

Preliminary Report:

Needs assessment of health conditions in
the Templo Embajadores de Jesus Shelter

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Introduction

Hundreds of thousands of people are reaching the US-Mexico border each year seeking political asylum. Most of these people are fleeing life-threatening situations, only to arrive at the border for an indefinite wait of months, if not years. Staying in unfamiliar and crime-ridden cities, these families are often exposed to multiple hazards, including environmental and health-related risks. Although the specifics of the policy landscape keep changing, sometimes within weeks, the uncertain panorama has one constant: vulnerable families are subjected to unreliable procedures, their safety tends to be at risk, and their health, food, and housing basic needs tend to be sparsely met.¹

During their wait, asylum seekers experience important challenges to their health and overall well-being. This policy report explores asylum seekers' health, well-being, and migratory status at one of Tijuana's most important refugee shelters: the *Templo Embajadores de Jesus*. Although many of our findings reflect issues related to the specific context of this shelter, we also hope to uncover issues that broadly apply to asylum seekers at shelters in the US-Mexico border region.

The shelter *Templo Embajadores de Jesús* (from here on abbreviated as *Templo*) is located at the bottom of the Alacrán Canyon, in the border city of Tijuana, Mexico. *Templo* was originally an evangelical church and began providing shelter to migrants when large caravans of Haitians arrived in Tijuana in 2016. Since then, it has grown dramatically and today it is the largest migrant shelter in the city, housing approximately 1800 people at the time of our research. Although this space offers basic services such as 1-2 meals per day, a place to sleep, and weekly visits from a medical team, there has not been a reliable permanent space for scheduled medical attention. This report was made precisely to inform the efforts of UCSD's school of public health, in collaboration with the Universidad Autónoma de Baja California (UABC), to build of a permanent health clinic at the site.

To inform the design of this clinic, the Mexican Migration Field Research Program (MMFRP) worked with the Center on Global Justice and the School of Public Health at the University of California, San Diego, to assess the current health situation of asylum seekers sheltered the *Templo*. The Center on Global Justice (CGJ) has a long-standing partnership with this shelter, which has been one their permanent Community Stations. Over the last five years, the CGJ has worked to bring in sustainable architecture that will expand the shelter space for the *Templo*. As part of this programming, the CGJ partnered with the School of Public Health to design a health clinic. The MMFRP, a program that trains undergraduate and graduate students to conduct original, migration-related research, got on board to conduct nearly 300 interviews and surveys about residents' health-related needs. This report focuses on the health-related challenges that predominate at the shelter, taking

¹ For a closer look at the state of asylum seekers' basic needs while they wait at the US-Mexico border, consult

https://mmfrp.files.wordpress.com/2021/10/aol_ucsd_report_humanitarian_crisis.pdf; for a closer inspection of the effects of criminal violence on the lives and migration decisions of asylum seekers, consult https://mmfrp.files.wordpress.com/2021/11/aol_ucsd_report_violence.pdf

a close look at women and children, who are disproportionately represented among its residents.

In the report, we take a broad view of health, to include environmental, social, and personal wellbeing. We also incorporate a broader analysis of community life, sanitation and of how the policy context—in particular the U.S. government's imposition of the Title 42 policy and the implementation of the CBP One app—shapes migrants experiences. Our objective is to shed light on the current situation, identify key challenges, and propose actionable recommendations for improving the overall quality of life of asylum seekers at the border.

A Slippery Policy Landscape: Title 42 and CBP One App

Despite international law acknowledging the right for migrants to seek asylum,² US policies have systematically limited access to asylum in recent years. The country has implemented several policy mechanisms that force asylum seekers to wait for long periods of time on the Mexican side of the US-Mexico border, to even apply for asylum. Below is an overview of the most recent policies that affected the people we spoke to for this study:

Title 42

Although metering mechanisms (ways of artificially) limiting the number of asylum seekers able to approach the border) had been in place years before 2020, the Covid 21 pandemic provided justification for the US to close the border to new entries and invoke section 256 of Title 42 of US health law. Title 42 granted CBP officials the authority to rapidly expel people they apprehend, including asylum seekers. In addition, Title 42 blocked all individuals from making asylum claims, despite the objection of hundreds of public health experts asserting there is no clear public health rationale.³ More than 15,000 people who were already on metering lists at the border, waiting to claim asylum, were left stranded indefinitely on the Mexican side. Almost two thirds (60.7%) of border encounters led to a rapid expulsion under this policy and by April of 2022, the US had carried out 1.87 million expulsions under this policy.⁴

At the same time, the United States closed off asylum altogether for more than two years. In mid 2022, the US started to grant exceptions to admit the most vulnerable individuals, though it still lacked a formal and transparent policy as to how these exceptions were granted. Each border city created a different system, informally establishing agreements across CBP, Mexican migration authorities, and civil society organizations.⁵

CBP One App

Starting in January 2023, CBP then implemented the use of the CBP One mobile application to process Title 42 exceptions. In theory, this allowed asylum seekers to fill out

² The United States is party to the 1967 United Nations Protocol Relating to the Status of Refugees. This means it must legally comply with the obligations of the Geneva Convention

³ See: <https://www.publichealth.columbia.edu/news/public-health-experts-urge-u-s-officials-withdraw-order-enabling-mass-expulsion-asylum-seekers>

⁴ <https://www.americanimmigrationcouncil.org/research/guide-title-42-expulsions-border>

⁵ <https://www.strausscenter.org/publications/asylum-processing-at-the-u-s-mexico-border-february-2023/>

a form with their cell phones, so they could be pre-screened through the questionnaire, and they could directly get an appointment to show up at a given point of entry, without intermediation from local civil society organizations. However, in practice, the implementation of the CBP One app meant a new layer of complexity for asylum seekers. Migrants faced many technological and literacy barriers, with the app favoring those with better Internet or mobile data and more experience using online forms. It has also presented multiple glitches. In addition, the number of appointments is far below the number of applicants, reflecting a *de facto* reintroduction of metering (artificially limiting the number of people who can apply for asylum). For example, the New York Times reported that of 62,000 migrants trying to secure an appointment on a given day, the application opened only 1000 spots.⁶

Title 42 was then terminated on May 11 of 2023. As of this writing, the CBP One app is the only way to get an appointment for an initial audience at a US point of entry. Amnesty International released a policy brief describing this policy as problematic, since it grants no exceptions for vulnerable populations, such as children, medically vulnerable individuals, or indigenous populations, who may not have access to a cell phone. In addition, it presents privacy issues.⁷

Methodology

To address the health conditions of migrants in Templo under these conditions, we draw on 296 surveys and 104 in-depth interviews. During Fall 2022, Dr. Abigail Andrews, director of the MMFRP, designed survey and interview questionnaires in partnership with UCSD's Center on Global Justice and School of Public Health. Data collection involved a closed-answer survey, followed by optional open-ended interviews, all conducted in Spanish. The survey collected general demographic questions and was centered on health needs and concerns. The interview portion had open-ended questions organized by broad themes such as wellbeing, life at the shelter, life in Tijuana, community building and joy (themes we explore in this report).

Between January and March 2023, a group of 22 student researchers (17 undergraduate students and 5 graduate students), 2 instructional assistants, and the principal investigator conducted community-based research at the largest migrant shelter in Tijuana, the *Templo Embajadores de Jesús*. All students were bilingual, and all were trained in trauma-informed interview techniques—including research ethics, informed consent, and a reflection on our positionality as researchers.

To recruit participants, researchers announced the research project over a loudspeaker and in individual conversations, as well as on posters at different strategic locations around the shelter (which takes up several buildings around what CGJ considers a “neighborhood”). We then set up tables and chairs for interviews in different parts of the shelter/neighborhood. In an expression of gratitude for participation, we offered sweet breads and coffee to participants. Interested individuals could approach the research team, and shelter staff also circulated among residents to alert them to the opportunity and encourage them to participate. The survey portion lasted about 30-30 minutes, and

⁶ <https://www.nytimes.com/2023/05/11/us/migrants-border-app-cbp-one.html>

⁷ <https://www.amnesty.org/en/documents/amr51/6754/2023/en/> ;
<https://www.americanimmigrationcouncil.org/research/cbp-one-overview>

the qualitative interviews lasted from 20 minutes to an hour. These conversations consisted of open-ended questions focusing on participants' overall health, and experiences at the shelter.

In-depth interviews were audio recorded and transcribed by the interviewers, for data analysis purposes. Overall, we conducted 296 surveys, who also represent the parents of approximately 461 children. We also did 104 in-depth interviews. All of the interviews were assigned pseudonyms to ensure confidentiality. Most of the insights from this report come from the survey data in combination with a close analysis of the open-ended interviews.

Limitations

Our research was conducted over 10 weeks. Thus, we did not have a lot of time to build deep connections and conversations with migrants, especially given that the population was so large (nearly 2000 people) and fluid, with numerous migrants moving in or out during our research. During our visits, we stayed at El Templo for an average of 4-5 hours during the morning and early afternoon. This meant that we mostly interacted with individuals who stayed at the shelter during these hours. Although we tried to be identifiable and clearly explain the project, migrants may not have felt comfortable speaking with unfamiliar students, not knowing entirely if they could trust us.

In addition, while nearly everyone in the research team identified as Latinx, respondents may have seen us as relatively privileged students who attend a prestigious research university in the United States. Nevertheless, there was also a direct connection with the participants, since student researchers shared with them stories of their own families' migration. Most students in the MMFRP come from homes with immigrant parents and/or mixed-status families. This could serve as a strength in our research because there were aspects of oppression, culture, and migration of which we share some understanding.

Overview of the data

Our data are drawn from 296 surveys which represent a subset of approximately 1500-1800 people residing in the Templo shelter as of our research.

We began with a census of the community drawn from the Templo's intake forms. In January 2023, we received a list from the Templo staff of the people registered in their intake process from June 2022-January 2023. This listed included residents' country of origin, date of birth, family position (mother, father, son, etc), and in some cases reasons for migrating. Families were listed together. A total of 3,990 people were represented in these data, including 1,495 residing in the shelter as of January 2023 and 2,495 who had left the shelter prior to January 2023. Of these people:

- More than half were children under age 18 (53.4%)
 - Nearly 42% were children under age 12.
 - Slightly more of these children were girls (53.1%).
 - Interestingly, 10 of these children were born in the US.
- Among adults, two thirds were women (66.6%), and 59% of these women were mothers.
- Almost everyone arrived in families (98.7%).
 - Most families were headed by single mothers (56.2%), while 41.2% of families arrived with two parents.

- Most families (69.6%) fled their homes due to violence by organized crime (death threats, extortion, homicide, kidnapping, sexual violence, or threatened kidnapping).
- Most of the population were from Mexico (73.2%), and 80.6% of Mexican migrants came from the cartel-impacted states of Michoacán and Guerrero.
- The next most represented countries were Honduras (12.9%), El Salvador (6.6%), Guatemala (5.2%), Haiti (1.1%), and Brazil (0.2%).⁸
- Departure data suggested that migrants stayed at the shelter a maximum of 5 months, with most people going to the US for processing when they left. Staff said the length of stays changed with time, but that the average stay was 2-4 months.

Our survey took a **sample** of the above population. We surveyed 296 adults, who were parents of approximately 461 children, about whom we also asked. In what follows, we summarize the findings from our surveys in January-March 2023.

Immigration status

- ALL individuals surveyed intended to apply for US asylum.
- If denied asylum in the US, 74.4% had no plan - saying they'd either "stay here" or did not know. 4.4% said they'd try to cross to the US unauthorized.
- Of non-Mexicans, 61.1% had applied for legal status in Mexico, and 46.3% had some kind of current legal status in Mexico—mostly humanitarian visas or residency, though a few had applied for asylum in Mexico.
- 11.2% had previously been deported from the US.

Well-being

- Only 8.8% had income of any kind.
- Almost two thirds (63.3%) said they sometimes, often, or always worry about having enough food. More than a fifth (21.8%) had not had enough food in the previous week.
- When asked about restrooms, almost everyone said they had to wait regularly to use a restroom.
 - 83.3% said they just wait, while about 12.5% said they use a paid or unpaid bathroom outside of the Templo.

Adult Health

- Almost a third of adults (31.9%) had a current health condition.
- Adults' most urgent condition was mental health.
 - 35.5% explicitly described this as their most urgent issue. Specifically, they referred to depression, anxiety, PTSD, "nervios" (a folk term for multiple such conditions), and unknown reactions.
 - More than 85% described traumatic violence in their places of origin, migration experience, and / or Tijuana.
- The other most urgent adult conditions included
 - Diabetes and hypertension (20.4%)
 - Pain including body pain, back pain, headaches, vertigo (19.4%)
 - Respiratory illnesses (9.7%)

⁸ After this intake data was collected, we also met and surveyed people from Cuba, Nicaragua, and Venezuela.

- 1-2 participants each mentioned anemia, arthritis, gastritis, vision problems, cancer (2), disabilities, and heart issues.
- In addition to mental health, the top three medical priorities for adults were:
 - Infectious diseases
 - Chronic diseases
 - Emergency services

Children's Health

- Almost a third of children (31.4%) had a current medical condition, according to their parents. Children's most urgent conditions were respiratory, including coughs, asthma, and infections (43.2%). The other most urgent pediatric conditions were
 - Mental health (20.3%), including aggression, nightmares, anxiety, and refusal to eat.
 - Nutrition / malnutrition: 6.8% of parents mentioned this as an issue, though we also noticed numerous children who appeared to be visibly undernourished.
 - 1-3 parents each also mentioned their children had mental delays, diabetes, obesity, hearing issues, vision, dental cavities, kidney issues, heart issues, allergies, gastritis, and rashes.
- In addition to mental health, the top 3 health priorities for children (according to their parents) were:
 - Infectious diseases
 - Nutrition
 - Emergency services

Map of the Report

In what follows, we explore key themes related to migrant health in more detail.

Chapter 1 explains how existing US policies and a lack of information leave migrants stuck in decision paralysis. First, Tijuana's insecurity and lack of resources are obstacles to considering the city as a long-term home. Most migrants must funnel their resources into their immediate wellbeing, which comes at an expense for their longer-term goals. Finally, the constant change in US policy create a context of confusion where asylum seekers rarely understand the asylum process and how to navigate it.

Chapter 2 focuses on how women's health needs get ignored in the shelter. It argues that women's role as caregivers tends to be given priority in a context of forced displacement. Under such conditions, from escaping violence and worrying about their children to scraping for food in Tijuana, women's mental health is incredibly strained. In addition, even when women face physical health needs, they tend to prioritize their children's concerns. Finally, shelters tend to overlook routine female health needs such as needing frequent showers when menstruating. We advise the clinic to foreground women's health needs, to benefit their children and the community as a whole.

Chapter 3 investigates the challenges for children's wellbeing at Templo. It examines how children's experiences of forced migration—most linked to extreme violence—follows them into the shelter. It also looks at how the shelter's conditions generate further obstacles for children to be able to develop fully. Children forced to leave home get extracted from their emotional and institutional support systems, and services tend to be

unstable along the way. In turn, children often experience discrimination in the border cities where they arrive. Shelters like Templo are often deeply chaotic and even violent, providing little stability for their youngest residents. In addition, parents (especially single mothers) struggle to provide for their children adequate food, healthcare, education and entertainment.

Chapter 4 argues that structural conditions leave Templo (and likely other similar shelters) exposed to extreme environmental hazards. It finds that overcrowding leaves residents vulnerable to the spread of communicable diseases, and (unintentionally) encourages sedentarism. Infrastructural issues, such as an inadequate system of waste management and a lack of pavement, also exposed migrants to sewage, garbage, and toxic water and dust. Finally, local policies around sanitation practices—such as lack of ventilation or measures to isolate contagious individuals—made it harder to prevent disease.

Chapter 5 explores how migrants may build community within Templo. It argues that in general, a sense of community in the shelter is fragmented due to discrimination and gendered unequal access to resources. Unfortunately, discrimination among migrants from different nationalities leads many migrants to isolate themselves, to avoid potential conflict. Likewise, overburdened with care work and worries about how to properly provide for their children, single mothers tend to feel a lack of connection with others. However, there are also sources of community building, mostly seen among women's solidarity networks. We advise the clinic to proactively help residents build such positive social ties.

Chapter 1:

How the Asylum Process Inhibits Migrant Decision Making

Analysis and writeup by Amy Garcia, Jennifer Lopez Guisa, and S  rah Pulido

Summary

Many migrants in Tijuana are stuck between staying or leaving the city because of insecurities related to the asylum process. Due to U.S. policies like Title 42, the CBP One App, metering, and Biden's new asylum ban, migrants are forced to stay in Tijuana while waiting to seek asylum. Migrants face many vulnerabilities as they go from one country to another, usually fleeing violence, persecution, poverty, etc. In Tijuana, they are often exposed to further vulnerabilities. In this chapter, we look at how violence, the lack of resources, and the uncertainty of the legal process shape a migrant's decision-making about whether to stay in Tijuana or leave.

We find that violence in Tijuana made migrants fear for their safety. They tended to feel the need to leave to find somewhere safer. However, most were uncertain about whether to wait in Tijuana to figure out the US asylum process or leave for their safety. We also found that the lack of resources in Tijuana, such as access to a phone or the Internet, left migrants feeling discouraged and confused. It was hard for them to access the information they needed to figure out how to move towards US (or Mexican) asylum. Finally, the ever-changing legal process of US asylum, which was lengthy and complicated, left them in a state of limbo. Often, they did not know what to do next.

We recommend that Templo, the City of Tijuana, and local NGOs work together to offer workshops teaching migrants about the US asylum process, how to manage life in Tijuana (if they decide to stay), and other medical, psychological, or legal information that can help them navigate their unstable situation and make decisions more efficiently.

Introduction

During the Trump and Biden administrations, policies like Title 42 have impeded migrants' entry to the United States. Title 42 was implemented during the 2020 global pandemic as a "health regulation" to prevent people from entering the U.S. and increasing the spread of COVID-19. Ultimately, this policy has been used as a tactic to neglect migrants' right to asylum by forcing them to wait on the Mexican side of the border. Many migrants wanting to enter the U.S. are seeking asylum from their home country from which they fled, as is their legal right (Mayer and Pachico, 2019). The so-called Migrant Protection Protocols, or the Remain in Mexico Policy, was similarly enacted to inhibit asylum seekers from entering United States. Instead, migrants are forced to stay in border cities like Tijuana. As of 2023, the process must be completed through the CBP One App, which has proved to function poorly and be very time consuming, ultimately extending migrants' wait in Mexican border cities (Rose and Pe  aloza 2023).

In this chapter, we coded the interviews for themes of safety, experiences of the U.S. legal process, and peoples' decision making about staying or leaving Tijuana.

We argue that the unpredictability and duration of the asylum-seeking process leads to distress and insecurity in decision-making, often causing decision paralysis. The process is just too complex and stressful for migrants to feel empowered in their decision making. Multiple factors play a role in obstructing migrants' decision-making and making it difficult to understand the process of getting asylum. Deciding to stay in Tijuana or leave is not a simple yes or no decision. In what follows, we first address how violence drives migrants to emigrate but also to want to leave Tijuana. Many migrants find Tijuana an unsafe place to live and do not feel able to leave the shelter, due to physical and mental health concerns.

Next, we address how the constant changes in and complexity of US immigration laws leave migrants uncertain how to move forward. Many feel stuck and like they have no other option but to wait things out.

Lastly, our final subpoint is lack of resources. A lack of resources leaves migrants distressed and vulnerable, not knowing *how* to move forward and contributing to their decision paralysis. We find that there are subgroups in the migrant community more affected by the lack of resources than others, such as single mothers and Central American migrants.

Tijuana is not a Safe Alternative

In our surveys, many migrant said they did not feel safe in Tijuana. They experienced acts of physical violence, health concerns, and widespread fear and uncertainty about living in Tijuana, a new city to them. Several described violence on the streets, kidnappings, beatings, and conflicts with local cartels. Non-Mexican nationals were especially vulnerable to discrimination, mentioned by many in our interviews. Coming from another country, they were also more easy to exploit and attack. In addition, most migrants in Tijuana lacked access to healthcare and medication, leaving their physical well-being at risk.

The goal for most, if not all, of the migrants we interviewed was to seek asylum in the United States. During interviews, when asked where they would go if they were not given asylum in the United States, most migrants did not know where they would go. They did make it clear that safety concerns would make it hard to stay in Tijuana. They hoped to be safe from violence, discrimination, and health risks.

When we asked non-Mexicans if they would consider seeking legal status in Mexico if they were denied asylum in the United States, 45% said no, because they did not feel safe. They repeated this theme in the interviews. For instance, "Noemi" is a 19-year-old woman, was scared of human traffickers in Tijuana. During her interview, she discussed wanting to go to the United States because she felt she would be more protected there. She also mentioned hearing about crime in Tijuana and said that her family worried about her safety. She reflected, "I wouldn't want to stay here because I'm scared, because they say that there is a lot of crime and cartels. It would be my goal, God willing, to travel to the United States and make a better future for my family and me."

Other respondents said similar things. Karina, a 35-year-old woman from Honduras, had experienced a lot of violence and discrimination in Mexico. She said that she would rather go back to Honduras than stay in Mexico. She explained, "There is a lot of danger

here in Mexico like there is in Honduras. If they don't give me the opportunity to enter the United States, I would go back to my country because I would prefer to die in my land before any other place." Karina's decision – which she framed as not about where to live but about where to *die* – illustrates the severity of migrants' fears and the life-and-death stakes of migrants' decisions. The same death threats that drove her out of Honduras came with her in Mexico.

In short, it was rare for migrants to see Tijuana (or Mexico in general) as a viable alternative to migrating to the United States. After having fled threats of death in their places of origin, they faced similar threats on the Mexican side of the border. When entering the United States became impossible, migrants responded with a sense of paralysis – they had no idea where else they could go.

Complex and Unreliable Policies as a Barrier to Planning

Due to the complexity of the US process for seeking asylum and the constantly changing policies over the last several years, many migrants are left waiting in Tijuana longer than expected. The CBP One app, introduced in 2023, exemplifies this problem. The app is hard to access, especially when migrants have limited or no cell service. Many migrants share a phone with their family or do not have one at all. Even *with* access to the Internet (which 80% of respondents said they had), most migrants had trouble accessing the CBP One App. It frequently malfunctioned or did not load, due to the number of people trying to access it at the same time. Migrants also have trouble trying to get interviews with US officials (the app limits the number of appointments per day) and resent having to be in a border city to get an appointment.

Alejandro, a 52-year-old migrant from Cuba whose journey started 4 years ago, now found himself in Tijuana due to the requirement of the CPB One app that he be in a border city to get an interview date. He explained:

Yes, at least CBP One has a situation that, as it is via the Internet through a page, it is managed (limited). And then the appointments do not arrive. There are people here who have been here for five months and have not gotten an appointment. So, in reality, without criticizing anyone, it seems it hasn't been resolved, some have been lucky, but it is not really the case (for me).

While Alejandro tried to be calm and respectful, he saw himself and others waiting in Tijuana for months.

Some migrants even said they would like to bring back the metering and informal waitlist system from 2018-2019, known as "*la lista*" (the list). Ironically, though migrants at the time resented this list, the migrants we interviewed felt that the list had been *more* effective and timely in getting people interviews and helping them cross into the United States. They argued that people were able to enter the US more frequently. For instance, Sonia, a 53-year-old migrant from Michoacán who struggled to find a shelter in Tijuana and care for her daughter's health, said that before the CBP One App:

Everything was going well, it was working well. The lists were coming out. In fact, we thought we weren't going to spend January here anymore. But now since they put that application up, it hasn't worked because only one person has left here, that is, everything went downhill. Everything got stuck. I don't want to be here anymore.

Sonia perceived the app to have further restricted access to the US border. Most other respondents echoed her sentiments. Like Sonia, they ended up in Tijuana much longer than planned, causing stress and eroding migrants' hope to enter the United States.

Mariela, a single mother with two children from Guerrero, Mexico, also wanted to bring back the list. She felt that CBP One app and the wait had eroded her resilience and strength to go on. She explained:

I believe that the system should change and go back to the one before. Because, for example, there are people here that have been here for six months now. And it has to be a bit discouraging, because as they said about before, every week 100 people would leave and it was something that motivated you, that you would be able to achieve your dream. And now, for example, that it is not that way anymore, whether they want to be or not, everyone is discouraged. There are times where you have to give encouragement to another person so they will continue fighting for their dream.

Due to the volatility of US-Mexico border policies and the prolonged waiting imposed by the CBP One App (among other US border policies since 2018), migrants get discouraged and may end up feeling trapped at the border, uncertain how or where to take a next step.

Fear and Urgent Needs Encourage a Short-Term Focus

In border cities, migrants face violence and resource deprivation that force them to make urgent decisions to survive in the moment and get themselves and their families to the next step in their journey. The more precarious migrants' journeys, the more they must decisions by force. Focused on feeding their families and navigating daily life, migrants rarely get legal assistance or other help making decisions. At once overwhelmed and underserved, they cannot make a well-informed decision. Amidst constant urgency, planning for the future is impossible, and instability is normalized.

Having fled their home countries on short notice, most migrants are focused on meeting their basic needs for food, shelter, and safety. Longer-term decisions or information gathering are not the main priority. Migrants put off decisions such as whether to seek asylum in Mexico and sometimes forget to attend to legal details. While parents seek to meet basic needs, they are not always focused on their court date or plan for the future. Specifically for non-Mexicans, like migrants from Honduras, El Salvador, and Guatemala, figuring out how to navigate a foreign country is a pressing challenge. "Karina", mentioned above, is a 35-year-old woman who left Honduras with her husband, sister and three children. On the way through Mexico, they faced violence and extortion. Karina also explained that she did not feel she could settle or build a life in Tijuana because it was too hard to find a safe place to stay, to find a job, or to know where to go. She felt she could not trust anyone.

While migrants often thought about crossing the border, they did not know how to reach that goal. "Lupe," a single mother from the state of Michoacán, fled violence due to organized crime. In Tijuana, she felt disempowered to make decisions to protect and care for her family. She explained:

There are times where I believe that all my hopes leave me. They leave me because, look, I'm there with my children and right now they haven't eaten

because that is what I (am meant to) do. I can't go out to work; I cannot leave them. She [my daughter] has been sick, and me too.

Unable to care for herself and her children, or work to earn money, Lupe felt immobilized. While she wished to get to the United States, she did not quite know how to invest in her family's future. Instead, she was stuck at a crossroads, without the support to make long-term decisions for her family's safety and wellbeing.

Access to Legal Resources

Few migrants staying at Templo have access to relevant legal information or to an attorney who can offer legal advice. Miranda, the 28-year-old from Guerrero, was staying at the shelter with her partner and their two young children. Even though Miranda was able to talk with a pro-bono legal team at the shelter, she said, "what they tell me is that the thing is that nobody can cross over (to the US)." In short, the legal aid gave Miranda little hope that she might overcome the bottleneck at the border.

Antonio, a 34-year-old father from El Salvador, described the uncertainty and confusion he faced without adequate legal information. He told us he wished for "counseling advice as a migrant, true information about what else we can do to apply for asylum ... from lawyers so that they give us more information, because sometimes we don't know what is going to happen." Without such advice, he found it hard to get a grasp on the asylum process at all – let alone navigate it to effectively enter the United States. Like most migrants at Templo, he did not know how to present himself at the border to make the most effective case for asylum.

Without essential tools like legal counsel, technical assistance, and information sharing about what is required of them, migrants are stuck and disempowered with regards to their asylum status. Their future is not in their hands. It is distressing to live through this uncertainty and worry every day while also being unable to take control of next steps. Accompanied by the constant legal changes of which they are not aware or informed, migrants do not have the tools to make free choices about their long-term futures, relegating them to a cycle of waiting in survival mode.

Conclusion and Recommendations

Based on our findings above, we recommend that:

- Local NGOs or pro bono attorneys should host "Know Your Rights" workshops at shelters such as Templo to inform migrants about the steps they can take to seek asylum in the United States. Pro bono attorneys could also provide legal representation or help migrants review legal documents that they do not understand or need organized.
- Cities that host many migrants and migrant shelters alike should host community meetings to inform migrants about fast-changing US migration policies and legal changes. Such meetings could be held weekly at Templo or in the community to update migrants on relevant news such as how to use the CBP One Application, how to stay updated independently, and how to adapt to fluctuating legal requirements and expectations.
- Shelters should provide workshops and/or individualized counseling to help

migrants settle in border cities if they are not granted US asylum. For instance, Templo could host workshops teaching migrants about healthcare, education, shopping, renting, and community building in border cities, specifically Tijuana. They can host job fairs to help migrants create a stable income to be able to support themselves and their families.

- Migrants should have access to reliable and consistent cell phones (preferably smartphones for ease of access), Wifi, and data as tools to navigate their new life. Local NGOs or nonprofit organizations could provide more charging stations and/or sources of electricity for migrants staying at shelters such as Templo, such as power banks and portable chargers. Migrants need these tools to complete the CBP One application, stay connected with their families, access resources, receive remittance payments, navigate their surroundings, have a sense of entertainment and fun for their children (and themselves), and more.
- To help migrants feel supported and safe, shelters and NGOs should provide mental health services focused on psychiatric care, psychotherapy, and trauma-informed care.
- The local government and/or local NGOs should provide free transportation/shuttles to help migrants get around Tijuana safely to places such as plazas, grocery stores, jobs, and medical centers. This would also help those who do not feel safe in the city alone because they could travel with a group.

References

- Pachico, Maureen Meyer and Elyssa. "Fact Sheet: U.S. Immigration and Central American Asylum Seekers." WOLA, 9/16/2019. <http://www.wola.org/analysis/fact-sheet-united-states-immigration-central-american-asylum-seekers/>
- Rose, Joel, and Marisa Peñaloza. "Migrants Are Frustrated with the Border App, Even after Its Latest Overhaul." NPR, 5/13/2023. <http://www.npr.org/2023/05/12/1175948642/migrants-are-frustrated-with-the-asylum-claim-app-even-after-the-latest-overhaul>.

Chapter 2:

The Impacts of Medical Resource Scarcity on Women

Analysis and writeup by Daniela Moreno, Mercedes Limón, and Vanessa Rodríguez

Summary

This chapter analyzes the needs for physical and mental health resources for women in Templo. We highlight the relationship between women's health, their personal identities, and their roles as women and mothers. Considering that most women asylum seekers were forced to migrate with their families, we highlight the importance of stress, trauma, and responsibility to care for their children.

Key Findings:

- **Family Status**
 - Approximately 95% of the women surveyed are mothers.
 - 86% of the women had children with them at the shelter.
 - The average number of children per woman was two.
 - Only one third of women had a spouse or partner present with them at the shelter.
- **Health Status**
 - 34% of women reported a personal health concern.
 - Approximately 30% of the health concerns women reported were related to mental health, though a far greater number of women spoke informally about trauma, stress, and other mental health needs.
 - 47% of women stated that the most important health services they needed were for chronic and infectious diseases.

Introduction

With the growing presence of women in border shelters seeking asylum in the United States, the physical and mental toll of migration on women is increasingly visible. In Templo Embajadoras de Jesus Shelter, women face a wide range of issues from anxiety to menstrual health. Because most women are focused primarily on the wellbeing of their children, they often neglect their own health concerns. This chapter considers how women's roles as caregivers intensify in times of crisis, leading to inattention to women's physical and mental health needs.

At present, urgent women's health issues are not being sufficiently attended to at Templo. Women represented a disproportionate percentage of shelter adults, and most women we interviewed had spent several months in the shelter. Ingrained gender expectations – especially amid trauma, lack of basic necessities, and intense stress - led to neglect of their health. In particular, Templo lacks mental health support for women, leading to several issues that are secondary to stress and trauma. In addition, women also lack

medical care for their physical health and for basic cyclical needs like sanitary products and gynecological care. We urge the Templo and similar shelters to expand medical and psychological services, including healthcare, social services, and community support networks. It is equally important to promote gender equality and challenge traditional gender roles to ensure that women's contributions are recognized.

Chapter Methodology

This chapter draws from 240 surveys and 49 interviews with women conducted by the Tijuana research team from the University of California, San Diego (UCSD)'s Mexican Migration Field Research Program (MMFRP) from January to March 2023 (the subset of all women among the people we surveyed).

Of the 240 women surveyed, 160 are Mexican, 36 are Honduran, 17 are Salvadoran, and 15 are Guatemalan. There were 2 women originally from Cuba, 1 woman from Haiti, 1 woman from Venezuela, and 1 woman who did not state her country of origin. The youngest woman surveyed was 18 years old and the oldest was 77 years old, with the average age among women being 33. Our findings are drawn from surveys and interviews in which women described their current health concerns, the need for certain medical services, their responsibilities in their family, and their emotional states.

Women's Mental Health: Trauma, Stress, and Responsibility

Most women migrants we met were expected to be caregivers in their families, sacrificing their individual needs for their children. Taking on responsibility for caring for children in the family often meant not having time for themselves, including the opportunity for mental downtime, attending to one's health, or getting a job. It is a traditional expectation for women, daughters, wives, and mothers in Latin America to take responsibility for children. Furthermore, 86% of women interviewed had children with them. Of those, only about a third had a partner with them as well, with most acting as single parents. The average number of children per woman was two. Single parenting – especially amidst conditions of ongoing violence - triggered stress, anxiety, and other mental health concerns.

Most of the people at Templo were escaping violence, carrying the trauma of being forced out of their homes all while protecting their children and themselves. Of 240 women surveyed, 93% said they were fleeing some sort of violence, such as domestic violence and organized crime. While women sometimes did not intuitively name mental health as a formal “health concern,” almost all of them mentioned trauma, stress, anxiety, fear, and depression.

For instance, Lupe, a single mother from Michoacan, worried about the safety of her family in Tijuana and about the well-being of her children. When asked during her interview about any personal health concerns, she answered: “Well, there are all. Mental (health), because I had never left my home with my kids like that, to a place where we had no family or anything ... imagine, it changed our lives in a small amount of time, you know?” In other words, for Lupe the shock and unfamiliarity of leaving home caused incredible stress.

In other interviews, women reinforced the need for mental health resources. Veronica, a 30-year-old mother of two, fled Michoacan with her husband and kids fleeing cartel

violence. When asked what she needed most, Veronica replied, “For myself, well a psychologist of some sort, because one arrives very wounded.” Without a psychologist, women often dwelt in the stress, anxiety and PTSD of having fled violence.

Similarly, 44-year-old ‘Raquel,’ a mother of four from Michoacan, left fleeing violence with her husband and three daughters. Her husband needed surgery at the time, and they were trying to save up enough money to pay for it. During her interview, Raquel described how she struggled with stress and depression. She said that being in the shelter doing nothing made her sick, adding “When I woke up it was like the day was already over because the days became eternally long. I don’t know, I felt that it did something to me. The days were very long ... it was very hard. I used to end up crying.” However, Raquel added, volunteering in the shelter’s kitchen helped her deal with stress and avoid depression, by giving her a routine and something to do. Without a routine, it was easy to feel hopeless, out of control, and stuck.

On top of the lack of professional mental health resources, there are few ways women can cope or even distract themselves on their own. As Lupe put it, “Here there is nothing you can do to entertain yourself.” Lupe added that she used to love playing sports and reading but those things were not accessible at the shelter, especially since she had to care for her children full-time.

Sometimes, women like Raquel used shelter chores as a coping mechanism for their despair. Raquel explained, “I need to be active doing something. We make tortillas, maybe food, we sweep, we mop.” In other words, chores let her escape for a bit and gave her an outlet – her only form of mental relief. Veronica added that to entertain herself- especially once her phone ran out of batteries – she colored in children’s coloring books.

Mothers also continuously worried about the safety and well-being of their children. Many of the children in Templo struggled with illness, from a colds and Covid to trauma and malnutrition, and for a mother, children’s illnesses caused more anxiety and worry. Lupe explained, “They get sick constantly. That is, we can’t do many things and the truth is we need a lot of support, everything psychological and that.” Kelly, a 35-year-old woman with a baby girl, fled violence in EL Salvador. She was especially concerned about the development and health of her daughter, while also coping with her own depression. She shares:

Well, more than anything I think that since I am the one that crossed with her – and there are also times where I get depressed. Sometimes I think that I don’t want to talk to anyone or see anyone. Maybe because here you can start asking yourself, “What are we going to do?” You start to think more than anything.

In other words, Kelly’s feelings of guilt and hopelessness – and the lack of anyone to talk to – left her stuck in depression. Often, the identity of being a mother overshadowed women’s individual needs while intensifying their psychological struggles.

Physical Health Challenges for Women

During our fieldwork in early 2023, most of the women present at the shelter had fled from other Mexican states, primarily Guerrero and Michoacán, or from Central America. For some, it has been a long journey to arrive in Tijuana as nearly a third of the women surveyed stated that they stayed in another Mexican state or Latin American country for

at least three months prior to arriving at Templo. This suggests that a significant number of these women may have been deprived of adequate medical attention for an extended period.

In Tijuana, where women had been an average of two months, a quarter of women had received medical attention at all and a third had only seen a clinician once. Women's main physical health concerns include asthma, hypertension, and headaches. Several of these women urgently needed medical care for their illness, including a woman with phase 3 cervical cancer, and these sorts of specialized resources were not available.

Women also suggested that the lack of medical attention led to declines in their health. Women not only prioritized their children's needs but they also lacked access to care themselves, and the shelter often put the mothers' needs last. For instance, the shelter provides no (or very few) sanitary products for menstruation. Women are only allowed a small number of products and must buy outside the shelter – if they have access to money (which many don't). For instance, Maribel explained that when she tried to get sanitary products:

Sometimes if you ask for just a little, just for one day when you go ... Or just two or three, I've gone and asked for that. Because sometimes when a lot of donations arrive, other organizations sometimes bring things here for us. And that's when they give us like packets – they put a table up there in the pharmacy and they make a line. And there you can get the indispensable things we need in the day-to-day.

As a result, women like Maribel often worried about having enough menstrual products. Since Maribel did not have children, she felt that her concerns were not a priority in the shelter, which was more heavily focused on children. She could get products when organizations came to donate, but such donations were sporadic and unreliable. Meanwhile, for many women, traveling outside the shelter to buy menstrual products was risky – for their own safety, and because they had to leave their children alone.

Women also talked about lacking sufficient access to bathrooms and showers during their periods. For example, Melissa, an 18-year-old who came to Tijuana with her family, told us, "I'd like for there to be more water to bathe more often or – little towels to clean yourself when you can't bathe every day. And soap, that's it." Limited access to showers (there were always long lines to use bathrooms at Templo) meant not only that women would feel dirty but also that they might be exposed to health risks due to lack of hygiene. Melissa asked for even wet wipes to clean herself if showers were busy.

Conclusion

Based on the evidence gathered here, it is apparent that women in Templo are not receiving adequate physical or mental health care, forcing them to suffer or seek assistance from external sources to meet their bodily needs. The Templo currently doesn't address psychological trauma, aside from an outside psychologist who visits once per week to support the population of 1500 or more. In addition, there is a lack of basic services, such as sanitary pads. Addressing these needs will benefit both women and their children, allowing women to address other concerns more adequately such as earning money, securing food and shelter, and completing migration paperwork.

Recommendations

For the Center on Global Justice:

- We recommend organizing a more comprehensive daycare at the shelter and hiring childcare professionals to help with the overwhelming responsibilities women face and offer them a chance to work and/or have time to get medical attention of their own.

For the Clinic at Templo Embajadores de Jesus

- Hire a full-time pediatrician to attend to children and take the burden of health concerns off their mothers and/or family.
- Hire a psychologist to help women (and all migrants) with trauma and facilitate conversations among women. We recommend this person be a woman due to the high rates of sexual violence that migrants in the shelter have survived.
- Hire a female gynecologist for this station, ideally a woman to mitigate triggers due to possible past sexual trauma.
- Organize consistent donations of menstrual products for biological women.
- Run a "Sharing Circle/Group Therapy" with a female counselor (in collaboration with the School of Public Health) for women to talk about their emotions, struggles, and share anything else that is on their mind with other women.

For Templo:

- Help women entertain themselves and share coping mechanisms, including religion and faith. For instance, the organization of a Bible Club and/or Book Club for women could help facilitate hope and build bonds between women.
- There could be more activities for women, not just chores and cooking, but arts and crafts (they could do it with their kids, as well), sewing, dancing, singing, etc. for women to express their individualism and distress.

Chapter 3:

The Impact of Trauma on Children's Wellbeing

Analysis and Writeup by Ailyn Alicea, Daniela Hernandez, Dayanara Salazar,
and Jessica Estrada

Summary

This chapter discusses the challenges and vulnerabilities faced by children at Templo, including the impact of trauma, discrimination, and insufficient income and supervision. These children are seeking refuge at the migrant shelter as they wait for an opportunity to request asylum in the United States. The chapter focuses on the challenges they bring with them from their migration journeys and face while waiting in Mexico under the Migration Protection Protocols, Title 42, and related policies. We also investigate the impact of shelter conditions on the physical and mental well-being of children.

The chapter highlights the following points:

- Trauma undermines children's wellbeing:
 - Violence, poverty, and threats from organized crime drive parents to migrate with their children.
 - Exposure to distressing situations during the journey compounds the trauma children experience.
 - Limited access to psychological treatment at migrant shelters poses a threat to children's mental wellbeing.
- Discrimination also threatens children's wellbeing, especially for those from indigenous communities and Central American countries
 - Discriminatory attitudes and derogatory treatment expose children to constant emotional distress, impacting their self-esteem.
 - Limited access to space, resources, or services within the shelter hinders children's physical development, educational opportunities, and quality of life.
 - Bullying, teasing, and verbal abuse based on nationality or ethnicity contribute to social isolation, affecting children's social skills and relationships.
 - Discrimination indirectly affects children's health by making it harder for them to access basic necessities, healthcare, nutrition, and hygiene.
 - Inadequate resources and unequal treatment based on nationality or ethnicity make children more susceptible to illnesses, malnutrition, and other physical health problems.
- Migrant parents, especially mothers struggle to both supervise and provide for their children
 - Single mothers face discrimination and gender violence within and outside shelters, which further compound their challenges.

- Lack of support for single parents and the risks associated with leaving children unattended hinder their ability to find employment and secure their children's well-being.

To address these issues, we conclude by providing a series of recommendations, including providing daycare services for migrant parents, providing comprehensive children's mental health services, helping asylum seekers find work, and creating an inter-shelter system to monitor health, safety, and wellbeing and improve services.

Introduction

After fleeing their homes and traveling for months, migrant children are stripped of their childhoods and forced to live under the conditions of migrant shelters, which threaten their health and well-being. This chapter focuses on Mexican and Central American families and children who are escaping violence and persecution. While most such families seek asylum in the United States, the US has implemented border measures such as the Migration Protection Protocols and Title 42, which have effectively collapsed the asylum system. These measures expel asylum seekers, including children, to Mexico, where they are forced to wait under dangerous conditions for asylum appointments or for their asylum requests to be processed. Consequently, asylum-seeking children face increased risks and vulnerabilities, exacerbating the effects of the arduous journey they have already endured.

One of the primary concerns in this context is children's exposure to adverse conditions, including hunger and violence. The migration experience negatively impacts children's mental and physical well-being. For instance, migrant children in Mexico encounter difficulties in accessing schooling, food, medical assistance, and legal status. Interestingly, these struggles are widespread even when the migrants are Mexican citizens. These struggles compound the trauma of fleeing violence and/or enduring violence en route, affecting children's short-term and long-term development.

To gain a comprehensive understanding of the conditions that impact migrant children's health and well-being, it is crucial to examine not only children's migration histories but also family and shelter dynamics. Children's health is shaped by the entire asylum-seeking process, starting from the point of departure from their country of origin to their arrival at the location where they await the processing of their asylum cases. In this study, asylum seekers arrive at Templo Embajadores de Jesús, a shelter that provides refuge for migrants in Tijuana. Many families are headed by single mothers and have survived trauma before arriving at the shelter (including the murder of family members, as well as rape, kidnapping, and assault).

At the shelter itself, the built environments (e.g., confined spaces, overcrowding), lack of recreational and educational activities, and lack of sufficient resources such as food and water also make life harder for children. Children need proper sanitation and nutrition, as well as access to recreational activities and a safe, healthy environment to cope with trauma. Examining children's needs can inform policies and interventions to promote the well-being and protection of migrant children, especially while they remain stuck at the US-Mexico border.

Chapter Methodology

For this chapter, we focused on the subset of participants who had children (note: due to IRB requirements, all participants were aged 18 or older). Among families with children, the children's age ranged from infants to pre-teens, with teenagers typically being more independent. Visibly, there were large numbers of small children age 0-12 in the shelter. We also paid special attention to families with single mothers.

We coded these interviews to identify factors influencing the overall well-being of children, including patterns of malnutrition, instances of infectious diseases, and experiences of discrimination. We also looked at family dynamics and conditions within the migrant shelter, such as instances where children faced discrimination based on their country of origin. It is important to acknowledge potential limitations, such as not conducting direct interviews with children themselves, which could impact the depth of understanding regarding their experiences and perspectives.

Negative Effects on Children Fleeing from Trauma

Most asylum-seeking families with children arrive at Templo fleeing traumatic events. For instance, several children informally described to us the experience of having their father "disappeared" or being left at home alone when their mother was kidnapped by a cartel. When such incidents happened, their children remained traumatized. In addition, most families had to rapidly abandon their homes to escape, triggering a second loss for children. Finally, children struggled to adapt to living amidst the chaos and uncertainty of the shelter, where there was loud noise and other children running around all day long.

Among parents surveyed at Templo who had their children with them, 93% cited "domestic or gender violence," 93% mentioned "poverty or unemployment," and 85% reported "violence, extortion, or threats from large groups or organized crime" among their reasons for migrating. While we did not request details to avoid triggering further trauma, people we talked to often described murders and other extremely violent conditions at home. Furthermore, the high percentage of parents citing violence suggests many children were also exposed to trauma. Similarly, while we did not ask participants to describe trauma en route, many volunteered stories of beatings, rapes, or kidnapping during their journey.

Children at the migrant shelter are vulnerable due to the traumatic experiences they have escaped. Many parents interviewed expressed concerns about children's trauma, as well as about food insecurity and the negative impact of conditions within the shelter. For instance, Alejandro, a 58-year-old Cuban man, discussed the impact of his family's journey to Tijuana on his 12-year-old daughter, Giselle. Since their departure from Cuba in 2019, Alejandro, his wife, and Giselle have crossed through Brazil, Colombia, Costa Rica, Honduras, and Paraguay. They arrived at Templo in early March of 2023 after staying for a while in Mexico City, where they were kidnapped – and, as Alejandro put it, this affected them a lot.

Alejandro described the effect on Giselle:

My daughter who is 12 years old, she already comes with a pathology from Cuba. It is severe mental issue, a severe mental disability and...it appears that in crossing the jungle and seeing so many unpleasant things and then arriving in a country

you think is going to feel safe ... and no, it does not happen because there is a level of corruption or some unfavorable situation towards us as immigrant[s].

In other words, Alejandro believed an existing mental health challenge had been deeply exacerbated by her experiences on the journey to Tijuana. Her ongoing experiences with trauma and insecurity compound her psychological struggles. While Giselle had gotten psychological services when the family stayed in Mexico City, she had no psychological care since the family's arrival in Tijuana.

Alejandro's account of his daughter's health highlights the adverse impact that fleeing trauma has on a child's well-being. Although he did not provide extensive details about the kidnapping, he acknowledged the emotional distress Giselle experienced before, during, and after their kidnapping. When the family moved to Tijuana – following the CBP One app requirement that they be close to the US-Mexico border, Giselle lost the little psychological care she had in Mexico City. Experiences like this, along with the more basic struggles experienced along the way, add to the overall trauma children endure and jeopardize their wellbeing.

However, trauma is not the only factor that affects children's well-being. Discrimination and bullying within Templo also contribute to their challenges.

Discrimination and Bullying Take a Toll on Children

Migrants (particularly Central Americans) often face discrimination during their stay at Templo, including hostile comments, bullying, and exclusion from food and other resources. This dynamic at the shelter makes things harder for Central American children. Derogatory attitudes affect their self-esteem and mental health. At other times, children are excluded from access to food and resources that could support their physical health. Finally, mothers' fear of exclusion and discrimination sometimes lead them to isolate their children or stay indoors, further undermining their social wellbeing.

While most migrants at Templo were from Mexico, about a third came from Central America. For instance, Angelica, was a 22-year-old young woman who left Honduras with her daughter fleeing domestic violence. When asked about the dynamics at the shelter Angelica stated, "There are people who are not from here, from Mexico. And there is that discrimination. Perhaps because we are Hondurans, as it is different. One speaks differently... Hondurans or Salvadorans or Guatemalans run the risk of being kidnapped or extorted for us just because we are from another country." In other words, Angelica suggested, being from Honduras left her at greater risk of crime, both in transit and upon arrival in Tijuana. Angelica existed in a state of constant fear, which often transferred to her children.

Rosa, likewise, described how she and her daughter and niece faced bullying and discrimination at Templo. Rosa, a 29-year-old woman also from Honduras, left her country of origin with her daughter and niece because of threats of violence after her brother-in-law became affiliated with a gang. Rosa said that they faced exclusion for being Honduran constantly, as other migrants blocked them from access to the bathrooms, the phones, food, and donations. As an adult, Rosa said, she could ignore the negative comments (though they did take a toll on her mental health), but she was concerned about the effect on her children.

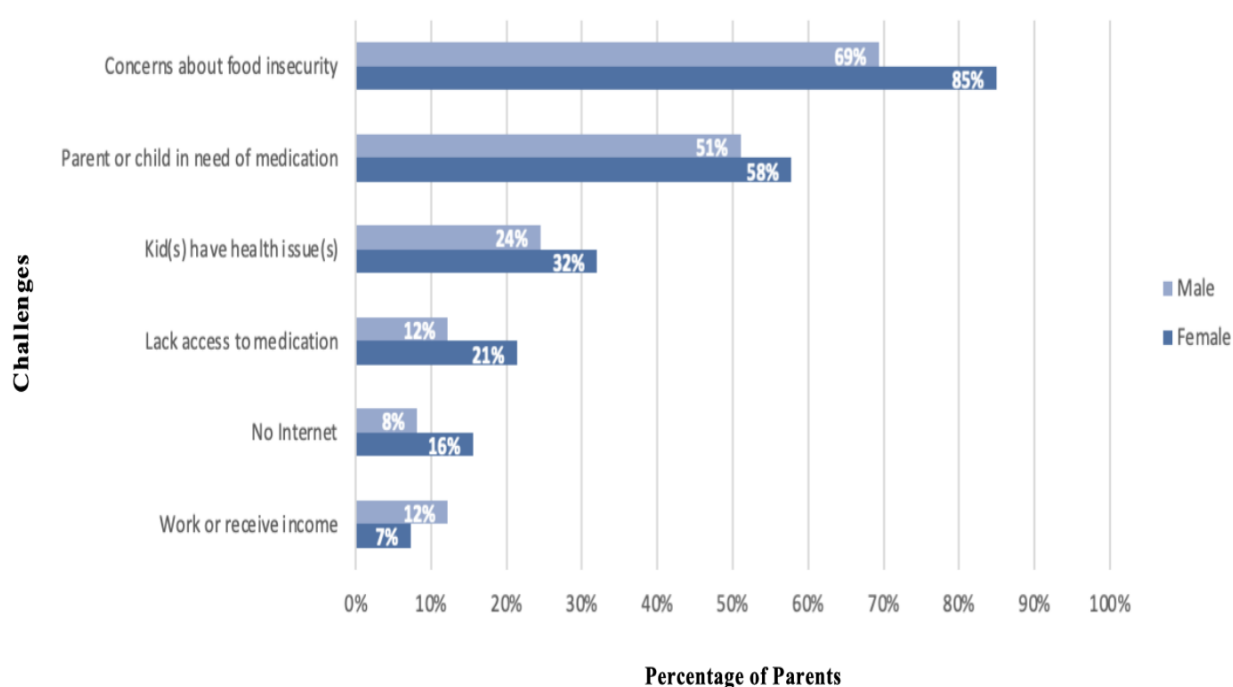
Indeed, bullying and exclusion from resources result in anxiety, depression, poor

nutrition/appetite, as well as several other challenges. Mothers like Rosa not only face discrimination and its emotional effects on their children but also undergo struggles as single parents, leading to a further decline of children's health.

Parents, Especially Single Mothers, Struggle to Provide Care for their Kids

Survey responses from migrant parents at Templo reveal multifaceted challenges parents face at the shelter. Figure 3 captures a few from the vast array of challenges that migrant parents confront. All parents represented in the figure below encounter these challenges. However, it is imperative to acknowledge that the presence of gender violence and discrimination, both within and outside the shelter, amplifies these hardships for single mothers.

Challenges faced by parents at the shelter by parent's gender:



Some of the challenges parents described include:

Concerns about food insecurity: 85% of mothers worry about food insecurity for their family, along with 69% of fathers. As previously mentioned, the limited availability of food at the shelter disproportionately affects parents who are unable to work, making it even more challenging for them to provide their children with sufficient meals compared to those who can work.

Lack of access to medication: 58% of mothers and 51% of fathers need medication, either for themselves or their children. Meanwhile, 21% of mothers and 12% of fathers don't have access to medication. Accessing medication is a major challenge for many parents at the shelter who do not have the resources to travel outside and buy medicine. For parents at Templo, the absence of medical services and medication creates a major challenge in ensuring their family's well-being.

Kids' health issue(s): 32% of mothers and 24% of fathers reported that their children had

a condition that required medical attention.

There are very few medical services currently provided for migrants at the shelter. As previously mentioned, many lack the means to access healthcare.

Lack of internet: 16% of mothers and 8% of fathers lack access to the internet. Parents without access to this vital resource face major hurdles in finding work, accessing legal aid, and providing their children with learning opportunities.

Lack of income/work: Around 7% of mothers and 12% of fathers we surveyed had some type of income. Single parents' inability to obtain childcare was a significant barrier to employment. Unemployment, in turn, hindered their ability to provide for their children's basic needs, such as food, toiletries, and clothing. Parents frequently expressed concerns about not having enough money to buy food. The shelter also faced a shortage of food, making it challenging for families to get regular meals.

Things were hardest for single mothers and non-Mexicans. In our survey only about 10% of fathers were single, whereas 64% of mothers were single. These statistics underscore the disparity in partner status between male and female parents at Templo. On top of single parenting, non-Mexicans also had to adapt to a new culture and face discrimination from Mexican employers and Mexican migrants living at Templo. As a result, providing for their children became even more challenging.

Karina, a 35-year-old mother of three, fled Honduras with her husband and children in May 2021. Like many others, Karina and her family left home because of violent threats from organized crime in her country. Before the family got to Tijuana, her husband left for the U.S with a humanitarian visa with the hopes of finding a job. She and her children had been living with Templo four months when we met them.

Now, as a *de facto* single mother at the shelter, Karina was struggling to provide for her children. She needed a job but could not leave her children alone at the shelter. Without a trusted adult to watch them, she did not feel that they would be safe. Karina articulated an experience common among single mothers, especially from Central America:

As a single mother, my kids don't have a place to be, safe for my children, so I can go out to look for work. We do not know one another. For example, I don't know any place to go here... It is a risk, because in this time one cannot trust anyone, to tell them: I leave you my children, take care of them. So that's something that holds us back unless we take a chance and leave our children.

Migrants at Templo reported several instances of shootings, kidnappings, and assault both inside and around the shelter. As a result, several women express fear of walking out of the shelter alone. For instance, Camila, a 29-year-old single mother from Michoacán, Mexico, reflected, "I go out afraid, because I know there's people and organized crime that will assault you, and you fear that they will snatch your child. That's the fear, why you don't want to be outside."

Even if Karina felt comfortable leaving the shelter, she did not have a permit to work in Mexico. She also faced job discrimination for not being Mexican. She described, "[One] looks for the opportunity to work. Many people, including here at the shelter, come looking for workers and say that if you're not Mexican then no. As migrants, they discriminate against us, and they don't want to hire us."

Indeed, many non-Mexican migrants we interviewed shared stories of being taken advantage of by employers, who prey on migrants seeking to work without legal status. Central and Latin American migrants reported being overworked and/or working without compensation. When migrant workers tried to confront their employers, they were threatened with being reported to Mexican immigration officials. Hundreds of mothers at the shelter thus found themselves in the same position as Karina, wanting to work, but lacking access to jobs or the support to care for their kids.

Conclusion

Qualitative and quantitative data gathered from migrants at Templo sheds light on the challenges encountered by migrant parents who are seeking asylum in the U.S. Discrimination and migration trauma undermine the well-being of migrant children. In addition, parents struggle to find trustworthy care for their kids and sources of income with which to buy food. Governments and allies can collaborate to provide support for migrant families, ensuring the protection of the overall well-being of migrant children.

Recommendations

We have a series of recommendations to address the urgent needs of children at Templo:

For non-profit organizations and migrant shelter supervisors:

- Provide daycare to migrant parents
 - Encourage migrant volunteers or pay migrants to help provide childcare, including inviting them to sign up for shifts that ensure consistent coverage for working parents.
 - Explore partnerships with local daycares or non-profit organizations (e.g., Casa YMCA de Menores Migrantes) that can provide daycare for migrant children.
 - Prioritize access to daycare for single parents, as they often face the biggest challenges in finding supervision for their children so they can work.
- Provide Comprehensive Mental Health Services for Children.
 - Migrant shelters should partner with local mental health professionals and/or organizations to provide care and train shelter staff to recognize the signs of trauma in children and provide appropriate and if necessary, emergency support.
 - Partners should ensure children's access to counseling services and make such services available at the shelter on a permanent basis.
 - Partners should deliver educational and recreational resources to children at shelters like Templo, to promote positive relationships and improve children's mental health.

For governments and policymakers:

- Facilitate parents' ability to work and meet their kids' basic needs
 - Grant asylum seeking parents, particularly non-Mexican residents, the opportunity to work in Mexico to meet the needs of their children. Establish this pathway to legal employment without imposing burdensome fees.

- Expedite the process for employers to hire foreign workers.
- Collaborate with local organizations, businesses, and job placement agencies to help parents secure sources of income.
- Provide resources and guidance to help parents access job opportunities.

Chapter 4:

Exposed: Enduring Environmental Hazards

Analysis and writeup by Bryan Delgado, Priscilla Montes-Grajeda, and Meghan Traynor

Summary

In the coming years, migration to the U.S.-Mexico border is expected to rise due to violence, poverty, climate change and other push-factors. Thus, it is crucial to analyze the living conditions that migrants face in shelters along the border. Many times, migrant shelters focus on providing food and a place to sleep, but environmental conditions at shelters also have a great impact on migrants' short-term and long-term health. Often, migrant shelters have no choice but to locate in environmental dumping zones or other areas where migrants face toxic exposures.

In this chapter, we examine how environmental hazards such as overcrowding, infrastructure issues, and a lack of resources for sanitation negatively impact the health of migrants at Templo, the largest migrant shelter in Tijuana.

Key Findings

Overcrowding, infrastructure issues and a lack of sufficient sanitation at migrant shelters negatively impact the health of migrants. Many of these conditions can be traced to shelters having low funding, poor locations in dumping zones, and / or being cut off from city resources.

- **Overcrowding:**
 - Overcrowded conditions in migrant shelters leave residents vulnerable to communicable diseases.
 - Fear of moving about Tijuana reinforces overcrowding and keeps migrants trapped at the shelter.
- **Infrastructure:**
 - Exposure to waste, sewage, and trash-burning in shelter locations can worsen respiratory issues and have long-term health effects, such as an increased risk for cancer, depression, and asthma.
 - The lack of a paved road leading to the shelter increases flooding during times of rain, which causes more trash to flow downstream through the canyon near migrants and force migrants to walk through the polluted river and/or stay inside.
 - Housing infrastructure issues, such as leaky ceilings and a lack of blankets to fend off the cold at night, may worsen migrants' vulnerability to illness.
- **Sanitation:**
 - Limited space and a lack of ventilation increase exposure to viruses.
 - Screening of new individuals can help reduce the exposure to illness.
 - Increasing medical supplies and restructuring the public water lines may help increase sanitation in shelters and reduce exposure for illnesses.

Recommendations

At the end of this chapter, we recommend several interventions that could help mitigate the negative impacts of environmental hazards such as overcrowding, infrastructure issues, and a lack of sanitation. We recommend collaboration between migrant shelters, NGOs, universities, federal, and local governments to ensure that our recommendations can be addressed.

Introduction

Migrant shelters at the U.S.-Mexico border are mainly tasked with providing food and shelter for migrants, but the environmental conditions that migrants experience at such shelters also impact on their short-term and long-term health. Environmental hazards, such as exposure to trash and contaminated water sources and overcrowded living spaces sometimes go unaddressed at shelters due to limited resources and a lack of governmental support. These environmental hazards have harmful effects on the mental and physical health of migrants. In this report, we look closely at conditions of overcrowding, infrastructure issues and sanitation issues experienced at the largest migrant shelter in Tijuana, Templo Embajadores de Jesús. Through this case study, we illustrate trends that can also be seen at other migrant shelters along the border.

Many of the conditions we saw at Templo, such as exposure to environmental hazards, overcrowding, and infrastructure issues, can be traced back to shelters having low funding and / or being pushed to the urban periphery and cut off from city resources. Given the ongoing arrival migrants seeking to enter the U.S. due to the impacts of violence, economic peril, climate change, and other push-factors, it is crucial to analyze the living conditions of migrants in border cities and evaluate how they can be improved. We hope this report can shed light on some of the environmental issues such groups may face at shelters along the border, the short and long-term impacts these environmental conditions have on the health of migrants, and how some of these impacts can be mitigated.

We begin by reviewing the role that overcrowding plays in spreading illness in migrant shelters. Due to a lack of governmental support for the creation and maintenance of migrant shelters in Tijuana, there is a limited number of shelters relative to the numbers of migrants in the city. The result is both homelessness and overcrowding at many migrant shelters in Tijuana, especially those which do not turn away migrants. In addition, many migrants cite a fear of leaving the shelter and entering downtown Tijuana, where they are susceptible to violent extortion, kidnapping or police encounters. Many migrants feel immobilized and afraid of leaving the shelters they stay at, which only perpetuates overcrowding. Such overcrowding encourages the spread of communicable diseases, which severely impacts the quality of life of migrants.

Second, we analyze the health impact of infrastructure issues at migrant shelters. At Templo, a lack of a paved road and the flow of a contaminated stream through the shelter area causes dangerous flooding and brings raw sewage and garbage right by the shelter. Additionally, infrequent trash pickup leads people to burn trash, impacting migrant health. Migrant shelters located on the peripheries of border cities can be neglected in terms of their access to important infrastructure such as electricity, water,

trash collection, and road maintenance, which has a negative impact on migrants' health and quality of life.

We also explore how personal sanitation is crucial to reducing illnesses in migrant shelters and has a major impact on migrants' health. With the lack of resources in migrant shelters to maintain sanitation, such as hand sanitizer, soap and face masks, migrants are constantly exposed to viruses and microbes.

In sum, flaws in infrastructure, a presence of overcrowding, and a lack of adequate resources for sanitation can all increase rates of illnesses within migrant shelters. We conclude with recommendations for migrant shelters, NGOs, local governments and universities as to how they can contribute to improving the environmental conditions that impact migrant health at migrant shelters along the U.S.-Mexico border.

Chapter Methodology

The survey questions relevant to our chapter centered around environmental conditions, medical conditions, and perceptions of safety. Post-survey participants were asked if they were interested in taking part in an in-depth qualitative interview. These interviews provided a space for participants to elaborate on survey questions and share their stories, reviewing various themes relevant in the participants' lives. For the purposes of this chapter, we focused on interviews which discussed environmental conditions and illness.

How Overcrowding Perpetuates Illness

Although Tijuana is a common destination for migrants from all over Latin America and the Caribbean while they seek asylum in the United States, there are only about 30 shelters as of 2023 compared to the thousands of migrants in this border city (Rivera, 2023). Limited support from the government results in migrant shelters that often lack space and resources to establish proper living conditions for migrants. Migrants must live in overcrowded, under-resourced shelters, several of which are in out of the way areas and/or downstream from garbage and sewage dumping. Moreover, many migrants feel unsafe leaving shelters and venturing into downtown Tijuana due to the risks of violence they face in Tijuana. As a result, migrants concentrate within shelter living spaces and engage in sedentary behavior which both perpetuates overcrowding and increases risk of chronic diseases.

Limited Space Negatively Impacts Migrants' Wellbeing

The population living at Templo was between 1500-1800 at the time of our research in 2023. To accommodate this number of people, migrants slept in spaces full of bunk beds, sharing beds with their families. When there were not enough mattresses for all, they also slept on the floors in the living areas, kitchen, and other spaces. Many described hearing coughing all night long. Living in such close proximity facilitated a rapid spread of germs, especially respiratory illnesses.



Image: Living space within the migrant shelter in this study (Source: the authors)

Vulnerable populations such as children, the immunocompromised or those with existing respiratory illnesses were at a higher risk than other migrants. More than 40% of residents at the shelter were children under age 12. Almost one third of respondents surveyed shared that they had current health conditions, and more than 17% noted that the health condition that was most urgent for them was respiratory. The respiratory conditions they reported included: asthma, cough, bronchitis, Covid-19, and the flu, among others. Migrants frequently mentioned overcrowding as a major factor related to their illness.

For example, Miranda, 28-year-old mother who fled Mexico with her partner and children, said her most urgent health concerns were communicable illness. Shortly after getting settled at Templo, her daughter became so sick that they were contemplating leaving. She shared:

When we arrived they told us that, “Here it is a requirement to get sick with a cough so that they accept you in the shelter” - kind of like a joke. And yes we indeed got sick...I felt that the girl was going to die, more than anything because she was the one with the highest temperatures, too much fever. And I would tell [my partner], I'd say, “Let's leave. No, no, not here, the children are going to die.” And yes we wanted to leave because we only came to get really sick.

Miranda's description reflects how to a certain extent, the prevalence of illness at the shelter has been normalized, as its effect on migrants is so widespread that migrants often joke about getting sick being a requirement to stay there. Her experience supports what became clear to us in our fieldwork: that migrants at this shelter often link the presence of illness with the overcrowding of people in shared living spaces.

It is important to note that people are frequently cycling in and out of migrant shelters, with new groups of migrants introducing new illnesses into the shelter. Thus, the increased risk of infectious disease due to overcrowding and the introduction of new illness is omnipresent at the shelter.

Fear Immobilizes Migrants in Shelters, Increasing Physical Inactivity

Most of the migrants staying at Templo did not regularly leave. Fear and the distance

from the city center discouraged them from venturing into Tijuana. Tijuana as a city did not have a good reputation amongst the migrants in the shelter. Whether from personal experiences of violence and theft or in response to what other migrants shared, many of those interviewed expressed a fear of what lay beyond the shelter's gates. Staying inside the shelter gave migrants a sense of security and stability that many had not had since leaving their homes.

Migrants reported feeling high levels of safety living in the shelter as compared to their perceived safety venturing into Tijuana. When asked how safe they felt within the shelter, most of the migrants' responses were positive. More than half of those surveyed reported feeling either "somewhat safe" (21%) or "very safe" (52%) in the shelter, while only about 5% reported feeling unsafe. It is important to note that most of the migrants in the shelter fled their homes due to violence. Since migrants experience high rates of violence in Tijuana (Leyva-Flores, 2019), once they enter the shelter, they tend to stay put unless they are exposed to further violence within.

Angelica, a 22-year-old female who fled Honduras with her infant daughter due to domestic violence, reflected on how migrants often associate Tijuana with danger. When prompted to explain more, she said, "I think that we are in the shelter, we are safe. But it is like when one was back home. At home one is safe. But if one goes out on the street, they run any kind of risk. So, I think the same thing happens here." Other migrants also said they felt safer in the shelter than out and about in Tijuana. At the same time, there was a shooting outside the shelter during our fieldwork and several migrants specified that they only felt safe *indoors* in Templo's cramped living quarters. Several spent most or all of the day indoors with their children, with hundreds of people indoors together in a large warehouse-style room at any one time.

Staying inside the shelter also led to a lack of physical movement and exercise. Migrants were not regularly moving their bodies inside the shelter, with most engaging in sedentary behavior. This lack of physical activity presents a risk factor for chronic diseases such as cardiovascular disease, Type 2 diabetes, and cancer, among others (Booth et al., 2012).

Considering the proportion of migrants to shelters in Tijuana and the border region, and the lack of government support, housing this population is difficult and overcrowding is almost inevitable, with dire implications for migrant health.

How Local Infrastructure Impacts Migrants' Wellbeing

Finally, local infrastructure also has environmental impacts on migrants. Templo is located at the bottom of a canyon well outside of Tijuana's city center. It is surrounded by neighboring communities higher up on the hillside, from which a river runs down between the shelter's buildings, and ultimately into the Tijuana estuary. The uphill communities regularly dump garbage and sewage down the canyon into the river. The shelter is disconnected from metropolitan Tijuana and the many services associated with it, such as road maintenance, electricity, garbage collection and water. Migrant shelters such as this one, when disconnected from city resources and located in spaces with high exposure to environmental hazards, are prone to infrastructural and environmental issues that negatively impact migrant health.

First, there is a lot of trash located in the river next to the shelter. A main source of this trash comes from the communities at the top of the canyon, which dump their trash over the

side of the canyon. Trash is visible at the top of the canyon at the edge of these communities, spilling over onto the sides of the canyon. This trash is then carried by the river and into the estuary. A second possible source of this trash comes from the fact that there are multiple “informal” housing developments built on the sides and bottom of the canyon, from scrap materials. When heavy rain comes, it is possible that trash and scrap materials from these homes enter the river and flow down the canyon. As a result, trash is brought down to the river beside the migrant shelter, especially during times of heavy rain. Many migrants have complained that this trash emanates a strong smell, especially when it rains.



Image: River that runs beside El Templo, contaminated with sewage (Source: The authors)

Second, Templo is disconnected from metropolitan Tijuana. There is no paved road that leads to this shelter, and as a result, flooding on the dirt road next to the river is worsened and becomes dangerous when it rains. Many migrants mentioned that there was a dire need for a paved road to reduce the dangerous and disruptive impact of flooding and ensure that the shelter was more connected to resources such as trash pickup.

Finally, there are several infrastructure issues within the migrant housing that migrants report. They report issues related to insulation and roof leaks. In the sections that follow, we discuss each of these observations in depth.

The Negative Impacts of Trash

A lack of trash cans and failure on behalf of the government to pick up trash causes trash to concentrate in and around migrants' living spaces, which they report had a negative impact on their environment. Miguel, a 22-year-old man from Michoacán, Mexico, noted that one of his favorite activities while living at the shelter was walking up the hill to play soccer with the friends he'd made. When asked about what changes he'd like to see at the shelter, he responded, "That they leave a trash can everywhere...make a bigger trash can or, I don't know...a sign or something because it's needed. There is a lot of trash." For Miguel, removing excess trash in his surroundings was the *most* important

change needed at Templo. Miguel added that there should be signs to encourage people to pick up trash. He later acknowledged that although the government used to come frequently to collect trash, now they did not come as often. Our team also noticed huge piles of trash near the area of the shelter referred to as “Little Haiti,” one of the main buildings that housed people.

The effects on migrants are documented in the research. Living within 5 km of trash sites has been associated with asthma, tuberculosis, diabetes, and depression (Tomita et al., 2020). Living near trash dumping sites has also been associated with an increased risk of developing respiratory conditions, as well as a risk of long-term diseases like cancer, birth defects and developmental disabilities (US EPA, 2013). We observed people burning trash nearby as well, and such practices can bring toxic chemicals into the air that migrants breathe, aggravating respiratory conditions and causing potential health issues such as cancer over time (Wisconsin Department of Natural Resources, 2023).

The River: Flooding and Trash Perpetuate Immobilization

The river that passes by the shelter is also an environmental hazard for migrants. It is polluted and carries garbage and sewage through the canyon. It smelled especially bad during times of rain. During and after rainstorms, the river (which tracked alongside the dirt road into the shelter) overflows and forms a strong current, which poses a risk to those who attempt to cross the river and forces migrants to stop through contaminated water and mud, which they then track inside the shelter. In the dry season, meanwhile, the riverbed turns to dust (along with the trash and sewage within) which then blows around the area and is inhaled by migrants.

Felipe, a 38-year-old man from Honduras, noted that when it rains, trash is brought down the canyon. He described, “Now the land ends up in really bad shape. When it rains a lot, a lot of mud, a lot of trash, the path of the riverbed, that area ends up in really bad shape.” Alison, a 25-year-old woman from Mexico, echoed that whenever it rained, the air began to smell bad. She mentioned that where she lived, when it rained, migrants were forced to use stones to reduce the strength of the flow of the river and prevent further damage. There were no resources set in place by the city of Tijuana to prevent this flooding or to deal with the fact that sewage and trash flowed down the canyon.

The flooding of the river is also disruptive to daily activity at the shelter. Several migrants noted that building a paved road to the shelter should be prioritized to reduce the negative impact of flooding. Veronica, a 30-year-old migrant from Mexico, said, “In the street as well there’s a lack of pavement. It’s something that concerns all of us here because at times the current comes and that’s dangerous, should it take a child or something.” Not only did the river bring in trash and sewage, its powerful currents sometimes swept away buildings and migrants belongings, even threatening to carry off a small child. Another migrant, Cecilia, echoed this sentiment, noting that many migrants are unable to leave the shelter because it was so hard to cross the river out of the shelter when it was flooded. The inability to leave then perpetuated crowding and the lack of resources at the shelter.

The city of Tijuana should take responsibility for building a paved road or taking steps to reduce the impact of the flooding in the canyon, and get to the bottom of why there is so much trash in the canyon. However, since this migrant shelter is so far outside of the city, it is often neglected in terms of receiving infrastructure such as paved roads,

electricity, and water. Though the Tijuana government has promised to pave the road there, after much pushing from UC San Diego and the pastor who runs the shelter, it has not yet followed through. The shelter needs additional infrastructure as well, such as more regular and predictable garbage collection.

Limited Housing Exacerbates Illness

There are also several infrastructure issues in the shelter's itself, including a lack of insulation and roof leaks. Alison, who was traveling with her three children, said that the weather conditions in winter exacerbated the infrastructure issues in the shelter. For instance, she explained, the roof over her bed got damaged by rain and was never fixed, so she and her children and all their belongings got wet.

Not only do leaks make it hard to sleep and get migrants and their belongings wet, but they also create a damp environment that can facilitate the growth of mold and mildew which directly affects respiratory health and can be extremely dangerous for people who have pre-existing conditions or are immunocompromised. This is a serious issue in migrant shelters, as migrants often spend most of their time indoors.

Moreover, the lack of insulation in migrant living spaces, especially when there are low temperatures outside at night, leave migrants extremely cold, especially when compared with their places of origin. On top of this, migrants reported that they lacked the necessary resources for colder conditions, such as warm enough clothes and blankets. Julia, a 26-year-old Mexican woman traveling with her husband and children, described, "Sometimes we've been so cold, and the blankets aren't enough at times to cover us. Including if there's a kid that becomes sick, well he contaminates everyone else, because we're all living together." Julia argued that sometimes the blankets they had in the shelter were not enough to fend off the cold. She believed that the cold perpetuated illness among children in the shelter.

Since Templo's buildings lack proper insulation and heating systems, migrants often sleep in the cold. Additionally, due to the number of people in the shelter there are not enough blankets for all, which creates inadequate sleeping conditions for some individuals. Having to spend extended periods breathing in cold air has been shown to constrict airways and worsen respiratory illnesses ("How Cold Weather Affects Lungs," 2023).

The Importance of Personal Sanitation

Adequate sanitation practices are integral to migrants' health. A lack of sufficient resources such as face masks, hand sanitizer and soap, cause a decline in migrants' health by enabling the transmission of infectious illnesses. The lack of adequate medical precautions and medications makes migrants vulnerable to contagious illnesses such as colds, fevers, and viruses.

At Templo, 30% of people surveyed had a known medical condition and 17% had respiratory problems such as asthma and breathing issues. People with respiratory conditions are more prone to illness and affected by environmental conditions such as air quality, water quality, and temperature changes that can lead to increased probabilities of catching colds, pneumonia, and fevers. This was seen at Templo, where there were many people coughing and covering their mouths. Illness has become so common and normalized that one of the migrants at the shelter, Alejandro, stated:

So, on the street we are vulnerable to any type of disease, COVID, skin problems, that's called scabies, I don't know. Many types of disease and many bacteria and many viruses are collected on the street. So, more than creating chaos in the shelter, they should control it when one arrives. For example, in my case, I arrived yesterday with the family, check me up, do COVID tests. [They could ask], "Do you have a cold?" No, we don't have a cold. "Ok it is good." And look at all that stuff so that there is no epidemic in the shelters that [inaudible] situations at least for children, who are the most vulnerable to all kinds of diseases.

In this quotation, Alejandro described how because new people are always coming into the shelter and bringing illness with them, even when you get over an illness, you are still at a high risk of becoming sick again. This condition is only worsened by the fact that there are limited resources to keep people clean at the shelter, such as enough hand soap, hand sanitizer, and face masks.

Most of the people living at Templo did not have access to face masks, gloves, or other ways to reduce their exposure to illness. This lack of equipment for sanitation allowed people to get sick constantly. During our interviews, some migrants stated that it would be futile to wear a face mask since many of the migrants did not wear face masks due to discomfort or the failure of the migrant shelter to provide them. Jessica, a woman from Mexico who came to the shelter with her child and husband, reflected:

Well, we take medication, we take care of ourselves, but there are people who don't, so it's useless that we are taking so many things, being careful, taking precautions if people are going to continue without taking care of themselves... without using face masks, without washing their hands.

Since there was not enough soap for everyone to wash their hands, and others at the shelter did not try to prevent the spread of germs, Jessica felt it was futile for her family to take precautions to avoid illness.

If migrant shelters do not have enough funding to provide face masks, soap, and gloves, the shelter stays unsanitary. Since UC San Diego is building a clinic at this shelter, many migrants, such as Jessica, stated that they wanted to see the clinic providing resources such as face masks and soap to reduce the transmission of illness within the shelter.

Despite having limited funding, Templo still tries to find methods to increase sanitation by taking measures such as assigning volunteers to sweep and mop common areas, while also handing out alcohol wipes to clean the bedding. Templo also tries to increase sanitation by placing new filters in the water supply, thereby reducing the amount of bacteria that migrants are exposed to and the probability of contracting illness from the water. Felipe, a migrant who works at the shelter, explained:

Look at the water right now, a process that was carried out and the technicians came, and a new process was installed for the water. The water is clearer and clearer...More filtered, it's ready, maintenance of everything, the treatment of everything is fine.

That is, Templo was able to add new water filters which made migrants like Felipe happy, as they felt more comfortable using the water. Many migrants felt that the use of the filters and sanitary practices allowed them to be less sick and feel more comfortable in the shelter, which not only helped them with their physical health but also their mental health.

Conclusion

Migrant shelters are limited in many ways due to the lack of funding and support from the government, which leads to environments that have poor sanitation. Many migrant shelters' main focus is housing and food, but toxic exposure, poor infrastructure, and poor sanitation also leave migrants exposed to disease. When shelters only focus on food and housing, they neglect other important factors related to environmental health, such as the sanitation, infrastructure, and overcrowding, undermining migrants' wellbeing.

Recommendations

Below, we propose recommendations for improving the environmental health of migrants at shelters. We acknowledge that many migrant shelters along the U.S.- Mexico border are underfunded, and as a result, face barriers to addressing the recommendations outlined below. We recommend collaboration between migrant shelters, NGOs, universities, federal and local governments in order to ensure that our recommendations can be addressed. We suggest:

- Prioritize creating more living space at migrant shelters. Universities, NGOs, and the U.S. / Mexico / Tijuana governments should work together to raise funds to create more living space for migrants at shelters to allow people to spread out and reduce the transmission of illness.
- Improve sanitation practices at migrant shelters. If sanitation is not continually prioritized, people will continue to get sick—especially due to overcrowding.
 - Encourage washing hands and wearing face masks. Create sanitation stations where people can wash hands, use hand sanitizer and grab masks.
 - Create a quarantine period for migrants who come to shelters sick.
 - Build locations for contaminated waste, such as used tissues or toilet paper, that may contain droplets of bacteria and viruses.
- Improve ventilation in migrant living spaces by opening doors and adding air filters, while maintaining a consistent internal temperature in the shelter, can help reduce airborne transmission of disease.
- Indoor air filters, such as Corsi-Rosenthal boxes, can be cheaply made and have been shown to reduce the number of airborne COVID-19 particles. Universities and NGOs should collaborate to bring these to migrant shelters. Volunteers at shelters can be taught how to produce them.
- Keep shelters warmer and provide blankets. Many migrants have complained of the shelter being freezing at night, which they report as worsening the spread of illness.
- Local governments in Mexico must collaborate with migrant shelters to help connect them to services such as water, trash pickup, electricity, and road maintenance.
 - NGOs and universities, if invited by migrant shelters, should take stock of infrastructure issues (such as a lack of a paved road at the shelter in this study) and help advocate for the city to bring those services in.
- Infrastructure issues need to be addressed in migrant shelters. This is an opportunity

to employ migrants to improve their living spaces while giving them wages.

- Migrant reports of issues such as leaky ceilings need to be taken seriously. Funding must be given to shelters to address things that need to be fixed. We recommend hiring migrants for these repairs, to help them with income.
- Create safe outdoor spaces to reduce overcrowding and allow for more physical activity. As mentioned, many migrants are fearful of leaving the shelter because they do not feel safe in the surrounding region. When migrants are immobilized inside of their living quarters, they lack the opportunity for exercise and fresh air, which negatively impacts their well-being.
 - We recommend creating more physical activity programming at the shelter, such as dance and zumba classes. Group outdoor activities will increase morale, motivate more people to participate, and help migrants feel more comfortable spending time outside.

References

- Booth, F. W., Roberts, C. K., & Laye, M. J. (2012). Lack of exercise is a major cause of chronic diseases. *Comprehensive Physiology*, 2(2), 1143–1211. <https://doi.org/10.1002/cphy.c110025>
- “How Cold Weather Affects the Lungs.” AARP, www.aarp.org/health/conditions-treatments/info-2023/is-cold-weather-bad-for-your-lungs.html. Accessed 12 June 2023.
- Leyva-Flores, R., Infante, C., Gutierrez, J. P., Quintino-Perez, F., Gómez-Saldivar, M., & Torres-Robles, C. (2019). Migrants in transit through Mexico to the US: Experiences with violence and related factors, 2009-2015. *PloS one*, 14(8), e0220775. <https://doi.org/10.1371/journal.pone.0220775>
- Rivera, S. (2023, May 2). Tijuana will need more migrant shelters when Title 42 goes away, mayor says. KTSN. Retrieved from <https://www.ktsn.com/immigration/tijuana-will-need-more-migrant-shelters-when-title-42-goes-away-mayor-says/#:~:text=Tijuana%20has%2030%20sanctioned%20shelters,handle%20additional%20groups%20of%20migrants>.
- Tomita, A., Cuadros, D. F., Burns, J. K., Tanser, F., & Slotow, R. (2020). Exposure to waste sites and their impact on health: a panel and geospatial analysis of nationally representative data from South Africa, 2008–2015. *The Lancet Planetary Health*, 4(6), e223–e234. [https://doi.org/10.1016/S2542-5196\(20\)30101-7](https://doi.org/10.1016/S2542-5196(20)30101-7)
- US EPA, OLEM. 2013. “Health and Ecological Hazards Caused by Hazardous Substances.” www.epa.gov, 17 May 2013, www.epa.gov/emergency-response/health-and-ecological-hazards-caused-hazardous-substances#:~:text=In%20some%20cases%2C%20hazardous%20substances
- Wisconsin Department of Natural Resources. 2023. “Environmental and Health Impacts of Open Burning | Wisconsin DNR.” Dnr.wisconsin.gov, dnr.wisconsin.gov/topic/OpenBurning/Impacts.html#:~:text=Burning%20trash%20can%20cause%20long. Accessed June 2023.

Chapter 5:

Barriers and Pathways to Building Community

Analysis and writeup by Andrea Kvietok, Kathryn Garcia, Saul Perez-Aragón,
and Chelsea Carillo

Summary

This chapter evaluates barriers and opportunities for migrants to build community and social connections at the U.S.-Mexico border. By community building, we mean quality social connections between individuals fostered through exchanges that allow them to connect with and support each other. We focus on women.

We argue discrimination and gendered family dynamics fragment people from one another, hindering supportive social connections. These barriers result in unequal access to resources like employment and food. Discrimination tends to affect individuals from Central America, resulting in unequal access to food and isolation. To avoid potential conflict, many migrants isolate themselves and avoid intermingling.

These issues are intensified by gendered family dynamics. Women migrants are usually the primary caretakers for their families. Thus, women – particularly mothers – tend to stay at the shelter and are less likely to work as compared to men. Indeed, men we surveyed were almost twice as likely to have an income than women (13.0% vs. 8%). In addition, women were more likely than men to 'Often or Always' worry about food security (49.4% vs. 30.7%). Staying at the shelter and a lack of access to employment impacted women's community-building efforts in two ways: 1) Templo lacked a structured routine for residents to interact with each other. 2) Unemployment overburdened women with worries about food security for their families, leaving them with little motivation to make social connections.

In response to these barriers, some women combatted the consequences of discrimination and gendered family dynamics by creating networks of mutual support in their everyday practices. By circulating information and food items with each other, women worked to attain financial and food security for their families.

To help migrants expand their supportive social networks, we recommend that shelters:

- Coordinate cultural awareness events in collaboration with community members to prevent discrimination, increase cultural understanding, and promote community-building.
- Implement a stricter system and follow-up protocol for discrimination cases, prioritizing the well-being of individuals filing complaints.
- Organize frequent workshops for adults to learn specific skills for employment, which will especially benefit mothers and provide structured activities for connection.
- Formalize and unify women's "collective cooking pots" and other groups at Templo, directing donated resources to supplement food-sharing practices and address food security, while exploring the possibility of compensating those in charge of cooking.

Introduction

Violence continues to displace Mexican and Central American individuals and families, forcibly extracting them from their places of origin and webs of social relationships. Consequently, many head north to seek the protection of US asylum. Studies have documented the drivers of these forced displacements, with most focusing on state and gang violence, structural economic inequality, political instability, and gendered violence (Abrego 2017; López Ricoy, Andrews, and Medina 2022). While in transit through Mexico, people continue to face violence, particularly at the hands of state agents and organized criminal groups (Al Otro Lado and MMFRP 2021). Upon arrival at the US-Mexico border, their quests for safety are stalled by the restrictive and ever-changing nature of US immigration policies. These policies deter migrants from seeking asylum, forcing them to wait on the Mexican side in a state of legal uncertainty (American Immigration Council 2019; FitzGerald 2019).

On one hand, violence and other structural factors can hinder individuals' ability to forge social networks across the migration journey. At the same time, displaced individuals also engage in everyday practices of community building, which allow people to connect with, and support, each other. In this chapter, we examine how migrants build "community" - or social connections between individuals - and how barriers to such community can lead to isolation.

To better understand the barriers to community-building barriers and the practices amongst asylum seekers at the San Diego-Tijuana border to overcome those barriers, a group from the Mexican Migration Field Research Program (MMFRP) at the University of California, San Diego (UCSD), conducted community action research at Templo over a six-week period in early 2023. As Tijuana's largest migrant shelter, which houses over 1,500 individuals displaced by violence, Templo is a useful case study to examine intergroup dynamics among migrants.

Drawing on our survey and interview data, we find that the social environment at Templo is fragmented due to discrimination and gendered family dynamics. These structural barriers result in unequal access to resources, such as employment and food, which disproportionately affect women due to their roles as caretakers of their families. These barriers also lead to self-isolation, as women seek to avoid potential conflict, and decrease women's motivation for community-building, due to stress and worries about their family's wellbeing.

However, some female asylum seekers work towards building community in direct response to these gendered barriers. Through the circulation of information and food items, women forge support-centered ties with each other and attain improved financial and food security for themselves and their families.

In what follows, we first detail our methods and address our potential biases and positionality. We then provide a brief description of the socio-demographic characteristics of our sample and explain why we focus on women. We continue by examining the effects of discrimination and gendered family dynamics on community building, and then analyzing how gendered networks of support enable community building. Finally, we conclude and provide a set of recommendations aimed not only at

Templo but also at other migrant shelters along the US-Mexico border and beyond.

Discrimination Leads to Isolation

Our data reveal that discrimination – particularly against individuals from Central America – was one of the main barriers to forming support-oriented social connections among residents of Templo. Discrimination led to unequal access to resources, such as food, and to isolation at the shelter. In turn, self-isolation prevented individuals at Templo from intermingling with others, as they sought to avoid potential conflict. Nevertheless, as we detail later, this unequal access to resources drove some women to build support-oriented social connections.

Rosa, a 29-year-old woman from Honduras who fled her home country with her seven-year-old daughter and nine-year-old niece due to gang violence, had arrived in Tijuana five months before our interview. Rosa extensively described the discrimination she and her family faced at the shelter due to their nationality. Recounting the physical effects of these experiences, Rosa shared:

Sometimes they discriminate against us more than anything. They look at my girls badly. Sometimes they have even wanted to hit them because we're not from here. So, what's going on? When one comes and addresses the parents, the parents do the same ... Because look, once I let [my daughter and niece] play only for [the other children] to hit them badly and tell them ugly things because [at the shelter] the children are spoiled.

Like Rosa, other Central American women at Templo brought up instances of discrimination, including physical attacks, negative stares, and/or bullying. Importantly, this discrimination had material consequences, such as preventing access to sufficient food. Migrants and their children would be hit or verbally abused if they tried to get to the head of lines for donations or everyday meals.

Describing the range of material consequences that she and her family faced, Rosa explained:

Sometimes because of some line, or to go up to the line for food, [they say], "beat it" because [they] were already there, but sometimes that is not true. Even when we are lining up for the bathroom, also if we are lining up to charge the phone too. We are really discriminated against, as the saying goes, that sometimes Hondurans, as they say here to another Honduran, that is, maybe one, maybe there were Hondurans here who did bad things, you get me? So, we all pay for [the actions of] one, they can't see the difference, they can't say: 'this one is Honduran, but [he/she] is different', they can't.

In the face of these discriminatory practices, some migrants felt the need to isolate themselves to avoid potential conflict. For instance, Rosa voiced the need to protect herself and her family by staying away from others and advising her kids to do so as well:

In my case, what I do is that I don't let my daughters play. With anybody. Nor go near anyone because they always look at them badly, even me too. [People at the shelter] have already wanted to get into trouble with me ... But since I like to avoid problems, I better stay away and keep my daughters away too.

Rosa's story shows how discrimination and its effects, i.e., isolation, are one of the major

barriers to community building at Templo, as they prevent individuals from bonding with others.

Gendered Family Dynamics Overburden Mothers

Throughout our fieldwork at Templo, our team noticed that the majority of those present during the day were women with young children. Our survey data confirmed this observation, as 81% of women respondents had children under the age of 18 with them, in comparison to only 19% of men. While some women were accompanied by their spouses and/or family members, others stayed at the shelter while their loved ones went out to work. Many were also single mothers.

In virtually all these family arrangements, women were the primary caretakers. As a result, they were more likely to spend their days at Templo, without much possibility to work in comparison to their male counterparts. The lack of employment affected women – specifically mothers– and their community-building efforts in two ways. First, it meant that they stayed at the shelter, where there was a lack of a structured routine for residents to interact with each other. Second, it intensified their worries, specifically regarding their family's access to food, leaving little motivation to pursue quality social connections.

The gender disparities in work at Templo come out in our data. While only 9% of our survey sample currently had a source of income, men were twice as likely to have income than women. Mothers with children under age 18 were more than three times more likely to be unemployed than those without children.

Lupe, a 31-year-old single mother from Guerrero, Mexico, who had been staying at the shelter with her two children since November 2022, specified the additional difficulties faced by single mothers:

There are times when I think I lose hope. I lose it because, look, I am there with my children and right now they haven't eaten. I can't go out to work; I can't leave them ... For those of us who come alone with our children, the truth is that it is very, very difficult because I mean, there are big families that come, and they can go out to work, but I think that as a [single] mother we cannot do those things.

To care for their kids, women had to stay at Templo, where they spent their days not doing much or on their phones. Jessica, a 28-year-old woman from Colima, Mexico, who had been staying at the shelter with her husband and daughter since January 2023, explained the hardest part about being at Templo:

[Back home] I had my job, I had my kids in school, my daughter was going to school, my husband [was] in his business, and you come here and ... you do nothing. We are used to working. Here we have to help with the cleaning or things like that, but it is only for a few moments and then all day long we don't do anything [...] We wake up because we sleep on mats, we have to put everything together, put things away, ... arrange them, take them to be arranged, we go out here to the stairs, to have breakfast, to brush our teeth and sit here all day long, sometimes we go inside because it's cold. When they go inside to clean up, we go out again, and so on. We are like that. That's the routine.

Back home, work was a main part of Jessica's routine. At the shelter, however, she did not have paid employment due to her role as the primary caretaker. Her routine, as well

as her main sources of social interaction, derived from the cleaning chores assigned to residents at the shelter. However, these social interactions were “only for a few moments,” with most of her time being spent “not doing anything.”

Liliana, a 33-year-old woman from Michoacan, Mexico, had been staying at the shelter since October 2022 with her three daughters and sister while her husband worked in Tijuana. When asked why she did not work, Liliana responded: “Here [at Templo] it is not possible because I cannot leave [my daughters] here, they are grown up and everything, but they behave like little girls.” Interestingly, Liliana also homed in on the relationship between a lack of structured routine and cell phone use.

Here the routine is to be on your cell phone. Doing nothing. And my daughters are also on their cell phones. My day goes on forever. Since I left [Michoacán], [my daughters] don't study. Here it's just the cell phone to avoid getting bored. I tell them [I wish] there was something, I don't know, like workshops to learn something. Putting on eyelashes or something.

Overall, the lack of employment opportunities, schooling, and any kind of structured activity led Liliana and her daughters “to do nothing.” In addition to this monotonous routine, their use of cell phones limited their social interactions with other residents at the shelter, acting as a barrier to community-building. Interestingly, Liliana proposed workshops to combat the lack of structured routine. Considering the high rates of female unemployment at the shelter, teaching women applicable skills could potentially result in an extra source of income for themselves and their families while also serving as a platform for community building.

This gendered access to employment contributed to women's worries about food security, particularly for those with children. While many of our respondents were deeply appreciative of the shelter for providing them with basic services free of charge (e.g., food, shelter, access to basic medical attention), women often shared that access to food was difficult. Our survey revealed that worries about food security varied by sex in two ways. First, women were more likely than men to ‘Often or Always’ worry about food security (49% vs. 31%). Second, men were more likely than women to ‘Rarely or Never’ worry about food security (55% vs. 29%).

Highlighting these gendered dynamics, Liliana explained her family's difficulties being able to access enough food:

Let's say that the food [situation] is not that good, because it is not enough. There are six of us because one of my sisters came with me, [the one who] used to live with me. So, no, it's not enough for [us], [they] serve very little. When it's beans, they give you plenty because almost no one goes. But when it's chicken or something good, everyone goes and it's not enough.

To supplement the insufficient food from the shelter, Liliana bought ingredients at the shops located at the entrance of the shelter (See image below). She then prepared meals using a mini gas stove that her husband had purchased. Yet this was only possible when they had enough money. Because of the gender disparities mentioned, securing enough food was a gendered financial burden.



Shops near the shelter's entrance (photo by the authors).

In short, Liliana and Lupe both highlight how gendered access to employment, because of their role as the primary caretakers, increased their worries and anxieties about being able to provide food for their families. When women feel the stress of food insecurity, this becomes a barrier to community building, as thoughts about making friends are secondary to the need to feed themselves and their families.

Community Building through Sharing Information and Food

Nevertheless, in response to the aforementioned barriers, some women forge networks of mutual aid in their everyday practices. Through the circulation of information and food, women attempt to combat precarious situations and build supportive ties.

Interviews brought our attention to women's information exchanges, particularly to facilitate job opportunities. Women shared information with each other concerning potential jobs to ease the financial stressors impacting their families. Discussing how she landed her husband a job as a bricklayer, María, a 26-year-old woman from Guatemala, who had been in the shelter since June 2022 alongside her husband, two daughters, and son, narrated: "[At the shelter] there are people who support each other. I asked a woman if her husband knew of a job and [he] came and told [my husband] to accompany him, and that's how he got [the job]." Later, María shared that the woman was part of her group of close friends at Templo.

In response to gendered food (in)security, women also shared food items and food practices. María, for instance, explained:

I talk to everyone, I joke around, like one always jokes, but in terms of friendships, I only have [those] with some ladies with whom, since I came here, I started to *convivir* (live in company with others) and if I don't have [a food item], she gives [it to] me, if she doesn't have [it], I provide [it to] her, like a form of *convivencia*.

Similarly, Liliana jokingly said that while she thought María's Guatemalan food was bland and unappetizing, she had taught María how to eat certain Mexican foods and cooking

practices. Liliana explained, “We have a friend (Maria) who is from Guatemala. She didn't eat chili peppers, now she eats [it]. She wants to cook like us because she likes our food better.” Liliana added that now, to her, María was “Almost almost like a sister. Well, she says we are sisters, but we are not [biological] sisters ... But she is the one I get along with the most.”

Both stories draw attention to how the circulation of food and job information can contribute to community-building among women at the shelter. María brought up “community” in an abstract way when she mentions the principle of *Convivencia* (living in community together). Liliana did so in a more grounded, intimate way when she emphasized the type of connection she had with María. The presence of these networks also exemplifies everyday ways in which women can combat discrimination, especially against individuals from Central American countries.

Conclusion

When displaced families and individuals arrive in Tijuana –usually their last destination before attempting to seek asylum in the United States–a sense of community is of utmost importance. Many live in a cloud of uncertainty: How long will they stay in Tijuana? What will happen with their asylum cases? Quality social connections decrease the burden of this uncertainty by providing supportive networks. Our research identified two primary barriers that infringe upon women's ability to build these types of social connections at Templo: discrimination and gendered family dynamics.

Women fleeing Central America detailed instances of discrimination at the shelter. These dynamics resulted in them not having access to sufficient food and opting to isolate themselves and their families from the general crowd at Templo to avoid potential conflicts. In addition, women also faced more unemployment than men and tended to worry more about accessing food than their male counterparts due to gendered family dynamics that positioned women as the primary caretakers. Consequently, women tended to spend most of their days at Templo, where there was a lack of a structured routine and limited opportunities to interact with others at the shelter. Overburdened by the stress of employment and food insecurity, women –specifically mothers– had less motivation to seek out social connections.

While these structural barriers exist, women at the shelter can foster a community that is centered around the circulation of information and food. On an everyday basis, some women built community by exchanging food, recipes, cooking techniques, and job information, counteracting the effects of discrimination and gendered family dynamics.

Recommendations

Below, we propose policy recommendations to address the barriers described and expand upon women's own efforts at community building:

Discrimination and its Effects

- Templo staff, as well as staff at other migrant shelters at the border, should coordinate with migrants at the shelter to host cultural awareness events. This would help not only with preventing discrimination through increasing cultural awareness but would also give asylum-seekers something to do in their free time and serve as a platform for community building.

- Templo administrators should also enact a stricter system and follow-up protocol for discrimination cases to prioritize the wellbeing of the individual filing the complaint.

Gendered Family Dynamics:

- Templo staff, non-governmental organizations, and the Tijuana government should organize more frequent workshops for adults, where they can learn specific skills that they can later translate into salaried employment. These sessions would be particularly useful for mothers and could also serve as a form of structured activity that allows people to connect with others at the shelter.

Information and food-centered networks

- Templo staff should formalize and expand women's "collective cooking pots" and funnel financial and material resources, donated by non-governmental organizations and the Tijuana government, to supplement existing food-sharing practices. This initiative would not only strengthen ties among women but also help families with children—particularly single mothers—with issues of food security. While this approach could reinforce a gendered division of labor, those in charge of cooking could receive some sort of payment, turning care work from unpaid to paid.

References

- Abrego, Leisy J. 2017. "On Silences: Salvadoran Refugees Then and Now." *Latino Studies* 15(1):73–85.
- Al Otro Lado, and MMFRP. 2021. *No Safe Third Country: The Effects of State and Criminal Violence against Asylum Seekers in Mexico*. Tijuana-San Diego: Al Otro Lado & MMFRP. Retrieved May 28, 2023 https://mmfrp.files.wordpress.com/2021/11/aol_ucsd_report_violence.pdf
- American Immigration Council. 2019. *A Guide to Policies Affecting Asylum Seekers at the Border*. Washington, DC: American Immigration Council.
- FitzGerald, David. 2019. *Refuge Beyond Reach: How Rich Democracies Repel Asylum Seekers*. New York: Oxford University Press.
- López Ricoy, Ana, Abigail Andrews, and Alejandra Medina. 2022. "Exit as Care: How Motherhood Mediates Women's Exodus From Violence in Mexico and Central America." *Violence Against Women* 28(1):211–31.