

Health Issues in Migrants at the US/Mexico Border

**Sharp Grossmont Health Grand Rounds
February 27th, 2020**

Lucy E. Horton, MD, MPH

Site Director, Asylum-Seekers Shelter Health Assessment Program

Department of Family Medicine and Public Health

Department of Medicine, Division of Infectious Diseases

UC San Diego School of Medicine

Disclosures

- I have no relevant financial relationships to disclose.

Outline

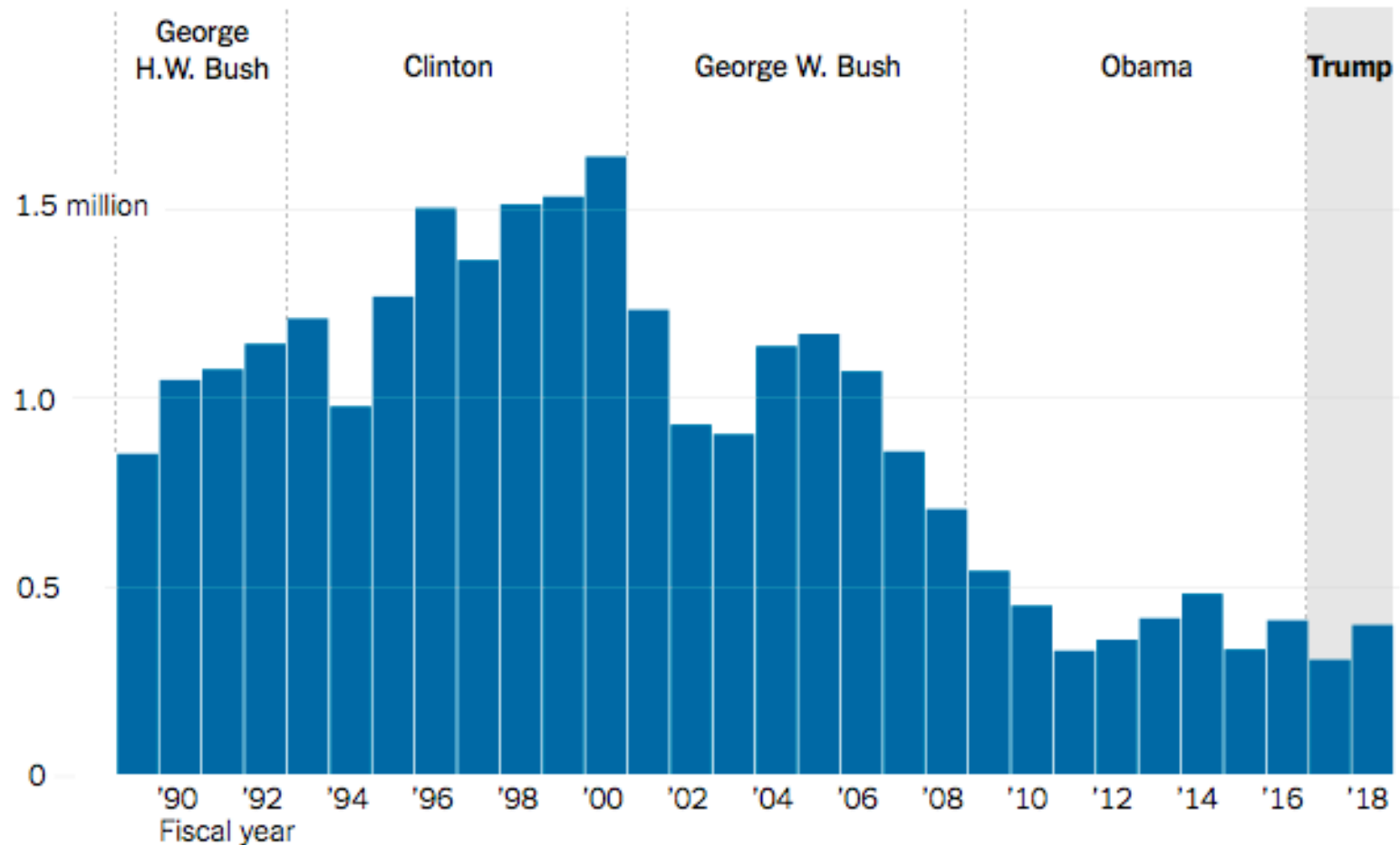
- Background on asylum process and Jewish Family Services migrant shelter
- Overview of the Asylum-Seekers Health Assessment Program
- Development of shelter protocols
- Outcomes of screenings

What is the “border crisis”?

- According to Professor Lucas Guttentag, an immigration law expert who served as a senior immigration advisor at the Department of Homeland Security (DHS) from 2014-16 during the Obama administration:
 - *“The “crisis” at the border is not the numbers who are arriving but the system’s failure to respond in a humane, efficient, and orderly way in light of the government’s legal obligations and the number of migrants who are seeking protection”*
- Migrants are fleeing almost unprecedented levels of violence and danger from countries that have some of the highest gang violence and murder rates in the world
- There is a crisis at the border, but it is a humanitarian crisis, not a security threat

Background on the Border Situation

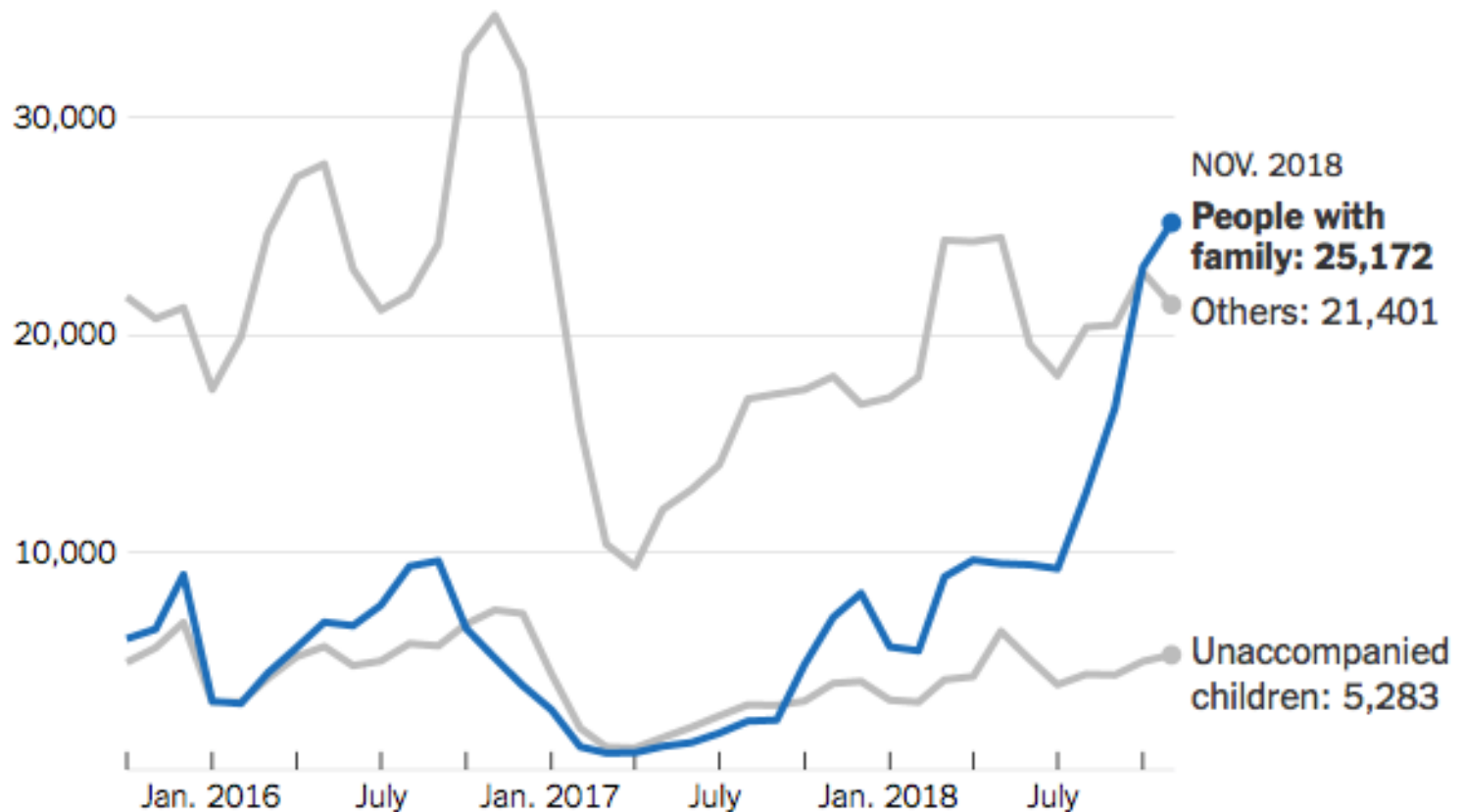
Total number of arrests for illegally crossing the Mexican border



Source: U.S. Customs and Border Protection

Background on the Border Situation

Number of arrests for illegally crossing the Mexican border

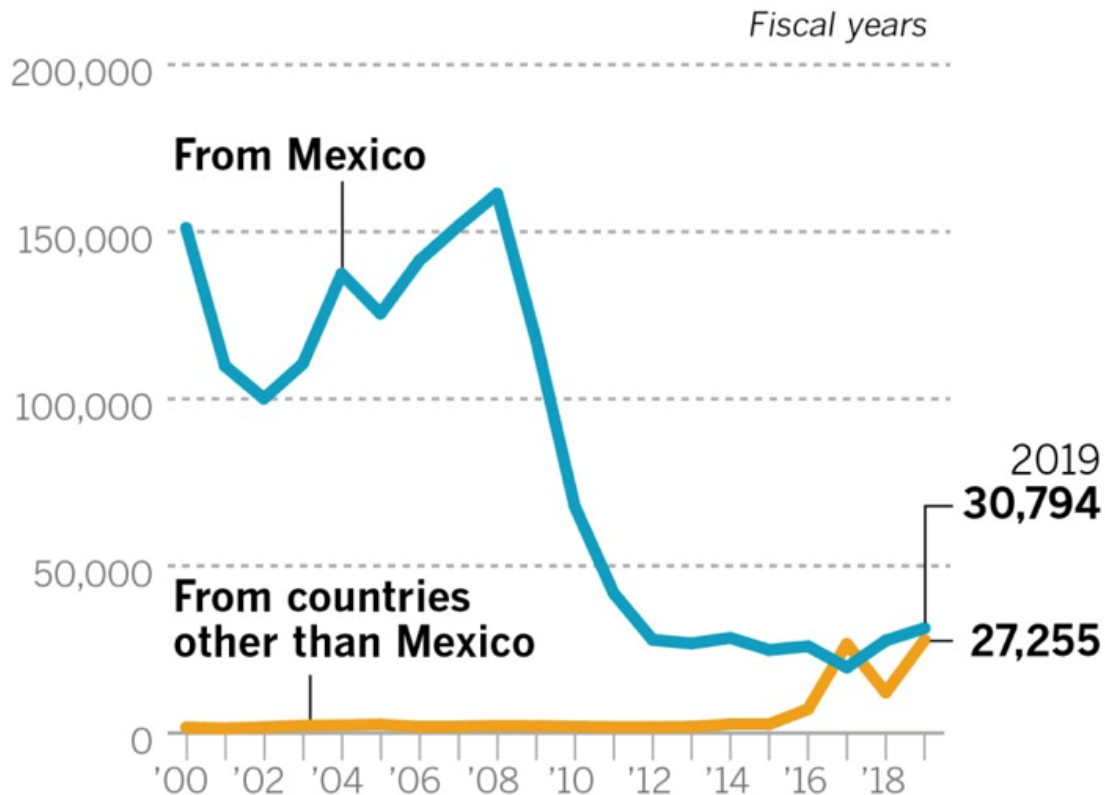


Source: U.S. Customs and Border Protection

Background on the Border Situation

Border apprehensions

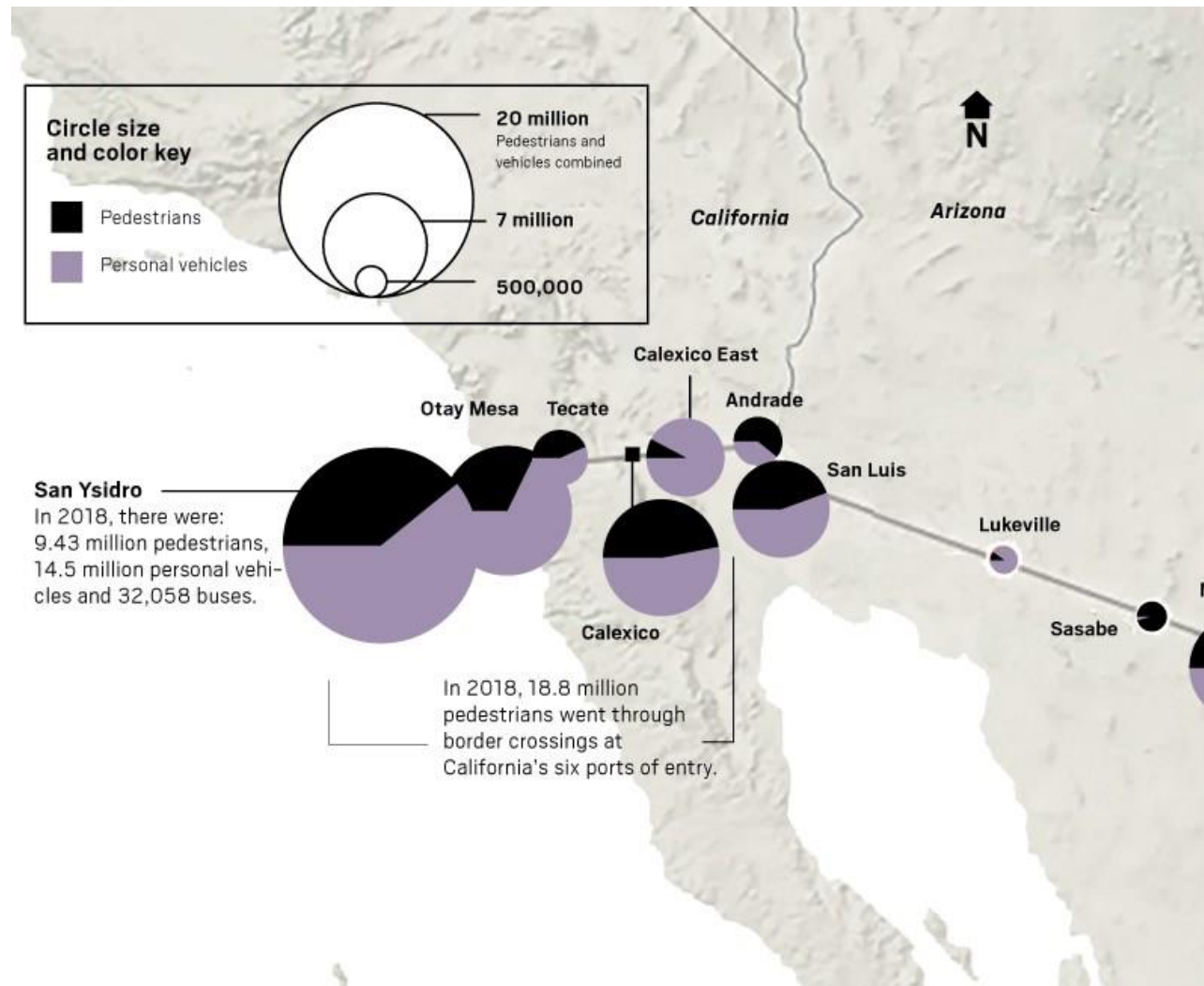
Apprehensions from countries other than Mexico rose sharply in 2019 at the U.S. Border Patrol's San Diego sector.



Source: Customs and Border Protection

U-T

San Ysidro Port-of-Entry is the busiest land border crossing in the Western Hemisphere



The Northern Triangle

- These countries were each devastated by civil wars in the 1980s which left a legacy of violence, unstable infrastructure and fragile institutions
- Indigenous Mayan communities bore the brunt of these wars and continue to be persecuted
- Women are being particularly targeted for violent rape attacks
- Poor education, few economic opportunities
- Residents of this region are seeking a safe haven



The Asylum Process

- To gain entry to the US as an asylum-seeker, a person must present to Customs and Border Protection (CBP)
 - At an Office of Field Operations at a Port-of-Entry or after being apprehended by Border Patrol after crossing between ports-of-entry
- Must prove they meet the criteria of refugee status*
- Although U.S. law states that those seeking asylum can remain in the U.S. while awaiting their court date, the government has recently interpreted the law to allow for individuals to be detained during this time
 - Since 2019, new restrictions require waiting for asylum hearing in “safe” third countries and/or Mexico under the DHS implemented “Migrant Protection Protocols”
- Inconsistently applied guidelines about determining which asylum seekers are allowed to remain in the U.S. pending their court appearance

*As defined by the United Nations 1951 Convention and the 1967 Protocol, which were incorporated into U.S. immigration law in the Refugee Act of 1980

The Asylum Process and the End of Safe Release

- Since 2009, DHS's Immigration and Customs Enforcement (ICE) helped asylum-seekers get to their destinations, through the Safe Release Program
 - Provided assistance such as phone calls and transportation to their sponsors
- In October 2018, DHS terminated this service and instead began dropping people off in San Ysidro at parks, bus stops, fast food restaurants and other public spaces, without any means to get to their sponsors
- The San Diego Rapid Response Network (SDRRN) received a call through its 24-hour emergency response hotline reporting a group of 40+ migrants, (families with very young children) had been dropped at the downtown San Diego bus station by DHS

San Diego Rapid Response Network Response

- SDRRN is a coalition of local non-profits with a mission to help refugees, asylum seekers and migrants in San Diego
- After the end of Safe Release, SDRRN set up an emergency shelter to provide critical humanitarian assistance to this vulnerable group
- Jewish Family Service (JFS) of San Diego is now the shelter operator and continues to serve pregnant females and family units released by DHS on a nightly basis at their Migrant Family Shelter

Shelter Operation Overview



As of February 2020:

- **22,000+** individuals served – all families*
 - Shelter provides: food, clothing, medical care, case management, legal services, and travel assistance and coordination
- Average stay is between **12 and 48 hours**
- **99%+** of asylum-seeking families travel to reunite with family and friends outside of San Diego; most outside of CA
- **10-25** individuals, on average, are dropped off every day and/or picked up at Port of Entry (POE)
- **10-50** individuals brought directly to shelter by ICE and/or CBP
- **7** shelter locations in the last **14 months** – *relocated to the 7th location in December, 2019*

*single pregnant women are eligible to stay



ESTADO	BUS DIAS	AVION HORAS	ESTADO	BUS DIAS	AVION HORAS
ALABAMA	2d	7	NEBRASKA	2d	6
ALASKA	3d	10	NEVADA	1d	3
ARIZONA	1d	7	NEW HAMPSHIRE	3d	9
ARKANSAS	2d	10	NEW JERSEY	3d	9
COLORADO	1d	10	NEW MEXICO	2d	5
CONNECTICUT	4d	10	NEW YORK	3d	9
DELAWARE	3d	7	NORTH CAROLINA	3d	4
FLORIDA	3d	8	OHIO	2d	7
GEORGIA	2d	8	OKLAHOMA	2d	7
HAWAII	2d	8	OREGON	1d	4
IDAHO	2d	7	PENNSYLVANIA	3d	9
ILLINOIS	2d	7	RHODE ISLAND	3d	10
INDIANA	2d	7	SOUTH CAROLINA	3d	9
IOWA	3d	6	NORTH DAKOTA	2d	7
KANSAS	2d	6	SOUTH DAKOTA	2d	7
KENTUCKY	2d	7	TENNESSEE	2d	8
LOUISIANA	3d	5	TEXAS	2d	5
MAINE	4d	8	UTAH	1d	4
MARYLAND	3d	6	VERMONT	4d	10
MASSACHUSETTS	3d	7	VIRGINIA	3d	8
MICHIGAN	3d	7	WASHINGTON	2d	5
MINNESOTA	2d	7	WEST VIRGINIA	3d	8
MISSISSIPPI	2d	7	WISCONSIN	3d	7
MISSOURI	2d	6	WYOMING	2d	6
MONTANA	2d	7			



Overview of the Asylum-Seekers Health Assessment Program

Tragic deaths of two children in US Custody lead to increased scrutiny of DHS medical procedures

- In December 2018, two children (Jakelin Caal age 7 and Felipe Gomez Alonza age 8) died in crowded Border Patrol holding cells
- Following these events, on December 22nd, DHS asked that the San Diego County HHSA expand its efforts- previously only informal screening by non-medical personnel and intermittent back-up access to health care via local facilities
- The County asked Dr. Linda Hill and her UCSD group to help organize these efforts immediately, based on 10 years of collaborative work with the County providing refugee health assessments
- The Asylum-Seekers Health Screening Program was started less than 48 hours later, and has screened incoming asylum-seekers every day since December 24, 2018

Health Screening Program Development

- UCSD was contracted by HHSA in Dec 2018 to provide a health screening for all newly arriving asylum seekers including staffing of physicians, development of protocols, etc.
- As of July 1, 2019, UCSD is the sole provider of health services for the JFS Migrant Shelter
- The new arrival health screening is focused on:
 - *Protecting the health of the public, including families seeking asylum, by conducting health screening assessments and referring for outside medical care as appropriate.*
 - *Identifying and preventing spread of communicable diseases*
- Additionally, we assess if guests are medically safe to stay in the shelter and provide acute care as needed

Health Screening Program

- All guests receive an initial health screening assessment
- If indicated, physician refers to medical isolation (off-site), emergency department, public health clinic, etc.
- Public Health informed of any notifiable conditions via phone call where indicated
- Also provide health services for current shelter guests
 - On-site acute care services for guests currently staying at the shelter
 - Follow-up assessment of guests in medical isolation
 - Follow-up of guests referred to the emergency department
 - Coordination of care for guests needing specialty care, behavioral health services, etc.
- Influenza immunization clinics (5 days per week)
- Creation of standardized protocols in collaboration with HHSA and JFS for a variety of conditions, including varicella, strep pharyngitis, influenza, pregnancy complications, scabies, lice

Intake Screening

Date / /

INTAKE SCREENING FORM

Guest name Last: _____ First: _____ DOB / / ☐ M ☐ F

Head of Household Name Last: _____ First: _____
#in family _____ Language _____

All guests: Temperature: _____ °C / °F All pregnant females: BP _____/_____

Do you feel sick today? NO _____ YES _____

Do you have any of the following symptoms?

Cough NO _____ YES _____ If yes, how long? _____
If yes, give mask until cleared by MD

Coughing up blood NO _____ YES _____ Notes: _____

Trouble breathing NO _____ YES _____ Notes: _____

Runny or stuffy nose NO _____ YES _____ Notes: _____

Sore throat NO _____ YES _____ Notes: _____

A fever or chill NO _____ YES _____ Notes: _____

Nausea, vomiting, or diarrhea NO _____ YES _____ Notes: _____

Blood in the stool in the past week NO _____ YES _____ Notes: _____

Rash NO _____ YES _____ Notes: _____

Sores or wounds NO _____ YES _____ Notes: _____

Itchy head or itchy skin NO _____ YES _____ Notes: _____

Medical History:

Allergies? NO _____ YES _____ Notes: _____

Hospitalization? NO _____ YES _____ Notes: _____

Asthma? NO _____ YES _____ Notes: _____

Diabetes? NO _____ YES _____ Notes: _____

Tuberculosis? NO _____ YES _____ Notes: _____

Are you currently taking any medications? NO _____ YES _____ List: _____

Women/girls age 12-45: last menstrual period start: / / Notes: _____

If LMP >6 wks ago, pregnancy test per protocol. Date: / / Time: _____ Result: ☐ Positive ☐ Negative
Test performed by: (print name) _____ Signed: _____

All pregnant females:

Vaginal bleeding, leaking fluid, contractions, abdominal or pelvic pain? NO _____ YES _____ Notes: _____

Additional Notes:

Interviewer Name _____ Agency _____ Signature _____
☐ Interpretation used: Name _____ Agency _____ Signature _____

SEND TO MEDICAL STATIONS

Provider notes:

Physical Exam		Comments
Skin	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
HEENT	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Lymph nodes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Lungs	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Heart	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____
Neuro	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____

If diagnostic test performed: Date: / / Time: _____ Test _____ Result: ☐ Negative ☐ Positive
Test performed by: _____

Assessment/Plan

☐ Cleared for general shelter population

☐ Advised influenza vaccine available in am; have guest sign up on log with name and DOB unless declines

☐ The risks, benefits, and alternatives to treatment/referral were discussed, and the guest wishes to proceed.

☐ Referral form for: ☐ Acute care follow-up ☐ Emergency Dept ☐ Labor and Delivery ☐ Other Clinic

☐ Disposition form for (see individual disposition form for further details):

☐ Head lice: ☐ Case or ☐ Contact Treatment per protocol: ☐ RID ☐ NIX

☐ Scabies: Isolation per protocol. Treated per protocol: ☐ Ivermectin ☐ Permethrin

☐ Influenza-like illness (ILI): if rapid test +, submit CMR; refer for isolation per protocol. ILI Treatment: _____

☐ Contact to household member with ILI: Referred for isolation per protocol. ILI Prophylaxis: _____

☐ Varicella: Isolation per protocol. Reported to Public Health per protocol (CMR)

☐ Diarrhea: Isolation per protocol if indicated

☐ Rule-out tuberculosis: Isolation per protocol or refer to ED tonight

☐ Strep pharyngitis: Isolation per protocol

☐ Pregnancy, no known complications: Prenatal education given including risk of DVT while traveling

☐ Pregnancy, complications

☐ Behavioral Health onsite—available M-F am

☐ Other diagnosis: _____

☐ Given meds _____

☐ Prescriptions phoned in—details on disposition form.

Additional notes: _____

Provider Name: _____ Signature: _____ Date: _____

If provider is trainee, staff co-signature: _____

EMERGENCY DEPARTMENT OR OFFSITE CLINIC REFERRAL FORM

Today's Date ____/____/____

Guest Name Last _____ First _____

DOB ____/____/____ ☐ M ☐ F Language _____

Head of Household Name Last _____ First _____

Instructions: Make one copy this side of form for Shelter Manager. If going to ED/L&D, make another copy of this side of form for guest to take with them. Then put original copy of form:

1. On the ED Follow-up clipboard for people going to ED,
2. On the Acute Care Follow-up clipboard for people who were advised to follow up at shelter clinic in am or will be seen at another clinic (newborn, STD, TB, etc.) in am

.....
☐ Rule-out TB Refer to shelter staff: For Fri-Sat transport to Emergency Dept for TB clearance tonight.
For Sun – Thurs, need offsite isolation (airborne), next-day transport to TB Clinic at 10am or 1pm
(3851 Rosecrans St, San Diego). Fax copy of this side of the referral form to TB clinic 619-692-8584. Also call TB clinic at 619-692-8623 and leave message with patient name (spell out) and DOB. Guest needs hospital or TB Control clearance prior to travel or to enter shelter population.

☐ Acute care follow-up at shelter in am for f/u _____.

☐ Able to travel OR

☐ No travel until cleared by provider in am at shelter

☐ Schedule follow-up clinic appointment at: _____

☐ Able to travel OR

☐ No travel until cleared by provider

Note: For STD testing, please call STD clinic at 619-692-8550 to schedule appointment

☐ Schedule Newborn appointment at Linda Vista: Shelter staff call 619-414-0021 _____

☐ Able to travel OR

☐ No travel until cleared by provider

☐ Labor and Delivery (specify) _____ ☐ Report called to: _____

☐ Emergency Dept (specify) _____ ☐ Report called to: _____

Transportation: ☐ volunteer in private vehicle ☐ non-emergent transport tonight ☐ ambulance (9-1-1)

Note: All guests returning from Labor & Delivery, Emergency Department, or inpatient hospital need to have their chart reviewed by a provider at the shelter or on call by phone upon return to determine disposition and plan

Physician Note: On arrival to shelter, guest underwent health screening and was found to have: _____

Referring physician name

Referring physician signature

Clinic Phone: 619-361-4899

Personnel: December 24, 2018 to July 1, 2019

- SDRRN and JFS Shelter Staff
- UCSD
 - Directors: Linda Hill, Kathy Fischer, Gina Fleming
 - Lead Physicians
 - Organization: Carmen Cutter and Carrie Geremia
- SD HHSA
 - Jennifer Tuteur, Susannah Graves, Denise Foster
 - Public health nurses
- 61 physicians and NPs and 92 residents
 - Residents from UCSD, Scripps-Mercy, Scripps Green, USD, Kaiser

Personnel: July 1, 2019 to present

- SDRRN and JFS Shelter Staff
- UCSD
 - Directors: Linda Hill, Kathy Fischer, Lucy Horton
 - Lead Physicians
 - Organization: Emilie Folsom and Makena Rutan
 - Interpreters
- 61 physicians, PAs and NPs
- >100 Health Sciences Trainees
 - Residents from UCSD, Scripps-Mercy, Scripps Chula Vista, Kaiser and Family Health Center
 - NP and RN students from USD
 - Medical students from UCSD

Development of Shelter-Specific Protocols

Development of Shelter-Specific Health Protocols

- Early need for standardized protocols
 - Everyone knew how to treat communicable diseases like lice, scabies, varicella, etc. but not in the setting of a shelter where people are sleeping in a single room with 100+ beds
 - Isolation requirements and best practices needed to be determined for these unique situations
- Developed in collaboration with HHSA and UCSD Refugee Health program with input from JFS
- Evidence-based, easy to follow protocols produced for a variety of diseases/conditions
- Continual revisions to adapt to emerging issues, shelter relocations, and changing demographics

Development of Shelter-Specific Health Protocols

- Currently includes:
 - Lice
 - Scabies
 - Influenza-like illness
 - Gastroenteritis
 - Pregnancy
 - Tuberculosis-like symptoms
 - Varicella
 - Mumps
 - Mental Health
 - Newborn

Example 1: Scabies Protocol

- Challenge of finding an isolation location to house infected guests
 - When shelter population lower, could use a spare sleeping room but when census increased and shelter full, families sent to a local hotel
- Difficult to use creams for scabies (i.e. permethrin) in a facility with limited shower access
- Preferred treatment changed to ivermectin for most cases
 - Easier to treat family contacts with oral therapy
 - Able to do DOT to ensure treatment compliance
- Treatment of family members- no set guidelines on whether to treat family members/contacts without visible lesions, left to discretion of the provider

Procedure:

Guest complains of rash or itchiness at time of screening.

Provider confirms scabies and completes health screening. If no other more pressing acute health issues, proceed with treatment for scabies.

Obtain prescription for guest and those family members with prolonged physical contact. Review protocol with patients. Weigh guests for ivermectin treatment and follow instructions on ivermectin log OR give guest permethrin 5%. Complete referral form for each case and family member.

Guest to wait in isolation area pending disposition

Volunteer or staff: Notify shelter of

1. disposition to isolation area
2. need for additional changes of clothing
3. need for transport to isolation, if offsite

Guest cleared from isolation the day after treatment (8-14 hours), if protocol followed.

Example 2: Pregnancy Protocol

- American College of OB-GYN recommends no travel after 36 weeks gestation
- However, pregnant women cannot be universally restricted from all travel
 - Complex family, cultural and financial considerations for each pregnant woman
 - Immigration court hearings typically located at final destination city
- Most pregnant women have not received any prenatal care or received care during their journey in Mexico but lack any medical records
- Protocol developed to screen for high-risk pregnancies and complications, with aggressive management for modest blood pressure elevations

Pregnancy Assessment Procedure

Pregnancy testing is offered to women who are unaware of pregnancy status and menstrual period is delayed by at least 2 weeks or irregular.

Positive test result or known pregnancy.

Calculate estimated due date and document on the screening form by asking start date of last normal menstrual period.

Measure blood pressure and record on screening form

Refer to physician

Elevated BP (>135/85)?

Any positive symptoms?

- Vaginal bleeding
- Leaking vaginal fluid
- Contractions
- Pelvic pain

Yes to either

Refer to
Labor & Delivery or
Emergency
Department
for urgent assessment

No to both

At \leq 36 weeks

- Asymptomatic
- Normal BP,
NO SPECIFIC TRAVEL RESTRICTIONS UNLESS DICTATED BY AIRLINE.

At > 36 weeks

- Asymptomatic
- Normal BP,
JFS and guest will review options and risks for travel.

Pregnant women traveling for more than 4 hours should be educated on deep venous thrombosis:

- Signs and symptoms
 - Risk reduction strategies.
- CDC advice: move legs frequently and get up and walk around every 2 hours.

Example 3: Measles Protocol

- Recent measles outbreaks across the nation prompted the development of a shelter-specific protocol
- Given measles is highly contagious, concern for transmission and outbreak in high-density settings and in transitory/mobile populations
- Vaccination status of asylum-seekers often unknown
- Guests are also in close contact with non-medical shelter staff and volunteers (who may not have known immunity)

Procedure:

Measles is highly infectious and is transmitted by airborne spread of respiratory droplets. Typically, measles patients are contagious from four days before to four days after rash onset.

Severely ill or requiring transfer to higher level of care:

Family to wait in open-air

Notify EMS and Emergency Department of anticipated transport and arrival of a suspected measles case

Transport should be by EMS or volunteer staff with **known immunity** (history of measles or of 2-doses of measles vaccine), with car windows down and A/C off.

Guest has a fever and maculopapular rash

Immediately put mask on guest; and place in a separate room

Physician evaluation

Immediately report suspected measles cases to Epi Program (619) 692-8499 Mon-Fri 8-5 or (858)565-5255 after hours and weekends to **coordinate testing.**

Provide the following: Full name, DOB, Date of Onset, Disposition/location (hotel name). **Identify individuals potentially exposed, in order to assist public health in identifying others who may need to be isolated pending check of immunity status.**

* Infected people should be isolated for four days after they develop a rash. Guests should not return to the shelter during that time and **should not travel** until cleared by Public Health.

CDC reference:

<https://www.cdc.gov/measles/hcp/>

Mildly or moderately ill:
Volunteer or staff: family to wait in open-air (in rooftop parking area) awaiting disposition to off-site isolation (hotel).

Please inform guest that a Public Health Nurse will contact them in the morning to collect a specimen.

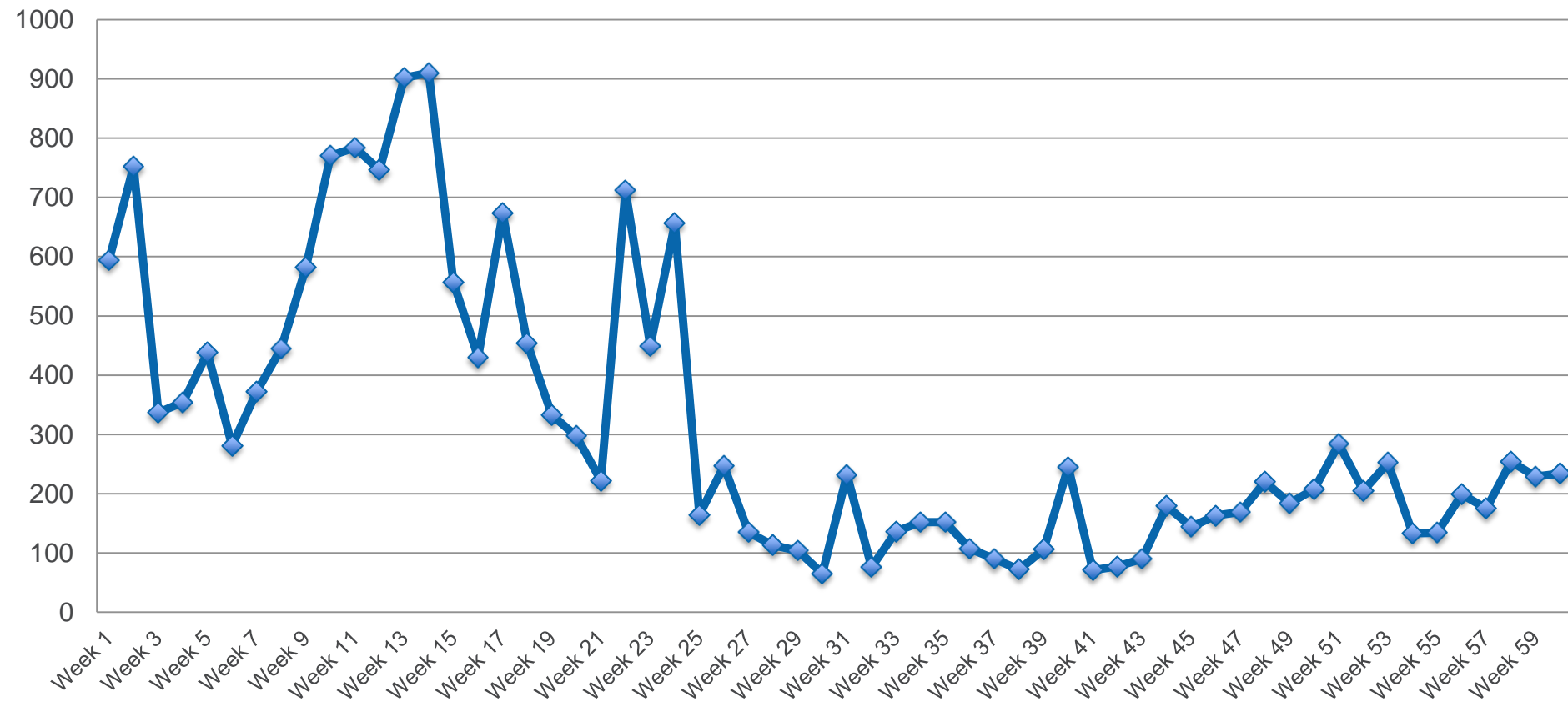
Example 4: Newborn Protocol

- Recent influx of newborns (less than 14 days old) seen at the shelter
- If born in Mexico, may not have received newborn genetic screen and/or immunizations
- Need to consider the risks vs. benefits of isolating newborns:
 - Concern for infection risk in shelter group setting
 - Mothers needing support and education from shelter staff
 - Limited resources for private hotel rooms
- Solution: Cohorting newborns and mothers in separate sleeping area
- Protocol focuses on safe sleeping and medical evaluation prior to travel
- Partnership with the Linda Vista Health Center to provide same-day appointments for newborns

Outcomes & Impact of the Program

Health Screenings Per Week

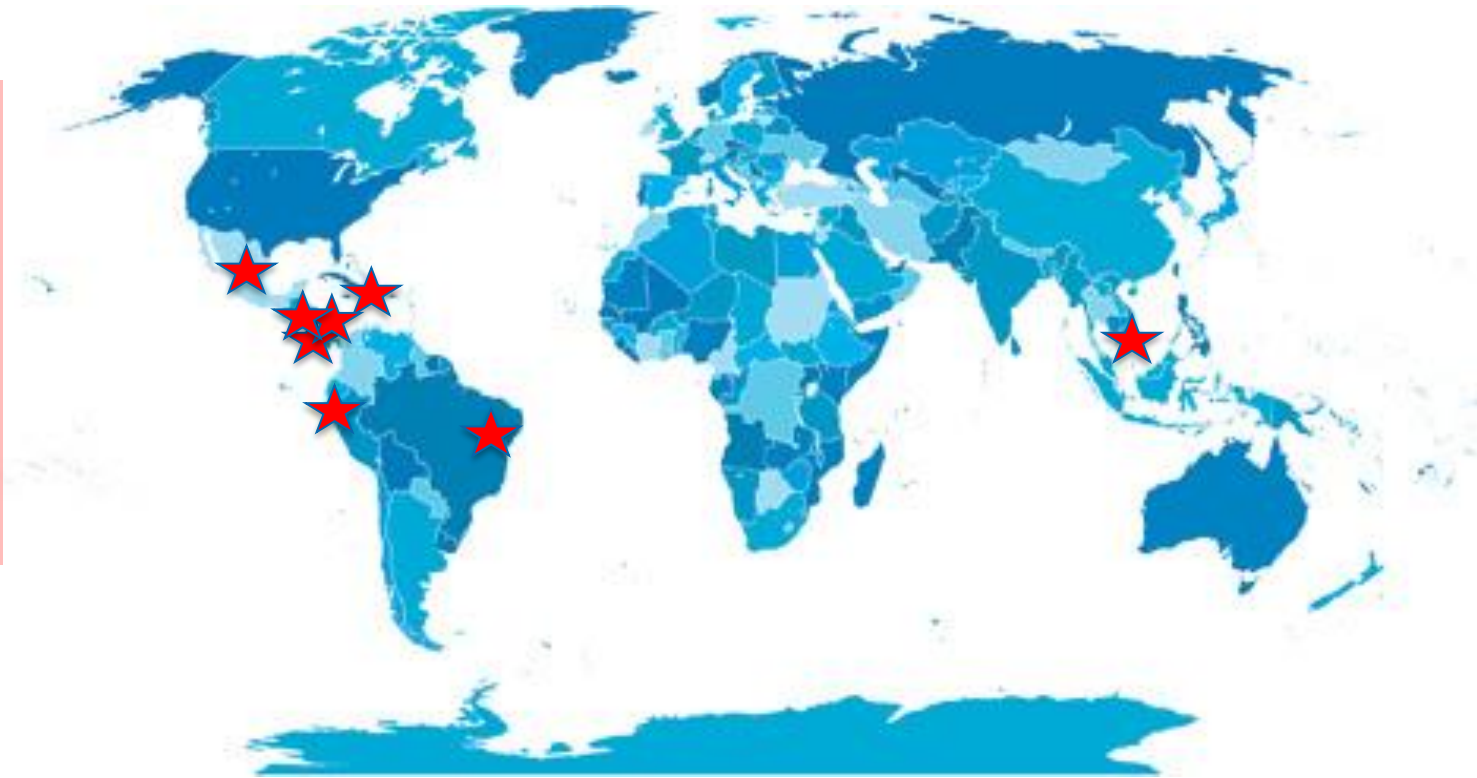
December 30, 2018- February 18, 2020



18,628 individuals screened since December 21, 2018
49% children, 51% adults

Most Common Countries of Origin of JFS Shelter Guests

Mexico
Haiti
El Salvador
Guatemala
Honduras
Vietnam
Russia
Brazil



Top 3 Countries of Origin (March 2019- present)

Month	1	2	3
March	Guatemala	Honduras	El Salvador
April	Guatemala	Honduras	El Salvador
May	Honduras	Guatemala	Haiti
June	Honduras	Haiti	Guatemala
July	Haiti	Mexico	Guatemala/Honduras
August	Mexico	Haiti	Honduras
September	Mexico	Vietnam	Haiti
October	Haiti	Mexico	Honduras
November	Haiti	Mexico	Guatemala
December	Haiti	Mexico	Honduras
January	Haiti	Mexico	Honduras
February	Haiti	Brazil	Honduras

Common Clinical Findings Detected During Initial Health Screenings

Daily Findings January 2, 2019- February 18, 2020		Total	% of all Guests
Influenza-like illness		241	1.3%
Rule-out tuberculosis		63	0.34%
Varicella		27	0.14%
Lice		784	4.2%
Scabies		673	3.6%
Emergency Department referrals		183	0.98%

Other Conditions/Ilnesses Observed

- Pregnancy complications and women in labor
- Skin conditions:
 - Dermatitis, skin ulcers, skin and soft tissue infections
 - Cutaneous leishmaniasis
- Injuries:
 - Lacerations, skin wounds and burns from barbed wire and electric fences
 - Fractures and other injuries related to crossing border wall
- UTIs
- Enterobiasis
- STIs

Main Challenges

- Marked fluctuation in daily arrivals
- Multi-agency collaboration- both a positive experience and a logistical challenge
- Security
- High volume/low acuity/high stakes
- Changes in federal policies

Lessons Learned

- Unpredictable daily arrivals (1-270 individuals per day, timing of drop-offs 12pm to 11pm) require extreme flexibility of staffing and other needs (feeding/housing/arranging transportation)
- Continually evolving protocols and practices require ongoing provider education and communication
- Language/translation issues
 - Frequently encountered non-Spanish languages include Vietnamese, Haitian Creole, Portuguese, Mayan indigenous languages (K'iche, Q'anjob'al, Mam, Chuj)

Lessons Learned

- Unexpected educational opportunities:
 - Med students, RN and NP students shadowing in clinic
 - Family medicine, Internal Medicine, Emergency Medicine, Preventative Medicine and Pediatric residents
 - Pre-med student volunteers
 - Research and QI scholarly activities

Migrant Protection Protocol (MPP)

- In January 29, 2019, the Trump administration began forcibly returning asylum-seekers to wait for their court dates in Mexico
- According to Human Rights Watch, DHS officers have returned more than 59,000 asylum-seekers and migrants to wait in danger in Mexico under MPP, where they are targets for kidnapping and assaults
 - At least 26,000 have been returned to the notoriously dangerous state Tamaulipas- a State Department Level 4 “Do Not Travel” state
 - At least 816 public reports of murder, torture, kidnapping, rape and other violent attacks in migrants returned under MPP
 - Over 200 public reports of kidnapping/attempted kidnappings of children
- Refugees from Cuba, Venezuela and other countries are being denied asylum in MPP under the Trump administration’s third-country transit ban

Key Findings from MSF Report “No Way Out”

- 62% of migrants and refugees interviewed had been exposed to violence in the two years prior to leaving their home country
 - Almost half (42.5%) reported a violent death of a relative
 - 36% threatened for extortion, 30% victims of assault and 5% victims of torture
- Many who fled violence were internally displaced for same reasons
- Many face additional violence along the migration route, with 57.3% reporting violence during their journey through Mexico

MSF MEXICO CITY / NEW YORK / RIO DE JANEIRO / BARCELONA

FEBRUARY 2020



NO WAY OUT

THE HUMANITARIAN CRISIS FOR MIGRANTS AND ASYLUM SEEKERS TRAPPED BETWEEN THE UNITED STATES, MEXICO AND THE NORTHERN TRIANGLE OF CENTRAL AMERICA

Challenges Ahead

- Current political situation is highly volatile
 - Due to MPP, otherwise known as the 'wait in Mexico' policy asylum seekers are waiting in Mexico for their hearings
 - Returning to their home countries is dangerous and potentially deadly, but that is what people are having to do, discouraged by the situation in TJ and long court date wait
- Incoming asylum-seeker characteristics changing in past several months- lower volume but higher acuity
 - Higher risk for having experienced trauma, violence
 - Prolonged time waiting in Mexico often without any medical care
 - Recent increase in detention and release of newborns <7 days old and pregnant women >37 weeks gestation

Conclusions & Next Steps

- This project was a successful partnership between academia and public health to meet the needs of the asylum seekers and community
- This ongoing collaboration among UC San Diego, JFS, SDRRN and the County HHSA is a model for other humanitarian crises across the country
- This situation is not temporary, and as the needs evolve, our program adapts to respond
- A binational border health coalition has been established to promote the communication and sharing of resources for providing medical services and facilitating transitions of care across the border
- In January 2020, the shelter moved to a State-owned facility that will be the location for the next two and a half years
- The shelter welcomes new families every day and UC San Diego Health, together with JFS, remain committed to providing critical humanitarian aid

Thank you to our partners!



How to help

- Donations to JFS:
 - Go Fund Me site →
 - Amazon wish list- winter jackets, suitcases, backpacks, mens jeans, feminine hygiene products
- Volunteers always needed at shelter, especially bilingual
- Advocacy
- Volunteer in Tijuana

