

A Crisis of Basic Needs

Asylum Seekers Forced to Wait at the US-Mexico
Border

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Al Otro Lado Border Rights Project
Mexican Migration Field Research Program
University of California, San Diego z

Contributors

This study was designed collaboratively by the Al Otro Lado Border Rights Project and the Mexican Migration Field Research Program at the University of California, San Diego.

- **Research design:** Nicole Ramos, Abigail Andrews, Ana López Ricoy, and Jovana Martín
- **Logistical support:** Matías Perez Mendoza and Soraya Vasquez
- **Data collection:** Stephanie Aguilar, Paulina Corrales, Samantha Diaz, Samantha Fakhimi, Andrea Garfio, Lauren Green, Natalia Ibarra-Mendoza, Summer Khan, Adriana López Acle Delgado, Ana López Ricoy, Jovana Martín, Gonzalo Rocha Vasquez, Esmeralda Salas, Abigail Urquiza, Kasandra Valladolid, and Michelle Vázquez Hernández
- **Analysis and writeup:** Stephanie Aguilar, Paulina Corrales, Samantha Diaz, Summer Khan, Esmeralda Salas, and Kasandra Valladolid
- **Final draft:** Ana López Ricoy and Abigail Andrews

Executive Summary

This report describes the character and scope of poverty, hunger, illness, substandard housing, and lack of education facing asylum seekers trapped at the US-Mexico border. We then evaluate the barriers to and opportunities for better meeting asylum seekers' basic needs. We draw on 100 surveys and in-depth interviews of Spanish-speaking asylum seekers in Tijuana, conducted from January-March 2021. In this population, we found:

Asylum seekers face widespread poverty and hunger:

- 99% did not have enough money to cover food, lodging, and medical care
- 60% had no income at all
- 60% bought all their own food
- 56% did not have enough food this week for their families
- 89% feared they wouldn't have adequate food this month

They also struggle with sub-standard housing, illness, and lack of education:

- 12% lived in shelters or on the streets
- 73% paid to rent a room or apartment
- In these rentals, 30% lacked plumbing, 53% lacked potable water, 44% had no private space, and 76% did not have enough beds.
- 46% had medical conditions (most common: hypertension, asthma, and injuries)
- 32% needed medication, but only 28% of those got it regularly
- 71% of children had been out of school since leaving their place of origin

There are several barriers to meeting basic needs:

- lack of documentation in Mexico
- poor information
- social isolation
- inaccessibility of services
- widespread violence (addressed at length in our report, No Safe Third Country).

There are also opportunities to improve access:

- Widespread use of services when known, accessible:
 - e.g., 92% would use mental health services if available
- Community (social networks) improve access to basic needs:
 - e.g., 55% of those with income found work through friends/acquaintances

Recommendations

- Most importantly, terminate all US policies forcing asylum seekers to wait in Mexico, and thereby stoking the humanitarian crises described here.
- Mexican institutions must dismantle the documentation barriers blocking migrants from housing, work, and medical care.
- Meanwhile, shelters, government institutions, and non-governmental organizations (NGOs) can serve as hubs of information and social connection. By combining services, community-building, and information dissemination, these organizations can help improve access to basic services.

Resumen Ejecutivo: Crisis humanitaria en la frontera

Este reporte analiza el carácter y extenso de pobreza, hambre, enfermedad, vivienda inadecuada y falta de educación que enfrentan a los solicitantes de asilo que se encuentran en la frontera México-Estados Unidos. Evaluamos los obstáculos y las oportunidades para satisfacer las necesidades básicas de los solicitantes de asilo. La información sale de 100 encuestas y entrevistas a solicitantes de asilo hispanohablantes en la ciudad de Tijuana entre enero-marzo 2020. En esta población, observamos:

Los solicitantes de asilo enfrentan pobreza y hambre:

- El 99% no tiene dinero suficiente para comida, vivienda y atención médica
- El 60% no tiene ningún ingreso
- El 60% compra su propia comida
- El 56% no tuvo comida suficiente para sus familias esta semana
- El 89% teme que no tendrán comida suficiente

También enfrentan vivienda inadecuada, enfermedad, y falta de educación:

- El 12% vive en albergues o en la calle
- El 73% paga para rentar un cuarto o departamento
- En estas viviendas, 30% faltan agua, 53% faltan agua potable, 44% faltan espacio privado, y 76% faltan camas suficientes para todos los habitantes
- El 46% padecen de condiciones médicas como: hipertensión, asma, o lesiones
- El 32% necesita medicamentos, pero solo 28% de ellos los reciben regularmente
- El 71% de los niños no han asistido a la escuela en México

Hay varios retos para poder satisfacer sus necesidades básicas:

- Falta de documentación en México
- Falta de información
- Aislamiento social
- Falta de acceso a servicios
- Exceso de violencia (detallado en nuestro reporte, *No Safe Third Country*)

También hay oportunidades para mejorar el acceso:

- Amplio uso de servicios cuando se tiene acceso a ellos
 - Ejemplo: El 92% usaría servicios de salud mental si estuvieran disponibles
- Amistades y comunidad mejoran el acceso a servicios:
 - Ejemplo: el 55% de los que trabajan encontraron el empleo por amigos

Recomendaciones

- Más importantemente, hay que terminar las políticas de Estados Unidos que han creado las crisis detalladas aquí, incluso MPP, Title 42 y metering.
- El gobierno mexicano debe bajar las barreras de documentación para acceder al alojamiento, educación, trabajo y atención médica.
- Las instituciones civiles y gubernamentales pueden funcionar como centros de información y redes sociales, ampliando el acceso a servicios básicos.

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Introduction

In the past four years, US policies including the Migrant Protection Protocols (MPP, also known as “Remain in Mexico”), Title 42, and metering¹ have trapped unprecedented numbers of asylum seekers on the Mexican side of the US-Mexico border. As of August 2021, the Robert Strauss Center for International Security and Law at the University of Texas at Austin reported that at least 20,000 people were on metering lists alone, waiting in Mexico to *begin* applying for US asylum.² Of those, 9,600 - more than 40% - were in Tijuana. In 2020, asylum seekers remained on such lists for an average of 17 months *before* beginning what could be a years-long process of petitioning for US asylum.³ Under the Migration Protection Protocols, the US forced most of these asylum seekers to continue waiting in Mexico while the US processed their asylum cases. In conjunction, in the second half of 2020 and 2021, the US closed most ports of entry and refused to process asylum seekers due to Covid-19, preventing most asylum seekers arriving at the border from even getting on such a waitlist.

The effect has been a massive backlog of migrants seeking to enter the United States, and a humanitarian crisis, as migrants set up tent cities near the US ports of entry and struggle to find food and shelter, let alone medical care, paid work, or education for their children.

In this report, we document the primary humanitarian issues asylum seekers face in Tijuana. We then evaluate how Mexican and US government agencies, international institutions, and non-governmental organizations might better meet these immediate needs, even as they struggle to dismantle the broader US policies triggering such suffering in the first place.

The study was designed by the Al Otro Lado Border Rights Project and the Mexican Migration Field Research Program (MMFRP) at the University of California, San Diego. Over a 10-week period from January-March 2021, we conducted 100 interviews with migrants in Tijuana, all of whom were seeking asylum in the United States. We recruited participants through Al Otro Lado’s program to distribute pre-paid debit cards to asylum seekers in Tijuana with acute basic needs. The people interviewed had been in Tijuana for 18 months on average. Almost 80% were from Honduras, Guatemala, and El Salvador, though we also interviewed people from other Spanish-speaking countries like Cuba, Venezuela, and Nicaragua. Each interview included two parts: a 30-minute closed-ended survey and a 30-minute open-ended interview.

We begin by documenting the scope and character of poverty, hunger, inadequate housing, lack of education/childcare, illness, and mental illness. We describe the kinds of struggles migrants face and the scope of such issues within the population interviewed. For instance, we note that fewer than 1/3 of migrants interviewed had any income at all,

¹ Since 2018, US Customs and Border Protection has allowed officers to limit the number of asylum seekers approaching its ports of entry each day, a process known as metering. This created a backlog of asylum seekers in Mexican border cities, leading to informal waitlists (“Metering lists”). As the Covid-19 pandemic began in March 2020, CBP stopped processing asylum requests at ports of entry altogether, using a regulation based on Title 42 (health reasons) (Arvey and Yates 2021 at https://www.strausscenter.org/wp-content/uploads/August_2021_Metering.pdf).

² See https://www.strausscenter.org/wp-content/uploads/August_2021_Metering.pdf

³ See https://www.strausscenter.org/wp-content/uploads/MeteringUpdate_Feb21.pdf

forcing them to find housing in overcrowded apartments, shelters, or informal shacks, even when they had been in Tijuana for more than a year. Though most long-term migrants paid rent, many of the places they rented lacked plumbing, refrigeration, and sufficient bed space for their families. In addition, most migrants faced profound food insecurity and had no access to education or childcare. Finally, though two thirds had ongoing medical issues, fewer than 10 had consistent access to medication or medical care. As a result, they often went without treatments for injuries, illnesses, and chronic health conditions.

Importantly, violence against asylum seekers in Tijuana also constituted a major humanitarian crisis, as most migrants endured physical and verbal assaults from both organized criminal groups and state agents. We document this violence in a separate report, *No Safe Third Country*. Here, we would like to emphasize that violence overlaps with all the basic needs described, reinforcing the suffering triggered by US policies that make people wait at the border.

In the second section, we evaluate the barriers to and opportunities for closing those gaps, considering what prevented asylum seekers from meeting their basic needs and how a few people – the exceptions – were able to overcome these obstacles. We find that the major barriers to accessing services included: inadequate information, social isolation, inaccessibility, and exclusion due to undocumented status in Mexico.

We suggest that to improve access, service providers (from NGOs to the government) should amplify their key role as hubs of information and community-building. Not only can such organizations disseminate information relevant to basic needs (even when those needs are not in their own purview), but they can also help build up the social networks critical to spreading information and assuaging isolation. At the same time, the US government must dismantle the policies forcing people to persist in such conditions for months (or even years), and the Mexican government must provide access to documentation allowing migrants to work, attend school, and get medical care.

Methodology

This report is based on 100 surveys and 96 qualitative interviews with asylum seekers in Tijuana, conducted via WhatsApp between January-March 2021. We focus on asylum seekers in Tijuana because that city was the primary destination for approximately 3,500 Central American migrants in the first major migrant caravan of November 2018, and as of 2021 it housed an estimated 40% of asylum seekers on the US-Mexico border.⁴

We recruited respondents through Al Otro Lado's humanitarian relief program. Al Otro Lado is a legal aid and humanitarian organization supporting indigent refugees and other migrants in the US and Tijuana. Al Otro Lado's humanitarian relief program provided pre-paid debit cards to asylum seekers in Tijuana beginning in 2020.

The UCSD team, who conducted all the surveys and interviews, included 16 graduate and undergraduate students at the University of California, San Diego, all of whom were participants in the Mexican Migration Field Research Program. All but one of the interviewers were women, and all but one were native Spanish speakers of Mexican or Central American origin (the last was of Pakistani origin, spoke fluent Spanish, and worked

⁴ See https://www.strausscenter.org/wp-content/uploads/August_2021_Metering.pdf

in refugee health in Tijuana). Interviewers received in-depth training from the PI, Dr. Abigail Andrews, in survey and interview methods, recruitment, trauma-informed interviewing, and trust building over the course of a year-long academic program. Dr. Andrews also oversaw interview content to ensure consistency.

To recruit participants, Al Otro Lado staff distributed a flyer to all Spanish-speaking participants in their debit card program, inviting them to join the study. If interested, migrants could call Al Otro Lado and provide their name, phone number, country of origin, and date of birth. Al Otro Lado staff then sent the UCSD team a list of 112 people who expressed interest, and we called all of them. After explaining the study, we invited them to participate in a 30-minute survey, followed by a 30-minute in-depth interview if available. Participants were given a stipend of US\$15 on their Al Otro Lado debit cards in acknowledgment of their participation. Of the 112 people we called, 100 agreed to participate, 5 declined, and 7 could not be reached.

Each interview included two sections: a closed-ended survey and a set of open-ended qualitative questions. The survey portion, implemented with Qualtrics, asked respondents about their demographic profile, migratory status, employment, housing, health, food access, childcare, education, experiences of violence and crime, as well as interactions with U.S. and Mexican authorities and future migratory plans. This portion usually lasted about 30 minutes. Subsequently, we invited respondents to participate in a brief, qualitative interview, and 96 of 100 participants agreed. In this open-ended portion, we asked respondents to elaborate on the same themes, describing their experiences at the US-Mexico border. To avoid triggering traumatic histories, we did not ask migrants to detail their reasons for leaving their countries of origin or any (other) violent events. The qualitative portion lasted between 20-90 minutes, with an average of about 30. Only the qualitative section was recorded. All interviews were conducted in Spanish and transcribed in Spanish by the person who conducted the interview. The UCSD team translated Spanish quotations to English at the editing stage.

In total, we surveyed 100 people and interviewed 96 of those 100. Respondents ranged in age from 20-58, with an average of 37. They identified as 67% women and 33% men. Their home countries were: Honduras (46), Guatemala (20), El Salvador (13), Cuba (11), Nicaragua (4), Venezuela (3), Mexico (2), and Ecuador (1), with 79% from the three major sending countries of Central America. Most were parents (90%), 70% had at least one child with them, and 55% were traveling with children under 18. They had been in Tijuana 18 months on average, and more than two thirds (69%) had left home in 2019, followed by 2018 (19%). Nearly all (93%) left home due to violence, including all those from Honduras, Guatemala, and El Salvador. All were now scared to return to their countries of origin, and all had applied for US and/or Mexican asylum. Upon soliciting asylum, 65% were placed in the Migration Protection Protocols ("Remain in Mexico") program, a Trump-era policy which required asylum applicants to wait in Mexico while the U.S. processed their applications for asylum. Another 11% were on a metering list (waiting to declare asylum at the US border), and the rest intended to seek US asylum but had not yet done so. Nineteen had refugee status in Mexico, and six were in the process of applying for Mexican asylum. Another 14 had been given humanitarian visas at some

point during their stay in Mexico. While this sample of respondents is not statistically representative, other surveys of Central American migrants show similar demographics.⁵

The student authors did all coding, using Dedoose. We initially coded for the barriers to meeting basic needs and the opportunities for improvement. We then identified the importance of information gaps, social isolation, inaccessibility, and lack of documents in undermining migrants' ability to meet their basic needs. For this report, we focus on the key gaps in basic needs and the primary reasons we identified for those gaps. We use pseudonyms in all cases to protect respondents' identities.

Given that our respondents were recruited through the legal aid organization *Al Otro Lado*, they likely represent the *most* well-connected subset of asylum seekers at the US-Mexico border. In addition, although members of the research team informed respondents that we were not lawyers or caseworkers, our affiliation with a legal service provider may have encouraged them to emphasize their roles as victims in hopes of winning their asylum cases.⁶ These individuals had also been in Tijuana an average of 18 months, longer than most asylum seekers, and a large percentage of them had some legal status in Mexico. Thus, their concerns may represent the tip of the iceberg for less-connected migrants and more recent arrivals.

Urgent Humanitarian Needs

Virtually all the asylum seekers we interviewed in Tijuana struggled with urgent humanitarian needs. As a Guatemalan man we call "Manuel," who fled home after being assaulted by local gangs, put it, "We don't have support here [in Tijuana]. We don't know anyone. And there are people [seeking asylum] who are here, and they haven't been able to [make it]. No one, of those of us who are here, has any opportunities." In this section, we map the major basic needs of asylum seekers at the border, including poverty, hunger, sub-standard housing, lack of education and childcare, and untreated mental and physical illness.

Poverty and Hunger

Of 100 people surveyed, only one had enough money to cover their urgent food, lodging, and medical needs, and 60% had no income at all. Hunger was also endemic. Of 100 people we spoke with, 56% did not have enough food for their families this week, and 89% worried they would run out of food this month.

Fewer than half (about 40%) were able to earn some money, almost all through informal and/or episodic work, including 17 who worked as day laborers, 6 who took occasional jobs, and 4 who made and sold things. Those who did work earned 28 pesos per hour (US\$1.40) on average, but very few had enough hours in a week to make ends meet. Rather, most were hired informally under a system known as "*contratación de palabra*" (hiring by word). The working conditions were universally poor, with frequent labor abuse,

⁵ See, e.g., Colegio de la Frontera Norte. 2019. *La Caravana de migrantes en Tijuana 2018-2019*. <https://www.colef.mx/noticia/la-caravana-de-migrantes-centroamericanos-en-tijuana-2018-2019/>

⁶ See Galli, Chiara. 2019. "Humanitarian Capital: How Lawyers Help Immigrants Use Suffering to Claim Membership in the Nation-State." *Journal of Ethnic and Migration Studies* 46.11: 2181–98. <https://doi.org/10.1080/1369183x.2019.1582325>.

overwork, discrimination, and underpayment. Three had to leave paying jobs due to death threats or severe deprivation, like being refused a bathroom. For instance, Teresa, a migrant from Honduras, found a job cleaning homes where, all day long, she was not fed or given a bathroom. Furthermore, the wages were not sufficient to buy her own food. Other respondents told us that when they did find work, “I did not have a schedule, they called me even at dawn” or, “I had no rights.” Dolores, a 24-year-old woman from Cuba who was in the Migrant Protection Protocols, for instance, told us that men with guns frequently came to her workplace, pointed their weapons at her, and threatened to kidnap her. Others, like 35-year-old Marco Antonio, told us that when coworkers discovered he was from Guatemala, they would tell him, “Get out. You’re stealing our work.” Only eleven people we spoke to had stable jobs, and 29 had lost work due to Covid-19.

Some respondents filled in the gaps with donations. For instance, 27% received financial support from a friend or family member (mostly people living in the United States), and 39% received food, personal hygiene products, clothing, or other contributions from a non-governmental organization (NGO). However, most of those donations were of diapers or milk, and only available 1-2 times per month. Furthermore, the fact that we recruited respondents through *Al Otro Lado* – and *Al Otro Lado* was the source of most people’s donations – suggests that this rate overstates the kind of support most migrants receive from NGOs.

Sub-standard Housing

Despite the lack of income, most people we interviewed had to rent their homes, with 49% renting a room and 27% an entire apartment. Another 10% lived with family or friends, 7% in a church or shelter, and 5% on the street or in a make-shift shack (*casa de madera*). One was a live-in maid. Among those who rented, the cost ranged from 300 to 6,400 pesos per month (\$14-312 US dollars), with an average of 2,230. All but four struggled to pay the rent, and three quarters worried about it constantly.

Furthermore, the places they rented were almost always overcrowded and lacking in basic amenities. Specifically, 30% of renters had no plumbing, 53% had no potable water, 44% had no private space, and 76% did not have enough beds for the people in their families. A third had no place to cook, and only half had a refrigerator where they could store their own food. Just 21% had access to internet. Seeking better, safety, and security – and/or kicked out of their prior places of residence – respondents had moved an average of 2.5 times, with 81% moving at least once. Before renting, 31% of respondents had lived in a shelter, 19% with family or friends, and 5% on the streets. Often, due to evictions, lack of rent money, landlord discrimination, unsanitary living conditions, or threats to their safety, housing arrangements did not last very long.

Lack of Education or Childcare

Among 100 respondents, 90 were parents, and 55 were traveling with children under 18. Of those, 71% of families had not sent their children to school since leaving their countries of origin. The other 29% mostly had access to online Mexican primary schools, with 4 getting access to education through an NGO. Similarly, 80% of parents – many of whom were single mothers – had zero support with childcare since leaving home, and 85% had no support at the time of the interview. Those who did have support with childcare typically relied on a friend, family member, or someone they knew.

Illness and Trauma

More than two thirds of people we interviewed had known health conditions, with the most common being high blood pressure (15), lesions (5), asthma (5), headaches or vertigo (4), injuries or problems walking (3), diabetes, heart conditions, epilepsy, anemia, hernias, colds (2 each), heart conditions, ovarian cysts, cancer, vision problems, nosebleeds, fatigue, ear pain, back pain, or fatty liver disease (1 each), among others. For many, these issues were debilitating, causing limited mobility for 12 of the 67 people, financial problems for 20, and an inability to work for 11. In addition, 32% of people we spoke to currently needed medication, but only 28% of those could get it regularly. Another 34% only got their medication *some* of the time, while 38% had no access to needed medication at all.

Of those who did get medication, more than half paid for it in a pharmacy, with about a quarter getting it from NGOs. Perhaps optimistically, almost half of the people we spoke to had gotten medical care in Tijuana. Yet 43% of those only saw a doctor once, with only 8 receiving help 3 times or more. When they did get help, 23 got it at a public clinic, 21 in an NGO, and 9 in a pharmacy clinic.⁷ Given the lack of access to medical care, it is likely that many migrants also suffered from undiagnosed injuries or disease, so the reported illnesses likely represent just the tip of the iceberg.

Though we did not ask directly about trauma, more than 90% of respondents had fled their home countries due to violence. However, our qualitative interviews suggested that trauma, depression, anxiety, and post-traumatic stress disorders were extremely widespread, and often undiagnosed. For example, Manuel, a 36-year-old migrant from Honduras, fled his home city after being attacked by local gang members. Upon arrival in Tijuana, he was too terrified to venture beyond his living quarters. Such off-handed comments hinted at the terrors and trauma that most migrants carried with them. Perhaps surprisingly, one in three of the people we spoke to had received mental health care in Tijuana, 21 of those (64%) from an NGO, shelter, or church. However, this rate likely overestimates the reach of mental health services, given that Al Otro Lado provided mental health referrals to people in its debit card program (including those surveyed).

In sum, even though the people we interviewed had been in Tijuana for 18 months on average and already had connections with Al Otro Lado, which provided both legal services and referrals, almost all faced acute basic needs for money, food, decent shelter, education, and adequate medical care. Most likely, their peers' needs were even worse.

Barriers to services

Despite the acute needs described above, most migrants we interviewed under-utilized existing services. For example, despite widespread hunger, only 40% of the people we interviewed ever availed themselves of free food in soup kitchens or government handouts known as *despensas*. Instead, 80% purchased all or most of their own food in a market or supermarket. Here, we map the barriers to accessing services, including

⁷ The most common NGOs at which migrants accessed health services were: PreveCasa (5), Espacio Migrante (4), Al Otro Lado (3), Salud Digna (2), Refugee Health Alliance (RHA) (2), Red Cross, and Salud Sana.

inadequate information, social isolation, inaccessibility, and exclusion due to undocumented status in Mexico.

Inadequate Information

When we asked respondents why they did not avail themselves of existing services, the primary reason they gave was that they did not know what was available. For instance, it was virtually unknown among migrants that migrant children had a right to education in Mexico, leading nearly three quarters of children in families we interviewed to remain out of school. Likewise, even though our respondents had been in Tijuana an average of 18 months, nearly half (49%) said they did not avail themselves of free food options because they did not know of any available.

Often, after encountering barriers in realms like work and housing, migrants assumed that there were no services in Tijuana for immigrant populations. Similarly, most were unaware that most NGO services were free, so they did not attempt to seek out support.

Social Isolation

Social isolation reinforced migrants' lack of adequate information. For most people we interviewed, the primary source of information about services – ranging from free food to legal aid – was other migrants. For instance, 55% of those with work found their jobs through friends or acquaintances. The same was true of housing, with respondents who felt most comfortable in their current homes having found it through friends. Similarly, friends and acquaintances could help inform migrants about rights and services they did have, including access to school. For example, Katia, a mother from Honduras in MPP, was able to enroll her two children in school because her neighbors encouraged her and helped her sign up while Katia awaited her US court date. In short, those who developed social connections were more likely to find work, housing, and education. In many cases, word of mouth was migrants' *only* source of information. Community also helped alleviate stress and open spaces for joy.

However, most respondents did not have such informal community ties. The vast majority had left home on their own, without anyone friends or family except their spouses or children (if that). In Tijuana, they found themselves destitute, in a dangerous, crowded border city. Fear and past trauma reinforced their distrust of other migrants and people in general, and many migrants isolated themselves and their families as a means of protection, including from Covid-19. As a result, most remained deeply isolated, even when they had been in Tijuana for over a year.

Inaccessibility

A secondary concern for many migrants was the accessibility of services. While several migrant shelters and services – including Al Otro Lado - are located near the US port of entry in Tijuana known as “el Chaparral,” the largest migrant shelters and affordable rental areas are far removed from the border zone. For instance, we spoke with migrants in a major evangelical shelter, located in a remote canyon, that housed over 1,000 people. (By contrast, migrant shelters closer to the border tended to house between 30-150 people in total). Almost all the people we interviewed in the large, remote shelter said they were unable to access services due to the difficulty of transportation and travel.

In about 15% of cases, migrants told us they knew about services but did not access them because they lived far away, had no transportation, or were unable to leave their children at home. Others were afraid to leave their homes due to past experiences with and/or fear of kidnapping and violence, on the part of both police and cartels (we describe these issues in more detail in our report No Safe Third Country). Past discrimination and trauma, coupled with the fact that migrants were not familiar with Tijuana, hindered their confidence to explore and search for support. A few others mentioned that when they did try to get free food, it had run out or there was not enough, especially during Covid-19.

Lack of Documentation

Lack of documentation posed a barrier as well. Many Mexican institutions – from landlords to schools – required proof of legal status, such as a Mexican birth certificate, CURP number (like a social security number), humanitarian visa, or FM3 visitor card. Without such documents, migrants were often denied work, lodging, education, and health care.

The lack of papers frequently pushed asylum seekers into sub-optimal jobs or blocked them from work altogether. For example, Raquel, a 33-year-old from Guatemala, said that when she went to ask for work, people would laugh in her face, saying she was an immigrant who didn't have papers. Likewise, though Teresa – the migrant mother from Honduras we mentioned above - tried to find work, she explained, "Not having papers affects us. And there are also companies that won't hire us just because we are Honduran ... I need [work] to survive in Tijuana. But I can't. Because when there is no work, I look around elsewhere, but because of my papers I can't [find work] – because I don't have any." Likewise, six of the migrants we interviewed lost their jobs due to lack of papers.

Without documents, migrants also struggled to secure any lodging. For instance, Rufino, a migrant from Cuba, had to live at a shelter when he could not find housing. When Rufino arrived in Tijuana, he lived with a group of friends. The place they rented was comfortable and private. However, his friends had to leave, forcing him to move out as well. When he started to look for a home, he said, "They [landlords] ask for your papers to rent you a home, and a deposit in advance, and sometimes we don't have that option. Others ask for a recommendation from someone and here we don't have anyone to do that." Without required documents or references, Rufino was unable to rent an apartment, leaving a migrant shelter as the only option.

Many others faced similar problems. For example, Consuelo, a 29-year-old migrant from Cuba, described how she and her daughter were living in one room with eight other people. Despite significant effort, Consuelo could not find a more private and comfortable place to live. She described, "You have to have all your real papers, and you need a person who will take responsibility in case you miss a payment, that person will cover you. So that is what makes it hard to access lodging." Others added that, since they were from other countries, they had few contacts to back them up – let alone act as financial guarantors, and landlords did not trust them.

Similarly, 15% of respondents said they could not access medical care without any legal papers. For instance, Leonardo, a migrant from El Salvador, had to pay for medical care

in a private pharmacy the one time he needed something in Tijuana. He explained, “We always have to pay pharmacies because they don't accept us anywhere without [public] insurance. No clinic, no hospital, just because we don't have the credentials.” Similarly, Rogelio, a 32-year-old migrant from Guatemala, was denied medical care in Tijuana, because he did not have an ID. As Raquel, a 33-year-old single mother from Guatemala put it, “If you go to ask for help in the health center, they tell you no, because it is for Mexicans, not for immigrants.”

Even though migrant children *do* have a right to education in Mexico, many migrants are asked to present official, stamped immigration papers or a FM3 migration form, along with payment for school supplies and uniforms. For instance, Alegría, a migrant from El Salvador who was in Tijuana with her partner and 4-year-old child, had trouble enrolling her child in daycare. She explained, “We have to have insurance and all that, and well, it's almost impossible.” Notably, we found that 41% of migrants who had any documentation (including refugee status, humanitarian visas, or other) accessed education, while only 22% of those without documents did the same.

In addition to documents, migrants frequently described discrimination, racial profiling, insults, or mockery, on the part of police, government officials, landlords, potential employers, and others they spoke to in Mexico. Indeed, of 100 people we interviewed, 60 said they had experienced discrimination in Tijuana, and 43 described mocking or insults.

While some migrants were directly refused services, work, or lodging due to lack of documents, others did not even try, assuming they were going to be rejected. When these factors made it difficult for migrants to resolve their needs, many gave up.

Improving Humanitarian Services

Access to services could be improved by expanding NGO, shelter, and government institutions' roles as hubs of information and community-building.

When services were known, accessible, and free, the migrants we interviewed were widely interested in using them. Most respondents said they would welcome free food or education for their children. Indeed, 42% of them had already gotten funds or other support from NGOs or shelters, and 63% had accessed legal aid. In addition, 92% said they would use mental health services if available, 22% having already done so. In other words, gaps in basic needs were not due to stigma or lack of interest.

Throughout our interviews, we found that non-governmental organizations (NGOs) and government institutions *already* served key sources of information, even about services that were unrelated to the missions of those institutions. For instance, most of the people we interviewed who did obtain medical or mental health services received their referrals from Al Otro Lado, a legal service provider. Similarly, some migrants were able to get work referrals through the shelters where they were staying. Some shelters also helped migrants register their children for school or brought in separate NGOs to provide education or healthcare. Indeed, respondents who had stayed in shelters frequently said they learned about legal aid, work opportunities, housing, and medical services directly from shelter

staff. Ironically, US immigration judges and Mexican immigration agents (from Grupo Beta) sometimes played a similar role, referring migrants to non-profit service organizations including Al Otro Lado. Indeed, a few of our respondents had discovered Al Otro Lado through these routes.

In addition to offering direct referrals, migrant-serving institutions also support migrants indirectly, by building their social networks. Migrants who stay in shelters are exposed to a wider range of people than those who live on their own. Though there can always be conflict, fellow migrants often serve as sources of emotional support and of information about opportunities in Tijuana. Thus, particularly pre-pandemic, shelters and other organizations offered a critical space for migrants to meet and exchange information. For example, Marco Antonio, an asylum seeker from Honduras, said he found out about Al Otro Lado in the first place while talking to fellow migrants at a local non-profit called Centro 32, created by Families Belong Together to end family separation. While Marco Antonio had been suffering from depression and fending for himself, once he found out about Al Otro Lado, he met other migrants in Mexico and began to build a community.

There were also cases such as Alicia, an asylum seeker from Honduras, who benefited from the network provided by Centro 32 as well. Before Alicia found Centro 32, Alicia rarely left her home, out of fear that her young daughter would be kidnapped. Alicia's husband was the sole provider, their family struggled to make ends meet, and her mental health was suffering. At Centro 32, however, Alicia met a social worker, enrolled in cosmetology courses, receive a referral for medical services with PrevenCasa and for free food from the Padre Chava Soup Kitchen. As Alicia began the cosmetology courses, her mental health improved drastically, and she began to feel hope. As she said, "It has helped me a lot to not be anxious about so many things – I have my mind busy with something."

In short, formal organizations can help facilitate connections and bridge the information gaps and social isolation that plague migrants, including both recent arrivals and those who have been in Tijuana longer-term. As Covid-19 limitations begin to lift, we encourage organizations to embrace this role and extend their social networking opportunities and their referrals to other migrant aid institutions.

To support work, the UCSD team has also partnered with a team from the University of California-Davis to build a database of services available to asylum seekers in Tijuana, and a website where they can find information about services ranging from health to education to job referrals, and more. We plan to work with Al Otro Lado and shelters to provide posters, flyers, WhatsApp links, and encourage widespread use of this "Migrant Information Hub" going forward.

Conclusion

This report demonstrated that asylum seekers forced to remain in Mexico face acute basic needs including poverty, hunger, lack of work, substandard housing, lack of education, illness, and trauma. It is likely these respondents represent some of the *least*

acute cases along the US-Mexico border. For one, they were in Tijuana, which is less racked by cartel violence and has more resources than most other Mexican border cities. Also, most had been there for months, and all were already affiliated with Al Otro Lado, an important service provider. By comparison, journalistic reports have widely documented cases of other migrants living along the border in long-term tent cities, without *any* of the amenities mentioned above.

That said, the report provides some key insights into the ongoing humanitarian crises facing this population. First, US policies that force asylum seekers to remain in Mexico – including the Migrant Protection Protocols, Title 42, and metering, among others – leave migrants in dire situations where their very subsistence is at risk. As demonstrated in our sister report, *No Safe Third Country*, most of these people also endure theft, verbal abuse, and physical violence while waiting in Mexico. In short, these policies *weaponize* waiting, imposing direct and indirect human rights violations on the people they block from entry. Policymakers must make it a priority to dismantle these policies and restore US asylum.

In the meanwhile, it is clear that certain conditions amplify migrants' deprivation, including: poor information, social isolation, inaccessibility of services, and a lack of Mexican documents. The Mexican government can immediately alleviate the last issue by creating a structure to provide humanitarian visas, residency and/or asylum to migrants stuck at the border, enabling them to access work, medical care, and other services without such arbitrary barriers.

For their part, NGOs, government service providers, and shelters can also amplify their role as distributors of information and builders of social ties. Already, migrants obtain most of their referrals to services from NGOs, even when those services have nothing to do with the goals of the referring providers. NGOs should invest further in these roles, providing spaces for migrants to connect with one another and obtain accurate information about the range of services available to them in Tijuana.

Despite limitations, Tijuana currently has the most developed set of resources available to migrants at the US-Mexico border, including more than 30 migrant shelters. There is also significant interest in adjacent US cities like San Diego and Los Angeles to provide outreach to migrants, from legal aid to food, medical care, and cash support. Such work could be supported by online resource guides, including <https://migrimap.sitey.me/>, developed by a team from the University of California-Davis and the in-progress Migrant Information Hub being built by the team that worked on this project at UCSD. Ultimately, however, expanding resource provision is only a stopgap, interim measure.

To fully address migrants' rights and end their suffering, they must be given asylum.

Recommendations

- Most importantly, lawmakers must terminate US policies creating the humanitarian crises described in this report and expand access to asylum.
- Mexican institutions must dismantle the documentation barriers blocking migrants from housing, work, and medical care.

- Meanwhile, NGOs and government institutions should combine services, community-building, and access to information. Shelters and non-profits can serve as hubs of information and social networks, amplifying access to basic services.