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# CHRONIC DISEASE AMONGST MIGRANTS IN CHIAPAS, MEXICO

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All characters, organizations, and plots described within the case are fictional and bear no direct reflection to existing organizations or individuals. The case topic, however, is a true representation of circumstances in Chiapas, Mexico. The case scenario is complex and does not necessarily have a correct or perfect solution, and thus encourages a judicious balance of creative yet perceptive approaches.

The authors have provided informative facts and figures within the case to help teams. The data provided are derived from independent sources, may have been adapted for use in this case, and are clearly cited such that teams can verify or contest the findings within their recommendations, if it is pertinent to do so. Teams are responsible for justifying the accuracy and validity of all data and calculations that are used in their presentations, as well as defending their assertions in front of a panel of knowledgeable judges representing different stakeholders.

The information and data given in the following text is meant as a suggestive guide but is not considered all-inclusive. Teams may choose any area(s) of approach that they deem impactful and feasible.

## **NARRATIVE**

You are an American citizen working in Mexico with Doctors Without Borders (DWB). You are stationed in the state of Chiapas, just along the border with Guatemala. Many of your patients are Guatemalan, Honduran, and Salvadoran immigrants who have traveled to Mexico looking to escape poverty, violence, and corruption in their home countries. Many of these patients come to you with urgent needs for treatment of infectious diseases, like the flu, or treatment for severe injuries and falls. Some patients may suffer from emerging infectious disease, such as COVID-19, or zoonotic diseases. However, in the course of treating these acute ailments, you've started to notice a trend of untreated chronic conditions. In particular, patients are presenting with signs of hypertension, heart disease, and diabetes. Most of these patients had no knowledge or awareness of their chronic condition. These patients did not have access to adequate healthcare in their home country or have been unable to access healthcare since leaving their homes, and these diseases continue to go untreated. In addition, you have noticed high rates of mental health disorders – for example, psychoses, posttraumatic stress disorder, depression, and suicidal acts - among these migrants.

Your clinic is stationed near one of the large migrant detention centers used to process the increasing number of immigrants coming into Mexico from the southern border. This center, called Siglo XXI (21<sup>st</sup> Century), is located in Tapachula and has been reported as “inadequate” in all areas of basic need and rated overall as “deficient” by external oversight groups.<sup>4</sup> You have heard from several local patients that the conditions in this center are squalid. The center is overcrowded, lacks access to food (especially nutritious food), and its hygiene facilities are completely inadequate. While you know that the Mexican government is screening for infectious diseases, comprehensive screening, diagnosis, and treatment for chronic conditions is not available. Many incoming detainees with chronic conditions, such as diabetes and hypertension, will go unidentified, and therefore receive no treatment or intervention. A few diabetic patients who happen to be aware of their condition, however, have told you that they have no access to insulin or other diabetes medications. Food insecurity, especially lack of access to healthy foods, further complicates the prevention and control of chronic diseases among these populations.

You fear this lack of healthcare for non-communicable diseases is causing unnecessary complications, injury, and death for the detained immigrants, and feel that DWB may be uniquely positioned to intervene and fill the healthcare gap. You decide to write to your superiors with a proposal that details how DWB can deliver diagnostic and therapeutic services to detained and transitory populations with long-term untreated chronic conditions.

## **BACKGROUND ON MEXICO**

Mexico is located in Central America, bordering the United States, Guatemala, and Belize. With a population of approximately 128 million people, Mexico is the 10<sup>th</sup> most populous country in the world and 2<sup>nd</sup> most populous in Latin America, after Brazil.<sup>16</sup> Approximately 80% of the population lives in an urban setting and nearly a quarter of the population – approximately 30 million – lives in or around Mexico City. It is estimated that more than 48% of the population lives below the poverty line, measured as \$5.50 USD per person per day.<sup>15</sup>

Chiapas is a southern Mexican state bordering Guatemala. As of 2010, the population is approximately 4.8 million, the eighth most populous state in Mexico. More people migrate out of Chiapas than migrate in, with emigrants leaving for the states of Tabasco, Oaxaca, Veracruz, State of Mexico, and the Federal District primarily. The southern states in Mexico tend to lag significantly behind the more northern states when measured by all socioeconomic factors, with Chiapas being the most impoverished. In 2000, 80% of the population in Chiapas registered no stable income or income below the monthly minimum wage and economic disparities in Mexico have only increased in the 20 years since.<sup>11</sup>

The southern border of Mexico, shared with Belize and Guatemala, is extremely porous and Mexico continues to grapple with an influx of impoverished Guatemalans and other Central Americans crossing the border in search of work in Mexico or the U.S. As of 2019, Mexico was home to more than 78,000 refugees who had been granted legal asylum or other official status – primarily from El Salvador and Venezuela.<sup>16</sup>

## BACKGROUND ON MIGRANT COUNTRIES OF ORIGIN

Migrants crossing the Mexican southern border come from a wide variety of countries, including countries in South and Central America, the Caribbean, and Africa. The most common countries of origin are Guatemala, Honduras, and El Salvador, with individuals trying to escape significant levels of violence and corruption, although many migrants leave their home countries looking for new economic opportunity.

- **Guatemala:** Guatemala is one of the most economically suppressed countries in Latin America, by many measures. In 2014, almost 50% of the population lived in poverty (less than \$5.50 USD/day) and nearly 9% lived in extreme poverty (less than \$2.00 USD per day).<sup>13</sup> Guatemala continues to be one of the world's most dangerous countries, nearly 25 years after the end of their civil war. Drug and human trafficking rates are extremely high due to significant levels of government corruption.<sup>5</sup>
- **Honduras:** Honduras sees poverty rates similar to that of Mexico, with 48.3% living below the poverty. This percentage is significantly elevated in rural areas and Honduras has one of the smallest middle classes in the world - just 11% of the population as of 2015.<sup>14</sup> High levels of violence and homicide, as well as a lack of economic opportunity, have pushed Honduran citizens to migrate elsewhere in search of better living conditions and opportunities.<sup>14</sup>
- **El Salvador:** Poverty in El Salvador is declining slowly, with 29% living below the poverty line as of 2017.<sup>12</sup> However, similar to Honduras and Guatemala, crime and violence have stagnated social development and suppressed economic opportunity for many citizens, causing a high rate of migration.<sup>12</sup>

Due to their tropical locations in Central America, all three of these countries are highly susceptible to the impacts of climate change. Increased natural disasters, such as floods, droughts, and hurricanes, have created an environment where social and economic growth is slow. Additionally, this natural threat has worsened many social inequalities, including food insecurity, malnutrition, general health, and water access.<sup>12,13,14,15</sup>

## BACKGROUND ON IMMIGRATION AND DETENTION

Due to its location along the U.S. southern border, Mexico is both a destination and transit country for migrants traveling across Central America.<sup>3</sup> Although Mexico has historically been fairly amiable toward migrants transiting the country to enter the United States, pressure from the U.S. has caused Mexico to take an increasingly forceful approach to stemming the flow of migrants entering Mexico from countries along its southern border.<sup>3</sup> Modern scholars emphasize that historically, the Mexican and U.S. governments have shared binational objectives around migrant policy which has helped to construct a deeply entrenched transnational carceral regime.<sup>1</sup> This has resulted in an increase in the number of migrants being housed in Mexican detention facilities, often significantly beyond their capacity and severely lacking in adequate humane environments.<sup>3,9</sup> Conditions in these centers are alleged to include bedbugs, corruption, severe shortage of food, lack of access to healthcare, low hygiene standards, violence, substance use, and other poor living conditions.<sup>3,9</sup>

Mexico adopted its first comprehensive immigration reform policy in 2011, which was intended to help protect the rights of immigrants. This legislation heavily emphasized the use of detention centers as a tool for processing immigrants coming into the country.<sup>3</sup> Data from 2011 shows that Mexico currently operates 23 short-term, or provisional, detention facilities and 35 long-term facilities.<sup>3</sup> The total capacity in the long-term facilities is 3,500. Unfortunately, the population held in these centers is alleged to have exceeded quintuple their capacity at times, particularly as the U.S. severely cuts down on the number of migrants allowed across the Mexico-U.S. border.<sup>9</sup> Additionally, many individuals allege to have been held for more than 3 weeks in provisional facilities that are not meant to detain migrants for more than 15 days.<sup>10</sup> In 2019, Mexico detained a total of 179,000 migrants, including 46,000 minors.<sup>3</sup>

## SUMMARY OF THE ISSUE

Healthcare in migrant detention facilities in Mexico is often extremely limited, difficult to access, and - when accessed - is delayed.<sup>10</sup> Detainees have reported severe delays in receiving care for known chronic conditions since communicable diseases tend to be the primary focus of public health officials working in these centers.<sup>10</sup> Doctors Without Borders (DWB) reports that medical priorities in the detention centers focus on acute injuries (such as from falling from trains used for transportation) and on preventing the spread of infectious disease. Zero screenings exist to identify those individuals with undiagnosed underlying chronic conditions. Even with the primary concern over communicable diseases, detained migrants have reported that there is no healthcare access or preventative measures for those with known infectious diseases, such as HIV, or symptoms of possible infectious disease, such as cough and fever.<sup>6,7</sup>

Additionally, social barriers frequently complicate access to healthcare that is available, including social stigmas, language barriers, and fear of identification.<sup>8</sup> A 2017 report from Consejo Ciudadano del Instituto Nacional de Migración emphasizes fever, cough and throat pain, headaches, hypertension, diabetes, gastrointestinal ailments with the following symptoms: diarrhea, vomiting, and pain ailments including toothaches. The majority of detainees also showed signs of anxiety and depression. Migrants indicated they had a general distrust of facility authorities, had problems interacting with others, were irritable, isolated or aggressive, grew increasingly frustrated, desperate and sad, and experienced lost hope; etc. The report suggests that the decision of who receives medical attention is often dictated by the will of the detention center guards and that in general medical and psychological protocols are not in place. Insufficient medical staff inside the detention centers is a major obstacle, as well as access to equipment and medicine(s), all of which is exacerbated by poor recordkeeping.<sup>2</sup>

## CONCLUSION

You set about creating an intervention proposal for your administrative superiors at Doctors Without Borders (DWB). Your intervention should answer the following questions:

1. How will you implement a system to routinely screen for chronic conditions in the migrant population in Chiapas?
2. How will you intervene to increase access of healthcare to populations before, during, and after detention?
3. What support (e.g., financial, personnel, equipment) would be required? From whom?
4. What barriers do you anticipate that could prevent your intervention from succeeding? How would you combat these barriers?
5. How will positive screens be communicated to the individual, and how will information about ongoing treatment needs be communicated, especially since migrants may not have access to the care they need for quite a long time?
6. How will you communicate the need for and value of these services to the government of Mexico?
7. How will you address the long standing beliefs and attitudes of the workforce at the centers, who are making decisions about which people access healthcare services?

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