

**Undocumented African Migration in Mexico: Implications for Public Health****Migración irregular africana en México: Implicaciones para la salud pública**Madeline Ray<sup>1</sup> & René Leyva Flores<sup>2</sup>

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**BACKGROUND**

In the last decade, Mexico has become a host country for migrations not only from the Americas and the Caribbean but from countries across the globe. Mexico currently serves as a migration path to the United States, as a temporary home for border workers, and as a destination for global migrations (Rodríguez Chávez & Cobo, 2012). It has a “floating population” that stays indefinitely, most often along the northern border, while hoping to enter or re-enter the United States (Garrocho, 2011). Mexico also hosts refugees and asylum seekers from around the world (Esrich Gallardo, 2013).

African immigration to Mexico has received attention from the International Organization for Migration (IOM), the Organization of American States, and the United Nations High Commissioner for Refugees (UNHCR), among others.

The Latin American Faculty of Social Sciences (*Facultad Latinoamericana de Ciencias Sociales*), IOM, and UNHCR reported on the topic in 2011. The report presents qualitative interviews with African migrants to the Americas, alongside quantitative data on the population from Mexico’s Ministry of the Interior (SEGOB, for its acronym in Spanish). The findings portray a growing population of mostly adult males, who arrive by air or sea in countries including Brazil, Argentina, and Ecuador. They then travel by land through Latin American countries intending to arrive in the United States or Canada. While migrants frequently have passports upon their first arrival in the region, travel documents are often lost or stolen during transit, forcing them to enter subsequent countries in irregular immigration status.

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Authors identify this population's "double vulnerability" to violence during transit because of personal characteristics (skin color, language, etcetera) and exposure to dangerous travel conditions due to undocumented status. Interviewees from African countries, including Somalia and Eritrea, report human rights violations and political instability as reasons for leaving their countries. Tightening migration policies discourage attempts to migrate to Europe. Interviews with migrants reveal serious physical and mental health concerns because of violence and exposure during transit (Facultad Latinoamericana de Ciencias Sociales, 2011).

Commentary by the Organization of American States and the United Nations highlights this population's vulnerability to human trafficking and the need for immigration policy reform throughout the region (Canales & Rojas, 2017; United Nations High Commissioner for Refugees, 2010). Subsequent work again uses SEGOB data to quantify the population, noting that records of apprehended migrants probably underestimate the true undocumented population (Narváz Gutierrez, 2015).

Populations in transit who face a lack of necessities and human rights violations may present worsening health conditions. The combination of infectious and chronic disease plus traumatic exposures poses a public health risk to host and migrant populations alike (Leyva Flores, 2018).

The Mexican National Institute of Migration (INM, for its acronym in Spanish) is responsible for verifying the immigration status of any foreigner in Mexican territory. Those who enter the country without presenting themselves before INM are considered undocumented (in Spanish, *irregular*). Immigrants may turn themselves into immigration enforcement stations, where they may receive an exit visa (*trámite de salida*), which permits them a limited period to leave Mexico. Immigration enforcement can also apprehend undocumented migrants once they have entered the country without permission. These processes allow INM to have a record of these individuals that would otherwise not exist. Mexican law recognizes the right of undocumented migrants to apply for refugee status or to ask for an assisted return to their countries of origin (in Spanish, *retorno asistido*) (Instituto Nacional de Migración, n.d.).

INM policies towards the undocumented African population are not clearly articulated and are continuously changing. While in past years, exit visas allowed migrants to transit through Mexico to the U.S. border, current visa policy has more often allowed exit only through Mexico's southern border. The changing policy response contributes to the difficulty in studying this population.

There is little reliable information on the size of the undocumented African population in Mexico. This study aims to measure African migrants among all undocumented foreigners apprehended by Mexican immigration authorities and to present considerations for public health in the region.

## MATERIALS AND METHODS

This study analyzes statistical bulletins from the Mexican National Institute of Migration (INM) published on the SEGOB website. The period analyzed was from 2007 to 2018, 2007 being the first year with available data. We analyze the records by continent and nationality of foreigners apprehended by the immigration authority. Registered events are defined as “events of migrants admitted to INM’s immigration stations under the administrative procedure of presentation for not certifying their migratory situation, according to the provisions of Articles 99, 112, and 113 of the immigration laws and of Article 222 of the regulations”<sup>3</sup> (Secretaría de Gobernación, 2018, p. 136). This category of migrants is considered undocumented (“*irregular*”) for not having presented themselves before migratory authorities under any legal concept upon entering the country.

We calculated the proportion of people of African origin among all foreigners apprehended by Mexican migratory authorities, by year. We also present a descriptive analysis by gender, country of origin, and the Mexican state in which migrants were registered.

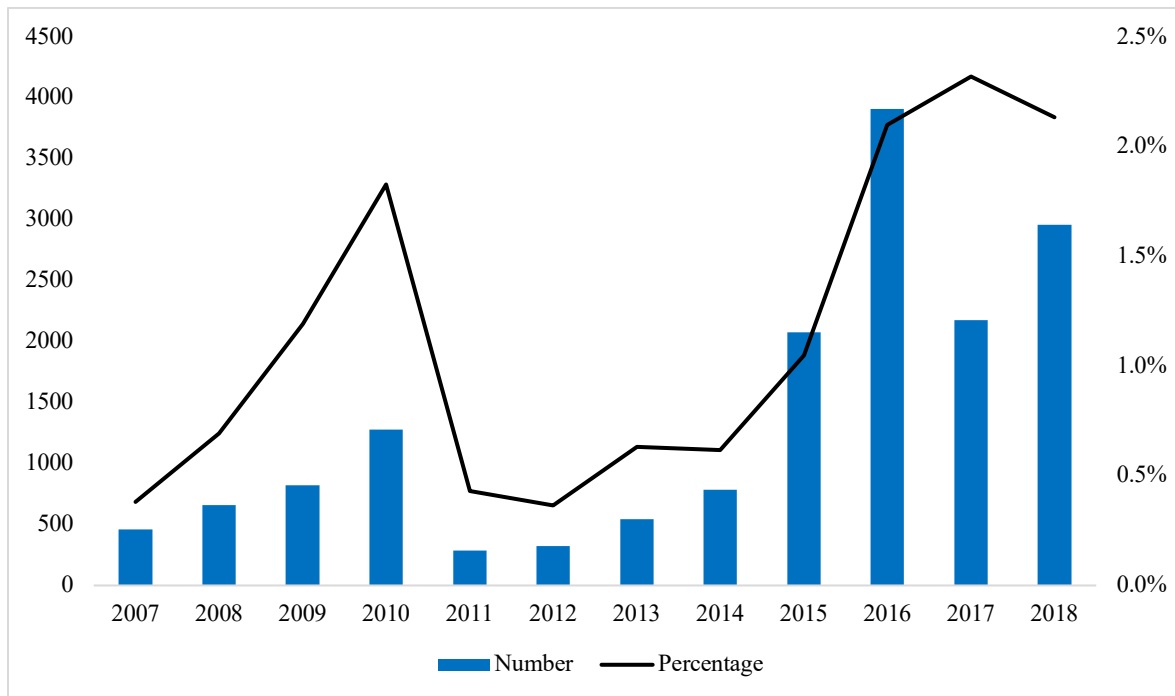
## RESULTS

From 2007 to 2018, SEGOB (n.d.) reports a total of 1,339,664 apprehended undocumented foreigners. The proportion of African people apprehended by Mexican immigration authorities, among all undocumented foreigners, rose from 0.38% (n=460) in 2007 to 2.32% (n=2,178) in 2017, a six-fold increase in the proportion and a nearly five-fold increase in the number. Another high point of 1.83% (n=1,282) emerged in 2010. The largest number of African people was recorded in 2016 (n=3,910), with a proportion of 2.10% for that year. In 2018 the proportion was 2.13% (n=2,958) (see Figure 1). The population was 82.86% male in 2016, a proportion that decreased to 74.29% in 2017 and 69.2% in 2018. Gender data are not available before 2016.

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<sup>3</sup>Translation by authors.

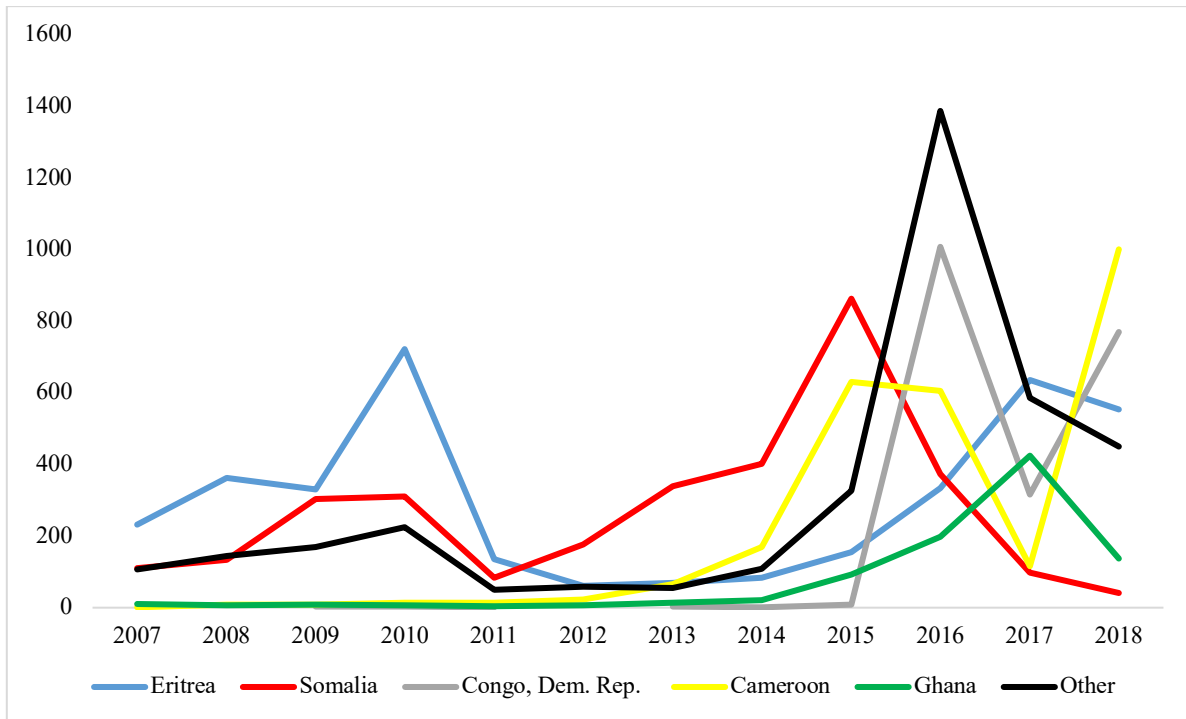
Figure 1. Number and Percentage of Foreigners from African Countries Presented Before Mexican Immigration Authorities, 2007-2018



Source: Authors' elaboration based on Boletines Estadísticos (SEGOB, n.d).

The top five nations of origin were Eritrea, Somalia, the Democratic Republic of the Congo, Cameroon, and Ghana, representing 77.47% of the African migrant population. A total of 3,677 people arrived from Eritrea during the twelve years of the study. In 2010 a maximum of 723 persons arrived, and an average of 283 per year arrived throughout the entire period of the study. Between 41 and 864 people per year arrived from Somalia over these 12 years, with an average of 269.6 citizens per year, putting it in second place. From the Democratic Republic of the Congo, only eight individuals arrived in 2015, followed by 1,009 in the subsequent year. Meanwhile, from Cameroon, the count rose from ten people in 2007 up to 1,002 in 2018 (see Figure 2).

Figure 2. Foreigners from African Countries Presented Before Mexican Immigration Authorities, by Country of Origin, 2007-2018



Source: Authors' elaboration based on Boletines Estadísticos (SEGOB, n.d).

There are records of arrivals from 46 African countries. The African countries with the greatest numbers of migrants arriving in Mexico are displayed in Table 1.

Table 1. Foreigners from African Countries Presented Before Mexican Immigration Authorities by Country of Origin, 2007-2018

<i>Country</i>	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Eritrea	232	363	330	723	136	61	69	83	155	334	636	555	3,677
Somalia	110	134	303	311	83	176	339	403	864	373	98	41	3,235
Congo, Dem. Rep.	--	--	4	4	1	--	3	1	8	1,009	316	771	2,117
Cameroon	10	7	8	6	4	6	14	21	93	199	425	1,002	1,795
Ghana	1	9	9	13	13	22	65	169	631	606	116	138	1,792
Guinea	3	3	6	2	1	--	8	17	79	267	231	43	660
Ethiopia	48	97	132	167	6	11	16	15	46	47	31	44	660
Senegal	1	1	--	--	1	--	--	4	46	358	30	8	449
Other	55	44	31	56	42	47	31	72	156	717	295	356	1,902
<i>Total</i>	460	658	823	1,282	287	323	545	785	2,078	3,910	2,178	2,958	16,287

Source: Authors' elaboration based on Boletines Estadísticos (SEGOB, n.d).

As for the Mexican states where migrants were apprehended, from 2011 to 2018, 93.37% of individuals were registered in the state of Chiapas, at Mexico's Southern border. No data are available for Mexican state registration before 2011.

No health data are available on this population. Therefore, we can infer considerable mental and physical health concerns based on high-risk situations and long migratory pathways that these individuals have faced before entering Mexico. Time spent in "limbo" in the state of Chiapas awaiting migratory processing may contribute to unmet health needs.

As for access to healthcare, in 2014, the immigrant population gained the right to join the Social Protection System (*Sistema de Protección Social*, commonly known as *Seguro Popular*), granting access to interventions through Mexico's State Ministries of Health (*Secretarías de Salud Estatales*) for up to 90 days without requiring documentation (Leyva, Infante, Serván-Mori, Quintino, & Silverman-Retana, 2015). This policy constituted a watershed for immigrant health in Mexico, although work had to be done to promote awareness and reduce fear of accessing services. However, health care access for undocumented migrants in Mexico changed again in late 2019, when the General Health Law began to require identification papers (government-issued ID, birth certificate, or other forms of identification) in order to access public health services (Diario Oficial de la Federación, 2019). This policy change introduced a significant barrier to migrants' healthcare access, provoking further concern about this population's social vulnerability.

## DISCUSSION

The growing trend of undocumented African immigrant population in Mexico presents new challenges for Mexico as a host country and a pressing topic for scholars of human migration. While on a smaller scale than Central American immigration in the region, this population may keep growing due to common migration push factors, such as climate change, war, and human rights violations, as well as tightening migration policies in traditional migrant host countries.

Somalia, for example, has been through years of civil war, the murder of citizens, and hunger, resulting in an estimated 55% of the Somali population living outside the country borders (Connor & Krogstad, 2016). Meanwhile, Eritrea's dictatorship imposes forced military service and massive human rights violations, causing a large-scale flight from the country (Lanni, 2016). While the dominant migratory path is towards Europe, the progressive restriction of refugee programs has caused new routes to open. The Africa-South America-Mexico-United States path may be a new pattern for global human flow.

The large minorities of women reported in this population (30.8% in 2018) contrast with the information provided by the reports of FLACSO and UNHCR of mostly adult male migration (Facultad Latinoamericana de Ciencias Sociales, 2011; Murillo, 2010). The shift from predominantly male adult migration to a family dynamic raises concerns about gender-

based violence and sexual and reproductive health, although there are currently no available data on the frequency or seriousness of these threats or their treatment.

In health terms, the African countries in question have different epidemiological profiles than those of Mexico and Central America, with higher burdens of infectious disease and more premature death (Institute for Health Metrics and Evaluation, 2018). Literature indicates that African immigrants in Mexico may face even greater vulnerability to violence than migrants from South and Central America (Facultad Latinoamericana de Ciencias Sociales, 2011). The violence and stress of the long journey—a path extending to at least eight countries in the case of Brazil to Mexico—promises to aggravate existing mental health issues or infectious disease. Socio-cultural differences (language, social perception of health risks and treatment), combined with the Mexican government’s administrative barriers, could prevent this population from accessing services to address health needs, whether through the Mexican public and private health sector or community organizations.

Among healthcare providers, the General Health Law has erected administrative obstacles to treating undocumented patients. Moreover, medical staff may have prejudices about the migrants’ country or region of origin, such as seeing them as bearers of disease or threats to the health of the nation (Leyva, 2018). While no data are available to indicate how often African migrants are refused or attended by the health system, these interpersonal obstacles and structural barriers may aggravate migrants’ unmet health and social needs.

The COVID-19 pandemic of 2020 has shown that the exclusion of certain groups from health services threatens the health of entire populations. The situation of migrants in Mexico promises to follow suit. Irregular African migrants in Mexico become targets for infection due to substandard and crowded living conditions in border zones, irregular migratory and occupational status, socio-cultural differences, and statutory exclusion from health care services. What may have been a sideshow in public health becomes urgent in the context of a global pandemic, when one group’s vulnerability threatens the health of all.

This work has considerable limitations. It is an underestimation of the population’s real magnitude because authorities only have records of undocumented immigrants who have been apprehended, leaving out uncounted numbers of people. The current study measures the incidence of apprehension of undocumented individuals. The availability of immigration exit data (for example, when a migrant leaves Mexico for the United States) would make it possible to calculate the current total. The SEGOB identifies its limitation as “records do not indicate most of the reductions that occur, by definitively exiting the country, by death, or by obtaining Mexican nationality”<sup>4</sup> (Rodríguez Chávez & Cobo, 2012, p. 11). Finally, records of migrants are not necessarily unique, meaning that individuals may be counted multiple times, leading to overestimation.

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<sup>4</sup>Translation by authors.



## CONCLUSION

The undocumented African immigrant population in Mexico shows a significant growth in recent years, despite being a population that is difficult to measure. While the numbers are not large, the phenomenon indicates a change in global migratory flows with implications for public health in Mexico and the Americas. Further studies are needed to better understand the experiences and social and health conditions of this vulnerable population.

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