

Bodies on the Move: Central Americans' Strategies for Coping with the Marks of Irregularity

Cuerpos en movimiento: estrategias de los centroamericanos para afrontar las marcas de la irregularidad

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ABSTRACT

In the current migration system, mobility in an irregular context affects the migrant body physically and mentally. This article seeks to identify the ways irregular Central American migrants in transit through Mexico continue their journey northwards despite the physical demands of the route. Through the analysis of forty-two in-depth interviews with migrants, it shows how migrants respond to this experience through a repertoire of actions developed in a context of marginalization. Two practices illustrate the strategies and resources they use to resist. The first is the mobilization of a cultural capital of migration within both local and transnational social networks in their countries of origin, transit, and destination, through economic and technological resources. The second is physical and mental resistance based on optimism underpinned by values such as the family and faith.

Keywords: 1. body, 2. irregularity, 3. transit migration, 4. Mexico, 5. Central America.

RESUMEN

En el sistema migratorio actual, la movilidad en un contexto irregular afecta física y mentalmente al cuerpo migrante. El objetivo de este artículo es identificar las formas en que los migrantes irregulares centroamericanos en tránsito por México continúan su viaje hacia el norte a pesar de las exigencias físicas de la ruta. A través del análisis de 42 entrevistas en profundidad con migrantes, se muestra cómo los migrantes responden a esta experiencia con un repertorio de acción elaborado en un contexto de marginación. Dos prácticas ilustran las estrategias y recursos que utilizan para resistir: primero, la movilización de un capital cultural de la migración en el seno de redes sociales tanto locales como transnacionales en los países de origen, tránsito y destino, a través de recursos económicos y tecnológicos; y finalmente, la resistencia física y mental basada en el optimismo motivado por valores como la familia y la fe.

Palabras clave: 1. cuerpo, 2. irregularidad, 3. migración de tránsito, 4. México, 5. Centroamérica.

Date received: October 22, 2021

Date approved: June 02, 2022

Published online: September 15, 2023

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INTRODUCTION

To achieve their goal of reaching the United States, some Central American migrants travel through Mexico with irregular migratory status as a means of skirting immigration control. Mexico is known as an accessible, porous gateway to the United States fraught with dangers migrants must confront (Aragón, 2014; Brigden, 2015).

Distance poses the first risk: losing their way, going missing, and/or dying are possibilities migrants in Mexico face because of the economic, social, environmental, and personal situation in their countries of origin (Aragón, 2014). There are three main routes ranging in distance from 1 800 to 4 100 km (Hernández López, 2016), which entail other risks associated with nature, transportation, public insecurity and migratory control. There are environmental problems resulting from climate conditions and wildlife; transport problems due to poorly maintained vehicles and trains; problems of insecurity caused by delinquency and social violence, and institutional problems stemming from human rights violations by migration control officials (Aikin Araluce & González Arias, 2017; Bucci, 2017). In 2011, the Migration Act provided for respect for the human rights and access to justice and legal information of migrants (Decree n.n. of 2011). Although the text of this act is groundbreaking, it has failed to prevent the negative effects of migration control placing migrants in a vulnerable position, such as the lack of legal information, police abuse and corruption, as well as indefinite detention in non-purpose-built detention centers (Dresel, 2012; Schiavon, 2015).

The Mexican migratory route is therefore a physical space comprising specific spaces and means of transport that have become increasingly dangerous, clandestine, and inhospitable as migration controls have been tightened. A series of controls have been implemented in Mexico to prevent irregular migration and drug trafficking with the support of the U.S. government (Aragón, 2014; Herrera, 2006; Instituto Nacional de Migración, 2005; U.S. Department of State, 2018; Segura Mena, 2016; Zepeda Martínez & Rosen, 2016). Immigration control measures have been implemented throughout Mexico through the presence of the army on the southern border: the setting-up of migratory stations and checkpoints in 26 states, the implementation of public transport control in 24 states, and the technological and administrative modernization of existing migratory stations (Segura Mena, 2016). Ninety per cent of deportees from Mexico are returned to El Salvador, Honduras, and Guatemala, comprising Central America's Northern Triangle (Rodríguez Chávez, 2016). However, this clandestine route is still a viable means for Central Americans to make the northward journey.

A series of collective material resources are required to ensure the success of irregular migration, in which the family and illegal human transport networks play a key role (Brigden, 2015). However, when migrants embark on this route, the body receives and retains the marks of this dangerous form of migration (Bredeloup, 2008), since migrants are forced to use their bodies and mental strength to continue the journey north (Ghosh, 2013). This means that migrants in transit must have a minimum degree of fitness to succeed on their journey north because the experience of migration wears them down physically. The purpose of this article is

to identify the ways irregular Central American migrants in transit through Mexico continue their journey northwards despite the physical demands of the route. What is it that enables these people to continue their path? What resources and strategies do they bring into play?

In everyday life, the body is one of the elements of human vulnerability, understood as the possibility of being the victim of a threat to life or body (Daniel-Genc, 2015). Official institutions, academics and actors on the Mexican migratory route have identified the circumstances that cause illness or injury during the journey, such as extreme weather, lack of food and water, precarious transport and spaces posing a physical risk (Aragón, 2014; Bucci, 2017; Centro Nacional de Prevención de Desastres, 2017). The health effects of the migratory route are sometimes studied in the destination country (Salerno Valdez et al., 2015), while researchers have identified mental health problems that may be experienced following deportation (Bojorquez, 2015).

In addition, migrants in transit also present public health problems that may be concealed during the temporary stay of this population. The most commonly reported illnesses and conditions are respiratory problems, gastrointestinal diseases, stress, mycosis, dehydration, injuries, and trauma resulting from accidents (Aikin Araluce & González Arias, 2017; Bojorquez, 2015; Salerno Valdez et al., 2015).

Since good health is essential to being able to continue the journey northwards, migrants must seek medical assistance in the transit country. In Mexico, the right to health is enshrined in the Constitution and guaranteed for nationals and foreigners. Migrants are entitled to visit any public health center to receive free care (OIM y OPS, 2022), although access for foreigners is contingent on their migration status (Bojorquez-Chapela et al., 2020). This situation is compounded by shortages and the lack of medical infrastructure, coupled with insufficient public budgets, a person's employment status, the inability to afford private services, the undervaluing of irregular migrants and discrimination (Paz et al., 2016).

In a study published in 2015, Leyva Flores et al. (2015) interviewed 7 061 migrants at Mexican migrant shelters during the period 2009-2013. A total of 31.6% presented health issues, while six out of ten used health services (1 338 persons). Eighty per cent received medical care at the shelters, 3.5% in the private sector, 2.5% at clinics or hospitals, 1.8% at primary health care facilities, 1% at pharmacies, and 3.7% from other health services such as shamans. This study shows the diversity of health care providers consulted by migrants who visit shelters. Migrants prefer shelters because the health services there are both free and conveniently located. Not surprisingly, many migrants on this route cannot afford the cost of private health care facilities.

According to this study, migrants tend to prefer formal services and institutions. However, we found that this does not include other types of health care strategies. Roughly 40% of migrants requiring medical care failed to receive it, while irregular migrants avoid any institutional service due to the lack of money and the fear of being arrested (Leyva Flores et al., 2015). How, then, do they deal with their health issues? This study does not consider migrants

who do not visit shelters. We have therefore attempted to fill in the gaps by using other perspectives and data on migrants who used other routes to the United States. This is how we explored the diversity of migration, together with the different ways of organizing and exercising autonomy in a marginalized context (Schmoll, 2020).

METHODOLOGY

The objective of this article required meeting the social actors involved and capturing their voices. To this end, interviews, as a qualitative method, enabled to identify the practices engaged on the migratory route, focusing on those used to cope with illness and/or the debilitation of the body.

The interviews allowed to record and analyze the words of individuals to clarify the systems of meanings and representations, gather experiences, and capture emotions. This method places the actor at the center of the research, the main purpose of which is to understand their point of view. To understand the experiences of the route from the perspective of the migrants, it is considered that those who have been in transit in an irregular context are the most suitable to provide this information. However, this limits the study, since the point of view of other actors on the route, such as coyotes, medical and shelter personnel, is also of the utmost importance.

The sample population comprises 42 immigrants, including 29 men and 13 women, who were interviewed between 2018 and 2020. At the time of the interviews, they were aged between 9 and 46, the average age being 25. Given that between 1995 and 2015, the average annual migratory flow of Central Americans was estimated at 230 000 (Rodríguez Chávez, 2016), this is not statistically significant. Although the study was not intended to be statistically representative, it is based on the principle of a deep understanding of the chosen field (Kaufmann & Singly, 2007).

The selection of these informants was based on their status as irregular Central American migrants—Guatemala (2), Honduras (15), El Salvador (25)—who had already made the journey through Mexico (or at least as far as Monterrey) and who had experienced migration control in their own bodies.

The author personally contacted all these people by introducing herself as a volunteer at shelters and non-profit organizations, but also as a researcher. First, the directors of these centers were informed. They suggested which migrants to interview as well as providing the necessary authorization to approach them directly within the context of the activities at the shelter. Subsequently, 20 interviews were carried out at the shelters, some in the offices and in the dining rooms, and others on the street. During the second phase, 22 interviews were conducted with migrants who had traveled with coyotes to the United States. Being a legal orientation volunteer made it possible to contact various types of migrants. One of them gave the author permission to use the snowball method to contact migrants not easily found in shelters. Since the respondents were either in the United States or El Salvador (three deportees), interviews were contacted at their homes through the Internet. Although it was originally planned to conduct face-to-face meetings, COVID-19 made this impossible. Consequently, interviews were conducted online in the

respondents' homes in 2020. This made it possible to explore the new study spaces provided by the Internet (Kaufmann & Singly, 2007).

The interviews, recorded with the authorization of each migrant, lasted between 40 minutes and two hours. The analysis involved identifying and understanding the risks of the route, the issues encountered on a physical level and the means of coping with them.

The practice of conducting surveys in sensitive areas such as the migratory route, or with people living on the edges of society, means that special attention was given to anonymization issues (Caseau, 2020). Pseudonyms were used for the interviews, and sometimes to conceal certain social characteristics of the respondents. Although the countries where the interviews took place are indicated, the cities in the United States and El Salvador are not shown, with the exception of the city of Monterrey, Mexico. The names of the associations and shelters visited were also intentionally anonymized.

Transit Migration: Between Autonomy and Vulnerability

Transit migration is a stage of migration between departure and arrival involving a change in the migrant and a re-composition of the repertoire of resources (Rouilleau-Berger, 2010). This approach, focusing on the effect of migration on the individual, argues that migration is a discontinuous, multisite transition process that may include a period of upheaval and inner learning (Trifanescu, 2013). This characteristic makes transit migration part of a social process that physically and mentally transforms migrants and societies (Mainwaring & Brigden, 2016).

It is often a period of life characterized by violence and risks, victimizing and stigmatizing migrants (De León, 2021; Ragaru, 2013). The intensity of being in transit is assumed, to prevent failure or having to return to their countries of origin. And while these people are expected to suffer during their passage through Mexico, they can decide to participate in their migration and arrive at their destination by persevering and enduring suffering; this requires grit and implies having both physical and moral courage (Bredeloup, 2008).

This tactic of acting and regaining a measure of power over their trajectories in a spatial-temporal tension, between vulnerability and the drive to achieve a better life, is interpreted as autonomy in tension (Schmoll, 2020). In this case, autonomy is embedded and must be understood in the context of the forms of power and social relations that guide and structure the migration process. It is a power that brings people into existence as much as it subdues them (Schmoll, 2020). This form of personal resistance tends to be overlooked. The aim of this study is therefore to give new meaning to these forms of mobilization, considering the precarious, limited situation in which migrants find themselves.

Migration entails testing the limits of the body, which is often vulnerable at the time of the migratory journey. For this reason, some authors refer to migration to Mexico as a process of natural selection (Feldmann & Durand, 2008) or as a place of control (Schmoll, 2020), in which only the fittest survive. The vulnerability caused by the migratory route is usually addressed by

mobilizing resources such as the cultural capital of migration (Aragón, 2014), in other words, the information and financial resources used by families (Brigden, 2015).

But when resources are insufficient, it is necessary to clarify how and with what elements migrants can achieve security within this context of uncertainty. Applying this perspective to different aspects of life on the move show that the body, its care, and its health are at the heart of the problem.

In the field of health, the social sciences have contributed to this dichotomy between victimization and agency. While the former focuses on the importance of social determinisms in individuals and the inequalities they cause (in regard to access to medical care, the quality of medical care received by migrants and the effects on their health status) (Cognet et al., 2012), the latter emphasizes the strategies migrants develop to improve their health, such as remote consultations (Tarrus, 2010), self-medication due to their distrust of institutions (Kurbanova et al., 2018), prevention as a result of the unavailability and high cost of health services among migrant women (Rustamova, 2018), joining women's circles and seeking out female clerics as a means of support and source of information on health issues for women (Weine et al., 2018) and sharing transnational traditional knowledge (Sicot & Touhami, 2018).

Given these studies conducted in destination countries in other parts of the world, what can we learn from the Mexican and Central American experience in a context of transit migration?

RESULTS

A careful analysis of the experience of migrants during their journey through Mexico showed that irregularity creates a social context that debilitates irregular migrants. However, contrary to previous assumptions, transit migrants are not merely victims of the migratory system in that they deploy all the strategies available to them to succeed. This study sheds light their complexity.

Transit countries are a migratory space that can deplete the strength and resources of migrants during the journey northwards. As an object of persecution, the body receives the impact of migratory control. According to the accounts of the migrants interviewed, the most common physical effects of transit migration are illness and weight loss. These bodily responses are intimately linked to the clandestine spaces and transportation irregular migrants are forced to use to remain hidden, since their financial and social resources prevent them from using other forms of transportation.

Identifying these effects not only contributes to debunking the idea that migrants bring diseases to countries of transit, but also underlines the fact that countries of transit and destination can have negative consequences for the health of foreigners, particularly irregular migrants.

Public Spaces and Clandestine Migrants: Transport and Places of Bodily Endurance

When migrants have limited financial resources, they tend to use the freight train known as “*La Bestia*” as a means of free transportation to the north, which they combine with public transport and walking. The railway is a clandestine route that avoids migratory control zones in southern Mexico. There are three main routes—east, center, and west—from central to northern Mexico. We interviewed migrants on the east route, who had made the journey between the state of Chiapas on the southern border to the state of Nuevo León on the northern border. There we contacted migrants who described the characteristics and health complications resulting from the train ride.

As the train is used to transport freight, sometimes with open-top railroad cars, migrants travel on top of these cars for hours. Stops are random rather than planned. Sometimes the train stops in isolated places, whereas at others, it can run for over 18 hours uninterrupted. This disorganization has two physical effects on migrants: disease due to exposure to the elements and physical changes resulting from poor nutrition, caused by the chaotic train timetables.

In regard to climate, “the most difficult thing is the cold, the weather. Every state in Mexico is different. Sometimes it’s so cold that you get headaches, and your body changes, and you have like an ache in your bones, but that’s normal” (Alfredo, personal communication, April 5, 2018). The most frequently mentioned health problems are related to respiratory tract infections, gastrointestinal illnesses, fever, and headaches. For example, the train stopped in central Mexico with Román on it: “In Orizaba, Veracruz, there’s a place where it freezes a lot and when we were going through some tunnels, we stayed outside. When we got up, there was a lot of frost, I was coming down with pneumonia” (Román, personal communication, May 3, 2018). The weather also varies daily, “early in the morning and at night, it’s very cold” (Hugo, personal communication, April 4, 2018). Some Central American migrants are not used to or equipped for coping with low temperatures. “The biggest problem I had last night was the cold, I couldn’t find a place to go, man! I’m not used to it because our country’s (Honduras) extremely hot” (Michel, personal communication, April 8, 2018).

Not only is the weather a significant factor during the journey on top of the train, but when people walk this clandestine route: “Sometimes, we have to put up with rain. You’re on the road, and you get all wet, you bathe in rivers with dirty water, and you get a stomach infection and the flu” (Alfredo, personal communication, April 5, 2018). Sometimes, migrants are forced to walk long distances and many hours to skirt immigration controls, because the train or another means of transport does not cover that part of the journey or because they cannot afford to pay for transport. In Mario’s case, the authorities forced him off the train because it is forbidden to travel on a freight train. Walking is as difficult as riding the train; it can cause sores such as the ones Mario had on his feet after long days of walking:

When we begin this journey, we have at least eight to fifteen days of walking along railroad tracks, but we don’t have the same capacity as other people. I saw some people who went home at the start of the route. They walked for just two or three days and that was enough,

they turned back [...] I carried on. I did not give up and I kept going [...] It hurt so much to walk, but I couldn't stop halfway either, I had to keep going [...] Until I got here, I couldn't walk, I couldn't wear flip-flops, but thank God, I'm feeling better [...] In San Luis Potosí, I started to feel pain, I had already had it before, but it was not that strong because I had taken the train and that helped me rest my feet. Between San Luis and Saltillo there are at least three days of walking. I arrived in San Luis, and I walked for about twelve km. I started walking even before San Luis because we were forced to get off the train, and then I walked to a place outside San Luis called Vanegas. They also forced us off the train, and we had to walk another five kilometers (Mario, personal communication, March 2, 2018).

These health conditions (stomachaches, headaches, fatigue, and physical weakness) are exacerbated by a poor diet that does not allow migrants to keep fit or recover after a major physical effort. As we mentioned earlier, the train timetable is chaotic, and it is impossible to plan meal or sleep times in the context of unscheduled stops and long journeys. Consequently, many solo travelers suffer the accumulated effects of the train, their irregular migratory status, and their lack of resources, showing the physical marks of a selective migratory system.

The train never stopped, the migration authorities chased us and we walked for two days. We got back on the train, and we never found a town to even ask for food. It wasn't until we got here [Monterrey] that a man gave us 100 Mexican pesos [4.96 USD] and a ride in his car, which is why we were able to eat something, because we were already weak (Efraín, personal communication, May 16, 2018).

Sometimes, even those who can afford it are unable to buy food or water, especially when the train stops in isolated places, such as mountains or uninhabited areas:

Dehydration is also a health problem during the train ride. You get there and there's no food, there's nothing, and sometimes it goes for three or four days without moving in places like a hill and, where are you going to find food? (Antonio, personal communication, May 9, 2018).

Sometimes, even if you have money, you cannot buy anything because perhaps you take the train and it stops on a hill, where there's nobody, just animals. To get to a small town you have to walk fifteen to twenty-five km, and it takes all night, all day... I did that once. Once we stayed in a place and the nearest small town was far away. It was nine in the morning and my wife was hungry. I said, "I'll be right back, I'm going to a store." I walked all day long until I came back with food in the afternoon. It was so difficult to find! In that context, we suffer, but if there's a town nearby, you don't suffer and if I see that we're going to suffer, I prefer to get off the train with her and I eat and wait calmly. That is up to each person. Why the rush? I prefer to get off and eat and relax and wait for the next train (Michel, personal communication, April 8, 2018).

As Michel mentioned, some aspects of the journey depend on migrants. Hugo tells what he experienced with his friends, for example, "suffered for about three days without eating anything, because we didn't want to get off the train and risk waiting around" (personal communication,

April 4, 2018). He decided to prioritize moving forward over taking care of his body (food and health). Focusing on mobility rather than physical integrity is pre-requisite for reaching the United States, a filter for selecting the fittest migrants. It not only requires physical strength, which is important, but also other ways of coping with the precarious conditions of mobility in an irregular context. The first step for migrants is to accept these conditions and, after that, to find ways to succeed with the resources they have. In the case of food, “you cannot choose what’s on sale; that’s what you’re forced to buy (Hermes, personal communication, April 2, 2018).

Moreover, limited financial resources reduce their options:

We were limited, always limited because there was never enough money to buy everything we wanted [...] We bought the cheapest things: cream, cheese, tortillas, a soda, cookies. We also restricted ourselves because, instead of eating something nutritious, we bought sodas, cookies and that was it! (Daniel, personal communication, April 5, 2018).

Finally, if they did not have any money, they begged, and often they received “a soda, bread or something like that, that’s the best you can find and what people can give you” (Hugo, personal communication, April 4, 2018).

Coming to terms with their current situation involves mentally accepting a marginal place, reserved for those who dare venture into the territory with no official authorization:

You’re already aware that you’re coming illegally, you’re aware that in the countries you’re going to cross you don’t have legal status. So, at least for me, I was mentally aware that many bad things were going to happen, or even worse. That’s the only thing that saves you. When you come through the country, you have to accept what has happened because no-one has forced you to come, you have done it on your own (Juan Manuel, personal communication, May 3, 2018).

Travelling by freight train imposes dietary restrictions on migrants, who are forced to choose between no food and poor-quality food. No distinction is made between migrants with a certain degree of purchasing power and those who cannot afford to buy quality food. The process of obtaining food is unquestionably more problematic for those without money, who must resort to begging to eat: “when the train pulls into a station, you start looking for food. If you have money, you get off to buy something. If not, you beg people to give you something” (Hugo, personal communication, April 4, 2018).

The lack of a proper diet and the struggle to maintain their strength through food affect the migrants’ bodies. They notice how their clothes feel looser, and those who could give a figure said they had lost up to four kilos:

I lost a lot of weight, my clothes are too big for me, I can see the weight loss and, also, I weighed myself in San Luis Potosi. I weighed 120 pounds [54.43 kg] there and before (in Honduras), I used to weigh 128 pounds [58.05 kg] (Hugo, personal communication, April 4, 2018).

Coyotes and Private Spaces: Planning and De Facto Power

Those who travel with a *coyote*—a people smuggler—follow the instructions and plans of their guides. They pay for this service, which operates like a travel agency, planning and deciding every aspect of the journey. A “good smuggler” is the result of solid social and economic capital and costs between 4 500 and 10 000 USD, according to the migrants. With this service, migrants are more likely to succeed in their migratory enterprise. All the migrants interviewed had reached the United States after successfully passing through Mexico.

Despite of bad weather and health problems, they were also forced to go on long walks and take precarious transport. However, they were transported by private vehicles, such as vans or cars, and commercial transportation such as trailers. This transport could be precarious, like the train, placing a burden on migrants' bodies. In all cases, transportation involves long journeys, keeping still and hiding to ensure successful completion of the journey. José traveled inside a commercial truck where he had to stay in the same uncomfortable position for hours, in the space between the engine and the bodywork:

I was traveling next to the engine. There were four of us: three men and a woman. We were one behind the other, in a single line, but squatting. It was cold for three to four or five hours, and we didn't have sweaters, just the clothes we were wearing. Later, we felt the heat and we were suffocating inside the truck. Yes, there was air coming in, but it was hot, like the weather outside. After a while, another five hours later, it was cold again. The truth is that I can't tell if the weather outside was like that or whether our stress made us feel the weather like that [...] When they opened the door, they said, “Cross the street and there will be a taxi waiting for you. Get in and the taxi driver will drive off. He's going to take you to the place where you are going to stay.” We couldn't walk because our legs were so weak. We had spent more than 24 hours squatting inside the bus, but we gradually recovered. We crossed that street as best we could, with our legs hurting, and we were all dirty and smoky. We recovered in the taxi where we stretched out because we didn't have time to walk around or walk slowly (José, personal communication, January 27, 2020).

On the journey north, transport reflects the difficulty of crossing borders. Migratory control has become omnipresent in transit countries, directly affecting irregular migrants. They must complete a route resembling a rite of passage, in which they must prove their strength and worth to achieve immigration (a new way of life in another country, with minimal conditions for personal development).

In doing so, migrants' bodies are not a priority, but continuing the journey is. To achieve this, following the instructions of the guide or coyote is essential. Coyotes thus have de facto power over their clients, who are treated in accordance with to the price paid: the more expensive the coyote, the better planned the trip and all the services. This does not exempt migrants from being exposed to precarious transportation and accommodation.

Respondents sometimes refer to these places as houses and sometimes as warehouses. Both are used by coyotes to keep migrants hidden from the public eye. They also serve as temporary

accommodation for waiting periods that can range from one day to several months. These spaces are associated with their bodies because they are usually the place where they recover, eat, sleep, and rest. In terms of food, travelers who hire a coyote differ from those travelling alone because the coyotes organize everything to ensure that the migrants do not go without food:

I may have gone without one meal one day. That was being hungry for me. It happened while we were moving from one place to another, but when you arrived at your destination, they'd already made a meal or they'd already started to cook so we could eat, but I didn't feel hungry in the sense that I had gone a whole day without eating. It was not that; it was just a meal (Jaime, personal communication, February 3, 2020).

These places are also associated with health issues. They imply problematic accommodation in regard to food, sleep, security, and health. Migrants often become sick in these places due to overcrowding:

All the people there get sick. If there's an infection, like flu, everybody gets it. If one person gets sick, as a lot of us are, everyone gets sick. There, whoever who has money buys their medicine, but he doesn't buy it directly. He has to wait for someone to come to the warehouse and bring it to him. Only people with a head injury or needing an operation are quickly taken to hospital or a private clinic they pay for. Otherwise, other people with fever, high temperatures and infections are ignored, so you have to look out for yourself (Juan Manuel, personal communication, February 6, 2020).

In these cases, dependence on the coyote and the safe houses are at the heart of the tension between health and mobility in a context of irregularity. Coyote logistics are designed to prioritize the success of the migratory project and to ensure business. In doing so, they handle migrants like goods, providing minimum health care, to receive their payment. Migrants using a coyote are less likely to approach medical services because they are not allowed to interact with other people outside the coyote network.

In this context, health preservation is not only a question of money, family, or institutional issues. The de facto power of the coyotes plays an important role in preserving the physical integrity of their clients, and they themselves can sometimes harm migrants' bodies:

They often took advantage of the girls. And whoever got in, they would put a gun to their heads because they were armed. They would just come and take the girls away. Then, when the girls come back, they would tell us what had happened (Juan Manuel, personal communication, February 6, 2020).

In the case of female migrants, their bodies also become the target of specific violence. Physical and sexual assaults are common on the northward road. Many actors along the route—authorities, locals, and even other migrants—attack women's bodies in a context of lack of justice and access to reproductive health. Women often cope with this issue by adopting a discourse in which they adjust their morals to accept responsibility for the act and internalize symbolic violence (Willers, 2016). In this context, women are more likely to suffer mental health problems (Valdez et al., 2015).

Resist Collectively and Individually: A Response to Irregularity

Irregularity creates precarious travelling conditions for the migrants interviewed. These include transport and places that debilitate them through natural conditions, itineraries and actors that weaken their bodies. These conditions and their effect on nutrition and health evince the precariousness of the place and position irregular migrants occupy in transit. In this context of debilitation, this study has identified two strategies used to cope with health problems: the mobilization of social networks, and physical and mental resilience.

Relational Strategies: Mobilization of Local and Transnational Information

The way individuals mobilize their skills and resources, leading them to succeed or fail at certain stages in their lives, determines the way macrostructure affects individuals' lives (Martuccelli, 2006). Migrants with access to information can prepare to cope with situations associated with physical health. This resource, supplied by a social network, provides information, culture, and support for migrants, enabling them to preserve a minimum of health during their journey:

My sister, my nephew's mother, and my mother thought that if we went far away, we should take medicine. They told us what to take, because we might need it and in fact we did use it [...] It was in Salto de Agua where we had no food for three days and we were in a storm with severe cold all night. We got to Coatzacoalcos, Veracruz in these conditions. We didn't have a plastic or nylon bag to protect us. We were inside a railcar where they throw junk. There were about sixty of us in the rain, with wet clothes, enduring the cold. There was even someone who almost died from the cold [...] Because of the rain and the cold, I had flu for about ten days. As we had pills for all these illnesses. We took them, and so did my nephew. He couldn't breathe, and I was like, "come on, try to breathe because this journey's going to be worth it" (Efraín, personal communication, May 16, 2018).

This strategy, which leads to self-medication, is linked to a social network in the origin country. In the case of Juan Manuel, his friends, who had already made the journey, gave him tips, including one concerning health:

I had my pills in my backpack, I got them in El Salvador, so when I needed them, I took my pills and even shared some with my friends who got sick. I had a lot of pills for headaches, for everything, for flu, because my friends had warned me, so I was prepared and had my little medicine bag (Juan Manuel, personal communication, February 6, 2020).

This strategy combines two aspects: the capacity of the social network to provide high-quality information and the migrants' capacity to ask for information, to mobilize people around them, and to use this information to prepare for the journey through Mexico. Money is important for buying medicine in the origin country and avoiding unexpected expenses on the road that can impact their travel budget. When they bought medicine at a pharmacy, Hugo and his friends spent all the money they had at the beginning of their journey through Mexico:

We had some money. We had about 500 Mexican pesos and we went down to Tierra Blanca to buy some medicine at a pharmacy, and we spent it all there, so for food, we went to the migrant shelter there (Hugo, personal communication, April 4, 2018).

These two experiences involving similar situations show two different ways of self-construction: on the one hand, the precarious conditions of the train, the seriousness of Efraín's situation, and his feeling of uncertainty enabled him to survive the trip and cling to his dream of reaching the United States. He is a spiritual and physical subject fluctuating between agency and vulnerability with material and intangible resources to achieve a personal goal. Conversely, Juan Manuel's experience shows how information provides security at difficult times during transit, where the social network has less influence (Brigden, 2015; Vogt, 2016). Juan Manuel could only mobilize his network before starting the journey, since his coyote did not allow the use of cellphones or other means of communication. His preparedness, supported by information from former migrants, evinces the ties established between the Salvadoran community in the United States and the country of origin. These communities are present in both countries and develop social networks that operate within a specific model of social relations that emerge within and on the edges of macro-structures in the world system. Even if coyotes restrict their possibilities during transit migration, migrants can create communities that cross national borders (Portes, 1999).

When conditions permit, the transnational network can also be mobilized during transit. Migratory flows have introduced technology into northward mobility, with cellphones becoming an instrument for transit migrants (Barros, 2017). They contact their loved ones, report their progress and share their experiences. Some transit migrants maintain multiple social relationships linking their home, destination, and transit societies.

Bertha asked her family in the U.S. to financially support her on her northward journey. Her family chose and paid for the coyote and sent her money to prepare for her journey. In addition to material preparation, Bertha, whose family had avoided the dangers of the desert, decided to buy vitamins, so that if she had to walk long distances, her body could cope with illness and the intense walking required to reach the north.

During her journey through Mexico, Bertha kept in touch with her niece who lives in Mexico, her family in El Salvador, and her family in the United States. In Reynosa, she had "a cheek that was swollen from the pain in a molar." To cope this situation, her niece in Mexico, who is a dentist, prescribed medicine for a toothache. Despite the distance, Bertha acquired the information she needed to feel better and shared this information with those who could go out to buy medicine in warehouses: "Some Mexicans came and asked who was feeling bad so they could go and buy medicine. They bought me the painkillers my niece had suggested" (Bertha, personal communication, February 19, 2020).

Since coyotes and guides are the only ones allowed to leave the safehouses, they liaise between migrants and health services and medicines. This service would not be possible without financial resources and the knowledge about good coyotes provided by the social network. This experience

reveals the importance of technology, and social capital, but also the capacity of migrants to use technology and mobilize their social networks to keep their bodies healthy for the trip.

During transit, local actors may also intervene. Migrants are usually described as victims with no resources who are forced to cope with difficult situations. To combat this kind of suffering, these actors implement strategies to help migrants for free. The number of migrant shelters and civil associations has burgeoned in recent years. They undertake their activities near the migrant route, making the migratory cause visible, and showing how the passage of irregular migrants has altered the Mexican space. This includes migrants who use trains or public transportation, leaving their mark on these places.

According to this study, those who have not hired a coyote often visit shelters. These organizations are part of a network of solidarity and a resource that migrants can use at times of distress. Shelters can provide primary health services for migrants. Aura María, who traveled by bus with her four-year-old son, used those services during her stay in Ixtepec, Oaxaca:

In the migrant shelter where I stayed, they gave me some rehydration drinks as I was extremely sick and even my son was seriously ill. In Honduras I was fine. I think it was because of the trip because I had never traveled so far before (Aura María, personal communication, May 7, 2018).

However, grouping migrants together in these solidarity spaces can also trigger health disorders:

We went to several shelters where people helped us. In a few places, the food gave us upset stomachs, but in others, it did not. In some places they cook well and in others they don't, but, yes, the food doesn't have a lot of flavor [...] I had a stomachache and, thank God, they gave me some medicine, they gave me pills for my stomachache (Wilson, personal communication, April 5, 2018).

While shelters constitute an established form of solidarity, other options are also available to migrants on their journey. Some employers of the irregular workforce, for example, try to cover the health costs of the migrants working for them. Daniel worked for a woman in central Mexico to pay for his trip to the U.S. While he was working there, he got flu:

In Hidalgo, a woman offered us some medicine when we worked for her. She gave us some pills before we left. She gave us some medicine and asked us if we wanted to see a doctor, but we said that no, the pills were enough and, thank God, we recovered (Daniel, personal communication, April 5, 2018).

This kind of service does not require financial resources. Instead, having information about the location and the services provided by shelters or other actors in solidarity is useful. According to those respondents, this information can be acquired from three types of people: migrants who have made several trips through Mexico who have acquired migratory experience and culture, migrants with a direct source of information such as relatives or friends who have already made the trip and

share their migratory experience and culture, and local actors who provide migrants with information during their journey.

These mechanisms underline the difference between informed and uninformed migrants. In regard to information resources, the stereotype of the migrant who does not know where they are or what to do is widespread in Mexico. Sometimes this stereotype is accurate; migrants do not have all the information, and unexpected situations may be beyond their control. Extreme weather conditions, for example, was one situation Román did not consider when planning his journey, “They never told me about that” (Román, personal communication, May 3, 2018). The quality of the information received is also important because it makes it possible to anticipate difficult situations. However, migrants’ planning capacity is not only affected by information, but also by changing conditions in the transit country (Brigden, 2015). In this context of uncertainty and unequal access to the cultural capital of migration, what other resources can be mobilized?

Individual Endurance: Investing Body and Mind

This type of behavior may also be an expression of self-sufficiency. Migrants tolerate minor inconveniences such as insect bites because they hope to recover soon, and these issues encourage them to keep moving. Moreover, since solving this problem does not require any financial or social resources, they can save money and avoid asking strangers or family for help. These resources can subsequently be used for major problems:

We passed some stables and hid there and waited for the train to go by but we hadn’t noticed that the cattle were there, and we ended up feeding all the ticks. It was difficult, but we went to the river to bathe and that was that [...] the mosquito bites and the ticks, we got a lot of weals, like little bubbles with water, but since we bathed and cleaned up, we managed to get rid of them (Daniel, personal communication, April 5, 2018).

This ability to resist is the first personal resource that enables migrants to continue their path to the north, on a route where risk is inevitable. Some risks exceed migrants’ skills, and with no resources, they adopt a mental attitude based on optimism. Kidnapping, for example, deprives migrants of all social, economic, and physical resources. What remains is uncertainty about the future and extreme food, health, and housing conditions. This kind of situation exceeds the will of migrants who rely solely on their mental strength:

When you are kidnapped and someone threatens to kill you, you start to remember everything you’ve been through in life, the good things, and the bad things you’ve done. You also think about your parents, like the fact that you’re not going to see them again, or your relatives either. It’s like a show created in your head and even though you have something to eat, you don’t eat because of the anxiety. You don’t know if they’re going to release you or not, even if the money is sent, you don’t know. At that moment, you start to feel bad because you don’t know anything [...] Then, among the kidnapped people, some of us got the courage to snap out of it and, thank God, we managed to get out. After seven days of no food, just water [...] I also had the motivation of my (Mexican) wife, because I decided

to make my last journey for her. I told her to come to Honduras to get married so we could travel legally, but she couldn't come, and I didn't want to put her at risk by going to Honduras, so I came to get her (Antonio, personal communication, May 9, 2020).

Family plays a major role in endurance. The promise of being reunited with their loved ones helps migrants in difficult circumstances. If the family contributes to their mobility by supplying financial and social resources (Araya & Araya, 2016), we find that this also includes emotional support. Religion also plays a key role. Migrants appeal to God when faced with health problems, do what they can to recover and leave the rest to God, eventually thanking Him for keeping them fit for the road ahead.

Migration and migrants not only draw on material support, proving that both the phenomenon and those it involves are complex and do not respond to the traditional dichotomy of victims-heroes (Mazzella, 2014). This physical and mental investment constitutes a way for migrants to fight back, defying the migratory control system as well as the limits of their bodies (García & Díaz, 2018). Migrants tend to prioritize progress on the migration route over their health, continuing for as long their bodies and minds allow (Ruiz Marrujo, 2001). This also lies behind the increase in exposure to dangerous situations. Migrants push themselves to go further and further, placing themselves in increasingly vulnerable situations. In the end, this process of endurance operates as a process for selecting the strongest migrants and those who are best prepared and adapted (Feldmann & Durand, 2008).

CONCLUSION

The effects of border control can be found in nutrition problems, illnesses, and the neglect of migrants' bodies. Basic needs are neither covered nor guaranteed by the current migratory system that is designed to eliminate irregular migrants. As life and health are affected by migratory control, this could be regarded as a violation of human rights (Bustamante, 2002).

By sending people into hostile social spaces, irregularity has turned many transit countries into places where only the fittest survive. Migration control therefore causes suffering that is stripped of its visibility yet causes subtle pain, reminding us of the importance of the body when it comes to punishment (Foucault, 1975). This selection process is redefined by the skills migrants develop to take this route. Sometimes, strength is neither physical nor financial, with other character traits coming into play such as caution and preparedness. Being able to retrieve valuable information and transform it into a resource during the period of transit is one way to resist the forces that exclude these people from international migration.

Mobilizing resources, particularly relational ones, serves as a reminder of the key role played by migration networks and the transmission of a migration culture. Migration consists of actors from various places who mobilize products and/or ideas (Sicot & Touhami, 2018) and testify to other ways of experiencing transit and its inherent trials.

When these social and collective resources are insufficient or unavailable, migrants use individual skills such as resilience, which sometimes takes the form of endurance and normalization, because “you have gone through so much you become insensitive” (Gustavo, personal communication, May 17, 2018). Migrants are prepared to accept difficult moments and continue their journey, at least those who manage to reach the north of Mexico or the United States. When these resources are insufficient, migrants mobilize moral values such as family or religion or cling to their migratory projects, becoming material and spiritual individuals who regard themselves as complex people. From this perspective, the suffering they experience can be transformed, enabling them to emerge and grow stronger (Bredeloup, 2008): “these are the ways God tests us to make us stronger and go further” (Catalina, personal communication, May 13, 2018).

As a result of these practices, migrants’ inner lives therefore combine with the narrative of the migratory experience. The double use of this inner life, as a generator of resilience and as a means of adapting to the demands of the route, is a way of organizing oneself that marginalized populations use to cope with the logics of exclusion (Schmoll, 2020). The latter includes the exclusion from social life, security and institutional support created by the asymmetry of power.

To continue migrating is therefore to open oneself to new horizons and experiences despite the suffering caused by one’s migratory status. During the ordeal of the journey, the migrant construes themselves a practical but emotional and ethical subject, through different mechanisms and strategies of subjectivation that allow them to recover a sense of dignity, agency, and self-responsibility. The migrant manages to singularize their journey and the effects it produces on them.

Throughout this process, inequality plays a key role. Migration is a test for the body, which is usually already vulnerable at the time of migration. Among the migrants in the study, those who travel without a people smuggler generally begin at a more disadvantaged position in their countries of origin than those who hire one. Departure conditions mark the development of transit migration and the success or failure of the migration enterprise during this transitory stage. This suggests that Mexico, as a transit country, is a geographical extension of this disadvantaged condition. It is a space marked by inequality in which the poorest will find that their skills are reduced more quickly than those with greater purchasing power. Migrants therefore create projects determined by these inequalities and the combination of macro and micro processes (migration policy vs. the will to go north).

Nevertheless, migrants engage in other types of action showing that, even in distressing circumstances, they have the power to manage their lives and are not passive observers as the vulnerability perspective claims (Caseau, 2020). In this context, while migrants transform the migratory route through their passage and actions, the road to the north marks their bodies and their lives, as well as those of the local communities and people inhabiting this northbound migratory route.

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