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Health in Transit: A case study on the migratory trajectories of Haitian populations in Chile and Mexico

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ABSTRACT

Current migration journeys often involve crossing several borders, exposing migrants to numerous difficulties and dangers. This article qualitatively describes the migrant trajectories of twenty-five Haitian migrants who intended to travel from Chile to Mexico in an attempt to cross into the United States, delving into the dynamic physical and mental health outcomes at different phases of their journey. Our findings reveal that Haitian participants began their journeys in a context of instability, violence, insecurity, and precariousness from their country of origin, and factors such as stress, sadness, feelings of disappointment, and unfulfilled expectations followed them into their receiving societies. Participants in transit encountered severe health issues, including starvation, sickness, fatigue, exposure to contaminated water, violence, and sexual abuse—all without access to healthcare or medical assistance. Despite these adversities, migrants demonstrated a remarkable ability in surviving the hardships of their journey. The challenging physical and mental health situation faced by Haitian migrants on the move underscores the limitations of current health systems in effectively responding to this reality, and it should be recognized as a critical public health issue. This article focuses on the health challenges faced by Haitian migrants, who currently depend on the support of their community to ensure their well-being and emphasizes the need for policies that recognize the fluidity of migrant trajectories and foster collaboration to address health disparities throughout the migration journey.

1. Introduction

In recent years, we have witnessed the emergence of new migration and mobility patterns in response to increasingly restrictive migration policies worldwide (Collyer, 2007; Faret et al., 2021; Zimmerman et al., 2011). In particular, the COVID-19 pandemic led to drastic changes to international immigration and border policies, interrupting regular migration plans and leaving many migrants uncertain (Casaglia, 2021; Blue et al., 2021, Martin and Bergmann, 2021). Restrictive migration policies translated into border closures have presented unique challenges for international migrants' health (De Souza et al., 2020; Rocha-Jimenez et al., 2023; Herrera and Gómez, 2022). For instance, in addition to fear of contagion and economic insecurity, strict lockdown measures interrupted thousands of migrants' plans and regular circularity, and arriving migrants experienced significant emotional distress, confusion, increased difficulty accessing shelter, and increased barriers to healthcare (Bojórquez et al., 2021).

The COVID-19 pandemic emphasized the unpredictability of migrant trajectories, and emerging research has begun to identify the unique impacts of interruptions and unintended destinations on migrants' physical and mental health (Collyer and De Haas, 2012; Espinel et al., 2020; Gil Everaert, 2021; Menjívar, 2006; Chen et al., 2022). Migrant trajectories are often complex and unpredictable including unplanned destinations, routes, and sometimes multiple unexpected migrations in a

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lifetime (Rocha-Jimenez et al., 2023; Bhugra, 2004). Recent studies have illuminated how current migration flows may entail crossing multiple countries, in some cases up to ten or more, exposing migrants to a multiplicity of new obstacles and more danger than ever before (Turkewitz, 2023, Selee et al., 2023). Stressors that impact mental health change throughout the migration experience (Breslau et al., 2011, Servan-Mori et al., 2014), and increasing research is recognizing the significant impact of in-transit experiences, such as perceptions of risk and danger, on migrant mental health and overall well-being (DeLuca et al., 2010, Vogt, 2018). However, existing research has primarily considered the physical and psychological health impacts of migration experiences at one point in time and place, often failing to consider the complexity and the non-static of migrant trajectories and the impact such processes have on well-being and mental health (Collyer, 2007; Zimmerman et al., 2011; Menjívar, 2006; Rocha--Jiménez et al., 2022; Yang et al., 2020).

Haitian migrants are particularly vulnerable to the impacts of the complex mobility patterns, considering their recent migrations to non-traditional destination countries such as Chile and Mexico (Audebert, 2017). Still experiencing severe poverty and political disarray, the 2010 earthquake, and cholera outbreak, for the last three decades, Haitians have continued to migrate in search of a more stable lifestyle across the Americas (Ponthieu and Derderian, 2015; Rojas Pedemonte et al., 2015). Chile's economic growth in the 1990s and relatively relaxed migration policies throughout the 2000s (pre-2018 immigration reform) attracted many new migrants. Haitian migrants make up 12.5 % of Chile's migrant population, with an estimate of over 185,656 Haitians living in Chile at the end of 2019 (Servicio Jesuita a Migrantes, 2020). However, punitive immigration reform and worsening socioeconomic conditions have altered their trajectories, pushing them to plan treacherous journeys to other destinations (Bartlett, 2021, Organización Internacional para las Migraciones, 2022, Yates, 2021). Research conducted with the Haitian community in Santiago during the COVID-19 pandemic found that 89 % of participants expressed a desire to leave Chile due to unemployment, challenges in regularizing their migration status, and experiences of discrimination and racism (Chen et al., 2022, Hogan et al., 2024, Mercado-Órdenes et al., 2024).

In 2019, an estimated 95,000 migrants, over 70 % of whom were Haitian, attempted to cross the sixty-mile-wide Darién Gap, a perilous land bridge in the jungle connecting Colombia and Panama. For decades, that crossing was considered so dangerous only a few thousand would attempt to cross each year. Today, migrants must tackle starvation and the risk of abuse to make progress on their journey to the United States (Taylor, 2022). After facing the perilous journey to the United States–Mexico border (Cranmore, 2022; Molla, 2021), approximately 6500 Haitian migrants arrived in Tijuana only in December 2021, with over 30,000 expected to join in the following weeks (Rivera, 2021). However, reports have shown that 2,000 of those who tried to cross the United States–Mexico border in 2021 were deported to Haiti, and 8,000 were returned to Mexico (Alden and Tippet, 2021). In 2022, a new trend in Haitian migrant trajectories was identified where Haitians who once lived in Chile and tried to cross to the United States were deported back to Haiti and returned to Chile (Turkewitz, 2023; Thomas et al., 2021; Watson et al., 2022).

Little is known about how Haitian migration trajectories impact the physical and mental health of those on continuous movement and in different places of the migration journey (Abarca Brown, 2020; Cabieses, 2020). Initial research has identified that Haitian migrants perceived discrimination, humiliation, and limited access to healthcare impact their mental health in the host country (Keys et al., 2015). However, a comprehensive overview of the Haitian migrant journeys and how restrictive migration policies and the lack of regulation on migratory pathways impact individuals' physical and mental health at different phases of the migration trajectory is absent. This article highlights the challenging physical and mental health situation faced by Haitian migrants on the move throughout Latin America, underscoring the limitations of current health systems in effectively responding to this reality, and emphasizes the need for policies that recognize the fluidity of migrant trajectories and foster collaboration to address health disparities throughout the migration journey.

2. Material and methods

The study followed a sequential mixed methods methodology[1]. This manuscript is based on the qualitative component, which included ethnographic fieldwork and in-depth interviews. After conducting surveys, 57 % of the 210 participants interviewed in Chile expressed the desire of leaving Chile (Mercado-Órdenes et al., 2024). We contacted those who were willing to share their stories in an in-depth interview, had complicated experiences in Chile, and some of them were either trying to cross reach into the United States or had already tried. For this analysis, we used 25 in-depth interviews (Chile $n = 21$, Mexico $n = 4$). We employed a case study approach, which helped us obtain an in-depth appreciation of migration trajectories, allowing us to develop a critical view that can be useful for intervention, policy developments, and programme-based services (Crowe et al., 2011). In-depth interviews lasted between 45 and 60 min and, upon written informed consent, were audio recorded. For completing the in-depth interview, participants were compensated with a USD $6 gift card to be used in a grocery store. The project was approved by the Scientific Ethical Committee, Universidad Mayor [N° 0169].

Our participants were twenty-five young people between 25 and 40 years old, including thirteen men and twelve women. All names were replaced by pseudonyms. The twenty-one interviews conducted in Santiago happened in a migrant *toma* (camp) located in the South of the city, home to the largest concentration of Haitian migrants in the country. This *toma* was built on a landfill site and is currently home to approximately 10,000 people, of whom 80 % are Haitians (El Día, 2022). The remaining four interviews took place in Tijuana, Mexico, at the office of a non-governmental organization that supports deported migrant mothers and families at the San Diego–Tijuana border. We conducted fewer in-depth interviews in Tijuana due to increased difficulties resulting from the implementation of Title 42, which left thousands of migrants stranded on the Mexican side of the border without shelters and in the midst of numerous COVID-19 cases. In addition, increased violence and tensions between migrant groups made ongoing contact with participants difficult (Rocha Jiménez and Lazos, 2022). At the time of the interviews, these participants had been living in Mexico for about three months. Fifteen participants had children, while those without children reported being financially responsible for other family members.

The analysis followed an inductive and interpretative approach (Creswell and Poth, 2018). All interviews were conducted in Spanish and were audio recorded and transcribed. We used selective coding supported by Atlas.ti 7.0 software. We defined 19 codes clustered into three families that represented the migration trajectories, which we used to classify results. The categories were defined by migration phase: 1) Haiti, which included reasons to leave, family, jobs, and daily life; 2) Chile, which included financial support, discrimination, networks, reasons to arrive, reasons to leave, health, and security; 3) Mexico, included the migration journey, financial support, childhood, reasons to arrive, health, and life; and 4) Future, which included USA, and future migration plans.

3. Results

The following results were sorted according to the migratory trajectory: from Haiti to Chile, from Chile to Mexico and, in some cases,

[1] The quantitative component details of the study are described in Chen et al. (Chen et al., 2022).

from the United States, after deportation to Haiti back to Chile. Emphasis was given to the impact of their trajectories on physical and mental health, according to what happened to them along the way.

3.1. *"I had to help my family": from Haiti to Chile*

Most participants gave feeling a constant sense of insecurity from political and economic insecurity as a primary reason for leaving Haiti: *"There are a lot of criminals in Haiti, they are kidnapping people, with witchcraft, weapons. That's why I didn't want to stay"* (Marjorie, Santiago); *"Things are a bit complicated there, you know when a country doesn't have a president, then things are bad"* (Andre, Santiago). A lack of physical security was present even before they started their migratory trajectories.

Most of the participants (twenty-three) were the main source of income for their families. Being responsible for the economic stability of others was indicated as the primary motivation for Haitians to migrate: *"I had to help my family"* (Judith, Tijuana); *"I have a lot of family, nephews, nieces, who I'm taking care of [in Haiti]. They are always calling me to send something [to them]"* (Marjorie, Santiago). In search of a better life and work opportunities to support themselves and their families, many Haitians have decided to migrate to Chile. In most cases, Haitian migrants had relatives or acquaintances already living in Chile, who suggested they also migrate:

> I didn't have family [in Chile], but I had friends. But the friends I had always told me that not only are there jobs in Chile, but that the best things were there, that's why. And they told me that it was very free here: 'Everything is free here [access to education, housing],' but it's a lie, they tricked me. (Josue, Santiago)

The presence of relatives already living in Chile provided an idea of support that enhanced migrants' well-being. Although many reported having social networks and support among other Haitians, others, like Josue, also described feeling cheated by the way the country was described to them by their peers. When asked if they liked living in Chile, they responded:

> More or less, because some people don't understand. Chileans don't go out to migrate to other countries, they don't understand when a person wants to leave their land to live somewhere else. (Gilles, Tijuana)

Migrants conveyed that they lacked social support during their time in Chile, leading to a heavy reliance on themselves or fellow Haitians for their well-being. For instance, regarding their sense of safety and security in the country, they said *"Chile is a normal country, and I like Chile, but I just don't like the criminals, because criminals are very bad […]. About two months ago, my car was stolen"* (Josue, Santiago). When asked if this incident happened in the *toma* (camp), where interviewees currently live in Chile, he said:

> No, not in the *toma*. Because most of us [living there] are Haitians […]. Haitians have vices, like everyone else, like most nations. In every country there is vice, there are delinquents, thieves. But Haitians are not like that […]. A Haitian who works has no other passions [such as] stealing. (Josue, Santiago)

Living in the community safeguarded their feeling of being secure. The *toma* seems to be a good setting for stress and safety-related factors. In the absence of integration and community initiatives towards Haitian migrants, a sense of trust, solidarity, and social support is created among Haitian residents living in the community, safeguarding their sense of well-being:

> I found a family here [in the *toma*] because my neighbors and friends helped me to collect enough money to bring my children to Chile. It was a lot of money, but everyone pitched in and after 6 years I have my children with me. (Ruth, Santiago)

Health and work issues were significant factors in the participants' migration intentions. Ernesto shared his struggle: *"I had a job here in Santiago, but I had an accident and lost my vision, and the surgery did not work so no one hires me and I just want to leave this country"* (Ernesto, Santiago). During the COVID-19 pandemic, participants spoke positively about their access to healthcare in Chile. Judith shared that, *"In Chile I was ill [with COVID-19], and I called an ambulance and it arrived very quickly"* (Judith, Tijuana). The interviewee noted that she had no communication problems, that *"[the doctors] understood everything"* (Judith, Tijuana). However, the way the pandemic was handled in Chile was cited as one of the reasons why Haitians wanted to leave the country, due to the strict restrictions it maintained. When asked about life in Chile, they pointed out that although they "*liked it for a while, […] when COVID-19 started, things got bad […], you couldn't work, they weren't giving contracts for jobs"* (Gilles, Tijuana). After living in Chile for 3 to 5 years, health issues, discrimination, the lack of support and opportunities for migrant employees during the pandemic, and the adverse impact of pandemic-related restrictions on migrants' livelihoods made many Haitian migrants wish to leave.

3.2. *"I don't like to talk about it": the roadtrip from Chile to Mexico*

While nearly all participants entered Chile by air and with a tourist visa in hand, restrictive migrant policies across Latin America forced participants to travel overland to Mexico, facing a highly dangerous and difficult route. Fabienne described her trip:

> I went through about ten countries; through Peru, Colombia, Costa Rica, Panama, to get here [to Tijuana] […]. [The trip was] very bad, very bad, […] it was very difficult, very, very, very complicated […] for everyone. Children, women, men, for everyone. […] It was dangerous because they steal things and rape women and men too. Many people died in the river—when the river was very strong—, there are people who died of hunger, many got sick and all that. Because it is a very difficult and dangerous passage. (Fabienne, Tijuana)

Fabienne's quote summarises a tortuous journey through ten countries where migrants are extremely vulnerable to insecurity and sickness. During this journey, migrants must cross the Darién Gap—a stretch of jungle between Panama and Colombia so dense that the Panamerican Highway stops there. Andre, like Fabienne and other participants, highlighted the unspeakable nature of the trip:

> I don't like to talk about it, I didn't want to tell you. Because I went from Chile to Mexico, Peru, Ecuador, Panama, Costa Rica, everything […]. I was on a long trip, but I don't like to talk about it. It's drama. It's dramatic for me, and I don't like to say those things. I went through almost all of Latin America; I went through everything. I don't like to tell people those things. (Andre, Santiago)

Four participants commented that they normally did not like to talk about their experiences during the trip as it negatively affected their emotional stability and reminded them of the trauma they went through in their journey.

There are >7064 km between Chile and Mexico. The first border to cross was Peru, followed by a series of countries that the Haitians we spoke to often did not even remember which they were, or they never knew:

> We wanted to cross Mexico, so we went through many countries, many, many. Colombia, Panama […]. [The first one was] Peru? Because I think Peru is close to Chile, something like that […]. [After Peru] there are many countries and I don't know the name of them, you must go through many countries. (Judith, Tijuana)

> From Chile to Mexico I traveled by bus, […] I went with several Haitians. We went to Bolivia, then to Peru, then Ecuador, from Ecuador to Colombia, and from Colombia to Panama […]. In Bolivia, the police assaulted us, they took money from the whole group […].

> The easiest country to cross was Panama and Costa Rica, we got through without any problems. In the others, there were many problems […]. When the night came, we slept in tents and then at 5am we continued our journey […]. In my group we were about 40 [people], but then we joined another group and there were many of us; we were about 200 it seems. (Gilles, Tijuana)

Carrying on with their journey despite not knowing where they were and the adversities along the way, the last stop in South America heading north was Colombia. Here, Haitian migrants reported certain abuses by 'people in uniform': *"The police, the military and then those in uniform, with black clothes or another color. On the Darién River in Colombia we were robbed, but I don't know if it was the police or the military"* (Fabienne, Tijuana). Long after leaving Chile, it was at the crossing between Colombia and Panama that they reported the greatest adversity along the way:

> In Colombia, I was there for 15 days. You must cross the river, the sea and, after crossing the sea, you start walking […]. [In the jungle] men have machetes. There are men who don't sleep, there are many dead people, the river, many things. [We had to pay] about USD $300 per person for a small boat […], all this in Panama, and then Costa Rica, I don't know. I think Costa Rica, or something like that, or Guatemala […]. We were delayed because I was sick, and my brother-in-law had problems because the water was dirty, and he couldn't walk. There are a lot of dead people there, it's dirty, the water is bad. (Judith, Tijuana)

During this crossing, people who offered services to guide migrants appeared: *"There was always a guide […]. The guide always looked after us"* (Fabienne, Tijuana). On the border between Colombia and Panama is the Darién, a river that Haitians must cross to reach Mexico. Known as the 'river of death,' and located in the middle of the jungle, the interviewees told us:

> To cross to Panama, to cross the Darién [River], I walked for seven days. It's dangerous there, they kill Haitians, sex with women, many bad things […]. I almost died. Because I was walking for so many days, I had heart problems. I had a lot of palpitations, and I couldn't walk, because the road is very long. You have to walk day and night […]. We leave at about 5 o'clock in the morning and rest in the afternoon at about 6 or 5 o'clock, depending on where you go to rest, because there are places […] where there are snakes; it's very dangerous there. (Judith, Tijuana)

> There are people who had their babies in the river, yes, it is very difficult […]. In the river there were no doctors, we walked 4, 5, or 6 days on foot. There were mountains, there were rivers to cross, oh God! *(sobs)*. (Fabienne, Tijuana)

Migrants, as described, face life-threatening situations without any medical support. Health-related needs such as heart problems, extreme physical exhaustion, animal attacks, and childbirths are neglected in the context of migration. This lack of access to healthcare can exacerbate physical health issues and add to the psychological distress of migrants. The quotes also mention violence and sexual abuse, which can lead to significant psychological trauma and can have long-lasting effects on mental well-being.

Eva traveled with her husband and 2-year-old child. When they reached the border between Colombia and Panama, her child became very sick and was dehydrated. Eva recalled: *"The doctor told us that we had to stop the trip, or my son would die, we decided to come back to Santiago, it was tough to take the decision and don't like to think about it"* (Eva, Santiago). This incident underscores how migrants' health can profoundly influence the outcomes of their migration plans.

In addition to the hardships of the jungle, on their way north, migrants had to constantly pay money to guides or pay bribes to corrupt officials hoping to exploit migrants in the countries they crossed: *"The police stopped us and asked us for money […], otherwise we had to get off the bus and stay on the road"* (Gilles, Tijuana). According to their experience, however, having money was not the only requirement to survive on this path. "Knowing the language of the road" (Spanish) also appeared to be crucial:

> To cross to other countries when you speak Spanish is a little bit easy for you, because most of them are Spanish speakers […], but difficult for the person who does not speak Spanish. When you don't have the money, it's very difficult. But sometimes you can have the money, but you don't speak Spanish, so it's also hard. There is a group of Haitians who went to Brazil [where they speak Portuguese], and there are delinquents on the road who said: 'Speak or fight! Speak or fight!' And then what happened? They killed them. (Josue, Santiago)

In these situations, Josue described that speaking the same language and in the same way as the people on the road (referring to them as 'the *Choros*'[2]) was a protective behavior:

> On the road, to get through, you must talk like a *Choro* […], you have to behave like a *Choro* […]. Nothing happened to me, because the *Choros* on the road talk like me. I remember that two Guatemalans faced me on the road, but they were *Choro, Choro, Choro*. But I was a *Choro*, just the same, so they didn't try to mug me or anything. Not me. (Josue, Santiago)

In this regard, we can see how in the wear and tear of the journey, some protective measures emerge, like adopting a defensive attitude in the presence of dangerous people. But there were also caring people during the journey. Although the guides with whom they travel part of the route do not always accompany them the whole way, they do show them where to go on the last stretches. The signals left by other migrants also helped them to know where to go: *"The people who passed before marked each space for those who come after; with clothes, bags, shoes, with everything, with backpacks, everything"* (Fabienne, Tijuana). They met other migrants along the way as well, who were heading towards Mexico in the same group as them: *"There were people who looked after me a lot. A man helped me with my backpack, with my bag, he always helped me"* (Marjorie, Santiago).

Considering the challenges and risks that migrants face during their journeys—such as exposure to harsh weather conditions, lack of access to clean water and sanitation facilities, and the potential of injuries and illnesses—receiving help from fellow travelers contributes to their physical well-being by reducing the likelihood of harm or providing support in times of need, and improve physical health by ensuring that migrants stay on the right path and avoid dangerous areas. Additionally, the role of caring individuals and supportive interactions promotes mental well-being by fostering a sense of community and assistance and alleviating feelings of isolation and fear.

After crossing the Colombia–Panama border on foot, the Haitians were able to use transportation again. They said that they also had to pay these drivers to protect them, having to travel "on the sly" and constantly changing transportation so that the police could not find them: *"There was a lot of migration [police] on the road, but we still got through so they wouldn't see us, by taxi. Because if they find you, they send you back"* (Josue, Santiago). This contributed to constant stress and risks associated with such actions.

As they got closer and closer to their destination, their descriptions of fatigue became increasingly evident. Guatemala was the last country they had to cross before reaching Mexico. When we asked what part of the country they had reached, they told us:

> I don't know, because I am a migrant. I go out on the street, and I just want to rest. We are very tired. I spent about three days inside a car

[2] Haitians use *Choro* to refer to people who are willing to fight and confront other people. When it is said that you must act like a Choro, it is imitating people from the streets, who are not afraid of anything.

> without resting. I was sleepy, my back hurt and when there is time to rest, you must rest. We looked for food and then we rested. I don't go looking at the streets, that's not important. (Judith, Tijuana)

Besides enduring various abuses, migrants also face a significant absence of humanitarian aid. They are left to fend for themselves during adversity, resulting in their health and mental well-being heavily reliant on their own resilience or the will of others.

3.3. *"They took advantage of us": arrival in Mexico*

After approximately one month and two weeks of traveling, migrants finally managed to reach Mexico. *"We entered through Tapachula, it was tough because the guards also asked us for money to cross, there is a lot of corruption"* (Gilles, Tijuana). Looking back at the economic costs associated with the journey, Haitian migrants commented that they did not remember how much money they were charged in total to make their journey to Mexico: *"I don't know. We only spend and spend"* (Judith, Tijuana). This had important implications on how they felt and how this affected their mental health:

> [I felt] sad [during the trip] because the drivers were taking advantage of us. Because a trip that cost $5000 they charged us triple […]. There were women and families […], [the trip] took us about a month. (Gilles, Tijuana)

And although they arrived in Mexico *"to look for a better life"* (Gilles, Tijuana), on their arrival they encountered various complications in finding their longed-for job: *"It was very difficult because there is no work. To find a house is very difficult, to buy was very difficult, the children were sick […]"* (Fabienne, Tijuana). Overall, migrants at the end of their journey, felt sad, disappointed, and that they had been taken advantage of. However, none of those who crossed the entire continent planned to stay in Mexico, Chile, nor return to Haiti, but rather 'continue on the road':

> I think that no foreigner comes to a country forever […]. As a foreigner fighting for a future, we always look for the best, a better future, that is why we want to come to the United States. (Andre, Santiago)

3.4. *"Those who are not lucky": back to Chile*

Once they managed to enter Mexico, Andre, Josue, and Marjorie attempted to cross into the United States. They lived in Mexico for a short while in precarious conditions, and once they tried to cross to the United States, they were deported to Haiti by the police who came looking for them:

> I tried to cross through a regular point [to the U.S.]. I lived under the bridge [at the border], and then the immigration [police] came to take people away, little by little. I was detained for 13 days […] because they wanted to […]. There are people who have been inside for months. (Marjorie, Santiago)

The migrants interviewed were detained and then deported from the United States, without explanation. One participant recounts the conditions of his 12-day detention, without being able to bathe or change his clothes before being deported: *"There were sick people in the [detention] center; they did not let us bathe, wash our teeth, or change. It was unsanitary, they did not treat us like persons"* (Jeremy, Santiago). Participants pointed out that being detained or not, or being deported or not, was a matter of luck: *"Not all of them went to jail […], not all of them. Some of the group"* (Josue, Santiago); *"There are people, those who are lucky, they are released there [in the U.S.], but those who are not lucky, deported"* (Marjorie, Santiago). The uncertainty and reliance on chance added to the emotional burden experienced by Haitian migrants.

Those who were deported said that no one made them sign any documents or explained the reasons for their deportation. Participants were forced to return to where they began. Following deportation, Andre says that it was not difficult to return to Chile: *"They let me in because I have Chilean papers"* (Andre, Santiago). Nevertheless, dealing with the emotional consequences was not easy, as they said that they felt: *"Bad. Sad. Because you spend a lot of money on the way. You go to fight"* (Marjorie, Santiago). Migrants who have invested significant resources and efforts into their journeys face a sense of defeat and disappointment upon deportation, leading to feelings of sadness, frustration, and despair. Thus, even when they are able to reach their final destination, after everything they went through their journeys, the struggles are not over, and they fear the uncertainties.

4. Discussion

In a global context, it is known that the act of migrating has always involved risks, yet these new fragmented migration journeys have increased the vulnerability and precariousness of migrants. These trajectories are complex and include diverse migration plans, multiple trips, intercepted plans, several countries of transit, and even destinations. It has also increased the danger, precariousness, and challenges that migrants face in each place they cross and habit, regardless of the time they spend in each place (Rocha-Jimenez et al., 2023; Turkewitz, 2023; De León, 2015).

This study confirmed that migration trajectories play a significant role in understanding migrants' health and mental health (Yang et al., 2020). In migration studies, migrant journeys have long been undertheorized, as most research on migration tends to focus on the receiving society context (Castles, 2010). There is a growing body of research that addresses the lived experiences of migrants in transit (Collyer and De Haas, 2012; Brigden and Mainwaring, 2016), but less is known about how factors during the journey can affect their health and mental health (Carroll et al., 2020). Yet still, as thousands of migrants take up new trajectories, it is critical to understand how the physical and psychological hazards experienced along the way translate to health and well-being. These new overland trajectories are laden with risk and restrictive migration policies have pushed migrants into even more dangerous routes and encourage migrants worldwide to take greater risks during their journeys (De León, 2015; Brigden and Mainwaring, 2016; Cornelius, 2001; Cornelius, 2005). The experiences lived during the migration process, including the different moments of the journey, waiting at borders or intermediate points, and settlement—be it temporary or long-term—all have the propensity to affect mental health and well-being (Menjívar, 2006; Rocha-Jiménez et al., 2022).

In the present study, we sought to analyze how current migrant trajectories impact mental health and well-being at different journey stages. The first stage of our study demonstrated that Haitian participants initiate and aspire to begin their migration trajectories in a context of political and economic instability, violence, insecurity, and precariousness in their home country. Upon arrival in Chile, they experienced stress, sadness, and discrimination (Rojas Pedemonte et al., 2015; Mercado-Órdenes and Figuereido, 2022) due to unmet expectations and disillusionment about the social and political conditions in Chile. Additionally, they faced the pressure of supporting extended family members (Mercado, 2020). However, during their stay in Chile, Haitian migrants found well-being and support within their own community and benefited from improved access to Chilean healthcare. But while the Haitian community supports itself to a great extent, there are certain situations beyond their means. The lack of protective measures and restrictive migrant policies, exacerbated by the stringent COVID-19 control measures implemented by the Chilean government (Casaglia, 2021; Blue et al., 2021; Martin and Bergmann, 2021; Álvarez Velasco, 2021) led to economic insecurity and uncertainty, causing renewed stress among participants. Prolonged lockdowns significantly affected the informal workforce, which included many Haitians (Freirer and Vera Espinoza, 2021), ultimately prompting a significant number to plan

emigration. This led to thousands of Haitians embarking on perilous northbound journeys characterized by extreme precarity and danger.

This third and most critical phase in our study unveiled the physical and mental trauma endured by Haitian migrants during their land journey from Chile to Mexico through almost all the Americas (Audebert, 2017). This stage was marked by severe health issues, including starvation, sickness, fatigue, sleep deprivation, exposure to contaminated water, exhaustion, heart problems, childbirth in harsh conditions, and body aches—all without access to healthcare or medical assistance. This migration route posed substantial health risks, often leading to death and various forms of abuse, including financial, sexual, and physical. This highlights that there are certain places where the health and well-being of migrants worsens substantially considering the geographical context, such as in the case of the Darien River crossing (Turkewitz, 2023; Jaramillo Contreras et al., 2024). The extreme physical and mental stress encountered during the entire course of the journey had long-term outcomes (Morales et al., 2022; Silva et al., 2022), which were also reflected in the inability of the participants to talk about what they experienced and point out that they do not like to talk about it during the interviews or do not want to remember it. Migrants are conscious of the abuses faced in their journeys, but they must adopt non-confrontational and transactional tactics to continue moving forwards (Vogt, 2018; Álvarez Velasco, 2021).

In the final stage identified, Haitian migrants reach their destination, yet their struggles continue as they face a stage of entrapment (Mena Iturralde and Cruz Piñeiro, 2021; Marinucci, 2021). In Mexico, they were confronted with complex conditions that included a new and dangerous city, and limitations on job opportunities that may increase the exposure to traumatic and adverse experiences such as loss and life-changing events. In addition to the stress and anxiety of not finding employment, they must carry the emotional burden of the abuses experienced in the past phases and deal with the fear of deportation once they reach the United States (Bojórquez et al., 2021; Bakely et al., 2023). For the participants of this study, the success of their migratory plan seemed like a matter of luck. The lack of an explanation for their detention and deportations made them feel that their future depended on the will of the official in front of them.

Migrants rely on paid guides for assistance along the most challenging migration routes and receive support from fellow migrants. As demonstrated by Turkewitz (Turkewitz, 2023), migration to the United States from the Americas is a costly endeavor, making it inaccessible to many individuals. To ensure the well-being of all migrants, it is a matter of concern that these individual behaviors and responsibilities adopted by these populations may deepen the inequalities of migrants who can, for example, pay for a guide, speak the language, or *'behave like a Choro,'* while those who cannot, risk dying. Nor can 'luck' define migrants' well-being.

Along these lines, we may ask how we can respond to the health needs of transient populations whose routes are in constant flux (Vogt, 2018). Consistently with recent studies, our findings reveal that traumatic experiences during the migration journey are intertwined with multiple adversities related to pre- and post-migration contexts (Mena Iturralde and Cruz Piñeiro, 2021; Cénat et al., 2019). Beyond informing other migrants about the real-life dangers and possible negative outcomes they are likely to encounter, addressing language barriers and the cultural relevance of services, the multiplicity and complexity of traumas that affect migrants' health and mental health during their journeys deserve to be considered first and foremost in the psychosocial support and healthcare provided by organizations, activists, and health institutions, regardless of the migratory status (Jaramillo Contreras et al., 2024; Blukacz et al., 2020). By making the lived reality of this population visible, it becomes urgent to consider mobility and those experiences when providing healthcare, acknowledging that these trajectories are non-linear and unpredictable. In addition to being aware of the vulnerabilities faced by migrants in the different places they transit, health and mental health institutions should consider that these patients may not stay in the same place for long periods of time, and thus they must be able to adjust their ongoing treatments to this reality (Jaramillo Contreras et al., 2024).

But providing health services after the negative physical and mental health effects have taken place is not sufficient; the underlying conditions that lead to that damage must also be addressed. We propose to move beyond individual diagnoses and explanations of suffering as the result of accidents, bad luck, or bad people doing bad things during migration trajectories (Vogt, 2018). Medical anthropologists have argued that injuries, trauma, and poor health among marginalized groups and undocumented people are the consequence of structural, political, and symbolic forms of violence (Vogt, 2018; Farmer, 1996; Framer, 2004). The adversities faced by migrants crossing danger zones are not purely random events or accidents but are produced by local and global political-economic forces that create the social conditions in which such violence is rendered natural, expected, and even to be regarded as deserved (Turkewitz, 2023; Vogt, 2018). To effectively address these issues, it is crucial to implement policies that identify and address structural violence, which is causing harm and suffering among migrants and displaced populations, impacting their health and well-being. However, this presents a significant challenge when dealing with populations constantly moving through different countries (Menjívar, 2006). Our study specifically examined Haitian migrants aiming to emigrate from Chile, with some traversing approximately 10 countries, each with its own migration laws, regulations, and health systems.

Therefore, fostering collaboration among countries, international organizations, and humanitarian entities becomes crucial to devise comprehensive health solutions that encompass source, transit, and destination countries (Pradel, 2020). If we want to improve the physical and mental well-being of migrant populations, we must as well jointly trace the pathways of inequality that create the conditions of vulnerability that are socially and politically produced against migrants in transit worldwide (Vogt, 2018).

4.1. Limitations

The analysis of this study was based on a small sample of migrants who were interviewed in different phases of their migration journey. We cannot generalize or affirm that these testimonies represent all Haitian migrants' health experiences, nor a wider migrant population in transit, as there will be particularities in each local context. In addition, we only interviewed participants who spoke Spanish; therefore, we could have missed important testimonies and experiences of a more isolated sample of this population who only speak Kreyole. Nevertheless, we have taken great care to include a diverse range of experiences that present the experiences of the same population at different points along their migratory trajectories, aiming to enhance migration, health, and mental health policymaking through evidence-based insights. This approach provides a valuable perspective to the challenges and circumstances faced by migrants in transit today, as well as the potential impact of these experiences on their physical and mental health.

5. Conclusions

Restrictive migration policies and unregulated migratory routes in the Americas have resulted in perilous journeys for Haitian migrants. These circumstances, combined with the uncertainty of successful migration and worsened conditions due to the pandemic, expose Haitian migrant populations to significant physical and mental health risks across different phases and locations of their migration journeys. Healthcare policies and services must not merely address the impacts of migration experiences at one point in time and place but also recognize the dynamic and complex nature of migrant populations, addressing the underlying challenges affecting migrants' health today. This article focuses on the health challenges faced by Haitian migrants, who currently

depend on the support of their own community to ensure their well-being and emphasizes the need for policies that recognize the fluidity of migrant trajectories and foster collaboration to address health disparities throughout the migration journey.

CRediT authorship contribution statement

Loreto Watkins: Writing – review & editing, Writing – original draft, Formal analysis, Conceptualization. **Francesca McLaren:** Writing – review & editing, Investigation. **Lindsey Carte:** Writing – review & editing, Investigation. **Carla Olivari:** Writing – review & editing, Formal analysis. **Kenya Lazos:** Writing – review & editing, Supervision, Investigation. **Teresita Rocha-Jiménez:** Writing – review & editing, Validation, Supervision, Investigation, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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