Precarious motherhood

Maternal health/care and the state in Los Angeles, USA

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Chapter 3

‘I have nowhere to go’: asylum-seeking mothers’ (im)mobility in Los Angeles[19]

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Introduction

One afternoon in July of 2020 I drove north on Interstate 5 freeway from San Diego towards Los Angeles, heading home. I had just driven Karla, a Honduran asylum-seeking woman, and her two children to San Diego, where I transferred them into the care of their family friend who then drove them and their belongings over the border into Mexico so that they could be reunited with their partner/father. Karla had decided to 'self-deport'–voluntarily leaving the United States with her children because her life had been made so precarious and unliveable due to the 'liminal legality', (i.e. the 'gray area between [the] legal categories' of documented and undocumented) (Menjívar 2006, 1000) of being an asylum-seeker in the United States while awaiting the outcome of her asylum application (Trujillo-Pagan 2019).

As I will discuss in this article, Karla's self-deportation brings into focus the inhospitable environment that Central American asylum-seekers (CAAS) encounter upon arrival to the United States, and the various forms of 'infrastructural violence' (Rodgers and O'Neill 2012) that the state perpetuates against asylum-seekers from the global south. Rodgers and O'Neill (2012, 401) note that infrastructural violence is visible through the 'processes of marginalization, abjection and disconnection [that] often become operational and sustainable in contemporary cities through infrastructure'. Following McIlwaine and Evans (2023), when discussing infrastructural violence in terms of asylum-seeking women's experiences, it is helpful to view the ways in which infrastructural violence enacted by the state is both passive and active. Passive infrastructural violence causes harm through limitations and omissions in state bureaucracy that overlook the needs of marginalised groups. This allows structural barriers to be sustained and deepens marginalisation by denying adequate or accessible resources. Active infrastructural violence causes harm through the purposeful design of infrastructure that regulates social norms, actively and openly marginalising specific groups and denying them access to various forms of care (McIlwaine and Evans 2023).

Together, this climate of passive and active infrastructural violence control reproduction and parenting for marginalised groups such as asylum-seekers by

inhibiting both their right to free movement and/or their right to safely remain within a particular place (Sheller 2018). This constant state of simultaneous movement and stasis wherein CAAS women attempt to navigate access to care and resources in turn hinders their capacity to parent their children as they would like to by denying them the third pillar of reproductive justice: a healthy and safe environment in which to birth and raise their children (Ross and Solinger 2017). As Sheller has noted (Sheller 2020, 193-194), reproductive mobilities impact all aspects of the reproductive life-cycle – from conception to family-building and parenting, making it clear that to talk about reproductive justice in parenting it is also necessary to talk about mobility justice. Therefore, this article considers how asylum-seekers' right to parent and care for their children in a healthy and safe environment is negatively impacted by various forms of movement and stasis they experience in the United States (U.S.).

As I will demonstrate below, Karla's story illustrates well the paradoxical existence of being simultaneously immobile and mobile– both hindered from moving forward yet always in flux–as she attempts to access social and health-based resources for herself and her children (Castañeda 2018; Jackson 2012). Although asylum seekers are legally within their right to move throughout public spaces in the U.S., as racialised migrants who lack equitable access to income, support or legal protection from immigration services, CAAS women still fall victim to the policies in Los Angeles that have been created to reproduce 'differential mobility empowerments' (Vindrola-Padros, Johnson, and Pfister 2018, 4), making mobility and resource access easier for some groups while hindering movement and access for others. This speaks to Sheller's (2018) concept of mobility justice, which allows researchers to view the ways in which differential forms of power and governance control the movement of people by shaping 'patterns of unequal mobility and immobility' (Sheller 2018, 14). Sheller calls for reclaiming the 'shared mobility commons' for racialised and marginalised groups (Sheller 2018, 169) by recognising that these groups often face a diminished capacity for mobility due to the intersection of anti-immigrant policies, racism and gendered practices. Expanding on this concept, I will demonstrate below how a lack of mobility justice hinders reproductive justice

for Central American asylum-seeking mothers. But paradoxically, I will also show how the stasis caused by a lack of mobility justice leads to different forms of asylum-seeker movement when (im)mobility pushes asylum seekers to self-deport in search of reproductive safety elsewhere.

Infrastructural violence, (im)mobility, and reproductive (in)justice

Karla's story is one of being 'stuck in motion' (Castañeda 2018) in that she concurrently experiences both physical and socio-economic mobility and immobility when attempting to access social and health-based resources for herself and her children as a precarious asylum seeker with liminal legality. Migration and mobilities researchers have discussed the ways in which mobility can be facilitated, policed, or hindered due to social exclusion, power differentials, and the 'embodied politics of difference' (Blunt 2007, 2; Cresswell 2006; Hannam, Sheller, and Urry 2006; Verlinghieri and Schwanen 2020; Vindrola-Padros, Johnson, and Pfister 2018). Much migration literature focuses on cross-border movement of various types of migrants (labor, asylum-seeking, etc.) (Hallock et al. 2018; Massey and Aysa-Lastra 2011; Schewel 2019). Concurrently, migrants' inability to move–either physically or legally–within their destination country is an area of growing interest (Conlon 2011; Glick Schiller and Salazar 2013; Haugen 2012). Research on immigrant dispersal in Europe demonstrates how migrant (im)mobility results from the tension between state tactics of forced movement and forced stasis, which are used to control where and how asylum-seekers and refugees settle, and how they create different forms of community (Larsen 2011; Tazzioli 2020). Similarly, research on migrant (im)mobility within the U.S. focuses on how conservative migrant policing initiatives severely restrict undocumented migrants' capacities to drive, move freely, and socially reproduce within conservative areas of the U.S. (Coleman and Kocher 2011; Stuesse and Coleman 2014). However, the question remains as to how migrant (im)mobility is caused and perpetuated in more progressive U.S. states where these initiatives are not in effect.

To speak to (im)mobility and how it functions within Central American asylum-seekers' lives in California, this article extends the concept of (im)

mobility beyond a term used to define whether someone is physically or socially mobile. Instead, I use (im)mobility as an analytic to highlight the frictions that exist in asylum-seekers' lives due to physical and socio-economic movements that do not actually allow motility, and points of inertia that lead to movement that may not be desirable. Through a discussion of (im)mobility, it is possible to recognise that the physical and socio-economic movements and obstructions marginalised people experience often have reproductive consequences, such as delaying access to perinatal or paediatric care. As Frohlick et al. describe, the concerns of reproductive justice must be attended to by mobility scholars, noting that 'there is tremendous friction, blockage, place-making, imagination, aspiration, and potentiality underpinning and affecting reproductive practices and phenomenon as much as speed or flow' (2019, 100).

Activists for reproductive justice in the U.S. assert that the state has the responsibility to create the conditions in which women can make reproductive decisions and access support services to help bolster those decisions (Ross and Solinger 2017, 269). This extends to asylum-seekers, who have the right to non-discrimination, decent working conditions and emergency medical care in the U.S. under the protections in the U.S. Refugee Act of 1980 (Refugee Act S.643 1980). However, the full extent of these rights is often denied to asylum-seekers due to federal legislation that denies them a quick and fair asylum hearing, access to reproductive healthcare, social benefits, safe housing or fair employment– directly infringing on their reproductive rights (Abji and Larios 2021; Ross and Solinger 2017). In 2020, these rights were further constrained by policies made during the COVID-19 pandemic which closed the asylum courts and restricted non-essential medical care, access to stable working conditions, or federal aid money for asylum-seekers (Garrett and Sementelli 2022; Ramirez et al. 2021). This context ensures that reproductive mobility is unevenly distributed for asylum-seekers, reminding us that '[m]obilities are never free but are…always channelled, tracked, controlled, governed, under surveillance and unequal' (Sheller 2018, 10).

Through the analytic of (im)mobility, it is possible to see how barriers to accessing U.S. infrastructure and health-based systems further exacerbate

migrant precarity, directly denying mobility justice to marginalised asylum-seekers. In the U.S., precarity is a 'politically induced condition' (Butler 2009, 25) in which certain groups are deemed a threat to American society and systematically denied legal stability or equal access to care or support. U.S. policies that provision resources and rights to asylum-seekers categorise those with precarious positionalities into two groups: those who are viewed as 'deserving' of free movement and access to public services and those who are constrained from moving freely or accessing social services because they are deemed 'undeserving' (Marrow 2012; Vindrola-Padros, Johnson, and Pfister 2018, 4). For example, asylum-seekers are deemed undeserving of nutritional support by the federal government, until/unless they have a U.S. citizen child, which then makes them deserving of nutritional resources (USDA-FNS ND).

For Central American asylum-seekers, precarity is a purposeful outcome of federal efforts to curb immigration and has increased in recent years following legislation that has undermined and underfunded the asylum system (Pierce, Bolter, and Selee 2018; Torres 2018). While these policies in essence affect all asylum-seekers, they have been constructed specifically to deter asylum-seekers from El Salvador, Guatemala and Honduras from entering the U.S. (Garrett and Sementelli 2022). From 2016-2020, President Trump singled out Central Americans as 'savages' and 'gang members' who threaten American safety to justify his harsh immigration policies (Abrego and Villalpando 2021). This tactic continued the decades-old vilification of Central Americans as criminals or communists, which has led to extremely low rates of approved asylum applications for Central Americans (Abrego and Villalpando 2021; OHSS 2024). Instead, they are deemed 'economic migrants' and blocked from most pathways to legalisation (Abrego and Villalpando 2021).

This process of targeted precaritisation has been bolstered in the past decade by conservative political strategies to encourage self-deportation, or 'attrition through enforcement' by passing legislation that deprives vulnerable migrants of the essentials they need to build a stable life and take care of their families (Fragoso 2013). This purposeful deprivation of access to healthcare, jobs and social services is meant to disincentivise those groups from settling in

the U.S. by 'reduc[ing] the quality of life for undocumented immigrants to such a degree that they believe self-deportation to be in their best interest…[self-deportation] relies primarily on sub-federal measures that target the everyday lives of undocumented immigrants and make it nearly impossible to participate in society' (Fragoso 2013, 2; Ramírez et al. 2021). American self-deportation tactics are most detrimental to undocumented women and children, as the fear of deportation stops many women from claiming benefits for themselves or their children–even when these benefits have no tie to documentation status (Fragoso 2013). These policies, which have been discussed in the American media and by political pundits as giving people the 'choice' to leave the U.S., make life so precarious and unliveable that undocumented migrants (including asylum-seekers) at times self-deport due to the sheer lack of choices or options they have (Trujillo-Pagan 2019).

These political efforts use the social construction of migrant 'illegality' to deny asylum-seekers legal, economic, and social support (De Genova 2002, 427; Torres 2018), which deepens everyday precarity while they await an outcome to their asylum application. Federal efforts to limit 'illegal' immigration weaponise structural racism against those who legally seek asylum, disproportionately impacting racialised asylum-seekers by slowing access to visas, work permits, documentation, healthcare and social services (Bacong and Menjívar 2021; Dick 2020). This racialisation is rooted in what Chavez calls the 'Latino threat narrative', in which all Latinos–whether documented or not– are viewed as a risk to White American culture (Chavez 2013, 25). During the COVID-19 pandemic, the Trump administration capitalised upon this narrative, using fears about asylum-seekers carrying COVID-19 across the border to create a state of exception and further restrict immigration and asylum applications from the global south, demonise Central Americans as carriers of disease, and expedite deportation proceedings (Garrett and Sementelli 2022).

This is the opposite outcome from what California openly claims to enable for undocumented migrants as a 'sanctuary state' (Passel and Krogstad 2023). California refuses to cooperate with U.S. Federal immigration enforcement and deportation strategies and has legislation protecting the rights of undocumented

migrants and extending their access to social and health-based resources (SB-5454 2017; Saito 2022). Due to this, racialisation is more visible in CAAS women's interactions with the federal asylum system than local social and health-based systems. However, as I will demonstrate below, it has become so difficult for migrants to access social and health-based services that California is unwittingly creating a culture that allows 'attrition through enforcement' to proliferate within its seemingly progressive borders.

As noted by McIlwaine and Evans (2023), to effectively critique the ways in which migrant women are excluded from different forms of infrastructure and state support, social scientists need to attend to intersectional gendered infrastructural violence to understand the ways in which marginalised migrant women navigate access to support. Feminist social scientists have described the complex systemic conditions that build upon each other to produce and maintain inequality for marginalised lives in the U.S. as an outcome of 'intersectionality', where inequalities and systems of oppression overlap within asylum seekers' lives and build upon each other to produce and maintain inequality (Bastia et al. 2023; Crenshaw 1991; Mullings and Schulz 2006). Likewise, mobility justice research recognises that capacity for mobility has long intersected with race and gender, leading to uneven mobilities for racialised, marginalised groups such as CAAS women (Sheller 2018). In the U.S., CAAS women face social exclusions due to race, migration status, language and economic standing (Castañeda 2018; Sigmund 2023), which can impede access to health-based resources (Abji and Larios 2021; Sheller and Urry 2006)–in other words, immobility caused by intersectional precarity leads to mobility injustice.

Within this landscape of intersectional precarity, it is important to note that there are times in which the precarious positionality of asylum-seeking women facilitates their ability to access other resources. There are NGOs in Los Angeles that specifically help asylum-seekers to access legal aid for their asylum cases; and in California any low-income woman who resides in the state is eligible to receive full spectrum perinatal health care under California's public health system 'Medi-Cal'–regardless of documentation status (DPSS 2021). Within this space, women can leverage their precarity as bureaucratic proof to demonstrate

that they deserve access to resources and care. These alternate pathways to care, while not comprehensive in the support they offer, can help to minimise a family's precarity by lowering access barriers–for example by providing free healthcare access, nutritional supplementation or economic support to the mother of a U.S. citizen child. However, while benefits might exist, they are difficult to find, access, and utilise due to the neoliberal logic in modern U.S. social service provision that demands self-reliance from beneficiaries, leading to a paucity of legislation that would facilitate both physical and bureaucratic mobility for marginalised groups to access benefits (Viladrich 2012).

While much has been written on the ways in which reproductive autonomy is denied to racialised migrant women by denying timely access to perinatal care and abortions (Andaya 2019; Bridges 2011; Galvez 2011) less research has focused on the ways in which migrant women are denied reproductive autonomy in parenting because of inaccessible care and support (Abji and Larios 2021; Abrego and Menjívar 2011; Ayón et al. 2018). Likewise, while there has been some crossover between mobility and reproduction in previous research, the focus tends to fall on (im)mobility around access to perinatal care or abortions (Frohlick et al. 2019; Thaddeus and Maine 1994) and less work has been published on the impact that (im)mobility has on parenting (Castañeda 2018; Muñoz 2022). Mobility justice proves invaluable in attending to these gaps in research by focusing not only on the systems of power that either facilitate or hinder physical movement for different groups, but also by highlighting 'the power of discourses, practices and infrastructures of mobility in creating the effects of both movement and stasis' (Sheller 2011, 2; Verlinghieri and Schwanen 2020). By focusing on the (im) mobilities experienced by CAAS women, it is possible to see not only how precarity can lead to (im)mobility, but also how how (im)mobility often increases precarity. This is due to the 'social constructions of gender, class, ability, ethnicity [which impact migrants' experiences] …obtaining health services and other forms of care' (Vindrola-Padros, Johnson, and Pfister 2018, 2) in Los Angeles. In the remainder of this article, I demonstrate how infrastructural violence in Los Angeles not only reproduces precarious asylum-seeking mothers as (im)mobile subjects, but also promotes reproductive injustice in parenting.

Methodology

This article is part of an ethnographic study on Central American migrant motherhood and maternal healthcare in Los Angeles County, U.S.A. From 2019-2021 I undertook participant observation and met my main interlocutors while volunteering with a local refugee centre that offered legal, community, and financial support to asylum-seeking families in Los Angeles. I attended the weekly women's support group and other community events through the centre, and I spent much of my time with nine asylum-seeking mothers from El Salvador, Guatemala and Honduras. All were awaiting the outcome of their asylum applications; and they had been in the U.S. between six months and five years.

While data collection initially consisted of in-person ethnography and focus groups, when the COVID-19 pandemic began I switched to digital data collection methods. This included semi-structed digital interviews over Facebook messenger, the phone and text message. Digital methods allowed me to continue data collection during the pandemic lockdown and made it easier for the asylum-seeking women I worked with to reach out to me privately and take their time to respond to me when they needed to. This led to a predominantly phone and text-based data collection period from mid-March to mid-September 2020, interspersed with in-person participant observation when possible.

The ethnographic case study that makes up the core of this article is based on in-person participant observation and digital conversations from the summer of 2020. I met Karla through the director of the refugee centre in February 2020. We developed a close relationship over the course of six months, and along with my eight other main interlocutors, she participated in an in-person focus group and a semi-structured digital interview with me during her time in Los Angeles. I regularly spoke with Karla as she attempted to access services and care, and eventually I drove Karla and her children to the Mexican border. Extensive fieldnotes were taken during and after all in-person and online interactions. Focus groups and interviews were recorded and transcribed by the author. All data collection with main interlocutors took place in Spanish, which was translated by the author. Analysis included coding, content analysis and narrative

analysis using NVivo. To protect the anonymity of Karla and her children I have changed their names and key aspects of their identities. However, the core details of her experience remain unaltered.

Karla's precarity and (im)mobility are not unique when compared to other asylum-seeking mothers I worked with. Other women shared similar frustrations with me about their difficulties accessing services, problems with physical and bureaucratic mobility, and fears about not being able to make a sustainable life in the United States. To better understand how these difficulties and concerns are encountered, and how they compound to make life unliveable for asylum-seeking women, Karla's case study is useful because her experience fully encapsulates the myriad themes around (im)mobility, reproductive justice and mobility justice that this article engages with. As noted by McAndrew and Warne (2005), through a single case study it is possible to better examine the system in which racialised, marginalised women live by focusing on a small number of issues that impact their lives. Focusing on Karla's story allows for a more in-depth understanding of the power dynamics she experiences and how intersectional oppression is experienced by women whose lives are made precarious by the state (Fleckinger 2023; McAndrew and Warne 2005).

Scene setting

Los Angeles County (LAC) is a sprawling mix of metropolitan and suburban communities in Southern California. With ten million residents, LAC demographics are 48% Latinx, 25% White, 15% Asian and Pacific Islander, 8% Black and 1% American Indian (Los Angeles Almanac 2023c). There is a high level of economic and social disparity between racialised groups in Los Angeles (Los Angeles Almanac 2023b), which has been linked to inequitable outcomes in birth and early childhood development (CDPH 2023b, First5LA 2020). In 2017, 64% of Latina women in Los Angeles were foreign-born, 63% experienced economic insecurity, living below 200% of the federal poverty line, 38% reported high levels of discrimination, and 25% felt that they lived in violent and unsafe areas (LACDPH-OWH 2017).

Los Angeles County is one of the main areas of arrival and settlement for

Central American migrants and refugees (Menjívar 2006; MPI 2023). As such, LAC has particularly migrant-friendly laws in addition to California state laws (LACOIA 2021). Priding itself on being a more progressive state, California's pro-immigrant policies include expanded access to education, work protections, health care and public benefits (Newsom 2021). The federal U.S. government bans undocumented migrants–including asylum-seekers until they receive official refugee status–from accessing the health insurance market and only allows them to receive free emergency health care (Healthcare.gov 2021). This exclusion continued during the COVID-19 pandemic, when all undocumented migrants were ineligible to receive federal support through the CARES Act (Ramírez et al. 2021). However, MyHealthLA offers free general health care, perinatal health care, mental health care, and other services to all low-income LAC residents ages 26-49 who are not eligible for other health insurance, irrespective of documentation status (MHLA 2023). This works in tandem with Medi-Cal, which offers health care for any person under age 26 or over age 49, and all perinatal people up to 60 days postpartum (DPSS 2021). However, families are assigned to a physician and clinic based on provider availability, not on proximity to the patient's home. Due to this, clinics can often be difficult to access, and trips to the doctor may require multiple trips or hours-long waits to receive care.

Additionally, all undocumented women and children who live in extreme poverty with income at or below 185% of the federal poverty line (USDA-FNS) are eligible for nutritional assistance through WIC, the supplemental nutrition program for women, infants and children (CDPH 2023a). WIC is available to pregnant women, postpartum/breastfeeding women and for children up to the age of five (USDA-FNS 2023). Outside of WIC, undocumented migrants themselves are not eligible for federally funded cash aid or supplemental nutritional assistance programs such as CalWorks, which offers welfare cash aid to eligible families. But they can apply for these benefits if they have a citizen or verified refugee in their family (CalFresh 2022; CDSS ND). These different regulations that justify care and support for certain migrants or their family members while others are ineligible for care causes confusion amongst Latino migrants regarding their rights to access care (Gómez & O'Leary 2018). Likewise,

many undocumented Latino migrants avoid using social services because they fear deportation or harassment by law enforcement (Abrego and Menjívar 2011; Castañeda 2018).

Karla's Los Angeles

To better understand the contradictions that cause (im)mobility in this context, it is important to see Karla's experiences as more than the outcome of unlucky situations. Teasing apart where she becomes stuck and how she becomes unstuck as she attempts to access health-based resources allows the impacts of infrastructural violence to become visible, which directly limit Karla's capacity for reproductive autonomy.

Bureaucracy

When Karla arrived in the U.S. to seek asylum, she came with her 9-year-old daughter and her partner. She was also pregnant at the time. Soon after they crossed the border from Mexico into California, Karla's partner was deported due to a previous criminal record in the U.S. which made him unable to seek asylum. Karla was left pregnant and alone with her young daughter in a strange country with no friends or family. During this time, Karla connected with the local refugee centre near where she lived in Los Angeles. This refugee centre specifically aided asylum-seeking families as they settled into their new lives in Los Angeles. Through the refugee centre, Karla gained access to an asylum lawyer and formally applied for asylum for herself and her daughter. She also gained access to mental health care from a Spanish-speaking social worker and to a women's support group for asylum-seeking mothers. The centre helped Karla apply for Medi-Cal which gave her regular prenatal care during her pregnancy and covered the cost for her son's birth.

Following the birth of her son Emilio in 2019, the centre also helped Karla apply for CalWorks and WIC, which provided Karla and her children with monthly cash aid to pay their bills and food stamps for their nutritional needs. They were eligible for these services because of Emilio's status as a U.S. citizen child of a low-income single parent, and because Karla was a breastfeeding mother to an

infant. To receive these services, Karla had to go to the CalWorks office twice a year to update her eligibility profile, which was about an hour drive away from her home. These visits necessitated her demonstrating their financial and domestic precarity by sharing proof of income and rent receipts; as well as proof that Emilio was receiving regular health care.

When the pandemic began in March 2020, CalWorks switched to digital administration. In June, Karla had to update her CalWorks eligibility profile to maintain their monthly stipend. However, she did not have access to a computer. In a state of desperation, she reached out to me for help with her bi-annual renewal. However, I could not help her complete her online form because she had misplaced some of the login information. Karla ended up taking a taxi to go to the CalWorks office, which cost about as much as she would make in one day cleaning houses, to complete the form in-person and drop off her son's vaccine card to prove their ongoing eligibility for the program. There is only one CalWorks office in LAC, which limits the accessibility of the office for those like Karla who live far away and do not drive. The infrastructure in Los Angeles is specifically built to cater to cars, with a widespread highway and freeway system that crosses 515 miles (828 km) of LAC (Los Angeles Almanac 2023a). The public transit system does not always reach user's destinations in such a sprawling city, transit often faces delays due to poor upkeep and underfunding, and there are few dedicated bus lanes to help ease traffic congestion or quicken public transit journey times (Carbajal 2022, fieldnotes).

In the end, Karla received her monthly stipend which helped buy food for her children and pay her rent. Karla was made (im)mobile in this situation by both the requirement for regular proof of her family's need/deservingness of support and the institutional expectations for at-home technology to access the CalWorks website. Although the passive infrastructural violence that necessitated Karla to either have a computer or a car to access services almost hindered her from receiving her monthly stipend, Karla was able to finally access the social support she and her children were eligible by taking a taxi she could not afford. Paradoxically, this experience increased Karla's economic precarity by using up what little money she had to reach CalWorks, lessening the positive financial

impact of the subsidy she finally received upon proving her eligibility.

Healthcare

Karla's full spectrum medical coverage ended when she was sixty days postpartum, changing her healthcare coverage to basic emergency care. However, Emilio as a U.S. citizen was eligible for full healthcare coverage under Medi-Cal. Karla's 9-year-old daughter Cristina was also eligible for full Medi-Cal coverage under California state law, but Karla did not know this and assumed that when she lost her own full spectrum healthcare that her daughter's right to care had ended too. Karla's social worker had left the refugee centre by this time, and because she worked as a house cleaner to cover her housing and living expenses, Karla did not have the time to attend many centre events to learn about her family's rights. Lacking English language skills or someone who could help her understand the Californian laws dictating migrants' right to care, Karla did not seek out further healthcare for herself or Cristina.

In early July of 2020, Emilio fell ill and refused to eat. Karla sought out care for him at the pediatrician he had recently been allocated to through Medi-Cal. Karla had never visited this new clinic, but she assumed that her son could be easily seen by the new pediatrician and took an Uber to the clinic because it was inaccessible by public transit. When Karla and her children arrived at the clinic, they were denied entry and told that because of COVID-19 they could not be seen without an appointment, and because Emilio was a new patient at the clinic, Karla could not get an appointment for him before filling out and returning a stack of forms. Dejected, Karla never found the time or money to take the paperwork back to the clinic. Because LAC is so sprawling, the time requirement to travel with public transit can take two to three times as long as the trip would take in a car. For example, it would take 75 min to go from the San Fernando Valley to Downtown Los Angeles by public transit on a Monday morning by riding two different buses. Meanwhile, the same trip would take forty minutes by car.

Emilio never saw a doctor– when his health started to improve the following week Karla gave up on the idea of having him seen. Even though both

of Karla's children were eligible to receive health care, care was inaccessible due to the immobility they faced when confronted by a lack of information about her family's eligibility for care, the public health policies that created multiple barriers to seeing a doctor, and the difficulty in reaching the clinic her son was allocated to. While her family's financial and legal precarity opened the door to Medi-Cal care for Cristina and Emilio, the bureaucratic barriers of random clinic allocation, paperwork and appointment availability and the transit barriers to reach the clinic became insurmountable for Karla to overcome as she also attempted to manage her asylum case and her financial needs.

Asylum system

In early 2020, Karla's asylum case was denied and summarily closed when Karla missed the hearing. She claimed that her lawyer had failed to give her the correct date and time for her hearing, but whether it was the lawyer's fault or her own, missing her court date was enough for the court to deny her asylum. As Torres has noted (2018), the current strict asylum regulations in the U.S. have created a culture of 'everyday restriction' as a form of deterrence against granting asylum to undesirable racialised asylum-seekers like Central Americans. Due to the active infrastructural violence of the asylum system, the outcomes of asylum cases are now greatly influenced by multiple factors unrelated to the actual case itself, such as the asylum-seeker's ability to prove that their trauma is credible, the limited access that asylum-seekers have to legal representation (Torres 2018), and apparently whether as asylum-seeker misses their first court date. The lack of effective legal counsel available to her ended up halting Karla's mobility towards documentation by denying her a fair asylum hearing. Following this event, Karla appealed for her case to be re-opened, which staved off deportation orders for a few more months. While the option to appeal granted Karla a short reprieve from deportation, it also slowed her progress towards creating a more secure life that asylum would have provided and prolonged and deepened her liminal legality, intensifying her legal and economic precarity.

Acts of 'choice'

In Mid-July 2020, Karla texted me:

> Karla: Hi Kim, yesterday they told me that they won't accept to [re]open my case in immigration. And I think they are going to give me the deportation order. I think I already decided to leave… And I wanted to see if you could take me to San Diego [to cross the border into Mexico]
>
> Kim: that's too bad, I'm so sad that you have to go…are you sure you want to go there?
>
> Karla: Yes Kim. Here I have nowhere to go. I don't have anyone.

As we messaged back and forth, I could feel the pain and the heaviness in Karla's words. She was so upset about her situation, so tired of fighting, and so tired of being alone. The exclusionary regulations of the asylum system had immobilised Karla from reaching a route to legal documentation status. This was when she made the decision to leave the United States– 'choosing' to 'self-deport' herself and her daughter and taking her U.S. citizen son out of his country of birth. She decided to try for a better life in Mexico when she felt that she had no other options available to her to create a stable life for her family.

Analysis

In Karla's case, we can see how infrastructural violence and intersectional precarities inhibit access to social and health-based services for Central American asylum-seeking (CAAS) women by dictating which services they are eligible for based on citizenship status and financial need, whether and how they can reach the places where services are offered, whether they can manage the burdensome bureaucracy to prove their eligibility, and whether they can effectively communicate with service gatekeepers once they arrive. While giving the illusion of choice, the complex system of rights and services in LAC offers CAAS women few viable options for reproductive autonomy. When the services they are eligible to benefit from are not robust enough to counteract the precarities

that impact their daily lives and allow them to effectively care for their children, it is not surprising that self-deportation begins to look like the only way forward.

As Frohlick et al. note, 'reproduction is mobile, and reproduction affects and is affected by movement of all kinds' (2019, 95). Through Karla's experience we see that the third tier of the reproductive justice framework–the capacity to birth and raise one's children in a healthy and safe environment–is impacted by asylum-seekers' (in)capacity to access resources. While Karla and her children were eligible to receive certain social and health-based resources because of both the socio-political precarities Karla faced and various laws in California and Los Angeles County, these resources proved difficult-to-impossible to reach because care was not taken by the state to see the difference between funding health-based resources and ensuring accessibility for all eligible users. Consequently, Karla's economic and legal precarity increased as she attempted to access services.

The regulations and logics embedded within the bureaucratic systems and infrastructural design of Los Angeles allow a structural blindness to the precarities faced by asylum-seekers that deepen immobility. This is specifically detrimental for asylum-seeking mothers who seek out care for themselves and their children, who do not always know what services they are eligible for and more often cannot access those resources because they are physically immobile and lack enough bureaucratic proof to overcome the regulations imposed on the benefits system. This passive infrastructural violence creates a 'second state of immobility' (Haugen 2012), in which the need to prove eligibility for state support stops asylum-seeking mothers from physically receiving care because they lack the infrastructural support to reach social and health-based services.

As noted by Cowen (2017), 'infrastructure does not simply reflect existing inequality but may engineer and entrench new forms'. Active infrastructural violence is visible within the U.S. asylum system, wherein exclusionary regulations are engineered to purposefully deny legal status to racialised asylum-seekers who cannot afford private legal support. During COVID-19 this was compounded by the federal state of exception which further restricted asylum-seekers' rights and denied them federal financial support (Garrett and Sementelli 2022; Ramírez et

al. 2021). This demonstrates how structural inequalities marginalise and exclude women from receiving legal status, directly denying them access to many social and health-based services. This exclusion deepens their precarity and forces them into a state of stasis with few options for forward movement unless they find a way to move around the bureaucratic barriers of asylum law.

While the barriers that stopped Karla from accessing social and health-based resources do not appear to follow the purposeful design of attrition through enforcement (i.e. self-deportation) per se, the outcomes are the same. The inhospitable environment created by the asylum system and compounded by a poor public transit system, inaccessible service locations and burdensome eligibility requirements make asylum-seeking women's immobility and precarity so overwhelming that they may choose mobility through self-deportation instead of continuing to seek out and fight for care and resources that they and their children have the legal right to access.

Based on Karla's story, it seems clear that these barriers to movement can disrupt the everyday reproductive care work for groups such as Central American asylum-seeking women and their ability to raise their children under suitable conditions. When a mother is unable to work enough to pay her bills, unable to access the state support she and her children are eligible for because on infrastructural barriers, or unable to prove her deservingness for the care she is eligible for, how can she be ensured a just and equitable environment in which to raise her children in the ways she sees fit?

Conclusion

While Los Angeles-based social and health-based services are established to try and reduce precarity, by viewing Karla's experience through the analytic of (im)mobility, the ways in which systems of oppression surrounding gender, race, language, economic standing and citizenship status overlap within asylum seekers' lives become visible. The infrastructural violence that Karla experiences create a situation in which she is stuck in motion–she is stopped from accessing certain resources, even while eligible to receive them. As she comes up against various barriers to care, she is constantly making moves to try and gain access.

At times she is granted access thanks to her efforts to demonstrate need and overcome her lack of reliable transportation, English language skills, and technological tools. However, at other times she cannot overcome these barriers, which leads to detrimental outcomes: a lack of healthcare, inefficient means of financial support and a denied asylum claim. This underscores the dynamic ways in which intersectional precarities for marginalised asylum-seekers are differently impacted by both the socio-political and infrastructural systems around them; as well as the social processes of everyday life that together shift the ways in which (dis)advantage is articulated and experienced across space and context for precarious people (Bastia et al. 2023).

Despite rhetoric in California calling for progressive policies and accessible care for undocumented migrants (Newsom 2021), the expectation that migrants will accept whatever care is available–wherever that might be– simply because it is affordable or free overshadows the mobility constraints and bureaucratic hoops that precarious groups must overcome in accessing this care (Bridges 2011; Galvez 2011). This neoliberal framing of care, in which recipients are expected to be grateful for whatever care is available and self-sufficient in accessing that care, creates more barriers than it removes for marginalised asylum-seekers. Additionally, the 'Latino threat narrative', the slow and underfunded asylum system, the state of exception during COVID-19, and the neoliberal logic of the U.S.'s limited welfare state have suffused the national sentiment and state-level policies to police, intimidate, mistreat and deny care to racialised, marginalised asylum-seeking populations, furthering their stuckness and leaving them with few options to survive and thrive within the United States.

Some of these barriers are intentional, such as those in the federal asylum system that are purposely enacted to deny asylum to racialised asylum-seekers. Meanwhile, local barriers appear to be caused by accidental oversight of the barriers that gendered, marginalised asylum-seekers face when attempting to access services. As active and passive forms of infrastructural violence, these 'processes of marginalization, abjection and disconnection' (Rodgers and O'Neill 2012, 403) are entrenched and sustained throughout the health and social service infrastructure in Los Angeles, resulting in an intersectional landscape of

exclusion from social and health-based services.

Conversely, by following Karla's experiences of being 'stuck in motion' (Castañeda 2018) as she attempts to navigate Los Angeles neoliberal benefits schemes and the inaccessible infrastructure system we see that sometimes the precarious positionalities that CAAS women experience open new pathways to help them access specific resources. Through Karla's story we see how CAAS women can mobilise their recognised precarious positions as bureaucratic proof (i.e. pregnancy, mother to a U.S. citizen child, asylum-seeker) to access a modicum of healthcare, food and financial support for themselves and their children. But when this fails to mitigate Karla's precarity enough to ensure her family's survival, Karla chooses self-deportation to a third country instead of continuing to suffer from the structural violence in the U.S. to try to build a less precarious life in Mexico.

However, I would question whether this is really a choice at all– if the infrastructural violence perpetuated in Los Angeles serves to further asylum-seeker precarity and immobility within the United States and pushes migrants to self-deport, despite the welcoming and supportive façade of inclusive legislation, then where is the choice between remaining and taking part in a violent system versus fleeing new and varied forms of infrastructural violence? If we want to speak of choice, then it appears that Karla's only 'choice' was to mobilise her small social network to facilitate self-deportation and allow her family to decide how, when and where they would exit the violent context of liminal legality in the United States. To truly promote reproductive justice in parenting for marginalised groups, it is necessary to be aware of the ways in which mobility justice and reproductive justice intersect. It is necessary to look beyond the black and white division of deservingness and de facto acceptance of exclusionary systems and call out all forms of infrastructural violence to 'protect and reclaim the shared mobility commons' (Sheller 2018, 169) and oppose the systems of power that deny access to spaces, services, agency and dignity to the most marginalised in society to achieve reproductive justice.