DESPERATE JOURNEY

FLEEING INVISIBLE WARS IN CENTRAL AMERICA
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ABOVE: A patient and her baby at the Center for Maternal and Child Health in Choloma, Honduras.

COVER: Carlos and Ruth pose for a portrait with their daughter at the Senda de Vida migrant shelter in Reynosa, Mexico. The couple fled Honduras with their children. Both photos © Dominic Bracco/MSF
DEAR FRIENDS,

HOW WE TREAT MIGRANTS AND REFUGEES MAKING THE JOURNEY FROM CENTRAL AMERICA TO THE UNITED STATES HAS BECOME A FOCUS OF PUBLIC ATTENTION IN THIS COUNTRY AND ABROAD.

Our attention to this issue has been sharpened following the recent introduction of “zero tolerance” policies by the US administration intended to curb migration, including through the accelerated detention of migrant populations, the separation of children from their families, and the return of asylum seekers to their home countries without due legal process. The decision earlier this year by the US Attorney General to eliminate domestic abuse and gang violence as legal grounds for asylum will further endanger thousands of people facing serious threats.

While the legal and policy debates around these topics are nuanced, the medical issues are clear-cut. We provide medical care to those who need it most, regardless of their nationality or official legal status.

This issue of Alert highlights the work of our teams at Doctors Without Borders/Médecins Sans Frontières (MSF) to provide urgent medical aid to people on the move through Central America and Mexico. Many people fleeing Honduras, Nicaragua, and El Salvador have been victims of both physical and psychological abuse in their native lands. They endure levels of violence comparable to what MSF teams see in the world’s worst conflict zones. They need comprehensive medical care, including supportive psychological counseling—not family separation and confinement.

For Central Americans forced from their homes, a history of trauma is often compounded by a pattern of continuing violence and injustice on the paths taken northward. Victimization of migrants is common—including robbery, sexual assault, and torture at the hands of smugglers, and even abuses by government officials responsible for protecting people from harm. Access to basic medical services such as prenatal care, treatment of pediatric illnesses, or management of chronic diseases is rarely available.

In this issue, we look at the work of MSF teams along the migration route, from Honduras to Mexico, and hear the stories of individuals who are making the difficult journey north. While we take pride in describing the medical services we offer, we also recognize how important it is to create more space for the voices of the patients we serve. This is an essential aspect of our commitment to bear witness and speak out about the suffering we see. Gathering first-hand testimonies from individuals at risk not only helps the public to better understand their plight, but also allows patients to provide input on what their specific medical needs are, and how well MSF may have succeeded in addressing those needs.

In this issue we also explore the role of MSF’s advocacy efforts related to the humanitarian crisis along the corridor from Central America to the US southern border. Advocacy is ingrained in MSF’s culture. We try to influence governments and persuade the public to better address the root causes of people’s suffering.

This year marks the third and final year of “Forced from Home,” MSF-USA’s traveling interactive exhibition raising awareness among American audiences about the medical challenges facing displaced people around the world. Led by experienced aid workers, the tours bring visitors just a little closer to the very real struggles of people fleeing violence and extreme hardship worldwide. The fall tour runs from September 9–November 11 with stops in Minneapolis, Chicago, Charlotte, Atlanta, and San Antonio. We hope to see many of you along the way. (Find out more at forcedfromhome.com.)

Finally, while this issue of Alert focuses primarily on the situation in Central America, we must remember that the displacement crisis is global. Some 68.5 million people have been driven from their homes in Syria, Afghanistan, Myanmar, Democratic Republic of Congo, and South Sudan, among many other locations where MSF works (see map on p. 26). While people crossing borders tend to receive more attention, for every single refugee who manages to escape extreme danger there are two more individuals who remain internally displaced in their home countries—often trapped in precarious circumstances.

MSF strives to meet the medical needs of those who have been uprooted, no matter the cause. Throughout our work, we respect the dignity of the people we serve, and try to strengthen their resilience. Thank you for supporting these vitally important efforts.

Sincerely,

John P. Lawrence, MD
President, MSF-USA Board of Directors
DESPERATE JOURNEY

FLEEING INVISIBLE WARS IN CENTRAL AMERICA

“No mas muertes” reads the graffiti scrawled in green spray-paint on the concrete median of Suyapa boulevard in downtown Tegucigalpa, the capital of Honduras. “No more deaths.” This desperate demand is echoed across the city and throughout Honduras, Guatemala, and El Salvador—the Northern Triangle of Central America—where in recent years pervasive violence and poverty have triggered a cross-border humanitarian crisis.
FLEEING INVISIBLE WARS
The three nations of the Northern Triangle have long been burdened by deep social inequality, political instability, and conflict—and in some cases have been further destabilized by US interventions in the region over the past 40 years. Now these countries are also contending with the rapid expansion of transnational organized crime, which has exploded over the past decade. Across El Salvador, Guatemala, and Honduras, drug and human trafficking by criminal groups known as maras, coupled with widespread corruption and weak law enforcement, have resulted in an environment where civilians face the ever-present threat of violence.

Some 500,000 people flee the countries of the Northern Triangle annually, displaced by threats, extortion, forced gang recruitment, and homicide rates that rival those in countries at war. Many have no choice but to undertake a hazardous journey north, risking serious injuries and even death along the way, with hopes of reaching safety in the United States. They continue to do so despite the Trump administration’s efforts to step up deportations and dismantle legal protections for refugees and asylum seekers in the US.

The physical and mental health consequences of this unfolding disaster have gone largely unnoticed by the international community. In response, Doctors Without Borders/Médecins Sans Frontières (MSF), long active in the region, is scaling up activities to provide medical and psychosocial care, running projects at hospitals and clinics and in migrant shelters along the routes north. Teams are also working to adapt the services on offer to better serve growing numbers of people on the move.
There’s no avoiding violence in Honduras, even at home. The streets of major cities like Tegucigalpa and San Pedro Sula are gripped by crime and conflict. Domestic and sexual violence are also widespread, with women and children bearing the brunt. Corruption, fear of retribution, and limited access to essential health services often leave victims with no protection and few choices but to leave home.

To address these issues, MSF launched its servicio prioritario, or priority service, to offer emergency medical and psychological care to victims of violence. In cooperation with the Honduran Ministry of Health, this free and confidential service has treated patients at two health centers and Tegucigalpa’s main hospital since 2011.

In late 2017 a study by the UN Refugee Agency estimated there were 174,000 internally displaced people in 20 of Honduras’s main municipalities. The factors that have contributed to their flight are easily visible in Nueva Capital, a community on the mountainous outskirts of Tegucigalpa. A maze of low buildings along vertiginous unpaved roads, Nueva Capital was originally settled in the late 1990s by people displaced by Hurricane Mitch, the same storm that drove thousands of Hondurans to claim temporary protected status, or TPS, in the US. (The Trump administration’s decision to end TPS for Hondurans living in the US, effective January 2020, threatens to send these people back into the violent conditions so many of their compatriots are desperately trying to flee.)

Nueva Capital, self-organized into five neighborhood “sectors,” has become one of the most dangerous settlements in the area. Sector one, at the base of the mountain, and sector five, near the top, are entirely
controlled by *maras*. Most people in Nueva Capital live in deep poverty, without even basic government services like water, sanitation, and electricity.

MSF recently rehabilitated a clinic originally built by members of the community in Nueva Capital’s sector two. Now, a team provides primary and mental health care to as many as 60,000 people from the region. At 9 a.m. on a Monday in early July, the clinic’s waiting area is already thronged with people who have come to receive free care. Most are women and children—some very young—but there are a few men among them as well.

“There’s a big need for psychological services here,” says MSF psychologist Brenda Villacorta. “If you come with a gunshot wound we can treat the injury, but you don’t always see the psychological wound associated with that. I see issues with unresolved grief, anxiety and depression disorders, [and] sexual and domestic violence.” In Nueva Capital, violence is a fact of life. Many people in this community, if they are lucky enough to find work, commute to jobs in Tegucigalpa—risking mugging, kidnapping, or worse on the way.

Today, 54-year-old Ilma has come to the clinic with stomach problems. She has lived in Nueva Capital since 2004, when she and her husband left their home in Honduras’s La Paz department and came to Tegucigalpa looking for work. He eventually found a job as a security guard. “At the beginning life was easy for us,” she says. “We got married and had a child. Then things got bad. My husband was shot and murdered by men trying to rob the business he was guarding. Now I live with my son alone.”

Ilma’s son, now an adult, does accounting work for a factory in Tegucigalpa. She fears for his safety as well. “It’s difficult to live in Nueva Capital,” she says. “My son has been assaulted many times. Most times he’s left without even enough money for transport. He wants to go back to La Paz; it’s safer there but the economic situation is not good.” With few options, Ilma and her son, like many others in Honduras, are trapped in a cycle of violence and exclusion. Despite the risks, she has considered making the journey north to build a new life in the United States. “I know about the dangers of traveling to the USA, and as poor people we don’t have the means to go in a legal way,” she says. “But I don’t feel safe in Tegucigalpa.”

In order to adapt services for people on the move, MSF is implementing a new survey at its projects in Honduras to screen for people who have been forced to leave their homes and to assess their medical and psychological needs. When they arrive for their appointments at MSF clinics, patients are asked to complete an anonymous questionnaire about their displacement status. Together with demographic data, the results of the survey will help MSF teams to tailor health services to those who need care the most.

Though the survey has just begun, MSF psychologist Jorge Alberto Castro, who works at the MSF clinic within Tegucigalpa’s Alonso Suazo Health Center, believes that displacement related to violence is on the rise in Honduras. “The number of internally displaced people is growing,” he says. “These people need to move—if they don’t, they’ll go through the same traumas again and again and again.”

**CHOLOMA**

Northwest of Tegucigalpa, near the industrial hub of San Pedro Sula and the border with Guatemala, lies the city of Choloma. Choloma is the third largest city in Honduras, with an official population of some 250,000 people, though the actual figure is likely much higher. Home to many factories, known locally as *maquilas*, the city attracts people from across the country who come here looking for work. But low wages and abysmal working conditions mean that many still live in poverty.

Crime is both endemic and rampant in Choloma, and, as in Tegucigalpa, women and girls are often most at risk. Here, too, MSF teams offer mental and sexual and reproductive health care services, with a focus on care
for survivors of sexual violence. In spring 2017 MSF teams began supporting a local Ministry of Health clinic in Choloma that was struggling with budget and staff limitations. The facility now provides sexual and reproductive health services and emergency care, and helps pregnant women avoid overcrowded public hospitals. Elsewhere in Choloma, MSF outreach teams provide preventive and curative services, including health education and counseling, twice weekly at another clinic in the La López neighborhood.

The sky over the La López clinic is clearing after torrential rains as MSF psychologist Ámbar Assaf gazes out through the bars of the heavy iron gate to the street beyond. At the edge of the clinic’s sandy parking lot, chickens scratch in the wet grass by the fence. Assaf is here to work her afternoon shift at the clinic, but fears that the storm might keep patients away. “People here are deeply affected by violence, especially women,” she says. “The patients I see are mostly young women between 15 and 35 years old. Physical violence, psychological violence—sexual violence is extremely common. I see a lot of women who suffer from depression because they’ve experienced violence and normalized it as a defense mechanism.” Assaf and her team work with patients to help them process their experiences and regain some semblance...
FLEEING INVISIBLE WARS

of control over their lives. But the pervasiveness and intensity of the violence in Choloma can leave deep scars. “One of the cases I remember most was a family,” says Assaf. “A pregnant woman with two kids, one six years old and one eight. One day the husband didn’t come home.” Neighbors later found his body lying in the street and went to tell the woman. “She took her kids, and they saw—he was killed in a hit, strangled, and the body was in really bad shape. The kids saw everything. You see cases like this all the time in this area.”

The family was referred to a witness protection program and moved to another town two hours away, joining the ranks of the thousands who have become internally displaced in Honduras. But even with the move, they still don’t feel safe, says Assaf, and being forced to leave the city has also cut them off from social networks and economic opportunities. “The mother will give birth in one month. And she’s considering returning to Choloma, because there are no jobs in the town where they fled,” she says.

The MSF outreach team worked with the children to provide emotional support and build coping mechanisms as they mourned the loss of their father. But the family is still faced with an impossible choice, one familiar to many people in Honduras: Stay and risk your life at home, or risk your life on the move, gambling on a better future. “There are so many needs in this area,” says Assaf, who lives in nearby San Pedro Sula. “The more we work, the more needs we see. We’ve all seen people killed in the streets. We can’t change the situation here, but we can support people who have to live with the violence.”

“WE’VE ALL SEEN PEOPLE KILLED IN THE STREETS. WE CAN’T CHANGE THE SITUATION HERE, BUT WE CAN SUPPORT THE PEOPLE WHO HAVE TO LIVE WITH THE VIOLENCE.”

Clockwise from top left: MSF Doctor Eva Hazel Banegas Reyes consults with a patient at the Center for Maternal and Child Health in Choloma, Honduras; MSF Psychologist Ámbar Assaf poses outside the clinic in La López, Choloma; Dr. Banegas Reyes examines a patient; A mother and her newborn at the Center for Maternal and Child Health. All photos © Dominic Bracco/MSF
Many people who have been repeatedly displaced within Honduras eventually make the desperate choice to travel north, through Guatemala and Mexico, in an attempt to reach the United States. Large numbers continue to make the journey even as the route north becomes more treacherous and the likelihood of deportation from the US becomes higher with the Trump administration’s “zero tolerance” policies to restrict migration. The heightened risks have actually empowered people-smugglers, or coyotes, who organize transportation for migrants traveling through the Northern Triangle and Mexico. The going rate to travel with a coyote from Honduras to the US has risen sharply, from around $6,000 to as much as $10,000—and many have begun offering “packages” of three chances to reach the US. But the violence and despair are so great that many displaced people still consider the US the only alternative, and the coyotes their only option for help crossing the border.

Thousands are caught anyway in Guatemala or at the US-Mexico border and deported back to Honduras. Every week, hundreds of these men and women pass through La Lima Centro de Atención del Migrante Retornado (CAMR) at Ramón Villeda Morales International Airport in San Pedro Sula. Families and children are processed at Belen, a separate facility. Opened in 2000, today the La Lima migrant center is run by a Catholic sisterhood known as Las Hermanas Scalabrinianas in partnership with the Honduran government. When planes carrying deportees arrive from the US or Mexico, the team here welcomes them and distributes coffee, snacks, and hygiene kits. At the center they have access to basic triage to evaluate the need for medical or psychological care, legal immigration services, and limited assistance finding a place to stay if they don’t have a home to return to.

An MSF psychologist, social worker, and doctor augment the scant medical and mental health services available at La Lima. On the morning of July 13, a group comprising MSF’s project coordinator, mental health referent, and medical and psychological staff visit the center to assess the needs of deportees from the US scheduled to arrive by plane. The center receives seven to eight specially chartered flights from the US every week, each carrying an average of 80 to 90 passengers. Eighty-four people will be arriving on today’s 10 a.m. flight.

The reception room at the airport has the false cheer of government offices everywhere—it’s yellow walls lined with photographs showing off the country’s progress: thriving coffee plantations, construction projects, ribbon-cutting ceremonies.
A bus pulls up on the tarmac outside, and men and women file off. Some joke and laugh with each other; most are silent. They’ve only recently been released from the shackles they were forced to wear on their ankles and wrists during the flight. As they are seated in rows of folding chairs, their belongings—confiscated during incarceration and packed in white polypropylene bags—are unloaded by volunteers. A representative of the hermanas speaks over a PA system, welcoming the arrivals and explaining the procedures.

“Life’s short, bite hard,” reads the back of a young man’s t-shirt advertising a restaurant. When he sits down to listen to the speaker, only the first words remain visible across his narrow shoulders: “Life’s short.”

Flight crew members carry medical records and sometimes medications for the people who arrive on the flights. There is a small medical office at La Lima where deportees can get basic care and referrals for illnesses like tuberculosis or HIV. Some people also arrive with injuries, particularly those deported from Mexico. They are given referrals for medical care and encouraged to stay in San Pedro Sula if they are local.

Many people who arrive at La Lima after being deported have nowhere to go. A recent arrival found that his whole family had left the city while he was away. An 87-year-old man deported from Guatemala had no relatives to care for him and was placed in an assisted living home by the hermanas. Others have been living in the US for 10 years or more and have lost contact with family and friends in Honduras. The hermanas estimate that some 40 percent of deportees who arrive at La Lima will try again to reach the US, even though it’s common knowledge that deportations are on the rise and many of these people have already suffered horrific violence, kidnapping, or worse during earlier attempts. In the first six months of 2018 the center has already received 3,500 more deportees compared to the same period last year. Some people have passed through La Lima as many as five times in a single year.

After receiving their belongings, people line up to make a free phone call. As they wait, some pull on confiscated belts or freshen up. Many carry emergency supplies—water, bandages—for the journey still ahead. Anyone without a home in San Pedro Sula receives a bus ticket through agreements with Honduran transit companies. They are bused from the airport to the main terminal, from which they can catch buses onward. Many of them travel immediately back into Guatemala to points north—and back into uncertainty.
“THE MORE WE WORK, THE MORE NEEDS WE SEE.”
CLOCKWISE FROM TOP LEFT:
MSF health promoter Daniela Reyes (Choloma, Honduras); MSF health promoter Angie Gomez (Choloma, Honduras); MSF psychologist Violeta Elizabeth Perez Quintero ( Reynosa, Mexico); MSF mobile health activity manager Lia Gomes (Choloma, Honduras); Dr. Tania Marin Macias, MSF deputy medical coordinator, and Dr. Alfonso Apolinar, MSF project medical referent (Choloma, Honduras).
All photos © Dominic Bracco/MSF
DESPERATE JOURNEY

MEXICO CITY

Those who make their way through Guatemala and into Mexico do not find any guarantee of safety.

As the number of people fleeing violence and poverty in the Northern Triangle grows, the Mexican government has clamped down on the country’s southern border, with support from the US. Police and military surveillance and law enforcement, coupled with widespread corruption and suspicion of collusion with cartels and maras operating in the southern Mexican states of Oaxaca, Veracruz, and Tabasco, have resulted in an atmosphere of lethal violence and lawlessness.

MSF teams provide primary health care and psychosocial services along the migration route through Mexico, treating patients at the La 72 migrant shelter in Tenosique, at the FM4 shelter in Guadalajara, and, via mobile clinics, at the Casa del Migrante shelter in Coatzacoalcos. These sites serve as oases of sorts for people making the dangerous journey north. But as violence near the border with Guatemala and along the migration route has escalated, it’s become clear that some patients have greater medical needs. People who have been exposed to extreme violence—torture, kidnapping, rape, psychological abuse—require comprehensive, specialized, and integrated care.

In Mexico City, far less affected by the violent crime plaguing other parts of the country, MSF is trying a new approach. In the Colonia Guerrero neighborhood, northwest of the city’s historic center, MSF opened the Center for Integral Action, known by its Spanish acronym, El CAI, in July 2017.

El CAI lies behind a nondescript gray metal sliding door on a residential street, without any identification that might attract unwanted attention. Through the door, past a volleyball net strung up across a concrete courtyard, is a lot surrounded by dormitories painted a pale, soothing yellow. Once inside, the sounds of the city fade, giving way to an atmosphere of hushed peace.

The calm belies the severity of the wounds, both physical and mental, that are being treated here. Referred to the center from other MSF projects in Mexico, the UN Refugee Agency, and Mexican nongovernmental organizations, the patients at El CAI have been through horrific journeys.

“We see similar situations here for people on the move as we do in war situations like Syria or Yemen,” explains MSF psychologist Diego Falcón Manzano. Criminals along the migration route often use psychological torture when seeking to kidnap or extort victims or forcibly recruit new gang members. “Before, on the journey, you were either beaten or raped. But now … they don’t just beat you, they make you see how it’s done to other people. Or they make you kill someone or handle human body parts.”

Physical wounds can be mended, but mental injuries take a long time—and hard work—to heal. In addition to a gymnasium, meals, and 24-hour medical monitoring, patients living at El CAI receive psychotherapy and social services to help them rebuild their lives. “We teach patients to strengthen their capacity to decide how they’re going to live their lives,” says Manzano. “To save money or find a job. We help them to make a plan for life after leaving El CAI in both the medium- and long-term.”

“We care for people without a timetable,” says Manzano. “They are here for as much time as they require.” Residents at El CAI, which has a 28-bed capacity, have stayed for as little as three weeks and as long as a year. In the roughly one year that the facility has been open, staff say the treatment success rate has been around 80 percent. Patients who leave receive follow-up care and can continue to access the facility’s services on an outpatient basis. Some remain in Mexico to work, attend school, or wait on asylum claims. Others resume their journey north.

ABOVE: A patient’s doll at MSF’s El CAI facility in Mexico City. © Dominic Bracco/MSF
A patient at El CAI poses for a portrait with flowers she made from colored paper. © Dominic Bracco/MSF
On the banks of the Rio Grande, in the Mexican state of Tamaulipas, lies the border city of Reynosa. Home to more than 600,000 people, Reynosa is a common way station for many Central American migrants hoping to gain entry to the US. It's also one of the most violent cities in Mexico, convulsed by conflict between criminal cartels vying for territory. The presence of Mexican military police in the streets does little to ease the tension, which takes a heavy psychological toll on both permanent residents and migrants passing through.
“If you scratch the surface a bit, everyone here in the city has been a victim of violence, either directly or indirectly,” says MSF psychologist Violeta Elizabeth Perez Quintero. Here, MSF teams provide medical and psychological care, along with social services, to both local and migrant communities. A team comprising a doctor, nurse, social worker, and psychologist work at a fixed clinic, while mobile teams visit two migrant shelters, Casa del Migrante Guadalupe and Senda de Vida, in addition to a shelter for minors, Centro de Atención al Menor Fronterizo (CAMEF).

It’s nearing 100 degrees Fahrenheit under a cloudless mid-July sky when the MSF mobile clinic team arrives at the Senda de Vida migrant shelter on the bank of the Rio Grande. Founded in 2000, this Christian shelter has grown from a single house to a modest compound, and more housing is under construction. With little national funding available to aid people on
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Piedad’s daughter Dayli plays at the Senda de Vida migrant shelter in Reynosa, Mexico. © Dominic Bracco/MSF
Juan Carlos Arteaga, MSF regional mental health referent for Mexico and Honduras, speaks with children at Senda de Vida. © Dominic Bracco/MSF
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the move, and absent an international response commensurate with the scale of the displacement crisis in Central America, Christian groups and small, local nonprofits have stepped in to fill the wide gaps in services. MSF teams have been providing mental, social, and physical health consultations to the migrants sheltering here for around a year and a half.

Thirty-two-year-old Piedad waits in the blistering heat in the complex’s concrete courtyard with her three-year-old daughter, Dayli. The girl has been suffering from an ear infection, so Piedad has brought her to see one of the MSF doctors. Her three sons—15-year-old Josue, eight-year-old Eddy, and seven-year-old Jairo—kick a soccer ball back and forth in the shade of one of the shelter buildings.

“I used to run a bakery in Triunfo de la Cruz, Honduras,” says Piedad. “But we were told by the maras that we had to pay the ‘war tax.’ We couldn’t afford to pay anymore—we only sold bread. My son, Josue, was threatened. We were told if we couldn’t pay we would be killed.” Piedad, her husband, and their children felt they had no choice but to flee their home, which they did on April 15. They set off on foot for the Guatemalan border in hopes of reaching safety in the US.

Eventually they caught a bus to Tenosique, Mexico, where they were assaulted and robbed of their identification documents. They found shelter at La 72. “We saw MSF in the migrant shelter in Tenosique,” says Piedad. “They gave us counseling and medicine for my children, and medical care and advice.” From there they continued on the path north, walking and catching buses where they could. “In some cities we had to beg for money to buy bus tickets or food,” she says. “We slept in the hills or on the outskirts of towns. There were days when we didn’t eat or drink any water.” They stopped in Coatzacoalcos, where they again received care from an MSF team.

Finally, they reached Reynosa, where they sought out Senda de Vida, which they had learned about on their journey. They had also heard that they might have better luck crossing the border if they traveled separately, with Piedad accompanying her sons and her husband accompanying Dayli. So Piedad set off with the boys, heading for the bridge over the river while her husband and daughter remained at Senda de Vida.

“It was a terrible experience,” she remembers. “We first met with US immigration and asked for refugee status. But we were denied, and they told us to wait. We stood in the sun for four hours. Finally, Mexican immigration agents came and asked if they could take us. The Americans said yes.” Without the papers that had been stolen in Tenosique, Piedad could not prove who she was or where she’d come from. She and her two younger sons were brought back to Reynosa and held in a jail cell. Josue, her eldest son, was held separately in a detention center for minors. She had no idea where he had been taken, or what had become of him, for seven days.

Finally, on the eighth day, Mexican immigration officials reviewed Piedad’s one remaining document, a paper from the consulate that proved the family had planned to apply for a humanitarian visa in Mexico. She was released and reunited with her family at Senda de Vida. They have now been living at the shelter for two months, essentially stuck in limbo. Returning to Honduras is impossible, but the prospects of making it to the US grow dimmer by the day.

“I know we can’t be here forever,” Piedad says. “I’m the cook here now. And my husband has day jobs, but he only makes 150 pesos a day [about $8]. That’s nothing. We can’t find a place to live, we can’t send our kids to school. I just want a better future for them.” The family has been working with a legal counselor here at the shelter, but there aren’t many options available for people in their position. A Mexican humanitarian visa would allow them to stay in the country but would complicate finding work there. “Right now I don’t know what we’ll do next,” she says, shaking her head. “But my idea is still to cross to the US.”

On the opposite end of the compound, another family sits on the concrete steps of Senda de Vida’s administrative building, where MSF has installed a small clinic the mobile team uses for consultations. Ruth, Carlos, and their two young daughters arrived eight days ago from Catacamas, in Honduras’s Olancho department. They too find themselves trapped here in Reynosa after being denied asylum at the US border.

“I was kidnapped in Honduras,” says Carlos. “Thank God, I escaped, but they wanted to kidnap my daughters and wife as well.” He says they did not even need to think about the decision to leave: “We were
Ruth and one of her daughters inside a dormitory at Senda de Vida in Reynosa, Mexico. © Dominic Bracco/MSF
in danger.” They were aware there could be further risks along the way. “We came to Mexico by bus,” says Carlos. “We went through Guatemala, but it’s difficult to go through there, too. Getting into Mexico is even worse. There are kidnappings, rapes . . .”

“We’ve suffered so much in Mexico,” says Ruth, stroking her daughter’s hair. “We stayed in the bus station, sleeping with our kids. There were times when we didn’t have anything to eat.” Ruth and Carlos don’t know where they will go from here, but they know it won’t be back to their home country, where the rest of their extended family still lives. “We can’t live in Honduras,” Carlos says flatly. “I’d like us to have a home of our own, but it was necessary to leave there. They threatened my children.”

The family has a temporary permit to stay in Mexico and can be referred to legal aid through MSF’s psychosocial care program. But their future here, stuck between a home they can’t return to and a haven closed off to them, remains desperate. “I think the United States needs to listen to what people are going through,” says Carlos. “Narcotrafficking, kidnapping, gangs—people are dying in Honduras.” He knows that some people may be crossing the border to find work or, as he says, “just to check it out.” But for Carlos and his family, the painful decision to leave was forced on them. “Only we know how we feel. Only we know what we’ve been through.”
PERVASIVE VIOLENCE PUSHES PEOPLE TO FLEE

- 57% of Honduran migrants and 67% of Salvadoran migrants reported that they never felt safe at home.
- 48.4% of respondents entering Mexico from the NTCA received a direct threat from a non-family member. Of these people, 78% said that the threat seriously affected their social and professional activities.
- 45.4% of Hondurans and 56.2% of Salvadorans entering Mexico had lost a family member because of violence in the last two years before they fled their homes.
- 32.5% of respondents entering Mexico from the NTCA had been exposed to physical violence perpetrated by a non-family member (mainly members of organized crime) in the previous two years.
- 72% of Hondurans and 70% of Salvadorans heard regular gunshots in their neighborhood.
- 75% of Hondurans and 79% of Salvadorans had witnessed a murder or seen a corpse in the previous two years.

Source: MSF report, “Forced to Flee Central America’s Northern Triangle” (May 2017)
DESPERATE JOURNEY

Why is the humanitarian crisis in Central America a priority for MSF? Aren’t there far worse conditions elsewhere in the world?

We have seen an increasing number of Central Americans fleeing horrific violence in their countries and undertaking a dangerous journey through Mexico in recent years. MSF works in conflict-affected countries across the globe, and the experiences of our Central American patients are hauntingly similar to those whose lives have been uprooted by war. In 2016, El Salvador and Honduras were ranked second and fourth worldwide, respectively, for the rate of violent death, joining Syria and Afghanistan in the top five.

We are concerned about the effects of this violence on the health and wellbeing of our patients, and the lack of protections and support services available to them. For MSF’s US office, this crisis hits particularly close to home.

US refugee law provides legal protection to people in need of asylum. However, a decision this year by the US Attorney General to eliminate domestic violence and gang violence as legal grounds for asylum now endangers thousands of people facing legitimate, well-founded threats. This change almost universally bars Central Americans fleeing violence from seeking protection in the US. It’s important to understand that asylum is different from other types of immigration, and provides vital protections for people fleeing violence and armed conflict. The right to seek asylum is guaranteed under domestic and international law. MSF is urging the US government to fully recognize the humanitarian and international protection needs of Central American asylum seekers.

Stephanie Puccetti is a humanitarian affairs advisor for MSF-USA who recently traveled through Honduras, Mexico, and along the US border to gather information about the challenges facing migrants and asylum seekers. As part of a global team that represents MSF’s operations to key stakeholders—including governments, intergovernmental organizations, and other humanitarian groups—she works to ensure that those making decisions at the political and policy levels understand the implications for crisis-affected communities. Through sharing perspectives from our staff in the field and from our patients, MSF aims to protect and expand the space for medical humanitarian action.

SPEAKING OUT

Is it feasible for people to stay in Mexico instead of coming to the US?

On paper, Mexican law offers some protections for asylum seekers, but in reality it is difficult for Central Americans to obtain legal asylum and adequate protections in Mexico.

Large parts of Mexico are dangerous, and Central American migrants are uniquely vulnerable to violence and extortion by criminal groups. Nearly 70 percent of our migrant patients reported an incident of violence along the migration route; an incredible 33 percent of women and 17 percent of men reported an incident of sexual violence in Mexico.

Can you describe the specific conditions driving displacement in Honduras?

The nature of gang-based violence in Honduras is extremely targeted and personal—it can follow you throughout the country. We heard from families who were forcibly displaced four or five times before they made the difficult decision to cross the border. It’s not a choice people are making lightly. Leaving the country to seek asylum is often the only option for survival.

The Honduran government has acknowledged the crisis and estimates that around 200,000 people are internally displaced. Unofficial estimates place this number closer to half a million. In other contexts with this number of displaced people, there are dozens of specialized nongovernmental organizations and an established humanitarian response infrastructure. In Honduras, this expansive system does not exist. There is an active civil society and a few international organizations, but underfunding is a major issue. Many of the services we would expect to see in other...
crises of this scale are simply not available.

**Are there unique risks for people deported from the United States?**

There are large numbers of people returned to Central America from the US who did not have legal status or whose asylum claims were rejected. If someone initially fled their home due to a threat on their life, that threat will likely still be there when they return. It can be difficult to find safety at home, so many people see no choice but to leave the country again.

Following the Trump Administration’s decisions to revoke Temporary Protected Status (TPS) for Hondurans and Salvadorans living in the US, we are particularly concerned about the many thousands of people who will be forced to return to a country where they may be exposed to significant violence and separated from their protective social networks.

**What are your upcoming priorities regarding Central America?**

I’m working with our teams in Central America and Mexico to improve our regional analysis and develop a multi-country strategy for engagement.

I am also looking at the effects of US foreign policy on violence and displacement in Central America. The US provides a significant amount of financial assistance to the region, and interventions are currently focused on addressing the root causes of migration, for example trying to improve economic and security conditions.

But this long-term approach ignores the immediate needs of vulnerable people who continue to face extreme violence and who have been forced from their homes. The US and other donors must provide greater support for urgent humanitarian assistance.

**Témoignage—or bearing witness—is at the core of MSF’s mission. How do you balance this with other principles, such as impartiality and neutrality, when engaging at a political level?**

MSF is known globally as an independent organization that has a unique commitment to humanitarian principles. We witness and share objective information about the effects of policies on our patients. If we see that civilians are being harmed or a population doesn’t have access to medical care, regardless of which actor is responsible, we voice our concern and push for action.
RESPONDING TO THE GLOBAL REFUGEE CRISIS

A record 68.5 million people have been forced from home by violence or persecution worldwide. While many countries are closing their doors to refugees and asylum seekers, MSF is stepping up activities to meet the medical and psychosocial needs of these vulnerable people and advocating on their behalf. Here are some snapshots from our projects around the globe to provide care for people on the move.

CENTRAL AMERICA

Every year an estimated 500,000 people flee extreme violence and poverty in the Northern Triangle of Central America, which includes Honduras, El Salvador, and Guatemala. Despite catastrophic conditions in the region, the US and Mexico have focused efforts on detention and deportation rather than on providing safety and support. MSF teams offer medical and psychosocial care to displaced people in Central America and Mexico.

SEARCH AND RESCUE ON THE MEDITERRANEAN

MSF continues its search and rescue operations on the Mediterranean Sea despite growing political obstacles to assist refugees, asylum seekers, and migrants. In 2017, teams rescued and assisted 23,852 people from unseaworthy boats. While the number of people making the dangerous journey by sea from Libya to Europe has dropped, at least 2,835 people drowned while attempting the crossing. MSF has condemned the deals made by European governments to keep migrants and refugees trapped in Libya, where our teams treat people subjected to detention, violence, and exploitation.

SYRIA

Syria’s catastrophic war has killed hundreds of thousands of people and created the world’s worst displacement crisis, with 6.3 million refugees and 6.2 million more forced to move within the country. Civilian areas and hospitals are bombed routinely, and the provision of even basic aid is severely restricted. MSF ran or directly supported six hospitals and seven health centers in 2017 and deployed six mobile clinic teams and six vaccination teams in opposition-held regions across northern Syria. We maintained distance support to many other hospitals, including financial support, donations of essential medical supplies, and remote training of medics.

AFGHANISTAN

Long-running conflict in Afghanistan has uprooted some 3 million refugees and asylum seekers and 1.8 million internally displaced people. Violence has intensified over the past year, increasing the already immense medical needs. MSF provides emergency, pediatric, and maternal health care inside Afghanistan, and cares for Afghan refugees in neighboring Pakistan and as far away as Germany.

SOUTH SUDAN

Years of sustained conflict in South Sudan have killed tens of thousands of people and uprooted 4.4 million, with 2.6 million refugees fleeing to neighboring countries. MSF has set up an ambitious medical response, with 17 bases inside the country and seven along the border. Access to aid is often disrupted by attacks on medical facilities and other civilian centers, yet MSF sustains activities ranging from primary health care to emergency response.

BANGLADESH

More than 655,500 ethnic Rohingya from Myanmar fled to Bangladesh following a campaign of targeted violence against the community that began in August 2017. They joined some 200,000 other Rohingya who had fled earlier waves of violence and persecution in Myanmar. MSF, which has worked with the community for decades on both sides of the border, massively scaled up operations in Bangladesh, treating patients for medical issues ranging from measles to diphtheria to sexual violence.

DEMOCRATIC REPUBLIC OF CONGO

MSF runs some of its largest programs in DRC, where simmering crises and new emergencies have resulted in wider displacement and misery. The number of internally displaced people doubled in 2017 to more than 4 million. Teams treat war-wounded patients, conduct massive vaccination campaigns, and respond to disease outbreaks. In August, we opened an Ebola treatment center in Mangina, North Kivu, where ongoing conflict has resulted in widespread displacement, further limiting people’s access to health care and complicating the response.
DONOR PROFILE:
American Express helps MSF leaders rise to the challenge

After 30 years in corporate foundations, Richard Brown, the Vice President of Philanthropy at American Express, can tell that nonprofit organizations are in the midst of a sea change.

“You have a significant number of the baby boomer leaders who are now leaving the sector, and a lot of folks who are going to have to come in and fill those roles,” he explained. As this shift continues, he said, the next generation of leaders at nonprofits, including MSF, need the kind of management training that will give them the skills to achieve their ambitious goals in a complex environment.

That’s where the American Express Leadership Academy comes in. Targeted specifically towards nonprofit and social purpose organizations, the program invites up-and-coming leaders to build their personal, business, and leadership skills over multi-day, in-person training sessions. For the first time, MSF staff received invitations to attend American Express Leadership Academy programs in the spring and summer of 2018.

The nearly weeklong training programs came at no cost to all 16 MSF participants, thanks to generous sponsorship from American Express.

“The nonprofit sector provides critical services,” Brown said from his office at American Express, only a few short blocks from MSF in New York City. “American Express is known for growing great leaders internally. But for more than a decade it has also been a priority for us to drive strong social purpose leadership throughout the communities where we live and work.”

From MSF, 13 emerging leaders received training in New York from the Center for Creative Leadership, an institution highly regarded for its leadership education and research. Three other MSF managers attended the Leadership Academy at Arizona State University’s Thunderbird School of Global Management in Glendale, Arizona.

Since 2008, American Express has invested nearly $70 million to develop more than 70,000 social purpose leaders who are tackling some of society’s most complex issues. The American Express Leadership Academy is the signature program of this work. To date, they have hosted 112 Leadership Academy programs across 11 countries, training more than 3,500 nonprofit and social sector leaders. MSF’s Leadership Academy graduates are eager to apply the lessons they’ve learned to their work delivering critical medical aid where it’s needed most around the world.

“The Leadership Academy taught me skills that are now an essential part of my management toolbox working with the team responsible for recruiting and supporting hundreds of US staff members in field projects around the globe,” said Suzanne Ceresko, MSF-USA’s Deputy Director of Field Human Resources. “The Academy’s focus on adaptable leadership is especially relevant to our organization given the diverse challenges we face in the field.”

Other MSF participants agreed, saying that the Leadership Academy’s programming was thoughtfully tailored to meet the needs of nonprofit organizations and to strengthen the expertise of individuals dedicated to social causes.

The relationships between Leadership Academy graduates and their instructors continue far beyond the in-person training sessions—the organization has a strong alumni network and additional leadership development opportunities for graduates. Brown is rewarded whenever he sees what the next generation of nonprofit leaders can accomplish.

“Many of the leaders we trained at earlier stages in their careers are now leading organizations and making amazing things happen—it is inspiring to see the vast impact our programs can have.”
SUPPORTING MSF

INCREASE YOUR IMPACT

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If you or your company are interested in learning more about our work, or have any questions about our matching gift program, please email corporate.donations@newyork.msf.org or call (212) 763-5745.

THE MULTIYEAR INITIATIVE

MSF-USA would like to thank all our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs. To date, we have received commitments totaling more than $60 million towards the initiative.

To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/multiyear.

JOIN OUR LEGACY SOCIETY

MSF is able to provide independent, impartial assistance to those most in need thanks to the dedication, foresight, and generosity of our Legacy Society members. Every day, legacy gifts help us keep our commitment made more than 40 years ago to assist people in distress regardless of race, religion, creed, or political affiliation.

To learn more about joining MSF-USA’s Legacy Society by making a gift through your will or other legacy gift that will save lives for years to come, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or lauren.ford@newyork.msf.org.

STOCK DONATIONS

Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit doctorswithoutborders.org/support-us/explore-donation-options. You can also call (212) 679-6800 and ask to speak to our Donor Services department.

If you have any questions or comments, contact our Donor Services team: Toll free: (888) 392-0392 Tel: (212) 763-5797 Email: donations@newyork.msf.org

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