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Healthier in Juárez: The Need for Improved Medical Care for Migrants Detained at the US-Mexico Border

Elizabeth N. Malik, MD[1], Emilie J. Calvello-Hynes, MD, MPH, FACEP[2], Jennifer J. Whitfield, MD, MPH, FACEP[3]

[1]University of Colorado Anschutz Medical Campus, Aurora, CT
[2]Denver Health Hospital Authority, Denver, CO
[3]Denver Health Emergency Medicine Residency, Denver, CO

INTRODUCTION: THE SITUATION AT THE BORDER

During my Emergency Medicine residency training, my colleagues and I saw an increasing number of detained immigrants seeking emergency care for vague complaints such as inability to sleep, headaches or malaise – symptoms suggestive of Post-Traumatic Stress Disorder and undiagnosed depression. In September 2019, I traveled to the border towns of El Paso and Juárez to find out more about this disturbing trend. Though conversations with migrants waiting at the municipal building in Juárez, immigration lawyers, and volunteers representing humanitarian aid groups, I came to realize that there is an urgent need for better-quality medical care for migrants at the U.S.-Mexico border.

During dangerous river crossings and desert transits on the way to the U.S. border, many migrants lose or run out of medications and arrive at the border severely dehydrated, sunburned and exhausted (Hlavinka, 2019, para. 9). A minority arrive critically ill with sepsis or life-threatening exacerbations of chronic diseases. Certain policies, such as the *Migrant Protection Protocols*, instituted particularly during the Trump administration, have made it more challenging for migrants to apply for asylum and have set up a system that is dangerous for people waiting at the border. There have been many migrant deaths at Customs and Border Patrol (CBP) detainment centers attributed to unrecognized illness, protocols requiring confiscation of medication, and questionable holding practices that create barriers to medical care. To prevent further morbidity and mortality, there must be improvement in the medical care of migrant detainees.

Send correspondence to: LIZ.MALIK@DENVEREM.ORG

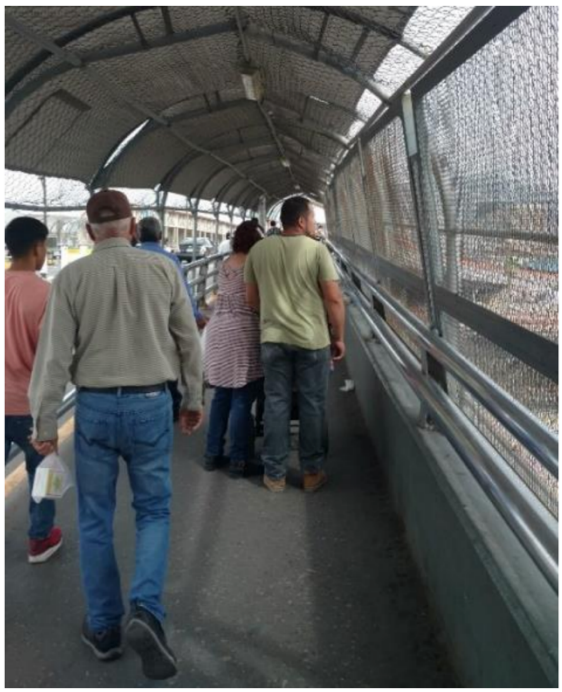

Figure 1. Crossing the Paso del Norte Pedestrian bridge. Author's Image.

BACKGROUND

According to U.S. asylum laws, anyone who steps foot in the U.S. has the right to request asylum. Asylum seekers must prove they face persecution in their home country due to their "race, religion, nationality, membership in a particular social group (e.g., LGBTQ) or political opinion" (Aguilar, 2018). In 2018, Jeff Sessions, then U.S. Attorney General, summed up the administration's opinion on 'legitimate' reasons to seek asylum with "The mere fact that a country may have problems effectively policing certain crimes—such as domestic violence or gang violence—cannot itself establish an asylum claim" (Aguilar, 2018). Immigration and Customs Enforcement (ICE) and CBP work in parallel to carry out the policies stemming from this opinion. ICE is primarily responsible for domestic affairs, whereas CBP is meant only to regulate border towns and borders issues.

DEATHS IN CUSTODY

In 2018, a report called The Detainee Death Reviews was published after the joint effort of four non-profit organizations interested in furthering the rights of detained immigrants (Long, 2018). At least two independent physicians evaluated each of the cases of migrants who died while held in detention centers from 2015 to 2017. Of the medical records that were able to be obtained, Long (2018) found that greater than 50% of deaths – eight of the fifteen cases – were linked to or caused by substandard medical care (paras. 4-5). Specifically, the reviewing experts found that poor practitioners' and nursing care, unreasonable delays in seeking a higher level of medical care, and mismanaged emergency responses contributed to all but one of the deaths analyzed. Long's (2018) analysis in The Detainee Death Reviews also states:

> This report comes as the Trump administration moves to detain a record number of immigrants and significantly decrease standards at the overwhelming majority of detention facilities. The administration's fiscal year 2019 budget proposal includes a plan to sign contracts with county jails for long-term "non-dedicated" detention space using cursory checklist-style standards to govern conditions of detention. (Background, para. 6)

While hundreds of thousands of migrants were processed over this time period, the mistakes and lack of access to care may give insight into a paucity of training in detention centers in the ability to detect and appropriately respond to medical emergencies (Hlavinka, 2019, paras 24-30).

From September 2018 to May 2019, six migrant children died while in CBP custody (Hennessy-Fiske, 2019). One of the more infamous cases is that of Jakelin Caal Maquin, a seven-year-old Guatemalan girl who died two days after being detained. Ultimately found to have died from profound streptococcal septic shock, she was not taken to a physician until she was unresponsive. U.S. Rep. Raul Ruiz, also a physician, stated "If there was any meaningful health evaluation … then they would have identified most likely a sick-looking child with abnormal vital signs. Then they would have consulted … with a medical professional and gotten her the care that could have saved her life" (Romero & Cusumano, 2019). The case spurred calls for secondary medical exams for children in custody. However according to Dr. Jill Ebenshade, one of the 120 physicians who marched on the CBP office in San Diego demanding flu vaccination for detained children, only 43% of migrant children ever saw medical personnel (Rivlin-Nadler, 2019). Inconsistent medical screening, coupled with President Trump's attempt to end the Flores settlement which requires "immigration officials to give detained minors a certain quality of life, including things such as food, drinking water, medical assistance in emergencies, toilets, sinks, temperature control, supervision and as much separation from unrelated adults as possible" (Stracqualursi, 2019, para 4), has thrown into sharp relief the substandard care of migrant children in CBP custody.

DENIED THE RIGHT TO HEALTHCARE

The case of Emilio Gutierrez highlights the difficulty and danger in accessing proper medical care. Gutierrez is an award-winning Mexican journalist who sought asylum in 2008 after discovering a "price on his head" after reporting on corruption in Mexico's military (Sandoval & Tran, 2017, para. 3). He alleged that upon being taken into ICE custody, his medications were confiscated, plunging him into a deep depression (Linthicum, 2018). During an interview, Eduardo Beckett, Gutierrez's lawyer, stated that many migrants will not seek care in detention facilities as "medical staff are seen as an extension of ICE" (personal communication, September 3, 2019). Indeed, medical personnel face a double loyalty to their patients and their employer as they are first employed by ICE or CBP rather than an independent hospital or medical group (Hlavinka, 2019, para 14). Beckett has relayed cases of severely depressed people wasting away because they do not want the ICE officials to use mental illness against them in their asylum hearings. Those with mental illness are far less likely to have their claims granted, and some of Beckett's clients have reported that their confidential answers on medical intake questionnaires have been used in their court cases (E. Beckett, personal communication, September 17, 2019).

Anecdotes of other indignities are easily at hand in Beckett's office. For example, Thongchay Saengsiri, a 65 year-old man originally from Laos, spent 10 months reporting worsening symptoms of congestive heart failure and making multiple visits to the detainment center nurse. Emergency personnel were called only after Saengsiri experienced what an officer called a panic attack where he hunched over unable to breathe. Saengsiri ultimately died (Long, 2018). It is not clear whether Saengsiri was able to adequately communicate his worsening symptoms to ICE officers during his detainment. Only sparse translating services exist if a detainee does not speak English or Spanish, especially at CBP holding sites at the border. Since many immigrants, including people from Africa and Asia, use the southern corridor to cross into the United States, a wide array of languages and backgrounds present at the border.

If detained, all medications are confiscated and people are shipped to holding facilities for further processing. Reports of freezing cells, nicknamed 'iceboxes' or *hieleras,* have emerged from certain detention facilities in Texas and Arizona. Migrants are kept in rooms too crowded for people to lay down, lights on 24/7, huddled on cold concrete floors with only a thin Mylar foil sheet to keep warm (Alfaro, 2018). Since these holding facilities are meant to hold people for 72 hours, vaccinations and treatment for communicable diseases are not stocked (Rivlin-Nadler, 2019). These policies create dangerous situations where people can be held indefinitely in potentially harsh environments where communicable disease is spread quickly.

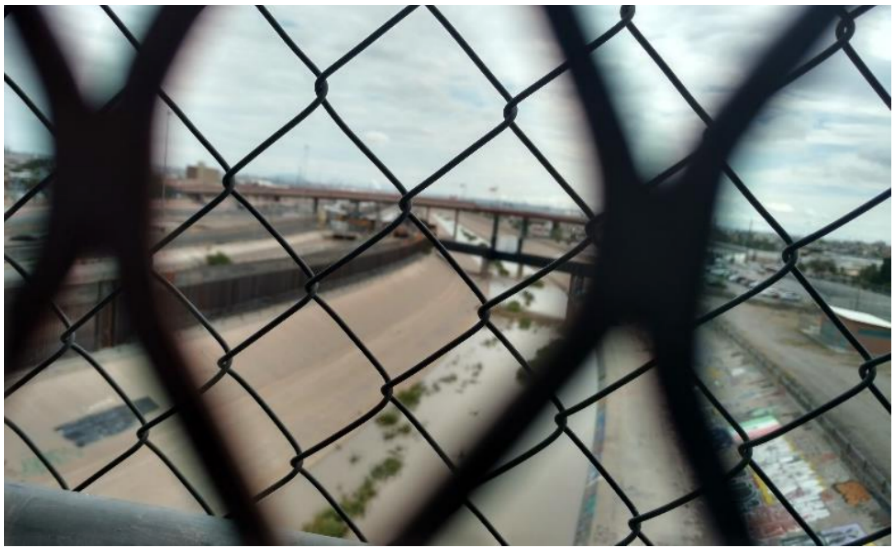

Figure 2. The border wall as seen on El Paso del Norte. Author's Image.

HALTING EFFORTS TO COUNTERBALANCE SYSTEMIC PROBLEMS

Mexico has attempted to respond to the medical needs of asylum seekers in Juárez. When a Central American migrant presents themselves to the municipal building in Juárez, they are given three months of state-sponsored health insurance that covers vaccines as well as basic dental and medical needs. This is particularly necessary as migrants spend months waiting for their number to be called as part of the ramped-up *Migrant Protection Protocols* – nicknamed the 'Remain in Mexico' policies – often joining the make-shift tent community mere yards from the border. The Juárez branch of the Mexican Red Cross, affiliated with the NGO the International Federation of Red Cross and Red Crescent Societies (*IFRC*), is headquartered inside the border municipal building. Their ambulance makes a run down the sidewalk camp four times a day to see if anyone is obviously ill and if so, will transport them to a higher level of care. Migrants waiting outside the municipal building say that they feel safe going to hospitals since they can use the state-provided insurance and are less likely to get kidnapped from a hospital bed.

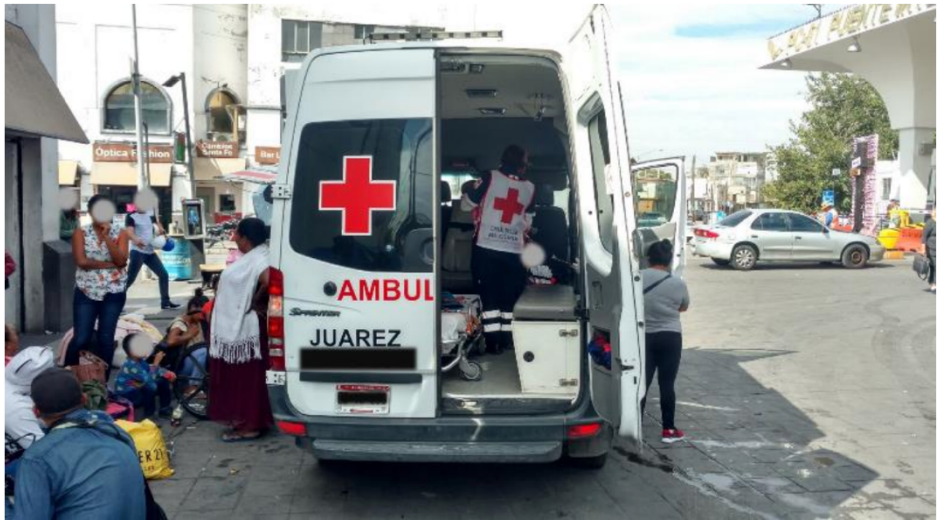

Figure 3. Red Cross workers making their daily rounds in the side streets by the Paso del Norte. Author's Image.

Dozens of organizations, both governmental and non-governmental, are attempting to help unprecedented numbers of immigrants by providing services such as legal counselling, medical screening exams, and spiritual support. What is concerning, however, is the systemic disparagement of those who cross the border: from governmental rhetoric – seen infamously with former President Trump's claim that migrants are "bringing crime" and "they're rapists" (WP Staff, 2016) – to the individual; daily insults of parents separated from children, normalized degrading terms such as "illegal alien," unconscionable processing times for asylum claims, days spent with the lights on in freezing *hieleras*, confiscation of prescriptions, access to medical services denied, and ultimately a slim-to-none chance of successfully gaining legal status. These are just some of the strategies used to discourage possible asylum seekers until many choose to give up and self-deport. Unsurprisingly, it is working. Recent data shows the number of migrants presenting at the border and those who are granted asylum have been declining (Gonzales, 2019).

A WAY FORWARD

As the Biden administration works through years of migrant cases during this ongoing border crisis, changes must be made today to improve the situation for those currently enmeshed in the immigration system. The Death Reviews have consistently reached the same conclusions: delays in care and inappropriate training to competently recognize or handle emergent conditions have directly contributed to the deaths of migrant detainees. At minimum, medical personnel must be employed by a third party to maintain true patient confidentiality as well as guarantee a minimum standard of medical care for evaluation of those in custody. Each migrant deserves a mandatory medical exam upon arrival or discovery as legislated following Jakelin Caal Maquin's death. Medical interpretation services must be available for all migrant detainees and are crucial in providing the medical standard of care. Not everyone who crosses the border from Mexico speaks Spanish or Portuguese. Patients should continue to have access to prescribed medications for their chronic conditions as well as receive timely treatment for acute illnesses that arise. Vaccinations must be made available to all seeking asylum to prevent outbreaks of communicable disease among an especially vulnerable population. To this end, medical providers, including those not directly involved in migrant health or border crossing sites, must advocate for access to care and appropriate medical treatment for all. These interventions are a start to improve this slow-motion catastrophe.

- ICE and CBP medical personnel employed by a 3rd party
- Ensure mandatory medical exams upon arrival and discovery
- Establish confidential interpretation services at each detainment site
- Return or replace all confiscated prescription medications to detainees
- Provide vaccinations to all eligible migrants within 72 hours of detainment
- Continued advocacy work from medical personnel

Figure 4. Summary of areas for improvement in medical car for migrant detainees.

TO CONCLUDE

Migrants often come to the United States seeking a better life from a background of violence, insecurity and poverty. The huge gaps in medical care at detainment centers are the result of decades of step-wise solutions to immediate problems and are grounded in the chronic, implicit bias of our immigration system. The humanitarian crisis at the southern border demands a response to the ongoing disease and suffering. People are dying preventable deaths while seeking asylum because of the lack of access to adequate medical care. We have the capacity to make necessary changes to save human lives and the responsibility to take action now.

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