STRUCTURAL DETERMINANTS OF HEALTH AMONG IN-TRANSIT IMMIGRANTS THROUGH MEXICO DURING THE COVID-19 PANDEMIC: METHODOLOGICAL CHALLENGES AND FINDINGS

Rodolfo Cruz Piñeiro is the Director of the Department of Population Studies at El Colegio de la Frontera Norte. He holds a PhD in Sociology from the University of Texas in Austin and is a member of the Mexican National Research System since 1992. He has been President of the Mexican Society of Demography and a member of the Consultative Council of the National Institute of Migration, among others.

Carlos S. Ibarra is a postdoctoral fellow at El Colegio de la Frontera Norte's Department of Population Studies. As an anthropologist with a PhD in Cultural Studies, he has coordinated fieldwork efforts on different research projects exploring religious change and migration. In this regard, Ibarra is a specialist in emerging religious identities, youth studies, conservative rationales and migration studies. His current research focuses on mental health among refugees, migrants, and deportees.

INTRODUCTION

Structural determinants of health among Central American and Caribbean immigrants journeying through Mexico are usually associated with their status as outsiders and their need to seek shelter while they wait for their asylum requests in the US to go through. The COVID-19 pandemic brought additional hurdles for them, as shelters went into lockdown and the borders closed. This article goes over the most common structural determinants of health that in-transit immigrants had to face during their long wait in Mexico and the methodological challenges that had to be overcome while conducting research in a pandemic-ridden country.

Most of the source material for this article comes from the *COVID-19's differential impact on the mental and emotional health of Indigenous Peoples and Newcomers: A socioeconomic analysis of Canada, US and Mexico* research project, funded by the Canadian Institutes for Health Research (CIHR) through the University of Manitoba, whose fieldwork phase in four Mexican border cities took place during 2021.

MEXICO AND THE IMPACT OF THE PANDEMIC ON IMMIGRATION

While the pandemic worsened the living conditions and chances of those seeking asylum in the US, most in-transit immigrants in Mexico were already directly affected by the Migrant Protection Protocols (MPP) that were in place between January 2019 and June 2022. This "remain-in-Mexico" policy suspended the right of asylum to any migrant crossing the US-Mexico border outside of the official ports of entry (US Government, 2018). Furthermore, the MPPs allowed the US Government to release asylum claimants to Mexico in order for them to wait for their hearings in the US. By July 2019, the Department of Homeland Security and the Department of Justice announced that those who had not previously applied for asylum in one of the countries that they had to traverse would not be eligible to request asylum in the US; this rule went into effect by September 2019 (Kocher, 2021).

With the arrival of COVID-19, the US-Mexico border was closed to nonessential traffic in an attempt to stop the spread

of the virus, this situation further slowed down the asylum process and things worsened up with the implementation of US Title 42, a public health regulation that allowed for the quick deportation of asylum seekers who presented themselves at a port of entry without due process, with exceptions made for unaccompanied minors, victims of torture, parents with newborns, pregnant women and individuals with special needs (Fabi, Rivas & Griffin, 2022).

STRUCTURAL DETERMINANTS OF HEALTH AMONG IN-TRANSIT IMMIGRANTS IN MEXICO

The onset of the pandemic "strained local resources for basic necessities including food and temporary shelter" (Brito, 2020: 1), which resulted in the overcrowding of all of the migrant shelters in the region and the emergence of improvised encampments on the streets (Calderón-Villareal, Terry, Friedman, González-Olachea, Chavez, López & Bourgeois, 2022).

In this regard, few in-transit immigrants had access to healthcare, as this was dependent on whether they were staying at a shelter that could provide it. If they were inhabiting an improvised encampment, the only way in which they could obtain healthcare was to be present when an NGO visited their location to provide aid. On the other hand, a limited number of individuals were able to attain refugee status in Mexico, allowing them to officially apply for jobs and thus making them eligible to get healthcare as per Mexico's laws (Cruz & Ibarra, 2022).

Considering how the agentic capacities of a given community are a reflection of the interaction between power and control (Dutta, 2016), another structural determinant of health has to do with the level of agency that in-transit immigrants have in Mexico, as they are mostly at the whim of the power dynamics operating in the US-Mexico border region and in their specific living spaces. We confirmed this during the interviews conducted for the research project, as all of them mentioned how, for instance, they were willing to obey every single sanitary measure, including vaccination mandates, in an attempt to reduce the risks of being denied asylum or getting deported (Cruz & Ibarra, 2022). An extensive report on these findings can be found on the previously cited paper.

METHODOLOGICAL CHALLENGES DURING THE PANDEMIC

By mid 2021, when our fieldwork phase started, most migrant shelters were in deep lockdowns, some of them even cutting off contact from the outside world altogether. Our starting goal was to get 40 to 50 in-depth semi-structured interviews, evenly distributed among these four border cities.

Virtual interviews were out of the question, as most of our potential interviewees were on the streets and/or at improvised encampments. In order to tackle this situation, we had several options: either we waited for any of the shelters to ease off on their restrictions or we could go out by ourselves onto the streets. We decided for the latter, combined with snowball sampling, since we had recently worked on other projects related to immigration, and unsurprisingly it worked very well, in fact many of the interviews that we were able to set up first were booked thanks to taking advantage of previously established networks and this technique.

As for the streets, we started to learn and walk areas with nearby encampments, sometimes several times a day and, after careful observation, we decided if we could approach a person and introduce ourselves, with the intention of establishing as much rapport as possible in such a short time. After this step, it became easier to determine if the individual could be a potential interviewee. Once we were greenlit to do an interview, we decided to conduct it in any of the cafes or restaurants in the area, as being free from the gaze of the authorities made most interviewees more comfortable. We learned this the hard way when we were conducting interviews for another project in the premises of the National Institute of Migration, where many of the interviewees were very careful as they thought that their answers could deter their asylum request process.

In the end, we were able to conduct 57 interviews, which in turn allowed us to identify five recurring narratives that allowed us to infer how COVID-19 affected the mental health of the in-transit immigrants that we were able to interview:

- The pandemic's psychological impact, referring to those cases in which the sanitary contingency was directly related to their mental health;
- The uncertainty of being stranded in Mexico and the long wait;
- Fear of violence over fear of contagion;
- The perceived leniency of Mexico with the pandemic when compared to their countries of origin, and;
- Beliefs about the pandemic and vaccines. As previously mentioned, an extended report on these results can be found in the following publication: *A narrative-based approach to understand the impact of COVID-19 on the mental health of stranded immigrants in four border cities in Mexico* (Cruz & Ibarra, 2022).

REFERENCES

Brito, M. O. (2020). "COVID-19 in the Americas: Who's Looking after Refugees and Migrants?". *Annals of Global Health*, 86(1).

Cruz, R. & Ibarra, C. S. (2022). "A narrative-based approach to understand the impact of COVID-19 on the mental health of stranded immigrants in four border cities in Mexico." *Frontiers in Public Health*. doi: 10.3389/fpubh.2022.982389.

Calderón-Villarreal, A., Terry, B., Friedman, J., González-Olachea, S. A., Chavez, A., López, M. D., ... & Bourgois, P. (2022). "Deported, homeless, and into the canal: Environmental structural violence in the binational Tijuana River." *Social Science & Medicine*, 305, 115044.

Dutta, M. "Cultural Context, Structural Determinants, and Global Health Inequities: The Role of Communication." 2016. *Frontiers in Communication*; doi: 10.3389/fcomm.2016.00005

Fabi, R., Rivas, S. D., & Griffin, M. (2022). "Not in Our Name: The Disingenuous Use of 'Public Health' as Justification for Title 42 Expulsions in the Era of the Migrant Protection Protocols." *American Journal of Public Health*, 112(8), 1115–1119.

Kocher, A. (2021). "Migrant Protection Protocols and the Death of Asylum." *Journal of Latin American Geography* 20(1), 249–258. doi:10.1353/lag.2021.0010.

US Government. (2018). "Presidential Proclamation Addressing Mass Migration Through the Southern Border of the United States." Retrieved from: https://trumpwhitehouse.archives.gov/presidential-actions/presidential-proclamation-addressing-mass-migration-southern-border-united-states