

## Migration & Disability. A View from Intersectionality

As part of the monitoring of the implementation of the CRPD in Mexico, COAMEX, with the support of the Pan American Development Foundation (PADF) and Scotiabank, promoted a **Research Protocol on the situation of migrants with disabilities in Mexico and Central America**<sup>1</sup> with the purpose of identifying the necessary measures for the comprehensive care of this sector of the population.

The following has been carried out<sup>2</sup> as a part of this project:

- ✓ 37 field visits in the states of Aguascalientes, Baja California, Coahuila, Chiapas, Chihuahua, the State of Mexico, Guanajuato, Hidalgo, Jalisco, Michoacán, Nuevo León, San Luis Potosí, Sonora, Tabasco, Tamaulipas and Veracruz, -in Mexico-, in addition to San Salvador and San José Guayabal (El Salvador), Tegucigalpa and Tripoli - Department of Atlántida- (Honduras) and Guatemala City (Guatemala).
- ✓ 18 visits to shelters
- ✓ 41 semi-structured interviews, applied to migrants with and without disabilities.
- ✓ 49 liaison, alliance and awareness-raising meetings with government authorities (from the four countries), representatives of consular networks, international agencies, civil society organizations and shelters.
- ✓ 5 public events in Tegucigalpa, City of Mexico, City of Guatemala, Buenos Aires<sup>3</sup> and San Salvador.

This **Special Migration and Disability Report (IEM)** describes how persons with disabilities participate in the context of migration in order to analyze the progress and pending items -in Mexico and the region- for the protection of their human rights and, from the experience suggest specific recommendations for the promotion of transnational mechanisms and policies that guarantee their full inclusion.

## INTRODUCTION

According to the UN, the number of international migrants<sup>4</sup> has continued to grow during the last 17 years, going from 173 million in 2000 to almost 258 million in 2017, so it is estimated that by 2050 there will be more than 400 million international migrants in the world<sup>5</sup>.

There are no official records indicating the exact number of migrant persons with disabilities. However, when extrapolating and cross-checking official statistical information assuming the existence of 15% of persons with disabilities in the world and with the estimates of UNHCR and IOM - which estimate that there are more than 10 million migrants who have some type of difficulty in their bodily functions and structures - it is estimated that there are at least two million migrants with disabilities<sup>6</sup>.

Overall, migration follows a pattern of displacement from low-income to high-income countries. Specifically, the American continent is home to some of the most dynamic migration corridors in the world; on the one hand, the United States and Canada are the first and seventh recipients of migrants -respectively-; and Mexico is the second country with the largest number of people living abroad, only behind India<sup>7,8</sup>.

The United States is the main destination of migration on the continent, and the main flows are comprised by migrant populations from Mexico, Central America and the Caribbean, particularly from the countries called the Northern Triangle<sup>9,10</sup>.

Mexico and Central America's relationship with the United States is a result of historical migration flows, and the main increase in flows occurred mainly in the 1980s and 1990s due to various factors such as guerrilla warfare, armed conflicts and social and economic instability in the region. As it is observed in Table 1. (Annex 1) migration flows have been fluctuating in the last 20 years, and the beginning of the millennium was when the highest indices of human mobility were recorded. Although these have decreased<sup>11</sup>, it is estimated that each year an average of 81,400 people leave the region.

<sup>1</sup> Guatemala, Honduras and El Salvador

<sup>2</sup> From August 2017 to August 2019.

<sup>3</sup> A side event within the framework of the *Global Disability Summit 2019* of the International Disability Alliance (IDA).

<sup>4</sup> It is worth noting that, among these persons, we have: workers (150 million), women (124 million), girls and boys (36 million), asylum seekers (25 million) and international students (4.8 million).

<sup>5</sup> UN (2017) International Migration Report 2017 Available in

[https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017\\_Highlights.pdf?fbclid=IwAR1k3iuWrZZd2kKYSp118XkjAsd6yheW7I0IabAczYRgl1zh5oYQFBcw](https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf?fbclid=IwAR1k3iuWrZZd2kKYSp118XkjAsd6yheW7I0IabAczYRgl1zh5oYQFBcw)

<sup>6</sup> In the absence of statistical information indicating the number of migrants with disabilities in the world, we will take as a reference that, out of the statistical data on international migration, approximately 15% would correspond to persons with disabilities.

IOM, (2016). "Disability and unsafe migration: Data and policy, understanding the evidence", Global Migration Data Analysis Centre data briefing series, n° 7. [https://publications.iom.int/system/files/pdf/gmdac\\_data\\_briefing\\_series\\_issue\\_7.pdf](https://publications.iom.int/system/files/pdf/gmdac_data_briefing_series_issue_7.pdf)

<sup>7</sup> In 2015 there was a record of more than 12 million Mexicans living abroad, being the number one country of origin of Latin American migrants, and the second worldwide.

<sup>8</sup> IOM (2018). *World Migration Report, 2018*. [https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf)

<sup>9</sup> Other intraregional migration trends are currently emerging, such as migrants from Haiti to the Dominican Republic (Caribbean Zone); migrants from Nicaragua, Panama and other Central American countries to Costa Rica; migrants from the Northern Triangle to Belize; and especially migrants and asylum seekers from Venezuela who are moving to different countries on the continent, especially Colombia, Peru, Ecuador and Mexico.

<sup>10</sup> IOM (2018). *Ibidem*.

<sup>11</sup> There are several reasons why these flows have apparently decreased, and one of the most recurrent hypotheses is the hardening of migration policies and the actions implemented by the United States and even in Mexico aimed to contain and stop migration.

Although Mexico shares global challenges with other regions of the world<sup>12, 13</sup> it has a particular condition as a country of origin, transit, destination and return of migrants, and therefore has a complex institutional structure for dealing with this sector<sup>14</sup>.

For the purposes of this research, migration will be addressed from four perspectives:

- 1) **TRANSIT** (international undocumented migration)
- 2) **ASYLUM AND REFUGE**
- 3) **RETURN** (to their country of origin)
- 4) **FORCED INTERNAL DISPLACEMENT** (in this case, mobility of Mexican nationals within the country)

The following is a description of each form of migration, mentioning the cases where persons with disabilities are present.

## CONTEXT

### (1) TRANSIT MIGRATION IN NUMBERS

In the Mexico-Central American region, migration generally occurs in an *undocumented way*<sup>15</sup>, that is, people move without travel documents<sup>16</sup> or without the necessary authorization to validate their stay in another country. In this way, migrants lack access to basic services, increasing their vulnerabilities and the risk of being victims of some type of violation of their human rights<sup>17, 18</sup>.

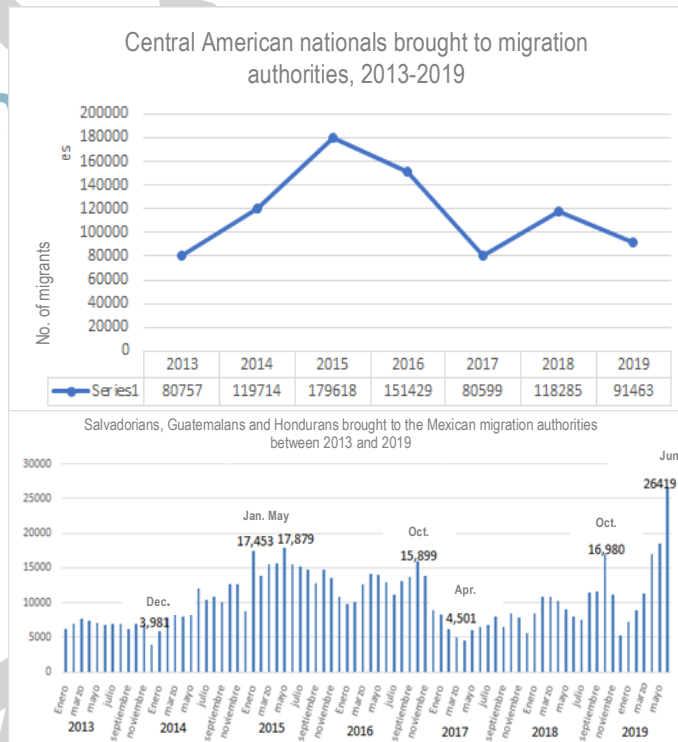
According to UPM figures for the total number of migrants detained in Mexico in 2019, 82% are of Central American origin, mainly from Honduras (45%), Guatemala (26%), and El Salvador (10%)<sup>19</sup>.

Between 2013 and 2019, more than 820,000 Central American migrants have been presented to the Mexican authorities (See

Graph 1<sup>20, 21</sup>). In 2015 there is an increase in migration flows, and

then gradually decrease until 2017, with a subsequent upturn in 2018. The main hypothesis on the decrease in flows is related to the 2016 elections in the United States and the promotion of an immigration policy based on the militarization of borders<sup>22, 23</sup>.

Based on the number of monthly detentions of migrants, it is observed that during the month of October (2016 and 2018) a greater flow of people was detected, maybe because the weather conditions in Mexico is not so extreme at that time of the year<sup>24</sup>, so it might be more convenient to travel considering the long distances by foot. (See Graph 2)<sup>25</sup>.



<sup>12</sup> As, for example, the situations in the Middle East and Africa, and the borders of Bosnia-Croatia, Turkey-Greece and Morocco-Spain.

<sup>13</sup> El Mundo. *Las llegadas de inmigrantes por mar a España superan ya a las de Italia*. Article published on July 17, 2018 on <https://www.elmundo.es/espana/2018/07/17/5b4de50422601d0e468b46c5.html>

<sup>14</sup> See Appendix 2 "Mexico's migration policy and practice".

<sup>15</sup> A person who changes their regular country of residence with the purpose of going to another country, who requires passing through one or more countries without the intention of staying. The irregular condition occurs when the person migrates outside the laws of their country of origin, transit or destination. In other words, administrative requirements such as valid immigration documents or legal authorization to work are not met.

-IOM (2018) World Migration Report 2018. Appendix A. *Fundamental concepts and definitions in the field of migration* Available AT

[https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf)

-Migration Policy Unit and National Population Council of the Ministry of the Interior (2016). Handbook for international mobility and migration. Available in:

[http://politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario](http://politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario)

<sup>16</sup> Such as a passport or a visa.

<sup>17</sup> Including labor and sexual exploitation, generalized violence, victims or organized crime, discrimination and **xenophobia**, the latter understood as a manifestation of extreme hatred, rejection, discontent or hostile treatment towards foreigners (Royal Spanish Academy Dictionary).

<sup>18</sup> In this context, the growing number of priority groups involved is worth to be noted: women (including pregnant women), children (specifically girls) and young people (accompanied and unaccompanied), the elderly and persons with disabilities, who in most cases are forced to migrate irregularly, increasing the risk of being victims of human rights violations. This situation occurs in a similar way in the Latin American region, as can be seen in the migration crisis in Venezuela and according to UNHCR reflections.

-UNHCR (2019). Situation in Venezuela. <https://www.acnur.org/situacion-en-venezuela.html>

<sup>19</sup> Migration Policy Unit (UPM), Registry and Identity of Persons. III. *Foreigners Presented and Returned, 2019. Figure 3.1.1 Incidence of foreigners presented before the migration authority, by continent and nationality, 2019*. Available in [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Extranjeros\\_presentados\\_y\\_devueltos](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Extranjeros_presentados_y_devueltos)

<sup>20</sup> SOURCE: Monthly Statistical Bulletin, 2013-2019. - [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Boletines\\_Estadisticos](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Boletines_Estadisticos)

<sup>21</sup> The 2019 information includes only the period between January and June (it does not represent the total yearly data).

<sup>22</sup> Since his campaign until his inauguration, Donald Trump has empowered radical ideas regarding immigration policies, such as the construction of a "wall" between Mexico and the United States, accompanied by a speech of "hatred" that promoted the stigma towards Latino migrants, even referring to them as "rapists". CNN *Trump: Mexicans bring crime and drugs, and are rapists*. Article published on June 16, 2015 at <https://cnnespanol.cnn.com/2015/06/16/trump-mexicanos-traen-crimen-y-drogas-y-son-violadores/>

<sup>23</sup> See Appendix 3. *Context of the International Migration Policy: Mexico and the United States* [In Spanish]

On the other hand, there was increase in detentions as of June, 2019 - of a 329% and a 403% compared to that same month in 2018 and 2017, respectively, which might be<sup>26</sup> due to the context of the Central American Migrant Caravans that occurred between October, 2018 and February, 2019, in addition to the recent agreements between Mexico and the United States to decrease the flow of migrants in transit to avoid the imposition of tariffs and additional taxes to Mexican products in that country<sup>27</sup>.

Since 2014, Mexico launched the *Southern Border Plan*<sup>28</sup> (Plan de la Frontera Sur) with the objective of reducing irregular migration flows, promoting protection and security measures for migrants, dismantling organized crime groups and strengthening the institutional system for access to justice in the case of crimes or human rights violations. However, no significant progress has been identified, as already mentioned; although, there was an increase in detentions according to IOM between 2013 and 2015, going from 86,000 to more than 198,000<sup>29</sup>.

Some historical causes of the migration at the Region have been social conflicts, economic-political crises<sup>30</sup>, poverty and lack of job opportunities<sup>31</sup>, but currently there are also other reasons such as *forced displacement* as a result of exacerbated and generalized violence, the proliferation of gangs and even natural disasters.

With respect to the context of generalized violence, the countries of the Northern Triangle -Guatemala, Honduras and El Salvador- have been classified as the most violent areas in the world due to their high homicide rates, and the criminal groups called *maras*<sup>32</sup> are responsible for 30% of the murders registered in that region<sup>33</sup>, a situation aggravated by other structural factors associated with poverty, inequality, marginalization and exclusion. It is also recognized that Central America is one of the areas with the highest rates of poverty and illiteracy in the world<sup>34</sup>, in addition to the lack of programs and policies targeting young people, which forces them to migrate or to form part of these criminal groups -sometimes in an obligatory manner<sup>35</sup>.

This has been confirmed by the testimonies of migrants with and without disabilities interviewed during this investigation, who have pointed out that in addition to economic factors, violence, pressures and threats exerted by the *maras* are one of the main reasons why they have decided to migrate, added to the extortion and payouts for "floor right" or "war tax" under the threat of reprisals against themselves and their families in case of refusal, on the other hand they mention that even people with disabilities are recruited by these groups to carry out surveillance work<sup>36</sup> and drug dealing<sup>37</sup>.

### TRANSIT ROUTES<sup>38</sup>, RISKS AND DISABILITY ACQUISITION

The United States continues to be the main destination for Central American migrants<sup>39</sup> - turning Mexico in the only access route - and they enter Mexican territory at border points in the southeast of the country<sup>40</sup>, where they begin their journey by walking along the railroad route known as "*La Bestia*", or by getting on its wagons when it gets moving. This road connects the south of the



<sup>24</sup> Compared to summertime in previous months.

<sup>25</sup> SOURCE: Source: Monthly Statistical Bulletin, 2013-2019. - [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Boletines\\_Estadisticos](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Boletines_Estadisticos)

<sup>26</sup> See Appendix 4. *Central American Migrant Caravans in transit through Mexico (October 2018 - February 2019)* [In Spanish]

<sup>27</sup> Animal Político. ¿Qué acordaron México y Estados Unidos para frenar los aranceles? Published on June 8, 2019 at <https://www.animalpolitico.com/2019/06/que-acordaron-mexico-eu-freno-aranceles/>

<sup>28</sup> See Appendix 5. *Impact of the Plan Frontera Sur (Southern Border Plan): Increase of risk and vulnerability* [In Spanish]

<sup>29</sup> IOM (2018). World Migration Report, 2018.

<sup>30</sup> [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario\\_poblaciones\\_migrantes\\_condiciones\\_vulnerabilidad](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario_poblaciones_migrantes_condiciones_vulnerabilidad)

<sup>31</sup> A recent example is the case of Venezuela, a country facing a humanitarian crisis due to insecurity, threats, generalized violence and lack of essential services such as food and medicine. As of April 2019, a total of 3.7 million Venezuelans had migrated to different parts of the world, mainly concentrated in Colombia, Chile, Peru, Argentina, Ecuador, Panama, Mexico and Brazil; UNHCR (2019). Situation in Venezuela. ; Regional Platform of Inter-organizational Coordination for Venezuelan Refugees and Migrants (2019).

<sup>32</sup> See Appendix 6. *Maras: origin, history and present context* [In Spanish]

<sup>33</sup> Some factors of violence associated with the maras are territorial dominance, gang settlements and clashes with security forces, as well as the large number of illegal weapons and criminal activities such as drug trafficking, human trafficking, car theft and contract killings.

<sup>34</sup> See Table 2 *Poverty and Illiteracy Index in Honduras, Guatemala and El Salvador*. Appendix 7. [In Spanish]

<sup>35</sup> Prado, R. (2018). El entramado de violencias en el Triángulo Norte Centroamericano y las maras. *Revista Sociología* (Mexico).

<sup>36</sup> According to testimonies gathered in interviews within the framework of the Research Protocol promoted by COAMEX.

<sup>37</sup> El Sol del Centro, published on November 3, 2018. Note: It should be noted that the content of the text notes the inadequate use of language in the description made by the media outlet, as well as in the testimony of the migrant person, making it a priority to continue promoting awareness actions in the matter.

<sup>38</sup> See Appendix 8. *Key points through the migration corridor*.

<sup>39</sup> [https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf)

<sup>40</sup> Particularly from Huehuetango, Guatemala, to border towns in Chiapas and Tabasco, in Mexico.

country with inland Mexico through railroads and, at the state of Guanajuato, the route is divided into three: The Gulf, Midlands and The Pacific, each following a specific route to the north, at different border areas<sup>41</sup> (see **Map 1. Transit Routes and Centers for the Attention of Migrants**<sup>42</sup>).

According to an article, the "[...]train by itself is one of the most forceful expressions of the vulnerability of migrants, because it is [...] a transport of goods not designed for the transport of persons, - because it passes through spaces controlled by criminal gangs, and because of persecution by Mexican authorities-" [translated quote]<sup>43</sup>, so when migrants use it, they put themselves at risk of accidents when they try to get on or off moving cars, or when they fall asleep during the journey; moreover, when on "The Beast", they may become victims of theft, aggression, extortion and/or violent attacks perpetrated by other migrants, or by members of infiltrated criminal groups who throw them off the train if they refuse to pay "the fee". Due to this, migrants can end up with physical disabilities due to amputation<sup>44</sup> and/or with severe spinal injuries, or even death.

Other risks involve direct attacks from migration agents or federal police officers, who often commit theft, extortion or even physical aggression to migrants<sup>45</sup>, lurking them to strategic areas of this route and taking them to the detention centers located throughout the country<sup>46</sup>.

Most recently, a decrease on the use of railroad tracks as a migration route has been detected, mainly due to the high levels of crime, detentions and extreme use of public force by federal authorities, as well as for the risk of being recruited, extorted or victimized by criminal groups, scattered throughout the route.<sup>47</sup> Due to this, migration flows have been forced to explore some other -more dangerous- routes, some by foot<sup>48</sup>, other by paying load trucks or vans for rides through dirt roads, or by traveling through local bus companies<sup>49</sup>.

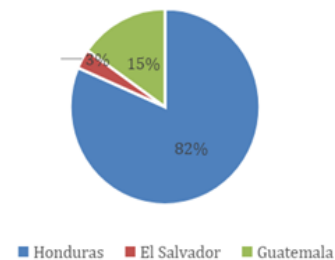
Therefore, migrants in transit are currently facing several situations that might place them on risk of acquiring different disabilities, particularly physical and psycho-social.

According to the ICRC's *Amputees, Severely Injured or Sick Migrant Persons* report published in 2014, during 2013, a total of 31 cases of accident-resulting amputations and 33 cases of severely injured persons with complex or multiple fractures (including spinal cord injuries or complex traumas) were reported, being the state of Veracruz with the highest incidence of these reports.<sup>50, 51</sup>

According to the testimonies of migrants with disabilities interviewed in this research<sup>52</sup> it is identified that the main factors by which physical disabilities are acquired are: (1) mutilations of one or more limbs when trying to get on or off the moving train, mainly in escape situations to avoid being stopped by immigration authorities; (2) accidents on the road due to rollovers or collisions of vehicles in which groups of migrants are transported under risky conditions such as overcrowding; (3) physical injuries when being the victim of violent acts, such as physical torture or being thrown from a moving train by members of an organized crime or by the arbitrary use of force by the authorities (caused by beatings or gunfire).

Another factor that came up during the research was the negligence from the medical services and emergency staff members, sometimes conducting inconvenient amputations<sup>53</sup>.

Nationality of amputee migrants received by ICRC in 2013



<sup>41</sup> Hernández, A. and Morante, M. (2017). *Personas Migrantes en Tránsito Desaparecidas en México*.

<sup>42</sup> SOURCE: Fieldwork. IOM (2018). Directory of boarding houses and shelters for migrants, IOM.

International Red Cross Committee (2015). Messages for migrants. Self-care message, [brochure], CICR.

<sup>43</sup> Hernández, A. and Morante, M. (2017). *Personas Migrantes en Tránsito Desaparecidas en México*. Experience-based article published by FM4 Paso Libre - migrant shelter located in Guadalajara, Jalisco.

<sup>44</sup> The loss of up to four limbs has been reported, being leg amputation the most common of these injuries.

<sup>45</sup> The case of a young Honduran man who was assaulted with a firearm by a federal police officer and ended up with serious spinal-cord injuries, resulting in a physical disability by quadriplegia was documented. (A 141 page medical report was received from the Coordination of Honduran Rehabilitation Institutions and Associations (CIARH), including clinical charts, official documents from the Honduran Embassy, email history, a socio-economical study, Appendices and photographs)

<sup>46</sup> According to different specialists, activists and migrant rights defenders, the conditions of the so-called "Migratory Stations" (*estaciones migratorias*, INM's detention centers) are deplorable, in addition to the fact that they are characterized by functioning more as detention centers, with precarious operating conditions and high overpopulation rates. As of June, 2019, the National Human Rights Commission has detected that most of the detention centers are overcrowded, some of them with a capacity of over 300%. Out of these stations, Tapachula, San Cristóbal, Huixtla and Huehuetán (all of them in the state of Chiapas) are the most overcrowded. Some of the main challenges are: insufficient infrastructure, abuse from guards, food shortages, lack of self-care facilities, lack of medicines, lack of recreational spaces and inconsistent medical, psychological and legal assistance. *El Herald de México* (2019). *Al triple, estaciones migratorias*. Published on June 28, 2019 at <https://heraldodemexico.com.mx/pais/al-triple-estaciones-migratorias/>

<sup>47</sup> Another aspect migrants in transit need to consider is the risk of becoming victims of human trafficking, since this is the main activity of some of the criminal groups present throughout the route. Even during this investigation, the interviewees have reported abuse practices such as extortion, bribery and mass kidnapping, and some women have been reported as victims of human trafficking.

UNHCR Mexico. *Human Trafficking*. Available at: <https://www.acnur.org/trata-y- trafico-de-personas.html>

<sup>48</sup> Some of these pedestrian routes have to go through places with very dense vegetation, jungle areas and high temperature, so they become vulnerable to physical injuries and dehydration.

<sup>49</sup> This according to testimonies of migrants, immigration authorities and representatives of civil organizations, interviewed as a part of this research protocol; On this last point, a recent challenge is also identified, since as of June 2019 the Presidency of the Republic established a new national observance provision, with which bus companies must request official identifications -for example, valid passports for foreign people- to purchase tickets, as well as to board transportation units; this measure aims to control migration flows and identify undocumented migrants; *Animal Político*. "Lineas de autobuses pedirán identificación al comprar boletos para evitar traslado de migrantes". Published on June 18, at

<sup>50</sup> International Red Cross Committee, ICRC (2014). *Amputees, Severely Injured or Sick Migrant Persons Report*. Available at <https://www.icrc.org/es/download/file/4580/infome-amputados.pdf>

<sup>51</sup> See Appendix 9. *Health Services for Migrants who Suffer Amputations*.

<sup>52</sup> See Appendix 10. *Landmark Cases of Migrants with Physical Disabilities*.

<sup>53</sup> For example, above the knee, limiting the placement and adapting of prosthetics.

On the other hand, it was identified how the migration phenomenon can cause by itself a psychosocial impact on people due to the experiences and highly stressful or traumatic events they face on the route, which can trigger complex mental disorders such as panic disorders, anxiety, post-traumatic stress or major depression, which can result in psycho-social disabilities.

As a part of this investigation, some cases were identified in which the emotional impact of migration was evident, for example, people who were victims of trafficking, abuse and rape, or who witnessed different violent events.

In 2018, a study conducted by the organizations AsiLegal, Sin Fronteras I.A.P. and Fundar in 3 detention centers found that the emotional state of detained migrants is very complex, with high rates of "states of concern" (89%), "insomnia" (78%) and "nervousness and depression" (64%)<sup>54, 55</sup> recognizing that mental health care for migrants must be addressed at two levels: (1) **short term**, which implies crisis intervention, due to the fact that they need to be included in communities in a short time, in order to carry out procedures, access basic services and find temporary jobs; and (2) **long term**, to prevent the development of psycho-social disabilities<sup>56, 57</sup>.

According to INM and UPM reports, there is no information about the number, location and follow-up actions for migrants acquiring a disability when in transit through Mexico<sup>58</sup>, nor is there information about the number of persons with disabilities that have been living temporarily in detention centers. The only available source would be the *Beta Groups*, who offer first-aid services and help to migrants who had suffered accidents in route; some of these cases are reported but no record or databases<sup>59</sup> are available. Another challenge is the lack of visibility about psycho-social disability, being most of the reported cases those of physical disabilities (due to amputation or injuries). Moreover, the lack of official statistical information regarding disappearances<sup>60</sup> and mortality rates of migrants (particularly for accidents related with human trafficking, railway accidents or deaths at hospitals) is worth to be noted; the repatriation rate of the deceased migrants is also unknown<sup>61, 62</sup>.

Due to their irregular conditions, in-transit migrants do not frequently report when they are victims of any violation of their human rights, and this is more evident with migrants with disabilities, since the open files are very low in number; for instance, only 9 cases have been reported to the CNDH (National Commission of Human Rights), 2 to the CDHDF (Human Rights Commission of Mexico City) and only one to CONADRED<sup>63</sup>; their counterparts in other states in the country have no additional information.

## (2) ASYLUM AND REFUGE<sup>64</sup>

According to the information presented by IOM in their last *World Migration Report*<sup>65</sup>, indicates that, in 2015, the number of asylum requests in TNCAM countries (El Salvador, Honduras and Guatemala) submitted in the United States increased in 250% compared to 2013, and two-folded against the 2014 numbers<sup>66</sup>.

As appointed, within a generalized violence context, criminal groups and threats against a person's safety or life itself, are factors contributing to human displacements and regional migration.

According to IOM, between 2015 and 2016, an increase of 155% (from 3,400 to 8,800, respectively) of asylum requests were submitted to Mexico by Central American migrants<sup>67</sup>. Later, in 2017, according to the information shared by REDODEM, in one year, the amount of migrants considering Mexico as a destination country increased, going from 13% in 2016 to 28% in 2017<sup>68, 69</sup> and as of July, 2019, more than 20,000 migrants were in

<sup>54</sup> <https://sinfronteras.org.mx/wp-content/uploads/2019/02/informe-estaciones-migratorias-2019-final.pdf>

<sup>55</sup> See Table 3, Appendix 11. *Most Common Issues at Detention Centers*. [In Spanish]

<sup>56</sup> See Appendix 12. Psychosocial Impact. Suicide.

<sup>57</sup> See Appendix 13. Landmark Cases of Migrants with Psychosocial Disability.

<sup>58</sup> An Good Practice example is the civil-society fostered information platform REDODEM, aimed to carry out records for following-up in-route migrants, which, since April, 2019, includes a question to identify the migrants with disabilities and to upload such information to their database, classified in four conditions or groups of persons with disabilities: Motor, Physical, Mental and Intellectual. This information is filed after conducting an interview with the migrants when admitted to any of its 23 boarding homes, shelters and support centers.

NOTE: It is important to say that such classification to identify the passage of migrants with disabilities is the result from an internal agreement of the organizations members of REDODEM. Even though the registry process may be improved, the inclusion of this question as a part of the initial interview is recognized as an advancement and a Good Practice.

<sup>59</sup> Documents No. DGCVM/INFOMEX/1485/2018 from INM, shared through the INAI National Transparency Platform.

<sup>60</sup> "The number of "missing" migrants is uncertain; nobody knows where or who is in charge of that" [translated quote.]

*The in-transit migrant becomes a very vulnerable individual. Being in a country without documentation, without being a citizen and due to the clandestine nature of their migration process, seem to be justifiable to lessen the seriousness of their disappearance and the legitimate lack of action from the authorities.*

*Since there are no official records of the majority of those individuals, they have become victims of kidnapping, human trafficking and even forced to transport, plant or produce drugs.*

[The shelter] FM4 identifies two factors:

1. A general violence context, product of the so-called "drug war".
2. Migration Policies Linked to the National Mexican Security Apparatus. Its consequences are the increase and variation of migration corridors, all towards even farther, more deserted and riskier places.

Hernandez, A. and Morante, M. (2017). In-Transit Migrants Disappeared in Mexico. <https://informe.cepad.org.mx/personas-migrantes-desaparecidas-mexico/>

<sup>61</sup> Although some activists and civil organizations suggest that there are at least 70,000 missing migrants in Mexico between 2007 and 2016.

<sup>62</sup> El Universal (2016). *Suman más de 70 mil migrantes desaparecidos en México: activistas*. Published on November 26, 2016

<sup>63</sup> See table 4. *Cases and claims of presumed human rights violations and discrimination against migrants with disabilities between 2017 and 2018*. Appendix 14.

<sup>64</sup> Defined as:

A. Asylum seeker: A person displaced out of their country of origin, who has applied to be recognized as refugee to receive international asylum, since their return to their communities represents a great risk.

B. Refugee: Person outside their country of origin due to armed conflicts, persecution or threats against their life and, therefore, are subject to international protection.

-IOM (2018) World Migration Report 2018. Appendix A. Fundamental Migration Concepts and Definitions.

-Migration Policy Unit and National Population Council of the Ministry of the Interior (2016). *International Mobility and Migration Handbook*  
[http://politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario](http://politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario)

<sup>65</sup> IOM (2018). Informe sobre las migraciones en el mundo 2018.

<sup>66</sup> See Appendix 15. *Asylum requests submitted internationally in 2016, according to IOM (2018)*. World Migration Report 2018 [In Spanish]

[https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf)

<sup>67</sup> IOM (2018). *Ibidem*

<sup>68</sup> <https://www.jornada.com.mx/ultimas/2018/10/09/se-duplica-cifra-de-migrantes-cuyo-destino-es-mexico-ong-389.html>

Mexico waiting for the U.S. government to grant asylum, 50% of those migrants located in the state of Baja California<sup>70</sup>. There is no specific information for asylum and refugee requests submitted by migrants with disabilities.

Several national and foreign asylum-seeking cases were identified within the framework of this research, evidencing the need of international protection for their specific conditions, the lack of services and the generalized violence context in where they live<sup>71</sup>.

According to the information shared by IOM's Unit of Health and Migration, forced immigration (which forces thousands of people to be displaced and to become applicants of asylum or shelter) is a key factor for the development of complex mental disorders such as depression<sup>72</sup>, which may also result in psycho-social disabilities, due to the fact that "during the different stages of the migration process, migrants must face different environmental, financial and social difficulties that may negatively affect their mental health, if not with the right coping resources" [translated quote]<sup>73, 74</sup>.

### (3) RETURN<sup>75</sup>

According to figures from CONAPO and UPM's *Prontuario sobre Movilidad Internacional y Migración 2018* (2018 Statistical compendium on International Mobility and Migration), as well as data from the 2014 National Survey on Disability (ENADIS), 22% of Mexican returnees coming from the United States have a disability or impairment<sup>76</sup>. Data, however, is not updated nor disaggregated into types or causes of disability.

The city of Tijuana, Baja California, is the main point of return for persons that have been deported from the United States to Mexico. Similarly, the Municipal Director's Office on Migrant Assistance estimates that 30% of the migrant caravan members decide to stay in this city. The main challenges resulting from this decision are:

- psychosocial disabilities among Mexican returnees due to drug use and the fact that a considerable number of them live in street situations and settle in a local area known as *El Bordo*.
- arbitrary detentions and criminalization by the police when migrants resist extortion from said officers. Other forms of abuse have been identified, such as the destruction of official repatriation documents by the police.<sup>77</sup>

Likewise, a study from The College of the Northern Border (COLEF) shows that 16% of Mexican deportees have mental health issues<sup>78</sup>. *Among them, 40% were women and 12% were men with signs of emotional disorders (mostly associated with depression and anxiety.) When asked if they had thought about taking their lives, 8% of women and 2% of men said "yes"*<sup>79</sup>.

The city of Nuevo Laredo, Tamaulipas is another key point for returnees. One of the government highlights in this state is the Tamaulipas Institute on Migrant Assistance, the institution in charge of welcoming returnees back, referring them to local shelters, getting them in touch with their families via telephone or the internet, and transporting them back to their communities of origin<sup>80</sup>. *By July 2019, nearly 2,000 migrants had been returned through Nuevo Laredo as a result of an international immigration agreement whereby foreign migrants seeking asylum in the U.S. return to Mexico while their cases are adjudicated*<sup>81</sup>. *As a result, local shelters are overcrowded*<sup>82</sup>, and, as previously discussed, this is a particularly important risk factor in terms of mental health.

In spite of the lack of information about Central American returnees with a disability, a considerable step forward has been the work of the National Commission to Aid Returnees with Disabilities (CONAMIREDIS), a Honduran organization that assists returnees with disabilities. To date, they have assisted and documented 500 cases, mostly of migrants who were amputated by the train. This organization works closely with *Pastoral de*

<sup>69</sup> **Asylum requests in Mexico.** By the end of 2018, the number of asylum requests to Mexico was unprecedented, with around 29,600 applications (at least 82% more compared to 2017 and up to 202% more than 2015), and it is estimated that by the end of 2019, more than 47,000 new applications are received, due to the increase the size of the caravans. Moreover, the increase registered during 2018 presents a setback of around 22,000 requests of persons who are still pending to regularize their immigration status. In total, between 2014 and 2018, the number of asylum requests submitted to Mexico have increased 1,143%. However, during the last six years, Mexico has only admitted 14,970 migrants (coming from Honduras, Venezuela, El Salvador, Guatemala and Nicaragua).

COMAR only has 50 officials working full-time for addressing the cases and needs of migrants and, according to the Director of the department, they are looking to increase its number to 200, they intend to open new offices in at least four key municipalities throughout the route (Palenque/Chiapas, Saltillo/Coahuila, Aguascalientes/Aguascalientes and Tijuana/Baja California). <https://www.animalpolitico.com/2018/12/solicitudes-asilo-mexico-aumentan-recortan-presupuesto-refugiados/>

<sup>70</sup> Animal Político (2019). Published on July 15, 2019 <https://www.animalpolitico.com/2019/07/migrantes-solicitudes-asilo-mexico-eu/>

<sup>71</sup> See Appendix 16. *Landmark cases. Asylum-seeking persons with disabilities.*

<sup>72</sup> IOM. Regional Office for Central America, North America and the Caribbean. *Hablemos sobre depresión en personas migrantes.* Available in: <https://rosanjose.iom.int/site/es/blog/hablemos-sobre-depresi-n-en-personas-migrantes>

<sup>73</sup> "The stress associated to unemployment, poverty, the loss of social cohesion, the difficulties of integration to a new environment, violence (psychological, physical and sexual), psychological trauma, the absence of support systems and family fragmentation, are only a few factors that increase the risk of developing[depression]" [translated quote.]

<sup>74</sup> IOM. Regional Office for Central America, North America and the Caribbean. *Ibidem*

<sup>75</sup> A person who goes back to his/her country of regular residence, voluntarily or involuntarily, after settling in another country. See: IOM (2018) *Informe sobre las migraciones en el mundo 2018*. Appendix A. Conceptos y definiciones fundamentales en el ámbito de la migración. [https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf) Migration Policy Unit and National Population Council of the Ministry of the Interior (2016.) *Prontuario sobre movilidad y migración internacional.* [http://politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario](http://politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario)

<sup>76</sup> [http://politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario](http://politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario)

<sup>77</sup> Information provided by the Municipal Director's Office on Migrant Assistance during an interview held when COAMEX's research team visited Tijuana for the purpose of this research protocol.

<sup>78</sup> According to this study, this population needs special mental health care, and should be taken into account by public healthcare policies, and even if there are organizations that provide support to deportees, such as day centers and shelters, little assistance is provided to migrants with mental health issues.

College of the Northern Border. *Salud mental de los migrantes deportados en Tijuana.* Interview with Dr. Silvia Mejía. Available online at: <https://www.colef.mx/estemes/salud-mental-de-los-migrantes-deportados-en-tijuana-entrevista-con-la-dra-silvia-mejia/>

<sup>79</sup> College of the Northern Border. *Ibidem.*

<sup>80</sup> <https://www.tamaulipas.gob.mx/migrantes/>

<sup>81</sup> El Mañana. "Deportan por Nuevo Laredo a 2 mil migrantes." Published on July 30<sup>th</sup>, 2019 on <https://elmanana.com.mx/deportan-por-nuevo-laredo-a-2-mil-migrantes/>

<sup>82</sup> Uno TV. "Saturan migrantes albergues y refugios en Nuevo Laredo." Published on July 3<sup>rd</sup>, 2019 on <https://www.onotv.com/noticias/portal/nacional/detalle/saturan-migrantes-albergues-y-refugios-en-nuevo-laredo-953021/>

*Movilidad Humana* (the Pastor's Organization for Human Mobility), and has a close partnership with the network of Honduran consulates in Mexico, as well as the ICRC. Their services include case identification and referral, welcoming migrants at the airport, as well as transporting and escorting them to emergency services, medical units, or rehabilitation. Likewise, they offer psychological care and psychological assistance, and the boost community inclusion and reintegration<sup>83</sup>.

According to ICRC, one of the challenges is the lack of coordination among immigration authorities and consular representatives during repatriation, an issue which is merely an administrative one. Repatriation is normally performed without giving precise information about the process to neither the patient (a migrant with acquired motor disability due to amputations or serious injury) nor his/her family. Immigration authorities will sometimes communicate the travel itinerary to the consular office with less than a 24-h notice, hence undermining the possibility of properly welcoming the patient back in his/her country of origin, or ensuring that his/her family will be there to receive him/her<sup>84</sup>.

As part of this research project, landmark cases of returnees with disabilities were identified, a common denominator among them being the lack of ongoing assistance and alternatives to favor their social reintegration<sup>85</sup>.

#### (4) FORCED INTERNAL DISPLACEMENT<sup>86</sup>

According to official figures from the Executive Secretariat of the National Public Security Service (SESNSP), intentional homicides increased by 9% nation-wide during the first quarter of 2019, setting a record high of 8,493 victims. The states with the **highest murder rates** are: Guanajuato (947), the State of Mexico (769), Jalisco (720), Baja California (647), Chihuahua (568), Guerrero (439), and Michoacán (401)<sup>87</sup>.

Similarly, violence has soared in the state of Veracruz<sup>88</sup>, where a group of gunmen opened fire against a group of persons at a party in the municipality of Minatitlán, killing 13, including a 1-year-old baby, on April 2019. Additionally, 36 clandestine mass graves containing approximately 200 bodies were found in the *ejido* of El Paraíso<sup>89</sup>. This is also the state with the highest murder rate of journalists and human rights defenders<sup>90</sup>.

According to these figures, one of the main reasons for this upsurge in violence is disputes among organized criminal groups. Since 2006, when it became a national policy to deploy the military to combat drug traffickers and organized criminal groups, close to 250,000 people have been murdered, and 40,000 have gone missing in Mexico<sup>91</sup>. There are no records at all as to how many could have been national or foreign migrants.

In view of the situation described above, a high rate of the population is at risk of developing mental or emotional disorders as an effect of violence and the lack of government-led actions to give timely assistance to the affected.

Another invisible group of internally displaced persons are migrant agricultural workers<sup>92</sup>. Historically, Mexican families have migrated during harvest seasons from the southern states of Chiapas and Guerrero to the northern states of Sinaloa, Sonora, and Baja California to work in crop fields.

Particularly in the state of Sinaloa, there is high demand for men, women, and children who work between 3 and 9 months planting, trellising, weeding, reaping, gathering, packing, and applying pesticides to crops from 6:00 h to 17:30 h. The Public Health Department of the School of Medicine of the National Autonomous University of Mexico has documented that exposure to pesticides and agrochemicals in crop fields grows into health conditions among migrant workers. Conditions vary from one group to another, and diseases are common. Women are likely to be affected the most, since they start working 5 to 10 minutes after chemicals are applied, and their only protection is a hat and a kerchief.

The main conditions found are acute or chronic intoxications, acute respiratory illnesses, intestinal infections, bronchitis, and anemia. Additionally, these substances can affect the upper respiratory tract, the neuromuscular system, and the central nervous system.

<sup>83</sup> Information provided by the CONAMIREDIS during an interview held on August 2018 when COAMEX's research team visited Tegucigalpa, Honduras for the purpose of this research protocol.

<sup>84</sup> See: ICRC (2014) Informe sobre migrantes amputados, gravemente lesionados y heridos.

<sup>85</sup> See appendix 17. *Landmark cases of returnees with disabilities*

<sup>86</sup> A person who wants to migrate (temporarily or permanently) within his/her country of regular residence for economic reasons such as the lack of employment opportunities, or to prevent the effects of armed conflict, generalized violence, human rights violations, natural or human-made disasters.

IOM (2018) Informe sobre las migraciones en el mundo 2018. Appendix A. Conceptos y definiciones fundamentales en el ámbito de la migración. [https://publications.iom.int/system/files/pdf/wmr\\_2018\\_sp.pdf](https://publications.iom.int/system/files/pdf/wmr_2018_sp.pdf) Migration Policy Unit and National Population Council of the Ministry of the Interior (2016.) Prontuario sobre movilidad y migración internacional. [http://politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario](http://politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario)

<sup>87</sup> El Economista. *México vuelve a romper récord de violencia en primer trimestre de 2019*. Published on April 21<sup>st</sup>, 2019 on <https://www.eleconomista.com.mx/politica/Mexico-vuelve-a-romper-record-de-violencia-en-primer-trimestre-2019-20190421-0016.html> Accessed on May 14<sup>th</sup>, 2019.

<sup>88</sup> One of the top 10 most violent states in Mexico.

<sup>89</sup> ADN Político. *Las cifras oficiales confirman: el primer trimestre de 2019 es el más violento*. Published on April 21<sup>st</sup>, 2019 on <https://adnpolitico.com/mexico/2019/04/21/cifras-confirman-el-primer-trimestre-de-2019-el-mas-violento> Accessed on May 14<sup>th</sup>, 2019.

<sup>90</sup> Diario de Xalapa (2018). Veracruz ocupa el primer lugar con casos de asesinatos a periodistas: CNDH. Published on October 18<sup>th</sup>, 2018 on <https://www.diariodexalapa.com.mx/local/veracruz-ocupa-el-primer-lugar-con-casos-de-asesinatos-a-periodistas-cndh-con-violencia-no-hay-libertad-de-expresion-2140379.html>

<sup>91</sup> El Economista. *México vuelve a romper récord de violencia en primer trimestre de 2019*. Published on April 21<sup>st</sup>, 2019 on <https://www.eleconomista.com.mx/politica/Mexico-vuelve-a-romper-record-de-violencia-en-primer-trimestre-2019-20190421-0016.html> Accessed on May 14<sup>th</sup>, 2019.

<sup>92</sup> Palacios-Nava ME, Moreno-Tetlacuilo LMA. (2004). Diferencias en la salud de jornaleras y jornaleros agrícolas migrantes en Sinaloa, México. *Salud Pública Mex*; 46:286-293. Available online at: <http://www.saludpublica.mx/index.php/spm/article/viewFile/8333/10899> Accessed on May 14<sup>th</sup>, 2019.

In spite of the lack of official figures in this regard, COAMEX found during an interview with the Chiapas-based organization Voces Mesoamericanas that migrant agricultural workers have acquired visual and physical disabilities as a result of being in contact with pesticides at their workplace<sup>93</sup>.

To find out more about the landmark cases of migrants with disabilities in the context of forced internal displacement, see appendix 18.

## CONCLUSIONS

In the opinion of civil society organizations interviewed for ENIA (2017), the rights of migrants with disabilities that call for urgent action are those related to their human condition, and not those associated with their immigration status. In order of priority, the most important ones are the rights to health, identity, employment, and mobility (or freedom of movement and nationality)<sup>94</sup>.

In this context, persons with disabilities are present throughout the migration process and face particular challenges depending on their disability and other accumulated factors such as age, gender, sexual identity (LGBTI+ community), immigration status (documented or undocumented), and accompanied or unaccompanied status (among children and adolescents), among others. When combined, these factors can increase the risk of human rights violations and limit access to services in the countries of transit, destination, or return.

Finally, it's worth noting that on December 1<sup>st</sup>, 2018, after President Andrés Manuel López Obrador took office, the Integral Development Plan (PDI) was signed among the governments of Mexico, Guatemala, Honduras, and El Salvador with the objective of boosting regional opportunities to foster safe, orderly, and regular migration with a regional approach<sup>95</sup>. At COAMEX we believe therefore that specific actions targeting migrants with disabilities should be carried forward.

## STEPS FORWARD

- In 2018, Mexico and Switzerland co-facilitated the process of the Global Compact for Safe, Orderly, and Regular Migration, based on 23 objectives applicable at local, national, regional and global levels. The compact is based on a human rights approach and seeks to protect migrants in vulnerable situations. Persons with disabilities are explicitly mentioned in objectives 7 (to address and reduce vulnerabilities in migration), and 15 (to provide access to basic services for migrants)<sup>96, 97</sup>.
- On December 10<sup>th</sup>, 2018 Mexico, through its MOFA, signed the Compact at the Intergovernmental Conference to Adopt the Global Compact for Safe, Orderly and Regular Migration, held in Morocco<sup>98</sup>.
- See MVS Noticias news story: <https://mvsnoticias.com/noticias/nacionales/747048/>
- Mexico's National Migration Law foresees persons with disabilities as a group in vulnerable situations, and recognizes their right to non-discrimination, basic services, status adjustments, access to specialized institutions, and assisted voluntary return with the support of their corresponding consular office. Similarly, the LGIPC recognized the right to equality and non-discrimination for migrants with disabilities.
- SEGOB's Migration Policy Unit (UPM) was created in 2012 to draft, implement, regulate, and evaluate Mexico's migration policy<sup>99, 100</sup>.
- SEGOB published in 2014 the 2014-2018 Special Migration Program (PEM)<sup>101</sup>, the main objective of which is to promote, monitor, and evaluate inter-institutional actions to comprehensively address migration in Mexico, furthering specific actions targeting persons in vulnerable situations, including persons with disabilities<sup>102</sup>.
- UPM has issued 3 statistical compendia on this matter: (1) *Movilidad y migración internacional* [International Mobility and Migration], (2) *Migración mexicana de retorno* [Mexican return migration] and (3) *Poblaciones migrantes en condiciones de vulnerabilidad* [Migrants in vulnerable situations], which address types of vulnerable situations, features of transit migration through Mexico, and priority actions<sup>103</sup>.
- The National Migration Institute's (INM) Beta Groups perform search and rescue operations, and provide first aid, assistance and information to migrants in transit. There are currently 22 teams operating in 9 states in the northern and southern borders (see map 5, appendix 19)<sup>104, 105</sup>.

<sup>93</sup> Information provided by Voces Mesoamericanas, A.C. during an interview held on September 2018 when COAMEX's research team visited San Cristóbal de las Casas, Chiapas for the purpose of this research protocol.

<sup>94</sup> Informe de Resultados de la ENIA 2017. Pgs. 71 and 72

<sup>95</sup> Ministry of Foreign Affairs. *México, El Salvador, Guatemala y Honduras acuerdan nuevo Plan de Desarrollo Integral para atender fenómeno migratorio*. Press release published on December 1<sup>st</sup>, 2018 on <https://www.gob.mx/sre/prensa/mexico-el-salvador-guatemala-y-honduras-acuerdan-nuevo-plan-de-desarrollo-integral-para-atender-fenomeno-migratorio>

<sup>96</sup> The compact was adopted by 164 out of 193 UN Member States on December 10<sup>th</sup>, 2018 in Marrakech.

<sup>97</sup> La Jornada. *Avalan 164 países pacto para migración ordenada*. Published on December 11<sup>th</sup>, 2018 on <https://www.jornada.com.mx/2018/12/11/politica/010n1pol>

<sup>98</sup> MVS Noticias. *Firma México pacto mundial para la migración segura, ordenada y regular*. Published on December 10<sup>th</sup>, 2018 on <https://mvsnoticias.com/noticias/nacionales/747048/>

<sup>99</sup> UPM's roles and responsibilities include: (1) serving as an advisory body to SEGOB's officials, (2) participating in decision-making processes, (3) participating in fora or discussion panels about Mexico's migration policy, (4) issuing official figures about international migration and mobility in Mexico, and supervising statistical data collection processes relative to migration. Meanwhile, INM remains in charge of operations.

<sup>100</sup> [https://www.asf.gob.mx/Trans/Informes/IR2014i/Documentos/Auditorias/2014\\_0061\\_a.pdf](https://www.asf.gob.mx/Trans/Informes/IR2014i/Documentos/Auditorias/2014_0061_a.pdf)

<sup>101</sup> Program drafted by UPM

<sup>102</sup> [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Programa\\_Especial\\_de\\_Migracion\\_2014-2018\\_PEM](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Programa_Especial_de_Migracion_2014-2018_PEM)

<sup>103</sup> UPM-SEGOB (2018). *Prontuario sobre movilidad y migración internacional*. [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuarios](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Prontuarios)

<sup>104</sup> INM (2017). *Grupos Beta de protección a migrantes*. <https://www.gob.mx/inm/acciones-y-programas/grupos-beta-de-proteccion-a-migrantes>

<sup>105</sup> At present, no other country is known to have created a similar group as a state policy.



- Since 2013, migrants in transit can apply for a public healthcare program called *Seguro Popular*<sup>106</sup> to obtain temporary access to health services for a period of up to 90 days without having to submit identity documents<sup>107</sup>. By 2016, at least 30,751 migrants had benefitted from this program<sup>108</sup>.
- In 2015, the Tijuana Municipal Director's Office on Migrant Assistance<sup>109</sup> was created to give information to migrants about the city's services, to refer them to shelters and government bodies, as well as to help them obtain regular immigration status, acquire official documentation, and certify their job skills<sup>110, 111</sup>.
- In 2017, the Human Rights Commission of Baja California (CEDHBC) created the Fifth Investigative Unit (*visitaduría*) to investigate cases related to priority groups, including migrants and persons with disabilities<sup>112</sup>. In its first year of operations, it opened 41 cases requesting information or advice, or filing complaints. Additionally, the *visitaduría* worked hand in hand with the local representations of INM, the Ministry of Labor (STPS), and the Baja California State Council on Migrant Assistance, comprised of civil society organizations<sup>113</sup>.
- In 2018, UPM organized a public consultation process to evaluate the 2014-2018 Special Migration Program (PEM) in order to gather recommendations from experts, civil society organizations, and other relevant stakeholders, and identify the program's strengths and areas of opportunity with regards to its design, implementations and follow-up strategy<sup>114</sup>.
- UNHCR hired 39 people as support staff for the Mexican Commission for Refugee Aid (COMAR), especially in the states of Chiapas and Tabasco<sup>115, 116</sup>.
- As part of COAMEX's research project, 4 consultation events<sup>117</sup> have been coordinated in Honduras, Mexico, Guatemala City, and Argentina. Some of these have been organized in partnership with government representatives, international organizations, and civil society organizations.

## Recommendations

### GENERAL OBLIGATIONS

- The situation of migrants with disabilities must be analyzed to carry forward the goals of the *Global Compact for Safe, Orderly and Regular Migration* at the local, state, and national levels, as well as to incorporate specific strategies into policies, laws and programs<sup>118</sup>.
- A human rights approach should be mainstreamed across migration- and disability-related policies based on the principle of human security.
- A protocol on how to provide holistic assistance to migrants with disabilities should be developed and enforced<sup>119</sup>.
- An inter-institutional collaborative strategy should be furthered at the national, regional, and global levels to define a pertinent action plan<sup>120</sup>.
- Concrete actions should be carried forward to fully implement the *Integral Development Plan* signed by the presidents of Mexico, Guatemala, Honduras and El Salvador on December 1<sup>st</sup>, 2018. In this sense, specific strategies should be developed to ensure that all migrants with disabilities effectively exercise their rights.
- Concrete actions should be furthered to address the root causes of forced displacement and international migration, notably high poverty rates, violence, and corruption, as well as the lack of employment opportunities and social inclusion for migrants with and without disabilities in Mexico and Central America.

<sup>106</sup> In fact, Seguro Popular targets those who do not benefit from the major public healthcare systems, the Mexican Institute of Social Security (IMSS) or the Social Security and Services Institute for Government Employees [ISSSTE.] Seguro Popular is coordinated by the National Commission for Health-oriented Social Protection (CNPSS.)

<sup>107</sup> Ministry of Health (2014). *Otorgan seguro popular a migrantes*. <https://www.gob.mx/salud/prensa/otorgan-seguro-popular-a-migrantes-7519>

<sup>108</sup> CONAPO-SEGOB (2016). *Migración y salud. Perspectivas sobre la población inmigrante*. [https://www.gob.mx/cms/uploads/attachment/file/166446/Migracion\\_y\\_Salud\\_2016.pdf](https://www.gob.mx/cms/uploads/attachment/file/166446/Migracion_y_Salud_2016.pdf)

<sup>109</sup> This was done in response to the large number of Mexican returnees coming in through this border city.

<sup>110</sup> See: <https://www.uniradioinforma.com/noticias/mexicali/367796/aprueban-creacion-de-la-direccion-municipal-de-atencion-al-migrante.html>

<sup>111</sup> Please note that since 2016, this office is headed by César Palencia Chávez, a person with physical disability, former representative of Instituto Mexicano para Personas con Discapacidad, A.C., and a disability rights activist. See: <https://www.frontera.info/EdicionEnLinea/Notas/Noticias/01122016/1155781-Nuevo-director-de-Direccion-de-atencion-al-migrante.html>

<sup>112</sup> This office targets persons in the context of migration: persons with disabilities, indigenous communities and peoples, journalists, human rights defenders, and environmental activists.

<sup>113</sup> These notably include members of the Tijuana Migrant Defense Coalition (CPDMT). See: *Informe Anual de Actividades CEDHBC*.

[http://www.derechoshumanosbc.org/sites/default/files/informes/1217\\_FINAL%20INFORME%20ANUAL%20DE%20ACTIVIDADES%202017%20CEDHBC%20CONGRESO.pdf](http://www.derechoshumanosbc.org/sites/default/files/informes/1217_FINAL%20INFORME%20ANUAL%20DE%20ACTIVIDADES%202017%20CEDHBC%20CONGRESO.pdf)

<sup>114</sup> As part of the consultation process, 3 workshops were held in Mexico City, Oaxaca, and Tijuana. Each of them were broken down into 3 discussion panels about: (1) the program's design and organizational structure, (2) implementation and follow-up efforts, and (3) results and areas of opportunity.

<sup>115</sup> According to the information collected during our interviews, UNHCR said they are considering hiring more people, improving facilities, and buying new equipment.

<sup>116</sup> See: <https://www.eluniversal.com.mx/nacion/sociedad/que-mexico-se-prepare-para-mas-migrantes-onu>

<sup>117</sup> Important pending issues were identified during the fora in Tegucigalpa, Mexico City, and Guatemala, such as the lack of statistical information, assistance protocols, and mental health services. A side event was organized during the International Disability Alliance's 2019 Global Disability Summit in Buenos Aires, Argentina, to expand the conversation about the situation of migrants with disabilities in Latin America. This topic was deemed a priority for the global agenda.

- CONMIGHO. *Realizan en Tegucigalpa Foro Discapacidad y Migración*. Published on August 1<sup>st</sup>, 2018 on <https://www.conmigho.hn/realizan-en-tegucigalpa-%C2%93foro-discapacidad-y-migracion%C2%94/>

- CDHDF. *Foro Migración y Discapacidad*. <https://cdhdf.org.mx/evento/foro-migracion-y-discapacidad/>

- CDHDF. *Gallery: "Foro Migración y Discapacidad. Una Mirada desde la Interseccionalidad"*. <https://cdhdf.org.mx/2018/08/galeria-foro-migracion-y-discapacidad-una-mirada-desde-la-interseccionalidad/>

- *Diario de Centro América. Promueven apoyo a migrantes con discapacidad*. Published on April 11<sup>th</sup>, 2019 on <https://dca.gob.gt/noticias-guatemala-diario-centro-america/promueven-apoyo-a-migrantes-con-discapacidad/>

- Buenos Aires Agreements. *Protection of the human rights of migrants with disabilities*. Available in Spanish, English, French, and Arabic at <https://bridgingthegap-project.eu-e-library>

<sup>118</sup> This protocol should be used as reference.

<sup>119</sup> The International Committee of the Red Cross's report *Atención humanitaria a personas migrantes amputadas, gravemente lesionadas o enfermas* (Humanitarian Aid for Migrants Suffering from Amputations, Serious injury or Sickness) could be used as reference.

<sup>120</sup> Collaborative networks should be built between Mexico and Central American nations through their migration authorities, such as UPM/SEGOB (Mexico), CONAMIGUA (Guatemala), DGMYE (El Salvador), and INM (Honduras), with the purpose of identifying and addressing the needs of migrants with disabilities in their country of origin, transit, destination or return.

- Governments should ensure the implementation of policies, programs, and actions that tend to the personal integrity and the physical, mental, and emotional health of migrants with and without disabilities<sup>121</sup>. A holistic approach and specific actions should be furthered to target priority groups such as women, children, youth, indigenous persons, LGBTI+ community members (especially transsexual women), and persons with disabilities.
- A regional strategy should be created to prevent migrant smuggling and trafficking in persons, with or without disabilities, with a special focus on protecting women and girls.
- Engagement mechanisms should be furthered and strengthened among Mexican and Central American authorities at the levels of government, consulates, international organizations, civil society organizations, and shelters to drive forward comprehensive disability- and migration-related assistance and training strategies.
- Collaborative networks should be promoted among UPM, INM, COMAR, CNDH, CONADIS, and CONAPRED, and they should promote a joint strategy to create consultation councils to allow migrants with and without disabilities, shelters, and civil society organizations to participate in policy making, supervision, and evaluation at the municipal, regional, state, and national levels.
- Assessment mechanisms should be promoted to analyze how Mexican detention centers are operating, as well as how their budget is used, in order to identify what aspects need to be improved to give better assistance to priority groups, including persons with disabilities<sup>122</sup>.
- Continuity at SEGOB's UPM should be ensured, and the 2019-2024 Special Migration Program should include objectives, lines of action, and specific indicators targeting migrants with disabilities.
- Beta Groups should be deployed in the central part of Mexico. They should also be trained in how to assist migrants with disabilities according to existing strategies and protocols.
- COMAR should be strengthened through a proper budget, sufficient technical and operational staff, and clearly-defined assistance protocols for migrants with disabilities requesting international protection. Reasonable adjustments should be made for migrants with intellectual and psychosocial disabilities.
- INM, COMAR, IOM, and UNHCR offices, and those migration-specific human rights organizations should be opened in key points of the migration corridor<sup>123</sup>.

#### STATISTICAL INFORMATION

- The National Institute of Statistics and Geography (INEGI, Mexico) and its Central American counterparts should include survey items about disability and psychosocial risk factors in all its information collection instruments -questionnaires, surveys, studies- in order to publish statistically-relevant information about migration and disability at the local, state, national, and regional levels.
- INM and the Mexican Ministry of Health (SSA) should develop a data collection strategy to obtain disaggregated information about migrants in transit who acquire disabilities, including a record of emergency aid and follow-up care provided either if they settle and obtain regular status in Mexico, or if they go back to their communities of origin.
- A single service catalogue should be created and shared with migrants so they know what services are available along the migration corridor, including government offices, immigration authorities, consulates, international organizations, shelters, and civil society organizations.

#### AWARENESS

- An awareness-raising campaign should be promoted to sensitize, train, and empower migrants with and without disabilities. Said campaign should start in their communities of origin to give migrants tools and information about prevention, safety measures, human rights, and rights and obligations as global citizens. This strategy should target priority groups<sup>124</sup>.
- INM should coordinate national and regional awareness campaigns targeting the general public to show that migrants are entitled to multiple rights, but are also prone to specific vulnerabilities. Said campaigns should be led by relevant government authorities in this field, international organizations, and civil society organizations<sup>125</sup>.
- Public officials from the three levels of government should undergo training based on the principles of inter-sectionality, inclusion, non-discrimination, accessibility and human rights applicable to migrants with disabilities.

#### ACCESSIBILITY

- The facilities of every migration office, especially INM's 58 detention centers, should be physically accessible and should ensure access to information and communication<sup>126</sup>.
- Information should be shared in accessible formats<sup>127</sup> and indigenous languages.
- Physical accessibility, and well as accessible information and communications should be ensured as part of the migrant return protocols and procedures<sup>128</sup>.

<sup>121</sup> The national security approach should be replaced, since it focuses on closing borders and performing mass deportations.

<sup>122</sup> The budget is mostly used for maintenance, cleaning services, and security instead of improving the detainees' quality of life. See: <https://sinfronteras.org.mx/wp-content/uploads/2019/02/informe-estaciones-migratorias-2019-final.pdf>

<sup>123</sup> This is especially important in central cities such as San Luis Potosí (in the state of San Luis Potosí), Guadalajara (Jalisco), and Celaya (Guanajuato), as well as in the central corridor or the state of Chiapas (Huehuetenango-Comitán-San Cristóbal de las Casas.)

<sup>124</sup> For example, women, children, youth, the elderly, indigenous peoples, highly-marginalized persons, LGBTI+ community members, and persons with disabilities.

<sup>125</sup> Campaigns should also highlight how migrants are prone to specific vulnerabilities as persons with disabilities who face the added risks and challenges of migration.

<sup>126</sup> This should be done following recommendation 40.a issued by the UN Committee on the Rights of Persons with Disabilities in 2014.

<sup>127</sup> For example, Braille system, LSM, Easy-Read, and pictogram-based systems.

<sup>128</sup> During Assisted Voluntary Returns (AVR), migrants should have free and informed awareness of their situation, as well as what options are available to receive assistance in Mexico or to be allowed to stay in the country.

## ACCESS TO JUSTICE

- Migrants with and without disabilities should be referred to a competent authority and their right to due process should be respected if they are victims of a crime or human rights violations in order to ensure comprehensive restitution. Migrants should enjoy legal and psychological assistance at all times, making reasonable adjustments when necessary, and paying special attention to priority groups<sup>129</sup>.
- A training strategy for justice administrators should be promoted in order for them to abide by the protocols for priority groups issued by the Supreme Court of Justice (SCJN)<sup>130</sup>.
- A strategy should be promoted so UPM, INM, CNDH, and their local counterparts, as well as international organizations, and civil society organizations, provide free legal advice to migrants with disabilities, ensuring that accessibility measures, reasonable procedural adjustments, and support systems are put in place<sup>131</sup>.

## EDUCATION

- The Mexican Ministry of Education (SEP) should promote a strategy to fulfill access to education for school-age children and adolescents, with or without disabilities, especially those in migrant agricultural fields.

## HEALTH

- Assistance protocols coordinated between SSA and INM should be implemented for migrants that acquire disabilities while in transit<sup>132</sup>.
- SSA and INM should promote comprehensive physical rehabilitation programs in partnership with the rehabilitation centers of the National System for Integral Family Development (SNDIF), ensuring free access to medical and psychosocial care, medication, and prosthetics.
- Research should be carried out to assess the emotional and psychosocial impact of migration among displaced persons, migrants in transit or returnees. Additionally, the most common types of psychosocial disability should be identified to create comprehensive assistance and treatment protocols.
- SSA, INM, CONADIS, CNDH, and CONAPRED should raise awareness about why mental health is a top priority, and should be considered in holistic models that address prevention, care, and psychosocial assistance. Special attention should be paid to substance use or abuse, and their impact on persons in street situations.
- Article 42 of the General Health Law's By-law on Social Healthcare should be reformed to ensure that migrant workers and their families are affiliated to *Seguro Popular*. The insurance's period of validity should be changed from 90 days to the full extent of the person's stay or transit in Mexico.
- Accessible, timely, and non-discriminatory medical services should be made available to migrants with disabilities. Plus, patients should be given an executive summary of their medical record, and official medical information should be exchanged with their countries of origin or return.
- A policy on sexual and reproductive rights should be promoted, based on the principle of prevention<sup>133</sup> and with a special focus on treating sexually-transmitted diseases and HIV.
- An awareness-raising campaign should be coordinated among SSA, INM, CONADIS, CNDH, and CONAPRED to sensitize medical and administrative staff, as well as first-responders, about human rights for migrants with and without disabilities.<sup>134</sup>
- There should be local research into the impact of pesticides used in the fields where Mexican and foreign migrant agricultural workers work, as well as the impact of these substances on acquired disabilities to develop a specific action plan.

## EMPLOYMENT

- A labor integration (or reintegration) and social inclusion strategy should be created for migrants with disabilities, either if they are internally displaced persons, migrants in transit, or returnees, by engaging with the private sector and promoting micro-entrepreneurial projects.
- A strategy should be implemented to prevent child labor, in children with and without disabilities, in migrant agricultural fields.

<sup>129</sup> For example, women, children, LGBTI+ community members, and victims of trafficking in persons.

<sup>130</sup> This should be done following recommendation no. 40 issued by the UN Committee on the Rights of Persons with Disabilities in 2014.

<sup>131</sup> [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/Prontuario\\_poblaciones\\_migrantes\\_condiciones\\_vulnerabilidad](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/Prontuario_poblaciones_migrantes_condiciones_vulnerabilidad)

<sup>132</sup> Treatment should include first-aid, inpatient care, medication, rehabilitation, psychosocial assistance and therapy. Protocols should foresee that medical staff must inform patients about the consequences of interrupting treatment.

<sup>133</sup> Unintended pregnancy prevention should be specially promoted among female migrants with and without disabilities.

<sup>134</sup> Medical personnel should also learn to promote that migrants carry their medical treatment through. In this sense, social workers should be trained in how to provide useful information about regularization, assisted voluntary return, or asylum-seeking procedures.

## APPENDICES

### Appendix 1

**Table 1\***. Population estimates and number of migrants from Mexico, Guatemala, Honduras, and El Salvador 2000-2020.

Country	Total population estimate <sup>135</sup>	Estimated migrants 2000-2005 <sup>136</sup>	Estimated migrants 2005-2010	Estimated migrants 2010-2015	Estimated migrants 2015-2020
Mexico	129.1 million	-2,911	-246,000	-300,000	-300,000
El Salvador	6.3 million	-313,000	-286,000	-240,000	-203,000
Guatemala	16.9 million	-281,000	-114,000	-50,000	-46,000
Honduras	9.2 million	-42,000	-24,000	-15,000	-14,000
United States	325.1 million	52,017	5,034	4,500	4,500

**\*NOTE:** Figures for Mexico, El Salvador, Guatemala, and Honduras are negative since they are countries of origin. In the case of the U.S., figures are positive given that it is the main country of destination for migrants.

### Appendix 2

#### Mexico's migration policy and practice

I. The **Ministry of the Interior (SEGOB)** is the federal public entity responsible for coordinating and implementing domestic public policy. It also serves as bridge between the executive and the other powers (legislative and judicial), and the executive and the other levels of government (state and municipal)<sup>137</sup>.

→ SEGOB is divided into 3 undersecretariats: (1) the Undersecretariat of Government Affairs, (2) the Undersecretariat of Democratic Development, Social Participation, and Religious Affairs, and (3) the Undersecretariat of Human Rights, Population, and Migration<sup>138</sup>. Within the third undersecretariat, lies the **Migration Policy, Population Registry, and Identity Unit (UPM)**, the duties of which include: designing domestic migration policy through the Special Migration Program (PEM)<sup>139</sup>, documenting and collecting statistical data about migration, and incorporating it into local and regional development strategies<sup>140</sup>.

→ SEGOB has multiple decentralized bodies. In terms of migration, the 2 most important ones are:

1. **The Mexican Commission for Refugee Aid (COMAR)**; institution responsible for implementing refugee and complementary protection policy, as well as processing asylum claims, and conducting related procedures.<sup>141</sup>

<sup>135</sup> BM. <https://datos.bancomundial.org/indicador/SP.POP.TOTL>

<sup>136</sup> <https://population.un.org/wpp/DataQuery/>

<sup>137</sup> Ministry of the Interior (SEGOB). ¿Qué hacemos? Available online at: <https://www.gob.mx/segob/que-hacemos>

<sup>138</sup> Ministry of the Interior (SEGOB). Directorio. Available online at: <https://www.gob.mx/segob>

<sup>139</sup> The 2014-2018 PEM objectives are: 1. Fostering a culture based on respect for the law, human rights, and migration; 2. Considering migration in local and regional development strategies; 3. Consolidating an efficient migration management policy based on the principles of effectiveness, international co-responsibility, border security, and human security; 4. Favoring integration and reintegration of migrants and their families, and 5. Strengthening access to justice and security for migrants, their families, and migrant rights defenders.

<sup>140</sup> Ministry of the Interior (2015). Migration Policy Unit. ¿Quiénes somos? Available online at: [http://www.politicamigratoria.gob.mx/es\\_mx/SEGOB/quienes\\_somos\\_UPM](http://www.politicamigratoria.gob.mx/es_mx/SEGOB/quienes_somos_UPM)

<sup>141</sup> The Mexican Commission for Refugee Aid (COMAR). ¿Qué hacemos? Available online at: <https://www.gob.mx/comar/que-hacemos>

## 2. National Migration Institute

**(INM):** INM's main role is to enforce migration policy and to regulate the entry and stay of foreign nationals coming into Mexico. It is also in charge of enforcing the National Migration Law and its By-law.<sup>142</sup> INM coordinates 22 Beta Migrant Protection Groups, deployed across 9 states<sup>143</sup>. Their objective is to provide migrants with humanitarian aid, first-aid, assistance, and information about their rights<sup>144</sup>. Likewise, INM is in charge of 32 detention centers, and 26 temporary reception centers. The latter are facilities meant to house undocumented foreign nationals for a limited period of time while their case is processed according to the provisions of the National Migration Law.<sup>145</sup>



147

II. The **Ministry of Foreign Affairs (SRE)** is the federal public entity responsible for: (1) Coordinating Mexico's foreign policy; (2) Coordinating the Mexican government's actions abroad, and (3) Assisting Mexicans abroad.

→ SRE is also in charge of the Mexican embassies and consulates abroad, the roles of which are: (1) To foster partnerships between Mexico and other nations, (2) Protecting the dignity and rights of fellow Mexicans, (3) Implementing relevant actions in case of claims, (4) to provide notarial and registry services; (5) to issue documentation such as passports, nationality certificates, and birth, marriage, and death certificates<sup>148</sup>.

→ Mexican embassies can be found in the United States, Guatemala, Honduras, and El Salvador<sup>149</sup>. Similarly, there are 49 Mexican consulates in the United States, 2 in Guatemala, and 1 in Honduras<sup>150, 151</sup>.

<sup>142</sup> National Migration Institute (2019). ¿Qué hacemos? Available online at: <https://www.gob.mx/inm/que-hacemos>

<sup>143</sup> Baja California, Sonora, Chihuahua, Coahuila, Tamaulipas, Veracruz, Tabasco, Chiapas and Oaxaca.

<sup>144</sup> Role of Beta Groups: (1) Search and rescue operations to help migrants who are missing or at risk; (2) Humanitarian aid: first-aid, patient transportation to hospitals, search operations; (3) Legal assistance: referring claims to the National Human Rights Commission (CNDH) and the Office of the Public Attorney (MP); (4) Information: risks and rights.

<sup>145</sup> National Migration Institute (2017). Grupos Beta de protección a migrantes. <https://www.gob.mx/inm/acciones-y-programas/grupos-beta-de-proteccion-a-migrantes> Available online at: <https://www.gob.mx/inm/acciones-y-programas/grupos-beta-de-proteccion-a-migrantes>

<sup>146</sup> Official Gazette (2012). ACUERDO por el que se emiten las Normas para el funcionamiento de las Estaciones Migratorias y Estancias Provisionales del Instituto Nacional de Migración. Available online at: [http://dof.gob.mx/nota\\_detalle.php?codigo=5276965&fecha=08/11/2012](http://dof.gob.mx/nota_detalle.php?codigo=5276965&fecha=08/11/2012)

<sup>147</sup> Source: National Migration Institute

<sup>148</sup> SRE (2016). ¿Qué es una Embajada o Consulado? Available online at: <https://embamex.sre.gob.mx/bolivia/index.php/embajada/que-es-una-embajada>

<sup>149</sup> SRE (2016). Embajadas de México en el exterior. Available online at: <https://directorio.sre.gob.mx/index.php/embajadas-de-mexico-en-el-exterior>

<sup>150</sup> SRE (2018). Consulados de México en el Exterior. Available online at: <https://directorio.sre.gob.mx/index.php/consulados-de-mexico-en-el-exterior>

<sup>151</sup> List of Mexican consulates: Honduras (San Pedro Sula), Guatemala (Quetzaltenango, Tecun Uman), United States (Albuquerque, Atlanta, Austin, Boise, Boston, Brownsville, Calexico, Chicago, Dallas, Del Rio, Denver, Detroit, Douglas, Eagle Pass, El Paso, Philadelphia, Fresno, Houston, Indianapolis, Kansas City, Laredo, Las Vegas, Little Rock, Los Angeles, McAllen, Miami, Milwaukee, Nogales, Nueva Orleans, Nueva York, Omaha, Orlando, Oxnard, Phoenix, Portland, Presidio, Raleigh, Sacramento, Saint Paul, Salt Lake City, San Antonio, San Bernardino, San Diego, San Francisco, San José, Santa Ana, Seattle, Tucson, Yuma.)

### III. Central American consular representations in Mexico

#### → HONDURAS<sup>152</sup>

1 embassy  
4 Consulate General's offices  
3 consular agencies

#### → EL SALVADOR<sup>153</sup>

1 embassy  
5 Consulate General's offices<sup>154</sup>  
4 consular agencies

#### → GUATEMALA<sup>155</sup>

1 embassy  
8 Consulate General's offices  
3 consulates  
1 consular agency



### IV. International organizations

#### A) International Organization for Migration (IOM)

Objectives: (1) To support migration management at the operational level; (2) To foster a better understanding of migration; (3) To further social and economic development through migration; (4) To monitor that the human dignity and well-being of migrants are protected.<sup>157</sup>

Services provided: (1) Assisting migrants in emergency situations; (2) Combatting trafficking in persons; (3) Building capacities at the institutional level, and assisting migrants; (4) Return migration; (5) International mobility; (6) Sharing information about immigration; (7) Combatting illegal smuggling of migrants by sea; (8) Issuing publications<sup>158</sup>.

#### B) International Committee of the Red Cross (ICRC)

Objectives: (1) To protect the life and dignity of victims of armed conflict or other forms of violence, and to provide assistance thereof; (2) To promote and to strengthen the principles of universal human and humanitarian rights<sup>159</sup>.

Services provided: (1) Action in favor of migrants; (2) Physical rehabilitation for persons with disabilities and amputees; (3) Preventive mental health services and treatment; (4) Strengthening and fostering access to health services; (5) Action in favor of missing persons and their families; (6) Visiting persons deprived of their liberty; (7) Action in favor of communities affected by armed violence; (8) Assistance to rural communities; (9) Promoting and incorporating the principles of international law into armed and security forces<sup>160</sup>.

#### C) Doctors Without Borders (MSF)

Objectives: (1) To assist persons under the threat of armed conflict, violence, epidemics, neglected diseases, natural disasters, and being excluded from medical services.<sup>161</sup>

Services provided: (1) *Transmigrantes* Project: To provide medical and humanitarian assistance to migrants in transit through Mexico who fall victims of violence; (2) Medical and humanitarian assistance for migrants and refugees; (3) Mental health services, promotion, and preventive action<sup>162</sup>; (4) Holistic Care Center (CAI) in Mexico City: Medical care, mental health services, social work, and rehabilitation<sup>163</sup>.

<sup>152</sup> Wikipedia (2019). *Misiones diplomáticas de Honduras*. Available online at: [https://es.wikipedia.org/wiki/Misiones\\_diplom%C3%A1ticas\\_de\\_Honduras](https://es.wikipedia.org/wiki/Misiones_diplom%C3%A1ticas_de_Honduras)

List: Embassy (Mexico City), Consulate General's offices (Puebla, San Luis Potosí, Tapachula, and Veracruz), and Consular Agencies (Acayucan, Saltillo, and Tenosique.)

<sup>153</sup> Wikipedia (2018). *Misiones diplomáticas de El Salvador*. Available online at: [https://es.wikipedia.org/wiki/Misiones\\_diplom%C3%A1ticas\\_de\\_El\\_Salvador](https://es.wikipedia.org/wiki/Misiones_diplom%C3%A1ticas_de_El_Salvador)

List: Embassy (Mexico City), Consulate General's offices (Monterrey, San Luis Potosí, Tapachula, Veracruz, and Tijuana), and Consular Agencies (Acayucan, Arriaga, Comitán, and Tenosique.)

<sup>154</sup> La Jornada Baja California (2018). *Instalan Consulado de el Salvador en Tijuana*. Published on December 14<sup>th</sup>, 2018 on <http://jornadabc.mx/tijuana/14-12-2018/instalan-consulado-de-el-salvador-en-tijuana>

<sup>155</sup> Wikipedia (2019). *Misiones diplomáticas de Guatemala*. Available online at: [https://es.wikipedia.org/wiki/Misiones\\_diplom%C3%A1ticas\\_de\\_Guatemala](https://es.wikipedia.org/wiki/Misiones_diplom%C3%A1ticas_de_Guatemala)

List: Embassy (Mexico City), Consulate General's offices (Monterrey, Oaxaca, San Luis Potosí, Tapachula, Tenosique, Tijuana, Tuxtla Gutiérrez, and Veracruz), consulates (Acayucan, Ciudad Hidalgo, and Comitán), and consular agencies (Arriaga.)

<sup>156</sup> Source: Ministry of Foreign Affairs

<sup>157</sup> IOM (2019). *Misión*. Available online at: <http://mexico.iom.int/misi-n>

<sup>158</sup> IOM (2019). *OIM en México*. Available online at: <http://mexico.iom.int/historia>

<sup>159</sup> ICRC (2019). *Quiénes somos*. Available online at: <https://www.icrc.org/es/quienes-somos>

<sup>160</sup> ICRC (2015). *Acción del Comité Internacional de la Cruz Roja en la Delegación Regional para México, América Central y Cuba*. Available online at: [file:///C:/Users/pache/Downloads/folleto\\_regional\\_2015-nueva-version.pdf](file:///C:/Users/pache/Downloads/folleto_regional_2015-nueva-version.pdf)

<sup>161</sup> Doctors Without Borders (2019). *Quiénes somos*. Available online at: <https://www.msf.es/conocenos/quienes-somos>

<sup>162</sup> In coordination with La 72 migrant shelter (Tenosique, Tabasco), and Casa del Migrante Diócesis de Coatzacoalcos (Migrant's Home of the Dioceses of Coatzacoalcos, in Coatzacoalcos, Veracruz.)

<sup>163</sup> Doctors Without Borders Mexico (2019). *MSF en la ruta de migrantes y refugiados*. Available online at: <https://www.msf.mx/MigrantesyRefugiados>

#### D) Doctors of the World (MdM)

Objectives: (1) To fulfill the right to health for everyone, especially vulnerable populations<sup>164, 165</sup>.

Services provided: (1) Health services (physical and psychosocial) and protection for persons displaced by violence and Central American migrants; (2) Psychosocial assistance for returnees and in cases of missing migrants; (3) Legal assistance; (4) Strengthening capacity-building among civil society organizations to increase their political advocacy; (5) Promoting opportunities for interaction between migrants and local communities<sup>166</sup>.

#### Appendix 3

#### KEY LOCATIONS THROUGH THE TRANSIT ROUTE

##### SOUTHERN BORDER. CHIAPAS

According to UN Mexico, Tapachula is the main access point for the migrant and asylum-seeking population entering the country. IOM estimates that at least 450,000 people cross that part of the Mexico-Guatemala border every year<sup>167</sup>. **Tapachula** is a city located in the southern part of the state, with the presence of the following migrant offices and services:

##### -Migration Policy Offices:

1. Ministry of Foreign Affairs Office (SRE)
2. National Migration Institute (INM) - "Siglo XXI" Detention Center and Grupo Beta Tapachula-
3. Delegation of the Mexican Commission for Refugee Assistance (COMAR)
4. Integral Family Development System (DIF) - Temporary and municipal shelters, Center for the Attention to migrant children and youngsters-

-**Offices of International Organizations**, such as the International Migration Organization (IMO), the United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC).

-**Consulates:** Honduras, El Salvador, Guatemala, Ecuador and Nicaragua.

##### -Main Shelters:

1. Casa del Migrante Scalabrini (Belén Shelter)
2. Shelter Misión México, Dando Amor, Vida y Esperanza A.C.
3. Shelter Niños del Futuro el Buen Samaritano A.C.
4. "Esperanza" Shelter for children
5. "Todo por ellos" shelter for underage children
6. "Jesús el Buen Pastor del Pobre y el Migrante" A.C. Shelter

##### - Healthcare services:

1. General Hospital of Tapachula (Ministry of Health)
2. Physical Rehabilitation Center (DIF)

Chiapas is the border state with the largest number of in-transit migrants at the southern part of the country, since it comprises 57% of the border line between Mexico and Central America. This state is where the UN has deployed more projects regarding migration, healthcare, education and development. Therefore, IOM and UNHCR have increased their staff to address the growing needs of Central American migrants and refugees arriving in Chiapas.<sup>168</sup>

According to the latest report of the *Documentation Network of the Organizations for the Defense of Migrants (REDODEM)*<sup>169</sup>, Chiapas holds the first position of the following: Victims or witnesses of crimes (29%); Crimes against men (28%), women (28%) and trans persons (25%); aggressions against migrants (28%); detentions conducted by INM to migrants with irregular immigration status (39%)<sup>170</sup> These numbers reveal that at least 1 in 4 migrants face crimes, aggressions or detentions since they enter into the country, increasing their vulnerability, including acquiring a physical or psycho-social disabilities.

#### Women in migrations. Chiapas Central Corridor<sup>171</sup>

The situation described in Chiapas has had particular consequences for migrating women. The organization *Formación y Capacitación (FOCA A.C.)* and the *Meso-American Network for Women, Health and Migration* have documented, since 2015, a trend indicating women passing through the **Chiapas Route** using the Huehuetango (Guatemala) - Comitán - San Cristóbal de las Casas corridor.

<sup>164</sup> Vulnerable populations: excluded persons, or victims of natural disasters, famine, disease, armed conflict, or political violence.

<sup>165</sup> Doctors of the World (2019). *Quiénes somos*. Available online at: <https://www.medicosdelmundo.org/quienes-somos>

<sup>166</sup> Doctors of the World (2019). *México*. <https://www.medicosdelmundo.org/que-hacemos/america/mexico>

<sup>167</sup> United Nations Information Center (2017). "ONU revisa la migración en la frontera sur de México". Published on March 14, 2017, at

<sup>168</sup> United Nations Information Center. "ONU revisa la migración en la frontera sur de México". Read on May 29, 2019

<sup>169</sup> In 2018, REDODEM was comprised by 23 Migrant Boarding Homes and shelters located in 13 states.

<sup>170</sup> REDODEM (2018). *El Estado indolente: recuento de la violencia en las rutas migratorias y perfiles de movilidad en México. 2017 report*.

<sup>171</sup> FOCA A.C. (2015). *A cartography of migrating women. The Huehuetenango-Comitán corridor*.

It was identified that the transit through more dangerous routes implies specific risks for women, such as: abuses, extortion (loss of money and belongings), robbery, kidnappings, torture, the acquisition of disabilities (physical or psycho-social), human trafficking and rape (with the risk of acquiring sexually transmitted diseases, unwanted pregnancies, births and/or depression), mother and child mortality and murders.

It is important to remark that vulnerabilities increase when adding factors such as age, disability status, indigenous background, low educational level and the null or low knowledge of the laws at the origin, transit and destination countries. On the other hand, it is recognized that the possible attackers are present throughout the whole route, among which they can include travel partners, the authorities, "coyotes" or "polleros"<sup>172</sup> (people hired as facilitators or guides for the trip), gang members or organized crime groups.

The negative health effects (physical and psycho-social) are one of the main causes of impact in the life of migrant women.

It is also recognized that *"sexual and reproductive rights of migrant women are not guaranteed during their transit"*, highlighting that *"migrant women who take these risks have documented status, being this the reason why they receive contraceptive injections before starting their trip"*.<sup>173</sup>

Finally, regarding the role of women in migration, *"it is important to point out that the majority of the persons sheltering migrants are women, working in boarding homes, or religious/civil organizations. Women take more time to take care of legal and low-cost and emergency services procurement for migrants, even though those in charge are mostly men"*.<sup>174</sup>

### **Migrating persons with disabilities.**

In terms of "seriously sick migrants" or those with acquired disabilities, the work of the *"Jesús el Buen Pastor del Pobre y el Migrante, A.C"*<sup>175</sup> **shelter stands out, which has been a reference in the matter for almost 30 years.**

Olga Sánchez Martínez, founder of the *Shelter*, started to help amputee migrants (due to train accidents) in 1990 at her house so they could conclude their recovery, right after being released from the Regional Hospital in Tapachula. She was awarded with the first *National Human Rights Award* (2004) granted by the Presidency of the Republic and the National Commission of Human Rights for her support to the Central American migrant population<sup>176</sup>; she was also awarded with the "Compassion Heroes" award by the Dalai Lama.

In 2005, the shelter formalizes the acquisition of property partially financed by the Embassy of Canada, increasing the number of offered services and groups of persons received in the shelter (victims of violence, asylum seekers, and hospitalized Mexican nationals). It indicates that from 1990 to 2013, **Approximately 3,900 migrants who acquired a physical disability due to an amputation resulting from a train accident were attended.** By 2014, the number of sheltered persons increased and a second site called *"Refugio 3 Ángeles"* was opened, with a current capacity of 9 departments for asylum-seeking families.

As a result of the increase of demand and attention costs, the shelter closed in 2017, adding the following reasons: (1) Verbal threats and physical aggressions from criminal groups; (2) loss of the concession of a store located at the Siglo XXI Detention Center (INM), which earnings represented the main income of the shelter; (3) Debts (for paying the power bill of \$65,000.00, for instance).

The shelter partially reopens in early 2018, with the objective of only receiving migrants from priority groups such as persons with disabilities, ill migrants or patients in recovery. A total of 100 persons were attended from January to September.

The shelter records 100% of occupancy by February 2019, with an average of 500 persons attended every day, including 150 families with children (mainly Central American, Cuban, Haitian and from several African countries-). Also, the arrival of groups of up to 50 persons per day was recorded, most of them with the intention of arriving into the U.S., with only a few wanting to return to their countries of origin.

This scenario describes the presence of injured persons (in risk of acquiring disabilities) in the group of in-transit migrants who, according to the statements of Mrs. Olga Sánchez: *"are not considered as a part of the migration phenomena nor in the current public policies, so these persons start to stay at the in-route temporary shelters"*<sup>177, 178</sup>

<sup>172</sup> Pollero: Person who transport undocumented workers to the United States of America. Dictionary of the Spanish Royal Language Academy: <https://dle.rae.es/?id=Tau7jdO>

<sup>173</sup> FOCA A.C. (2015). Ibidem

<sup>174</sup> FOCA A.C. (2015). Ibidem

<sup>175</sup> Official Report, created on Sep. 2018 by the organization. Document provided by Aracy Matus, Operational Director and Supervisor of the Jesus the Good Shepherd of Pobre and Migrante, A.C. shelter

<sup>176</sup> Cima Noticias *Entregan a una mujer Premio Nacional de Derechos Humanos*. Published on January 11, 2005, at <https://www.cimainformacion.com/2005/01/11/entregan-a-una-mujer-premio-nacional-de-derechos-humanos/> Consulted on May 28, 2019

<sup>177</sup> Diario del Sur. *Al cien por ciento albergue para migrantes*. Published on February 1, 2019 at <https://www.diariodelsur.com.mx/local/al-cien-por-ciento-albergue-para-migrantes-3003069.html> Consulted the 28 of May of 2019

<sup>178</sup> Quadratin Chiapas. Interview to Olga Sánchez Martínez on February 2, 2019, in Tapachula. Video of the interview in: **NOTE**: There is an error identified in the description and audio of the interview, since it is reported that the shelter attends **500** foreigners, when they actually refer to 500 persons.



### CENTRAL MEXICO (INLAND). GUANAJUATO

The city of Celaya, in the state of Guanajuato, is another key site within the transit route due to its location in the central part of the country (50 km from the city of Querétaro and 260 km from Mexico City)<sup>179</sup>. This is relevant because, at this point, migrants decide which of the three main routes to take for going to the United States<sup>180</sup> (See Map 4). Celaya has a high and constant flow of migrants<sup>181</sup>, mainly from Honduras, and a lack of facilities and spaces for attending their needs from Government organizations, International Organizations and even Boarding Homes; in addition, it is identified that many of these migrants arrive in poor conditions: dehydrated, barefoot and/or beaten up by train accidents or robberies<sup>182</sup>.

### Project: Alliance to attend amputee migrant persons in the state of Guanajuato<sup>183, 184</sup>

The *International Committee of the Red Cross* (ICRC) begins in 2011 in Chiapas with the project *Humanitarian Assistance to Amputee, Seriously Injured or Sick Migrants*, aimed at migrants (mainly Central Americans in transit or repatriated) but due to the saturation of shelters in that area, it was moved to Guanajuato in 2016 looking for a state with more availability to accommodate the beneficiaries<sup>185</sup> to fund: (1) physical rehabilitation processes; (2) prostheses, osteosynthesis materials, wheelchairs, crutches; (3) medical treatment, physical and psychological therapies; (4) ambulance transfers, referrals to rehabilitation and medical care centers in Mexico and Central America; (5) communication with family members.

This program of alliances is in charge of carrying out institutional and civil-society collaboration actions at the state, led by ICRC with the participation of Casa ABBA shelter in Celaya, the *Guanajuato Institute for Persons with Disabilities* (INGUDIS) and the *Mexican Red Cross*.

The Casa ABBA shelter in Celaya is well known in the state for receiving the support and training from International Organizations such as Doctors without Borders, UNHCR, IOM, etc., to provide support to the migrant caravans, and for being the main point of contact and ally of ICRC for the rehabilitation and prosthetic processes for amputee migrants.



In June 2019, an Agreement between INGUDIS, ICRC and the Mexican Red Cross was entered into, with the objective of approving and channeling to the *State Rehabilitation Center in Irapuato* (CER-INGUDIS) those amputee migrants in good health conditions, in order to carry out the correct implementation of the services and to provide a high-quality rehabilitation process, following international standards.

In general, the process indicates that after the recovery of the amputation at the hospital they received the attention at first, the beneficiaries are transferred (whatever the state they are) to the ABBA shelter in Celaya. At the same time, INGUDIS provides physical and psychological therapy, providing an adequate, tailored prosthetics. After placing the prosthetics (legs, arms, hands), migrants can decide if whether they continue with their journey to the north or go back to their country; if they chose to go back, ICRC will be in charge of the repatriation process.

According to the reported numbers, from 2011 to 2019, 388 Central American amputee migrants have been helped, with a total of 56 beneficiaries in 2018.

Finally, it is worth noting that, according to the statement given by the Coordinator of the Rehabilitation Program, migrants "have a very high level of suffering and stress, so we use a psychologist to carry out the follow-up process for them to accept it, to feel supported and for them to start to think again about their future and to set out a new plan of life"<sup>186</sup>, making it crucial to have a mental health component as a part of the comprehensive process to attend migrants with acquired physical disabilities.

<sup>179</sup> <https://es.wikipedia.org/wiki/Celaya#Localizaci%C3%B3n>

<sup>180</sup> (1) West, up to Tijuana and Mexicali in Baja California, or Nogales and Agua Prieta in Sonora; (2) Central part up to Ciudad Juárez in Chihuahua; (3) East up to Piedras Negras, Nuevo Laredo, Reynosa and Matamoros, Tamaulipas.

<sup>181</sup> Within the context of Central American migrant caravans, by November 2018, the arrival of at least 4,500 persons was registered at the Celaya-Querétaro toll booth, creating the necessity of installing temporary shelters coordinated by DIF and the State Ministries of Health. With information of El Sol del Bajío (2018), published on November 11, 2018 <https://www.elsoldelbajio.com.mx/local/el-paso-de-los-migrantes-por-celaya-2650970.html>

<sup>182</sup> Periódico Correo (2018). "Aumenta paso de migrantes por Celaya." Published on October 14, 2018 at <https://periodicocorreo.com.mx/aumenta-paso-de-migrantes-por-celaya/>

<sup>183</sup> CICR (2019). *Mexico: alliance between the Guanajuato rehabilitation center and ICRC to attend amputee migrant persons*. Press release issued on June 19, 2019 at

<https://www.icrc.org/es/document/mexico-alianza-entre-centro-de-rehabilitacion-de-guanajuato-y-el-cicr-para-asistir-personas>

<sup>184</sup> Milenio (2019). "Cruz Roja 'devuelve' piernas a 388 mutilados por 'La Bestia'". Published on July 14, 2019 <https://www.milenio.com/politica/comunidad/cruz-roja-devuelve-piernas-388-mutilados-bestia>

<sup>185</sup> Milenio (2019). Ibid.

<sup>186</sup> Milenio (2019). Ibid.

### **NORTHERN BORDER. BAJA CALIFORNIA**

The city of Tijuana is located at the northern border of the country, at the west end of Baja California; it is one of the main crossing points between Mexico and the United States, being neighbor of San Diego (California, U.S.A), becoming the main route to arrive in Los Angeles, one of the main destination cities for Central American and Mexican migrants, registering from January to July, 2019, the arrival of more than 40,000 persons<sup>187</sup>. Moreover, Tijuana is perceived as a city with a high rate of migrant population, particularly from Mexican nationals returned from other cities (located even in the opposite side of the border, for instance, the state of Tamaulipas) who go back to Baja California for attempting to cross to the U.S. once again.<sup>188</sup>

Most of the migrant persons in Tijuana chose to obtain a temporary humanitarian visa, which has the following limitations: a six-month validity period; does not create a Taxpayer Code or a Unique Population Code, it is not a document accepted in all the jobs; the process might cost up to 10,000 pesos; many official paperwork requires proof of residence, and many of the shelters provide such proof.<sup>189</sup>

Migrant services in Tijuana:

#### **-Migration Policy Offices:**

1. Migrant Attention Municipal Office
2. State Human Rights Commission in Baja California (CEDHBC) - Fifth "Visitaduría" (investigative unit)
3. BETA Group, Tijuana

**-Consulates:** Guatemala and Honduras.<sup>190</sup>

#### **-Main Shelters:**

1. Instituto Madre Assunta (Women and children)
2. Casa del Migrante (Adult males)
3. Salvation Army (Male adults and children)
4. YMCA for the migrant youths
5. Casa Puerta de Esperanza for women
6. Roca de Salvación Evangelical Mission

Within this context and as previously described, it can be noted that migrants with or without disabilities are more vulnerable in the border areas located in the south and the north of the country, which makes it more difficult due to the low level of protection and recognition of human rights.

According to the information provided by the *Standardization Follow-Up Platform*, NHRC reports an 89% level of legislative standardization in every state constitution for Human Rights<sup>191</sup>. It also indicates that the states of Sonora and Chihuahua (located at the border with the United States) report only a 36% progress, and Chiapas, only 54%<sup>192</sup>, therefore, it can be inferred that the situation of the migrant population may be more vulnerable in those states.

### Appendix 4

#### **Health services for migrants who suffer amputations**

*"There is evidence that certain hospitals deny access to migrants who have suffered accidents, forcing first-responders or the ambulance's crew to take patients from one hospital to another. Medical assistance is therefore delayed, or impeded altogether. In some cases, delayed medical assistance or treatment may make a difference with regards to complications, the patient's forecast, and the potential acquisition of disabilities, all of which will have an impact on the patient's quality of life in the short, medium, and long term.*

*Likewise, medical treatment is interrupted on a regular basis due to repatriation procedures. "ICRC has detected cases where patients are discharged from the hospital, and given their repatriation documents or laissez-passer even when they have not completely recovered from treatment or surgery. They will often have scheduled follow-up appointments, and there will even be cases where they have pending medical procedures (surgery, X-rays, etc.)*

*"It is less likely that migrants will receive proper health services when they go back to their country of origin, given the precarious conditions of their local healthcare systems, long distances between their homes and the closest medical units, as well as limited economic resources among migrants with disabilities and their families"<sup>193</sup>[translated quote.]*

<sup>187</sup> HISPANTV (2019). *Tijuana, ciudad de paso de migrantes*. Published on July 3, 2019 at <https://www.hispantv.com/noticias/mexico/432299/migrantes-centroamericanos-tijuana-sueno-americano>

<sup>188</sup> This according to the information gathered in interviews by government authorities (Municipal Direction for the Attention of Migrants, Tijuana City Hall, and the State Human Rights Commission in Baja California), within the framework of a field visit to Tijuana on July, 2018, as a part of the Protocol of Research for Migration and Disabilities.

<sup>189</sup> According to the information provided in an interview with the Director of Migrant Attention of the Municipality of Tijuana.

<sup>190</sup> Baja Norte. *Consulates*. <https://www.bajanorte.com/consulados/>

<sup>191</sup> Constitutional Reform in Human Rights, adopted in Mexico since 2011.

<sup>192</sup> CNDH. *Follow-up Platform for the Standardization of Human Rights*. Available at

<sup>193</sup> ICRC (2014.) *Informe sobre personas migrantes amputadas, gravemente lesionadas o heridas*. <https://www.icrc.org/es/document/informe-sobre-personas-migrantes-amputadas-gravemente-lesionadas-o-enfermas>

## Appendix 5

### Landmark cases of migrants with physical disability

1. Honduran woman (age 30-40) with acquired physical disability due to an accident in Tierra Blanca, Veracruz (Mexico.) Both her legs were amputated when she tried to get off a moving train to avoid being detained at an immigration checkpoint. Three days earlier, she had escaped her captors, who abducted, trafficked, and prostituted her at a bar under the threat of reporting her to the immigration authorities if she refused.
2. Honduran man (28) with motor disability, acquired in Apaseo el Grande, Guanajuato (Mexico) when an agent of the Mexican Federal Protection Service shot him in the back, causing spinal injury and paraplegia (lack of mobility and sensitivity on both legs.) He was repatriated to his community of origin in Honduras, where he now has limited access to medical services and rehabilitation. Moreover, he is at risk of losing his house, having left it as guarantee for a loan he asked for to embark on the journey through Mexico. He has currently received no compensation nor reintegration from the Mexican government.
3. Honduran man (age 20-25) at risk of developing psychosocial disability due to Post-Traumatic Stress Disorder and/or anxiety disorder, having been victim of abuse and witnessing acts of violence, such as the death of a friend who fell to the train tracks while he was sleeping and was cut in half. When interviewed, he expressed having trouble eating and sleeping, as well as being doubtful about whether to continue migrating or going back to his community of origin, in spite of receiving death threats because he could not pay a mara's extortion fee.
4. Salvadoran man (age 30-40) with motor disability acquired in Mexico when the truck he and another 40 migrants were being smuggled in by *polleros* (smugglers), rolled over. Having suffered serious injury, he managed to get out of the truck, and after an 8-hour wait, a couple of vans arrived to get the migrants that could continue the journey. The injured who could not go on and the dead were abandoned, or taken back to the border. He has now gone back to El Salvador, and uses a wheelchair.

## Appendix 6

### Psychosocial impact. Suicide.

Suicide can be the final consequence of living with a psychosocial disability induced by a mental condition in extreme cases, when the person is not diagnosed, nor receives proper assistance and follow-up. There are records of fatal cases at the "Siglo XXI" Detention Center in Tapachula:

- A. 2017: two Salvadoran migrants committed suicide. Subsequently, the National Human Rights Commission sent INM's Commissioner a recommendation highlighting the absence of an effective protocol to treat physical and mental conditions, as well as human rights violations given that the health and integrity of the deceased had not been protected<sup>194, 195</sup>.
- B. November 2018: the Honduran ambassador in Mexico confirmed the suicide by hanging of a Honduran migrant at the same detention center<sup>196</sup>.

## Appendix 7

### Landmark cases of migrants with psychosocial disability

1. Substance use is also related to the development of psychosocial disabilities. Particularly in the city of Tijuana, in an area known as *El Bordo*, on the U.S.-Mexico border, there is a branch of a dry river that is no longer in use. Here, until 3 years ago, up to 5,000 people lived in street conditions (including migrants who were addicted to drugs like heroine, methamphetamine, and crystal) and would sleep either under the river's bridges or gates. Most of them were removed by the local authorities and scattered off to the outskirts of the city<sup>197</sup>.
2. Cases of combined vulnerabilities have been documented, such as those of members of the LGBTI+ community. For example, there was a homosexual Honduran man at risk of developing psychosocial disability after suffering abuse from Mexican authorities: beatings, torture, sexual violation, and re-victimization<sup>198</sup>. There is also evidence of Central American trans women working as sex workers in Mexico, who are victims of violence, such as attacks, mutilation, and even attempted murder. Physical and psychosocial disabilities can result from these situations, but there are currently no records or official figures about these cases.
3. When COAMEX's research team visited El Salvador<sup>199</sup>, returnees with acquired psychosocial disabilities (mental disorders) were interviewed. In these cases, disability was developed prior to migrating for the following reasons: (1) The civil war in El Salvador; (2) Medically-diagnosed mental disorder. Medical treatment was given. This patient decided to return to his country of origin since he ran out of medicine while in transit.

<sup>194</sup> El Universal (2017). *Emite CNDH recomendación por suicidio de dos migrantes salvadoreños*. Published on October 20<sup>th</sup>, 2017 on <https://www.eluniversal.com.mx/nacion/seguridad/emite-cndh-recomendacion-por-suicidio-de-dos-migrantes-salvadorenos>

<sup>195</sup> This case was confirmed by the Salvadoran Consul in Tapachula during an interview given to COAMEX during the research stage of the project on migration and disability.

<sup>196</sup> Milenio (2018). *Migrante se suicida en albergue en Chiapas*. Published on November 21<sup>st</sup>, 2018 on <https://www.milenio.com/estados/migrante-se-suicida-en-albergue-en-chiapas>

<sup>197</sup> Gatopardo (2019). *Una ciudad de cristal. Crónica de la violencia en Tijuana*. Published on March 3<sup>rd</sup>, 2019 on <https://gatopardo.com/reportajes/violencia-en-tijuana/>

<sup>198</sup> Evidence gathered during an interview given when COAMEX conducted field work for the purpose of the Research Protocol on Migration and Disability.

<sup>199</sup> Evidence gathered during an interview given in July 2018 when COAMEX conducted field work for the purpose of the Research Protocol on Migration and Disability.

Appendix 8

**Table 4.** Cases and claims of presumed human rights violations and discrimination against migrants with disabilities between 2017 and 2018<sup>200</sup>

Authority that received the claim	Type of disability	Country of origin	Sex		No. of claims
			M	F	
National Human Rights Commission (CNDH)	Hearing	Colombia	X		1
	Intellectual	Guatemala	X		1
	Motor	Honduras	X		3
		Brazil	X		1
		Colombia	X		1
		Guatemala	X		1
		Mexico	X		1
Human Rights Commission of the Federal District (CDHDF)	Visual	El Salvador	X		1
	Visual	El Salvador		X	1
National Council for the Prevention of Discrimination (CONAPRED)	Intellectual	United States	X		1

Appendix 9

**Table 5.** Asylum applications filed internationally at 2016, in accordance with OIM (2018)<sup>201</sup>

Country	Asylum seekers in 2016
Mexico	64,000
El Salvador	62,000
Guatemala	46,000
Honduras	35,000

- Mexican girl (age 10) with physical disability due to cerebral palsy from birth. When she was three months old, she migrates undocumented with her parents, and settles in Laredo, Texas (U.S.A). In 2017, with 10 years of age, she is spotted by the Border Patrol when she was being transferred to a hospital where she was observed after going through an emergency procedure, and was detained at the recovery room, separated from her family and put into custody of a shelter located in a different city. She was released after two weeks; however, she and her father are still going through an open possible deportation process.

- Salvadorian women (unknown age) with psycho-social disability, runs away as a victim of sexual abuse by a family member, and after being denied asylum (submitted in Mexico), she suffers a psychotic outburst with an attempt suicide and homicide of her 3 year old son, where both drank bleach. They were hospitalized and a report is filed against them, by which a second suicide attempt was completed by jumping off a second floor, having her child as a witness. The women receives a psych evaluation, where she was ruled inimputable for having a mental disorder, having the penal process against her ended. She was transferred to a hospital in Villahermosa, Tabasco (Mexico) waiting to receive several third-level surgeries, and the child was put into custody of a DIF shelter in Comitán, Chiapas (Mexico)<sup>202</sup>; it was recently informed that the boy was deported to their country of origin under the tutorship of the mother's brother, but his current situation is unknown.

<sup>200</sup> Information retrieved from the National Transparency Platform of the National Institute on Transparency, Information Access, and Data Protection (INAI)

<sup>201</sup>OIM (2018) Informe sobre las migraciones en el mundo 2018.

<sup>202</sup> With information gathered by an interview with Esmeralda Maya. Founder and coordinator of Colectivo Kalsilaltik, located in Comitán, Chiapas.

#### Appendix 10

##### Landmark cases. Asylum-seekers with disabilities.

- Mexican girl (age 10) with physical disability due to cerebral palsy from birth. When she was three months old, she migrates undocumented with her parents, and settles in Laredo, Texas (U.S.A). In 2017, with 10 years of age, she is spotted by the Border Patrol when she was being transferred to a hospital where she was observed after going through an emergency procedure, and was detained at the recovery room, separated from her family and put into custody of a shelter located in a different city. She was released after two weeks; however, she and her father are still going through an open possible deportation process.

- Salvadoran women (unknown age) with psycho-social disability, runs away as a victim of sexual abuse by a family member, and after being denied asylum (submitted in Mexico), she suffers a psychotic outburst with an attempt suicide and homicide of her 3 year old son, where both drank bleach. They were hospitalized and a report is filed against them, by which a second suicide attempt was completed by jumping off a second floor, having her child as a witness. The women receives a psych evaluation, where she was judged not guilty for having a mental disorder, having the penal process against her ended. She was transferred to a hospital in Villahermosa, Tabasco (Mexico) waiting to receive several third-level surgeries, and the child was put into custody of a DIF shelter in Comitán, Chiapas (Mexico)<sup>203</sup>; it was recently informed that the boy was deported to their country of origin under the tutorship of the mother's brother, but his current situation is unknown.

#### Appendix 11

##### Landmark cases of returnees with disabilities

1 In 2017, the case of a Mexican 45 year old migrant was reported, describing that the man, after three times of being returned from the United States, decides to kill himself after arriving to Tijuana by jumping off a bridge located 100 meters from the international crossing point.<sup>204</sup>

2. In an interview, the case of an American citizen with intellectual disability was sent to Nuevo Laredo, Tamaulipas, because he was not able to present a proof of identity to the American migration authorities. This situation was clarified in Mexico. However; the lack of support and reasonable adjustments are evident in this case<sup>205</sup>.

3. A Salvadorian boy with Down syndrome (3-5 years old) was returned from the United States accompanied by a person hired by her mother (irregular migrant), who is forced to take that decision due to the difficulties that it represents to take care of her son. It is important to remark that, when returning to his community, the boy quits school, which had already started in the United States.

4. Mexican male (23 years old) with intellectual disability (acquired by a hit in the head when growing up) was returned from the United States in 2017 in spite of being a DACA recipient. He crossed to Mexico via Mexicali (Baja California), where he was mugged and beaten down. He tries to go back to the United States, but he was detained and returned for the second time to Mexico.<sup>206</sup>

#### Appendix 12

##### Landmark cases of internally displaced persons with disabilities

1. Mexican female (30 years old, mother of 2 children with disabilities), runs away from her community of origin in the state of Guerrero due to domestic violence. After being interviewed by COAMEX in Tijuana, she states that she is waiting for applying for asylum in the United States. The lack of diagnosis and general knowledge of her son's condition is worth noting; the child suffers a seizure during the interview.

2. Migrant agricultural Mexican workers in risk of acquiring visual and physical disabilities (affecting the Central Nervous System) for the use of pesticides and agro-chemicals at the work field.

<sup>203</sup> With information gathered by an interview with Esmeralda Maya. Founder and coordinator of Colectivo Kalsilaltik, located in Comitán, Chiapas.

<sup>204</sup> BBC News World, February 22, 2017: <https://www.bbc.com/mundo/noticias-america-latina-39047444>

<sup>205</sup> With information gathered at the field visit conducted on April, 2018 in Nuevo Laredo, Tamaulipas, as a part of the Research Protocol supported by COAMEX.

<sup>206</sup> The New York Times. *The first "dreamer" deported from the United States shows that everybody is at risk, NGO alerts.* Published on April 19, 2017 at

Appendix 13  
Location of INM Beta Groups<sup>207</sup>



<sup>207</sup> INM (2017). Beta Groups for Migrant Protection <https://www.gob.mx/inm/acciones-y-programas/grupos-beta-de-proteccion-a-migrantes>