



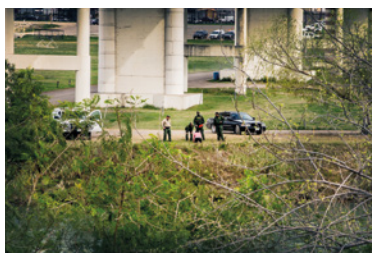
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NO WAY OUT

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

"When we got off the bus, some men grabbed me and my brother and took my sister somewhere else. After a few hours, they released me and my brother, but not her. We still don't know what has happened to her. We paid a US\$5,000 ransom, that was all that we had, but they haven't released her. I don't know who can help us. We don't trust the police here. Our plan was to arrive and begin the asylum application process in the US, but now I don't want to leave here until I know what happened to [my sister]".

José, a Honduran patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico.



Cover: US border authorities stop a man who had crossed a narrow stretch of the Rio Grande near the international bridge between Eagle Pass, Texas, and Piedras Negras, Coahuila, Mexico.

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In recent years, MSF teams have seen an increase in the number of women, children and families making the journey north.

1

EXECUTIVE SUMMARY

The epidemic of violence and the deterioration of economic and social conditions in the Central American countries of El Salvador, Honduras and Guatemala have forced large numbers of people to head north to Mexico and the United States in search of safety and security. Every year, hundreds of thousands of people continue to be forced to flee to escape death threats, physical assault, sexual violence and confinement¹. Increased displacement across the region coupled with sharply reduced options for international protection have created a humanitarian crisis that demands a coordinated humanitarian response. Governments in the region must place the wellbeing of individuals at the center of their migration policies.

Since 2012, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has been providing medical and mental health care to tens of thousands of displaced people along the migration route through Mexico. MSF teams have personally witnessed the human costs of increasingly brutal migration policies in the region, as documented in our 2017 report *Forced to Flee Central America's Northern Triangle*.² We have gathered some of the most comprehensive medical data available on migrants and refugees from Central America. Our findings underscore the urgent need for adequate health care, support, and protection for people in their home countries and along the migration route through Mexico.

This latest report is based primarily on data and testimonies gathered from our patients along the migration route over the past two years, starting in January 2018. Of the 480 people interviewed as part of a structured survey, 97.9% were from the Northern Triangle of Central America (NTCA) —comprising Honduras, Guatemala, and El Salvador. The violence suffered by people living in the NTCA is comparable to that in war zones where MSF has been working for decades.

¹ Many people living in gang-controlled territory in Central America are effectively confined to their homes or neighborhoods, with severe limitations on their freedom of movement.

² Médecins Sans Frontières. *Forced to Flee Central America's Northern Triangle: A Neglected Humanitarian Crisis*. 2017. Available at https://doctorswithoutborders.org/sites/default/files/2018-08/msf_forced-to-flee-central-americas-northern-triangle_E.pdf

Central American asylum seekers and migrants find themselves with no way out, trapped by a series of barriers in conditions that threaten their mental and physical health

Nearly half (45.8%) of the migrants and refugees interviewed in 2018³ in several MSF health care posts in Mexico mentioned at least one event involving exposure to violent situations as a key reason for deciding to leave their home countries. More than one-third of those who had fled due to violence were initially internally displaced for the same reason. On their journey to find safety, many of our patients experienced additional threats. Of those interviewed, 57.3% were exposed to some kind of violence along the migration route.

Harsh migration policies introduced by the US and Mexico in recent years have increased the dangers for an already vulnerable population. Patients also describe an increase in the predatory violence perpetrated by criminal organizations operating along the migration route.

The aggressive migration policies adopted by the US and Mexico mean that more and more people are trapped in a vicious circle. Time and again, people seeking safety are being treated like criminals —detained, deported, and often sent back to the same violent conditions that they were trying to escape. Despite national and international legal obligations requiring states to protect people fleeing violence and persecution, the US government has implemented a series of measures limiting access to asylum —including the so-called “Migrant Protection Protocols” (MPP), which force asylum seekers to remain in Mexico to wait out their legal proceedings. The US government has also put pressure on Mexico and other countries in the region to curb migration and prevent asylum seekers from arriving at its southern border.

Central American asylum seekers and migrants find themselves with no way out, trapped by a series of barriers in conditions that threaten their mental and physical health. Regional governments have failed to guarantee that vulnerable people are assisted and protected.

With this report, MSF seeks to expose the devastating effects that the criminalization of migration is having on people fleeing violence and poverty in the NTCA. Seeking safety is not a crime. Over the course of seven years providing medical aid to people along the migration route, we have witnessed terrible suffering as well as extraordinary resilience among our patients. People affected by violence and extreme poverty in Central America, irrespective of their legal status or the country in which they find themselves, must have access to medical care, protection and humanitarian assistance.

Summary of key findings based on MSF medical data and survey results (see Methodology section below)

Violence in the NTCA and reasons for fleeing:

- 61.9% of the migrants and refugees interviewed by MSF had been exposed to a violent situation in the two years prior to leaving their home country.
- Almost half (42.5%) of those interviewed reported the violent death of a relative in the last two years, 16.2% had a relative who was forcibly disappeared, and 9.2% had a relative kidnapped.
- Of those interviewed, 35.8% had been threatened for extortion, 26.9% had been victims of some kind of assault, and 5% had been victims of torture in the two years prior to leaving their country.
- Of those interviewed, 45.8% mentioned at least one event involving exposure to violent situations as a key reason for deciding to migrate. The most frequently reported violence-related reasons were direct assaults on themselves or their families (20.8%), extortion (14.9%), other threats (14.3%), attempted forced recruitment by gangs (10.5%), and confinement (5.5%). People traveling with children more often reported leaving on the grounds of violence (75.8%).
- More than a third (36.4%) of the migrants and refugees who mentioned that they had fled due to violence had initially been internally displaced for the same reason.
- Of the migrants and refugees interviewed, 52.3% had already tried to migrate at least once before. Of these, 82% had been deported at least once before.
- Of the 2,353 people who received a mental health consultation in MSF clinics in El Salvador between January 2018 and September 2019, 62% had suffered from exposure to violence as a precipitating factor; 23.3% of all cases were related to intentional physical violence (assault, rape, or torture).

³ For more information about the migrant survey carried out by MSF from May to June 2018, see section on “Methodology”.

Violence against migrants and refugees in Mexico:

- Of those interviewed, 57.3% had been exposed to some kind of violence along the migration route through Mexico.
- During their transit through Mexico, 39.2% were violently attacked and 27.3% were threatened or extorted.
- 5.93% reported witnessing a death after entering Mexico; in 17.9% of cases the cause of death was murder.
- Of the 3,695 people who received MSF mental health consultations at health care posts for the migrant population in Mexico between January 2018 and September 2019, 78% had suffered from exposure to violence as a precipitating factor. With regard to the type of violence to which they had been exposed, 24.7% presented risk factors associated with intentional physical violence (assault, sexual violence, and torture).
- In the first nine months of 2019, the number of sexual violence cases (277) treated by MSF in Mexico more than doubled —increasing by 134% compared to the same period last year (118).
- Eight out of every 10 people (79.6%) treated by MSF in Nuevo Laredo during the first nine months of 2019 reported being a victim of violence. 43.7% of patients said they had experienced violence in the seven days prior to their consultation.
- 18.6% of the people seen in our mental health program in Nuevo Laredo between January and September 2019 had been victims of kidnapping, and 63% of those said they had been abducted in the seven days prior to the consultation.
- In September 2019, out of 41 patients in Nuevo Laredo who were returned to Mexico by the US under the Migrant Protection Protocols (MPP),⁴ 18 had been kidnapped recently (43.9%) and an additional five patients (12.2%) had been the victim of an attempted kidnapping. In October, the percentage of kidnappings among those sent to Mexico under the MPP program increased to 75% (33 of the 44 new patients).

⁴ For more information on the MPP, see section 7.3 of this report.



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Migrants and refugees rest outside La 72 shelter in Tenosique, Tabasco, Mexico, near the border with Guatemala.

2

METHODOLOGY

The information presented by MSF in this report comes primarily from three sources: patient testimonies, a survey of migrants and refugees conducted by MSF, and medical data recorded in MSF's Health Information System (HIS). The data presented in this report cannot be extrapolated to apply to the entire population residing in or trying to flee the NTCA. The testimonies and the data do, however, present vivid snapshots of the realities facing hundreds of thousands of individuals every year.

MSF patient and staff testimonies

The patient testimonies were collected by qualified MSF staff in Mexico and El Salvador in 2018 and 2019. All of the patients provided informed written consent for their interviews to be published. Names have been changed to protect their identity. Some place names related to the patients' origins have also been changed to avoid them being recognized.

The testimonies from our staff also come from their direct experience with patients during the same period. The staff gave express consent for their testimonials to be used. Their clinical assessments and impressions were given willingly and objectively. The identities of team members may have been changed to guarantee the anonymity of the information they provide.

Migrant survey carried out by MSF

The survey was approved by the MSF Ethics Review Board and was conducted between May and June 2018. The information was structured around four pillars to enable us to understand the main demographic characteristics of the migrant population: 1) why they were leaving their country and what are their plans for the future; 2) the routes, types of accommodation and transport used; 3) their exposure to violence; and 4) the principal health problems and barriers they face in accessing health services.

The study was carried out at five shelters, known locally as *albergues*, along the migration route in Mexico: Tenosique, Ixtepec, San Luis Potosí, Guadalajara and Coatzacoalcos. Structured individual interviews were conducted with 480 participants aged between 15 and 66. Legal consent was obtained from the guardians of those who had not reached the age

of adulthood at the time of the survey. Given that this was not an established population and that the users of each shelter changed regularly, we decided to use convenience sampling, taking into account all of the migrants and refugees who entered the shelters over the survey period of 10 working days. For operational reasons, the survey was conducted in shelters where MSF was working in 2018 or had recently worked. As a result, the majority of the migrants were interviewed in either the southern or central region of the country. The figures on exposure to violence may therefore be under-representative since the majority of these individuals were in the initial phase of their journey.

Of the 480 survey participants, there were 434 men, 37 women and 9 transgender⁵ people. There were some limitations in the scope of the data collection, and our sample may be over-representative of men in comparison with the overall profile of migrants and asylum seekers from the NTCA. We think that this is due to a methodological barrier in our study: the fact that our interviews were conducted in shelters may have hindered our access to women. It is possible that a greater proportion of women migrate using other routes and channels, which means that they do not necessarily pass through the established network of shelters in Mexico.

Of those interviewed, 97.8% were migrants and refugees from the NTCA and the remainder were of other nationalities. The majority (79.6%) were Hondurans, followed by Guatemalans (12.0%) and Salvadorans (6.2%). The over-representation of Hondurans may also be because of different migration patterns. Hondurans are the most frequent users of the network of shelters in Mexico.

The interviewers were trained and gathered the data through a structured questionnaire during face-to-face interviews.

Questions were asked orally except for those related to sexual violence, in which case a protocol known as the "ballot box technique"⁶ was used to maintain confidentiality. The questions related to sexual violence had lower response rates, partly due to their sensitive nature and partly due to the methodology. Nevertheless, this technique obtained satisfactory response rates between 82% and 88%, depending on the questions. Because the number of respondents varied by question, this report cites percentages as well as the corresponding raw numbers for transparency.

Throughout the survey process the interviewees received medical and mental health care as needed.

Medical data recorded in the MSF Health Information System

The data used in this report comes from medical and mental health consultations carried out in Mexico by MSF staff at various migrant health care posts. It includes the data of 26,171 people helped in any of the following health care posts between January 2018 and September 2019: Tapachula (Chiapas), Tenosique (Tabasco), Coatzacoalcos (Veracruz), Monterrey (Nuevo León), Tijuana and Mexicali (Baja California), Nuevo Laredo (Tamaulipas) and Mexico City. All data relating to medical activities have been taken from the MSF Health Information System (HIS) and are compliant with the General Data Protection Regulation (GDPR).

⁵ Transgender women were counted as women in the survey results.

⁶ The most sensitive questions at the end were set out on a separate and detachable page. The interviewer filled in the interviewee's code at the top of the page so that it could later be associated with the information in the rest of the questionnaire. The interviewee was asked to fold the page in half and insert it into an envelope when they had finished answering. This technique was used to try and ensure that this sensitive information was not given to the interviewer and to maintain confidentiality.



MSF projects and health posts in Mexico and Central America.

3

INTRODUCTION

Doctors Without Borders/Médecins Sans Frontières (MSF) works in Mexico, Honduras, and El Salvador to assist victims of the chronic violence devastating the region.

Since 2012, we have provided medical and psychological care to thousands of people fleeing the Northern Triangle of Central America (NTCA). We have paid particular attention to identifying and treating victims of sexual violence. During this time, MSF has gradually adapted its operations in line with changes in the migration flow and the needs of displaced people, who face severe restrictions to access health services.

For more than seven years, we have helped people on the move in approximately 20 cities along the migration route through Mexico. MSF provides its services along the route principally in shelters and mobile clinics close to highways and train stations.

Since 2012, we have provided medical and psychological care to thousands of people fleeing the Northern Triangle of Central America (NTCA). We have paid particular attention to identifying and treating victims of sexual violence

More recently, we have begun to help Mexican nationals deported from the US and migrants held in detention centers in Mexico.⁷ This has helped us to understand the harsh conditions facing detainees and to identify serious medical and mental health cases where specialized care may be required. MSF also provides care in cases of extreme violence and torture at the *Centro de Atención Integral al migrante (CAI)* located in Mexico City. Between 2015 and late 2019, MSF teams in Mexico have provided over 42,000 medical consultations and more than 11,000 mental health consultations for migrants, refugees, asylum seekers and deportees.

MSF returned to El Salvador in 2018 to improve access to health care in communities affected by violence. Teams work in 20 communities within San Salvador and Soyapango, offering medical and psychological care in mobile clinics. MSF is also involved in community outreach, including health promotion and awareness campaigns, to address the consequences of violence. The organization also provides emergency care by running an ambulance service for people who have difficulty accessing health facilities. During the period from June 2018 to September 2019, teams carried out 1,668 mental health consultations and 10,758 medical consultations. In addition, 967 patients from "red zones"⁸ under gang control were transported to referral hospitals by MSF ambulances.

In Tegucigalpa, Honduras, MSF teams have been providing comprehensive care services to victims of violence for five years. This assistance —known locally as *servicio prioritario*, or priority service— has helped more than 2,700 survivors of sexual violence, with 60% of victims under 18 years old. Teams have also assisted over 1,255 survivors of "other situations of violence" (OSV), including those suffering the consequences of extortion, death threats, assaults, kidnappings or other violence-related events.

⁷ Known in Mexico as *estaciones migratorias* (migrant holding centers).

⁸ A place is considered a "red zone" when there is limited access for ambulances and pre-hospital emergency care. The categorization of an area as a red zone can be due to previous incidents involving threats or attacks on medical staff but also to the stigma and perceived risk of entering certain parts of the city where gangs are visibly present. <https://www.msf.org/breaking-invisible-barriers-divide-neighbourhoods-controlled-gangs-el-salvador>



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A Honduran family travelling north makes a stop in Coatzacoalcos, Veracruz, Mexico.

4

SYSTEMATIC EXPOSURE TO VIOLENCE IN THE NTCA

Criminal organizations and gangs maintain strong social control throughout large parts of Honduras, El Salvador, and Guatemala, where poverty and violence are inextricably linked to a lack of public services and abandonment by the state. A large proportion of the population living in these regions is exposed to attacks, threats and extortion by the gangs, has limited freedom, and lives in constant fear.

This violence and control affect people of all ages and genders, with several members of the same family commonly being confronted with different types of risk. Escaping from this situation is not easy. Families are accustomed to quietly leaving their homes and relocating to other areas of their native city or country, so as not to be identified. However, because the gangs maintain vast networks, internal relocation is not always effective to ensure safety. Many people living in the NTCA end up believing that the only viable option to escape the violence is to leave their home country altogether.

Carlos, a Honduran patient treated by MSF in Coatzacoalcos, Mexico

"I am traveling to help my grandmother live a better life. I am from Tegus [Tegucigalpa]. There aren't many opportunities there if you aren't with the gangs, and I don't want to enter into that world. I want to do things right, work hard to help my grandmother and my brother, who has a son. Once you join the gangs, you can't leave. The gangs killed my father when I was 7 years old, an uncle when I was 6 and a cousin when I was 5. People hardly know their family because of this".

Of the migrants and refugees surveyed by MSF, 61.9% had been exposed to a violent situation in the two years prior to leaving their country. Almost half (42.5%) of those interviewed reported the violent death of a relative in the last two years, 16.2% had a relative that went missing, and 9.2% had a relative kidnapped.

Among the most recurrent forms of violence are personal threats, which sometimes result in the execution of an individual for having broken one of the rules imposed by the gang. Of those interviewed, 35.8% had been threatened for extortion, 26.9% had been victims of some kind of assault and 5%

had been victims of torture in the two years prior to leaving their country.⁹ Attacks against civilians include beatings, rape, torture and murder. This pervasive and ruthless violence not only affects individuals but has become a much wider societal issue.

Gangs practice systematic extortion and sometimes demand exorbitant and illicit payments (commonly called "rents" or "war taxes") from families, small businesses, transport providers, and other entities operating in their areas of control. Business owners who fail to pay the rents, together with their families, are seen as resistant and are terrorized with death threats and violence.

Rosa, a Honduran patient treated by MSF in Piedras Negras, Mexico

"I left due to threats from the *maras* [gangs], because I wasn't able to pay the war tax. One of them wanted to have a relationship with me, but I refused. After that I didn't feel safe in the shop, because the *maras* harass you. Depending on how much you earn, they are there —every week, every fortnight, every month. If you earn 3,000 lempiras [US\$122] in a fortnight, you might get to keep 600 [US\$24] and the rest is for them".

This level of endemic violence in many communities exposes children and adolescents to the dynamics of assault and murder, which can lead them to reproduce similar forms of hostile behavior from an early age. Sometimes, social and family breakdown leads them to view gangs as the only solution. Gang membership is systematic in each community, including the practice of forced recruitment. They attract children from a very young age, offering them protection and giving them access to resources as well as a sense of belonging. When the potential new recruits become teenagers, gang members let them "walk with them" to join the group; if they refuse, they are threatened and attacked.

Forms of machismo and gender-based violence are normalized, as much within general society as within the inner workings of the gangs. Gang members flaunt symbols of power and protection that define their relationships with young, vulnerable women. Women, teenagers and children enter into these circles of control and violence with a partner or the group as a whole. Often women experience extreme dehumanization, treated not only as sexual objects but as property in a broader sense. A woman's relationship to the gang is maintained even when her partner is in jail or dies, and can involve restrictions on her movements and every aspect of decision-making.¹⁰

⁹ Data obtained through the migrant survey carried out by MSF from May to June 2018.

¹⁰ <https://www.bbc.com/mundo/noticias-america-latina-48548800> (Spanish only).

Attacks against civilians include beatings, rape, torture and murder. This pervasive and ruthless violence not only affects individuals but has become a much wider societal issue

Gangs use sexual violence as part of their exploitation of and control over communities, and as a weapon to carry out revenge and punishment. Sexual abuse usually starts when the women are still underage, sometimes with the knowledge of family members who may remain silent out of fear or convenience. Of the migrant and refugee women interviewed in Mexico, 20.6% (7/34) had been raped in the two years prior to the survey, while 36.4% (12/33) had been sexually harassed.

Gang members often do not allow the women involved with them to use contraceptives, partly due to the belief that they promote promiscuity and also as a form of control.

Juan, an MSF psychologist in El Salvador

"We have repeated cases of adolescent rape by gang members. ...The victims come to the consultation with anxiety disorders. They say they're unable to sleep. We provide them with the necessary medical care. Some manage to escape with their family, although we know of cases where the gangs have found them and have threatened them. Sometimes, the gangs leave dismembered corpses to intimidate those who shelter families who have been displaced".

People living in the NTCA are affected by conflicts between gangs and state security forces, as well as by attacks directed against civilians. Members of the police and army often target stigmatized communities, including by mistreating, beating and indiscriminately detaining teenagers and young people assumed to be affiliated with the gangs. This pattern of violence and abuse against civilians in turn creates strong mistrust of the security forces charged with maintaining law and order. Mutual suspicion worsens safety and security in these regions and makes access to basic public services, such as health care, more difficult.

Marta, an MSF community worker in El Salvador

"The police enter this community and, during enforcement operations, they beat up young people who aren't gang members. They steal their belongings —such as money, cellphones, sound systems— and destroy their homes searching for drugs. Sometimes the inhabitants feel more trust towards the gangs and normalize certain situations. This makes it difficult to establish links between the institutions and the community. We are trying to raise awareness about health care and the role of the various stakeholders in this issue".

4.1. DIRECT IMPACT OF VIOLENCE ON THE COMMUNITY

Invisible borders, confinement and restricted access to health care

The instrumentalization of violence by the *maras* to exert control over communities and their desire to occupy physical and social space create what are known as "invisible borders." Due to the lack of state presence in certain districts, gangs behave as the de facto authority. They create shifting and complex borders based on the rivalries between various groups, restricting the movement of the population. A person living in an area controlled by one gang may have limited ability to travel to other areas controlled by rivals. At times, these invisible borders can dictate whether an individual can cross the street or travel just a few blocks from their house.

These borders have a major impact on the life of the community because they limit free access to basic services and restrict individual and social development. Young people may find it difficult to pursue their education if the school is situated outside their neighborhood. Adults may have to stop visiting their families if they live in areas controlled by rival gangs.

The effects of restricted access to health care can be seen at all levels. Advocacy for health and vaccination campaigns is limited in areas with a strong gang presence. People in the community may find it difficult to gain access to health centers and hospitals in areas controlled by rival gangs. The movement of ambulances in these areas is also limited.

The situation is particularly critical for young people, teenagers and relatives of people who have been threatened. Many of them are effectively confined to their homes or neighborhoods, with serious restrictions on their freedom of movement and limited access to health care. Partners and relatives of gang members face increased risks, including of becoming a victim of violence and having restricted access to health services.

Alberto, an MSF doctor in El Salvador

"We wanted to refer a pregnant patient to a hospital but she and her partner were scared to go. The main referral hospitals are located in areas dominated by rival gangs. 'They could kill us when we leave,' she told me".

Public health institutions have limited access in certain areas, in part due to stigma and prejudice toward communities dominated by the gangs. It is common to find places categorized as areas where "only gang members live" or where access to these "danger zones" is labeled as "impossible" —but there is no deeper analysis or attempt to implement mediation strategies. The mutual lack of trust between the authorities and the communities in stigmatized areas reinforces the vicious circle of exclusion.

People living in the NTCA are affected by conflicts between gangs and state security forces, as well as by attacks directed against civilians. Members of the police and army often target stigmatized communities

Impact on mental health

The constant threat of violence leaves a profound mark on an individual's mental health, which can sometimes go undetected due to stigmatization and the lack of institutional resources for identifying and treating cases. Of the 2,353 people treated in MSF mental health consultations in El Salvador between January 2018 and September 2019, 62% had suffered from exposure to violence as a precipitating factor; 23.3% of cases were related to intentional physical violence (assault, rape or torture).

The impact of violence is evident from the symptoms of mental illness presented by our patients: 55% of patients treated in El Salvador demonstrated moderate (37%) or severe (18%) symptoms, according to the CGI scale¹¹. If we analyze the array of symptoms, 35.5% of our patients in El Salvador presented mainly anxiety-related symptoms, whilst 19.5% had symptoms of post-traumatic stress disorder (PTSD) and 17.5% exhibited depression-related symptoms.¹²

Clara, a patient treated by MSF in El Salvador

"Around six in the evening, six masked men [gang members wearing balaclavas] surrounded and aimed their weapons at the house. They had threatened my husband without any reason. They entered by force, and my husband tried to escape through the back door but the bullets hit him. They tied up mine and my children's hands and feet. They beat us and aimed their guns at us until they made sure my husband was dead. Eight days later, they threatened us saying that if we didn't quickly leave the home where we had lived for 50 years, the same would happen to us. They would kill us all".

Fleeing as the only solution

The prevalence of violence in the NTCA often leads to people being forced to flee to protect themselves from life-threatening risks. There were 246,000 people newly displaced in El Salvador alone in 2018, according to data from the Internal Displacement Monitoring Centre (IDMC).¹³ El Salvador is the single country in the NTCA that has presented consistent data, according to the IDMC, however available reporting points to significant internal displacement in Guatemala and Honduras as well.

¹¹ CGI or Clinical Global Impression is an internationally recognized scale that measures the severity of patients with psychological problems or mental illness.

¹² Medical data recorded in the MSF Health Information System (HIS).

¹³ Internal Displacement Monitoring Centre (IDMC). *Painting the full picture. Persistent data gaps on internal displacement associated with violence in El Salvador, Guatemala and Honduras*. 2019. Available at http://www.internal-displacement.org/sites/default/files/publications/documents/ntca_persisting_data_gaps.pdf

Internal displacement across the NTCA continues to be largely invisible. Threatened families abandon their homes and escape quietly, finding places to hide elsewhere. Sometimes they hide in the homes of other relatives, hoping to avoid detection from the gangs. This makes identifying and helping displaced people who need protection much more difficult. Often internal displacement is not enough to enable people to avoid exposure to violence, either because families end up being tracked down by the groups that had threatened them, or because the armed groups that control the territory in their place of refuge subject them to new threats. In such cases, fleeing the country is considered the only option to escape the violence.

More than a third (36.4%) of the migrants and refugees surveyed who said that they had fled their country due to violence had initially been internally displaced for the same reason.¹⁴

Most of the individuals interviewed by MSF reported having been displaced from their country for various reasons, with violence and insecurity as key factors, but also in combination with other economic factors. Almost half of them (45.8%) mentioned at least one event involving exposure to violent situations as a key reason for deciding to migrate. The rest of those surveyed stated economic reasons, the search for work or the desire to reunite with family as their main motivation. The most frequently reported violence-related reasons were direct assaults on themselves or their families (20.8%), extortion (14.9%), other threats (14.3%), attempted forced recruitment by gangs (10.5%) and confinement (5.5%). Of those who mentioned violence-related reasons, 59.1% mentioned more than one determining factor related to violent events. People traveling with children more often (75.8%) reported leaving on the grounds of violence.

More than a third (36.4%) of the migrants and refugees surveyed who said that they had fled their country due to violence had initially been internally displaced for the same reason

¹⁴ Data obtained through the migrant survey carried out by MSF from May to June 2018.

Juana, a Honduran patient treated by MSF in Tenosique, Tabasco, Mexico

"Due to insecurity, we had to leave Honduras: there is no future there for my son. The *maras* recruit people, then kill them. People die because of stray bullets. [The gangs] pestered my son, wanting to recruit him. We live in constant danger. They killed two of my cousins; they refused to sell drugs and they killed them".

Many of the people cared for by MSF said that the migration route was dangerous but that staying where they were often presented greater risks. Since they could not be safe in their own country, many had to make the difficult choice between staying or fleeing, and weighing the risks that both options entailed for their life and their health. On many occasions, the process of fleeing involves a long cycle of leaving their home country in the NTCA and traveling north, being deported by Mexico or the US, and then having to start the journey all over again. According to the MSF survey, 52.3% of migrants and refugees interviewed in Mexico had already attempted to leave their country of origin at least once or several times before, and 82% had been deported at least once.

Verónica, a Salvadoran patient treated by MSF in Coatzacoalcos, Veracruz, Mexico

"There is a lot of crime. We already have been through years on the move. We were living in Guatemala and migrated to Mexico, because there is also crime in Guatemala. When we crossed the river into Mexico, they seized us and deported us. When [later] we arrived in El Salvador, [the gang] asked us for 'rent' because we hadn't lived there before. So we had to pay, because if you don't pay, they come for you. People suffer a lot by having to run away from our country. Now I don't have anywhere to go in El Salvador; I sought asylum but they rejected me. I had no alternative but to leave and walk. We arrived in La Venta [Mexico], and there the migration authorities beat us. A human rights organization took photos of the wounds on my back. We are looking after each other. We have crossed mountains, passed through dangerous places, traveling by other ways; we have jumped onto moving trains, although they say that on the train you run the risk of being kidnapped or attacked. There are some people who lost parts of their body while trying to get onto the train, but we don't have any other choice. We have to migrate in order to be able to live a little better".



Migrants are exposed to danger in Reynosa, Tamaulipas, Mexico.

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According to a 2019 survey of migrants in Ciudad Hidalgo, Chiapas, Mexico, conducted by the United Nations High Commissioner for Refugees (UNHCR), 70% of the people interviewed said that if they were to return to their country of origin, they would face threats to their life, integrity or freedom—as well as risks due to the general situation of violence.¹⁵

Of the 2,353 people treated in MSF mental health consultations in El Salvador between January 2018 and September 2019, 62% had suffered from exposure to violence as a precipitating factor

¹⁵ UNHCR. *Monitoreo de Protección en Ciudad Hidalgo, México. [Monitoring Protection in Ciudad Hidalgo, Mexico]* February 2019. Accessed most recently on 10/30/19 at <https://www.acnur.org/noticias/press/2019/2/5c5a19724/detecta-acnur-huida-de-violencia-un-motivo-principal-de-llegada-de-centroamericanos.html> (Spanish only).



© CHRISTINA SIMONS

Migrants and refugees gather by the main bridge in Coatzacoalcos, Veracruz, Mexico, to prepare for their journey north on the cargo train known as *La Bestia* (The Beast).

5

MIGRATION IN THE REGION: A CYCLE OF RECURRING VIOLENCE

Violence in Mexico has reached unprecedented levels, with over 250,000 people killed since 2006 and an estimated 61,000 people who have disappeared,¹⁶ according to figures as of January 2020. In 2018 alone, there were 35,964 recorded homicides¹⁷ throughout the country, or an average of almost 100 homicides every day. Per capita, there are 29 homicides per 100,000 inhabitants. Violence in parts of the country—as a result of clashes between criminal groups and as part of their predatory tactics against civilians—has intensified so much that it is comparable to that in conventional armed conflicts. In recent years, historic struggles between armed groups over control of land, underground economies and drug trafficking have been joined by clashes over control of the human-smuggling industry.

¹⁶ <https://www.nytimes.com/2020/01/06/world/americas/mexico-drug-war-death-toll.html>

¹⁷ Source: National Institute of Statistics and Geography (INEGI).

According to UNHCR estimates, 500,000 people irregularly enter Mexico every year via the border with Guatemala.¹⁸ Human trafficking in Mexico predominantly involves people from the NTCA, although recently the number of people from other countries is starting to increase. Migrants and asylum seekers are arriving from across the region, including Nicaragua, Venezuela and Cuba, as well as from places far from the continent, such as Democratic Republic of Congo and Cameroon. African migrants in particular face enormous challenges, including communication problems, and after having traveled long distances across transcontinental routes,¹⁹ now find themselves stranded in no-man's-land,²⁰ unable to go forward or back.

It is estimated that the human-trafficking business run by criminal organizations in Mexico represents

¹⁸ UNHCR. UNHCR Mexico Fact Sheet. February 2017. Available at <http://reporting.unhcr.org/sites/default/files/Mexico%20Fact%20Sheet%20-%20February%202017.pdf>

¹⁹ *Africans, too, wait at border to enter U.S. Influx of migrants beyond Latin America exacerbates tensions in crowded shelters.* *Houston Chronicle*. 05/20/2019. Available at <https://www.pressreader.com/usa/houston-chronicle/20190520/281483572843011>

²⁰ <https://www.theguardian.com/us-news/2019/sep/30/weve-been-taken-hostage-african-migrants-stranded-in-mexico-after-trumps-crackdown>

US\$2.5 billion a year²¹ and has substantial capacity to adapt to changes in the migrant population's flow and profile. In 2019, for example, the price charged for adults traveling without their family reportedly increased to around US\$11,000 per person.²² About half the fee is used to pay off criminal groups and public officials in Mexico, which helps ensure that human traffickers operate with impunity.

The pressures facing migrants have grown ever since the implementation of Mexico's Southern Border Plan²³ (*Plan Frontera Sur*) in 2014. Increased migration controls by the Mexican government were accompanied by an increase in the levels of violence. Over the past five years, people treated by MSF have reported muggings, extortions and robberies involving physical violence —occasionally accompanied by sexual assault or forced nudity. The perpetrators are mainly criminal groups, sometimes gangs from the NTCA that also operate in southern Mexico. Occasionally, these acts are committed in collusion with the Mexican authorities.

According to the MSF survey, over half (57.3%) of those interviewed had been exposed to some kind of violence along the migration route. During their transit through Mexico, 39.2% were violently attacked, and 27.3% were threatened or extorted. The actual figures are known to be much higher than the official statistics, since many victims do not report attacks out of fear of reprisals or due to corruption and lack of trust in the system.²⁴

Kidnapping for extortion in Mexico has been on the rise in recent years and is an important source of income for criminal groups.²⁵ In the north of the country, there are frequent kidnappings by gangs against the migrant and refugee population, typically accompanied by physical and sexual violence. The method of "express kidnapping" (*secuestro exprés*)

²¹ <https://www.economist.com/united-states/2019/03/16/why-more-undocumented-migrants-are-reaching-america>

²² The prices for adults traveling alone from Huehuetenango (Guatemala) to the United States have doubled in the last two years to as much as USD 10,400, which illustrates the increasing levels of bribery of public officials and criminal groups along the route. See <https://www.theguardian.com/us-news/2019/apr/08/the-booming-business-for-smuggling-people-to-the-us-everyone-wins>

²³ Comprehensive Plan for the Southern Border (CPSB). See Baker Institute for Public Policy. *Issue Brief 05/08/16. Mexico's Not-So-Comprehensive Southern Border Plan*. 2016. Available at https://scholarship.rice.edu/bitstream/handle/1911/92470/BI-Brief-080516-MEX_Border.pdf?sequence=1&isAllowed=y. The declared aim of the program was to deal with migration problems at Mexico's southern border and encourage social and economic development in the municipalities bordering with Guatemala and Belize. In practice, the Plan focused principally on the safety and interception of undocumented people. Some of the funds required to launch and carry out the program in 2014 possibly came from US sources, supposedly through the Mérida Initiative. The US State Department describes the Mérida Initiative as "an unprecedented partnership" between both countries to "fight organized crime and associated violence while furthering respect for human rights and the rule of law".

²⁴ <https://www.infobae.com/america/mexico/2019/05/19/el-secuestro-en-mexico-un-delito-sin-datos-claros-que-no-se-denuncia> (Spanish only).

²⁵ <https://www.excelsior.com.mx/nacional/secuestro-subio-29-en-mexico-homicidio-tambien-aumenta/1319937> (Spanish only).

MSF teams have witnessed kidnappings right outside the shelters and at bus stations. Pregnant women in Nuevo Laredo prefer "not to leave the shelter to go to hospital", for fear of being kidnapped

is used against those traveling with cash or who have contacts in the US. Victims are forced to hand over what they are carrying or quickly transfer large sums of money, sometimes between US\$2,000 to \$3,000. In the border city of Nuevo Laredo, it is almost impossible to leave the shelters because so-called "hawks" from the gangs are watching the entrances. Despite the presence of police, MSF teams have witnessed kidnappings right outside the shelters and at bus stations. Pregnant women in Nuevo Laredo have told us that they prefer "not to leave the shelter to go to hospital," for fear of being kidnapped and endangering their own and their baby's health.

Juan Antonio, a Honduran patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico

"I left my country and managed to cross through Mexico, but when I arrived in Nuevo Laredo, some guys grabbed me and my son, trying to kidnap us. They made us get into a van. I asked God to help me while they were beating us. I tried to escape when they opened the van door. I ran off, but they caught up with me and beat me. Fortunately, the Mexican army rescued me, but my son was still kidnapped. They brought me to the *Casa del Migrante*, where Médecins Sans Frontières offered me medical and psychological care. Two psychologists helped me greatly because my son was still in danger. They took me to the social work area, where they gave me counseling. One day my son appeared at the shelter door. God had returned him to me".

Our patients commonly reported group kidnappings and being held in so-called "safe houses" (*casas de seguridad*)²⁶, where they suffered high levels of violence. In 2019, the Mexican authorities freed several groups of Central American migrants being held in various places.²⁷

²⁶ Name used to refer to the place where kidnapping victims are held.

²⁷ <https://www.elfinanciero.com.mx/nacional/26-migrantes-son-asegurados-en-tamaulipas-suman-96-en-una-semana> (Spanish only).

Emilio, an MSF psychologist in Tamaulipas, Mexico

"The process is similar: [the gangs] locate [migrants] at the bus terminal, take them to a 'safe house', search through their cellphone for US phone numbers and extort them so that the outsider pays a ransom. They beat some of them up. [The victims] suffer death threats —this usually lasts a couple of days until the money arrives. Then they leave them at the nearest shelter".

Some of our patients reported having been kidnapped over a longer period for forced labor, sexual exploitation or recruitment by criminal groups. The gangs often use people of the same nationality as the victims to aid identification and extortion.

José, a Guatemalan patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico

"In the abandoned house where they take you by car, as soon you enter, they start to beat you. Then they order you to strip, and if you refuse, they hit you. There are three or four of them as security. And until they get the number out of you [telephone number of a family member or a friend in the US], they don't stop the beatings. It's like an interview: 'What's your full name, what job do you do, what are you going to do in the US?' It's a small room made of wood, and from there, when they get the number, they put you in the room with mattresses. There I saw boys, girls and women of all nationalities, including Mexicans, and they all have to pay up. If they find a number that you haven't given them, they say that they'll kill you. It's hell on earth. They're all high or on coke [cocaine], talking all the time. Even Hondurans and Guatemalans are forced to work for them, either because they are detained themselves or because they don't have any other way to earn money. They are made to extract information and identify other possible victims".

Sexual violence is recurrent and has been specifically reported by our patients in areas at the start of the route in southern Mexico (chiefly Chiapas and Tabasco states), where they are accustomed to traveling on foot to avoid border controls. Of the migrant women interviewed at health care posts as part of the MSF survey, 22.5% (9/40) had been sexually harassed, 12.8% (5/39) had unwanted sexual relations and 10% (4/40) acknowledged having been forced to have sex in exchange for material support or other benefits. Some women ask for contraceptives during MSF consultations when starting the route, because they fear the high risk of sexual abuse and unwanted pregnancy.

Ana Paula, a Honduran patient treated by MSF in Tenosique, Tabasco, Mexico

"When we arrived in El Ceibo [Mexico], they robbed us. Three men cornered us and stole everything. Everyone who came with us was subjected to the same [treatment]. Then they separated me from the group and stripped me in front of my husband and son. All three [men] abused me. They didn't care that my son was there. When we arrived at the shelter and heard the talk that Médecins Sans Frontières gave about sexual abuse along the route, I went to the doctor. They gave me psychological care as well as medical care to prevent diseases. I didn't expect this to happen to me. If I had known, I would never have come. We didn't have anything to eat there. I can't sleep. I don't want to be in Mexico anymore. I'm scared that the same thing will happen to me again at a later date. This journey isn't easy. Many things happen on the way. Men and women are in danger, many have died. I still don't have the courage to catch the train with my son".

In some cases, men are particularly targeted, including being forced to undress as a form of humiliation during episodes of kidnapping and torture. Acts of sexual violence are also directed toward the LGBTQ community as a form of punishment.

Throughout 2018, MSF's teams cared for 172 victims of sexual violence, of whom 21.2% were children. Most of the cases reported were rapes (58%), the remainder being assaults (42%). In 16.2% of the rape cases, the event had taken place in the three days prior to the consultation, an indication of how prevalent such violence is along the migration route. Women accounted for 67.5% of the people treated for sexual violence. In 2019, the number of sexual violence cases continued to increase. Between January and September, a total of 277 people were treated, a figure which is 134% greater than the same period last year.²⁸

In addition to the medical data and testimonies that provide stark evidence of the suffering of migrants and refugees in the region, there have been 1,907 documented deaths of migrants at the border between Mexico and the US since 2014, including 26 children. The figure for child deaths is on the rise, and in the first half of 2019 alone there were 13 recorded deaths of children.²⁹ Of the Central Americans surveyed, 5.9% reported having witnessed a death since entering Mexico and, in 17.9% of cases, this death was a homicide.

²⁸ Medical data recorded in the MSF Health Information System (HIS).

²⁹ International Organization for Migration (IOM). *Fatal Journeys Volume 4: Missing Migrant Children*. June 2019. Accessed most recently on 10/30/19 at <https://www.iom.int/news/one-child-every-day-lack-data-leaves-most-vulnerable-group-risk-un-migration-report>



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In February 2019, an MSF team worked in Piedras Negras (Coahuila, Mexico), following the arrival of a caravan of 1,700 migrants.

6

AFTER-EFFECTS OF VIOLENCE AND MIGRATION ON PEOPLE

The violence to which Central American migrants and refugees are exposed, both in their own country and while in transit through Mexico, has a clear impact on their mental health. In our consultations, MSF teams see people with serious psychological issues.

Martín, an MSF psychologist at the *Centro de Atención Integral* in Mexico City

"I had a patient who suffered numerous instances of abuse. She told me how she saw her body as if it was separate from herself. She said a part of her soul was still there, and that nobody could touch it. She had a hard time making physical contact with her own body, and she didn't let anyone come close".

Of the 3,695 people seen in MSF psychological consultations in health care posts for the migrant population in Mexico between January 2018 and September 2019, 78% had suffered from exposure to violence as a precipitating factor. With regard to the type of violence to which they had been exposed, 24.7% presented risk factors associated with intentional physical violence (assault, sexual violence and torture); 72.8% presented risk factors associated with threats, forced recruitment, human trafficking or discrimination, or had family members who were forcibly disappeared or killed, or had witnessed violence, among other factors associated with individual and structural exposure to violence.³⁰

We see the impact of this violence on our patients through their symptoms. In Mexico, 56% of the people we treated presented moderate (29%) or serious (27%) symptoms, according to the CGI scale. If we analyze the array of symptoms, 42% presented mainly anxiety-related symptoms, 35% depression-related symptoms and 10% symptoms of post-traumatic stress.³¹

³⁰ Medical data recorded in the MSF Health Information System (HIS). The percentages correspond to patients exposed to a specific kind of factor, thus it is possible that some were exposed both to intentional physical violence and factors associated with individual and structural exposure to violence.

³¹ Medical data recorded in the MSF Health Information System (HIS).

What surprises them (migrants and asylum seekers), and what they are not expecting, is the violence that they experience in Mexico. What they are told before the journey is nothing compared to what they suffer along the way

Of the women surveyed, 37% (17/46) had had suicidal thoughts.

In certain situations on the migration route through Mexico, we find that the level of mental health disorders affecting refugees and asylum seekers is even more alarming. During the visits and consultations that MSF has carried out in migrant detention centers in Mexico in 2019, we have seen, compared with other MSF health care posts on the route, more than double the number of cases of acute symptoms and intense emotional pain (flashbacks, avoidance behavior, fear and anxiety). These symptoms, which are typical of acute stress disorder (ASD), differ from the symptoms commonly observed by our teams at shelters and other health care posts. Given that ASD manifests itself as an intense reaction of emotional suffering within the first month following the traumatic event, it is likely that this event is associated with detention.

In addition to the mental health needs, most of the medical issues diagnosed by MSF during our consultations are brought about by the harsh conditions of long journeys on foot and nights spent exposed to bad weather: respiratory infections, skin disorders and acute osteomuscular problems. Of the Central American migrants and refugees surveyed, over 40% stated that they had needed medical attention at some point but were unable to access health services in Mexico.

Eulalia, an MSF psychologist in Coatzacoalcos, Veracruz, Mexico

"In the southern region we tend to see patients mostly from Central America. There are very few displaced Mexicans or people from a different continent. The psychological care required is therefore very different. They don't want to socialize. Patients use isolation and avoidance as a coping mechanism and only focus on their goal of crossing the border. This is a very common behavior on the southern border: 'don't say

anything and carry on'.... The extent to which our patients are affected is much higher in the north. The people who make it there are usually lost and disoriented. Those who don't travel in caravans have suffered. What started out just as rumors [of atrocities] in the south have become realities by the time they reach the northern border. Things happen to them that are beyond what you can imagine. Half the patients we treat have gone through an intense experience, such as kidnappings and armed threats. And then there are cases of extreme violence, such as physical and psychological torture. Some people have been separated from their family or group, some members stay behind because they have been kidnapped or [decide to] turn back.... The physical obstacles to entering the United States are taken for granted. But what surprises them, and what they are not expecting, is the violence that they experience in Mexico. What they are told before the journey is nothing compared to what they suffer along the way. [While riding] on the train they can see on the ground the bones of the people who stayed behind. Coming from a country where violence is endemic, they decide to make the journey because they have no other option".

Our patients are exposed to a high risk of sexual violence both in their country and on the migration route. These cases are difficult to identify and often go unnoticed, partly because of stigma as well as the fear of the victims to report cases due to the presence and threats of the perpetrators. The failure to identify and treat sexual violence leaves a scar on men and women of all ages, as well as on a large number of children. Gangs sometimes assault their victims in front of family members as a means of punishment or control. This has a serious impact on the victims and on the whole family.

At the CAI³² in Mexico City, MSF has been offering medical and psychological care since 2016 to victims of extreme violence and torture. Teams identify migrants who have been exposed to situations of trauma and torture and refer them to specialist health services. Services include legal support and accommodation for longer stays during recovery. Among our patients, we see cases of serious trauma brought about by intentional physical assaults, including sexual violence and physical and psychological torture. Some of these people were forced to witness the murders of family members or were shown the victim's mutilated body as a form of punishment.

³² Centro de Atención Integral (CAI) is a comprehensive care center for victims of torture and extreme violence. More information about MSF's work at <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/tending-deep-wounds-mexico>

Most CAI patients are survivors of more than one violent event. Many of them were targeted due to their appearance, place of origin, sexual orientation or gender identity. These patients represent a small fraction of the population suffering from the consequences of violence in the region. Although the majority need lengthy treatment, some develop coping resources without being aware of their own resilience. Others take more time to show serious disorders. In one way or another, they all need highly personalized care.

Victoria, an MSF psychologist at the CAI in Mexico City

“CAI patients present complex diagnoses, such as post-traumatic stress disorder, severe trauma, severe depression, anxiety and associated disorders, mostly caused by the recurring violence and a hostile environment. Most experienced extreme violence from childhood in their native countries and sometimes on the journey. There are men and women who have been raped, on many occasions and by many men, and people who have been tortured by those seeking to inflict specific pain. Despite being immensely resilient and capable of surviving events that most people wouldn't be able to overcome, they have suicidal thoughts and tendencies to self-harm. Many want to die. Throughout their lives these patients have built a multi-layered shell capable of enduring beating after beating. Once they begin to feel safe at the CAI, they start to become conscious of what has happened to them. We find people lost and drifting without direction. Some don't have their own identity. They don't know who they are or what they want to be. Some have doubts about their sexual orientation. We open a window into their inside and [sometimes] they fall apart. They only see pieces of themselves, and they don't know where to start. Our job is to accompany them in their personal rehabilitation, to help them confront that identity, not as they were but as they want to be. And to reduce the symptoms so that they can develop basic functions to face a new life and make their own decisions. Sometimes they have never known what a normal life is, or what it is to have plans or goals, or even for people to call them by their name or treat them with respect. It is complicated at the start. Clinically speaking, there is a high tendency to commit suicide or cause self-harm. They stop looking after their children and themselves. They can't sleep. But some start rebuilding little by little and begin to function again”.

Physical violence, wounds caused by different types of weapons, kidnappings and sexual violence have a considerable impact both on the physical and mental health of the victims. These issues are not being fully addressed by health authorities and institutions in Mexico. The after-effects of extreme violence can be treated, although sometimes the wounds do not heal.

Esteban, an MSF psychologist at the CAI in Mexico City

“The after-effects are lifelong. We help them to live life without so much pain, to learn to live with their nightmares and to connect with their memories in spite of the symptoms that may continue to be present. Most hang on to an inner strength and begin to bounce back. They start to create something where there was nothing before.... There are cases where they can't go back to their country or home community. They don't know anyone here [in Mexico] either. Despite everything they have suffered, once they start to make progress, it's the routine of their new life and being independent that is the next mountain to climb”.

In addition to treating migrants and refugees moving north, MSF also provides medical and mental health care to people deported from the US. The US Bureau of Immigration and Customs Enforcement (ICE) has expanded operations to identify and deport undocumented individuals living in the US. People who have been established for years, sometimes decades, in the US are particularly affected, with serious impacts on their mental health.

This population of deportees has specific characteristics that make reintegration difficult. They often cannot return to their places of origin because of threats from the *maras*, the risk of being extorted due to their economic ties with the US or the fear of gang-related revenge attacks.^{33,34} Deportations have a clear impact on the physical and mental health of MSF patients, particularly those separated from family members in the US.

³³ A total of 26,170 Salvadorans were deported from the United States and Mexico in 2017. Fourteen percent of adults and 27% of children said they had left their country due to insecurity. Source: UNHCR. UNHCR Fact sheet El Salvador. July 2018.

³⁴ This does not include the almost 200,000 Salvadorans who have been legally living in the US since 2001 under the Temporary Protected Status (TPS) program, which was officially terminated in 2018, putting them at risk of deportation. The US effectively extended protected status for Salvadorans through January 2021, however their future remains uncertain. See <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/msf-end-temporary-protected-status-salvadorans-puts-lives-risk> and <https://www.dhs.gov/news/2019/10/28/us-and-el-salvador-sign-arrangements-security-information-sharing-give-salvadorans>

Francisco, a Honduran patient cared for by MSF in San Pedro Sula, Honduras; deported after 22 years living in the US, where he has five children aged between 9 and 18

“It was my birthday. I had a road traffic accident, and they accused me of driving while under the influence of alcohol. I don't drink. The thing is, they didn't even make me take a test to prove it. Despite needing medication, because I have HIV, they didn't give me anything. In the county jail they made me stay seated for two or three days. There was a schedule even for going to the toilet. Then they took me to a detention center on Interstate 35 in Dallas, and then one in Alvarado, Texas. There I was subject to racism and discrimination like never before. I was there for four months. Then they took me to Brownsville, Texas, and from there they put me on a flight to Honduras.... I was in Honduras for two weeks. It's no longer my home, my people, my country. Only my sisters and their children are there. And I think to myself, 'What's the government going to do for them? Nothing.' The neighbor's house was empty, but after two days it filled up with people, gang members. It was frightening. I couldn't leave the house; they would have extorted me because no one knows me there. My brother, seven years ago, was also deported —and soon after he arrived [in Honduras], he became a victim of extortion. He couldn't pay. He looked like he was tortured, with traces of cigarette burns all over his body. They strangled and hanged him, and his dead body was dumped in trash bags. I've lost three brothers in total due to violence, the *maras*, extortion, and being unable to pay”.



Asylum seekers sent back to Mexico by the US are living in a makeshift camp by the international bridge between Matamoros, Tamaulipas, Mexico, and Brownsville, Texas.

7

COLLAPSE OF THE REGIONAL SYSTEM FOR PROTECTING MIGRANTS AND ASYLUM SEEKERS

Despite national and international legal obligations requiring states to protect people fleeing violence and persecution, the US government has implemented a series of measures in recent years designed to limit migration from Mexico and the NTCA and restrict access to asylum. The US government has also put pressure on Mexico and other countries in the region to take more aggressive action to curb migration and prevent asylum seekers from arriving at its southern border. Administration officials have invoked the “humanitarian crisis”³⁵ along the US-Mexico border to justify the need to build a wall and take other extreme measures. US policies have had the perverse effect of worsening the humanitarian crisis in the region, and

³⁵ <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/facts-about-humanitarian-crisis-mexico-and-central-america>

there is still no coordinated international humanitarian response to help vulnerable people forced to flee.

The overall number of people crossing the southern US border is actually far below historic highs, although arrivals have begun to rise in recent years.³⁶ More significantly, there has been a major change in the demographic composition of the migrant population: a growing number of new arrivals are children, families, and asylum seekers —people who legally could not be detained and deported through the existing mechanisms designed for single adults arriving in the US to find work.

In the last two years record numbers of families have crossed the border and requested asylum in the US. In the 2012 fiscal year, only 10% of those apprehended or deemed inadmissible at the southern border were unaccompanied children or families with children. By September 2018, the proportion of children and families among those apprehended reached more than 50% for the first time.³⁷

³⁶ CBP encountered 977,509 people at the southern border in the 2019 fiscal year, including those apprehended and those denied at a port of entry. This is a larger population than the preceding two fiscal years combined, and the highest number of apprehensions since 2007, but far below the peak of 1.6 million in 2000. See <https://www.cbp.gov/newsroom/stats/sw-border-migration>

³⁷ <https://www.cbp.gov/newsroom/stats/sw-border-migration/fy-2018>

By May 2019, this figure reached 70%. In the full 2019 fiscal year, 62.3% of those apprehended were unaccompanied minors or families traveling with children.³⁸

Of this population, the majority arrived from the NTCA. Out of 859,501 apprehensions, only 19% (166,458) involved Mexicans, historically the most common nationality. People from the NTCA together accounted for 71% of all apprehensions in fiscal year 2019: Guatemalan 31% (264,168), Honduran 30% (253,795) and Salvadoran 10% (89,811).³⁹

These demographic changes—especially the influx of families with children and unaccompanied minors—presented a challenge to the US migration system. The US government does not have the legal authority to detain minors for longer than 20 days, nor does it have the authority to deport asylum seekers without an evaluation of their claim of fear of persecution. It was no longer possible to quickly detain and deport those crossing the border. In response, the US administration introduced a series of bureaucratic and administrative barriers to deter migration and restrict access to asylum.

The complex web of policies implemented by the Trump administration to deal with the situation deliberately intends to dismantle the system to protect asylum seekers and reduce, at any cost, the flow of migrants and refugees into the US. Stephen Miller, Trump's principal immigration advisor, has made these intentions clear: "My mantra has persistently been presenting aliens with multiple unsolvable dilemmas to impact their calculus for choosing to make the arduous journey to begin with."⁴⁰ Trump and other key members of his administration have used explicit nationalist and xenophobic rhetoric to criminalize migrants and asylum seekers and to justify policies based on persecution, detention, and systematic deportation.^{41, 42}

The crisis accelerated in April 2018, when then US Attorney General Jeff Sessions announced a "zero-tolerance policy"⁴³ to prosecute people who crossed the border without permission and warned that

The complex web of policies implemented by the Trump administration to deal with the situation deliberately intends to dismantle the system to protect asylum seekers

families would be separated from their children.⁴⁴ Numerous Trump administration officials—including then-White House Chief of Staff John Kelly—admitted this was a deliberate attempt at deterrence.⁴⁵

An official report published by the US Inspector General of the Department of Health and Human Services in January 2019 identified 2,737 children separated from their parents, but concluded that "the total number of children separated from a parent or guardian by immigration authorities is unknown".⁴⁶ Amid public outcry and numerous court challenges, President Trump issued an executive order officially suspending the family separation policy in June 2018,⁴⁷ however reports of children being taken away have continued. As of October 2019, the American Civil Liberties Union had counted 5,460 children separated from their parents by the US government since mid-2017.⁴⁸ Organizations including the American Psychological Association⁴⁹ and the American Academy of Pediatrics⁵⁰ have spoken out about the impact of this policy on the mental and physical health of children.

³⁸ <https://www.cbp.gov/newsroom/stats/sw-border-migration/fy-2019>

³⁹ <https://www.pewresearch.org/fact-tank/2019/11/01/whats-happening-at-the-u-s-mexico-border-in-5-charts>

⁴⁰ <https://www.nbcnews.com/politics/immigration/stephen-miller-wants-use-border-agents-screen-migrants-cut-number-n1035831>

⁴¹ In fiscal year 2018 (October 2017 to September 2018) the United States removed 256,085 people, more than half of whom were Mexican citizens, representing a 9% increase on fiscal year 2017. The remaining removals were mainly of people from the NTCA: 50,390 Guatemalans, 28,894 Hondurans and 15,445 Salvadorans. The number of Guatemalans increased by 66% compared with 2017 and 29% for Hondurans. For Salvadorans the number decreased by 10%.

⁴² <https://www.ice.gov/doclib/about/offices/ero/pdf/eroFY2018Report.pdf> (p. 18).

⁴³ <https://www.justice.gov/opa/pr/attorney-general-announces-zero-tolerance-policy-criminal-illegal-entry>

⁴⁴ "If you're smuggling a child, we're going to prosecute you, and that child will be separated from you, probably, as required by law. If you don't want your child to be separated, then don't bring them across the border illegally." <https://www.cnn.com/interactive/2019/04/us/immigrant-family-separations-timeline>

⁴⁵ <https://www.washingtonpost.com/news/politics/wp/2018/06/19/here-are-the-administration-officials-who-have-said-that-family-separation-is-meant-as-a-deterrent>

⁴⁶ <https://oig.hhs.gov/oei/reports/oei-BL-18-00511.pdf>

⁴⁷ <https://www.whitehouse.gov/presidential-actions/affording-congress-opportunity-address-family-separation>

⁴⁸ <https://www.pbs.org/newshour/nation/tally-of-children-split-at-border-tops-5400-in-new-count>

⁴⁹ <https://www.apa.org/news/press/releases/2019/02/immigrant-family-separations>

⁵⁰ <https://www.aappublications.org/news/2018/06/14/washington061418>



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A group of migrants rests after crossing the border from Guatemala into Mexico, near La 72 shelter in Tenosique.

The criminalization of migration has been accompanied by reports of inhumane treatment in detention centers.⁵¹ Many of MSF's patients in Mexico report having been detained in deplorable conditions in the US,⁵² sometimes in frigid cells (described in Spanish as *hieleras*, or "freezers") for weeks on end,⁵³ with the lights turned on 24 hours a day, with limited access to health care, and without adequate food, clothing and blankets.

7.1 RESTRICTING ACCESS TO ASYLUM IN THE US

The growing number of asylum seekers strained a broken system that for several years had already been operating at a crisis point.^{54,55} In 2018 there were 161,000 asylum claims in the United States. There are currently more than 800,000 cases waiting to be reviewed with an average wait time of 700 days.⁵⁶

Rather than address push factors of extreme violence and poverty in the region driving the spike in asylum requests, the US administration has imposed a series of sweeping measures to restrict access to asylum and send asylum seekers back to Mexico and the NTCA.

The US strategy of punishment and deterrence has taken precedence over a humanitarian response and denies the basic human rights enshrined in the 1951 Refugee Convention and its 1967 Protocol —including the principle of *non-refoulement*, which prohibits states from returning refugees and asylum seekers to a country where they face serious threats to their life or freedom.^{57,58} In November 2019, UNHCR issued a rare public rebuke of US asylum policy, noting an approach "at variance with international law that could result in the transfer of highly vulnerable individuals to countries where they may face life-threatening dangers".⁵⁹

Exclusion of domestic violence and gang violence as grounds for asylum

The US Refugee Act of 1980⁶⁰ uses the international definition of "refugee" in line with the provisions of the 1951 Refugee Convention and its 1967 Protocol. The US is not a signatory to the 1951 Convention but it is a signatory to the 1967 Protocol, which incorporates and expands the provisions of the Convention. According to the definition of "refugee" that the US follows, foreign nationals are allowed to claim asylum if they have a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group.

Since President Trump took office in 2017, the US administration has repeatedly cast refugees as a security threat⁶¹ and sharply reduced the number of refugees admitted to the country. In November 2019, the president signed an order lowering the admissions ceiling to 18,000 refugees for Fiscal Year 2020 —the lowest level in the history of the resettlement program and well below the historic norm of 95,000 refugees.⁶² The administration has also taken a number of steps to narrow the criteria for asylum seekers, those seeking international protection but whose claim for refugee status has not yet been determined legally.

⁵¹ <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/msf-alarmed-reports-horrific-conditions-migrants-and-asylum-seekers>

⁵² <https://www.oig.dhs.gov/sites/default/files/assets/2019-05/OIG-19-46-May19.pdf>

⁵³ <https://www.hrw.org/report/2018/02/28/freezer/abusive-conditions-women-and-children-us-immigration-holding-cells>

⁵⁴ <https://www.nytimes.com/2019/04/10/us/immigration-border-mexico.html>

⁵⁵ <https://worldview.stratfor.com/article/why-migrant-caravans-are-not-behind-recent-us-mexico-border-crossing-slowdowns>

⁵⁶ <https://trac.syr.edu/immigration> and <https://www.nytimes.com/interactive/2019/01/24/us/migrants-border-immigration-court.html>

⁵⁷ <https://www.bbc.com/mundo/noticias-america-latina-49097853> (Spanish only).

⁵⁸ Mexico and NTCA countries signed the 1951 Convention on the Status of Refugees and the 1967 Protocol. The US is party to the 1967 protocol only, which incorporates and expands the terms of the 1951 Convention. Mexico also adopted the 1984 Cartagena Declaration on Refugees, which broadened the definition to include people fleeing generalized violence.

⁵⁹ <https://www.unhcr.org/news/press/2019/11/5dd426824/statement-on-new-us-asylum-policy.html>

⁶⁰ The Refugee Act, available at <https://www.acf.hhs.gov/orr/resource/the-refugee-act>

⁶¹ <https://www.msf.org/united-states-suspension-us-refugee-resettlement-endangers-people-fleeing-war-zones>

⁶² <https://www.rescue.org/press-release/statement-signing-fy2020-presidential-determination>

In June 2018, the Attorney General's Office excluded gang violence and domestic violence as grounds for claiming asylum in the US, classifying these as "private criminal activity".⁶³ Contrary to UNHCR criteria,⁶⁴ victims of violence would need to demonstrate that their membership in a particular social group is a central reason for their persecution. The US attorney general's decision did not take into account the impact of indiscriminate as well as targeted violence by gangs in the NTCA. The policy, which is currently suspended after being struck down by a federal judge, would deny asylum without considering the regional dynamics of violence and the threats that they may pose to an individual's life.⁶⁵

Carmen, a Guatemalan patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico

"For two years we suffered extortion. The day came when we could no longer afford to pay. I mortgaged my house, and we sold everything. I never had the American dream. I lived well with my family [in Guatemala], but they [the gangs] didn't give us an option [to stay]. We wanted to follow the rules. They gave us a humanitarian visa here, but Mexico isn't an option for my family. [Gang members] tried to take my daughters [in the bus terminal in Nuevo Laredo]. I yelled with all my might, and we managed to escape. We're going to wait here as we have been asked to do before requesting the processing [of our asylum claim] in the 'United States of America'".

⁶³ <https://www.justice.gov/eoir/page/file/1070866/download>

⁶⁴ In 2010, the UNHCR issued a legal guidance note on the processing of asylum and refugee claims based on gang-related violence, which sets out the conditions under which affected persons can meet the criteria for refugee status, and where many of the reasons put forward by people fleeing violence in the NTCA are recognized as being valid. See <https://www.refworld.org/docid/4bb21fa02.html>. More recently, the UNHCR issued detailed guidelines for assessing international protection needs and processing asylum claims from El Salvador, Honduras and Guatemala, and supplied training materials on how to strengthen gang-based asylum claims before the courts. See <https://www.unhcr.org/en-us/claims-from-central-america.html>

⁶⁵ <https://www.aclu.org/blog/immigrants-rights/federal-judge-blocks-trumps-policy-gutting-asylum-people-fleeing-domestic-and>

Blocking access to asylum along the US-Mexico border

On November 9, 2018, the US government issued a rule⁶⁶ and a presidential proclamation⁶⁷, stating that asylum seekers must present themselves at an official port of entry in order to have their claims considered. Those who enter the US "unlawfully" at other points along the southern border would not be eligible to receive asylum.⁶⁸ Under US and international law, asylum seekers have a right to seek protection regardless of how or where they enter the country.⁶⁹

The implementation of this new rule was designed to work together with a system known as "metering," which limits the number of asylum claims processed at ports of entry every day. Metering has resulted in thousands of asylum seekers being forced to wait their turn in Mexico. Many of them end up sleeping on the street because the shelters in border cities do not have sufficient capacity or conditions to provide decent accommodation to the thousands of people on waitlists.⁷⁰ At some border crossings, the wait can be as long as several weeks or even months. As of November 2019, there were an estimated 21,398 asylum seekers on waitlists in 11 Mexican border cities.⁷¹ The intended effect of these two policies was blocking access to asylum.

Being forced to wait in Mexico before having the opportunity to even initiate an asylum claim in the US entails considerable risks for people fleeing violence and persecution. Many are forced to make irregular crossings in order to avoid being targeted by the criminal groups present in border cities such as Reynosa, Matamoros, Nuevo Laredo, Ciudad Juárez, Mexicali and Tijuana. Nearly eight out of every 10 patients (79.6%) treated by MSF in Nuevo Laredo during the first nine months of 2019 mentioned being the victim of a violent event; 43.7% reported that they had been the victim of violence during the seven days prior to the consultation.⁷² Exposure to kidnapping for extortion by criminal groups is especially high in cities along the US border, where large numbers of asylum seekers and migrants are clustered. Of the people seen in our mental health program in Nuevo Laredo between January and September 2019, 18.6% had been victims of kidnapping; 63% of these victims had been kidnapped in the seven days prior to the consultation.⁷³

⁶⁶ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-24594.pdf>

⁶⁷ <https://www.whitehouse.gov/presidential-actions/presidential-proclamation-addressing-mass-migration-southern-border-united-states>

⁶⁸ Not presently active; blocked in court.

⁶⁹ <https://www.aclu.org/blog/immigrants-rights/department-homeland-securitys-attack-asylum-seekers-border-continues>

⁷⁰ <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/asylum-seekers-stranded-and-exposed-violence-mexico>

⁷¹ https://www.strausscenter.org/images/strauss/18-19/MSI/MeteringUpdate_191107.pdf

⁷² According to data from mental health consultations carried out by MSF in 2019 at the Nuevo Laredo health care post.

⁷³ *Ibidem*.

Roberto, a patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico

“They have already caught and kidnapped me twice. Once in the square and the other time at a street corner. The first time, they asked me for money, and I didn’t have any. I told them that I didn’t have family in the US. They told me that they were going to kill me. ‘Do what you want,’ I told them. They released me. They took us to a darkened room with 10 people inside; it was full of people they had abducted from the bus station when they arrived from elsewhere. There were three women with children and four men there, they were asking for \$3,000 to free them.... Now I can’t walk about even in the daytime. Or go to the supermarket. On Sunday I went out to buy biscuits and cola. I’m scared of being abducted for the third time, and that this time they won’t release me. Only God knows what’s going to happen”.

Even after an individual has presented their asylum claim to the US at a port of entry, they are no longer guaranteed protection. In January 2019, the US began implementing the so-called Migrant Protection Protocols (MPP), a policy that further endangers the lives of many asylum seekers by forcing them to “Remain in Mexico” while waiting for their legal proceedings (see below section 7.2.).

Turning away asylum seekers

In July 2019, the US Department of Justice, National Security Division, published a new rule stating that migrants who transit through a third country en route to the US and who do not claim asylum in that country will be “ineligible for asylum”. UNHCR issued a statement expressing deep concern that the new rule would effectively bar the majority of people crossing the southern US land border from accessing asylum.⁷⁴ “This will endanger vulnerable people in need of international protection from violence or persecution,” said the statement, “and is not in line with international obligations.” In September 2019, the US Supreme Court allowed the rule to remain in effect while legal challenges continue.

The consequences are extremely serious since this rule effectively removes the small opportunity that people fleeing violence and persecution in the NTCA had to obtain protection in the US. The rule is designed to block the majority of asylum applications from people from El Salvador, Honduras, and Guatemala—as well as from countries across the continent and beyond—since the land route towards the US necessarily passes through Mexico.

Requiring asylum seekers to apply for protection in unsafe countries—in many cases, countries with

⁷⁴ <https://www.unhcr.org/en-us/news/press/2019/7/5d2cdf114/unhcr-deeply-concerned-new-asylum-restrictions.html>



Asylum seekers wait at the international bridge between Nuevo Laredo, Tamaulipas, Mexico, and Laredo, Texas, to apply for protection in the US.

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branches of the same gangs and criminal organizations that forced them to flee their homes to start with—means that they are exposed to further cycles of violence, kidnapping and abuse. Asylum seekers also face problems of integration, discrimination, and lack of access to the public health system.⁷⁵ Moreover, there are serious concerns over the administrative capacity of these third countries to adequately manage the increased number of asylum cases.⁷⁶

The US has exerted considerable pressure on states in the region to comply with efforts to redirect migrants and asylum seekers away from its borders.⁷⁷ The president and other administration officials have threatened to renegotiate regional trade agreements, custom tariffs and the bilateral system of development aid with Mexico and the NTCA countries if they did not take immediate action to curb migration.⁷⁸

In 2019, the US signed a series of agreements with the governments of Guatemala⁷⁹, El Salvador⁸⁰ and Honduras⁸¹, allowing it to deport asylum seekers who

⁷⁵ <https://www.nytimes.com/2019/03/01/world/americas/mexico-migration-trump.html>

⁷⁶ <https://www.washingtonpost.com/opinions/2019/05/02/us-push-designate-mexico-safe-third-country-refugees-is-farce>

⁷⁷ https://www.washingtonpost.com/politics/trump-threatens-guatemala-over-delay-in-safe-third-country-asylum-deal/2019/07/23/cc22417e-ad45-11e9-bc5c-e73b603e7f38_story.html

⁷⁸ https://elpais.com/internacional/2019/06/11/mexico/1560288749_479537.html (Spanish only).

⁷⁹ <https://www.foreignaffairs.com/articles/guatemala/2019-09-25/guatemala-no-safe-third-country>

⁸⁰ https://www.washingtonpost.com/immigration/trump-administration-reaches-deal-to-send-asylum-seekers-to-el-salvador-in-an-effort-to-deter-migrants-from-entering-the-united-states/2019/09/20/17350a16-dbbd-11e9-ac63-3016711543fe_story.html

⁸¹ <https://www.nytimes.com/es/2019/07/15/migrantes-regla-solicitantes-asilo>

have transited through any of those countries in their journey towards the US.⁸²

Under the terms of these so-called Asylum Cooperation Agreements,⁸³ officially published in November, the US is allowed to send asylum seekers back to NTCA countries. This means that vulnerable people seeking international protection can be sent back to places where they risk being exposed, yet again, to threats, extortion, violence and even murder by gangs active across the region. At the time the deals were signed, the US State Department was advising against travel to Honduras and El Salvador⁸⁴. As of January 2020, explicit warnings remained in place for the three NTCA countries pointing to serious security threats. In Guatemala, for example, the official US travel advisory states: "Violent crime, such as armed robbery and murder, is common. Gang activity, such as extortion, violent street crime, and narcotics trafficking, is widespread. Local police may lack the resources to respond effectively to serious criminal incidents."⁸⁵ In the case of Honduras and El Salvador, additional alerts have been issued about the risk of sexual assault and rape.^{86, 87}

Human rights and legal organizations have alleged that the US government, by transferring its responsibility to provide protection for asylum seekers to third countries and considering deportations to NTCA countries considered unsafe, is violating international refugee law and the prohibition on *refoulement*.⁸⁸

⁸² https://www.washingtonpost.com/politics/trump-threatens-guatemala-over-delay-in-safe-third-country-asylum-deal/2019/07/23/cc22417e-ad45-11e9-bc5c-e73b603e7f38_story.html

⁸³ <https://www.federalregister.gov/documents/2019/11/19/2019-25137/implementing-bilateral-and-multilateral-asylum-cooperative-agreements-under-the-immigration-and>

⁸⁴ The US State Department travel advisory issued in February 2019 read: "Reconsider travel to El Salvador due to crime. Violent crime, such as murder, assault, rape, and armed robbery, is common. Gang activity...is widespread. Local police may lack the resources to respond effectively to serious criminal incidents." An updated advisory published in October 2019 also takes notes of these threats, but lowers the threat to "Level 2: Exercise Increased Caution." <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/ElSalvador.html>

⁸⁵ <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Guatemala.html>

⁸⁶ <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Honduras.html>

⁸⁷ <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/ElSalvador.htm>

⁸⁸ Amnesty International. United States: You Don't Have Any Rights Here. 2019. Those mass pushbacks of asylum-seekers by CBP are plainly unlawful, and violate one of the most fundamental principles of international refugee law: the prohibition on *refoulement* (forcing people to a place where they might be at risk of serious human rights violations). This principle is incorporated into US law, which requires border and immigration authorities to receive and refer asylum-seekers for an interview with an asylum officer, in order to conduct individual assessments of any risks of persecution or torture that they may face upon return". <https://www.amnesty.org/en/latest/research/2018/10/usa-treatment-of-asylum-seekers-southern-border>

Daniel, a Honduran patient treated by MSF in Mexicali, Baja California Norte, Mexico

"I left Honduras for the United States.... I have been in Mexicali for two and a half months. The migration route has been long. It took me three months to get here passing through Monterrey. They gave me a number to request an interview; three weeks went by until I received the date. I attended and they returned me to Mexico. They told me that the laws had changed and that I had to wait here.... I don't know what is going to happen to my case. I want to go to Tijuana; my lawyer is from there, [and] he wants me to go there so that he can continue my case.

In Honduras there's no work. There are a lot of criminal organizations, many gangs. The country isn't good. I worked for a security firm transporting goods to Nicaragua. At the border a criminal organization attacked us and tried to take our weapons and the goods. We fought them with gunfire. A co-worker of mine was shot. Two days later they sent us a death threat. Due to the fear of living under threat, I decided to leave Honduras. I was scared —there are gangs that send you threats, and if you don't comply with what they want, they kill you.

I have children and my family in Honduras. I came here without telling them. I entered through Tapachula, but migration officials detained me. We applied for the humanitarian visa. But in those days, a caravan was arriving in Hidalgo and the Mexican president said that in six days they would give everyone a humanitarian visa. So we decided to go to Hidalgo. There they gave us the visa and we were able to continue our journey to the north.

Three years ago, Mara 18 [the 18th Street gang] murdered my 17-year-old nephew. Nobody knew why they killed him. It was clear that they didn't show him any mercy in the way they treated him. The gang situation in Honduras is difficult. Although efforts have been made to clean up the police, that gang is made up of them. There are police who go around attacking people and who are members of that gang. So the police leave them alone, they're connected. That's why I'm scared. I would be scared to return to Honduras —I said that to the migration officer. And if the US doesn't grant me asylum, then I would have to stay here in Mexico, because I won't go back to Honduras. I fear for my life".



© CHRISTINA SIMONS

MSF provides medical attention and mental healthcare in Coatzacoalcos, Veracruz, Mexico.

7.2 ASYLUM SEEKERS FORCED TO "REMAIN IN MEXICO"

The US Migrant Protection Protocols (MPP),⁸⁹ which began to be implemented in January 2019, require that asylum seekers entering the country, with narrow exceptions for vulnerable populations, are returned to Mexico to wait for a court hearing.⁹⁰ Those cases are processed in parallel to a backlog of pending migration proceedings that exceeds 800,000 cases, with an average wait time of almost two years. Asylum seekers whose claims are accepted by US judges could be granted asylum and legally remain in the US, while those without valid claims could be deported to their countries of origin. As of December 2019, only 11 individuals have been granted asylum under the MPP.⁹¹

While legal challenges are underway,^{92, 93, 94} the MPP remains in effect with serious consequences for asylum seekers, many of whom have no legal representation when they are outside the US.^{95, 96} Between January and October 2019, more than 55,000 people were returned to Mexico under the MPP,⁹⁷ including pregnant women and people with medical and mental health needs.⁹⁸ This policy is only exacerbating the humanitarian crisis in Mexico.⁹⁹

The US returned the first group of asylum seekers under the MPP to Tijuana, where over 2,500 homicides were reported in 2018.¹⁰⁰ The program has subsequently been extended to other border cities, including Mexicali, Ciudad Juárez, Nuevo Laredo and Matamoros. Both Nuevo Laredo and Matamoros are in Tamaulipas state, designated by the US State Department travel advisory at danger

⁸⁹ <https://www.dhs.gov/news/2019/01/24/migrant-protection-protocols>

⁹⁰ Americas Program. Mexico and the Safe Third Country Agreement. Accessed most recently on 10/30/19 at <https://www.americas.org/informe-mexico-y-el-acuerdo-de-tercer-pais-seguro> (Spanish only).

⁹¹ <https://www.sandiegouniontribune.com/news/border-baja-california/story/2019-12-15/remain-in-mexico-has-a-0-01-percent-asylum-grant-rate>

⁹² <https://www.aclu.org/cases/innovation-law-lab-v-mcaleenan?redirect=cases/innovation-law-lab-v-nielsen>

⁹³ https://www.huffpost.com/entry/trump-mexico-border-deal-legal-problems_n_5c007908e4b0249dce734197

⁹⁴ <https://www.nytimes.com/2019/09/11/us/politics/supreme-court-trump-asylum.html>

⁹⁵ <https://www.nytimes.com/2019/04/10/us/immigration-border-mexico.html>

⁹⁶ <https://www.sandiegouniontribune.com/news/immigration/sd-me-remain-in-mexico-hearings-20190314-story.html>

⁹⁷ https://www.dhs.gov/sites/default/files/publications/assessment_of_the_migrant_protection_protocols_mpp.pdf

⁹⁸ <https://www.hrw.org/report/2019/07/02/we-cant-help-you-here/us-returns-asylum-seekers-mexico>

⁹⁹ <https://www.amnesty.org/en/latest/news/2018/08/seis-razones-por-las-que-mexico-no-debe-firmar-un-acuerdo-sucio-con-euu> and <https://www.humanrightsfirst.org/resource/year-horrors-trump-administration-s-illegal-returns-asylum-seekers-danger-mexico>

¹⁰⁰ <https://vanguardia.com.mx/articulo/baja-california-vivio-su-ano-mas-violento-2500-muertos-solo-en-tijuana> (Spanish only).

Both Nuevo Laredo and Matamoros are in Tamaulipas state, designated by the US State Department travel advisory at danger level 4, the same level as countries in conflict like Syria and Afghanistan

level 4,¹⁰¹ the same level as countries in conflict like Syria and Afghanistan. US citizens are advised not to travel to Tamaulipas due to crime and the high risk of kidnapping.¹⁰² Asylum seekers are particularly at risk as there have been systematic reports of massacres, kidnappings and direct assaults against the migrant population in Mexico.¹⁰³ In Nuevo Laredo, there have also been reports of arbitrary detentions and disappearances at the hands of Mexican security forces.¹⁰⁴

By the end of 2019, more than 2,500 asylum seekers were sleeping in an informal tent camp next to the international bridge that connects the city of Matamoros, Mexico, with the US city of Brownsville, Texas.¹⁰⁵ Although latrines and showers were installed in the camp, MSF teams witnessed poor sanitary conditions and the increased needs for medical and mental health care.^{106, 107} MSF was the only organization covering the gaps in mental health care —and from September to November the teams conducted 94 mental health consultations. The main diagnoses were anxiety and post-traumatic stress. In addition, MSF conducted more than 200 medical consultations for diarrhea, hypertension, asthma, diabetes, and psychiatric conditions, among other issues. Most of the patients had respiratory infections and skin diseases, attributable to overcrowding and poor sanitary conditions in the camp.

¹⁰¹ <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/mexican-city-nuevo-laredo-not-safe-place-people-seeking-asylum#breadcrumb-block>

¹⁰² <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/mexico-travel-advisory.html>

¹⁰³ See <https://usipc.ucsd.edu/publications/usipc-seeking-asylum-part-2-final.pdf> and <https://www.humanrightsfirst.org/sites/default/files/hrfordersfromabove.pdf>

¹⁰⁴ https://elpais.com/internacional/2018/05/31/mexico/1527792157_282638.html?rel=mas (Spanish only).

¹⁰⁵ <https://www.nytimes.com/2019/12/22/us/migrant-cuban-doctor-mexico.html>

¹⁰⁶ <https://www.msf.org/us-migration-policy-endangers-lives-asylum-seekers-tamaulipas-state-mexico>

¹⁰⁷ <https://www.msf.org/reality-asylum-seekers-mexico-us-border>

José, a Honduran patient treated by MSF in Nuevo Laredo, Tamaulipas, Mexico

“When we got off the bus, some men grabbed me and my brother and took my sister somewhere else. After a few hours, they released me and my brother, but not her. We still don’t know what has happened to her. We paid a US\$5,000 ransom, that was all that we had, but they haven’t released her. I don’t know who can help us. We don’t trust the police here. Our plan was to arrive and begin the asylum application process in the US, but now I don’t want to leave here until I know what happened to [my sister]”.

Just like the asylum seekers waiting their turn to enter the US to initiate their claims, those who have been returned to Mexico while waiting for their application to be resolved also face serious risks and are systematically exposed to violence and potentially traumatic events. In September 2019, 43.9% of our patients sent to Mexico under the MPP program in Nuevo Laredo (18 of 41) had recently been kidnapped and an additional 12.2% (5 of 41) had been the victim of an attempted kidnapping. In October, the percentage of kidnappings among those received under the MPP program increased to 75% (33 of the 44 new patients).¹⁰⁸ According to the testimonies of these people, kidnappings could last several weeks, and they were occasionally forced to work for their captors.

7.3 MIGRATION CRACKDOWN IN MEXICO

Since the Mexican government’s Southern Border Plan started in 2014^{109, 110} there has been an increased presence of security forces and migration control measures in the southern zone neighboring Guatemala. There are numerous roadblocks and checkpoints where migrants and refugees are turned back, chased and even abused.¹¹¹ The search for alternative routes has increased migrants’ exposure to threats and violence at the hands of criminal groups. The Mexican state has not implemented a migration policy that considers basic requirements such as the protection of people on the move.

¹⁰⁸ According to data from mental health consultations carried out by MSF in 2019 at the Nuevo Laredo health care post.

¹⁰⁹ <http://www.coha.org/programa-frontera-sur-the-mexican-governments-faulty-immigration-policy>

¹¹⁰ Observatorio de Legislación Política Migratoria, COLEF-NHRC. *Bulletin*, February 1, 2016. Accessed on 10/2019 at <https://observatoriocolef.org/wp-content/uploads/2016/06/BOLET%C3%8DN-1-Alejandra-Casta%C3%B1eda.pdf> (Spanish only).

¹¹¹ MSF internal report on intervention in Rodríguez Clara, Veracruz state (September 2018). Migrants were forced off the train by having stones thrown at them and were then chased by immigration officials. Some were prevented from escaping through the use of electric shocks. Over 200 people entered the migration station in Acayucan without receiving medical care and were promptly deported.



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MSF offers medical, psychological and social work services in Nuevo Laredo, Tamaulipas, Mexico.

In June 2019, Mexico signed a joint declaration with the US pledging to “take unprecedented steps to increase enforcement to curb irregular migration, to include the deployment of its National Guard throughout Mexico, giving priority to its southern border. Mexico is also taking decisive action to dismantle human smuggling and trafficking organizations as well as their illicit financial and transportation networks”.¹¹² This followed US ultimatums pressing Mexico to take immediate action to limit the flow of migrants moving north, including a threat to impose tariffs on all Mexican goods.¹¹³ Since then, the situation has worsened. In June, MSF teams witnessed raids and mass apprehensions at our health care posts in Tenosique and Coatzacoalcos¹¹⁴. Such harsh measures force migrants and refugees into hiding and block their access to basic services such as medical care.

Although, in Mexico, “illegal entry” is designated as a civil offense as opposed to a crime, the individuals apprehended are handed over to the authorities, locked up in detention centers, and then deported to their countries of origin. The number of people apprehended in Mexico who originally come from NTCA countries has increased progressively in recent years—likely both because more people are leaving the region and because of more targeted enforcement.¹¹⁵

¹¹² <https://www.state.gov/u-s-mexico-joint-declaration>

¹¹³ <https://www.nytimes.com/2019/06/07/us/politics/trump-tariffs-mexico.html>

¹¹⁴ In June 2019, in Coatzacoalcos (Veracruz), a raid took place while our teams were providing medical/humanitarian care. See <https://www.msf.es/actualidad/mexico/redadas-y-detenciones-masivas-la-frontera-sur-mexico> (Spanish only).

¹¹⁵ In 2018 detentions increased by 49% on 2017. People from NTCA countries account for 87% of arrests. Honduras tops the list (59,537 arrests, 90% more than in 2017), followed by Guatemala (47,742), El Salvador (14,249) and Nicaragua (2,176). In the case of Nicaragua, this figure represents a significant increase of 182% on the figure for 2017. Mexico has tripled arrests in recent months, increasing from 5,717 in December 2018 to 14,970 in April 2019. Source: National Migration Institute (INM).

The increase in detentions without an adequate plan by the Mexican government to cope with the numbers has led to drastically deteriorating conditions in the detention centers. In some cases, admissions are double the capacity. Detention facilities are overcrowded, and people have limited access to water, food, and health care. Minimum services are not being delivered, information about the status of individual cases is not provided, and abuse, discrimination and mistreatment are on the rise¹¹⁶—issues that have been raised repeatedly by other organizations.^{117, 118}

Ana María, a Nicaraguan patient treated by MSF in the Acayucan migrant detention center, Veracruz, Mexico

“My children aren't eating, they've lost weight. My daughter had a fever for three days and nobody cared. I took her to the doctor [at the detention center], and he told me that she didn't have a temperature, it was normal because of the heat, and that I shouldn't complain because I was the one to blame for having left my country anyway. He told me: 'If you don't like it, why did you leave? Stay there, don't come here infecting us with your diseases. There's nothing for you here.' He didn't give me anything, not even a tablet for the temperature. I had [my daughter] lying on a sleeping mat, trying to fan her with a T-shirt. All she could do was sleep and she couldn't stop sweating”.

Overcrowding, insufficient medical care and lack of adequate resources were the norm in the Mexican detention centers visited by MSF in 2019.¹¹⁹ Our teams have treated people with infectious diseases and diarrhea, as well as victims of all kinds of violence, including sexual violence. None of the patients treated by MSF had received a prior diagnosis or medical treatment while in state custody. The unsanitary conditions encountered are particularly harsh. At one of the largest detention centers in Acayucan, water is generally provided for only one hour a day, and for as little as 20 minutes a day during the peak overcrowding experienced in the summer of 2019. Sleeping mats are collected every morning and redistributed randomly in the evening without sheets,

¹¹⁶ <https://www.capitalmexico.com.mx/nacional/ve-onu-violacion-de-derechos-en-estaciones-migratorias-de-mexico> (Spanish only).

¹¹⁷ Group Against Immigrant Detention and Torture. Migration Detention and Torture: from state of emergency to rule of law. June 2018. Accessed on 10/30/19 at <https://vocesmesoamericanas.org/prensa/documento-inicial-gidmt-detencion-migratoria-tortura-del-excepcion-al-derecho> (Spanish only).

¹¹⁸ Sin Fronteras IAP [Without Borders] *Detention without Exception. 15 years of monitoring the situation regarding rights of persons deprived of their liberty in Mexico's migration stations.* November 2016. Accessed on 10/30/19 at <https://sinfronteras.org.mx/docs/inf/inf-detencion-sin-excepcion.pdf> (Spanish only).

¹¹⁹ MSF teams have visited and provided care at detention centers in Acayucan, Veracruz, Tapachula (Siglo XXI), Chiapas-Comitán, Chiapas-Tenosique and Tabasco.

a practice that contributes to skin infections. The intense heat combined with overcrowding frequently cause episodes of fainting. Vulnerable groups, such as pregnant women, unaccompanied children,¹²⁰ teenagers, or parents with dependent children, do not receive the attention or space that they need to ensure their safety. At certain detention centers, tensions are high, and riots and fighting are common, putting other detainees at risk.

Beatriz, a Honduran patient treated by MSF in the Acayucan migrant detention center, Veracruz, Mexico

“From the moment we arrived at the migrant detention center, I realized that it's a prison. They throw us all together in spaces so small that we can't even walk. Everything is dirty. I spend three days resisting the urge to go to the toilet, because the toilet is overflowing. It's too hot, it makes us really thirsty. And when I ask them for water, if not for me then at least for my daughters, they blame me for having brought them with me, for having taken them away from my country. Yet they don't know that I had to do it to save their lives”.

The time spent in these Mexican detention centers varies between 72 hours and two months, with the average being three weeks; this prolongs a situation of risk for the most vulnerable groups. The conditions in these centers are degrading and inhumane, and also threaten the physical and mental health of the people detained there.

Aurora, a Nicaraguan patient treated by MSF in the Acayucan migrant detention center, Veracruz, Mexico

“Between Chiapas and Veracruz, they kidnapped me, my husband and my two sons (ages 2 and 5). Along with six other people, they took us to an old house in the woods.... They kept us there for four days. During that time, they gave us something to eat once a day and kept us locked up.... Our family was able to raise money [to pay the ransom], and they took us back to Chiapas, undoing a good part of the journey we had previously made.... We took the train again because we had run out of money but not hope.... Then, migration [officials] seized us.... I couldn't bear this anymore; being here is worse than being kidnapped. When I was kidnapped, at least they gave us food, my children ate, and I was with my husband; I could hug and cry with him. It's horrible here. Since we've been here, I've seen him only once. We've been here

¹²⁰ Between January and February 2019, the INM reported 5,121 children in detention, a figure that is increasing despite the fact that Mexico's General Law on the Rights of Children and Adolescents prohibits the detention of children.



La 72 shelter in Tenosique, Tabasco, Mexico.

21 days and it's unbearable to see so many people, so many women with their children.... Being here is the most horrible thing that has happened to me in my life. You can't do anything, the heat is unbearable. People are crying and screaming, they're in despair, and you can't do anything. The children are not eating, but who is going to eat this undercooked, rotten food? Not to mention the stench from the restrooms.... None of the workers look you in the face; I believe it is because, if they look at you, they would see the suffering, that we aren't being held in suitable conditions. This is sad, inhumane and disgusting. There isn't any water. I have only had a wash three times in 21 days. My children have rashes from the sweat and dirt. I can't go to the toilet because they are overflowing, and the stench overpowers everything. Sometimes I think this is hell, and when I think that, sadness washes over me and I can't stop crying. My babies look at me and hug me, and I realize they are crying too. What can I do? Now I want to see my husband and tell him that we won't wait any longer, that they can deport us if they like, but let us out of here now. If they are going to kill us, we would at least be seeing the sky, feeling the air, feeling free. But I don't want to die of sadness and loneliness here —worse than an animal, worse than anything, worse than nothing”.

7.4 DISMANTLING THE PROTECTION SYSTEM IN MEXICO

Mexican President Andrés Manuel López Obrador took office on December 1, 2018, and the initial months of his term were characterized by a decrease in migrant detentions and an increase in the provision of humanitarian visas for displaced people.¹²¹ These visas allowed migrants and refugees to obtain temporary legal status in Mexico, which helped reduce their risk of exposure to human trafficking networks and to the predatory violence of criminal organizations.

Increasing pressure from the US government led to a radical turn in migration and protection policies in Mexico. In March, the government drastically reduced the number of humanitarian visas granted, deployed federal police forces on the southern border of the state of Chiapas¹²², and closed the office of the National Migration Institute (Instituto Nacional de Migración, or INM) in Tapachula¹²³. In April, almost 400 people traveling as part of a caravan were arrested on grounds of “national security”.¹²⁴

As a result of this crackdown, migrant detentions tripled between June and July compared to the same period last year.¹²⁵ Human rights organizations challenged the violent methods used in joint operations of the National Guard and migration authorities. Many migrants and refugees with protection needs, including minors, were forced to use extremely dangerous routes through the jungle to avoid these harsh security measures and reach the office of the INM in Mapastepec —more than 100 kilometers (62 miles) away from the border.¹²⁶

The number of asylum applications in Mexico has reached record figures in the last two years. Despite this, in practical terms, securing asylum in Mexico is almost impossible. In 2018, a total of 17,116 applications were processed, of which 72% came from the NTCA, and a substantial increase was observed in terms of the number of applications from unaccompanied children.¹²⁷ As of October 2019, the number of applications had increased by 195%.¹²⁸

¹²¹ <https://www.wola.org/wp-content/uploads/2019/12/2019-FULL-Report-Mexicos-Southern-Border.pdf>

¹²² “Federal police leading the caravan away from the larger city of Tapachula (near Ciudad Hidalgo) and out of the state of Chiapas”. <https://theconversation.com/mexicos-frontera-sur-life-carries-on-in-this-place-of-permanent-mobility-112686>

¹²³ <https://www.reuters.com/article/uk-usa-immigration-mexico-feature-idUKKCN1RT200>

¹²⁴ https://elpais.com/internacional/2019/04/23/mexico/1556037413_037927.html (Spanish only).

¹²⁵ <https://www.wola.org/wp-content/uploads/2019/12/2019-FULL-Report-Mexicos-Southern-Border.pdf>

¹²⁶ <https://www.reuters.com/article/uk-usa-immigration-mexico-feature-idUKKCN1RT200>

¹²⁷ According to figures supplied by the Mexican Commission for Refugee Assistance (COMAR), in the first quarter of 2019, a total of 7,285 children sought refuge in Mexico. This represents an increase of 316% on 2018.

¹²⁸ <https://www.razon.com.mx/mexico/comar-reconoce-mas-de-23-mil-refugiados-en-mexico-durante-2019> (Spanish only).

A recent study¹²⁹ shows that refugee claims, especially those from NTCA countries, are often arbitrarily denied in Mexico. Although other options exist for pursuing legal status in Mexico, there is very little information or trust in the system.¹³⁰

The increased number of detentions of people from the NTCA and the high percentage of deportations¹³¹ illustrate the growing significance of the Mexican government's role in containing migration.

Gabriel, a Honduran patient treated by MSF in Piedras Negras, Coahuila, Mexico

“From Mexico City, the authorities were marking the route to follow the caravan. The leader who was taking us was deported in Mexico City. Finally, upon arriving there [in Piedras Negras], they locked us in the factory and only let us leave to go to the supermarket and the bank. The treatment wasn't bad; they gave us food, a quilt and a mattress.... There were people that they theoretically took to seek asylum, but they deported them.... On the Monday, payday [visit to the bank], they boarded us onto a *combi* [small bus] escorted by the police. Someone from migration called me out, made me get off and forced me into a double cab van. There they beat me hard. On my head, back, face and ears. I completely lost consciousness. [Later] I was kneeling down, crying. My son was in the factory with some girls who were looking after him for me. 'We are going to deport you,' they told me. They made me sign some papers that agreed to the deportation. They made me see a doctor, and I lied to them that I didn't know how I had received my injuries. They told me to tell them I had been the leader of the caravan, but I don't know for certain why they beat me. They took my cellphone and even called my family, who were sending me money every week from the US. As I knew that we were being kidnapped and extorted, I told my family that if it wasn't me calling them from this cellphone, they shouldn't answer and they didn't. They hung up on the police, so I don't know what they wanted from them”.

¹²⁹ Observatorio de Protección Internacional. Universidad Iberoamericana. *The alternative to internal fleeing and State protection in the asylum procedure in Mexico*. April 2019. Available at https://www.academia.edu/38545052/La_alternativa_de_reubicaci%C3%B3n_interna._An%C3%A1lisis_te%C3%B3rico_y_su_aplicaci%C3%B3n (Spanish only).

¹³⁰ In 2018, only 14,819 Visitor Cards for Humanitarian Reasons (TVRH) were applied for, of which 65% came from NTCA countries. Honduras has the greatest number of TVRH applications with 38%, followed by Venezuela (27%), El Salvador (21%) and Guatemala (5%).

¹³¹ Mexico deported 176,744 people in 2015, 150,993 in 2016 and 78,379 in 2017. In 2018, there was a total of 112,317 repatriations (70% more than the previous year), of which 95% were from NTCA countries: Nicaragua saw a 124% increase in deportations, in line with the rising trend of arrivals for citizens of that country. Around 86% of Hondurans (51,562 people) who passed through a migration station were deported, followed by Guatemalans (44,254) and Salvadorans (12,003). In 2019, preliminary figures for the first four months show a 17% increase in deportations. The number of deportees increased from 44,662 in the first four months of 2018 to 51,667 in the same period of 2019. In April, a record of 20,564 deportations was set. Source: National Migration Institute (INM).



Migrants and refugees wait to register at La 72 shelter in Tenosique, Tabasco, Mexico.

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CONCLUSION

- In Honduras, El Salvador and Guatemala, the violence and deterioration of people's living conditions are inextricably linked. Many of those living in zones where gangs are present are systematically exposed to threats and assaults. Almost half (45.8%) of those interviewed at MSF health care posts in Mexico mentioned at least one violent event as the reason that forced them to migrate.
- Migration policies based on criminalization, deterrence and containment are prompting Central American migrants to choose increasingly dangerous options to get to the US. They often find themselves at the mercy of trafficking networks or exposed to recurring violence by the criminal groups that operate along the migration route. All of this has serious consequences for their physical and mental health. Of those interviewed by MSF in Mexico, 57.3% were exposed to some kind of violence along the route; 22.5% (9/40) of the women interviewed at the health care posts had been sexually harassed.
- Violence and the lack of adequate protection mechanisms in the NTCA region and Mexico are having a clear impact on the physical and mental health of the patients that MSF treats. Of the 3,695 people seen in MSF mental health consultations in health care posts for the migrant population in Mexico between January 2018 and September 2019, 78% had suffered from exposure to violence as a precipitating factor.
- The deterrence policies implemented by the US government are contributing to the increased vulnerability of asylum seekers. Under a "metering" system that sharply restricts the number of people who can request asylum at a US port of entry each day, more than 21,000 people have been turned away by US Customs and Border Protection officials and forced to add their names to long waiting lists in Mexico before they can even initiate their claims. Under the Migrant Protection Protocols, more than 55,000 asylum seekers have been forced to return to Mexico to wait out their claims. People forced to wait for a decision in Mexico's border cities are exposed to attempted kidnappings, violent situations and risks to their life.

- Migration control measures adopted by the US government and bilateral agreements between the US and governments in the region have left people from the NTCA who need protection without a viable way to escape the violence. These people are trapped by a maze of physical and administrative barriers that force them to choose between remaining in their home country, requesting asylum in countries that do not provide sufficient protection guarantees, or entering the US irregularly and sacrificing their claim to asylum status. All of these options put their lives and health at risk.
- Abusive practices by the governments of Mexico and the US, including detaining migrants in inhumane conditions, are severely affecting their lives and health. Time spent in detention centers is often highly stressful and can potentially trigger reminders of other traumatic events.



Consultation in Reynosa, Tamaulipas, Mexico.

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CALL TO ACTION

- The US, Mexico, and governments of the NTCA countries must place individuals at the center of their migration policies and ensure that victims of violence have access to humanitarian assistance, health services and protection. All individuals, regardless of their legal status, must be treated with dignity.
- The US and Mexican governments must put an end to the detention of asylum seekers, vulnerable people, accompanied and unaccompanied children and, under all circumstances, avoid the separation of families.
- The US government must allow asylum seekers to enter the country without restrictions, both at official "ports of entry" and other crossing points, in order to avoid leaving vulnerable people exposed to life-threatening situations on Mexican soil.
- The US government must suspend the application of any of the measures of the Migrant Protection Protocols (MPP) whereby people requesting asylum in the US are forced to wait in Mexico while their applications are being processed.
- The US government must stop considering Mexico and the NTCA countries as de facto "safe third countries" for all asylum seekers and immediately stop the process of removing asylum seekers to third countries altogether.
- The governments of the region must grant asylum in line with the recommendations of the UNHCR Protocols, Notes and Recommendations on Refugee Claims Relating to Victims of Organized Gangs (2010), and the Eligibility Guidelines for Assessing the International Protection Needs of Asylum Seekers from El Salvador (2016), Honduras (2016) and Guatemala (2018).
- The governments of the region, with UNHCR support, must guarantee the implementation of effective mechanisms that respect the right of all individuals, regardless of their nationality, to seek asylum in safe countries and not be returned to their country of origin or to third countries where their lives may be in danger.
- The governments of Honduras, El Salvador and Guatemala must implement the necessary measures to reduce displacement and violence and must also strengthen the protection of the rights of people at their origin.

ACRONYMS AND TERMS

CAI: Centro de Atención Integral — comprehensive care center for victims of torture and extreme violence operated by MSF in Mexico City.

CBP: US Customs and Border Protection agency.

CGI: Clinical Global Impression scale used to assess the severity of mental illness.

LGBTQ: Lesbian, gay, bisexual, transgender, and queer.

maras: gang.

MPP: Migrant Protection Protocol.

MSF: Médecins Sans Frontières.

NTCA: Northern Triangle of Central America.

UNHCR: United Nations High Commissioner for Refugees.
