family groups, racialized and of African descent, that re-emigrates from Brazil or Chile, with specific needs.”

Finally, the last chapter is dedicated to the context of Guanajuato. Miguel Vilches and Emilia Mendivil analyze the effects of the COVID-19 pandemic on the local migration reality, especially regarding vulnerable populations in precarious human mobility. Some quantitative data on the main migration flows in Guanajuato territory are provided to contextualize the impact of a) the migrant lodges that provide humanitarian support to different migrant populations, b) the agricultural laborers recognized as essential workers, and c) the people expelled from the United States to Guanajuato. It ends with a reflection on the opportunities and challenges that this pandemic opens up for the future of migrations.

We hope that this book is a resource for understanding the consequences of the COVID-19 pandemic on the lives of millions of migrant people and, therefore, on the entire planet. We hope that we can envision new opportunities for the safe and humane management of international migration for Guanajuato and the world.



Chapter 1

The Pandemic That Uncovered Wounds



Ismael Moreno Coto, Father Melo

The Reverend Ismael Moreno Coto, SJ, known as “Father Melo,” is a human rights activist in Honduras, where he is the director of Radio Progreso and the Reflection, Investigation, and Communication Team (ERIC) that brings cases of human rights violations before national and international courts, as well as conducts research, training, and strategic communication through community radio and printed materials on the human rights situation in his country.

It Came From Distant Lands

It began as news from the farthest reaches of the globe, and above all from us humans who believed all the answers are found in the West. The news came from China. It was all so distant.

Then it spread to Italy and Spain. There were also reports of the virus in Germany, England, and France. We then began to pay more attention to the news. It was no longer just about the Chinese; the contagion had spread. But it remained faraway news, and every day we counted the figures. First twenty, then a hundred, and after that, reports talked about a thousand and ten thousand infected. The dead were soon announced, already counted by the hundreds. But they were not our dead. These were numbers and data from Europe and Asia.

And then it reached the United States, and the contagion began to multiply. Thousands of deaths were counted in New York. There were reports of a van filled with dead bodies parked on the side of one of the crowded avenues of the so-called city that never sleeps. We began to hear news of fellow citizens and infected relatives, and we received the first notices of people we knew who had been struck down by the virus. Then we began to read and watch the news with concern. The Coronavirus began to invade our familiar spaces. When we found out that there were already infected people in Panama and Costa Rica, we began to worry. By mid-March 2020, the first local case was announced. We were already encircled by the pandemic.



They Saw it Coming as a Great Business Opportunity

But it was still news, close but strange to our immediate lives. We would hear coverage in the media. We learned that the government of Honduras urged Congress to hold an emergency meeting, and approved billions of dollars to address the pandemic. Without a single plan in hand, everything was subject to decisions made by the Head of the Executive Branch who two years later would be the subject of an extradition request by the United States Department of Justice accused of sending tons of drugs to that country. A few days later, Congress approved another package in the millions, and then it was reported that loans were added because we had to be cautious. The spokesperson of the Head of the Executive Branch announced the construction of ninety-five hospitals and that, to attend to the most affected population and equip healthcare personnel, the best mobile hospitals had been brought in from Turkey.

The pandemic, with its contagions and deaths, reminded us in one fell swoop that we have been surrounded by death for many years, and that we are a society accustomed to death. For several years, we have been competing with other countries to see who is the most violent in the world. For several years, we won the trophy for first place in homicides on the planet. We are a society of human beings who struggle to survive on one or two daily meals, to crouch down with a mask in hand to avoid Covid-19 infection, or to keep an eye out to avoid falling into any of the situations they call “the wrong time and place.”

And if you survive all these deadly threats, you still have to muster some strength to carry a backpack and enlist in one of the many caravans heading north, to see if life, which is doomed to fail in Honduran territory, can be resolved there.

Migration and Remittances

Migration, along with the remittances that have been increasing since the 1990s, has become a powerful escape valve as demonstrated by the unfolding of the pandemic.

The root causes of migration can be traced back to a variety of factors, including the withdrawal of banana plantations, the destruction and subsequent unemployment left by Hurricane Mitch, and the loss of land in cooperative reform movements in the late 20th century which led to the abandonment of farming and rural life for thousands of people. These movements were supported by the “adjustments” of neoliberal policies that favored privatization and free trade agreements, ultimately contributing to an increase in unemployment and a decrease in the value of agricultural production. As a result, mass migration to the United States became a necessity for survival and a viable escape valve for many individuals. This trend has only increased in response to rising violence, the implementation of free trade agreements, and further devaluation of the agricultural sector. The first wave of migrants to head north were former banana plantation workers, perhaps driven by a desire to follow in the footsteps of the fruit companies that returned to their places of origin.

In this way, the first two decades of the twenty-first century



correspond to the period of flourishing migration as the largest escape valve of Honduran society, reaching around seven billion dollars in remittances which has become the largest source of income, far exceeding coffee, assembly plants, tourism, and communications, to constitute the economic cushion that provides greater stability to the Honduran economy. Remittances are funds that go directly into the hands of poor Honduran families, although they only pass through because they immediately go to the accounts of supermarkets, retail outlets, and hardware stores, among others.

A family that depends on what their relatives in the United States and, to a lesser extent, Spain send, spends its life mesmerized looking north, ready to receive the message on their cellphone notifying them to collect the remittance. Their daily existence depends on the remittance, and life revolves around the remittance, and the instructions coming from the sender.

The “sender” of remittances is the only “government” that the beneficiary family obeys and is the one who dictates the rules of behavior and daily relationships. The “sender” of remittances plays the role of government, dictates the laws and guidelines, and exercises control and even violence over the beneficiaries. The beneficiary family should not involve itself in anything that could put at risk the stability guaranteed by the remittance system. These families, numbering in the tens of thousands, are not interested in what happens in the country, not even in its immediate surroundings, other than the religious world to which they adhere or the soccer teams they support or preferred TV shows about narcotraffickers.

Nothing that happens in the public sphere is of interest to the remittance recipient family, except for what interests the “sender,” the only authentic government of the beneficiary family.

Immigration, with its remittances has become the most effective escape valve for times of turbulence and survival in Honduras. It is a fire extinguisher and supporter of the status quo, and it is a privileged demobilizing factor because, in addition to accentuating family individualism, it stabilizes the economy, avoiding the collapse of society. All the misfortunes may happen at once, but tens of thousands of families will not lift a finger to join public protests or demands. This is the effectiveness of migration and its remittances as an escape valve. The magnet of migration as an escape valve would be expressed in the caravans of Hondurans who passively set off in search of US territory when unemployment and uncertainty have increased due to political instability aggravated by the pandemic and floods.

What has happened after the deadly and menacing unfolding of the pandemic? Interestingly, instead of decreasing, remittances have remained the same or increased, despite the mortal and threatening spread of the pandemic, according to various organizations specializing in the migratory phenomenon. And the pandemic, instead of slowing down migratory flows has encouraged them, not so much at the massive and public levels of the so-called caravans or massive exoduses, but in what is called drip migration, always active and in motion, while migrants continue to leave assuming the risks of contagion which add to the already established risks of



extortion, threats from organized crime in general, and other diseases. The pandemic came to intensify migration flow, but not to decrease it.

With its deadly threats, the pandemic laid bare the multiple pains suffered without the necessary dose of humanity and solidarity. It came to uncover the wounds that have been bleeding for many years, and by wanting to heal them, we have lived wrapped around in responses that have provoked new and deeper wounds to the point of becoming a people wounded in the heart. This is how a pandemic found us seeking to nest where it finds unhealed wounds, and thus leaving more anguish and death.

In the face of the pandemic and its aftermath, Honduran society needs to face these two enormous challenges equally: the challenge of building a new institutional framework from which it breaks with the logic of every man for himself, with corruption, impunity, and a justice system based on the law favoring the strong and powerful. And also, the challenge of mending broken fabrics and healing the wounds embedded in the heart of society, especially those peoples who have borne the brunt of injustice, exclusion, oppression, marginalization, and inequality.

We emphasize that the fight against corruption, impunity, inequality, and extractive projects in the context of the construction of alternative public proposals to neoliberalism is as valuable, important, and necessary as the human, psychological, and spiritual struggles to support women, youth, children, and the adult population who are directly

threatened by discrimination. These two aspects are like the wings of a bird, which need each other to fly. With only one wing, the flight will not only be limited but also destined to fail shortly after takeoff.

A Population With Deep Wounds in Its Heart

We are a society that carries the pain of death in tatters. The pain and fears are so great that not only do we not have time to humanely process the accumulation of misfortunes in our lives, but also the absence of mourning for the dead has increased the dose of inhumanity. It is likely that we will have to live in environments that breed depression and negativity, and which will make it even more complex to find paths that lead in the medium term to the restoration of trust and institutions guaranteeing human rights and healthy social coexistence.

In a society that is bleeding and beaten down by pain and distrust, it is not enough to restore credible public institutions. The greatest investment that we need as a society is the one aimed at rebuilding the broken human fabric of those who inhabit this territory. We are a people with wounded hearts, and those wounds bleed, and a wounded heart often responds by causing new wounds to those around it. It is in those wounds that the origin of the rupture of the fabric lies. To weave that fabric, we must stitch up all the wounds, but without failing to reach those wounds that bleed in the center of the human heart.



Difficult and Prolonged Surgical Intervention and Convalescence

Honduran society needs to break with the institutional structures that produce violence, corruption, and impunity. Once the foundations for a new institutional framework are established, however, Honduran society will need a long period of “hospitalization” for the complex surgical intervention of its broken social fabric, followed by an even longer period of convalescence to learn to see life without the traumatic burden and with new eyes as fragile but healthy human beings. Without healthy individuals bearing the scars of deep-seated pain and injuries, Honduran society cannot experience new horizons. The objective need for institutional, economic, and justice reforms must be accompanied by the need to address the restoration of a wounded Honduran population burdened with deep-seated pain that has accumulated over time.

Faced with the pandemic and its aftermath, Honduran society needs to confront two enormous challenges simultaneously: the challenge of building a new institutional framework that breaks with the logic of every person for themselves, corruption, impunity, and a justice system based on the law of the strong, and the challenge of repairing the broken social fabric and healing the wounds that are deeply embedded in the heart of society, especially among those communities that have borne the brunt of injustice, exclusion, oppression, marginalization, and inequality.

Faced With the Dilemma of Our Times:

It is a supremely important human and political, social, communal and personal, economic, material and spiritual enterprise. It involves engaging with the country from its roots. And it places us before a dilemma: either we turn the pandemic into an opportunity to rebuild ourselves as a society and heal our wounds, as an authentic Honduran revolution, or the pandemic sinks us into a state of crisis and infinite deterioration. There are no middle terms; it is a terminal occasion. We may be in one of the last opportunities before the deterioration becomes irreversible.

We must start by accepting that we are a depressed people, and to resign ourselves to the fate of infinite deterioration is to accept that we will live sunk in permanent depression, and such a state is always a bad adviser. Breaking the dilemma from the perspective of opportunity is a Honduran matter of life or death. In this service, all sectors and human groups have a place, with their diverse capacities for contribution and specialization. From psychologists, as well as economists and sociopolitical experts who contribute by diagnosing the pain and begin a prolonged process of healing the wounds, while converging with those who are fighting for a new institutional framework.

Two Wings to Take Flight

As valuable, important and necessary as the struggle against corruption, impunity, inequality and against extractive



projects in the context of the construction of alternative public proposals to neoliberalism, are the human, psychological, and spiritual struggles that accompany women, youth, children, and adults threatened frontally by a virus that discriminates against them.

What could be very limited or fall into despair, is to put the accent only on one of the two wings, the wing of political, economic, institutional transformations, or the wing of psychological care, human and spiritual regeneration. The two wings, like the bird, need each other to take flight. With only one of the wings, the flight will not only be limited, but will be of very low altitude and condemned to failure shortly after takeoff.

Chapter 2

The Increase of Socioeconomic Inequality in the Context of the COVID-19 Pandemic as a Perpetuator of Human Mobility in Vulnerable Conditions



**Adriana
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INTRODUCTION

The COVID-19 pandemic has exacerbated the socioeconomic inequalities of the global population, and the groups that have been most affected are migrants who engage in various forms of human mobility in situations of vulnerability such as refugees, asylum seekers, undocumented migrants, and displaced persons.

While these groups of people were already facing difficult living conditions in their countries of origin, as well as the dangers and violence they encountered during their transit and arrival in their destination countries, in the context of the pandemic, people are exposed to scenarios that further compromise their vulnerability, perpetuating their original causes of departure and complicating the process of their efforts to reach and settle in their desired destinations.

Based on the research carried out on the impact of the COVID-19 pandemic on the human mobility of vulnerable groups: global and regional trends, it has been possible to analyze how inequality and the aggravation of the structural causes of human displacement - of migrations - add up to the actions taken by states which can be observed in global trends such as the increase in border and migration control in the process of heightened securitization; and consequently, bounding their lives and putting their survival at risk.

¹ See González-Arias, Adriana & Olga Aikin Araluce (2021) "The Impact of the Covid-19 Pandemic on Human Mobility among Vulnerable Groups: Global and Regional Trends," *Journal of Poverty*, Vol. 25c, No. 7, 567-581, DOI: 10.1080/10875549.2021.1985867

as a consequence of the COVID-19 pandemic, and that these have created social, cultural, economic, and political conditions that perpetuate human mobility in situations of vulnerability.

The development of this work is comprised of two sections. The first explains and analyzes the increase in inequality in the context of the pandemic, as well as the aggravation of the structural causes that result in the migration of people in situations of vulnerability. The second sets forth the international trends observed in this pandemic. Finally, concluding reflections are offered which circle back on the main ideas that have been discussed, highlighting some opportunities and challenges observed from a migration management perspective at present.

Increase in Inequality as an Aggravation of Structural Causes in Vulnerable Migration Situations

The increase in inequality during the COVID-19 pandemic can be analyzed as a widespread phenomenon, but it is also possible to focus on specific aspects that allow us to detail the contexts. For instance, the structural causes that generate the need to leave a country in search of better living conditions and/or to save one's life. This aggravation of inequalities can also be identified in destination countries, where undocumented populations with minimal resources, and who are subjected to multiple forms of violence, are established.

Less than a year after the pandemic, various national and international non-governmental organizations, international



cooperation agencies, and decentralized public bodies presented data on the impacts of this health crisis in different parts of the world. In January 2021, OXFAM presented a report analyzing how the pandemic would leave marks on various dimensions of people's lives such as income, wealth, health, education, employment, and food security. As a result, the structural inequalities of the world's nations worsened. Additionally, the World Bank (2020) pointed out that the closure of economies pushed 60 million people into extreme poverty worldwide, indicating a decrease in remittances to the sending countries and the existence of disproportionate effects on vulnerable groups, such as women, children, people with disabilities, and older adults. All of this indicated that there would be an increase in displacements due to more difficult living conditions.

Regarding the causes of migration that are exacerbated in the pandemic context, OXFAM (2021) documented that in South Asia, East Asia, and the Pacific, more than two-thirds of the population will be pushed into poverty. It estimated that 40 million people in Latin America and the Caribbean lost their jobs in 2020, and 52 million more are at high risk of ending up in poverty. In India, 40 million internal migrants returned to their home communities due to unemployment in the informal sector. Asia and Sub-Saharan Africa have received fewer remittances (22% and 23%, respectively), causing an economic crisis for people who depended on them. The International Organization for Migration (IOM) from its Regional Office in San José, Costa Rica (2020), also reported a considerable decrease in the flow of remittances in Guatemala, the Dominican Republic, and El Salvador during the months of

March and April of the cited year.

Regarding countries that receive migrant populations, Amnesty International (2020) declared that refugees, migrants, and asylum seekers face the greatest challenges during times of pandemic, primarily related to their legal and migratory status, precarious work situations, and restricted access to public benefits and healthcare systems. Their experiences are further complicated by linguistic and cultural barriers, as well as xenophobia, racism, discrimination, stigma, and exclusion (translated by the author, p. 1).

The aggravation of inequalities in destination countries can be observed in two cases. First, in Spain, two events occurred: 1) In May 2020, a program was launched to combat extreme poverty, but it excluded individuals without legal status and recent arrivals (PRMH, November 2020). 2) In June of that year, temporary Moroccan day laborers were hired for strawberry picking, and despite being considered essential workers, neither the companies nor the government followed COVID-19 protection protocols. Those who became ill were not guaranteed medical attention (UN News, 2020).

The second case documented by the International Labour Organization (ILO, 2020) refers to refugees in the Arab region, where their vulnerabilities are exacerbated since poverty rates, informal employment, and unemployment were high before COVID-19. During the pandemic, they face greater difficulties in finding work and covering housing, food, and health services, given the high unemployment rates and significant income reductions. These situations have also



led to psychosocial and mental health consequences. It is evident that the accumulated socioeconomic inequalities in countries with low development lead to increased emigration due to structural incapacity. These causes are exacerbated in a pandemic and international health crisis context due to the lack of social and economic structures that provide a welfare system to the population. This will also impact how migration policies develop with the expectation of increased human mobility flows, allowing us to observe some trends that have been exacerbated by migration.

International Trends in Managing Migration During a Pandemic

Since the September 11, 2001 attacks on the Twin Towers in New York, migration and border control have been viewed as security issues, aligned with problems such as terrorism, drug trafficking, and organized crime. As a result, migration policies are approached through security policies, which leave people in human mobility vulnerable with little to no respect for their human rights.

With the spread of the COVID-19 pandemic since early 2020, policies have been put in place to prevent the transmission of the virus, but they continue to exacerbate migration and border control. The pandemic has created a much more hostile environment for people in situations of risk and lack of protection. Some of the actions taken include the closure of land borders, detention and deportation of undocumented persons without health protocols and in overcrowded conditions, closure of institutions responsible for processing

asylum and refugee requests, and the continuation of securitization processes and border externalization practices with high levels of police and military intervention.

Three cases illustrate these claims. The first case involves the application of Title 42 in the United States, a health rule that was implemented by the Immigration and Customs Enforcement (ICE) on March 21, 2020, to prevent the spread of the virus. This rule was applied to expel individuals who entered the United States without documentation, considering them a threat to public health, but also denying them the opportunity to seek asylum in the United States and preventing them from being processed according to immigration laws.

This application of the US rule transferred to the Mexican state the responsibility of assisting all individuals who arrived in and passed through Mexico with the intention of crossing the northern border, leaving them without opportunity and in turn, increased the population in border cities waiting for Title 42 to be eliminated to obtain some asylum and refugee processing. There is also an increase in risks for the “waiting” individuals who have limited or no resources and can be easy prey for organized crime.

The second case documented by Human Rights Watch (2021) shows that despite the European Commission's obligation to ensure access to asylum in the context of the COVID-19 pandemic, some member states of the European Union, such as Greece, Bulgaria, Croatia, Hungary, and Slovenia, suspended procedures. Furthermore, it has been reported that Greece used law enforcement forces and participated in sea returns



without respecting international protection.

The third case shows an operation that strengthens border externalization in Morocco in the context of its relationship with Spain and the European Union, where it relies on border management and migration in exchange for millions of euros. The PRMH Bulletin (November 2020) reported that the Emergency Trust Fund for Africa mobilized €8 million to support Morocco in the framework of the project “Support for the Integrated Management of Borders and Migration in Morocco,” which has been used to purchase vehicles equipped for monitoring the territory, mainly the border.

It is evident, based on the presented cases, that despite efforts and resources invested to prevent undocumented individuals from entering destination countries, people continue to engage in human mobility. It is impossible to stop the underlying structural causes that afflict sending countries, such as the lack of employment opportunities, healthcare systems, education for all, and the increase in violence.

Final Reflections

Through international data and specific regional cases, it has been shown that inequalities have increased in the context of the COVID-19 pandemic, creating social, economic, and political conditions that perpetuate human mobility in contexts of vulnerability. In times of international health crises, the effects of restrictive migration control policies in a context of externalization of borders are harmful to individuals who engage in human mobility under vulnerable

conditions. Those who leave their countries with few resources encounter a management system that violates human rights in a generalized manner. Therefore, the combined effects of anti-migration practices with the global health crisis generate international displacement of vulnerable migrant groups.

This leads to the challenge of applying respect for human rights in the face of the old dilemma of national security, to achieve migration management that respects international instruments and promotes fairer and more humane processes for individuals who need to change their place of residence due to causes that are imminently unsustainable in their places of origin.

Desirable practices that should be pursued are those that reduce the vulnerability of people in the context of human mobility, to mitigate the consequences of the structural causes of human displacement and migration by reducing inequality. In the context of a pandemic such as COVID-19, efforts should be focused on strengthening health systems, surveillance, and prevention, particularly in low-income countries and situations of fragility and conflict, as highlighted by OXFAM (2021). We endorse the recommendation that “all migrants, regardless of their migratory status, should have access to information, testing, treatment, and medical care” (IOM, Regional Office for San José, Costa Rica, 2020, p. 6).

Moreover, efforts should be made to open up labor markets to refugees and individuals in the context of human mobility, to facilitate obtaining work permits, provide access to education, and facilitate access to healthcare. In summary, it



is about providing access to rights beyond migratory status to achieve socioeconomic incorporation and seek the well-being of individuals.

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Chapter 3

The Health and Economic Impact of COVID Among Latino Immigrants: Responses from Civil Society



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INTRODUCTION

Latinos make up 18.5% of the population in the United States of America but account for 27.5% of reported COVID-19 cases (Despres, 2021). Many social factors contribute to these health disparities, including poverty, residential segregation, lack of access to healthcare, overcrowded housing, and lack of internet access (Benfer et al., 2021; Khatana & Groeneveld, 2020). Many Latinos and immigrants live in densely populated and racially/ethnically segregated areas, residing in multigenerational and multifamily homes with crowded conditions and dependence on public transportation (Bliss & Rios, 2020). According to the US Department of Housing and Urban Development, 12% of Latinos live in overcrowded homes, a rate higher than any other ethnicity or race (Bliss & Rios, 2020). Multigenerational households are another critical factor in infection. Such conditions do not allow for public health preventive measures such as social distancing.

Social Determinants of Health and the Disproportionate Health and Economic Impact of COVID Among Latino Immigrants

The concentration of Latino immigrants in particular labor sectors adds to the disproportionate economic and health impacts on their well-being in the context of the pandemic. Workers tend to occupy positions in the labor market that leave them vulnerable to virus exposure and the economic impact caused by the pandemic. Many Latinos and immigrants work in sectors that are considered essential and cannot

be transferred to work from home or easily adapt to social distancing, such as agriculture and food production, and care services, which expose them to a greater risk of contraction. Others, particularly undocumented immigrants, work in informal companies or for households and do not have access to secure formal contracts, legal benefits such as sick leave, or social protections and union representation. This includes employees without fixed employers and other informal wage workers such as day laborers, domestic workers, industrial workers, and unregistered, undeclared, temporary, or part-time workers (Webb et al., 2020). Such workers cannot afford to work remotely or stop working during pandemic surges to avoid exposure.

On the other hand, many Latino immigrant workers also concentrate in sectors that have been most affected by COVID closures such as restaurants, hospitality, and service-related occupations, making them vulnerable to layoffs and reduced working hours (Zamarripa & Roque, 2021). Workers employed in these industries showed another aspect of how COVID-19 impacted the lives of immigrants. As businesses had to close in response to public health measures, layoffs and reductions in working hours increased among immigrant groups. Latina immigrant women experienced the highest unemployment rate of any group at the onset of the pandemic (Capps et al., 2020).

Given these social factors, it is not surprising to see the disparate impact of the pandemic on the physical and financial well-being of Latino immigrants. When COVID-19 infection data is broken down by race, African American and



Latino communities are disproportionately affected in the state of Illinois. For instance, data from the Lake County Health Department, one of the two counties that make up the Chicago metropolitan area, indicates that for every non-Hispanic white person infected, six Latinos were infected (Gaytan & Martinez, 2020). Current statistics from the City of Chicago indicate that the Latino community continues to have more positive cases of COVID-19 compared to all other racial/ethnic groups in the city (City of Chicago, 2022).

The Lack of Access to Government Health Programs and Pandemic Economic Relief

In March 2020, the US Congress passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which authorized \$2 trillion to address the economic impact of COVID-19 through direct cash assistance (economic impact payments) for individuals or households, emergency grants and loan programs for small businesses, support for hospitals and other medical providers to provide, expand and enhance unemployment insurance, and support for food security programs (Gelatt et al., 2021).

In order to be eligible for unemployment insurance and the cash assistance program with stimulus checks, immigrants had to demonstrate that they had filed taxes in 2018 or 2019 with a valid social security number or that they had received social security benefits and were not required to file taxes. The group eligible to do this would include non-US citizens living in the US, permanent residents, DACA beneficiaries, and workers with H-1B and H-2A visas. People who file taxes using

an Individual Taxpayer Identification Number (ITIN) instead of a social security number did not qualify for stimulus checks, nor did households filing a joint return if either spouse lacked a social security number (Migration Policy Institute, 2020). This requirement excluded many immigrants who pay taxes and approximately 18.3 million people living in 3.8 million mixed-status households who file using an ITIN (Kerwin et al., 2020). Therefore, many millions of immigrants were not eligible for stimulus checks and unemployment insurance. Others who were eligible for some of the programs did not apply out of fear that receiving benefits would count against them in immigration proceedings as part of the public charge determination (Gomez & Meraz, 2021).

In February 2021, the Biden administration called for all people in the US and its territories to receive the COVID-19 vaccine regardless of their immigration status, and instructed vaccination sites across the country to ensure that undocumented immigrants had access to vaccines (McLaughlin & Spiegel, 2021). Nevertheless, states had discretion to determine requirements regarding who can be vaccinated, priority groups, and what identification must be provided to receive a vaccine. State requirements for government-issued identifications, inadequate communication about which documents were required from undocumented immigrants for vaccination, residency requirements, fear of legal repercussions, and lack of prioritization of workers in some essential industries where undocumented workers are concentrated have contributed to a systematic neglect of vaccination for this group and lower rates of immunization (McLaughlin & Spiegel, 2021).



Respuestas de la Sociedad Civil

Although the United States Citizenship and Immigration Services (USCIS) has indicated that seeking medical treatment or preventive services for COVID-19 would not negatively affect immigrants, human and health service professionals have noticed that immigrants are distrustful and afraid to seek attention due to relentless attacks against immigrants under the previous administration (Page et al., 2020). This effect is seen even in immigrant sanctuary cities such as Chicago, where the Chicago Department of Public Health (CDPH) has made public statements that testing and contact tracing information is not shared with other government agencies such as ICE. To generate more trust and expand outreach, the CDPH has partnered with community partners to promote the dissemination of information about COVID-19 and access to resources for all residents, regardless of their immigration status.

As COVID-19 cases increased, and infected and killed growing numbers in the African American and Latino communities, messages such as “stay at home,” “work from home,” “isolate in another room with a separate bathroom,” and “use home delivery services” were completely unrealistic for the immigrant community in Cook and Lake counties. Many were essential workers, while others were “disposable” employees who could be laid off due to COVID closures, and many could not access public benefits and pandemic-related economic relief due to their immigration status. In response

to increased vulnerability and exclusion from social protection programs, advocacy and civil society organizations mobilized in the Chicago metropolitan area to mitigate the impact of the pandemic on immigrant families. Two examples of this are Catholic Charities of the Archdiocese of Chicago and the Gads Hill Center.

Catholic Charities of the Archdiocese of Chicago

Catholic Charities was founded in 1917 to centralize resources and alleviate the burden on individual parishes struggling to meet the needs of the poor in Chicago. The First World War and the 1918 influenza epidemic shaped some of the agency's earliest services for orphans, widows, veterans, and the elderly. Over its century of service, Catholic Charities programs have expanded to meet the changing needs of the most vulnerable populations in the metropolitan area of Chicago.

Catholic Charities participated in different coalitions to mount a response to COVID and support immigrant families. They worked to provide culturally and linguistically appropriate messages and education about this new virus; secure and distribute personal protective equipment; provide emergency financial assistance (support for paying bills, rent, mortgage, funerals); and nutritional assistance to an increasing number of families through their food pantries and hot meals to go.

Catholic Charities played a vital role in ensuring that vaccination reached residents living in underserved communities. With the help of community partners, they



hosted 77 vaccination clinics and administered over 9,800 doses; 25% of vaccines were administered in predominantly Latino communities in Cook and Lake counties. Vaccination clinics were organized during Saturdays and after working hours to make them more accessible for essential workers. In addition, vaccines were distributed exclusively to residents of the target community. From scheduling appointments, taking temperatures, interpreting and distributing bilingual information about social services, everyone worked together to ensure that vaccines were provided to the most affected communities, especially immigrant communities.

Gad Hills Center

Gads Hill Social Settlement was established in Chicago in 1898 with the mission of improving the conditions of the community and the well-being of its residents. It was one of approximately 400 settlement houses established in the United States between 1880 and 1920 in response to the influx of European immigrants and urban poverty and labor exploitation (Gibson, 2016; Berry, 1986).

Despite the changing ethnic groups of residents in the neighborhood including German, Irish, Bohemian, and now Mexican immigrants, Gads Hill Center has remained in the community for almost 125 years and adapted to changing times and needs (Garcia et al., 2020).

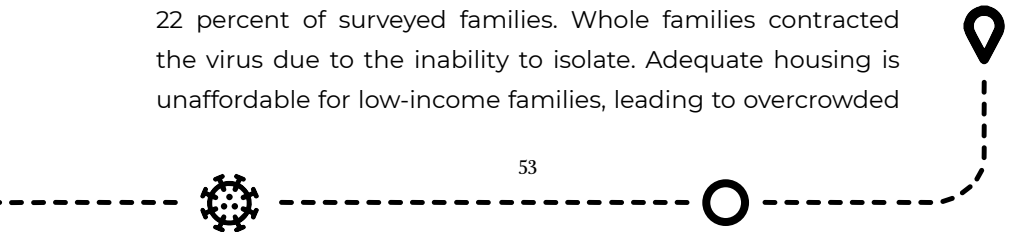
To better understand and respond to the emerging needs of families during the pandemic, the Center's staff began administering weekly surveys in March to 950 families,

approximately 25% of all families participating in the Center's programming. The survey results indicated that 168 parents had lost their jobs in the first two months of the state-imposed shutdown, a number that increased to 324 in week 15. Without financial reserves, these families immediately found themselves in a crisis situation.

During the first two weeks of the Chicago city shutdown, families identified their greatest needs as access to food, diapers, wet wipes, and other sanitary products. By the third week, 200 families reported insufficient funds to pay rent and utilities. This information helped Gads Hill to prioritize emergency assistance to prevent homelessness. In two months, the Center delivered over \$80,000 USD in cash assistance to prevent evictions.

Gads Hill's solid communication with program participants through weekly surveys, daily calls, and messages has allowed the organization to evaluate emergency needs and respond in a timely manner. The staff learned about infected families and organized individualized emergency plans to support them. They developed teams to deliver emergency items to clients' homes, helped single parents find family members to care for their children while they recovered, and linked families to emergency medical care.

In the first two months, 103 families reported coronavirus cases. In five months, the number increased to 210 cases, or 22 percent of surveyed families. Whole families contracted the virus due to the inability to isolate. Adequate housing is unaffordable for low-income families, leading to overcrowded



conditions. Interviews with families revealed that parents primarily contracted the coronavirus at work. Most of them were considered essential workers, but their workplaces did not provide proper personal protective equipment while working in close proximity to co-workers and clients. Interviews identified other factors that contributed to the rapid spread of cases in Latino and African American neighborhoods, including reliance on public transportation or carpooling to and from work, the absence of paid sick leave that required working even when sick, and language barriers to seek information on prevention, testing, and treatment.

Conclusion

The COVID-19 pandemic has exposed deep inequities as it has disproportionately impacted different groups, particularly African American and Latino immigrant communities in the United States. The causes of this disproportionate impact are varied, but all reflect a common foundation: systematic inequality, particularly in the areas of employment, housing, transportation, access to healthcare, and lack of eligibility for many government social safety net programs.

The Latino immigrant community has been particularly vulnerable during the pandemic due to their higher rate of uninsured individuals and concentration of essential service workers, poor access to personal protective equipment and accurate information and resources in Spanish, their inability to maintain social distance at home, and fear of accessing testing or healthcare services (Olayo et al). In this context, the role played by immigrant advocacy and civil society organizations

has been crucial in addressing the disparate impact on health and the economy of the pandemic in the Latino immigrant community by providing support to ameliorate the social and health damage experienced by Latino immigrants and mixed-status households.

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Chapter 4

Central American Migration to the United States During the COVID-19 Period



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The COVID-19 Pandemic Has Swept Across the Planet and Disrupted Our Lives

The globalization of socioeconomic dynamics has been subjected to a paralyzing brake. Airlines suspended their flights, tourism collapsed, bank customers could only enter bank branches in small groups, and imported products became less visible every day. Population mobility did not escape the slowdown of these processes. How much and how were the lives of Central American migrants seeking the “American Dream” affected? These are the questions I will try to answer with the help of available statistics and the experiences of some Central American migrants who have been living in the United States for over a decade.

I spoke with two Salvadorans, one Guatemalan, and one Honduran whom I have known since 2014 when I conducted extended fieldwork among migrants. Some points of view are offered from lookouts located at opposite ends of the United States: some live in Virginia and others in Los Angeles. Two of them have already regularized their immigration status, and two remain unauthorized.

The interviews were conducted between June 4th and August 10th, 2020, to trace a minimally longitudinal trajectory over two months that were greatly affected by COVID-19 in the United States, and which encompassed the implementation of restrictive measures, their relaxation, and their subsequent re-implementation. The selection of interviewees aimed to enable a comparison between two very diverse zones for



comparative purposes and to avoid the fallacy of the middle ground.

Before reviewing their experiences, it is important to know the dimensions of the south-to-north migration movement since the pandemic was recognized as a fact. We are aware of migrant caravans from the isthmus that have taken place in the midst of the pandemic. But we also know that the people who travel in them have never represented more than a tiny fraction of the total number of Central Americans who undertake the journey to the United States. Let's see if that total volume has been affected and to what extent.

What Do the Numbers From the Mexican and US Immigration Services Tell Us?

The methods for measuring unauthorized migration flow are highly fallible. When dealing with a massive and elusive population movement, we resort to indirect calculation methods. An indicator - undoubtedly questionable but quite eloquent - is the number of events in which people are detained by immigration authorities, that is, the number of apprehensions. Assuming that the effectiveness of agents is constant - which is not always the case because financial resources and the number of patrolmen can vary - we hypothesize that detentions give us an idea of the volume of migration.

In this regard, the Mexican immigration service according to statistics from the Mexican Government portal (2019, 2020), experienced a remarkable decrease in the first half of 2020.

Compared to the same period in 2019, there was a 64% decrease in the total number of detentions. The 91,082 detentions of Central Americans from January to June 2019 decreased to 34,128 in the same period of 2020. The impact on countries is uneven. Nicaragua decreased by 70%, and Guatemala by 57%. Based on these figures, we can hypothesize that the flow of Central American migrants may have decreased to a third of what it used to be.

To complement the analysis, we can compare these statistics with those of the U.S. Customs and Border Protection (2019, 2020), according to whose records the total number of apprehensions from January to July 2020 on the southern border were only 33% of those in the same period in 2019: they decreased from 678,212 to 221,663. The decreasing trend was also recorded in the number of those apprehended who traveled in family units and in the number of unaccompanied minors detained. The former decreased from 5,161 to 716 between January and April. The latter started the year with 2,680 and decreased to 712 in April 2020. Perhaps the numbers of those who presented themselves voluntarily at migration offices to request asylum are more representative of the migratory flow because their fluctuations do not depend on the efficiency and incorruptibility of the patrollers, but on those who traveled with the preconceived purpose of seeking asylum. The number of those who presented themselves and traveled in family units plummeted from 3,037 in January to only 61 in July.

The comparison results in two migratory entities with very dissimilar endowment and institutional culture coinciding



in the reduction of apprehensions to a third. The pandemic appears to have substantially reduced migration. It was a substantial decrease, but it did not mark a trend, as can be inferred from the enormous increase that occurred in 2021.

The low figures may conceal truncated or deferred family reunification projects and other tragedies. They also hide a controversial truth: the panic and policies that restricted international human mobility in recent months may have had a greater containment force than the immense range of policies designed explicitly and directly to put the brakes on migration.

Other Reasons Not to Migrate: Unemployment and Retributive Justice

Settled migrants have experienced a different kind of drama. They have faced equal treatment in a state of exception where restrictive measures have been applied evenly to natives, legal residents, and unauthorized foreigners. In a country where everyone is treated as segregated and deprived of some basic rights, it seems that no one is segregated. However, when unequal individuals receive the same treatment, the impact is not the same. That is why it is worth noting that, according to data from the month of May from the Labor Council for Latin American Advancement (2020), Latinos had the second-highest COVID-19 death rate among ethnic groups: 259 per 100,000 inhabitants, second only to African Americans, who had 265 per 100,000. Latinos represent 29% of the population, but have suffered 34% of COVID-19 deaths. According to Ed Morales (2020), the economic impact was also significant: 40%

of Latinos, compared to 27% of all Americans, have experienced reduced wages, and 29% have lost their jobs, as opposed to 20% of the general population.

The truth is that the pandemic and the way it has affected the United States have temporarily made this country a less attractive destination for migration. For now, it has lost the economic conditions that attracted immigration.

The Immigrants Who Are Already Inside: Virginia

Reynel Claros is a Honduran who has lived undocumented in Virginia for almost two decades. He works as a landscaper and has his own company with a solid clientele built over years of impeccable service. His opinion on the pandemic contrasts with the widespread panic:

“We never stopped,” he explains. “Landscaping and construction don’t stop. Restaurants and hotels are the ones that have closed. But I don’t lack work. If a new client comes in, I have to get tested because the results are valid for one week. The government provides free tests, but they take seven days to deliver. And sometimes people can’t wait. Private tests cost around \$160, I think, but they are delivered the same day.”

Carlos Portillo is also a Salvadoran who has lived in Virginia for many years. He tells me, “I leave at six in the morning, come back at six or seven in the evening, and then that’s when I have



to get organized for the next day, which takes me another two and a half hours... so I'm not done until nine." Carlos has also not suffered from unemployment: "Thank God this virus hasn't stopped me from working at all. Absolutely not at all. I have gone out to work every day. Only on weekends do I stay at home with my family." The only complication he has faced is the requirements for being hired.

The Immigrants Who Are on the West Coast: Los Angeles

On the other side of the country, in Los Angeles - one of those cities that never sleeps - lives William Pérez, tireless promoter of the Dolores Huerta Community Garden group located in Pico-Union and made up of young Mayans. At the gym where he worked, William had a very different experience from Carlos and Reynel:

"I had to leave the gym where I worked. Gyms were the first to close. It closed on March 15th. My last day of work was March 12th. I spent two months with no income, man. I had a contract there. But since the owner was also hit... around there, there were... let's say, ten gyms. And it's a wealthy area. Eight have already closed, definitively."

Months of unemployment left William without a penny: "I ate up my savings, you know." However, he didn't lose his morale because his family supported him, and he tried to be useful at home: "It's ugly not to work. But then I discovered my skills in the kitchen. And I started cooking, you know. Thai

food, Mexican food, food from everywhere.” He also didn’t sink economically because he returned to his previous profession: painting houses. But danger still surrounds him, and he sees how it wreaks havoc around him:

“It’s terrible. People are dying, and there are few measures. That’s all they’re giving here: wash your hands, wear a mask, don’t touch your face, and keep six feet away. Buses, the metro... everything is running. Hotspots of contagion, brother. I don’t use them. Not even Uber. I’ve been driving my niece’s car.”

The alarm was and is by no means unfounded. According to The Weather Channel (2020), on Tuesday, August 18, Los Angeles County recorded 222,236 people infected with coronavirus and 5,254 deaths, i.e., 47% of the total deaths from COVID-19 in California, even though that county barely contains 25% of the state’s population. The peak period of contagion to date was the month of July, with 7,877 new cases on July 6. A week before that, I had a conversation with William where he expressed his concern about the people with whom he does his ministry:

“It’s a problem that the measures are insufficient. And the Guatemalan community, especially the indigenous community, is not aware of all this.”

“Now talking about the kids: some of them got hit by the coronavirus. I’m skeptical about many realities, but I also use logic: if there’s wind, the trees will move. And I’ll feel it, even if I don’t see it. Do you remember Chispudo? He was the first,



then. And the worst, brother: he works at a first-class Japanese restaurant. Imagine: a person with COVID-19 symptoms working in a restaurant.”

The Beverly Hills Tailor

Eleuterio Hernández, a skilled tailor with a shop in Beverly Hills, works for the exclusive Battistoni brand, which only has three stores in the world. He appreciates the advantage of his situation compared to that of his fellow countrymen who did not migrate:

“I work in a very elegant store. It’s a small company compared to other stores. However, they have supported me as much as possible. They have paid my expenses. I have only lost 2% of my usual salary. On the other hand, those who have children who are citizens have received some help from the school district: 365 dollars per child. It is not enough to pay a month’s rent. What worries for now is the moratorium for those who owe rent.”

Eleuterio also points out that in Los Angeles there were challenges that overwhelmed or even blocked the ability to continue the daily grind, that is, work, one of the sources of legitimacy for migrants:

“Many businesses still do not have permission to operate. They are closed, although in the vast majority there is movement. I see that there are

not many people on the streets around here. The city did not stop completely, but there is less movement. It was difficult to believe that such a serious illness existed. One that causes so much harm. We have an organization because where I come from there are two thousand people from San Antonio Sija, where I grew up. So we have a foundation that pays for the repatriation of a person to Guatemala when they die here. For each person who dies, we contribute ten dollars. Over time, we have accumulated funds and a large amount of money has been raised. That is why we are not collecting money all the time now. We no longer send them with the whole body, but cremated. This year, ten deaths have occurred in the community where I come from. Adding up the entire village, where my brother is the mayor, thirty people have died in a community of 15,000 inhabitants. Many people are dying. These are considerable figures compared to other years. In Los Angeles, we had ten deaths per year. We already have those ten and it is only six months into the year. Not all of them have died of COVID-19. But that number of people who have died is worrying.”

The interview with Eleuterio was conducted on August 4, 2020, when the worst wave of COVID-19 in Los Angeles had arrived. That is why, he told me, “there are not many people on the streets.” Eleuterio considered the impact on the two thousand compatriots from San Antonio Sija who live in



Los Angeles and discovered an excess mortality: the deaths doubled, and the bodies were no longer sent, only the ashes. Most of the dead have been young people because most migrants - and especially this group of Maya - are young. They were hit hard because they have an intense work and social life and did not refrain from it. And also, according to Eleuterio, because of a fragile health that existed prior to the pandemic and on which the virus feeds.

Final Thoughts

The testimonies provided by the four migrants are insufficient to draw definitive conclusions. The sample size is small, and even with statistical analysis, it is not possible to establish a correlation between demographic conditions, such as population size and density, and the behavior of coronavirus indicators, including infections, mortality, and fatality rates. However, the words of these courageous individuals fighting for their dreams give a human face and emotional depth to the impersonal figures, shedding light on certain hidden problems obscured within the realm of percentages. Their narratives reveal a diverse range of experiences, at times painting a contrasting picture of two different countries. The impact of the pandemic appears more immediate and terrifying in Los Angeles, where their homes and workplaces are situated in a county that accommodates a significant portion of California's population and has tragically witnessed nearly half of the state's COVID-19 deaths.

The Latinos I interviewed in Los Angeles live and move in the heart of the city: MacArthur Park, Pico-Union and Beverly Hills. The population density of Los Angeles played a role in stimulating

infections and increasing the number of deaths. Perhaps the fatality rate also depended on the shape of the population pyramid. But the direct and harsh experience of the pandemic was partly due to their location: migrants in Los Angeles live and work in the city, not in the suburbs like those in Virginia, who live miles away from the nearest large population center.

The entire Prince William County has just over 400,000 inhabitants and is made up of a chain of residential areas separated by huge uninhabited plots. The county of Los Angeles is an urban continuum of almost 10 million people in perpetual motion. Undoubtedly, the intense social lifestyle of the megalopolis and the reluctance to modify it also weighed heavily, as William Pérez explained. As can be inferred from Eleuterio Hernández's figures, the wild west was lethal for migrants from San Antonio Sija.

One question we need to investigate further, but for which these testimonies offer some clues, is whether migrant status entails greater risks. The numbers seem indisputable. However, they speak of relatively small differences. From the majority of the four migrants' statements, it can be inferred that the restrictions and effects are not limited to the migrant population. Migrants have acquired a strange form of limited citizenship: they share the same restrictions as natives, naturalized citizens, and authorized residents.

The higher unemployment rate among Latinos can be explained by the type of jobs held by Latin American migrants. In some states, waiters, tailors, cleaners, and nannies are predominantly Latin American migrants. Among those interviewed, we saw that those affected were a tailor and a gym employee. More statistical



support is needed to arrive at a well-supported conclusion. Additionally, more attention needs to be paid to the effects of bureaucratic processes and their timing: for migrant jobs, slow processes are fatal. Obtaining results in a week means that a potential employee can lose a job opportunity and also that, when presenting the document certifying their negative COVID-19 result, they may be in the second week of incubation.

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Chapter 5

COVID and Immigration: Welcoming and Integration Policies in Spain?



Luis Díe

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INTRODUCTION

In this work, we will present the impact of COVID on migrations to Spain. Firstly, we will consider the evolution of entries from 2019 to 2022; the situation of refugees; changes in sea routes; the situation of unaccompanied foreign minors; and the effects of the pandemic on employment -and therefore, on the living conditions- of immigrant people.

To understand immigration in Spain and its evolution, it is important to distinguish, at least initially, between two origins: those from the European Union (EU) and those from outside the EU. This distinction, based on the very different legal, social, and political treatment that these two groups receive, “reduces” the percentage of “immigrants” living in Spain by almost half. Legally, socially, and politically, being “foreign” in Spain is not the same as being an “immigrant.”

ANALYSIS

The first impact of the pandemic can be observed in the new entries. In 2020, the total number of foreign residents in Spain only increased by about 6,000 people. If we analyze the origin by continents, in all cases, a “halt” in entries is observed in 2020 that barely changes in 2021.

Obviously, the evolution by countries is very different. The countries that visibly reduce their resident population in Spain during the pandemic are, for example, Bulgaria, Romania, Ukraine (until before February 2022), Algeria, Nigeria, the



Dominican Republic, Bolivia, Ecuador, China, and India. Other countries, on the other hand, see their resident population in Spain continue to increase during the pandemic: France, Italy, the United Kingdom, Morocco, Senegal, El Salvador, Honduras, Argentina, Colombia, Peru, Venezuela, and Pakistan.

The “invasion” of foreigners, men, women, and children from sub-Saharan Africa, or Black Africa, has no basis in reality. It is based on – and spreads – racist and xenophobic prejudices, seeking to manipulate Spanish society to gain and increase “fear votes.” Twentieth-century European history shows how easy it is to stir up the ghosts of racism and xenophobia, and how difficult it is to conquer them and return them back to where they came from, where they should have never left.

These discourses contrast with the demographic reality in Spain, where not only the aging of the population is observed but also the decrease in the number of people residing in Spain (Mahía, 2020), especially in some autonomous communities, worsened by pandemic deaths and a “practically nil” migratory balance (INE, 2021). This shows the need for current and future immigration for Spanish society, which needs people to come, to come in larger numbers, and to come to stay. Neither Spanish society nor its economy are viable without the demographic contribution of non-EU immigration: people who work and consume, of reproductive age. In fact, one effect of the pandemic on the positive assessment of immigrants and their translation into reception and integration policies was the visibility during the lockdown (March to May 2020) of the work of many immigrants in “essential” sectors (healthcare, agriculture, transportation, and commerce): from “unwanted

immigrants,” they became the people on whom our well-being and the real and direct possibility of maintaining essential services for the functioning of our society depended (Government of Spain, 2020; Agroinformación, 2020; La Información, 2020; Sánchez, 2020).

Secondly, we will look at the effect the pandemic has had on the evolution of refugees in Spain. Until 2014, the number of asylum applications in Spain was substantially lower than in other EU countries. This was historically due to the extremely high percentage of rejections of applications submitted in Spain – or extremely low admission rate, if preferred – with the trap of an administrative distinction consisting of “non-admission for processing,” which reduces the number of “rejected” applications but leaves the extremely low recognition of refugee status unchanged.

The 2019-2021 period is crucial for refugees in Spain. The reduction in applications is the most direct visible effect of the pandemic, but not the only one. The pending applications accumulated in 2019, which is the year with the highest number of applications in the history of refuge in Spain, are 133,015 (more than the applications for that year). In 2020, applications dropped to 88,762 people, and pending applications remained at 103,385, which means that both figures (applications and pending applications) decreased equally by about 30,000 people. In 2021, however, applications continued to decline to 65,404, while pending applications increased again to 104,010. This shows, at the very least, a slowdown in the functioning of the Public Administration in Spain.



This has caused many public services to collapse during the pandemic, leading to what has been called “overcome irregularity,” which does not depend on foreigners and their situation but on the internal problems of the Public Administration itself (Mahía, 2020). In any case, in 2021, the granting of refugee status (positive resolutions) amounted to 8% of the total (far from the 44% recognition in Germany or the 55% in Greece in 2020), making it the year with the highest number of approvals in the entire historical series. This is more than questionable in a country of arrival and transit for immigrants and refugees, like Spain, and in years when asylum and refuge demands have increased significantly in Europe. In fact, the figures for granting refugee status increased from 1,653 in 2019 to 5,354 in 2021 (compared to over 50,000 in Germany or more than 22,000 in Greece in 2020).

Another change in refuge in Spain during the pandemic has been the distribution by sex among asylum and refuge applicants. Female applicants have decreased from 53,723 in 2019, to 41,694 in 2020, and 23,499 in 2021, representing a 56% reduction in the two years of the pandemic. There is no change, however, in the nationality of applicants, with Venezuela and Colombia being the two countries with the majority of applications in the three years we use as a reference.

As for the maritime entry routes to the EU, we need to clarify two key issues. The first is that they have been attributed as the cause of “irregular” immigration. Nevertheless, the main entry points for irregular immigration have historically been airports, with people entering as tourists, followed by far fewer entries by road and, lastly, by maritime routes. It is significant

that the “social perception” of danger is mostly attributed to African and sub-Saharan people through this last route.

During 2020, irregular entry had to necessarily change, due to the closure of airports and borders: the only possibility of entry was by sea: 40,106 people, compared to 1,755 who entered Spain by road, with a 29% increase compared to 2019 (USO, 2021; Europa Press, 2022a). The second key issue concerns the distribution of entries into the EU through the three routes: the Eastern Mediterranean route (Greece), which went from 54% in 2019 to 11% in 2020 and 4% in 2021; the Central Mediterranean route (Italy, Lampedusa and Sicily, in particular), which went from 10% to 41% and 59%, respectively, each year; and the Atlantic route (Canary Islands, Spain), which went from 24% to 48% and 37% in those same years.

We can see, therefore, that the changes in the use of these routes during the pandemic have been very significant. Thus, in the worst year of the pandemic (2020), the main route becomes the Atlantic route (the most dangerous in terms of the number of people dead and missing at sea) and the Italian route (the most dangerous in the Mediterranean). The pandemic has been associated with an increase in the dangers faced by people trying to reach Europe through maritime routes (USO, 2021; Europa Press, 2022 a; Amnesty International, 2020), being aware that recorded deaths may be far from the “unrecorded” reality of the dead and missing whose existence is not documented (Europa Press b, 2022; InfoLibre, 2021).

The Unión Sindical Obrera (Union of Workers, USO) states that “migration policy and development cooperation to



prevent large exoduses have been entrenched for years at the European level. Solutions to major humanitarian crises have been slow, lacking consensus, and have left too many lives behind" (USO, 2021).

During the pandemic, "both juvenile centers and emergency accommodations for adults have been overwhelmed, highlighting the lack of resources available. Overcrowding in the centers has caused COVID-19 to ultimately collapse facilities abandoned by institutions" (USO, 2021).

The same can be said for changes in the management of maritime arrival points, whose consequences are the chronic nature of these people's problems, "precariousness, widespread frustration, coexistence difficulties, abandonment of camps, homeless people in urban areas, etc." (USO, 2021). Moreover, during the pandemic, some central issues have continued and have not yet been addressed or resolved adequately: "hot" returns; the separation of minors from their parents; the unknown number of dead or missing; and the absolute priority of real and effective protection for minors (USO, 2021).

In Spain, however, there are 147,000 foreign minors under 19 years old in an irregular situation, most of whom are under 10 years old, and 40% are under 5 years old (Fanjul, Gálvez, and Zuppiroli, 2020). The confinement and situation of the residential centers for these minors have added more difficulties to their already complicated situation. The challenges of administrative regularization for foreign minors born in Spain to undocumented parents and the effective

lack of protection for former wards after reaching the age of majority are evident. These conditions have been denounced by associations such as UNICEF, which calls for a national plan and more resources to protect the thousands of wards.

“Due to the pandemic, several regions decided to temporarily eliminate the rule by which an immigrant had to leave the center at 18 years old. This sought to prevent exposing resourceless young people to a situation of social exclusion. [...] However, we see images again of former wards living in a bullring” (USO, 2021).

Unemployment has influenced the decision for many to return to their country of origin due to the “halt” in employment caused by the lockdown (March to May 2020) and the reduction in consumption and its direct effect on production and employment in Spain (Martín, 2021; Cuadrado and Montero, 2022). Considering the existence of an ethnified labor market in which foreigners are “over-represented” in certain jobs (domestic employment, hospitality, agriculture, and construction, for example), this may leave these sectors without the necessary workers in the post-pandemic stage (Mahía, 2020; Cuadrado and Montero, 2022).

As a result of the pandemic, it is worth highlighting the immediate drop in domestic employment, largely offset by employment in agriculture as a sector declared “essential” (Mahía, 2020). The effect of the pandemic is not only reflected in unemployment among foreigners but also in greater personal, family, and social vulnerability due to the scarcity of



savings (the income of foreign households in Spain is half that of Spanish families) and the significant differences in social protection for unemployment and the weakness of family support networks (Mahía, 2020).

The pandemic has increased the likelihood of becoming an “irregular” migrant among those with a temporary residence permit –linked to employment–. Workers in the informal economy (without a contract, without social security, etc.) are in a much worse situation (Mahía, 2020). The temporary nature of these permits, along with the importance of the informal economy in Spain, demonstrates a flawed design of reception and integration policies for decades, making improvements in social inclusion policies and intercultural mediation practices necessary. It is also essential to denounce false information and promote solidarity, not only among people but also in social and labor relations. A crucial analysis of the migration needs of Spanish society is needed so that these policies can anticipate and not always lag behind a reality they cannot keep pace with (USO, 2021).

Conclusion

Amnesty International (2020) points out five facts that characterize the impact of the pandemic on migrants: the closure of borders and the suspension of the right to migrate; overcrowding in the Temporary Stay Center for Immigrants in Ceuta; the criminalization of solidarity with those who help migrants; the disparity in the effective protection of migrants from the judgments rendered and administrative practices approved in 2020; and the closure –from April to September

2020– of Foreigner Detention Centers.

The hopeful conclusion is that solidarity overcomes racism in Spain:

“65% of those surveyed would agree to increase the immigrant population and promote more legal avenues for people from other countries to arrive. Moreover, Spain has a large number of associations, initiatives, and NGOs to help immigrants, whether or not they are in a regular situation, providing basic resources such as housing or food as well as free legal advice. On the other hand, anti-immigration discourse has gained strength (...). Poor migration management not only affects migrants but also the host society” (USO, 2021).

However, we cannot and should not forget all that remains to be done and the dark horizon looming over Spain and Europe with the rise of the far right and the political use of racism and xenophobia.

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Chapter 6

Access to Health Services for the Venezuelan Migrant and Refugee Population in the Context of the Covid-19 Pandemic in Colombia



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INTRODUCTION

During the Covid-19 pandemic, health services worldwide were subjected to intense pressure due to the high demand for emergency services and intensive care for patients entering healthcare systems, many of which were unprepared to handle this contingency.

In the case of Colombia, pertinent measures were taken, but they were insufficient to face this scenario due to the precarious situation of the country's healthcare system. As a result, certain population groups, including migrants and refugees, were left without access to health services, increasing their vulnerability to Covid-19. In addition, administrative, economic, and social aspects faced by the Venezuelan migrant and refugee population, such as irregular migration status, informal employment, stigma, and social discrimination, increased this vulnerability, putting their health at risk and demanding specific responses from the Colombian state for these population groups.

In the context of the Covid-19 pandemic in Colombia, several factors were evident in the provision of health services that limited access for certain population groups, including migrants. These barriers were related to both social and institutional discrimination against this population, administrative barriers to accessing health services, and a lack of knowledge among migrants and refugees about the functioning of Colombia's General Social Security System in Health (SGSSS).



Inclusive and Non-discriminatory Health Services for Migrants and Refugees

According to the World Health Organization [WHO] (2015), the principle of non-discrimination:

“seeks to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation” (p. 1).

However, migrants and refugees often perceive discrimination and mistreatment within healthcare services, starting from their entry into hospitals, where they are required to provide identification documents that they often do not possess. This initial administrative barrier, which conditions access to healthcare services on residency permits in the country, negatively impacts the health of migrants. It is associated with lower therapeutic adherence, missed medical appointments, reduced utilization of preventive healthcare services, delays in seeking medical attention and medications, and a reliance on alternative medicine as a substitute for conventional care. (Baeza et al., 2019, p.161-162).

Nonetheless, Colombian statute 1751 of 2015, which regulates the fundamental right to health and establishes a principle of

interculturality, guarantees:

respect for cultural differences that exist in the country and globally, as well as the deliberate effort to build mechanisms that integrate these differences in health, living conditions, and comprehensive care services for diseases, based on the recognition of traditional knowledge, means and practices, which could be alternative or complementary, for recovering health globally (Law 1751, 2015, p. 4).

In this sense, there is a need to train health, administrative, and other personnel in healthcare institutions on topics such as differential diagnosis, interculturality, and non-discriminatory care, as “people who experience more anger, anxiety, and sadness as a result of discrimination tend to have more avoidant behaviors” (Baeza et al., 2019, p.165), especially towards health systems.

Regarding training topics, some migrant users of health services in Colombia say that there is a lack of knowledge of legal norms by professionals in care services, which can generate discriminatory treatment and access barriers to health, as evidenced in the following testimony obtained from an interview with a Venezuelan migrant leader on access to health services.

“We have always said that there is a great lack of knowledge, a total lack of training in the staff of health institutions, regarding the health rights of



the migrant population.” (Participant 1)

In addition to the perception of discrimination, some Venezuelan migrants refused to attend health services during the Covid-19 pandemic, fearing being identified as undocumented and being deported to their country of origin. This situation increased their vulnerability to the disease and negatively influenced the more accurate tracking of infections that health entities had to carry out, generating greater repercussions for collective health.

Therefore, administrative, social, and cultural factors are related to each other in such a way that they must be considered comprehensively, encouraging healthcare providers in Colombia to design programs from a differential approach that is socially acceptable, respects diversity, and reduces acts of discrimination. As evidenced in the following testimony:

“Migrant individuals and members of specific communities, especially indigenous populations, benefit from embracing multiculturalism. It is crucial to foster intercultural dialogues that not only honor their cultural identities but also explore health alternatives that align with their unique cultural perspectives.” (Participant 2)

Thus, an inclusive and non-discriminatory care service must start from the recognition of the diversity of users, diversity that can incorporate cultural, social, ethnic, gender, and sexual orientation aspects, administrative facets, among

others, which must be addressed differentially by healthcare providers, treating people with dignity and respecting these specificities.

As a result, health services must design necessary measures that facilitate access for marginalized populations and those at risk of social exclusion, in addition to eliminating all types of barriers that arise in these services. In this way, they can implement intersectoral strategies that address the violation of the rights of migrants and refugees, promoting awareness and respect for diversity, both by the staff of these institutions and the community in general. Health services must have an acceptable character, where:

“different agents of the system must be respectful of medical ethics, as well as the various cultures of people, ethnic minorities, peoples, and communities, respecting their sociocultural particularities and worldview of health, allowing their participation in the decisions of the health system that affect them, in accordance with Article 12 of this law and adequately respond to health needs related to gender and the life cycle. Establishments must provide services to improve people's health status while respecting confidentiality.” (Law 1571, 2015, p. 3).

Finally, it is necessary to consider that the crisis situation experienced by healthcare systems, both in Colombia and in other Latin American countries and the world, has been exacerbated by the Covid-19 pandemic. Moreover, this



pandemic has highlighted the structural inequalities faced by migrants and refugees and the importance of including these population groups in all aspects of the health system's response with a focus on rights and intersectionality. It is important to acknowledge that the lack of access to medical care, poor living conditions, and economic precariousness have had a disproportionate impact, especially on migrants and refugees during the Covid-19 pandemic (Pan American Health Organization [PAHO], 2021).

Access Barriers to Health Services for Migrants and Refugees

Migrants face a series of barriers that prevent them from accessing health services in Colombia, increasing their vulnerability. These barriers were exacerbated in the context of the Covid-19 pandemic and generated not only risks for the health of migrants and their families but also for the host population. It is necessary to consider these barriers to ensure the right to health for all people. Among these barriers identified during the pandemic context are:

Legal and Administrative Barriers

The barriers to legalizing the stay of Venezuelan migrants in Colombia prevent them from accessing effective protection of their right to health, as migrants must have a series of documents, most of which are impossible for them to access, such as passports, mainly due to their cost and the time they must wait for their issuance. However, this situation changed with the issuance of the Temporary Protection Statute for

Venezuelan Migrants which allows migrants to regularize their stay in Colombia more flexibly, that is, without needing a passport. Still, this statute began to apply from June 1, 2021, more than a year after the start of the Covid-19 pandemic, and only until 2022 did delivery of this permit begin.

Fragmented Health Services

Fragmented health services refer to services that do not comprehensively address people. Thus, the Pan American Health Organization (PAHO) points out that health care models must provide:

“comprehensive primary care services, including health promotion, disease prevention, and curative and palliative care, which are integrated with other levels of care and coordinated according to needs while ensuring effective referral to secondary and tertiary care” (PAHO, 2010, p. 15).

Nevertheless, for migrants and refugees, health services do not have a multidisciplinary group of professionals who comprehensively address the person, not only in physical health aspects but also in psychosocial health ones. This ensures a general well-being process involving not only the migrant but also their family and, in some cases, their community environment, considering the psychological situations arising from the migration process. Therefore, comprehensive care must offer a complete approach to people's health problems, recognizing their life cycle stages and considering cultural,



social, psychological, and biological aspects in individual, family, and community settings. In this sense, one testimonial states:

"The psychosocial and mental aspects, the family dynamics, restoration of rights, and assessing eligibility for accessing the health insurance process are crucial considerations. Immigration status and the individual's situation in the municipality play a significant role in determining whether they are in regular status or not. These factors are essential for initiating the health insurance process and ensuring that the person can access the benefits that the State can provide going forward" (Participant 3).

The need to incorporate or strengthen psychosocial care became more evident in the context of the pandemic, where people not only required medical services but also mental health care to cope with situations arising from Covid-19 such as mandatory confinement, curfews, and grief processes, among other circumstances. A testimonial on this reflects the following:

"I emphasize a lot the issue of mental health care because, although the pandemic has affected us all in general, can you imagine this population in our territory, displaced from their land, in vulnerable conditions? They feel even more vulnerable, totally disadvantaged compared to the rest of the population. We talk about general

installed capacity, but to address the disease, we should strengthen the care strategies towards the mental health of people who today, in addition to their vulnerability, are affected by this pandemic that is also affecting them doubly.” (Participant 4)

Therefore, the characteristics of migrants required health services to provide comprehensive care, which not only focused on their physical well-being but also took into account their psychosocial well-being. In many cases, they did not have family and personal support networks and were in states of anxiety and distress due to the loss of their jobs thanks to mandatory lockdowns or in mourning situations.

Lack of Knowledge Among Migrants of the General Social Security System of Health in Colombia (SGSSS)

Most migrants are unaware of how the General Social Security System of Health in Colombia (SGSSS) is structured and how it works, which becomes a limitation for access to services. For example, it is evident that there are migrants in a regular situation in the country who do not access health services because they do not know the mechanisms to join it. In this way, even though they comply with the legal requirements to belong to the SGSSS, they are on the margins of it which entails greater risks for public health, as a large part of these migrants are not covered by health promotion and prevention programs.



Conclusions

It can be said that in Colombia access to health is not guaranteed for all citizens, due to the existence of multiple administrative, economic, and social barriers that limit certain population groups from receiving comprehensive, timely, and quality care. This is the case for undocumented migrants who should be considered vulnerable and marginalized social groups that are less likely to enjoy the right to health. Moreover, the Covid-19 pandemic made evident the structural inequalities in health systems that generate the exclusion of some population groups, including migrants and refugees. This led the pandemic to have a greater impact on this population due to the lack of medical care, poor living conditions, and economic precariousness, factors that put migrants at greater risk of contracting Covid-19, and also influenced the collective health of host societies.

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Chapter 7

Migration Management in the Border Region: The Case of Tijuana During the COVID-19 Pandemic



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INTRODUCTION

In recent decades, we have witnessed the transit of hundreds of thousands of migrants through Mexico, leaving their countries of origin (Honduras, Guatemala, El Salvador, Haiti, Cuba, Venezuela, Ukraine, among others) due to situations of economic poverty and lack of opportunity, various forms of violence (gangs, wars, gender violence, etc.), and trying to reach the United States for various reasons such as geographical proximity, social networks in that country, greater security than in their countries of origin, job opportunities, and better wages.

Upon reaching Mexico's northern border, most of these migrants encounter difficulties in gaining access to the United States, as US authorities deny them conventional means of entry such as tourist or work visas. US immigration policies regarding this population focus on preventing their irregular crossing through the Mexico-US border by providing means to control and militarize their southern border. Migrants who use irregular means to attempt a crossing of the Mexico-US border, which was once relatively easy to overcome, now must cross remote areas away from control of the authorities, assuming risks (e.g., theft and assault) and nature-related risks (dehydration and hypothermia, among others). Many migrants resort to a legal route that could grant them access to the US territory: applying for asylum or other forms of protection, although this access route is increasingly dysfunctional.

In recent years, thousands of migrants who arrived at

the northern border cities of Mexico were left “stranded” and “waiting” for their opportunity to apply for asylum with US authorities or while their cases were being processed. This is a result of both containment and protection policies implemented by the United States. We are talking about a significant floating population that can spend days, weeks, months, or even years in these cities, waiting for their moment to access the US territory. Mexican authorities at all three levels of government in cities like Tijuana, have not yet found the right approach for meeting these migrant populations’ basic needs (housing, food, etc.) and allowing opportunities for pursuit of livelihoods while they remain in the city.

This chapter highlights and analyzes the recurring issues in managing/caring for migrant populations, especially those seeking international protection, in the city of Tijuana. It also examines how this city has become a “waiting room” for those seeking and applying for asylum with US authorities, paying special attention to how US immigration policies have been instrumental in creating the situation in which thousands of migrants find themselves.

Tijuana, A City of Asylum Seekers During the COVID-19 Pandemic

Tijuana is one of the most prominent cities in terms of the influx of various migratory flows; since the 1980s, it has had a long tradition of receiving flows of Mexican migrants passing through to the United States. Since the beginning of the 21st century, the flows of deportees through this city have become more relevant, and more recently, during the last decade, it



has received asylum seekers from abroad and from different states of Mexico (Coubès et al., 2020). Like other cities in northern Mexico, the flows arriving in Tijuana have shifted from undocumented Mexican migrant workers traveling to the United States to Central American migrant families seeking asylum in that country (Coubès, 2021).

Migrants seeking to apply for US asylum have found that the country's policies compel them to spend increasing amounts of time in border cities as they navigate legal proceedings (Torre, 2021a). Before the COVID-19 pandemic, practices such as 1) blocking asylum applications at ports of entry and 2) metering or regulating the number of applications processed each day at each processing point, had expanded. In practice, these measures resulted in migrants waiting their "turn" to request protection for days, weeks, or months.

With the implementation of the Remain in Mexico program, or Migrant Protection Protocols (MPP), at the beginning of 2019, many migrants were returned to Mexican territory to wait while their cases were processed in US courts. The situation worsened with the COVID-19 health emergency, as on March 20, 2020, US authorities implemented Title 42, a provision that not only involved mass and expedited deportations of migrants who irregularly crossed into US territory, but also indefinitely blocked new asylum applications, with few exceptions (Torre, 2021b). Most migrants who arrived since that date have been unable to initiate asylum procedures in the country.

During President Joe Biden's first year in office, expectations for changes in immigration policy were not met (Hernández,

2022). Although he tried to reverse the MPP and allow migrants still under the program to enter the US, it was reinstated by a court ruling. Regarding the application of Title 42, which was expected to be suspended by the new administration early in its term, it has been maintained for more than a year. Recently, it was announced that this provision will be suspended in May 2022, but it remains to be seen what happens to asylum seekers with any new changes the administration might introduce; for example, allowing border patrol agents to make decisions about applicants, when previously such decisions had to be made by judicial authorities.

The Management of Transient Populations in Tijuana Has Been Problematic

Shelters and migrant houses run by civil society organizations, many of them religious, have been taking care of newly arrived migrants in Tijuana for decades. However, this network of accommodation and assistance was overwhelmed on several occasions with the arrival of various flows of asylum-seeking migrants: with the arrival of Haitian migrants in 2016-2017, migrant caravans at the end of 2018, and others. Since the beginning of 2021, the situation of insufficient spaces for newcomers seems to persist continuously.

How has this continuous overflow of shelters occurred? 1) The arrival of large numbers of asylum seekers who require more support than other populations due to their particular vulnerability and the fact that they must remain in Mexico for a longer period. 2) The fact that migrants intending to seek international protection in the United States have to stay in



Mexico for longer, waiting to begin their legal processes—blocking applications or metering, but especially during the COVID-19 pandemic with the application of Title 42, making waits for asylum requests indefinite—and also during their processes, due to the implementation of the MPP.

One of the problems migrants have faced while waiting in northern Mexico border cities is that these cities have been considered among the most dangerous and violent in the world. This puts migrants, who are often in highly vulnerable conditions, at risk of suffering various types of crimes. This situation is further complicated during the COVID-19 pandemic, as waiting periods for many migrants become indefinite, and migrants are particularly vulnerable to contracting the virus (Vilches et al., 2021).

Another relevant aspect is that due to the prolonged waiting times that many migrants intending to seek asylum in the United States must stay in Tijuana, many transition from shelters to other forms of accommodation and find jobs to support themselves financially. The problem for these migrants is that many of these accommodations fall under the category of substandard housing (precarious housing, shared with other families, located in dangerous neighborhoods), and the jobs they find are often the most difficult and lowest paying, leaving them in a precarious and vulnerable situation.

Situations that overwhelm migrant shelters and houses have led Mexican authorities to no longer rely solely on organized civil society to fully provide accommodation and care for newcomers to the city. Instead, authorities are increasingly

taking on their role as guarantors of human rights for people on their territory, regardless of their migration status.

With the arrival of migrant caravans at the end of 2018, Mexican authorities managed two temporary shelters to accommodate their participants: the Benito Juárez Sports Complex and El Barretal, both in Tijuana (Torre, 2021a). However, these experiments lasted only between November and January. Subsequently, the Mexican government, in response to its commitment to care for migrants who had been returned under the MPP schemes, created the Migrant Integration Centers (CIM); the “Carmen Serdán” in the case of Tijuana. Nonetheless, due to its poor location and the way migrants were treated, it has been a CIM that has consistently operated well below its capacity. The Migrant Sanctuary is a new initiative to assist migrants in Tijuana, but its low capacity and high cost have earned it the nickname “white elephant” in the press.

The emergence and growth of the migrant camp at the El Chaparral border crossing in Tijuana in February 2021 further demonstrates the existence of many migrants waiting indefinitely in the city, unable to return to their home countries, unable to find suitable settlement spaces in Mexico, and hoping for a better life in the United States (Torre, 2022).

Conclusions and Recommendations for Public Policy

In summary, it has been observed that there are at least two issues that the Mexican government at all three levels must



address: 1) creating spaces to accommodate migrants who have recently arrived in the city, whether they are nationals or foreigners, and who may require different types of assistance; 2) the need for instruments to facilitate the integration of migrants who are staying in Mexico, whether temporarily or indefinitely.

Since this problem is partly generated by US immigration policies, both for control and protection, including asylum and other forms of international protection, it is necessary to seek international cooperation in the region and bilateral agreements with the United States for immigration management. However, this will be very complicated due to the fact that the US government considers international immigration as something that must be managed unilaterally.

Therefore, a more realistic option is to attend to and integrate migrants on a case-by-case basis. For newly arrived migrants, action protocols must be generated, and spaces must be available that can be adapted to specific circumstances, both foreseen and unforeseen, so that the response to these phenomena is not purely reactive and improvised, as we have seen in recent years, not only with the arrival of Central American migrant caravans or Ukrainian migrants, but in general, with the continuous and less publicized arrival of migrants to the city.

Spaces for processing must be created according to the different needs of migrants, taking into account the considerable failures that were observed when designing the CIM “Carmen Serdán” and the Migrant Sanctuary: high

maintenance costs, poor location, difficult access for migrants, etc. The task is complex, so measures must result from a deep analysis of a model to follow for migration in Tijuana.

Regarding migrants who have longer stays in the city, policies must be implemented to promote their social and labor integration for those who are making Mexico their final destination. This can include facilitating documentation, supporting housing, professional training programs, job opportunities, providing information to businesses, etc.

The challenges facing Tijuana regarding migration are extrapolatable to other border cities, so the lessons learned about migration in this city can serve as lessons for others and vice versa.

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Chapter 8

Challenges of Dealing With Irregular Transit Migration During the Pandemic in Western Mexico



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INTRODUCTION

On March 11, 2020, the World Health Organization (WHO) declared the onset of the SARS-CoV-2 virus-induced pandemic. This infectious respiratory illness, known as COVID-19, typically results in mild to moderate symptoms that can be managed without specific medical intervention. While severe symptoms are more common in older adults and individuals with pre-existing conditions, anyone, regardless of age, can contract COVID-19, experience severe illness, or succumb to the disease.

This global event, with its far-reaching consequences, has disrupted certainties and exacerbated long-standing issues. In this context, it is important to revisit the concept of a syndemic, as introduced by Singer in critical medical anthropology, which refers to the synergistic interaction of epidemics. A syndemic represents the combined impact of two or more epidemics or disease outbreaks that, through their biological interaction and social consequences, result in an increased burden of disease. It reflects the simultaneous interaction of multiple epidemics, health problems, or conditions and underscores the effects of the biological and social interplay of epidemics on the health conditions of populations affected by social inequality (Eslava, 2020).

Therefore, we can consider the period since March 2020 as a syndemic situation, as the COVID-19 epidemic has interacted with other epidemics such as obesity, diabetes, cancer, hypertension, etc., within a context of social inequality. This has particularly affected individuals from northern Central American countries who were compelled to migrate due to reduced remittances and economic hardships, leading to the

forced displacement of thousands of migrants towards the United States.

Meanwhile, countries in the Global North have reinforced and expanded border control mechanisms in response to the growing number of irregular migrants attempting to enter their territories. These measures were preceded by the anti-immigrant agenda pursued by former President Donald Trump, who, in 2019, signed the Asylum Cooperation Agreements (ACA) designating the United States as a “safe third country” and reinforcing U.S. influence over countries in the Central American isthmus. Additionally, the implementation of Title 42 facilitated the enforcement of the Migrant Protection Protocols (MPP), commonly known as “Remain in Mexico,” which further restricted the movement of individuals in need of international protection.

This policy stance is rooted in the national security paradigm, which justifies border closures as a sovereign act of nations. Within this framework, undocumented migrants have been equated with terrorists and criminals, leading to their criminalization. In 2020, this criminalization intensified as these highly mobile migrants were portrayed as a biological threat to public health. In Trump's rhetoric, migrants were portrayed as a multidimensional risk to security, public health, and the economy (Torre-Cantalapiedra, 2021).

The notion that migrants pose a threat to society reinforced the border blockade, particularly for the Central American population traveling through Mexico. This population has faced increasingly restrictive measures since the 2001 Twin Towers attack. Only during the COVID-19 pandemic did these measures find justification under the pretext of public health,



aimed at keeping as many undocumented immigrants out of the country as possible (Torre-Cantalapiedra, 2021).

The pandemic-related restrictions imposed by the US government trace back to the Donald Trump administration (2017-2021). In March 2020, they introduced Title 42 through the Centers for Disease Control and Prevention (CDC) as a mechanism allowing border agents to swiftly expel undocumented migrants. Title 42 remains in effect under the current administration of Joe Biden, with non-citizen individuals testing positive for COVID-19 also being expelled. These deportations, excluding minors, involve returning individuals to their countries of origin or a Mexican border city. The objective of Title 42 is to block irregular immigration.

This inhumane approach is based on the belief that stopping irregular immigration will halt the spread of COVID-19. To achieve this, the United States exerted pressure on neighboring countries like Mexico, a key trade partner in the North American region, reinforcing already implemented mechanisms. The US promoted externalization of borders, suspended the asylum system and rights protection, temporarily restricted the shared border with Mexico, and imposed limitations on non-essential travel. Paradoxically, tourist travel remained unaffected.

In addition to succumbing to political pressure and economic coercion by the US government, such as the threat of increased tariffs in May 2019, Mexico continued its containment policy, building on the Comprehensive Southern Border Plan (PIFS) initiated in June 2014. Mexico also collaborated in 2019 by receiving asylum seekers whose cases were indefinitely stalled in US courts, forcing them to wait for months or even years in improvised shelters/camps in Mexican border cities like Tijuana and Reynosa. The "Remain in Mexico" program

returned applicants who were at risk of being kidnapped, extorted, violated, or killed in the United States (Human Rights Watch, 2021).

Increasingly restrictive measures included the use of National Guard agents to detain migrants for prompt deportation. This occurred in the jungle areas of Guatemala encompassing the El Ceibo border crossing in Lacandona and Talismán-El Carmen, where migrants and asylum seekers were forced to cross the border on foot without prior notice to their respective consulates or in coordination with the Guatemalan government, and thus denying them the possibility of applying for asylum. Afterwards, when the caravans of 2020 emerged, Mexico threatened harsh penalties of 5 or 10 years in prison for migrants who arrived without the required documentation to enter (Torre-Cantalapiedra, 2021). Similar to the actions of the United States government, Mexico did not impose restrictions on its air borders. This action reiterates the interest in “desired” migrants and instead of those who do not meet the requirements, but yet never stopped trying to cross.

Central Americans in Irregular Transit Through Western Mexico During the COVID-19 Pandemic

The pandemic has presented us with challenges that compel us to grapple with the complexities brought about by this unexpected and uncertain event. It has exacerbated pre-existing issues and disrupted the conditions of mobility and hospitality in transitional regions. Consequently, this has resulted in forced confinement, preventing individuals from



continuing their journey and impeding their right to seek asylum in the United States. The insights I share below stem from my volunteering experience at the El Refugio shelter in San Pedro Tlaquepaque, Jalisco, during the final two weeks of 2021. Although my time there was brief, it was incredibly enriching and intense. Additionally, these reflections are also informed by interviews I conducted in 2020 and 2021 with Central Americans residing in the Metropolitan Area of Guadalajara (AMG).

Given the context of various constraints, closed borders, immobility, and social stigma, the movement of Central Americans through the AMG during the first year and a half of the pandemic necessitated urgent restructuring and redefining of care practices within the entire humanitarian network across Mexico. These practices needed to align with isolation, quarantine, and distancing measures as strategies to mitigate the spread of the virus. As a result, transit migrants could no longer utilize services within the facilities, such as spending three nights, resting, showering, or making phone calls.

Assistance took on a new external approach, which involved providing food, support with clothing and hygiene items, and information without allowing entry into the shelter. This was because the spaces were occupied by individuals seeking international protection, such as refugees and humanitarian visa applicants. Additionally, complementary support was provided to those adhering to the "stay at home" measures and the imposed confinement due to the uncertain situation. Meanwhile, individuals remained within the facilities, living their daily lives while simultaneously progressing through the necessary procedures.

Transit migrants were left without resources. This situation required significant doses of solidarity (Torre-Cantalapiedra, 2021) as the network ceased to be an oasis and diminished the assistance that allowed them to rest and recover to continue on their arduous journey; the network sustained their travels. It should be noted that migrant shelters vary in terms of their legal structure, target population, services, professionalization, source of material resources, internal organization, dimensions, and characteristics of the facility. These factors influenced the closure of entry doors and restricted attention, leading to a reduction in the number of volunteers who are crucial for the operations of such organizations. As a result, the core team organized shifts to ensure the functioning of the facilities during their respective shifts.

The fear of contagion grew amidst the uncertainty surrounding the new virus, its behavior, the overwhelming amount of information, and the ease of transmission. It was necessary to procure large quantities of face masks, hand sanitizer, sanitizing agents, and doormats. Adequate spaces had to be prepared to accommodate quarantine(s), as well as the installation of bathrooms and showers outside the buildings that were adapted in El Refugio, adjacent to the church located in front of the main entrance of the shelter. At that time, this space consisted of 6 rooms labeled as 2, 3, 5, upper large, upper small, and isolation, organized by color, totaling 59 beds. Meanwhile, construction workers were simultaneously building 2 rooms for future permanent or intensive volunteers.



Consequences of the COVID-19 pandemic on the migrant population

The freeze that was placed on all utilities expenses (i.e. water, internet, phone, electricity, gas) certainly alleviated some of the financial burden. However, the weight of all other necessary survival expenses for food, clothing and other necessities continued to weigh heavily. It was thus necessary to promote donation requests and reiterate the appropriate use of face masks and hand sanitizer.

Some of the Central Americans who sought refuge there had arrived in 2019, such as Charles, who was fleeing from his native Honduras due to threats and a gang attack. He applied for asylum with the legal support of the shelter, but his process was delayed until 2021 thanks to the prolonged waiting time caused by the pandemic. Luli, a Honduran woman who arrived in Mexico with the April 2019 caravan, had previously lived in El Maniadero in Baja California Norte for nearly a year before coming to the shelter with her 10-year-old twin children. Marcos, a Costa Rican who also arrived in the 2019 caravan, applied for asylum in the United States from the city of Tijuana, but he was detained, incarcerated, and deported to his country of origin after his fourth court hearing.

By the second semester of 2021, the increased demand for assistance necessitated the opening of additional spaces in the shelter due to the arrival of Haitian individuals who had been living in Brazil and, in much smaller numbers, Chile. The young adults, both single and in couples, as well as children aged between 7 and 10, spoke Haitian Creole, French, and Portuguese. The younger children, who were not born on the island, spoke Portuguese, Spanish, or a mixture of the two known as “portuñol.” And by 2021, the first case of a baby born

to Haitian parents had been registered.

By December 2021, the shelter could no longer accommodate additional migrants as the housing for the Haitian population had to be extended due to their prolonged stays. As a result, Father Alberto Ruiz chose to receive some transient migrants in the temple to provide them with safe overnight lodging. With appropriate precautions, he allowed them access to the shelter's dining area.

Meanwhile, several Haitians began to request protection and the safe-conduct issued by the National Institute of Migration (INM) to legally transit to Tijuana. At the same time, they informally worked in small businesses in the San Juan de Dios Market and its surrounding streets. They mainly worked as waiters on the first floor, where the food area is located. They were paid per day plus tips. But this flexibility made them vulnerable because of the high risk of contagion and their lack of social security and health rights. Their placement was facilitated because these businesses did not require them to provide documents for their hiring, and if they needed to move to another destination suddenly, they did not have to wait until the end of the week or the fortnight.

In the shelter, the majority of migrants originated from Haiti. Communication was challenging because regulations and procedures had not yet been translated for their understanding. Other barriers to effective communication included the high rate of employee turnover, and the fact that few employees spoke any of the languages commonly used in Haiti. This also led to tension and differences with migrants from the Central



American countries, who referred to them as “the black ones” and accused them of not participating in cleaning activities in their rooms, common areas, and maintaining order in the dining area, kitchen, bathrooms, living room, courts, and garden. A Costa Rican individual described many of them as “very self-interested, very opportunistic” (Marcos, 2021) because they did not use the money sent by their network members from the United States and Tijuana. Instead, they would ask the shelter staff for items such as powdered milk, diapers of various sizes, sanitary towels, underwear, bar and powdered soap, chlorine, floor cleaners, and more.

However, a widespread discomfort during their stay stemmed from the culinary shock they encountered with the meals prepared in the dining room. Due to its limited resources, the shelter offered dishes with varying levels of spiciness made with kidney beans, red rice, scrambled eggs, chilaquiles and coffee. These dishes lacked typical ingredients of Caribbean cuisine, such as chicken, pasta, fried plantains, pork, fish, soups, and marinades. When the three mealtimes were announced, they would often not show up or just collect their plate and later discard the food, leading to pest infestations in common areas and dirty spaces due to the accumulation of dishes and glasses inside the rooms. The operational staff engaged in dialogues with them to raise awareness about the wasted food, their involvement in shelter activities, and the care of their children who were frequently left unattended in the television area or on the courts while they spent long periods inside their rooms or doing laundry. As the new year began in January, many of them continued their journey, while others, in small family groups, were unable to leave the shelter

due to pandemic restrictions. The “red traffic light indicator,” signifying a surge in infections in the city, prevented them from leaving the shelter.

Conclusions

The challenges faced by shelter operations in regions of transit during the COVID-19 pandemic highlighted the need for flexible and pragmatic responses to emergent situations, such as the arrival of minors and the associated requirements (clothing, shoes, toys, diapers, powdered milk, a playroom, etc.). Additionally, there was the reception of a migrant population consisting of small Afro-descendant family groups, who had previously migrated from Brazil or Chile, and had specific needs.

It was necessary to work collaboratively to manage resources, promote donations, and translate documents and regulations. The operational staff organized activities in which the sheltered migrants could participate. They also kept records of arrivals and departures and created profiles for each family group, taking into account their specific circumstances. The focus was not merely on providing general care, but rather on addressing their individual needs based on their backgrounds and individual histories. This approach undoubtedly inspired the humanitarian network.

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Chapter 9

The Effects of the COVID-19 Pandemic on the Migratory Reality of Guanajuato



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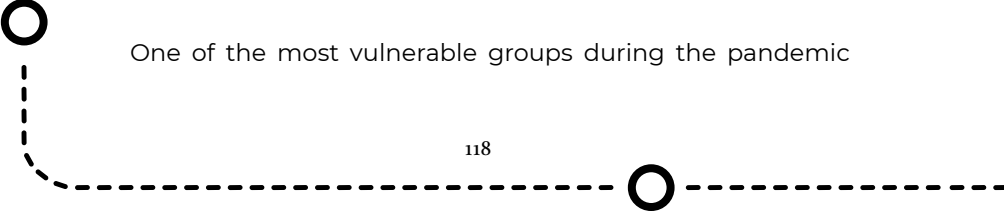
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INTRODUCTION

The pandemic caused by the new SARS-COV-2 virus has disrupted human life on a planetary level since March 2020. After two years of the pandemic, the Mexican government (2022) has reported 339,490 deaths due to COVID-19. In the state of Guanajuato (as of June 22, 2022), 14,890 deaths from the same disease have been registered, with the municipality of León having the highest number of deaths at 5,261, representing 35.3 percent.

At the global level, the international migrant population has been identified as one of the most vulnerable as a result of this pandemic, not only due to their mobility status and essential worker roles, which have resulted in effects on their lives due to border closures and quarantine measures to prevent the spread of the virus, but also due to the growing number of forced migrants worldwide. Specifically in Latin America and the Caribbean, vulnerabilities are accentuated by structural inequalities and an exclusionary development model that is linked to job loss, indefinite detentions of unauthorized migrants, barriers to accessing documentation for safe migration, and stigmatization of migrant people throughout the migration cycle (CEPAL, 2020). Precarious human mobility in Mexico implies conditions of informal displacement, irregular border crossings, susceptibility to labor exploitation, and a high risk of experiencing violence in the spaces where they arrive.



One of the most vulnerable groups during the pandemic

has been migrant women and girls, who were already exposed to various forms of exploitation and gender-based violence throughout the migration cycle, such as the risk of being victims of sexual assault, discrimination, harassment, and crimes such as human trafficking. With the pandemic, the imposition of the caregiver role was accentuated, generating new precariousness that feminizes inequalities, especially in the family environment, where they were already responsible for domestic care and childcare, in addition to caring for COVID-19 patients. This situation implies direct contact with the virus, which was particularly serious at the beginning of the health emergency, due to the lack of vaccines and the lack of knowledge in the treatment of the disease. Many immigrant women in the US work as nannies, nurses, or domestic workers, leaving their children with other women such as their mothers or grandmothers while they generate income to support their families. This generates what Guerra Palmero (2012) calls “global chains of care”: sex and care are structured according to a traditional logic of gender roles that were previously exercised mainly by “national” women and that are now occupied, as feminized labor niches, by migrant women.

The complexity of the Central and North American migration system (Vilches, M. 2020) in which Mexico is embedded makes it difficult to identify all the challenges involved in meeting the needs of the population in precarious and vulnerable human mobility in different geographies: cities, towns, borders, roads, shelters, detention centers, etc. In Mexico, the response to addressing the needs of the population in precarious human mobility has been insufficient, and at the federal level, contradictory measures have been emphasized, on the



one hand, the militarization of migration control generating greater risks and costs to transit through Mexico, and on the other hand, an increase in the reception of asylum and refugee applications (REDODEM, 2020).

This paper describes the migratory reality of Guanajuato during the COVID-19 pandemic and focuses on three elements: migrant shelters that provide humanitarian support to different migrant populations, agricultural laborers who were recognized as essential workers, and people expelled from the United States to Guanajuato.

1. The Migratory Reality in Guanajuato

The migratory phenomenon in the state of Guanajuato, Mexico, is composed of at least four elements: internal migration, international emigration to the United States, foreign immigrants, return migration from North America, and migrants in transit, mainly of Central American origin (Durand et al., 2019).

According to the 2020 Population and Housing Census, the number of foreign immigrants residing in Guanajuato reached 42,486, of which 74% come from the United States. Meanwhile, 50,442 emigrants left Guanajuato in the last five years, and the state remains among the first federal entities with a high migratory intensity index. In the same period from 2015 to 2020, 22,168 people returned to Guanajuato, ranking the state in third place for returned migrants after Jalisco and Michoacán (UPMRIP, 2022).

Since Guanajuato is located in the center of Mexico, the flow of migrants in transit is not as numerous and visible as in the southern and northern borders of the country. According to the Unit for Migration Policy, Registration, and Identity of Persons in the Secretariat of Government, 953 events of foreign individuals detained for migratory irregularities were registered in Guanajuato in the two years of the pandemic (2020-2021), the majority of whom came from Honduras, Guatemala, El Salvador, and Nicaragua. Regarding the number of expulsions from the United States to Guanajuato, more than 27,000 events were registered during 2020 and 2021. It is important to note that, due to the pandemic-related health restrictions, US migration authorities acted at their discretion to reject and return all individuals they deemed a risk to their country. Therefore, the number of incidences of Mexican expulsions increased from 184,000 to over 225,000 in the same period.

Although the pandemic modified and slowed down the dynamism of the migratory system, in which different migratory flows mix, this alteration occurred mainly in the first half of 2020. Nonetheless, these restrictions never completely stopped migratory processes, as the essential workforce economy continued to demand workers, and the causes of forced migration, such as poverty, violence, and authoritarianism, persisted in much of the region's countries.

2. Shelters for Migrants

In Guanajuato, different routes that connect the south and north of Mexico converge, making it a territory where migrant individuals transit with the intention of reaching the northern



border with the United States. This has generated various civil society initiatives to found shelters and migrant houses. Five migrant houses have been identified: Casa Galilea (León municipality), San Carlos Borromeo (Salamanca), San Juan de Dios (Irapuato), Manos Extendidas (Celaya), and Casa del Migrante ABBA (Celaya) (Durand et al., 2019, p. 115). These spaces of hospitality for people in precarious human mobility had to make extraordinary efforts to continue providing humanitarian assistance in the context of uncertainty caused by the COVID-19 pandemic. Not all of them could be maintained, as was the case with the migrant house in Irapuato, which had to close its doors permanently.

In addition to the pandemic context, migrant shelters in Guanajuato had to face an increase in violence among different organized crime groups. Staff members at these shelters have reported that the risk of kidnapping, extortion, and disappearance has been on the rise not only for migrants transiting through the state, but also for those who collaborate in the migrant shelters and reception centers in the Guanajuato region (Castillo Soltero, 2022, p.174).

To prevent the spread of the new virus, the various shelters implemented health protocols and modified the way they provided assistance to people seeking shelter, food, and medical care. These measures included hand cleaning and disinfection, wearing masks to enter the shelter, using outdoor spaces, maintaining well-ventilated spaces, and conducting contagion tests. Although the authorities did provide support to deal with this exceptional public health emergency, it is felt that it was insufficient.

While there was a decrease in the flow of people in precarious human mobility to migrant shelters in Guanajuato in the first months of the pandemic, the diversification of migratory profiles and the needs of assistance have become more demanding for these care centers. The presence of Central American girls and boys is a constant, as are families traveling in groups. People from the Caribbean, including Cuba and Haiti, and extracontinental migrants from Africa and Asia are also appearing.

Migrant shelters have become spaces that accompany and advise on various legal procedures before the authorities, such as requests for asylum and international protection in Guanajuato. During the pandemic, waiting times for these procedures increased considerably, with a process that previously took one month now extending up to six months. Therefore, some shelters had to change their stay rules and develop legal capacities to deal with these processes before the Refugee Assistance Commission.

3. Essential Migrant Workers: The Case of Agricultural Laborers

At the beginning of the COVID-19 pandemic, it was necessary to define the importance of certain workers in the context of confinement measures, as it was necessary to continue productive activities that were essential to the functioning of society. For this purpose, the category of “essential workers” was created, understood as those who perform tasks that are indispensable for the functioning of society during a health emergency.



This clearly showed that migrants, whether documented or undocumented, are essential workers because they work in fundamental sectors of the economy, such as infrastructure conservation, maintenance and repair, various sectors of the food industry, transportation, energy production, and the care industry, among others (Padrón Innamorato et al., 2021).

Within essential activities, one of the most important was agricultural production. Work in the field is poorly paid. The National Network of Agricultural Day Laborers (RNJJ) reported in 2020 that the salary received by day laborers ranges from 100 to 200 pesos per day under poor conditions. They often obtain informal jobs, without fixed contracts, and with few or no benefits.

In this context, thousands of agricultural day laborers from Guanajuato decided to emigrate to the United States in search of better opportunities. RNJJ (2020) estimates that during the COVID-19 emergency, 500,000 day laborers left the country, of which approximately 60% came from states such as Guanajuato, Guerrero, Veracruz, Oaxaca, and Puebla.

During the pandemic, agricultural day laborers entered the United States with temporary visas within the H-2A visa program. This program is used for U.S. employers to provide work in the field to undocumented foreigners, offering them temporary positions in agriculture. The conditions of these workers at the beginning of the pandemic were not favorable, as they were not provided with information about the virus, masks, or gloves to protect themselves, and many used their

handkerchiefs to cover their mouths. They were not provided with hand sanitizer, and the areas were not sanitized; they were only offered paper, water, and soap.

Meanwhile, indigenous agricultural day laborers from Guerrero and Oaxaca arrived in Guanajuato to work in agriculture, as the Guanajuato peasant population prefers to go to the United States. During the first years of the pandemic, migrant agricultural day laborers continued to work in Guanajuato's fields as essential workers, earning lower salaries than in the United States but under worse or equal working conditions.

4. Expulsion of Migrants in the Context of the Pandemic

The expulsion of vulnerable populations has been a constant for decades, which has not ceased despite multiple voices warning of the negative consequences for the people subject to this sanction. However, this trend has been emphasized during the COVID-19 pandemic.

Migration controls in the North American region increased due to the health emergency. Measures ranged from the closure of borders for non-essential travel to the requirement of presenting certificates of certain vaccines to cross national borders. However, the spread of the virus did not recognize barriers, and although containment measures were taken, the spread continued. In practice, human mobility across national borders implies unequal access to documentation, means of transportation, and priority border points, such as airports and



flights from origins and destinations considered safe.

The consequences of measures such as Title 42 of the Public Health Service Act issued in March 2020 in the US were used to systematically and arbitrarily reject individuals considered a risk for transmitting diseases. This resulted in rapid expulsions of thousands of people without proper care and protection, sending them back to their places of origin. It appeared as though the containment of virus transmission only mattered for the destination territories, while the spread of the virus in the territories to which the migrants were deported became irrelevant. This represents the paradox of a closed border for entry but an open one for expelling migrants (Vilches et al., 2021).

Over the last five years, the repatriation of Guanajuato residents from the US has been among the highest, ranking only below Guerrero, Chiapas, Oaxaca, and Michoacán. In 2020, there were 15,724 incidences of expulsion from the neighboring country to Guanajuato, second only to those repatriated to Guerrero (17,351). A decrease was observed in 2021, with only 11,524 events of repatriation of Guanajuato residents. Unfortunately, in these two years of the pandemic, the number of Guanajuato minors expelled increased from 867 events in 2020 to 1,427 events in 2021, a 39% increase in the second year of the pandemic.

Therefore, it can be observed that the machinery of containment and expulsion of migrants has continued to operate in the early years of the COVID-19 pandemic. It is known that migrants will continue to attempt to cross the border, so an increase in the number of

migrants trying to enter destination territories is expected.

Conclusions

The multiple crises that humanity has been facing in the beginning of the 21st century have been exacerbated by the COVID-19 pandemic. The uncertainty about its consequences and when it will end continues to generate debate about the world we can build in the future. In the dimension of migration, we see serious limitations, but also important opportunities.

From a subnational perspective, such as that of a state like Guanajuato, two opportunities can be identified: the need to connect the local with the global, and the recognition of migrant work as essential. This pandemic has shown us the importance of health starting at the local level and being connected to the global level. International human mobility is not exclusively a matter of borders, but also of access to goods such as health, which begins locally and is related to the global level. Health cannot be monopolized in a single territory. The second opportunity that this pandemic offers is the recognition of the importance of migrant workers and their contribution to essential tasks for the functioning of societies. This certainty needs to be incorporated into dominant discourses that narrate the benefits of globalization, in order to avoid the stigma that exists towards the category of migrant and the consequent xenophobia present in most countries.



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