

# VOICES OF INTERMATION FROM GUANAJUATO

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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.

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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 rightsoriented 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.

#### Acknowledgements

THE GOVERNMENT OF THE STATE OF GUANAJUATO,
THROUGH THE MINISTRY OF MIGRANT AND INTERNATIONAL
AFFAIRS OF THE STATE OF GUANAJUATO, THANKS
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INVALUABLE SUPPORT IN THE ENGLISH TRANSLATION
OF THIS BOOK, WHICH IS DEDICATED TO THE MIGRANTS
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.

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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

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.

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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 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 reemigrates from Brazil or Chile, with specific needs."

Finally, the last chapter is dedicated to the context of Guanajuato. Miguel Vilches and Emilia Mendívil 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

#### 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.

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.

### 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,

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



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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.

<sup>1</sup> 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 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

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

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,

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

#### Celeste Sánchez

Celeste N. Sánchez is the daughter of Central American immigrants, and was born and raised in Southern California, USA. She had the opportunity to work directly with Guatemalan and Honduran families and youth for several years, both in Central America and in Los Angeles, California. She holds a Master's degree in Social Work and is a doctoral student in Social Work at Loyola University Chicago. Contact: csanchez11@luc.edu.

### María Vidal de Haymes

María Vidal de Haymes holds a Doctorate in Social Work from The Ohio State University and a Master's in Social Service Administration from the University of Chicago. She is a research professor at Loyola University Chicago (LUC) and serves as the Director of the Center for Immigrant and Refugee Accompaniment (CIRA). Additionally, she directs the graduate level Migration Studies track in LUC's School of Social Work.

#### Cary Rositas-Sheftel

Cary Rositas-Sheftel graduated Summa Cum Laude with a Bachelor's degree in Psychology from the University of Monterrey, and holds a Master's degree in Science in Human Development and Family Studies from the University of North Texas. She earned her Doctorate in Philosophy with a specialization in Education from the Autonomous University of Nuevo León. She also holds a certificate in Diversity.

#### Maricela García

#### 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

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

### 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,

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).

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 13 (e)10 (v)15 (ent h)cumber tha-2 (cr)13 (e)15.1 sed to 3vi (o c)

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

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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.

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 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.

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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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 -2 (e)10 (w)0.5obofot th/ (iginni,)asgeg an

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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

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

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,

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. [...]

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

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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 ethnic minorities, people. peoples, 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

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 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,

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 jil65 [(w (IE (e in)-2 ( al., 2)48.1 0) in21)(.)]TJ 04596 Tw 1 -3.333 Td [A(n)-2 ((th)-2 (e migrants)

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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 EI 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 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 preexisting 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.

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.

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 with 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

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 Haitido3 (e) 0.5 (th)-2mriskd

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

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## The Effects of the COVID-19



## **INTRODUCTION**

The pandemic caused by the new SARS-COV-2 virus has disrupted human life on a planetary level since March 2020.

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 law1-C(r (er)9.s wt sh)-ons, oero

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, suainly i

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

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

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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