

**BORDER CROSSING OF MIGRANTS, ITS SOCIAL JUSTICE IN ISLAMIC HISTORY: A
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Since the September 11 terrorist attack in the United States of America in the year 2001, there has been increasing interest in Islam, Islamic history and civilisation, the Islamic scholarship and heritage, and inter-faith dialogue. Many researchers and philosophers have concentrated on the large number of Muslim migrants and refugees in Western countries (particularly in Europe), the process of assimilation, and the effect an increased Muslim population has had on countries. The migration of Muslims to Europe has been a very popular topic, and hundreds of books, research and articles have been written regarding that. In contrast, there is minimal writing on the social justice of migrants in transnational affairs in Islam. There is a considerable amount of literature on social justice in Christianity and the relationship between social justice and migration. For instance, there are numerous studies available about the response of Christian faith-based organisations, missionaries and crusaders in response to refugee and migration crises. But this research explores borders, migration and social justice in Islamic civilisation history. Firstly, the research will look into the significant migration that occurred in Islamic history and also examine the foundation of social justice in Islam; also, this research will look at ideas of transnational affairs in assisting Muslim migrants and refugees. It is designed that this research is going to adopt the qualitative style of research in all its approaches.

Introduction

The most significant and dynamic period of migration in Islam is known as *Hijrah*, the time when the Prophet and his companions travelled from Mecca to Medina in 622 C.E. The Prophet Muhammad publicly preached Islam for over a decade. In response, the Prophet Muhammad and his followers received numerous amounts of threats from protestors and pagans. Some of his followers were significantly abused, oppressed, tortured and even killed. Eventually, the amount of violence and prosecutions reached a peak, and the Prophet Muhammad instructed his companions to travel from the city of Mecca to Medina. When he learnt there was an attempt to kill him, he contacted his close ally, Abu Bakr and planned a religious journey to Medina. As the persecutors searched for him, the Prophet and Abu Bakr found refuge in a cave near Makkah. The proposed Hijra signifies a new beginning in Islam; the year of the Hijra was designated the first year of the Islamic calendar, symbolically the “beginning” of a new Islamic time. When the Prophet travelled from Mecca to Medina, it was not a last-minute decision to flee in desperation; rather, it was a carefully thought-out plan by the Prophet, designed so that he and his followers could start a new and fresh life. Earlier, the leaders of powerful tribes in Medina had invited the Prophet to settle down there and informed him of the opportunities that existed in Medina. Those who travelled with the Prophet among his followers during the migration were called *Muhajirun*, and those who were the hosts in Medina were called *Ansar* (Helpers).

Migration and Transnational

A researcher and a philosopher who is an anthropologist, John R. Bowen researches the comparative social studies of Islam across the world and offers a unique analysis of the relationship between Islam and migration. In *Beyond Migration: Islam as a Transnational Public Space*, Bowen argues, “Transnational Islam creates and implies the existence and legitimacy of a global public space... of a debate, and that space cannot be reduced to...migration or transnational religious movements. Bowen breaks down migration into two categories: firstly, movement across borders for social or economic reasons, and secondly, tied to religious practices. Bowen cites the *Tabligh Jama'at* movement as an example of migration tied to religious practices. This *Tabligh* movement originated from India/ Pakistan and sends missionaries around the world to convince Muslims to return to what they believe is the right practice of Islam. Another group that migrated for religious purposes are the Sufis, whose devotion is to living and dead saints. Bowen refers to these groups because he believes that, oftentimes, when research is conducted about Islam and transnationalism in Europe, there is a focus on groups whose migration is directly tied to a religious purpose. Bowen believes that migration and Islamic movements have played an obvious role in developing a Muslim presence everywhere. Islam’s transnational public space is beyond migration, in that it is dependent neither on specific migration patterns nor on activities of particularistic

transnational movement. This space has existed since the beginning of the Islamic era, and long before it extended to Europe, it regularly defined and developed debates and references among scholars and public figures. There is a distinct overlap between the beliefs in Islam and social justice. Islamic practices are not limited to boundaries and places; there was an advocacy of the idea for a return to a society during the time of the Prophet, a time when everyone lived according to the teachings of Islam and the practice of Muhammad. However, Bowen points out that there is a transnational public space in which Muslims from all over the world are trying to assess the role of Muslims in the Western sphere. Even this space is indeed limited since Bowen only as the role of Muslims in the Western sphere without assessing the role of Muslims in Islamic nations. However, he does so because his focus is on the migration of Muslims from Islamic nations to non-Islamic nations. The fact that this transnational space exists signals that Muslim migrants are not easily going to give up the universal nature of Islam; rather, they are working to maintain the unity and divinity that defines Islam.

Response of Faith-Based Organizations in Phenomenon Contexts of Forced Migration

Faith-Based Organisations (FBOs) have worked globally for decades, reaching some of the world's most abandoned people and also in remote areas. Researchers and philosophers have only recently studied their characteristics and symbolism. Giving meaning to FBOs and understanding how they operate remains largely rejected and neglected in the social life and policy sciences. Meanwhile, broad variation exists among FBOs; they stand for different religious traditions, cultures, people, and ways to tackle humanitarian approaches and assistance. In the view of Faith Based Organization, they are more likely to encompass a different set of motives and draw from as different donor based and network of actors from volunteers to religious congregations in other to help migrants but always against forced migration, even though Faith Based Organization have different kind of scopes, logics and methods, at times limited because of their religious affiliation and other times an ability to reach areas and aspects that others cannot because their faith-base provides them legitimacy and opportunity to work in challenging situations that might be less friendly to groups not affiliated with a specific religion or faith. Faith-based organisations (FBO) may harness greater moral authority than other non-faith-based organisations, which enables them to reframe and restructure humanitarian issues and debates about relief and help. In some instances, they may also have greater reach because they can connect with their local religious leaders and groups on the ground and on set before other international actors arrive. Faith-based organisations' motivations, however, may hamper their ability to be neutral and objective in humanitarian situations, making them appear less professional by international standards. Also, they may be bound by donors who expect their funds to be used for religious means and purposes when delivering aid to the migrants and refugees.

Migrant Health issues, the Islamic Call...

Access to health care is vital in Islam, and it is also essential and important to migrants' ability to lead fulfilling lives. Such access is a fundamental human right enshrined in international law. Article 25 of the 1948 Universal Declaration of Human Right emphasizes that everyone has the fundamental right to a standard of living adequate for the health and well-being of himself and of his family, including clothing, food, shelter and housing, medical treatment and other necessary social amenities, more so, Article 2.2 of the International Covenant on Economic, Social, and Cultural Rights stipulates that all individuals must have access to health care even the migrants and the refugees. States are expressly prohibited from stipulating and discriminating against non-nationals on the grounds of colour, sex, race, language, political affiliation, religion, faith or other issues, national or social origin, birth or other status. As per international law, governments are obligated to provide migrants and refugees with adequate health care, support the prevention, treatment, and control of diseases and facilitate health education in their midst. This also includes providing affordable health care insurance, treatment and essential medications. Governments are responsible for making sure that health care is provided equitably to all individuals within their borders, irrespective of their immigration status. Despite these international legal obligations and pledges, governments frequently bar non-citizens from receiving and having health care, particularly when they are unauthorised or awaiting adjudication of their asylum claims. Some countries provide such migrants access only to emergency health care, like accident and pregnancy delivery, antenatal treatment and postnatal care, while others provide only rudimentary health services at detention and correctional centres. As of 2016, unauthorised migrants and refugees had immediate access to universal health care only in Thailand and some Southeast Asian countries, and even some hospitals refused to provide them with insurance. Barring migrants and refugees from health care constitutes a violation of their human rights under international law. Migrants and refugees' exclusion from health care is based on the misperception that treating non-citizens would place a heavy burden on national healthcare systems. In general, however, migrants and refugees tend to be younger and in better health than native –born population. Barriers to health care in receiving countries, however, can put their health state at great risk and mess. Health issues left untreated can worsen over time, and limiting migrants' access to health care can ultimately lead to longer hospital stays, more acute health crises, and higher mortality rates.

Migrants and refugees in detention may face particularly acute health risks. Medical practitioners and doctors, including nurses, are not always available in detention and correctional centres and facilities, and those available do not always have authority, equipment, facilities, medicines a license to properly treat and operate patients. In the United States of America, a lack of adequate medical staffing at many detention and correctional centres has created many significant treatment delays and backlogs,

contributing to and helping to the deaths of numerous detainees and prisoners. The availability of specialised health care services is often limited. Pregnant prisoners and detainees, in particular, often lack adequate medical care. Prisoners and detainees also frequently lack access to counseling and psychiatric treatment and care. Indeed, a majority of Immigration and Customs Enforcement officers (ICEO) in prisons, correctional and detention centres lack mental health care providers. Detention and prison centres are also frequently overcrowded with inmates and possess poor or, at times, no sanitation system. This can increase the prevalence and exposure to diseases, particularly infections, viruses and psychiatric disorder. A study of over three thousand unauthorised immigrants in Malta, Spain and Germany found that a majority of health-related problems and issues experienced by prisoners and detainees, migrants and refugees resulted from overcrowding, poor hygiene, and malnutrition at the detention and correctional centres. Migrants and refugees' exclusion from medical health care not only increases their vulnerability, but also exposes their host societies to greater risk and danger in financial costs and public health issues. Indeed, medical conditions left unattended or untreated may become more expensive and difficult to treat over the years. Waiting for treatment may ultimately lead to longer hospital admissions and stays, placing a burden on healthcare systems. Finally, contagious and poor conditions may spread to migrants and refugees' communities and the native populace. Anti-retroviral treatments, for instance, are not available to irregular migrants and refugees in many European countries, heightening the risks of Ebola, Covid-19, STD and HIV transmission. Even when migrants have legal access to health facilities, it is difficult to them to receive adequate treatment; they always have health needs that differ from those of the native born populace, complicating and creating more problems for their treatment. For instance, many are affected and suffer from trauma due to exposure to violence or loss before their migration. Those displaced due to conflict or natural disasters may be at greater danger of adverse outcomes.

They have often experienced traumatic events en route to their host countries or upon arrival, those who left family members behind or who lack legal status are particularly prone to psychological, mental, emotional and physical stress, which can exacerbate physical ailments. A young researcher and philosopher in 2017 in the United States of America found that refugee and migrant youths are exposed to more violence than other immigrants on average, and consequently experience higher rates of dissociative symptoms, traumatic grief, mental issues, and phobic disorders. Migrants and refugees always arrive from regions with different epidemiological and health profiles, unstable conditions than their host countries, or have a genetic predisposition to conditions that are uncommon in those countries. Tuberculosis, micronutrient deficiencies, iron deficiencies and dental illness, and bone dislocations are particularly common among migrants and refugees. HIV, coronavirus, syphilis, Ebola, and malaria are also very common and usual; migrants and refugees may also lack formal records, which is against Islamic principles. Complicating health providers' efforts to provide accurate diagnoses and effective

prescriptions, migrants and refugees also frequently work in environments where they are at risk of work-related injuries. Research and studies suggest that they are at a higher risk of workplace-related, religious site accidents than native citizens. Before their trip, many work in hazardous sectors such as mining, construction, fishing and agricultural farming. Another research and study of nearly thirty thousand workers in thirty-one European countries revealed that migrants and refugees were more likely than native born workers to be exposed to high and harsh temperatures, timid weather condition, loud noises and strong vibrations, also work exposing them to long standing, they also often work in long hours which make them to sometimes develop fatigue.

The Cross-Border System on the Verge of Collapse

Europe continues to face its greatest migration wave since the end of World War II. The majority of migrants and refugees are arriving from outside the continent, especially the Middle East and North Africa (MENA), but also the Sahel, Sub-Saharan Africa and increasingly, Asia. In March 2018, Frontex, the EU's frontier agency, warned that the number of people undertaking the Central Mediterranean crossing was on the rise. With the arrival of summer, the next wave of MENA migration in Europe is about to be unleashed. A May 2017 German government report warned that up to six million, five hundred thousand (6.5million) people were clustered around the Mediterranean preparing to cross to Europe from Africa, awaiting favourable summer weather to launch to sea. Now that the Western Balkan migration route has been closed, Libya is fast becoming the main transition point, reportedly with two million and five hundred thousand (2.5million) migrants and refugees in North Africa waiting to cross the boat. Meanwhile, over three million(3million) remain stalled in Turkey, prevented from entering Europe by the EU's March 2016 refugee deal with the Turkish government. The figures could be high; some estimates put the number of migrants and refugees preparing to enter Europe as high as eight to ten million (8-10 million) people. The uninterrupted flow of migration into the European Union has redefined Europe's geostrategic position. Today, Europe's Southern border runs deep into Africa along the Sahel, Sub-Saharan Africa and across the Middle East. South Europe in particular remains exposed and vulnerable to pressure from MENA migration flows, which have had ripple effects and consequences. Among the effects it had are as follows.

- 1- The growing polarisation among the states across the continent, with fundamental and increasingly sharp division on the question of resettlement of the newly arriving immigrants and refugees, especially between Germany and Central and Eastern Europe.
- 2- The progressive erosion of the European Union's Shengen system of passport-free travel across Europe
- 3- Public confidence in the European government's ability to deal with the crisis has rapidly declined

4- Europeans' initial calm and goodwill, and even enthusiasm for the new arrivals and welcome culture, have given way to growing public anger.

Ways to solve the effects are:

- 1- The European Commission and some countries, especially Germany, have to make demands for European solidarity on resettlement quotas for the migrants and refugees who have already arrived in Europe.
- 2- Other European Union member states have demanded the slowdown of immigration flows by closing off access routes or increasing financial aid to migration transition countries outside Europe to keep the migrants and refugees in place
- 3- One of the most likely solutions is the strengthening of right-wing and populist political parties that oppose mass migration in the upcoming elections.

Population Projections to 2040: More than 21% Muslims in Europe

As background for the present empirical study, it is also worth noting what is at stake in pure demographic terms. Already some time ago, a high ranking U.S diplomat and security analyst, Timothy Savage, caused an uproar in the scholarly debate by stating that in light of the sheer demographics to be observed in the late 1990s, and the early 2000s, Europe's Muslim population could rise to 21% by 2040, Savage then almost prophetically stated: Most European countries closed their doors to labour immigration in the 1970s, following the first Arab oil embargo and the subsequent economic downturn, yet some five hundred thousand immigrants and refugees primarily family reunification cases and four hundred thousand asylum seekers arrive in western Europe each year. According to the International Organisation of Migration, Muslims make up a large and increasing proportion of both groups, coming primarily from Morocco, Algeria, Palestine, Iraq, Turkey and the former Yugoslavia. Muslims probably also make up a significant proportion of Western Europe's illegal immigrants, between one hundred thousand and five hundred thousand (100,000- 500,000) enter the European Union annually. Indeed, in several European countries, the words "Muslim" and "immigrant and refugee" are virtually synonymous. Currently, the waves of immigrants and asylum seekers from the Middle East and North Africa (MENA) the region with the world's second highest fertility rate have had more to do with worsening conditions in the MENA countries than with labour shortages in Europe, the region with the world's lowest fertility rate, as the MENA population doubles in the next three decades and Europe's shrinks, increased migratory flows from south and north appear unavoidable a trend augmented by Europe's graying population, as opposed to the youthful MENA average. In the year 2000 the UN projected that, to counterbalance their increasingly graying populations, EU states annually would need nine hundred and forty nine thousand migrants to maintain their 1995 populations; one million, five hundred and eighty eight thousand migrants

and refugees to maintain their working age population; or thirteen million, four hundred and eighty thousand migrants and refugees including asylum seekers to maintain their population support ratios, meanwhile, the ratio of people age fifteen to sixty five to those aged sixty six and older. In light of recent, more sophisticated population projections, it should be emphasised that Savage also observed already in a 2004 article that the Muslim birthrate in Europe is “higher than that of non-Muslims”. Contributing to what he called the “burgeoning numbers of Muslims in Europe” even if no further migration were to occur. As a result, he predicted that Muslim communities in Europe would be “significantly younger than the non-Muslim population” and that Europe’s “Generation X” and “Millennium Generation” would include considerably more Muslims than the world continent’s population as a whole. It is also highlighted that one of France’s five million Muslims are under the age of twenty compared to 22% of the French population as a whole; one third of German’s Muslims are under 18 compared to 18% of the German population as a whole; one third of the U.K’s Muslims are under fifteen compare to the 20% of the British population as a whole; and one third of Belgium’s Muslims are under 15 compared to 18% of the country’s population as a whole, it is concluded by noting that conservative projections estimated that, compared to 5% at the time of his analysis, Muslims would constitute 20% of Europe’s population by 2040.

Conclusion

Migrants from around the world were encountered one million seven hundred times in the last two years, the highest number of illegal crossings recorded since at least 1965. Many of them were fleeing pandemic-ravaged countries, but the nearly one hundred and forty-seven thousand children whom agents encountered without parents or guardians were the largest number since 2007. The crossers hailed from around the world, many of them seeking economic opportunity as the coronavirus pandemic erased hundreds of millions of jobs. The agent caught people from more than one hundred and sixty countries in Asia, Africa and Latin America, with Mexico accounting for the largest share. A public health rule, invoked by President Donald J. Trump at the beginning of the pandemic in the year 2020 to seal the border of United State of America, has remained in place under the Biden administration, in 2021, the border patrol of the U.S has carried out more than one million expulsions of migrants back to Mexico or to the migrants home countries. Agents used the public health rule to expel migrants they encountered 60% of the time and to expel families 25% of the time. In particular, Republican lawmakers have been sharply critical of the admission of tens of thousands of unaccompanied children, along with their families, who would have been turned back in the first term as United State of the United States under the Trump administration. The Border Patrol released nearly 260,000 migrants into America, including some

with instructions to appear before an immigration judge for removal proceedings, according to Customs and Border Protection.

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