

Migration in the Darién Gap: global bioethics and ethics of care

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Abstract

This article analyzes the Darién Gap transit migration phenomenon. It traces the current relevance of discussions on this phenomenon in recent academic literature, questions the lack of analysis of this issue from a bioethical perspective, and proposes including, to that end, the global bioethics and ethics of care assumptions. From this perspective, three development stages are established. Initially, the text characterizes the Darién jungle transit migration phenomenon based on the academic literature and non-governmental organization reports. Subsequently, it analyzes global bioethics and, in particular, the “acceptable survival” and “planetary sustainability” notions as a possible approach to dealing with transit migration. Finally, it addresses several ethics of care assumptions, especially of the relationality and vulnerability categories, which would also integrate the analysis of global bioethics.

Keywords: Human migration. Ethics. Bioethics. Sustainable development. Social vulnerability. Survival.

Resumo

Migração no Darién: bioética global e ética do cuidado

Este artigo analisa o fenômeno da migração em trânsito no Tampão de Darién. Identifica a atualidade da discussão desse fenômeno na literatura acadêmica recente, questiona a falta de análise dessa questão a partir de uma perspectiva bioética e propõe incluir para isso os pressupostos da bioética global e da ética do cuidado. A partir dessa perspectiva, estabelecem-se três momentos de desenvolvimento. Inicialmente, o texto caracteriza o fenômeno da migração em trânsito na selva do Darién a partir da literatura acadêmica e de relatórios de organizações não governamentais. Posteriormente, analisa a bioética global e, em particular, as noções de “sobrevivência aceitável” e “sustentabilidade planetária” como uma possível abordagem para lidar com a migração em trânsito. Finalmente, aponta vários pressupostos da ética do cuidado, especialmente das categorias de relacionalidade e vulnerabilidade, que também integrariam a análise da bioética global.

Palavras-chave: Migração humana. Ética. Bioética. Desenvolvimento sustentável. Vulnerabilidade social. Sobrevida.

Resumen

Migración en el Darién: bioética global y ética del *care*

Este artículo analiza el fenómeno de la migración en tránsito en el Tapón del Darién. Identifica la actualidad de la discusión de este fenómeno en la literatura académica reciente, cuestiona la falta de análisis de esta cuestión en una perspectiva bioética y propone incluir para ello los presupuestos de la bioética global y la ética del *care*. En esta perspectiva, se establecen tres de momentos de desarrollo. Inicialmente, el texto caracteriza el fenómeno de la migración en tránsito en la selva del Darién a partir de literatura académica e informes de organizaciones no gubernamentales. Posteriormente, se examina la bioética global y en particular las nociones de “supervivencia aceptable” y “sostenibilidad planetaria” como un posible enfoque para abordar la migración en tránsito. Finalmente, se señalan varios presupuestos de la ética del cuidado, especialmente de las categorías de relacionalidad y vulnerabilidad, las cuales también integrarían el análisis de la bioética global.

Palabras clave: Migración humana. Ética. Bioética. Desarrollo sostenible. Vulnerabilidad social. Sobrevida.

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Current relevance, global bioethics and ethics of care

The transit migration phenomenon is not new in Latin America. However, the most prominent recent cases in the academic literature have been migration between Mexico and the United States, Venezuelan migration, and, to a lesser extent, the experience of migrants crossing the Darién Gap. These cases are often analyzed in disciplines such as migration studies, public health, human rights, gender studies, sociology, anthropology, geography, political science, and ecology.

In particular, public health, gender studies, psychosocial, and human rights approaches are prevalent as analytical perspectives adopted to characterize the experiences of migrants in this situation. As for the analytical categories, the most notable ones are violence, security, vulnerability, health and migration policies.

We note the low number of studies on transit migration from a bioethical perspective, usually with a public health and law orientation. Analyses with a global bioethics orientation that directly address transit migration are almost non-existent; it is quite significant not finding studies addressing this complex phenomenon from a joint perspective integrating assumptions of ecological ethics and ethics of care and its emphasis on vulnerability as global bioethics can do.

But why would the issue of human trafficking and illegal migration in the department of Chocó in Colombia be the subject of analysis of global bioethics and ethics of care?

Global bioethics, as “macrobioethics,” addresses the global issues of humanity from the perspective of ecological ethics, the articulation between bioethics and biopolitics, global justice and the possibility of a worldwide civic bioethics¹. However, to what extent is it possible to speak of “planetary sustainability” or “acceptable survival” when millions of lives around the world are in a situation of vulnerability? How does global bioethics understand the specific vulnerability of a group of people?

In turn, the ethics of care assumes as a foundation the fundamentally interdependent

and vulnerable character of the individual. It is a relational ethics structured by attention, disposition and care for others, with a clear feminist orientation that claims the role of women and how they conceive morality and exercise care through a disposition (care attitude). However, this ethics is not focused solely on considering the role played by women, but rather on analyzing how is the articulation of practices, dispositions, collectives and institutions capable of renewing the social bonds so decimated by capitalist and neoliberal political and economic management of societies in the 21st century².

From this perspective, we question: to what extent can the ethics of care be integrated into the analytical framework of global bioethics to promote planetary sustainability, especially in the context of political, economic, ideological and social challenges at the global level? And how does the migrants’ vulnerability and necessary attention/care allow us to situate and broaden the scope of contemporary global bioethical reflection?

Accordingly, our working hypothesis indicates that integrating the fundamental principles of ethics of care into the context of global bioethics reflection enables establishing a crucial connection between attention to/care for vulnerability and planetary sustainability. As attention to and care for vulnerability increases, there is increased likelihood of moving towards planetary sustainability.

This hypothesis is based on the premise that the ethics of care, with its focus on interpersonal relationships, responsibility towards others and attention to vulnerability, not only broadens the context of bioethical analysis, but can also significantly influence practices and policies that promote planetary sustainability by considering more broadly the complex interactions between human beings and their natural, social and technological setting.

To address this hypothesis, we propose a development route structured into three stages. Initially, we characterize the phenomenon of the so-called “migratory crisis” or “humanitarian drama” in the Darién Gap. This section seeks to analyze the main issues of the phenomenon

and, in particular, to note the limited scope of the usual approaches. Subsequently, we address several global bioethics assumptions in relation to the immigration issue, especially the “acceptable survival” and “planetary sustainability” notions proposed by Van Rensselaer Potter.

Finally, the relationality and vulnerability categories of the ethics of care are analyzed as possible analytical vectors that would enable situating and expanding the implications of the global bioethics approach, considering the transit migration experience addressed in this article.

Migration

Transit in the Darién Gap

The West is one of the world regions that have undergone the most changes in migration flows and patterns in the last fifteen years. Especially, Latin America and the Caribbean have seen a significant increase in migration between countries in the region since 2010 due to the effects of climate change and various economic and socio-political crises.

According to the International Organization for Migration (IOM), in 2020, 11 million international migrants residing in Latin America came from countries in the region itself and migrant groups such as Venezuelans *represented the second largest population of cross-border displaced people in the world, after Syrians*³ with 4 million displaced compatriots not officially recognized as refugees. In addition, the caravans of thousands of migrants, mainly from Honduras, Guatemala and El Salvador, that cross Central America are another migratory dynamics in the region.

However, the transit migration phenomenon, that is, that understood as *the temporary stay of migrants in one or more countries, with the objective of reaching another definitive destination*⁴, seems to have been deprioritized in the political and governmental agendas of the region. In Colombia, for example, this phenomenon was overshadowed by the impact of Venezuelan migration and the escalation of armed conflict in several regions of the country, despite the increasing national media visibility of the striking

images of thousands of migrants concentrated on the beaches of Necoclí and Capurganá, or the dramatic stories of human remains and dying migrants found on makeshift trails in the Darién jungle.

In fact, the Darién region, a dense jungle area shared by Colombia and Panama that interrupts the Pan-American Highway and divides Central and South America, is a mandatory passage for thousands of migrants seeking to reach the United States by land. These are migrants from several countries in the region, mainly Haitians, Cubans, Chileans and Brazilians, followed by Asians and Africans (Congo, Ghana, Senegal, Bangladesh, Uzbekistan). The route of these migrants starts from Brazil and Chile and necessarily transits through Bolivia, Peru, Ecuador and Colombia, where these people encounter the imposing natural barrier of Darién⁵.

Migrants face various risks and threats: this is a dense, hot and humid tropical forest, where complex flora and fauna ecosystems coexist, delicate in their balance, challenging the physical and mental well-being of hikers. The 100-kilometer crossing is imposed as the only option due to visa restrictions.

The increased border security, the economic uncertainty to face regular displacement and the lack of alternative legal routes⁶, and the lack of basic services such as drinking water, shelter and primary medical care *lead to a situation of extreme vulnerability*⁷, in addition to food insecurity; the presence of criminal gangs, paramilitaries and traffickers in the region resulting in situations of violence, theft, sexual abuse of women and minors, extortion, kidnapping, drug trafficking, human trafficking, murder and forced disappearance; the disintegration and separation of family nuclei due to the difficult route and the intervention of migratory agents⁸, who can temporarily detain and deport migrants, all in deplorable conditions of overcrowding and disrespecting international agreements and treaties; the discrimination and xenophobia to which migrants are constantly subjected, language and cultural barriers, among other issues.

An aggravating aspect is that the regions of Urabá and Darién are historically characterized by

a weak institutional presence of the Colombian State⁹, deficient coverage of basic services, deficit of road infrastructure, and its social fabric, composed mainly of Afro-descendants from the Caribbean and Atrato, Emberá, Katio, Tule and Zenú indigenous people, Rom and mestizo communities, which since the 1990s have been weakened by the intensified armed conflict¹⁰.

In turn, loopholes in migration legislation, historically geared toward Colombians abroad, and the armed conflict in the regions of Urabá and Darién, particularly associated with disputes over territories and routes for moving drugs and migrants, have contributed to the rise of “illegal economies” whose main actors are armed groups and residents of the region. In this sense, a controversial *New York Times* article features the “Darién migratory industry” as a lucrative business for the inhabitants and armed groups of the region, such as the Gulf Clan, whose profits reach 30 million dollars annually from migrant trafficking; the boat trip to reach the rainforest costs 40 dollars; a guide to accompany the hiker on the dangerous route, 170 dollars; someone to carry the backpack in the muddy hills, 100 dollars; chicken with rice after a day of arduous climbing, 10 dollars; special all-inclusive packages so the risky endeavor is faster and more bearable (with tents, boots and other basic items), 500 dollars, or more¹¹.

This “beautiful economy” that paradoxically solves some of the basic needs of the inhabitants of the regions of Urabá and Darién shares links with a “criminal governance”¹² that is configured by the actions of paramilitaries, guerrillas and other illegal organizations that profit from illegal mining, drug trafficking, arms trafficking and the extreme vulnerability of migrants.

It is notable how the World Bank outlines an overview of migrants and refugees around the world in 2022, while ignoring the complex economic logics behind the illegal migration business, but mostly ignoring the real drama behind the migration phenomenon.

The document in question analyzes migration as a necessity for all countries, that is, as a response to global crises and imbalances. According to its view, it presents only one aspect of migration, that of

a labor economy centered on the correspondence between the skills and attributes of migrants and the needs of destination countries; those who lack the skills and competencies or who cannot prove their refugee status are considered cases of “unfavorable migration,” a euphemism to refer to unwanted migrants¹³. The migrants’ humanity and condition of vulnerability cannot be reduced to an equation of correspondence between economic costs and benefits.

Another transit migration-related aspect has been the poor and ineffective media coverage of the phenomenon, especially in the national press and television. Accordingly, Angulo notes that *the media has been inconsistent in its denouncement of the State’s lack of interest in transit migration in the regions of Urabá and Darién. Their denouncements appear only when there is public awareness of tragedies such as the sinking of boats carrying migrants to Panama or when criminal groups take advantage of the migratory phenomenon*¹⁴.

Colombia’s current regulations are insufficient as to transit migration (Comprehensive Migration Policy, PIM; National Migration System, SNM; National Intersectoral Migration Commission), except for Decrees 2,353 of 2015 and 1,495 of 2016, geared toward serving this migrant population through the issuance of a Temporary Transit Entry and Stay Authorization.

Given the institutional deficiency of the Colombian State and the reduced international cooperation, several studies indicate the lack of efficient coordination frameworks and the necessary implementation of effective public policies, such as the triple humanitarian nexus approach, which seeks to integrate the humanitarian response with sustainable development and peacebuilding measures¹⁵; the creation, based on instruments and regulations, of a socio-ecological migration corridor to conserve the biodiversity of the Darién Gap¹⁶; and environmental literacy education as a strategy to improve communication between migrants and employees at border points¹⁷.

On our part, in the following sections we propose some global bioethics and ethics of care assumptions to consider the transit migration

phenomenon from an interdisciplinary perspective, without restriction to the usual legal, governmental and humanitarian approaches.

Global bioethics

Acceptable survival and planetary sustainability

The contemporary bioethical reflection has been partially marked by a principlist and prescriptive medical-clinical understanding that is materialized in bioethics experts, committees, and patient defense mechanisms, such as informed consent. This understanding is the first that appears in the approach of the media and some politicians to issues such as abortion, euthanasia and genetic research. However, bioethics is much more than medical ethics applied to the field of health sciences and its biological understanding of life.

In the 1970s, American biochemist Van Rensselaer Potter proposed the “bioethics” category as a broader approach than that of medical ethics to the issues posed by the power of scientific and technological progress in medicine and health care. According to Potter, bioethics is a novel and interdisciplinary approach, a bridge to the future, a bridge between science and values, nature and culture, the human and the natural; it is a new type of rationality, a new wisdom that connects the natural sciences with the human sciences to ensure the survival of humankind and of the biotic and abiotic systems on which it depends. It is a *science of survival, certainly the prerequisite for improving quality of life*¹⁸.

This initial understanding of bioethics reaffirms the relational nature of the human being and the dynamic and interdisciplinary nature of the type of knowledge needed to guide their practical action toward survival.

In the late 1980s, Potter emphasized the global nature of bioethics, in the sense that it proposes a comprehensive, unified and integral approach, with a worldwide (planetary) scope, to a series of issues that threaten the long-term survival of the species and of the planet.

In particular, he describes the type of survival addressed by global bioethics.

The mere survival that presupposes food and shelter and serves to characterize pre-industrial societies; the miserable survival inherent in the forms of exclusion of a large part of the world population that does not have access to the benefits of industrial societies; the *irresponsible survival*, counterpart of the previous one, which refers to a socio-cultural way of life that is unsustainable and economically devastating for the planet; the idealistic survival in which people cannot reach universal agreement on the components of an ideal survival; and the *acceptable survival* for the dignified and acceptable long-term sustainability of humanity and the earth, which can only be achieved through a bioethical relationship between human beings and biotic and abiotic systems¹⁹.

In this sense, a definition of global bioethics was indicated in an earlier phase of this research as a novel “territory of knowledge,” which arises amid the current epistemological revolution, with the transformations of techno-industrial societies and the insufficiency of the previously existing morality, to face the epistemological and ontological changes of the human condition and thus “ensure an acceptable survival” for humanity and a sustainable life for the planet²⁰.

In clear opposition to the notion of “sustainable development,” “acceptable survival” presupposes a long-term concept with a “moral constraint” that is incompatible with perspectives that reduce the human and social to “economically sustainable growth” or to the technologically desirable for “developing countries.” According to Potter, *sustainable development is an anthropocentric term: the human species is the center of attention without a balance between present and future. Traditional anthropocentrism results in human overpopulation and the progressive extinction of species*²¹.

For global bioethics, the only acceptable and sustainable option would be global survival, and any economic decision, in this sense, should be subject to a global bioethical matrix in which individual interests and the exercise of individual freedom cannot go against the care of the biotic

and abiotic community of the Earth in which man is situated and on which he essentially depends. Despite criticism of sustainable development and of the scientific and economic ideal of progress, Potter does not develop very much his idea of “planetary sustainability.” However, it is not difficult to perceive that it has no relation with sustainable progress over time linked to consumption and economic development.

Consistently, current research does not hesitate to integrate alternative proposals into global bioethics, such as ecodevelopment and environmental rationality, to think about a bioethical paradigm of sustainability for humanity in general.

Globalization, in the Anglo-Saxon sense, or mundialization in the francophone sense, understood as a complex set of social processes with multiple dimensions in which interdependencies and social exchanges are created, extended and intensified worldwide, poses theoretical and practical challenges that enable the development of global bioethics today²². From this perspective, we question: what determines the global nature of a problem? And why would this global issue be the subject of analysis and intervention by global bioethics, as in the case of transit migration in the Darién Gap?

Bioethicist Henk Ten Have notes several characteristics that determine whether an issue can be considered as global: 1) worldwide scale, because the issue is not located in a specific space; 2) interconnection, because it is often associated with other issues; 3) persistence, because the issue usually evolves over time, which requires a perspective of sustained cooperation and global practices; 4) general scope, because it is not an issue only for a group of patients or countries, but for everyone; and 5) need for global action, because it cannot be solved by separate bilateral actions, but by collective actions guided by a sense of community and solidarity²³.

As for the bioethical nature of this global issue, there are two criteria: 1) they have specific relevance to human life and health; and 2) addressing the problem represents a regulatory challenge. Finally, globalization and the marked interconnection of its issues

have two qualities that define its processes: 1) the mobility of its dynamics, with no restriction to territories, subjects or commodities; and 2) the interdependence of the elements that constitute the phenomenon.

Transit migration in the Darién Gap is a global bioethical problem, since this phenomenon occurs simultaneously in many places in the world (Darién, Lampedusa, Passo de Calais, Mediterranean); it is clearly related to multifactorial and interrelated dynamics, such as environmental phenomena, economic and political crises and armed, territorial and religious conflicts; it has persisted over time and intensified, at least in the Andean region and West Africa, in the early 21st century; it affects—albeit not to the same extent—several regions of the world; it overloads unilateral governmental approaches due to its multifactorial and interrelational nature; its specific relevance lies in the extreme violation of human lives and of the various forms of non-human life, as well as of the Earth’s abiotic communities, of the ecosystems; the cultural collections, languages and intangible practices of many peoples and communities are rendered vulnerable, hence the enormous regulatory challenge to tackle the issue; the dynamics of mobility and interdependence are particularly notable.

Ethics of care: relationality and vulnerability

In the 1980s, in Reagan’s North America, the ethics of care arose as a way of questioning the limits of morality imposed by a system of male domination that excludes the voice of women, especially a disposition of their way of thinking about morality, which, in turn, materializes in practices, roles, collectives and institutions. There is not, in the strict sense, one ethics, but a variety of ethics of care that respond to the interests of their authors; an element in common could be the consideration of the existence of a *caring attitude*, that is, *a way of renewing the issue of social bonding through attention to others, the “care,” the “mutual care,” the solicitude or care for others*²⁴.

Carol Gilligan's work *In a Different Voice* is considered one of the primary sources of this perspective that assumes care as a new framework of intelligibility to ethically approach social and political issues through a "different voice." Gilligan questions the exclusion of women as a methodological problem that is recurring in the moral development theories of Piaget and Kohlberg. The latter focuses his research on the formal aspect of moral judgment, that is, its reasoning structure, and, to this end, explores the resolution of a conflict between two moral norms by means of dilemmas proposed to adolescents.

In one of these dilemmas, an individual named Heinz wonders whether or not to steal a medicine he cannot buy to save his wife's life. Jake, a boy, answers without hesitation that he should steal it. Kohlberg argues that Jake's answer indicates that he abandoned the previous stages of moral development that reside in the subjects' needs to think according to principles of justice based on social conventions. In turn, Amy, a girl, suggests that Heinz discuss the situation with the pharmacist and inform him of the urgency of the situation and his possible responsibility in the face of it. Based on Amy's answer, Kohlberg believes she remains in the early stages of moral development and has a naive conception of human relations due to her cognitive immaturity. Ultimately, she cannot reason according to a conception of justice that allows her to examine the facts; she understands the moral problem as a narrative of human relations²⁵.

Gilligan argues that the point is not so much thinking in terms of degrees or stages of evolution, following the ideas of Jake and Amy, but rather considering the differences at stake that arise from two quite distinct types of morality: a predominant ethics of justice based on the liberal subject of law and an ethics of care centered on shared responsibilities and human relationships, silenced by a gender prejudice in psychological theories of moral development. According to Gilligan, *seeing a world composed of relationships rather than isolated people, a world whose cohesion occurs through human connection rather than a system of rules, [Amy] discovers that the conundrum of*

*the dilemma lies in the pharmacist's inability to respond to the needs of Heinz's wife*²⁶.

Far from falling into a substantiation of women, the ethics of care proposes a new form of feminism that claims the different moral voice of women, an ethics of responsibility that underlies the way women elaborate their moral judgments, exercise care, and that is assumed as the counterpart of responsibility, understood as a matter of rights. In this sense, a first level of argumentation for the ethics of care is related to the singularity of the voice of women, who usually exercise care, and the necessary affirmation of gender inequalities.

The ethics of care affirms that care activities, hidden and trivialized most of the time, must be recognized as an essential condition of economic activity. These activities carried out by a vulnerable population (women heads of households, undocumented immigrants, informal workers, older adults, ethnic minorities) enable some to implement their *homo oeconomicus* project dictated by the neoliberal creed.

A second level of argumentation of the ethics of care is related to the care of vulnerability and major dependencies. In contrast to individuals who preach rational egoism, this ethics reaffirms the relational nature of the self and assumes it as an issue of primary dependence and interdependence of the subject. It is a new anthropology and ontology whose assumption is the recognition of all forms of vulnerability (vital, social, environmental); *the theory of care is elaborated first of all as a relational ethics structured by attention to the other. No human being can be self-sufficient, as, for being fundamentally vulnerable and interdependent, individuals need, at some point in life, relationships for protection, help for development, treatment of dependence; however, these relationships are ignored, trivialized or disregarded*²⁷.

In *Moral Boundaries*, Joan Tronto questions the association between care and women due to its historically and empirically erroneous nature, as well as due to its political unfoundedness. Rather, she shows that care is a core activity of human life that is not restricted to the morality of women, but challenges the very nature of human interdependence in its openness to the

otherness of the world. Thus, she defines care as a *specific activity that includes everything we do to maintain, continue and repair our “world” so we can live in it in the best possible way. This world includes our body, we ourselves, and our surroundings, all of which we seek to intertwine in a complex web that sustains life*²⁸.

According to the philosopher, care is not restricted to human interaction, but it is necessary to care for everything with which we interact; care is not exhausted in a dyadic relationship (mother-child, for example); it can vary in different cultures; it is characterized by being a single activity or by describing a process, *care is both a practice and a disposition*²⁹.

Fabienne Brugère establishes, consistently, two registries in which the ethics of care oscillate, which are associated with the meanings of “solicitude” and “care” and which are part of the terms in English *care* and in French *soin*, and their inflections *disposition* and *solicitude*, respectively. On the one hand, as solicitude and disposition, care refers to the capacity to *care about others and to the particular behavior that consists in caring about other people identified by a very marked need or vulnerability*³⁰.

On the other hand, as a practice and activity, care refers to *the set of social practices or activities that problematize both the fact of providing care and the fact of receiving care*³¹.

From the perspective of practice, Tronto conceives four interconnected phases in the care process: 1) “*Caring about*” implies recognizing that care is necessary as a result of identifying a need and assessing whether this need should be met; 2) “*taking care of*” means accepting certain responsibility for the identified need and establishing how to respond to it; 3) “*care-giving*” demands directly meeting the care needs, requires physical effort and a direct relationship with that which is being cared for; and 4) “*receiving care*,” final phase of the process in which care responds to the care received, the only way to know if the needs were met³². Attention, responsibility, competence and responsiveness *constitute an ethical grammar of the act of care, the good care*³³.

Finally, a third level of argumentation of the ethics of care is related to a critical reflection on the

possibility of public policies adapted to these new regimes of protection of individuals and promotion of real equality between men and women. Thus, the ethics of care is also a policy that implies a “sensitive democracy,” which associates the vulnerable and interdependent subject of needs with the subject of rights and its theory of justice, and which seeks the reform of the welfare state as a reconsolidation of public policies that result in a “rule of care.”

Final considerations

Given that the most common theoretical approaches are insufficient to analyze the transit migration phenomenon and the main criticisms that can be formulated against them (their excessive abstraction of the phenomenon and their reduction of the complexity of the human and ecosystemic drama to theoretical and technical variables, the scarce attention to the diversity of migratory contexts and trajectories, the lack of interdisciplinary perspectives to formulate a holistic and comprehensive analysis and their implicit biases, as observed in the World Bank report), we consider that an integrative reading of the global bioethics and ethics of care assumptions is politically urgent currently.

In order not to incur these criticisms, bioethics should become global, in the sense of a complex and relational knowledge that proposes another understanding of the human, the living³⁴, the natural, the cultural, the animal in pursuit of planetary sustainability (with the biotic and abiotic communities that inhabit the planet) and acceptable human survival. Thus, issues such as transit migration are part of a renewed global bioethics agenda that includes in turn other issues such as the migration of hundreds of health care professionals to countries with leading economies, climate change³⁵, the commercialization of research, medicine and ethical review, the major disparities in health care systems in the region, health tourism, food security, unequal access to treatment and care, and the exploitation of vulnerable populations, among other issues.

Affirming that transit migration in the Darién Gap is a global bioethical issue implies, then,

considering it from a normative perspective with legal, ethical, political and social implications for individuals, collectives and institutions that must give attention to/care for it, that is, not only the Colombian and Panamanian States or international humanitarian aid organizations, but all of us as members of a same species and inhabitants of a same planet, and even more so of a same territory and a common symbolic and linguistic community called nation.

Migrant suffering, human rights violations, irreparable environmental damage, social and cultural deterioration, moral degradation, and illegal economies around migration are all part of a global bioethical issue that we should address as individuals and as society; an issue that has no relation with clinical protocols or codes of ethics, but rather with the fundamentally interdependent and vulnerable nature of the subject.

The ethics of care provides valuable elements to enrich this global bioethics perspective and situate it in a real context of vulnerability and interdependence; in addition, it enables observing that between disposition and activity, between solicitude and care, it does not refer to good intentions, charity or simple philanthropy, much less to “corporate social responsibility” campaigns or ideological agendas that favor or abandon even more transit immigrants without documents.

It refers to recognizing that, in addition to being subjects of rights, we are vulnerable, dependent and interdependent subjects that, at any moment of our existence, due to different circumstances, can experience different types of vulnerability. In addition, there are subjects who are fundamentally vulnerable and dependent and who need our care and the institutional care that the State and civil society can offer. In short, care dispositions and practices imply a form of intersubjective relationship that cannot be reduced to the logic of market economy.

The migrants' condition of vulnerability and dependence in the Colombian-Panamanian jungle can be analyzed as the intersection of different forms of vulnerability. Migrants are in an irregular situation in the territory and are treated as undocumented, subject to a vague

legal system because they are not Colombian citizens, subject to suspicion of having a criminal record, are presented by the media and right-wing political parties to public opinion as a threat to national security and economy; they have restricted access to fundamental rights such as health care, education, housing and, ultimately, to real possibilities for social integration, both in the transit countries and at their final destination; in this there is a convergence of: a psychic-physical vulnerability that increases with the harsh conditions of the crossing and the lack of timely and dignified medical care; a legal and political vulnerability concerning their fundamental human rights or their transient migratory status, a social vulnerability because they are marginalized and excluded wherever they transit; and a moral vulnerability derived from not being recognized as human beings, but rather as potential clients and threats.

However, this phenomenon also involves other types of vulnerability, such as that of non-human life forms, that of the biotic and abiotic systems that inhabit the Darién jungle, that of the complex immaterial cultural systems that are degraded and lost due to the dynamics of human and cargo movement that threaten the Amerindian and native communities of the Darién region, a vulnerability even of humanity itself, which loses its character of rational arrangement by allowing hundreds of people to die year after year as an impassive spectator of its own infamy and decadence.

Therefore, the transit migration phenomenon is a global bioethical problem that radically challenges the type of human survival we currently face as a result of dynamics such as globalization and the exacerbation of the liberal economy and politics in the world. From this criticism of the deplorable ways of life to which a large part of the world's population is subjected, derives the impossibility of affirming any form of planetary sustainability (ecological, economic, technological, etc.); global bioethics can make it a *leiv motiv* to think of a non-prescriptive critical orientation that allows it to occupy a transdisciplinary place.

Further research could still address several remaining aspects, especially the type of

disposition/solicitude necessary to take care of the forms of vulnerability present in the transit migration experience. This disposition is the result of a moral resolution, but it can also be the result of a progressive transformation, of a tendency acquired through a “virtuous circle”³⁶ in which the social recognition of care and the institutions, practices, roles and crafts in which it is involved can be educational to introduce a dimension of reciprocity in care: only subjects who recognize their own dependence and vulnerability can give attention to and take care of the other, for the other.

Similarly, concerns have arisen about the type of attention and care institutions and practices necessary to respond to the types of vulnerability present in this experience, particularly the need to create new institutions and collective practices oriented toward the comprehensive care of migrants, prioritizing a psychotherapeutic, physical and spiritual approach, but also an ethnic and gender approach that enables them to recover their own autonomy. These types of institutions and practices become more complex to determine as care extends to environmental, animal, and ecosystem vulnerability.

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Sergio Néstor Osorio-García led the research project, directed the conceptualization and managed the funding of resources for the execution of the article. In addition, he planned, coordinated, and executed the research. Finally, he assisted in the creation and structuring of the article, as well as in the critical review of the final version. In turn, Nelson Fernando Roberto-Alba participated as co-researcher, conceived and formulated the initial drafting of the article and contributed to its general structure together with the project leader. In addition, he performed a critical and creative review of the final document.

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