

# Living on the Border: A Brief Report on the Migrant Crisis

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This special third issue of the JNHMA focuses on the ongoing migration crisis at the US-Mexico border from a variety of informed perspectives, including additional theorization and original research centered on clinical means in which language and cultural issues influence patient care.

Migration across the US-Mexico Border is not new. For millennia, indigenous people have used natural passages, riverbeds, and arroyos to traverse the harsh environment of the Chihuahua and Sonoran deserts in search of water, arable land, game, and to escape social unrest. After colonization by Europeans, and the subsequent establishment of new geopolitical borders, migration patterns changed, and many were prohibited. But the establishment of Nuevas Fronteras did not deter people in search of work or a better life in the Milagro del Norte. For many decades, this was the case for many Mexican workers who travelled north to the United States, many under the auspices of the Bracero Program, a US government program welcoming migrants to enter the US legally as temporary workers. Agricultural farm workers were able to migrate to work on both sides of the border. Although the Bracero Program ended in 1964, the northbound migration has continued. In the early 1980's, political unrest, civil wars, economic oppression, and climate change forced people from beyond Mexico—Central America (e.g., El Salvador, Honduras, Nicaragua), South America (e.g., Venezuela, Colombia), and the Caribbean (e.g., Haiti, Cuba)—to look North.

Once in the US, a person is “in custody” and can seek asylum, not refugee status. Refugee status is an application that takes place outside of the US and provides specific legal protections. Asylum seekers do not have these protections and will often, ultimately, be seeking refugee status. Although we speak of a migrant crisis, being a migrant implies choice in leaving one's country. For many, the compelling reasons outlined above have taken away their choice. We may instead be confronting a refugee crisis.

In custody, medical exams are conducted. With varying medical needs, these exams are often woefully less than many migrants need. Unfortunately, critically ill children and adults have died because of illness while in custody. After their long journey through the Darien Gap and Chihuahuan Desert, many have nutritional deficiencies (e.g., iron deficient anemia, micro and macrocytic anemias) secondary to protein and calorie deficient diets. They have also endured physical and psychological abuse and trauma. Compounding matters, tropical diseases are common—Chagas Disease, Leishmaniasis, intestinal parasites, and other illnesses not often seen and cared for by healthcare professionals in the US. Chronic illness such as Type 1 and Type 2 diabetes, COPD, and newly diagnosed illness such as adenocarcinoma of the lung, leukemia, and lymphoma may also afflict new migrants. Contrary to the misinformation from anti-migrant news sources, the overwhelming majority of new migrants do not have the resources to access medical care. We, as a society, must ask ourselves, “How can we help these new arrivals to our country?” How can we reverse hostile anti-migrant sentiment?

Migrants may be deported or may be accepted for an asylum hearing and live in the US while they await their court date. Some may stay in US border communities such as El Paso, TX, this writer's current hometown. In El Paso, religious organizations like Annunciation House (currently under investigation by the Texas Attorney General for violating state immigration law) and Sacred Heart Catholic Church—both under the auspices of the Archdiocese of El Paso; and nongovernmental organizations, such as, Hope Border Institute, Las Americas, and others, provide medical care and assist migrants to reach their destinations within the US. Groups such as the Migrant Clinicians Network help and support migrants along their journey. When migrants arrive to their destination cities, some by politically motivated anti-sanctuary city stunts, a variety of challenges greet them. With few exceptions, migrants currently crossing the US-Mexican Border *Journal of the National Hispanic Medical Association, Volume 2, Issue 1, 2024* are limited English speakers with those from Central and South America speaking Spanish or native languages such as K'iche and Lenca. They may find themselves in harsh agricultural, poultry, or meat processing working environments, with scarce medical resources and limited language or social support. Some may find themselves in large metropolitan areas, such as Los Angeles, Chicago, or New York City, but even in these cities the "systems" are overwhelmed.

We hope that this edition of the *Journal of the National Hispanic Medical Association* presents facts and thoughtful perspectives on the impact of current immigration issues on health. We invite an open dialogue on problems and potential solutions. Articles in this *Journal* include contributions from the Migrant Clinicians Network, a network of concerned, compassionate, and committed healthcare workers who support migrants from the time they cross the Border to the time they are settled safely in the US. Additionally, we have a contribution from Unsettled, a group of physicians from across the US who care for the health needs of new migrants. Unsettled was founded and organized by Dr. Judith Flores, Chair Emeritus, National Hispanic Medical Association Board. Collectively, these articles present a multi-faceted and informed view of what it means to provide medical, social, and psychological care to new arrivals to our country, a country of migrants.



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1. CNN Investigates. Doctor says Border Patrol often misses early signs of illness in migrant children. <https://www.cnn.com/2019/07/01/us/migrant-children-hospitalized-doctor-border-invs/index.html>, July 1, 2019.
2. 13th Annual Symposium on Health, Law and Policy. Addressing the Healthcare Needs of Justice-Involved Populations: Johansson, B.E., *Ethical and Moral Obligations to Care for Vulnerable Populations: Caring for Migrant Children*; Loyola University School of Law, Chicago, IL, 15 November 2019.
3. Detainee Death Reporting, Immigration and Customs Enforcement. January 14, 2024.