Chapter 5 Setting a Death Trap: International Political Economy, COVID-19 Response and the Plight of Central American Migrants



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1 Introduction

Political economy can take many different forms, but it is ultimately concerned to account for institutional assemblages of wealth, power and influence that exert major structural influences on the social and spatial distribution of (dis)advantage. Geography has a long-standing engagement with political economy as a means to account for uneven topographies of privilege, security and well-being. The recent experiences of pandemics such as Ebola, SARS and COVID-19 have reawakened interest in different forms of political economy as a means to 'scale up' health geography (Bambra et al. 2019; Hanlon 2016). International political economy (IPE) offers a conceptual means to help account for transnational networks, institutions and systems that exert considerable influence on the lived experiences of health disadvantage. In particular, IPE offers a means for health geography to be more attuned to scalar and relational aspects of identity, place and power.

An IPE outlook is widely used in the field of critical development geographies (Lawson 2007; Nolin and Stephens 2010; Power 2003). Here, there is a rich body of work concerned with the globalizing reach of neoliberal discourse and the ways in which powerful interests have been successful in inserting these discourses as a means to capture key institutions and systems of governance through policy and practice. Feminist political economy, additionally, pays attention to how ideas, interests and institutions are gendered (Werner et al. 2017). The unevenness of international relations highlights the degree to which policy and decision-making in so-called weak or failed states is often the outcome of pressures to appease powerful interests (e.g. political, industrial, financial) in the Global North, rather than to

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address material deprivation and systemic inequality. As Flood et al. (2020, p. 26) state, 'Profound global inequalities have certainly created the preconditions for a pandemic', and therefore such insights and perspectives are surely pertinent to all manner of global health concerns, including our interest in making sense of the extraordinary events of 2020.

2 COVID-19 and Central American Migration

The 2019 novel coronavirus outbreak (hereafter, COVID-19) is the latest in a series of recent pandemics (e.g. HIV, Ebola, SARS) that reveal the extent to which globalization has enabled the rapid spread of infectious disease, but likewise the means for coordinated transnational response. Such developments have led to burgeoning interest in global health outlooks (McCracken and Phillips 2017). What is often overlooked in such approaches, however, is consideration of how fears of infectious disease and pandemic can be used in the service of dominant interests. The United Nations' top humanitarian official recently stated: 'The COVID-19 pandemic and resulting recession are set to trigger the first increase in global poverty in three decades, pushing 265 million people to the point of starvation by the end of the year' (UN News 2020). COVID-19's devastation and the unequal distribution of harms within and across countries are devastating and predictable outcomes of policy choices (or inaction) by governments.

In this chapter, we employ an IPE approach to consider the plight of survival migrants from Central America seeking survival in the Global North at the time of COVID-19. Guatemalan academic Irma Alicia Velásquez Nimatuj (2018) sheds poignant light on why Central Americans, particularly Indigenous youth, flee north:

They leave daily for whatever border permits them to escape, to breathe, and to leave the misery into which they have been born, and in which their parents and grandparents live, and who, despite working on fincas or industries, in cities or rural communities, have not been able to break the cycle of poverty. They leave because they want to break the curse that steals their dreams the moment they are born.

Migration must be understood as a highly politicized process involving the intersection of multiple social dimensions, including considerations of gender, class, 'race' and ethnicity (Bastia and Skeldon 2020; Nolin 2006). We examine three stages of migrant experience: detention, deportation and relocation. Each of these stages represents key moments in COVID-19 transmission that reveal the extent to which the discriminatory practices of various state actors put migrants and others at an elevated and cumulative risk of catastrophe. As Flood et al. (2020, p. 20) argue, COVID-19 exacerbates these challenges and presents as 'both a public health crisis and a profound human rights crisis'.

2.1 Spaces of Detention

Central American migrants seeking a better life north of the Mexican border have always faced barriers and restrictions, but these have intensified in recent years (Jones 2016). As documented by the Global Detention Project (2020), the USA operates the world's largest immigration detention system. Since the early 2000s, the US Department of Immigration and Enforcement (ICE) has established more than 110 facilities across 32 states and subcontracts with numerous other private facilities. This network of facilities is a central component of the US government's efforts to contain, control and restrict the flow of migrant applications to the USA. Such an elaborate institutional capacity should be seen in the wider context of efforts by wealthy societies to buttress their borders with the tools and practices of surveillance and security. While the world's most dangerous border crossings remain those guarding entrances to member states of the European Union, more recent political shifts in the USA have witnessed a sharp increase in surveillance and detainment of migrants seeking entry from throughout Central America and the Caribbean. This increased militarization of borders is regarded by IPE scholars to be a visible instance of structural violence imposed on residents of the Global South (Bastia and Skeldon 2020; Jones 2016).

More than 42,000 migrants were held in these facilities between October 1, 2019, and March 2, 2020 (Irvine et al. 2020, p. 442). While the US government reported a very low number of COVID cases in February, ICE confirmed more than 3000 coronavirus-positive detainees in detention by July (Kassie and Marcolini 2020) though testing remains limited. By holding migrants in these facilities, the US government created conditions ideal to the transmission of a novel virus. That is, migrants were held in densely populated facilities for weeks at a time, during which time detainees routinely interacted with each other. In such conditions, all it takes is one infected individual to spark an outbreak capable of affecting the vast majority of a facility population (including facility staff) in a matter of weeks (Irvine et al. 2020). Even as the increasing risk of COVID-19 transmission became apparent in the early months of 2020, US border authorities continued to order many thousands of migrants to be detained in these facilities.

2.2 Deportation Corridors

As criticism mounted about conditions in the detention centres, not to mention growing concerns that the ICE facility outbreaks might spillover to nearby communities, the US government ordered the mass deportation of detainees in April 2020. More than 6300 Central American migrants out of about 18,500 in custody were sent home within days of the order (Montoya-Galvez 2020). Many thousands soon followed. Most of the migrants were put on chartered planes in order to expedite their departure from the USA, with 60% of these flights bound for El Salvador,

Honduras and Guatemala (Kassie and Marcolini 2020). Airplane travel involves many potential exposures to infection, especially crowded airport terminals with few restrictions on interpersonal contact, not to mention the crowding and reliance on recycled air during the flight itself. Adding to the risks are the cumulative sources of stress incurred from weeks and months of detention, to say nothing of the despair of being ordered to return.

From the perspective of migrants' home countries, it was clear to all that these mass deportations posed a major risk of starting COVID-19 outbreaks. Governments throughout Central America and the Caribbean, however, were at a major disadvantage to oppose the manner in which these deportations were carried out. The president of Guatemala, for instance, tried on several occasions to delay or stagger the rate of migrant re-entry, each time prompting threats of visa sanction from US officials (Kassie and Marcolini 2020). Guatemalan officials then requested that flights contain no more than 25 deportees, but US officials refused to comply and regularly sent three to four times this number per flight (Perez 2020).

The manner in which the US government proceeded with COVID-19 deportations must be seen as the primary source of diffusion of COVID-19 to Central America (Finn et al. 2020; Kassie and Marcolini 2020). The actions of US officials led to the creation of very effective transmission corridors that greatly sped up the introduction of the virus to previously unaffected areas, often bypassing hierarchical nodes and introducing coronavirus to populations in smaller cities, towns and rural villages. While nowhere in the region has sufficient healthcare resources to handle COVID outbreaks, smaller centres are especially vulnerable. Hunger and extreme depravation are exacerbated, while medical and healthcare promoters are contracting COVID-19 at alarming rates (Krausch 2020).

2.3 Relocation Conditions

Returnees faced strict public health lockdowns on their return to places and regions of origin. Throughout the region, governments were quick to impose 'textbook' self-quarantining on those returning from abroad and later wide-scale physical distancing lockdowns for all residents. Upon arrival on a deportation flight, Central American governments are quarantining hundreds of deportees in centres at or near international airports, with limited supplies of food and medicines. Proving a challenge to manage, deportees are being released to travel home (often on crowded buses) to self-isolate. These actions posed a 'catch-22' scenario for returnees now faced with orders to self-isolate and practice strict physical distance (orders taken to appease wealthy trading partners) for weeks at a time in places where most people are without the means to forego wage income for more than a few days at a time (Masek 2020). Those who complied put themselves at heightened risk of food and medical insecurity and likely placed loved ones at greatly heightened risk of COVID-19 transmission. Those who did not comply faced an array of punitive

measures imposed by local officials and also likely accelerated the spread of coronavirus to the wider public.

This rather dire situation highlights the inappropriateness of adopting public health interventions and concepts developed by and for infection control in the communities of the Global North. Enacting such measures as though they were onesize-fits-all is illustrative of how global health expertise is prone to regard the world as a global village (Herrick and Reubi 2017). Such an imaginary ignores the very different conditions under which many in the Global South live day-to-day without security of income or social supports. Worse still, there is good reason to suspect that state actors in the Global South adopt policy tools and approaches for reasons other than a genuine concern for the well-being of its citizenry. IPE approaches to development studies, for instance, suggest that what motivates state actors in much of the Global South to import practices from the Global North is a desire to appear competent, compliant or otherwise 'legitimate' in the eyes of dominant interests such as wealthy allies, trade partners and foreign investors (Power 2003). Finally, it is no great leap of imagination to consider how 'physical distancing' and contact tracing directives align well with the interests of authoritarian-leaning governments throughout Central America.

3 Discussion

The biological aspects of a pandemic are rarely as discriminatory as its political dimensions. In spite of this, epidemiological models of infectious disease transmission, diffusion and containment are too often absent of any account of uneven relations of power and influence. By tracing the transnational pathways of contagion imposed on one particular marginalized group (i.e. migrants from throughout Central America seeking entry to the USA), we draw attention here to the promise and potential that IPE brings for a more nuanced geographical accounting of pandemic risk. We see quite clearly the pandemic geographies that Joseph Nevins (2020) describes as 'the division of global space that, in a world of great socioeconomic injustice, allocates life and death circumstances in a grossly unequal manner'.

The particular challenges of an imminent and widespread threat most certainly warrant coordinated transnational responses, but such scenarios are too easily exploited for the purpose of heightening rather than flattening the imbalances of power. With the particular kinds of responses to COVID-19 explored in this chapter, we have yet more instances of xenophobia and scapegoating masquerading as public health response. The arrival of COVID-19 in North America was quickly coopted as a justification to deport migrant detainees en masse. Far from protecting US citizens from disease transmission, the manner in which migrants were detained at the border created ideal conditions for outbreaks of COVID to occur on US soil. The risks that such activities created for US citizens were only alleviated by a rapid and callous relocation of these 'infective' individuals to places scattered widely across Central America and the Caribbean, contributing to the WHO declaration in

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late May 2020 that 'the Americas are the new epicenter of the global pandemic' (Finn et al. 2020, p. 7). Such actions, and the structural violence that underlies them compounded by colonial legacies (Lovell 2020), need to be prominently present in any narrative account of COVID-19's diffusion.

4 Conclusion

International political economy offers much needed insight about, and critique of, the uneven geographies of privilege and constraint operating in the global health arena. The present COVID-19 crisis is clearly an important opportunity to observe such uneven topographies of well-being as these operate in real time. Myriad other instances and intersections await further IPE attention. Is the international response to pandemic favouring undemocratic trends in both the Global North and Global South? How does a widespread crisis such as COVID-19 or climate change affect global political and economic institutions, including patterns of international aid, trade, debt and investment? Better still, how might IPE scholarship help bring about a decolonizing vision of the 'pluriverse' (Escobar 2018) and make space for grassroots, Indigenous, feminist and community-driven responses to global health and climate crises?

The extraordinary international reach of the COVID-19 pandemic necessitates greater attention to global processes. Scaling up is always an important part of the puzzle, and we tend to agree with the recent assertion by Bambra et al. (2019, p. 37) that '[p]lace matters for health, but politics matters for place'. That said, the strength of a human geography application of IPE is to continue to highlight the full extent to which global/local and micro/macro processes are interrelated and mutually constituted. It is through 'grounded' but scalar accounts of the ways in which power circulates in and through social networks that geographers must continue to offer antidotes to authoritarianism, oppression and inequity and platforms for the interests, experiences and abilities of marginalized groups to be conveyed.

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