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"Little pains" and endurance: Health narratives and practices among migrants in transit through Mexico[1]

Alejandra Díaz de León, John Doering-White
University of Essex, University of South Carolina

Abstract

How do migrants in transit through Mexico interpret and manage the injuries and diseases they experience on their route? We argue that migrants in transit attempt to minimise their ill-health while at the same time engaging in health practices to keep moving to arrive at their destination. Through ethnographic research in migrant shelters in Mexico, we examine the reasons migrants give to minimise their injuries: 1) they believe pain is contingent to transit; 2) their tolerance to pain is informed by how they tolerated pain and disease in Central America; and 3) they choose temporary pain to avoid falling into more serious crises. At the same time, however, migrants are engaging in preventative care, self-medicating, in-group care, and accessing safe medical services in Mexico. We show the importance of noticing how different forms of suffering are naturalised while crossing Mexico and how the social sources of suffering are obscured. *Keywords:* Transit migration, Mexico, care, health, suffering.

Resumen: "Poco dolor" y resistencia: Narrativas y prácticas de salud entre migrantes en tránsito por México

¿Qué hacen las personas migrantes en tránsito por México para interpretar y lidiar con las heridas que experimentan a lo largo de la ruta? Sugerimos que las personas en tránsito intentan minimizar el impacto de sus heridas en la ruta mientras se intentan curar al moverse. Utilizamos investigación etnográfica para sugerir que las personas migrantes minimizan sus problemas porque: 1) creen que el dolor es parte de migrar; 2) aprendieron a tolerarlo en Centroamérica; y 3) prefieren aguantarlo en vez de caer en crisis más graves. Al mismo tiempo, las personas migrantes también hacen lo posible por cuidarse mediante medidas preventivas, como tomar medicamentos, cuidarse entre sí y utilizar servicios de salud. Mostramos cómo algunos tipos de sufrimiento son invisibilizados y naturalizados cuando las personas migran, y cómo las fuentes sociales del sufrimiento se vuelven invisibles. *Palabras clave*: Migración en tránsito, México, salud, cuidado, sufrimiento.

Introduction

When Javier heard a crack and felt a stabbing pain, he barely registered it. It was dark and cold, and he was running as fast as he could from an illegal National Migration Institute checkpoint in the middle of nowhere. "We were dozing off when the train stopped. People started screaming 'la migra, la migra' and

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jumping off the train. I followed them". Javier followed a group, dumped his backpack, and found a hollow in the ground to hide in. He watched as some people were caught, lined up, and loaded into several vans. That's when his foot started to hurt. It turned purple and started to swell. Fortunately for Javier, some of the people who ran toward him had clean dressings to bandage his foot. He then stuffed his swollen foot into his sneaker and started hobbling along the train tracks toward a town. "I suspected it was broken, but what was I supposed to do, stay there?" he told Díaz de León in the migrant shelter where she met him. The shelter doctor, a woman who volunteers there for half a day on Saturdays, told Javier that his foot was not broken; he just had a bad sprain. He needed to rest and keep his foot elevated and iced. "No more running from the migra!" she joked. The next day, Javier left with a group of people he had met the night before. He was in pain, but he needed to get to the United States. "I promise you I'll rest when I'm in California", he told Díaz de León as he limped for the door, "these guys will take care of me here, and my family will take care of them there [in the US]".

In this article, we examine how undocumented migrants in transit through Mexico interpret and manage the injuries or diseases that they experience while they are on the move. We suggest that migrants ignore the physical discomforts they experience while crossing Mexico for several interrelated reasons: 1) they believe these pains are exceptional and contingent to transit; 2) they have become used to minimising discomfort and illnesses in their hometowns; and 3) they choose temporary discomfort to avoid other crises they consider more serious, like being killed, being deported, or disappointing their families. Studying the practice of minimising these pains helps us understand how people organise their priorities and overcome the challenges they face under conditions of precarity and violence. "The stories that people tell about pain and illness reveal what it is about bodily suffering that matters most to them in relation to their overall lived experience" (Yarris, 2011, p. 227). Javier's story shows how important it was for him to reach the United States and how much he values his social relationships. When learning about how people narrate their pain, we can learn about what they expect from their social relationships and their life trajectories (Yarris, 2011).

Tiana Bakić Hayden (Hayden, n.d.) has suggested that there are two stages in transit migration: active migration and stuck migration. She suggests, referring to the food choices that people make while in transit, that, during active migration, people tolerate being hungry or eating food they do not like because they feel they are in a temporary emergency. This leads them to put up with otherwise intolerable situations. Noticing the temporalities of migration is essential for understanding the subjective and fluid ways in which migrants can experience time (Tefera & Gamlen, 2025). We extend these arguments by suggesting that migrants also postpone care and minimise their injuries because they believe they are exceptional to the journey, and because of how they have learnt to cope with hardships in their home communities. Framing issues as

emergencies (even if they are long-lasting) allows for the minimisation of unusual circumstances (Grotti et al., 2019).

Although most research on Central American displacement focuses on severe social violence as a cause of displacement from Central America (Asakura, 2014; Porraz Gómez, 2017; Sosa, 2022), our previous research has shown that people often leave Central America after several minor injuries/health processes accumulate until they become unbearable. Some migrants understand this process and explain the causality (Díaz de León & Doering-White, 2024). For example, limited access to clean water and the effects of the climate crisis can increase food insecurity. Others, however, identified a clearly defined event that catalysed their departure from their home countries, in hopes of a better life in the United States. We suggest that these experiences of tolerating discomfort inform how migrants interpret and treat their illness during the migration process by de-prioritising what they cannot fix immediately.

Coping in the short-term is also shaped by long-term visions of the future. Migrants have expansive and community-focused definitions of wellbeing that inform the way in which they react to the injuries they experience while migrating (see Yarris, 2011, on *dolor de cerebro*). When migrants imagine a good, healthy future, they see themselves in a tranquil environment, surrounded by family, and feeling no stress. For many, the temporary, individual experience of pain is worth it to achieve true community-focused wellbeing. This perspective might have worked when transit migration was faster (if not easier). However, with increasingly restrictive migration policies in Mexico and the United States, the period of active migration has extended to months, and the period of stuck migration can last for years. In this sense, the emergency becomes permanent, and health problems that were manageable become chronic.

We engage in conversation with prior research on migration and health that has primarily focused on identifying migrants' health needs in transit and the barriers to accessing health services in Mexico. Researchers have examined how a lack of information among migrants, doctors' lack of knowledge about migrants' health access rights, and discrimination by health care providers limit migrants' access to care (Llanes-Díaz et al., 2023; Llanes-García & Ghys, 2021; Venturi et al., 2022). Because migrants minimise their pain and ill-health in order to keep moving, we suggest that health researchers might not be capturing the range of injuries and diseases that migrants experience on the road. Our research shows that the need to keep moving sometimes prevents migrants from seeking healthcare and leads them to minimise their injuries in surveys and intake forms. We suggest that we need to examine how migrants speak about health and their health practices to learn about their needs and illnesses.

We argue that it is important to consider how different forms of suffering are naturalised as part of the undocumented migration process through Mexico. We highlight how the social sources of suffering are obscured. When migrants are en route, they often tolerate and minimise injuries and illnesses by calling them dolorcitos or "little pains" that, for them, do not require immediate medical

attention. The interpretation of these little pains is structured by migrants' experiences of tolerating suffering in Central America.

In the first analytical section of the article, we show that when migrants decide to focus on the short term, they are reacting to material and social processes beyond their control. Migrants experience the effects of violence, precariousness and the environment when they are in their countries and when they are crossing Mexico. All these conditions force people on the move to make decisions about what to prioritise at any given moment: eat or sleep? Rest the sprained foot or keep moving? After that, we show how migrants do their best to avoid falling into health crises by engaging in care practices along the migration route. The story of pain is also the story of the body and of social relationships. As such, we suggest that migrants survive these crises by creating "materially grounded ways of 'reassembling the shards'" (Greenberg & Muir, 2022, p. 314) through material care for one another. Throughout the article, we will show how migrants narrate their pain, illnesses, care, and imagined future from their own perspectives. For migrants, enduring pain and injury is a way of showing agency and bravery. For this reason, and because we are sociologists and anthropologists, not physicians, we focus on the definitions and perceptions of health that come from individuals.

Material and methods

We collected the data for this article as part of several research projects. Data collected at La Casita, was collected between 2020 and 2023 by Díaz de León and Doering-White. Data collected at the "Guadalupe" shelter in Mexico City in 2023 was collected by Díaz de León and María López as part of the "Women on the Run" project. For this text, we analysed 38 in-depth interviews conducted with men in transit and 10 with women in transit. At La Casita we conducted all the interviews with men and two of the interviews with women. At the Guadalupe shelter, we conducted six interviews with women. Most of the men came from Honduras. Two of the women interviewed came from Honduras, one from Guatemala, one from Venezuela and two from Colombia. Both shelters are located at midpoints of the migrant route through Mexico, in different locations, which we do not disclose here to maintain anonymity.

We conducted in-depth interviews and participant observation. At La Casita, Díaz de León and Doering-White participated in the shelter's daily life. We registered migrants, helped catalogue donated medicines, handed out toilet paper and toothbrushes, and chatted with anyone who approached us. At the beginning of the day, we introduced ourselves and explained our role as researchers and our interest in conducting interviews. Sometimes people approached us; other times we asked for interviews. Interview topics included life at home, effects of the climate crisis on their lives and decisions to leave, health at home, the process of migrating through Mexico, health in transit, and future plans. At the Guadalupe shelter, Díaz de León and María López conducted two focus groups and

several small gatherings, during which they explained the project and invited the women to interviews. Almost all the women agreed to be interviewed, and the interviews were conducted over the course of a week. In all interviews, we did not begin with an a priori definition of health. Instead, we left it to the respondents to decide what they understood by "health". This gave us a more emic understanding of how broadly people define health. We asked for informed consent to conduct and record the interviews. We paid for professional transcription for all the interviews. Both phases of the research have had ethical approval by the University of Essex and the University of South Carolina. The audio files and transcripts are stored in a secure cloud service. All names are pseudonyms, and we have altered details that may identify individuals.

Deterrence and violence: Exiting and crossing through Mexico

The migrants we interviewed left their countries for several interconnected reasons. Echoing previous studies, we observed a mix of state violence, criminal violence, insecurity, poverty and the effects of the climate crisis (Brigden, 2018; Doering-White et al., 2024; Vogt, 2018). For example, Linda from Honduras told us that soon after Hurricane Ian, people from her village had to relocate because their homes were lost to the water. "The government didn't support us. They didn't help to clean up the neighbourhood, and they didn't give us economic support. People had to leave". With the town emptying, the maras, the local gangs, started arriving. They charged a "protection fee" to those who remained. Soon after, the businesses that had remained began closing, and more people left the town as work declined (Barrios 2017 noted a similar dynamic). In the end, Linda, who initially wanted to stay in Honduras, decided to migrate to the United States. In her story, we can see how sudden and slow-onset climatic events and violence intersect to push people to international migration (Bermeo & Leblang, 2021). As prior research demonstrates, climate-related stressors also often shape health by, for example, intensifying heat stress and amplifying food insecurity (Doering-White, Díaz de León, Hernández Tapia et al, 2024).

Due to increased migration controls and the presence of the National Guard, police, military, and agents of the National Migration Institute (INM), migrants take more dangerous and longer routes, often through inhospitable desert and jungle terrain (Díaz de León, 2023; Frank-Vitale, 2020; París Pombo, 2017). Criminals, cartels members, and government officials kidnap, murder, rape, traffic, rob, and abuse migrants. Most of the people we met had, at minimum, experienced violent robbery in Mexico. Migrants in transit are also exposed to the elements when they are moving. They are beaten down by the sun, the heat, the thorns, the ups and downs of the mountain, the mosquitoes, and the rain. All these factors affect their physical health and their mental well-being (Infante-Xibille et al., 2015).

Because of deterrence policies enacted by the Mexican government, migrants experience precarity on the road. Constant robberies and lack of support from

their families mean that migrants have little money to buy food, shelter, or access to medical services. They go hungry (Hayden, n.d.) and endure thirst, sleep, illness, and pain. Their mental health deteriorates (Temores Alcántara et al., 2015). The journeys have become longer, with migrants often spending months or even years migrating and waiting in border towns for the opportunity or the permission to cross. In the next section, we will discuss how precarity affects the way poor people balance priorities and often must make impossible choices.

Health decisions in precarious and uncertain contexts

This article examines how people in extremely precarious circumstances choose what to prioritise to survive and improve their lives. Qualitative studies that focus on how poor families balance different priorities, including health, explain how families and communities do their best to stay afloat and avoid economic and health crises in extremely precarious contexts. These families share food or resources among themselves (Han, 2012), sell what they can, hold multiple jobs, and diversify their options by, for example, sending one of their members outside the region or country to work and remit (Heidbrink, 2018, 2020).

Inevitably, however, some emergency or unforeseen expense forces people to decide how to allocate scarce resources. This rearrangement of resources often causes health crises (Das, 2015). When social networks are depleted (Desmond, 2012), there is no money or emergencies, and health is postponed to address what are considered more pressing problems. "Families focus on the immediate, leaving the distant future to sort itself out" (Das, 2015, p. 123). In her ethnography of working poor people in Brazil, Nancy Scheper-Hughes (1992) describes the varied strategies that families and the community employ to stay afloat, and how they sometimes sacrifice the health (or life) of one of their members during periods of extreme scarcity.

This reallocation of resources does not indicate irresponsibility or a lack of interest in caring for the body or family members. Rather, it is an impossible situation in which immediate decisions must be made; often, taking care of one's health does not seem as important as eating or keeping the family from being evicted. The experience of illness creates inconsistencies that are not seen as such from the inside (Das 2015). Even though illness is visible day to day, people sense that some ailments are beyond what can be understood or solved. This sometimes causes people to normalise illness because they portray it as something that cannot be cured or that will fix itself. Although people do their best to avoid health crises, Veena Das (2015) suggests that sometimes it is necessary to allow small crises to occur to avoid bigger problems. We see this play out in people's migration stories, too.

Among people living in poverty and extreme vulnerability, some welfare and health problems can be contained with the help of friends and family (Han, 2012). However, even supportive social networks, including family, have limits to what they can provide (Desmond, 2012; Menjívar, 2000). Nevertheless, when

extreme stressors are present, community ties break down (Barrios, 2017), and people must act either individually or within the intimate family group (Erikson, 1979). Slow-onset events, such as droughts, plagues, and extreme heat, as well as sudden weather events, such as hurricanes, have taken away what little leeway communities had to recover after shocks (Bermeo & Leblang, 2021; Doering-White et al., 2024). In this way, the climate crisis transforms precarious situations into unsustainable ones. Slow-onset events, which gradually deteriorate people's quality of life, tend to be reported less in the media than rapid-onset events, such as hurricanes. Similarly, migrants focus on immediate emergencies and fail to prioritise "slower" forms of suffering.

Migration, especially undocumented migration, can seriously affect the physical and mental health of people on the move. This is especially true for people who lived in poverty, lacked access to social services, or experienced violence (Cabieses et al, 2018). The literature on migrant responses to the violence of the journey has focused on describing the injuries and illnesses migrants experience, often from a clinical perspective (Cabieses et al, 2018). In contrast, we pay attention to how migrants narrate and interpret their bodily experience of migration.

Recent ethnographic studies have examined intertwined experiences of violence and care on the road. Alongside foot wounds, limb loss, injuries, and skin conditions, migrants receive help and solidarity from people on the road (Yarris & Castañeda, 2014) and from each other (Díaz de León, 2023). Scholars have also shown how they engage in self-care and personal hygiene practices that "enable migrant bodies to simply get on with it amidst the plural forces seeking to exploit, abandon, or extinguish them" (Lisle, 2022). Like them, we examine how migrants keep moving and the social conditions that enable them to do so.

Studies of poverty and precarity suggest that people in this situation tend to focus necessarily on the present and on overcoming the immediate crisis (Nixon, 2011). We observe that while migrants sacrifice momentary health for future well-being, it is often their vision of a better future that drives them to do so. We show how in-transit migrants endure the present by imagining a better future with their communities.

Little pains along the way and the role of future imaginaries

Migrants experience health issues that they downplay while moving and health problems that can become catastrophic and prevent them from pushing forward. For the migrants we interviewed, the "little pains" of the route are illnesses or injuries that cause them discomfort and make the route more difficult, but which are not serious enough to force them to stop. Many are a consequence of the migration process, such as rashes, sun exposure, stomach issues, or blisters. Analysing how migrants interpret and narrate their illnesses and injuries helps us understand their views of the migration process. We can learn what they expect and what is exceptional.

"Little pains" of the migrant route

"Little pains" are those health problems that appear or get worse during migration and that migrants push to the back of their minds since they don't present a lethal threat immediately. These health issues, which do not immediately prevent them from moving, are problems that arise in the "contingency" of active transit migration (Hayden, n.d.). What some migrants call *dolor de huesos* (pain in their bones), blisters on their feet, insect bites, headaches, or coughs, for example, are conditions that they associate with crossing Mexico. They expect, or hope, that when they arrive at their destination, the issues will have resolved themselves or will be easily treated. Previous research has shown that migrants often minimise the effects of the heat or diseases because they see their bodies as strong and adaptable (Parra & Caravantes, 2019); a body that has already survived and adapted to the stressors of Central America. In this section, we discuss the main dolorcitos or "little pains", and illnesses migrants encounter on the route, and show how migrants treat and interpret them. Paying attention to these "idioms of distress" (Yarris, 2011) shows us how migrants experience their hardships and imbue them with meaning. We focus on injuries or physical pain that arise from the journey. We do not focus on more serious health crises, often caused by criminal and state actors attacking the migrants directly. Our methodology does not allow us to observe mental health deterioration or worsening of chronic conditions[2].

Migrants must balance their need to move forward undetected with the need to protect their health. Often, these interests pull them in different directions. Some might decide that it's best to blend in with the local population and wear impractical clothing, such as poorly made but expensive-looking tennis shoes that cause blisters (De León, 2013). Sometimes, they make bad decisions due to inexperience. For example, many migrants believe that to cross the Sonoran Desert undetected, they need to wear all black and carry black water bottles to avoid being detected by the Border Patrol agents. Unfortunately, these strategies can in fact exacerbate other risks. Wearing black clothing in the scorching sun causes overheating. Drinking water gets very hot inside black containers and, instead of cooling them, increases their body temperature and increases the likelihood of dehydration (De León, 2013).

Even when trying to make the best decisions, migrants can get injured, and they often have to decide between moving forward or stopping and taking care of themselves and slowing their group down. Migrants frequently decide to keep moving, even with sprained ankles (like Javier), open wounds, or broken bones, even when they know that they will experience worse health outcomes if they do not treat their injuries immediately. Our interviews show that they do not want to be seen as a burden or slow the group down. They do not do this because they are irresponsible; they keep moving because, as they see it, they cannot improve their situation immediately, and they need to prioritise arriving in the United States.

For example, Juan, a first-time migrant from Tela, Honduras, told us that he tried to find out what the migration route would be like and what would happen. He talked to his uncles, who had already crossed and watched videos on YouTube. “And I saw that the migrants had these tennis shoes that were all torn up and kind of falling apart. And my uncles had told me that no shoe lasts the whole trip, no matter if they are very high quality. I kind of knew that I was going to get these blisters”, he told us as he showed us two huge blisters on the soles of his feet.

Jason de León (2015) has shown that it is important to analyse the effects of elements and border control infrastructure on people's migratory routes. In this case, the sun, heat, rain, and the mountain, with its ups and downs and thorny plants, affect migrants’ bodies and health. “You know how things are”, Santiago told A1 during a workshop where they were discussing how the body is affected by crossing the desert. “When it’s hot, you just want to lay down, rest, and drink your whole jug of water, you start getting dizzy, and in that moment is when you are more likely to twist your ankle. The desert is smart and waits for you to trip”. For Santiago and many people who have talked to us, the violent experience in the desert seems almost inevitable, the price you pay when you are an undocumented migrant.

Injuries such as Juan’s blisters or Santiago’s sprained ankle bothered them and, in Juan’s case, affected his ability to move forward. While they were obviously uncomfortable with their injuries, they also tended to minimise them as something that happens when you cross Mexico irregularly. For Juan, this pain along the way is what makes it worthwhile: “I tell you, if it was easy we would all do it. It would empty out my country”. The sacrifice of hurt feet was going to be worth it to get to “a big house, where everyone has their own room, even two rooms for everyone. And I will be fine, without stress, without fear of being killed; my sister will be able to use whatever she wants and be safe. For me, that’s what being fine means. Feet don’t really matter”.

The temporary pain of active migration is put on the back burner when imagining future well-being at the end of migration. Other authors have shown how, at times, the process of migration is seen as a rite of passage to show value and worthiness (Rosas, 2011). While it is true that several people we interviewed imagined their route as an ordeal with a reward at the end that only the most deserving earned, many more expressed that they would prefer an easier, legal path if possible (Frank-Vitale, 2023). However, policies of deterrence and rejection of migrants force them to migrate surrounded by violence, uncertainty and scarcity. In this situation, migrants have to decide what to prioritise in order to move forward and reach a less precarious situation in the United States. We will show later that the imagination of future well-being sometimes does not coincide with reality.

Here we can also see the paradox of the injuries and little pains that migrants are experiencing. On the one hand, they associate their suffering with the migration process. On the other hand, they were already experiencing many of these

conditions back home before migrating. Some even left Central America due to deteriorating health (Doering White et al., 2024). *Dolor de huesos*, headaches, and coughs are common ailments for a population who lives under the poverty line, has no easy access to medical help, and is forced to work outside in the heat most of the time. Gilberto, a builder, told us that he always works outside “at the end of the day you come back to your house after working eight hours […] and you have a headache, or your body is hotter than normal, you feel pain in the bones, in your head, because of the intense heat”.

In our interviews, we learned that many of the people crossing Mexico had lived with some sort of illness or pain for many years before deciding to cross. Often, when joking in the shelter about scratches or injuries, we could hear men reminisce about other ways in which they had tolerated more pain in the past. “This is nothing”, they would say, “not like the way I was carrying the coffee bag and my back gave out, I could not move for days”. Having tolerated pain for years before leaving did not make them less vulnerable to injuries (perhaps it even made them more likely to get injured), but it did provide them with a framework with which to compare their experiences when migrating. In addition, talking about pains as contingent on migrating helped them turn them into something exceptional that would end, making the sacrifice worth it. Narrating the pain as empowering helped them keep moving.

The story of illness is sometimes also a story of social relations (Das, 2015). We interviewed Camila in Mexico, in the sixth month of her migration. She had left Venezuela and crossed the Darien jungle with her husband and two-year-old daughter. Camila learned while in transit that she was also pregnant during her journey. During her retelling of the story, Camila kept coming back to the physical ailment that bothered her the most: a friction rash between her thighs. The chafing drove her crazy; she could not walk properly, she could not sleep, she could not think. Through the pain of the chafing and the remedies she tried, she told us how people treated her. She fondly remembered a couple of women who gave her talcum powder and ointments. She was very grateful to a man who gave her some pants she had left over. She still resented the fact that her coyote did not encourage her when she was already bleeding from her thighs. When one night they had to flee, she had to go out in her underwear, because she slept without pants to avoid the pain. She remembers who tried to avoid seeing her like that and who stared at her. She remembers how, in her underwear, she arrived in Panama at the Red Cross tent and how someone there finally recognised that she needed medical help.

> But of course, that was a little pain. How do I explain? It was very painful, but I could actually keep walking. It’s not like I had a broken leg or a lot of fatigue. With my thighs like that, chafing, I could carry my daughter, encourage my husband and keep going. There will be time to apply daily cream when we are in Chicago.

Camila's experience shows how migrants de-prioritise certain forms of suffering, such as "little pains", to reach their goal: the United States. This form of minimisation has both a social and a moral dimension. Kristin Yarris (2017) describes how grandmothers caring for children whose parents have migrated put aside their own needs to prioritise their grandchildren. Similarly, Camila frames her own suffering as a way to keep herself and her husband motivated as they suffer and carry their daughter as they walk the migration route. In this way, Camila transforms her physical suffering into moral agency (Sabar, 2013).

The migratory experience is an embodied experience (Mezzadra, 2011), and the narrative through the body and illness helps to understand the physical reality of the route. Sensory narratives (Daser, 2023) show us how the body seeks to remind us that it is also a protagonist in migration and that, even if care is deferred, pain and abuse are still there. Pain sets the guidelines for the route, yet it is ignored. As we see with Camila, this suffering is active. Ignoring pain implies a sacrificial mentality. As we show in our discussion of health practices on the road, the social nature of suffering is evident not only when migrants ignore "little pains" but also in individual and collective ways of caring for themselves in situations without access to health services.

Imagining a healthy future

The people we interviewed were postponing treatment for their ailments as they migrated because they had a more ambitious goal: reaching the United States and creating a better life. In an extremely precarious situation, they prioritised their imagined future well-being over present discomfort. They used imagination and narrative not only to make sense of their migration stories but also to resignify their horizons of possibility. In their projections for the future, we can see how the autonomy of migration is expressed through desires and expectations (Mezzadra, 2011).

The imagined futures that migrants told us about varied in how specific they were. Some were already picturing the city where they would live and the job they would do. Lalo, a 16-year-old man from Guatemala, laid it all out. "I'm going to arrive in California and live with my cousin. He will get me a job on the farm where he's working, and I'm gonna send money home, but I will also buy a mobile phone just like my cousin's". Others, in contrast, could only vaguely imagine having a better life. Laura, from Honduras, said that she did not know where she was going to end up but that she hoped to have a job and live "in peace and quiet". For the people we met, being healthy and being well are expansive concepts. It is not just the absence of illnesses. It includes not being stressed, as in Laura's case, and being able to provide for your family, as Lalo states. Well-being is also communitarian; for example, it includes spending time with family and friends and being at peace. It also comprises autonomy, including deciding what you need and what you do not.

Carlos is a Guatemalan man who first migrated in 2018 as part of a migrant caravan (see Frank-Vitale 2023 for more on migrant caravans). We met him in La Casita in 2021, when he was trying to migrate again after being deported from the United States. When we asked how he imagined a healthy life, he closed his eyes, took a big sigh and replied: “I want to send for my mom, who is still in Honduras. I’m going to work very hard to make that happen […] Imagine coming home after a hard day’s work and having your family waiting for you, you get to eat the food that you like, and maybe you have your friends around the table too. That’s what it is like to be well”. People’s definition of health is similar to the concept of *buen vivir*, or good living. Buen vivir is not only about the individual but about being well with nature and with the community. Here, self-determination to choose what is good for oneself and one’s community is important (Acosta, 2015). The possibility of finding another narrative, a new way of good living, moved them.

Deniz Daser (2023) has shown that when migrants arrive in the United States, they do not always find the good life they had imagined. In her ethnography with Honduran migrants in New Orleans, she observes how the stressors, conflict, and violence they experience at home and along the migration route are exacerbated and even connected to their lives in the United States (Daser, 2023). In her text, we see that many of our interviewees may not find the well-being and peace they imagine on the route. As many authors show, migration does not end in the United States. Migratory control within the country, the lack of opportunities for people without papers, and precarious working conditions affect migrants’ quality of life and health upon arrival at their destination (Castañeda, 2019). Migrants we have interviewed know this; they have heard stories of how difficult it is to be an undocumented migrant. At the same time, they still think that a difficult life in the United States is better than one in Central America, and they are willing to risk it.

Health practices along the route

In a workshop A1 sometimes gives at La Casita on self-care techniques for crossing the desert, the discussion sometimes focuses on how to take care of oneself before leaving. “You have to take care of your body so it's strong enough to walk for seven days carrying gallons of water”, says Pedro, an experienced migrant who is excited to show off his knowledge. “And if you can, you have to rest at the border and eat well, to get healthy again”, he continues to recommend. The migrants nod, although many of them know they won't be able to pause that long; where would they do it? Despite all they experience when faced with the assemblage of actors and practices of migration control, migrants do their best to avoid health crises. They understand that a healthy body is one that can cross into the United States and be a good worker (Estévez, 2018). One must stay well to move forward, see family again, and enjoy what they “earned” by enduring the journey.

According to the 2011 Migration Law (Secretaría de Gobernación México and Instituto Nacional de Migración 2011), migrants have the right to receive free treatment in hospitals and health centres, regardless of their legal status in Mexico. However, few migrants are aware of this right, and those who are, are afraid of being deported after being treated. In addition, the staff of clinics and hospitals are not informed about the rights of migrants or do not want to treat them (López Arellano, 2014). Shelters and migrant houses that have formed a good relationship with a health centre, such as La Casita, can send injured migrants for treatment. However, they tend to send only the most serious cases, such as fractures and wounds that need stitches. Migrants who believe they can withstand the pain prefer not to spend the day at the health centre.

Considering how difficult it is to access formal health services, we have identified four care and health practices that migrants have developed: 1) preventive care (including eating and resting), 2) self-medicating, 3) accepting care from another member of the group, or 4) accessing medical services in Mexico. Migrants do the best they can to find enough food. They pull their money together to buy tortillas or tins of sardines; they also take advantage of their time in shelters and canteens along the migrant route (Hayden, n.d.). They protect their bodies from the sun, the rain, and the cold. They wear long sleeves and caps to prevent sunburn. If they are able, they make sure to change their socks frequently to keep their feet dry. They try to upgrade their footwear when possible. They avoid drinking unpurified water, and if they need to drink it, they use chlorine to disinfect it. They bathe and wash their clothes when they can and carry toothbrushes and toothpaste with them. They shave when possible, and when migrant shelters offer, they gladly use moisturiser on their skin.

Anticipating the injuries they might experience while migrating, they sometimes bring a small kit from home. It can include aspirin and ibuprofen for colds and aches, powdered saline solution to keep hydrated, ointments like Vaseline to prevent blisters on their feet, bandages in case they sprain their ankles or get blisters, and sometimes painkillers. They gather more medicines in the shelters they pass through. Sometimes, they buy loose medicine in the corner shops. At La Casita, when we give them medicines, many people ask us for extra medicine for the road.

When a migrant gets hurt on the road, his companions do what they can to help. We have observed that many migrant groups have a *sobador*, a person who specialises in massaging aching muscles. They can, for example, rub swollen feet or strained ankles or give back massages to ease the pain. Migrants swear by their healing properties. If the group didn't bring a sobador, someone eventually takes on the role. Roque, a Honduran man who was migrating with his cousins, told us: "Back in Honduras, I was a mechanic, not a sobador or anything, but here I saw that I have a good hand to help them with their wounds". Male migrants in transit, through care and health practices, can experience softer forms of masculinity (Montes, 2013), as Roque's testimony shows. Peer care, in

addition to supporting the body, builds a sense of community and encourages migrants to keep moving (Díaz de León, 2023).

There are also institutions along the way where migrants can attend to their most immediate health problems. Along the route, there are about 60 shelters or refuges for migrants that provide everything from a warm meal and a bed to sleep in to medical, psychological and legal services (Agudo Sanchíz & Estrada Saavedra, 2021). At Albergue Guadalupe and La Casita there are no doctors on duty, but there is a basic first aid kit with aspirin, pills for body aches and stomach-aches, and bandages. The medicines are usually donated by individuals or institutions, so they are sometimes not relevant for ailments on the road. At one of the shelters, we often spend time helping the shelter staff find online information about each medicine and storing the ones we think are useful. We then throw away the many expired medicines that are donated. One day, we threw away almost forty boxes of expired high blood pressure medicine.

Sometimes institutions such as the Red Cross or local health services visit to provide medical consultation. Migrants appreciate seeing a doctor or nurse and gladly line up to be seen. Luis, a Honduran migrant from Paraíso who was travelling with two friends, left his consultation happy:

> At that time, they took good care of us in that shelter, they even gave us vitamins. They asked us, just as you asked me, if I had any disease, and I said no, and he asked me if I had ever had chicken pox, but since they had doctors there, the doctor told me to stick out my tongue [...] Well, more or less there they give you orientation [...] They gave me medicine, also clothes, boxer shorts, socks and things like that. I really liked the attention they gave us.

However, on many occasions, these institutions do not have medicines to give, so migrants leave with a prescription for medicines that they cannot afford or get and that the shelter does not have. The Red Cross cannot provide specialised and long-term care, so their doctors and nurses end up treating the contingent injuries of the migrant route, the little pains.

When migrants have a more serious condition or a condition that will deteriorate if left untreated, they are advised to go to the hospital. However, as we have already shown, people often prefer to move on if they can. Roque explains, "even if we are in pain when we are moving, when we get there [the United States], we will be able to rest and get treatment. I think my sprain, for example, will fix itself with rest". Roque, like many migrants, hopes that when the exceptional situation is over, his health will return to normal. What alternative does he have?

Discussion and conclusions

Migrants have "persistent agency" (Frank-Vitale, 2023) when confronted with the materiality of the migratory route. Migrants in precarious contexts who are experiencing extreme violence decide to prioritise the future and ignore the

present. We argue that this is because they perceive the suffering of the journey as temporary and specific to the route. Therefore, they consider pain a characteristic of active transit that will likely be relieved or cured when the emergency passes. We suggest that enduring the pain, moreover, helps them keep moving toward a good life that includes being at peace, being with their families, and having a community. Thus, they compare the individual pain they can endure against a narrative of stability and prosperity in the United States. While the pain is individual, thinking about those they left behind and those who are helping them along the way helps migrants endure it.

Migrants are constantly calculating along the route which ailments they can ignore, which they can patch up, and which will stop them. This is a context in which people are confronted with a wide variety of actors and dangers, including the train, mosquitoes, shelter protocols, and criminals, to name a few. With so many factors at play, calculations are always incomplete and partial. Decisions that might seem irrational or counterproductive depend on the time frame in which we look at them. Sometimes, immediate needs outweigh future needs, but more often, the future is prioritised by sacrificing the needs of the moment. The migrants' projected narrative of a future with health and wellbeing that helps them move forward and ignore their "little pains" is not always achieved. Migration and stress do not end upon arrival in the United States, and that state of emergency is likely to persist. However, in transit, migrants do not know this.

This article highlights ways of seeing and thinking about health and illness that might be ignored if asked directly. Ethnographic fieldwork provides us with a window into implicit forms of knowledge and agency that other methodologies, such as surveys or the study of shelter records, cannot capture. Because migrants understand health differently, our research shows we are likely failing to capture their actual health when we use measures designed for the general population (such as surveys). This case also has implications for other methods aimed at capturing migrant health. Given the downplaying of minor pains during transit, we are likely underestimating migrants' health. Knowing this can help humanitarian actors and non-governmental organisations understand how migrants prioritise injuries and how they understand health.

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Alejandra Díaz de León is a qualitative researcher of undocumented migration who does ethnography, qualitative interviews, and participant observation in Mexico and the United States.
Address: University of Essex, 5A.322, Colchester Campus, Colchester CO4 3SQ, United Kingdom.
E-mail: alejandra.diazdeleon@essex.ac.uk

John Doering-White is an anthropologist and social work scholar whose research focuses on the everyday politics of humanitarian aid and human service work in contexts of forced displacement.
Address: College of Social Work and Department of Anthropology, McCausland College of Arts and Sciences, 817 Henderson Street, Columbia, S.C. 29208, United States.
E-mail: DoeringJ@mailbox.sc.edu

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Notes

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2 For research on mental health and migration, see Infante-Xibille et al. 2015; Cohodes et al. 2021.

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