



Border Health Program (El Paso, Texas)

CONTEXT A growing number of migrants and asylum-seekers are crossing the US-border in recent years: according to Customs and Border Protection (CBP), 234,088 migrants crossed in April 2022, topping March's 22-year high of 221,444. Demographics of those crossing is shifting: in recent years, well over half of people were children and families fleeing from violence, the impacts of climate change, and poverty. The sheer number of migrants crossing, Covid-19, and US policy changes are exacerbating what was already a humanitarian crisis at the border, and in recent weeks both government agencies and shelters have communicated that they are becoming overwhelmed. Additionally, the federal government intends to end Title 42 (a public health policy that allowed CBP to deny entry to migrants on public health grounds during the pandemic). According to Homeland Security Secretary Mayorkas, ending Title 42 will result in 18,000 migrants crossing daily, compared to the current 8,000 daily crossings. In El Paso, shelters recently requested aid from the city to bring on more staff and add space, as they tackle the current surge and prepare for the expected uptick in crossings.

Lamentably, most shelters and CBP facilities lack sufficient accommodations, staffing or procedures to thoroughly assess migrants' health needs or provide more than basic emergency care, a situation that has led to dangerous medical oversights. There have been varied reports evidencing a dire need for medical services for migrants in transit who were recently released from government custody, demonstrating a need for both medical care and advocacy regarding access to healthcare for populations in transit at the US-Mexico border, particularly as numbers of asylum seekers entering the US continues to increase.

NEEDS FOR BOTH DIRECT SERVICE AND ADVOCACY, based on Doctors of the World's exploratory missions to the US-Mexico border, and supported by findings from external reports:

- **Confiscation of medication by CBP:** Doctors volunteering at the border report regularly seeing migrants with chronic conditions (i.e. diabetes, asthma, seizures, and high blood pressure) who had prescription medications confiscated by CBP without being replaced.
- **Deadly desert crossings:** Since 2000, US policies have pushed more migrants to undertake dangerous desert crossings; in recent years, deaths in the desert have increased as the volume of migrants passing through the desert increased, together with an increase in temperatures due to climate change. CBP recorded 557 southwest border deaths during fiscal year 2021 (up from 254 in 2020 and 300 in 2019). Many migrants who survive the crossing are suffering from dehydration and other heat related health risks.
- **Border wall injuries have increased since 2019:** Research published by the American Medical Association in April 2022 shows that since the 30-foot border wall was constructed, there has been a significant increase of more than 5x in trauma center admissions and deaths as well as an increase in injury severity.
- **Sexual violence en route and increase in women migrating:** According to a UC Berkeley School of Law's Human Rights Center report, an estimated 24-80% of women suffer sexual violence en route to the US, along with 5% of men and 50% of gay and transgender individuals. Additionally, the number of women migrating to the US and crossing the border is growing: women represented an estimated 24% of migrants in 2015, up from 14% in 2011.

BORDER HEALTH PROGRAM OVERVIEW The Border Health Program (BHP) will launch in El Paso, Texas in partnership with Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) and Annunciation House. It will improve health outcomes of migrants and asylum seekers in transit by ensuring access to healthcare. Doctors of the World will be the institutional link between border shelters and TTUHSC El Paso Paul L. Foster School of Medicine to fill a gap in services within an already existing infrastructure (border shelters and their networks). Additionally, the BHP will focus on conducting evidence-based advocacy to promote sound public health policy and best practices. Doctors of the World will work on capacity-building with shelters focusing on data collection, storage, and analysis. Data will be used to build a foundation for both advocacy and scholarship, with the overall goal to develop scalable approaches to improving migrant and asylum seeker health access and outcomes. Currently, the BHP has an anticipated launch date of October 2022 as we finalize our program collaboration agreement with TTUHSC El Paso.

The Border Health Program has six core areas.

Core 1: DIRECT CLINICAL SERVICES		Core 2: EDUCATION	
OBJECTIVE: Develop the infrastructure for transitional care for migrants and asylum seekers in transit arriving to El Paso from government custody and shelters throughout the border region.	ACTIVITIES: Offer clinic 2-5 days/week by TTUHSC El Paso staff, residents, and students. Services will be phased in with four levels of care: 1. Primary; 2. Long-term, extended and navigation; 3. COVID Welfare Checks 4. Mental Health. Annunciation House will be the primary clinical launch site, and the Pastoral Center Diocesan Shelter will be the secondary clinic site.	OBJECTIVE: Offer medical school faculty, residents, and staff hands-on learning experiences related to migrant health needs and serving populations in transit.	ACTIVITIES: TTUHSC El Paso will establish a residency rotation curriculum and medical student elective curriculum for residents and students interested in serving at Annunciation House and Pastoral Center Diocesan Shelter; DotW Clinical Care Coordinator will use expertise in access to medical care in crisis situations and advocacy to offer a course at the medical school.
Core 3: ADMINISTRATION		Core 4: DATA, RESEARCH AND DISSEMINATION	
OBJECTIVE: Provide administrative oversight for the daily operations of the BHP.	ACTIVITIES: DotW will provide gap funding as well as staff in El Paso, including a Head of Program, Medical Director, Clinical Care and Onsite Coordinators.	OBJECTIVE: Provide data-driven decision making that will inform the development and growth of the BHP and build a foundation for scholarship around migrant and refugee transitional care.	ACTIVITIES: In collaboration with program partners, institute and maintain an electronic medical record and data collection system which will strengthen advocacy, service provision, and curriculum design.
Core 5: INTERNATIONAL		Core 6: ADVOCACY	
OBJECTIVE: Promote bilateral and regional information exchange while establishing best practices to improve migrant and asylum seeker health outcomes.	ACTIVITIES: Establish a sustainable and evidence-based U.S. domestic program that will provide the foundation for a regional approach with MdM International Network and other program partners.	OBJECTIVE: Promote sound public health policy by conducting evidence-based advocacy regarding migrant and refugee transitional care and access to healthcare for mobile populations.	ACTIVITIES: Provide international advocacy experience to shelters; track evidence-based advocacy efforts, such as tracking migrant routes and health needs.

LONG-TERM VISION: The BHP will be the first step in creating a service provision and data collection pipeline in collaboration with Doctors of the World's international programs in southern and central Mexico in order to conduct evidence-based advocacy across borders. It will also form the foundation in the creation of curriculum and courses with our medical partner for medical schools regarding the unique medical needs of populations in transit. Lastly, the BHP will develop a nationwide referral network to benefit migrants who will need medical services in their final destination.

Indifference is a disease. The cure is ACTION.

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