

Health Crisis Among the

A Report by HGHI in collaboration with BCSSW

HARVARD
GLOBAL
HEALTH
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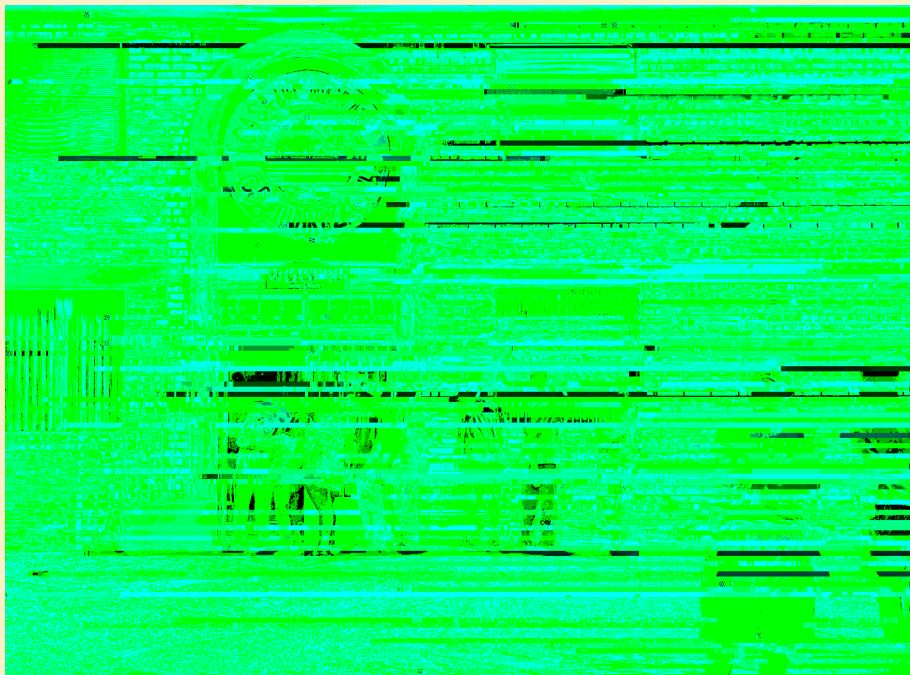
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EXECUTIVE SUMMARY

There is a public health crisis at the northern Mexico border. Increased violence in asylum seekers' home countries and new U.S. policies restricting the entry of migrants to the U.S. are leading to unprecedented numbers of people amassing along the border. As the number of people grows, the resources needed to provide essential health services remain limited.

By the time asylum seekers arrive at the border, many have already faced traumatic experiences in their home country and during their journeys. The living environment makes migrants vulnerable to new infections and violence and exacerbates existing health conditions. Inaccessible housing forces asylum seekers into overcrowded shelters, rented rooms, or tent encampments, which often lack sufficient access to basic sanitation, putting asylum seekers at risk for infectious diseases. Non-communicable diseases are often undiagnosed and therefore remain untreated, and mental health conditions are widespread. The high prevalence of criminal activity and violence in many cities along the border threatens the physical and mental health of asylum seekers and creates additional barriers to seeking care. As a result of government inaction, healthcare provision has predominantly fallen on non-governmental organizations and charities. While they fill a critical need, the absence of a standardized and widespread approach to healthcare delivery has led to inconsistent and inadequate care.

The full extent of the health crisis at the border has yet to be documented, but it is clear that it is growing. As such, sustainable solutions are needed now more than ever. Lessons from other health crises have shown the value of collaboration across government and non-governmental players, as well as the advantage of engaging with those directly impacted by the problem. A comprehensive response that addresses the acute and chronic health needs of asylum seekers is urgently needed to mitigate morbidity and mortality among this vulnerable population. ■



RESUMEN EJECUTIVO

Hay una crisis de salud pública en la frontera norte de México. El aumento de la violencia en los países de origen de solicitantes de asilo y las recientes

I. INTRODUCTION

For decades, families, adults, and unaccompanied children have been traveling to the northern Mexico border to apply for protection from violence and harm—a right guaranteed under U.S. law. Changes to the United States asylum policies in mid-2018 have slowed and limited asylum processing, resulting in a growing number of asylum seekers waiting along the northern Mexico border. Since January 2019, more than 64,000 asylum seekers, predominantly from Mexico and Central America, have been sent back to Mexico to await their asylum hearings under the Migration Protection Protocols, also known as “Remain in Mexico.” Meanwhile, the practice of “metering,” or limiting how many people can seek asylum at the border each day, has forced tens of thousands of additional migrants to wait along the northern Mexico border.¹

Debates over immigration policies and practices are ongoing, but the growing physical and mental health implications

II. BACKGROUND

An unprecedented number of asylum seekers are gathered along the northern Mexico border seeking entry into the United States. The drastic increase in the number of asylum seekers waiting along Mexico’s northern border is predominantly driven by two contributing factors: a rise in the number of people fleeing poverty and violence in their home country, and new U.S. policies meant to deter migrants from seeking asylum within the U.S. While the total number of Central Americans crossing the border without proper authorization reached record highs in mid-2019, the number of migrants seeking asylum at official border crossings has remained consistent. It is believed that this spike in unauthorized crossing is in large part driven by the long wait times to apply for asylum. Although a majority of migrants come from Northern Triangle of Central America (NTCA) countries,

Migrants at the northern Mexico border are subject to a gamut of communicable and non-communicable diseases. Illnesses can range from acute injury or infectious diseases acquired along the journey or on the border, to unmanaged chronic pre-existing conditions. At the government-run shelter in Juárez, over 85% of asylum seekers entering the facility were recorded as having health problems during their basic entry exam. **Healthcare capacity** in many border states is limited and of variable quality, and facilities are ill-equipped to diagnose and treat the needs of the population.

migrants before sending them to Mexico. Infections and outbreaks have caused increased stigma and refugee isolation; the Trump administration has often repeated the unfounded claim that migrant populations pose a public health threat by bringing dangerous communicable diseases to the U.S.

Non-communicable Disease

Non-communicable diseases are pervasive among asylum seekers, but are often overlooked or not appropriately diagnosed and treated due to a lack of consistent screening. Among the 2,500 people living in the Matamoros encampment, it is estimated that 25% of people have underlying chronic health conditions, such as diabetes or hypertension, and many people are malnourished or chronically dehydrated. On top of this, life-saving medications for diseases such as heart disease and asthma are routinely confiscated by CBP officers, and it can take days, if not weeks,



Mental Health

Living with uncertainty at the border causes stress and fear for migrants. Coupled with violence, stress can exacerbate existing trauma and trigger mental health problems. Being sent back to Mexico under MPP has been described as a “catastrophic stressor on health” for migrants; time spent waiting is associated with an increase in complex mental health issues. Individuals who are returned to Mexico after requesting asylum in the U.S. suffer considerably higher rates of psychiatric problems compared to non-migrant Mexicans, even when accounting for pre-migration health and other risk factors.

Clinical assessments of asylum seekers in Tijuana found that more than three-quarters of interviewees suffered from post-traumatic stress disorder (PTSD), and over 65% of interviewed children displayed symptoms of PTSD. While appropriate trauma-informed care for PTSD should focus first on establishing safety, this is nearly impossible given the security issues and uncertainty experienced by asylum seekers.

Minors under the age of 18 years are particularly vulnerable to mental health problems associated with their migration experience. Studies have found a high prevalence of depressive symptoms

among minors seeking asylum, ranging from 14% to 40%,

being misdiagnosed. Additionally, some hospitals lack essential medications, and when they are available, migrants are often expected to pay, which can be costly.

In the absence of a robust governmental response to address the health needs of asylum seekers, non-governmental organizations, local charities, and volunteer medical professionals have stepped in to fill the gap. For those living in tent encampments, health services are provided by a broad range of providers. INGOs provide targeted interventions to communities along the border; Médecins Sans Frontières (MSF) and Global Response Management (GRM) are providing some of the most robust services. Charities, such as Catholic Charities of the Rio Grande Emergency Assistance Program, are also playing an active role in providing health services

VI. RECOMMENDATIONS

The health crisis at the northern Mexico border shows no signs of abating. The healthcare system is already stretched thin, and the reliance on non-governmental actors to fill the need is not sustainable. Indeed, the COVID-19 pandemic has already demonstrated how external shocks can quickly change the dynamic at the border and undermine the limited care that is being provided to asylum seekers. Lessons from other health crises have shown the value of collaboration across government and

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