

2024 Intramural Emory Global Health Case Competition

**Fostering Bilateral Cooperation to Improve Health and Wellbeing
for Migrants and Host Communities at the U.S./Mexico Border**



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Introduction

The United States/Mexico border has been a politically and demographically fraught region since its inception. This region has been struggling for years to address the high number of migrants that pass through the border. This migrant population is primarily composed of people fleeing Central and South American countries who seek entry into the United States by way of Mexico. Refugees from other areas of the world, including sub-Saharan Africa and Eastern Europe, have also found their way to this border region¹. According to the United Nations, “A record number of people worldwide are fleeing conflict, climate change, political turmoil and economic hardship in their homelands”³⁴. This alarming trend is reflected in the increasing number of migrants crossing the U.S. border annually³⁷. Estimates of migration across the United States border in 2023 are projected to be just under 2.5 million people³⁴. Border encampments house migrants while they await approval to formally enter the United States, whether they are seeking asylum or other means of entering the country. Migrants who are able to cross the border find shelter where they can, many in detention facilities near the border overseen by U.S. Immigration and Customs Enforcement (ICE)². The immigration process into the United States is sluggish; many migrants spend significant time residing in these border camps or detention facilities while awaiting approval for work authorization and/or citizenship. Due to concurrent tragedies around the world, including a natural disaster in Central America and political unrest in sub-Saharan Africa and Eastern Europe, facilities on both sides of the border have seen an influx of migrants seeking housing and services in the past few months. Camps and detention facilities surrounding the border are often overcrowded and understaffed, which has led health conditions among those living in the camps/facilities to deteriorate over time. December 2023 saw the highest number of migrants ever encountered at the United States border in one day (>12,000)³ and this trend is expected to continue into 2024. This continuous increase in migrants in the region coincides with the peak season for respiratory illness in the Northern Hemisphere. The limited disease surveillance being done in the region indicates spiking caseloads of COVID-19 and Influenza among migrant populations. The final quarter of 2023 has also seen a pronounced rise in political dissatisfaction with what has been declared a ‘border crisis’ within the United States, which is expected to overflow into the beginning of 2024. Tensions in the communities surrounding border camps and detention facilities are quickly escalating and pose a threat of violence, as local residents express frustration towards what they perceive as detained migrants ‘receiving services’. Many of these border communities struggle socioeconomically in comparison to other parts of the country, and they feel left behind by what they perceive as aid that should be going to their communities instead of being distributed to migrants. All of these factors have contributed to make early 2024 the most contentious period yet

experienced at the United States/Mexico border. Leaders from the two countries have arranged a delegation to be held on February 3rd, 2024, to address the rapidly deteriorating situation and develop pathways to identify short-and long-term solutions.

Case Prompt

In communications exchanged in advance of the upcoming delegation meeting, officials from both the United States and Mexico have discussed the situation presented above and expressed serious apprehension over the currently unfolding events at the border. Pre-delegation discussions have revealed three critical concerns which must be addressed:

1. Develop comprehensive healthcare interventions to address the worsening health conditions among migrant populations at Mexican border camps and U.S. detention facilities, focusing on preventing and managing outbreaks of respiratory infections (COVID-19, Influenza, and tuberculosis), norovirus, and sexually transmitted diseases (STIs) (syphilis, chlamydia, and HIV). Additionally, prioritize mental health support services to address serious concerns such as depression, post-traumatic stress disorder (PTSD), and anxiety reported by many migrants. Allocate resources to address the strain on pharmaceutical supplies and other healthcare resources resulting from the rapidly increasing number of migrants passing through the border region.
2. Address growing tensions among U.S. citizens towards incoming migrants, by developing strategies to mitigate inflammatory political rhetoric leading to anti-immigrations protests in border communities.
3. Evaluate and propose sustainable interventions to address the rising number of migrants attempting to cross the border in this region, recognizing the strain it poses on both countries' resources, with consideration for the expected continuation of this trend.

The delegation has agreed to assemble and hear the proposal of an interdisciplinary team regarding recommendations to be made by both countries to improve conditions at the border. In particular, the assembly has asked the team to focus on the three previously selected concerns. The United States has committed a maximum of up to \$25,000,000 to address this situation over the next year, and Mexico has pledged to commit \$10,000,000 (you may presume that both countries will provide similar amounts to address this ongoing situation in upcoming years if high-quality proposals are presented).

Your team has been selected as the interdisciplinary team to present to the binational assembly. Your job is to:

- research and assess the current border situation (some groundwork has been provided later in this document)
- create a set of recommendations on ways both countries can contribute to bettering the current situation that includes or addresses:
 - At least three of the five health categories (see pages 9-10)
 - One or more recommendations that promotes long-term sustainability (see Case Considerations)
 - A breakdown of budgetary spending
 - At least one recommendation that includes outreach or education to local communities
- present these recommendations as a cohesive presentation to the delegation on February 3rd, 2024.

Your recommendations should include specific, actionable goals, an overview of the associated budget, considerations of limitations and complications that may arise in the execution of your plans, and all requested deliverables. Judging criteria will be provided in an additional document. A timeline of your case preparation, requested deliverables, and important case considerations are provided on the next page of this document.

Timeline

From Friday, January 26, 5:00PM EST until Friday, February 2 at 1:00PM EST, teams are welcome to contact the Case Competition Planning Team to ask questions or seek clarifications about the content of the case. Questions will **not** be accepted after 1:00PM on Friday, February 2. A contact email for questions will be provided when the case is released. Through Thursday, February 1, the Case Competition Planning Team will respond **within 12 hours** of receipt of your email. Starting Friday, February 2 at 7:00AM EST responses to team questions will be sent within **3 hours** from the time they are submitted. No questions will be answered if they are received after 1:00PM on February 2. To ensure that teams have similar knowledge about the case, a copy of the response to any question will be shared with **all** Team Captains

Deliverables

- A 12-minute presentation (submitted to case competition planning team as a .pdf or google slides file) explaining your proposed recommendation(s)
- A one-page written summary of your proposed recommendations

Case Considerations

- This region's migrants come from a multitude of nations, so there are numerous languages spoken and diverse cultural and religious practices observed
- The situation at the United States border is unpredictable, making long-term planning difficult; your proposal should be focused on the short-term and be framed within a timeline of one year or less, but also include considerations of the long-term (five year) implications of your proposals
- You may assume that all parties attending your presentation speak fluent English
- Your proposal is incomplete without a component to address community outreach and/or education to ease tensions between migrants and locals, on both sides of the border
- A thorough understanding of the different organizations involved in managing the situation at the border will be imperative to creating appropriate recommendations
- Long-term sustainability is critical. Investment in local supply chains, lobbying at a national level to improve conditions at the border, and building long-term relationships with local partners are examples of actions that promote long-term sustainability.

Background

The history of immigration at the United States/Mexico border is long and complex. Migrants seeking entry into the United States can pursue legal channels, such as seeking asylum status, or channels outside of the legal process, such as crossing the border with the help of a guide. Each day, 1,450 asylum seekers are allowed across the border¹³. Asylum seekers are a mixture of men, women, and children, with single adults making up the majority⁶. Peak immigration tends to occur in summer months, though it is highly dependent on the global events that lead to people fleeing their home regions to seek opportunities in the United States⁶. The number of people seeking entry to the United States at the Mexico border has shown an increasing trend over the last several years: in 2021 the United States reported 1.6 million encounters with migrants at the border⁶, and in 2022 2.2 million encounters were reported. Common countries of origin for those seeking entry at the border are Mexico, Honduras, Guatemala, El Salvador, Ecuador, and Venezuela, though there are migrants from numerous countries present at any given time, depending on current global events⁶. 2023 saw an increase in refugees from Eastern Europe and sub-Saharan Africa seeking entry to the United States through the Mexican border: the number of African migrants encountered at the Mexico border increased by 336% between 2022 and 2023³⁵. The U.S. Secretary of State, Antony

Blinken, described the activity at the border in December 2023 as “unprecedented irregular migration in the region”¹⁹.

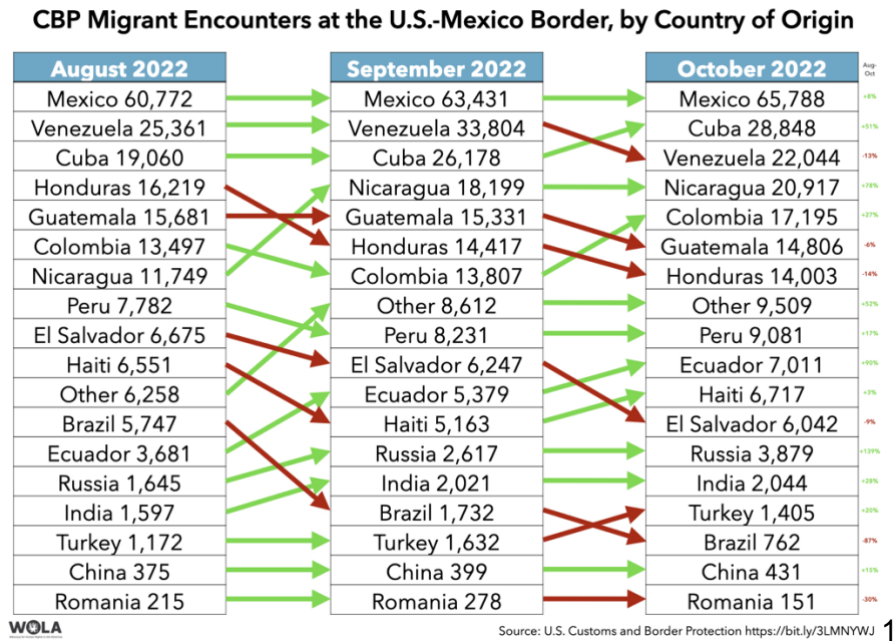


Figure 1. Country of Origin of migrants encountered at U.S. border in 2022¹

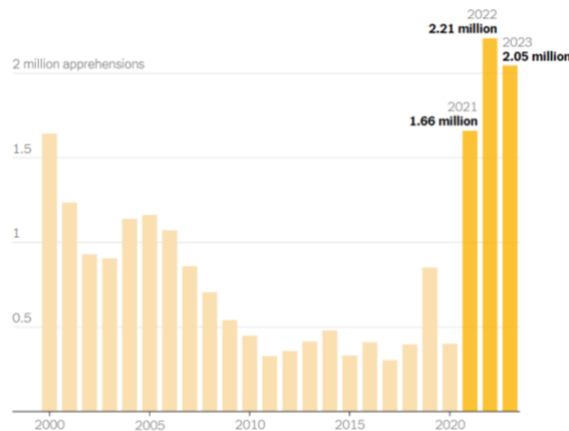


Figure 2. A quantification of the number of migrant encounters at U.S. ports of entry, fiscal year October to September³⁷

Note: the extensive surge of migrant encounters that occurred in Q4 2023 are not reflected in this graph

Due to the severely limited entry quotas to the United States, the majority people seeking entry at the border first spend time residing in camps on the Mexican side of the border¹⁵. The length of stay in these camps can be as short as several days or as long as several years. Migrants face numerous barriers to finding adequate healthcare in

these settings and are often only able to access emergency care in these settings³⁸. Infrastructure is typically limited, and often lacking for the size of the population residing within the camp¹⁵. Communicable diseases including tuberculosis, HIV (Human Immunodeficiency Virus), and hepatitis, as well as non-communicable diseases including diabetes, asthma, and hypertension, are prevalent in migrant communities on both sides of the border¹⁶. Limited health screenings upon arrival into camps or detention facilities facilitates the spread of infectious diseases³⁸. Crime is typically high within these border camps, as those within the camps are particularly vulnerable to violence and exploitation¹⁵. For these reasons, many who eventually make their way across the border enter the U.S. in poor health, with minimal belongings, and/or trauma and poor mental health from their prior experiences²⁰. Conditions in United States facilities are not always better than in the camps on the other side of the border. Overcrowding is also a major problem in U.S. detention facilities, and the states bordering Mexico face a particular challenge housing and providing for the large volume of migrants who make the crossing¹⁸. Facility personnel often struggle just to meet the basic human needs of facility occupants, rarely having the necessary staff required to complete all of the legal aspects of immigration within a timely manner¹⁸. For further details on health in the United States/Mexico border region see the section “Health at the border region” later in this document.

Immigration has long been a contested political topic within the United States. Though there is a distinct divide between the country’s two dominant political parties and their stances on the topic, there also exists a vast spectrum of beliefs within each party²⁵. Though the U.S. is a nation founded up immigration, with immigrants accounting for 13.6% of the United States population in 2021, there are undeniable differences between the country’s historic and modern immigration patterns.²² The states that share a border with Mexico include California, Arizona, New Mexico, and Texas. These four states differ vastly in population size, GDP, and political affiliation²³. In total, the four border states have a combined population of over 78 million people, 8 million of which live in border counties²⁸. Texas, the biggest player on the U.S./Mexico border stage, has become staunchly anti-immigrant in recent years. The state’s complaints include the cost of providing for migrants, damage to local environments done by the physical act of immigration, and increased crime in border communities²⁴. The federal government has been receptive to some of the state’s concerns and dismissive of others. The governor of the state began bussing and flying migrants to other states in 2023, a firm display of his increasingly limited willingness to continue participating in the current immigration system²⁴. As the number of incoming migrants continues to increase, states and cities far from the border are feeling the impacts. The U.S. media has widely covered the ongoing ‘border crisis’, fueling fear and intense reactions on both sides of the political aisle^{32,36}.

The reception of migrants in local communities varies from community to community, and from resident to resident. Concerns about migrants range from false, racist scapegoating to legitimate concerns about rapid population growth in traditionally rural areas. In 2022, 70% of polled U.S. citizens felt that immigration was ‘good’ for the country, though the majority polled also view illegal immigration as a key national security threat²². Border communities are consistently finding themselves overwhelmed with the volume of people passing through their neighborhoods- some residents complain of debris left behind and feeling unsafe.³³ Even those sympathetic to the migrants are struggling to adjust to the growing number of migrants passing through the area daily. Due to the high number of accidents and drownings that occur during attempted crossings of the nearby Rio Grande, the city of Eagle Pass, Texas, has had to assign one of their five ambulances to respond to and transport migrants full time, significantly straining the already limited resources of the small town of 28,000 people³³.

Materials for Teams

Note: these materials are not comprehensive, but are meant to give case teams a starting place for their own further research

Organizations Involved

CBP: United States Customs and Border Protection (United States)- CBP is the United States’ first unified border agency. It is responsible for border management and control; combining customs, immigration, border security, and agricultural protection⁷.

ICE: United States Immigration and Customs (United States)- ICE was created in 2003 and has more than 20,000 law enforcement and support personnel with an annual budget of \$8 billion. It is devoted to three operational directorates: Homeland Security Investigations (HSI), Enforcement and Removal Operation (ERO) and Office of Principal Legal Advisor (OPLA). ICE defines its mission as “protecting America through criminal investigations and enforcing immigration laws to preserve national security and public safety”².

DHS: Department of Homeland Security (United States)- Established in 2002, DHS unifies 22 federal departments and agencies into one integrated Cabinet agency. DHS defines its mission as a commitment to Americans following the September 11 attacks and building a “culture of relentless resilience”⁴.

The following link provides a short video released by DHS explaining the US immigration system as it relates to Title 8, border crossings, and deportations: <https://www.dhs.gov/medialibrary/assets/videos/42528>

ERO: Enforcement and Removal Operations (United States)- The ERO division of ICE holds the main responsibility for enforcing immigration laws. ICE coordinates with law enforcement partners, one example being, using “biometric and biographic

identification of undocumented individuals who are incarcerated within federal, state, and local prisons and jails”².

HSI: Homeland Security Investigations (United States)- While ERO is mostly operating within the country, HSI operates more along national borders with the goal of combating transnational crime. HSI investigates border related crimes including “narcotics smuggling, human trafficking, gang violence, money laundering and other financial crimes, intellectual property theft, and customs fraud”².

USCIS: US Citizenship and Immigration Services (United States)- USCIS is the government agency under DHS that oversees lawful immigration in the US. This involves green card (permanent residence) and citizenship applications, as well as refugees and asylum seekers⁸.

EOIR: Executive Office for Immigration Review (United States)- The department of justice houses the Executive Office for Immigration Review (EOIR) whose primary mission is to resolve immigration cases in a fair and expeditious manner. They conduct immigration court proceedings, appellate reviews, and administrative hearings¹¹.

INM: Instituto Nacional de Migración/National Institute of Migration (Mexico)- The Mexican agency responsible for immigration regulation and control, including the management of international transit areas. It is a key collaborator with the United States agencies on border issues¹².

PF: Policía Federal/Federal Police (Mexico)- The PF is an agency that has jurisdictional responsibilities that include immigration enforcement and border security. The PF is organized with the government under the Secretaria de Gobernacion/Secretary of the Interior. The PF assists the INM in reviewing documents for immigration, among other tasks¹².

Health in the U.S./Mexico border region

Social determinants of health: Populations living in the four United States border states are more likely, compared to the rest of the country, to be uninsured and to be living in poverty²⁸. In Texas border counties individuals face lower education attainment and higher barriers accessing healthcare²⁸. Healthcare provider shortages in these areas are a key limitation to accessing care¹⁶. Language barriers are also a large barrier to care in border counties across the four border states²⁸. This region also sees major insufficiencies in safe housing, potable water, and functioning sewage systems¹⁶.

Communicable disease: Overcrowding and resource limitations have led to many communicable disease outbreaks at the border. In the United States border states, border counties have experienced higher rates of COVID-19 infections and deaths since the beginning of the pandemic compared to non-border counties²⁸. According to the United States Centers for Disease Control and Prevention (CDC) the U.S. border region’s top infectious diseases of concern are tuberculosis, arboviral diseases (Zika,

chikungunya, and dengue), Rickettsiosis, and enteric diseases (nontyphoidal *Salmonella*, *Brucellosis*, and *Listeria Monocytogenes*)³⁰.

Non-communicable disease: Many chronic health conditions can be seen among people living in the border region. Diabetes, hypertension, and asthma are three of the most prevalent¹⁶. Limited pharmaceutical supplies means that many with chronic conditions, such as diabetes or asthma, face frequent difficulties accessing their medications³⁸. Drug scarcities can exacerbate the severity of these conditions.

Mental health: More adults in Texas report poor mental health than in other border states¹⁴. Many migrants coming to the United States experience difficult journeys getting here, and some suffer from PTSD as a result. The residual trauma of challenging journeys to the border also manifests in high rates of anxiety and depression in this population²⁹. Compared to local populations in host countries, migrants living in border camps or detention facilities experience higher rates of suicide ideation and suicide risk²⁹.

Acute conditions: Border regions experience high rates of injury and accidents, including unintentional injuries and poisoning¹⁶. Homicide and motor vehicle deaths also occur at higher rates in border regions, compared to other areas of the United States¹⁶. Limited access to potable water can lead to chronic dehydration¹⁶. For women who make the journey across the border while pregnant, prenatal care is extremely limited³⁸.

Definitions

Refugee

In the international sphere, refugee was first defined by United Nations High Commissioner for Refugees (UNHCR). Article 1 of the 1951 Convention defines a refugee as someone who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themselves] of the protection of that country; or who, not having a nationality and being outside the country of [their] former habitual residence, is unable or, owing to such fear, is unwilling to return to it."¹⁴.

Under United States law, a refugee is someone who is outside of the United States, is of special humanitarian concern to the United States, demonstrates evidence of

persecution or fear of persecution, is not already a refugee in another country, and is admissible to the United States⁵. The process involves receiving a referral to the U.S. Refugee Admissions Program (USRAP) for consideration. If the consideration and application process is approved, the applicant gains refugee status and is resettled in the U.S.

The legal U.S. refugee definition can be seen in section 101(a)(42) of the Immigration and Nationality Act (INA)⁵.

Migrant

Unlike a refugee, a standardized legal definition for migrant does not exist³⁹. The working definition used by Office of the United Nations High Commissioner for Human Rights is “any person who is outside a State of which they are a citizen or national, or, in the case of a stateless person, their State of birth or habitual residence”³⁹. The term migrant does not provide legal protections in the same way that the term refugee does. A migrant may leave their country of origin for a multitude of reasons: some may overlap with those of a refugee, but others may differ. The search for new or better economic opportunities is a frequent cause of migrancy⁴⁰. Therefore, a migrant can be a refugee, but the two terms are not synonymous. Migrants do have some legal protections, and international law dictates that they be granted legal status in the following scenarios: they have fallen victim to serious crime or undergone torture, they are in need of intensive medical treatment, their right to family life is threatened upon return to their home country, or they are a child who would be harmed by being returned to their home country³⁹.

Asylum

Asylum offers a person the same protection and legal status of a refugee, where the person is permitted to remain within the United States and is protected from being deported to the country of origin where they fear persecution or harm. An asylum-seeker who is granted asylum is called asylee¹⁰.

In the United States, the right to asylum is outlined in the U. S immigration law, Universal Declaration of Human Rights (Article 14), and 1951 Refugee Convention and its 1967 Protocol⁹.

The asylum application process is different than refugee status. In order to seek asylum, one must arrive at a US port of entry and be a non-US citizen. The eligibility criteria to apply for asylum includes being inside the United States and being able to demonstrate a history of persecution or fear of persecution in their country or origin based upon immutable characteristics (including religion, race, nationality, political affiliation)²⁶. There are multiple organizations involved in the different stages of the asylum-seeking

process, each with its own unique challenges and timelines. Application process: The process typically begins with filing Form I-580 (Application for Asylum and for Withholding of Removal) within 1 year of arrival to the United States⁸.

The asylum process generally includes the following steps: arriving in the United States, applying for asylum, fingerprinting and background/security checks, receiving an interview notice, completing the interview, waiting on the asylum officer's decision, and finally, receiving the decision²⁷. It is important to note that the completion of all of these steps can take years due to administrative backlogs. Moreover, policies change with each leadership transition of the federal, state, and local governments, causing increased inefficiency and a stagnancy in application processing.

For more detailed information, browsing the official USCIS instructions is recommended through the following link: <https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum/the-affirmative-asylum-process>

Types of Asylum

Affirmative Asylum: For a person who is not in removal proceedings and applied through the U.S. Citizenship and Immigration Services (USCIS), a division of the Department of Homeland Security⁴.

Defensive Asylum: For a person who is in removal proceedings and applied defensively with an immigration judge at the Executive Office for Immigration Review (EOIR) in the Department of Justice¹⁰.

Claiming Asylum in the United States: Entering at a Port of Entry

Immigration law allows individuals to apply for asylum in the United States who are fleeing their country and seeking protection based on "persecution or a well-founded fear of persecution on account of their race, religion, nationality, membership in a particular social group, or political opinion." Individuals can present themselves for asylum at ports of entry before U.S. Customs and Border Protection (CBP) officers. As these charts show, U.S. officials also have significant discretionary power over what to do with individuals who are inadmissible to the United States, which can impact when and how individuals make their credible fear claim as they enter different processes for removal from the United States based on these official decisions. This chart provides a general overview of the process. Individual cases may vary.

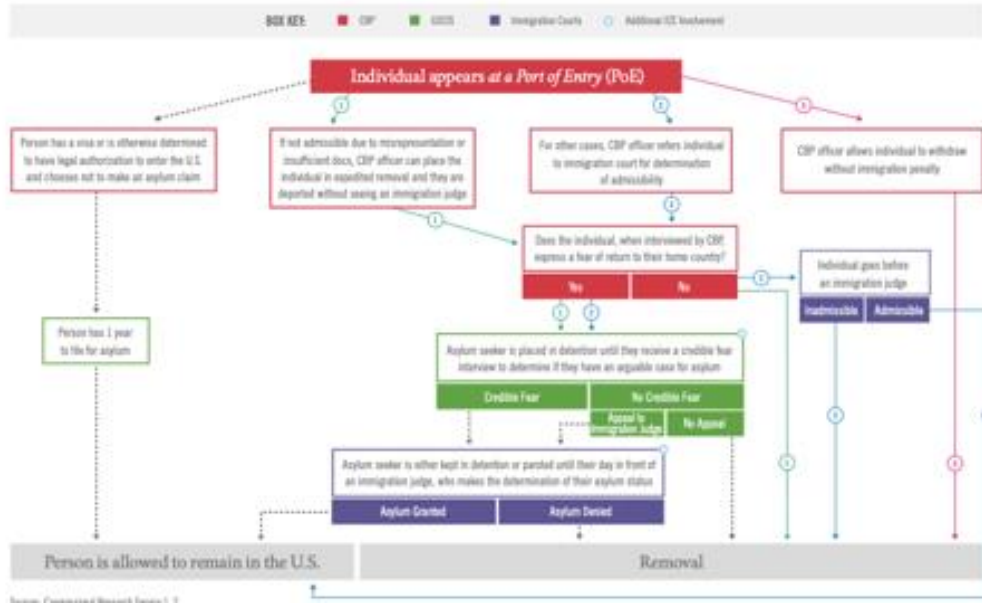


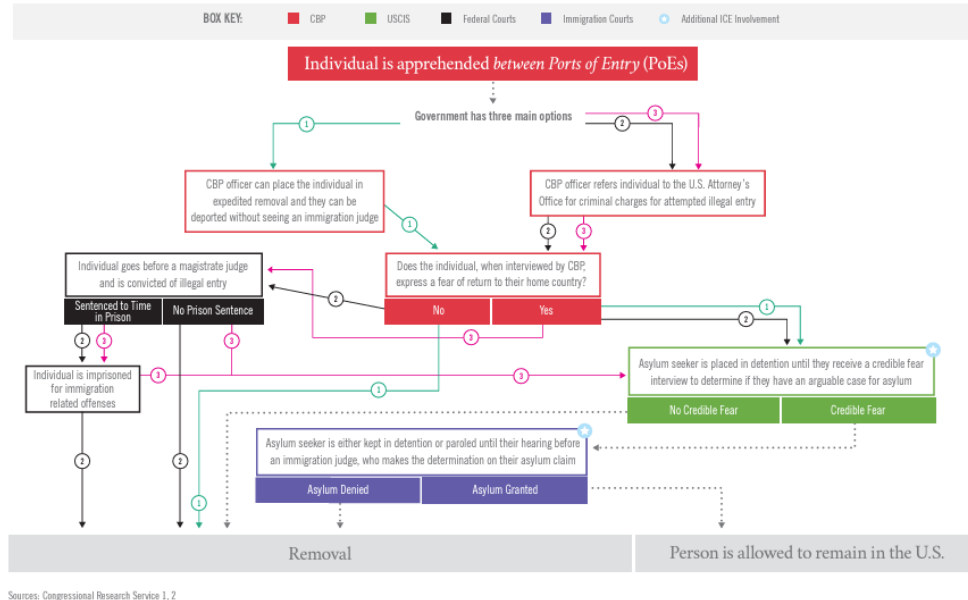
Figure 3. Flowchart of asylum process, entering the United States at a Port of Entry¹⁷



Claiming Asylum in the United States: **Entering Between Ports of Entry**

Immigration law allows individuals to apply for asylum in the United States who are fleeing their country and seeking protection based on "persecution or a well-founded fear of persecution on account of their race, religion, nationality, membership in a particular social group, or political opinion." Individuals who are apprehended by CBP between ports of entry can also express fear of returning to their country and seek asylum as a defense against removal. U.S. officials have significant discretionary powers over how to process and whether to prosecute individuals who are apprehended, which can impact when and how individuals make their credible fear claim as they are processed for removal from the United States based on these official decisions.

This chart provides a general overview of the process. Individual cases may vary.



Sources: Congressional Research Service 1, 2

Figure 4. Flowchart of asylum process, entering the United States between Ports of Entry¹⁷

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