



## From Icebox to Tinderbox — A View from the Southern Border

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Dozens of asylum seekers used to arrive at Puerto Fronterizo El Chaparral in Tijuana at the break of dawn each day, where they would be corralled within makeshift metal barriers.

Children lay sprawled on the concrete, heads nestled in parents' laps after the disorienting trip from the crowded migrant shelters. A handful of those present were there for the first time, hoping to register for a number, scribbled on a tiny piece of paper by volunteer organizers. With more than 10,000 names ahead of them on the list, these new arrivals could expect to wait 6 months or more before they'd have to return to the plaza to see if their number would be called.

A cagey choreography followed. First, Mexican immigration officials — *Grupos Beta* — emerged from the U.S. Customs and Border Protection (CBP) facility, after discussing the day's plan with CBP officers. The Mexican officials would tell the volunteers

holding the roster — themselves migrants — how many people CBP agreed to let through. Then the volunteers would call out the day's numbers for entry. Sometimes no numbers would be announced, and everyone would have to return the next morning to repeat the enervating exercise, towing suitcases containing their few remaining possessions.

Known as “metering,” this glacial process was implemented to control the flow of migrants allowed to step foot in the United States for processing by CBP. Introduced in 2016 under the Obama administration, metering was initially a narrow and temporary response to a wave of Haitian migrants at the San Ysidro port of entry. But in 2018 under President Donald Trump, the practice

was expanded to all asylum seekers crossing the southern border. Even Mexicans facing imminent threat of harm in Mexico became subject to it, in a gross affront to federal and international law and the principle of non-refoulement, which forbids countries from returning people fleeing persecution directly into harm's way.

Asylum seekers fortunate enough to get through metering and have their numbers called were escorted by Mexican officials into U.S. custody. They would then be detained in a frigid basement below the CBP facility while awaiting their “credible fear” interview — the screening done to determine whether their asylum claim is reasonable enough to justify proceeding with the case. As American outlet shoppers browsed sales at Banana Republic or Kate Spade meters away above ground, asylum seekers shivered beneath Mylar blankets, wondering how long they'd be forced to withstand the “hielera,”

or icebox, where temperatures are known to be as low as 56°F.<sup>1</sup>

As doctors for migrants on the border, we'd see them in the days before their numbers were due to be called. We'd advise them to wear a warm base layer, since their jackets would probably be taken away. We'd write advocacy letters for those with underlying conditions such as sickle cell disease or asthma, which made them especially vulnerable to the effects of the cold. But we couldn't be sure of what would happen once they crossed onto U.S. soil. Would they be kept in the *hielera* for 2 days or 2 weeks? Would they continue to receive their anti-epileptic medications? Banned from entering the facility, we could only worry and wait.

Starting in January 2019, even those who passed their "credible fear" interviews started being sent back to Tijuana pending further immigration proceedings, as part of the so-called Migrant Protection Protocols (MPP), which compelled Central American migrants to remain in Mexico and commute to the United States for court hearings. And beginning in July 2019, with the passage of the third-country asylum rule, also known as "Asylum Ban 2.0," those who pass through third countries en route to the United States are considered ineligible for asylum unless they've attempted to gain asylum in the countries through which they've traveled. These include countries such as Guatemala, which are widely accessible to the perpetrators from whom they're fleeing and which lack the capacity to protect them. Both these policies have been allowed to continue while the Supreme Court reviews them.

Through these actions, the

Trump administration aims to shock, confuse, and discourage asylum seekers, along with anyone committed to their protection. By perpetuating fear — of family separation, or of violence in the dangerous Mexican border cities where they're forced to wait — the administration hopes to reduce the number of people making the journey in the first place. By erecting barriers to justice, such as the near-impossibility of securing an American immigration attorney from Mexico, the administration attempts to discourage those who make it from pursuing their cases. Currently, less than 0.1% of claims are approved.<sup>2</sup> And by placing the burden of protection on Mexico — which has far fewer resources than the United States — the administration ensures that those who choose to remain are as exposed as possible to the violent forces from which they are seeking refuge. Human Rights First has reported more than 1000 incidences of murder, torture, rape, and kidnapping among people returned to Mexico under the MPP.<sup>3</sup>

Compounding the problem, the migrant shelters where we provide care remain crowded tinderboxes for infectious diseases such as varicella, mumps, and norovirus, and now Covid-19. The situation on the border is a public health crisis of our country's own manufacturing, the result of a zealous effort to shirk our responsibility to people fleeing persecution, whom we have instead chosen to put directly in harm's way. And while the administration's strategy has been effective at drastically reducing the number of migrants who receive protection, it has done nothing to address the factors that

will continue to fuel migration to the border despite the risks.

At our Tijuana clinic, migrants are often referred for forensic evaluations for their asylum cases, which sometimes are the only corroborating evidence they have with them when they face a judge alone. Recently, a woman came in with her daughter. She soberly recalled escaping the cartel that kidnapped and tortured her in El Salvador, only to be gang-raped on the streets of Tijuana. Outside, her daughter raced around the clinic's waiting area, her jovial spirit undoubtedly both nourishment to and a product of her mother's devotion to her.

These forensic evaluations have become memorials to the truths that our government has built walls to ignore, and we, as physicians, have become witnesses to individual and collective realities. From migrants in Latin America we hear stories of kidnapping, rape, government-sponsored torture, and violence. We see people who have been jailed, threatened, even dragged through the streets solely because of their sexual or gender identity. And we learn of the incredible journeys of those who have traveled across seas — from faraway places such as Cameroon or Burkina Faso — to escape civil war and repression.

Covid-19 has exposed critical vulnerabilities and raised uncomfortable questions about our duties as health care providers. Many physicians feel torn between their obligations to patients and to their own families. As a country, we are facing an unprecedented challenge within our own borders. But just as our role as physicians remains inextricable from the care we provide, our American identity cannot be separated

from the ideals to which our nation aspires, including providing a safe haven to the “homeless, tempest-tost,” as etched on the Statue of Liberty.<sup>4</sup>

Since the first Covid-19 cases were reported in Wuhan, China, the public health crisis on the U.S.–Mexican border has only gotten worse. In January, the Mexican government announced it was eliminating “Seguro Popular,” the pathway through which migrants could gain health insurance in Mexico (albeit only for 6 months), and replacing it with a system that even most Mexican physicians don’t know how to navigate, so migrants are now effectively unable to access care within the Mexican public health system. On March 20, the U.S. government partially closed the border and announced that MPP

courts would be shuttered: now, no numbers are called and anyone caught crossing the border between points of entry is deported immediately, without due process, to either their country of origin or Mexico. No longer can we get MPP patients in critical need of medical services across the border through the process of medical parole.

This is where we find ourselves today, with migrants stuck between a closed border and the dangers from which they have fled, quarantined inside tight shelters, with a deadly pandemic surrounding them.

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1. Human Rights Watch. In the freezer: abusive conditions for women and children in US immigration holding cells. 2018 (<https://www.hrw.org/report/2018/02/28/freezer/abusive-conditions-women-and-children-us-immigration-holding-cells>).
2. Solis G. Remain in Mexico has a 0.1% asylum grant rate. *Los Angeles Times*. December 15, 2019 (<https://www.latimes.com/world-nation/story/2019-12-15/remain-in-mexico-has-a-0-01-percent-asylum-grant-rate>).
3. Human Rights First. Delivered to danger: Trump administration sending asylum seekers and migrants to danger. 2020 (<https://www.humanrightsfirst.org/campaign/remain-mexico>).
4. Peeler K. Protecting the tired, the poor, the huddled masses. *N Engl J Med* 2017; 376(10):e17.

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