Deprived and Denied: Refugees Facing Abuses At The Border
Acknowledgements

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The border is a line that birds cannot see.
The border is a beautiful piece of paper folded carelessly in half.
The border is where flint first met steel, starting a century of fires.
The border is a belt that is too tight, holding things up but making it hard to breathe.

The border is a rusted hinge that does not bend.
The border is the blood clot in the river’s vein.
The border says stop to the wind, but the wind speaks another language, and keeps going...

Selection from “The Border: A Double Sonnet” by Arizona’s state poet laureate Alberto Ríos, who grew up on the Arizona-Mexico border.
Introduction and Executive Summary

In response to the ongoing migrant crisis, Lawyers for Civil Rights (LCR) led a fact-finding mission to the U.S.-Mexico border in October 2021.

The LCR delegation met with community leaders, clergy, human rights advocates, and non-governmental organizations — including the Kino Border Initiative, Casa de la Misericordia y de Todas las Naciones, Florence Immigrant and Refugee Rights Project, Justice For Our Neighbors, the Immigration Law Clinic of the University of Arizona’s College of Law, and the Galilee Center. LCR’s mission observed deplorable conditions at the border, including the illegal deprivation of medical care to refugees and unlawful barriers to asylum for people fleeing persecution and violence.

LCR’s findings confirm that the refugee crisis is having a devastating impact on the ground on both sides of the border. After spending dozens of hours documenting conditions in the United States and in Mexico, LCR compiled this snapshot of the civil rights abuses that refugees are confronting at the border. The report is organized into three broad categories focusing on recent trends in the humanitarian and public health crises:

1 Denying refugees lifesaving COVID-19 protections.
2 Deprivation and denial of medical treatment and care.
3 Discriminatory and unconstitutional policies masked as so-called “public health” measures.

Experts and Sources

Mexico
Casa de la Misericordia y de Todas las Naciones
Kino Border Initiative

Arizona
Florence Immigrant and Refugee Rights Project
Immigration Law Clinic of the University of Arizona’s College of Law
Justice For Our Neighbor

California
Galilee Center
U.S. border authorities have reported record high border patrol arrests at the U.S.-Mexico border, with many refugees immediately "expelled" back to Mexico. This increase in border encounters has been accompanied by a spike in reports of inhumane conditions and abhorrent civil rights abuses. The complications surrounding the COVID-19 pandemic have exacerbated the border crisis, creating alarming humanitarian and public health disasters directly affecting migrants. Far too often, upon arrival to the United States, refugees are met with squalid conditions and unconstitutional barriers to their right to asylum.

After observing border conditions and expulsions firsthand, LCR confirms U.S. practices and policies that are blatantly disregarding COVID-19 public health guidelines and creating illegal barriers to asylum.

Denying Refugees Lifesaving COVID-19 Protections
While in Mexico visiting the Kino Border Initiative (KBI) — a shelter and community soup kitchen in Nogales, Sonora — LCR’s delegation confirmed the U.S. government’s denial of COVID-19 testing and safety measures to migrants in its custody. At KBI, the LCR delegation encountered a group of approximately 70 recently expelled immigrants. At least two people from the group were released from U.S. custody with COVID-19, a fact that was only uncovered after KBI tested each migrant upon arrival. It was the first time they were tested despite being detained and transported under U.S. custody.

Denial of Access to Vaccines, Adequate Testing Protocols and Safety Measures
The U.S. government’s decision to deny asylum-seekers basic COVID-19 protections has exacerbated the public health crisis in border communities. The two individuals who tested positive for COVID-19 at KBI were among a group of expelled migrants who arrived with no knowledge of their infection. These migrants were all transported together out of U.S. custody in conditions that disregard well-established public health and safety guidelines, including basic protocols such as social distancing and masking. Since they were denied access to COVID-19 tests and vaccines while in U.S. custody, the entire 70-person group was exposed to the coronavirus, including children and breastfeeding infants.

In addition to denial of COVID-19 testing and care, migrants have experienced severe overcrowding in U.S. detention facilities. COVID-19 is most prone to transmission in crowded, unventilated areas. The severe overcrowding and inability to social distance compounded by a lack of testing, denial of vaccine access, and failure to provide masks creates the ideal grounds for COVID-19 transmission amongst already vulnerable individuals.

Undue Burdens on Non-profit Organizations Triggered by the U.S. Government’s Abdication of Public Health and Public Safety Responsibility
LCR’s delegation observed non-profit organizations such as the KBI, the Galilee Center, and Casa de la Misericordia filling the gap left by the U.S. government’s refusal to provide proper care to migrants in its custody. Undue burdens have been placed on community organizations that are actively mitigating the public health crisis presented by migrants released from U.S. custody with COVID-19 exposure and infections.

KBI, the Galilee Center, and Casa de la Misericordia face significant resource pressure as they test, house, feed, and care for deported migrants. KBI alone sees approximately 600 individuals daily, housing 30-50 migrants daily. A migrant must show a negative COVID-19 test or proof of vaccination to stay at any of the overnight shelters in the Nogales area.

KBI is forced to provide this testing for refugees since they are not provided with COVID-19 tests while in U.S. custody. Casa de la Misericordia is a shelter in Nogales currently providing food, housing, legal services, and COVID-19 support to 113 refugees, including 57 children. The shelter faces great challenges managing hundreds of individuals during a public health emergency. Although the shelter provides testing for the community, it urgently needs access to vaccines. The U.S. government’s refusal to provide COVID-19 testing and vaccination to immigrants has intensified the public health crisis on both sides of the border. It also creates financial and administrative burdens for non-profit and non-governmental organizations.
Spatial Justice and Resistance

In Nogales, Sonora, people refer to it as “el muro de Trump” — Trump’s wall — and it is omnipresent cutting across neighborhoods and bisecting families in cross-border communities. Through art installations and other interventions, advocates and artists have transformed the wall from a symbol of separation and division to a message of hope and unity.

“Migrating to Liberty.” Artwork painted on the Mexican side of the border wall at the U.S.-Mexico border in Nogales, Sonora.

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“Migrando a la Libertad.” Arte pintado en el lado mexicano de la pared del muro en la frontera entre el U.S. y Mexico en Nogales, Sonora.

“Nuestros Sueños de Justicia No Los Detiene Ningún Muro.” Arte en la pared del muro entre México y el U.S.

“Nuestros Sueños de Justicia No Los Detiene Ningún Muro.” Artwork on the border wall between Mexico and the U.S.

“Rivas Gómez and Iván Espinoza-Madrigal during LCR’s fact-finding mission to the U.S.-Mexico Border.”
Mural of José Antonio Elena Rodriguez, a 16-year-old boy shot and killed in his hometown of Nogales, Sonora.

PHOTO CREDIT: SILVANA GÓMEZ

Mural of José Antonio Elena Rodriguez, a 16-year-old boy who was fatally shot by a Border Patrol agent at the U.S-Mexico border in Nogales, Sonora.

PHOTO CREDIT: SILVANA GÓMEZ
Beneath the iron sky
Mexican children kick their soccer balls...
I press my hand to the steel curtain --
chainlink fence crowned with rolled barbed wire...
1,950 mile-long open wound
dividing a pueblo, a culture,

running down the length of my body,
Staking fence rods in my flesh,
splits me splits me
me raja me raja
This is my home this thin edge of barbed wire.

Selection from "Borderlands/La Frontera: The New Mestiza" by Gloria Anzaldúa.
Denial of Medical Treatment and Care
Refugees released from U.S. custody have reported horrific accounts of being denied access to life-saving medical care and treatment. Denial and deprivation of medical care for vulnerable individuals is especially unconscionable during the COVID-19 pandemic. Lives are on the line as people are denied access to medical attention at U.S. facilities.

Deprivation of Life-saving Treatment for Chronic Conditions
LCR’s delegation documented at least one incident of a migrant deprived of HIV medication during immigration detention. Other reports have detailed instances where migrants have been deprived of medications for chronic illnesses and denied medical attention while pregnant or nursing.

Denial of Psychosocial Care and Treatment for Survivors
Alarming reports of children, many of whom are unaccompanied or forcibly separated from their families, have come to light, revealing concerning levels of trauma and vulnerability that they are facing. Psychological research predicts long-lasting social and emotional consequences for youth due to the effects of this mistreatment. Without appropriate psychosocial care and treatment at the onset of the trauma, the effects will be long-lasting in these children’s lives.

Our delegation received concerning reports of women and minors who have survived sexual violence at the border. Despite these disturbing instances, individuals report no access to psychosocial care or treatment for the brutality that they experienced. Asylum-seekers fleeing persecution and dehumanization are being denied psychosocial resources to cope with the trauma of their lived experiences. Current U.S. policies and practices at the border risk retraumatizing survivors of violence and compounding mental health complications.

Despite public pressure, the Biden/Harris Administration has continued Trump-era practices of turning back asylum-seekers at the border based on so-called “public health” measures under Title 42. LCR’s delegation confirmed that Title 42 expulsions are exacerbating public safety issues and civil rights abuses at the border. Title 42 is illegally denying refugees access to asylum. While the constitutionality of the federal government’s Title 42 enforcement has been the subject of ongoing litigation, more expeditious policy solutions are urgently needed to immediately address this injustice.

Denial of Consular Services
Under Title 42, Mexican and Central American people are generally expelled to Mexico within hours—often within 45 minutes—of surrendering to U.S. border officials. Far too often, these individuals are deprived of consular access to Mexico—while other nationalities are treated differently. This practice is discriminatory and creates barriers to asylum based on country of origin.

National Origin Discrimination
Reports from multiple sources indicate that Mexico has agreed to only receive Mexican and Central American people who are expelled from the United States. Other expelled nationals that Mexico has declined to accept are typically placed in detention and either deported to their home country or released into the community in the United States. This policy has paved the way for disparate treatment and discriminatory practices based on national origin. Some nationalities are denied access to the asylum application process in the U.S. and immediately expelled to Mexico—while other nationalities are treated differently. This practice is discriminatory and creates barriers to asylum based on country of origin.

Discriminatory Policies Masked As So-called “Public Health” Measures
When the COVID-19 pandemic escalated to a global scale, the Trump Administration claimed that migration into the United States must be halted because it posed too great a risk of disease transmission. On March 20, 2020, the Trump Administration invoked Title 42, a U.S. health law concerning communicable diseases, to deny thousands of immigrants and refugees entry into the United States. This policy has effectively closed the border to these individuals and eliminated the right to seek asylum. Refugees and asylum-seekers—including those seeking safety from persecution and torture—are immediately expelled back to Mexico or their home country.
It also makes U.S. nationals abroad less safe, as an erosion of consular protections diminishes the rights afforded to Americans abroad.  

**Family Separation Practices**

LCR identified migrants who were separated from their family members at the border and were released from U.S. custody far away from children and spouses. Individuals were separated from their spouses and children because they could not provide a marriage license. Considering the lengthy and dangerous journeys that asylum-seekers embark on, it is inhumane to deny an individual the right to remain with their spouse or child because they lost a piece of paper or were robbed while fleeing violence. Our delegation also documented harrowing reports of siblings being separated by U.S. border officials. U.S. officials are exacerbating the traumatizing effects of migration by separating people from their only reliable source of security and stability: their family.

**Language Access Discrimination**

The U.S. government has regulations and internal protocols requiring that border officials provide meaningful language access to immigrants. Nevertheless, LCR has documented consistent failures to provide adequate language access for immigrants at the U.S.-Mexico border.  

LCR’s delegation received alarming reports of indigenous people from countries such as Guatemala and Ecuador who were not provided interpretation services in K’iche or Quechua. These immigrants received immigration documents in a language that they could not read, speak or understand. In addition, the denial of language access at the border creates life-threatening danger as people are unable to request critical medical attention.

Similarly, Haitian refugees who were recently released from U.S. custody have reported receiving documents with information concerning legal proceedings in English or Spanish, despite expressing to border officials that they can only communicate in Haitian Creole.

In California, Arizona, and Sonora, LCR’s delegation also received reports that white and English-speaking migrants are treated better by U.S. officials and released faster from U.S. custody compared with non-white migrants and non-English speakers.

As the LCR delegation observed at the U.S./Mexico border, climate change is a key driver of family displacement and migration. Climate change and environmental issues are triggering immigrant caravans from Central America to the U.S. as farming in drought-stricken countries such as Guatemala, Honduras, and El Salvador is increasingly less viable. Climate change is altering local economies south of the border and threatening the meager livelihoods of people who are already struggling with endemic poverty and food insecurity. Migrants are coming north as a last resort—only to be met with further life-threatening hardships during their journey here, at the U.S. border, and as newcomers in this country. Recently, a 16-year-old boy made the trek north from his drought-stricken village in Guatemala only to die in U.S. custody at the border, illustrating the horrifying repercussions of this trend.

According to the World Bank, climate change could lead at least 1.4 million Mexicans and Central Americans to migrate in the next 30 years, as subsistence crops reduce yields. Central American coffee farmers have also been particularly hit hard with droughts and pests, and the land suitable for growing is predicted to drop by more than 40% by 2050.

Under current U.S. immigration law, climate refugees who have been displaced from their homes by natural disasters and environmental changes generally do not qualify for humanitarian protection or relief (asylum or otherwise). As a result, there is extremely limited legal infrastructure to address key factors driving migration from the Global South.
Based on our fact-finding mission and the details laid out in this report, the delegation specifically calls for three immediate policy changes to be championed by the Biden/Harris Administration in partnership with Congressional leadership.

1) Protect Immigrants from COVID-19
The U.S. government must commit to consistently and reliably providing universal access to COVID-19 testing and care for anyone in U.S. custody, including people confined or transported from immigration detention facilities. Adequate safety and health protocols must be put in place to ensure that immigrants are protected against COVID-19 while in U.S. custody.

2) Provide Health Screenings for Everyone in U.S. Custody
Being in U.S. custody should not be a death sentence. It is imperative to begin conducting health screenings on individuals who are in U.S. custody in order to provide necessary medical care and treatment. The U.S. government must offer critical life-saving treatment for chronic conditions, as well as for bodily injury and harm, for people in detention, including those in need of HIV medication and prenatal care. We call on the U.S. government to provide health screenings and adequate medical treatment in detention facilities.

3) End Reliance On Title 42
Title 42 illegally restricts individuals who are seeking refuge from persecution and violence from seeking asylum in the United States. Multiple medical organizations and public health experts have objected to this policy, arguing that there is no epidemiological basis for the exclusion of these immigrants while freely allowing other kinds of U.S. travel.23

Reliance on Title 42 was never legally or otherwise justified. An end Title 42 enforcement makes sense particularly because scientific and medical understanding surrounding COVID-19 has evolved rapidly since the onset of the pandemic.

While blunt instruments such as travel restrictions could conceivably have been argued to be justifiable under the guise of “public health” in the very early phases of the pandemic, we now have a much better understanding of the virus and its modes of transmission. Closing the border to refugees and other immigrants has not prevented COVID-19 transmission, illness and death across the United States—in communities near and far from the border. We must adjust our public health and immigration responses as we gain a better understanding of routes, risks and consequences of COVID-19 infection.

We urgently call on the Biden/Harris Administration to immediately end reliance on Title 42 and provide access to asylum at the U.S.-Mexico border.

Additionally, LCR’s delegation makes the following concrete recommendations to immediately address the migrant crisis:

— Enforce social distancing, masking, and COVID-19 testing and vaccination protocols —pursuant to well-established public health guidelines —in U.S. immigration detention facilities. These practices must be uniformly enforced by U.S. officials in facilities across the U.S./Mexico border.

— Conduct prompt and thorough health screenings — addressing medical needs beyond COVID-19—of all individuals held in U.S. immigration custody. Adequate medical care and treatment must be provided in immigration detention facilities.

— Provide psychosocial resources and care for migrants in U.S. custody.

— Ensure that all federal agencies have the resources to provide linguistically-appropriate oral and written communications to migrants in U.S. custody. This includes providing all resources, programming, and documents in an individual’s preferred language.

— Halt the separation of family members at border facilities to help keep families together.

— Provide fair and meaningful consular access to migrants before they are expelled or deported.

— Create legal vehicles to address the emerging climate refugee crisis.

All these recommendations are critical to implement.
LCR’s delegation witnessed firsthand the civil rights abuses and public safety concerns that migrants fleeing violence and persecution are facing at the U.S.-Mexico border.

As the COVID-19 pandemic unfolds and evolves, the U.S. government’s failure to test immigrants for COVID-19 constitutes a deliberate indifference to their well-being. This is an abdication of the U.S. government’s public safety responsibilities toward people arriving at our borders. It also presents a threat to border communities where immigrants are detained and expelled. It is absolutely critical to implement policies and protocols that prioritize the health and safety of those who are in U.S. custody, especially as the pandemic transforms and lethal variants emerge. Instead of placing immigrants at heightened risk of contracting COVID-19, the government should be offering to vaccinate anyone in U.S. custody.

The denial of COVID-19 testing is part-and-parcel of larger systemic and structural barriers to adequate medical care and treatment while immigrants are under U.S. custody.

Title 42 has effectively denied refugees the right to seek asylum. Title 42 enforcement takes place simultaneously as U.S. officials actively separate families, curtail consular protections, and deny language access. Against this backdrop, the specter of national origin discrimination looms large as nationalities face dramatically different treatment based on Title 42 enforcement inconsistencies. How refugees and asylum-seekers are treated simply cannot be justified under the guise of so-called “public health” measures.

Conclusions

“The U.S.-Mexican border es una herida abierta where the Third World grates against the first and bleeds.”
– Gloria Anzaldúa
1. U.S. Customs and Border Patrol (CBP) has made over 1.8 million arrests at the U.S.-Mexico border in the 2021 fiscal year. CBP Enforcement Statistics Fiscal Year 2021, available at https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics. However, these numbers do not account for multiple encounters with the same individuals.

2. The federal government describes immigrants turned back immediately at the border under the guise of public health as being “expelled.” See CBP’s Nationwide Enforcement Encounters: Title 8 Enforcement Actions and Title 42 Expulsions 2022, available at https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics/title-8-and-title-42-statistics (noting that, under Title 42, immigrants “will immediately be expelled to their country of last transit”).


7. Consular Notification and Access, U.S. Department of State (Sept. 2018), available at https://travel.state.gov/content/dam/travel/CNAtrainingresources/CNA%20 Manuals%202018%20Edition_Sep%202018.pdf (international treaties require a nation arresting or detaining a foreign national to afford the detainee access to his or her consulate and to notify the foreign national of the right to consular access).

8. Id. (“These are mutual obligations that also apply to foreign authorities when they arrest or detain U.S. citizens abroad. In general, you should treat a foreign national as you would a U.S. citizen to be treated in a similar situation in a foreign country.”).

9. LCR Civil Rights Complaint, supra note 5 (noting separation of Haitian families).

10. In Their Words: Haitian Immigrants in New York Describe Perilous Escape, NY Times (Oct. 27, 2021), available at https://www.nytimes.com/2021/10/27/nyregion/haitian-immigrants-nyc-hopes-fears.html (“Some people who were sick died on the way, because they didn’t have enough energy to resist. Some died of thirst or starvation. Children died while on the shoulders of their parents. Thieves in the forest raped the women. We saw dead bodies ... and the list of dangers is longer than what you can imagine.”)

11. The U.S. government is supposed to facilitate language access by providing border agents access to interpretation services via telephone. See Executive Order 13166 (2000) (directing federal agencies to identify and address the language needs of those with whom they interact); see also 65 F.C.R. 159 (2000); CBP Language Access Plan (Nov. 2018), available at https://www.dhs.gov/sites/default/files/publications/final-cbp-language-access-plan.pdf.

12. LCR Civil Rights Complaint, supra note 5 (noting lack of language access for Haitian Creole speakers).

13. Language Access Has Life-or-Death Consequences for Migrants, Center for American Progress (Feb. 26, 2020), available at https://www.americanprogress.org/article/language-access-life-death-consequences-migrants/ (noting that “two children from indigenous Maya communities in Guatemala died while in U.S. Border Patrol custody”—namely, Jakelin Amei Rosmary Caal Maquin (7-years-old), and Felipe Gómez Alonso (8-years-old)).


15. LCR Civil Rights Complaint, supra note 4 (noting miscarriage resulting from the denial of medical care while in U.S. custody).


18. 42 U.S. Code § 265 (international treaties require a nation arresting or detaining a foreign national to afford the detainee access to his or her consulate and to notify the foreign national of the right to consular access).


"A few lucky ones will have winds to set them free. To continue their wayward journeys. Origins unknown. Destinations unclear."

Selection from "People on Wayward Journeys" from "Ocean Power: Poems from the Desert" by Ofelia Zepeda, a member of the Tohono O'odham Nation. The border divides the Tohono O'odham land and people.
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