

DECLARATION OF SUSANA VILLÉN IGLESIAS

MEDICAL COORDINATOR FOR MÉDECINS SAN FRONTIÈRES / DOCTORS WITHOUT BORDERS IN MEXICO

August 11, 2021

I, Susana Villén Iglesias, declare pursuant to 28 U.S.C. § 1746 that the following is true and correct:

1. Based on Médecins Sans Frontières/Doctors Without Borders' expertise and experience working with migrants in Mexico, I am submitting this declaration to explain why there is no adequate public health rationale to continue expelling immigrant families at the southern border. The U.S. government can safely process immigrant families, especially given the widespread availability of COVID-19 vaccines and other mitigation protocols like rapid testing, outdoor processing, masking and social distancing. These measures are not only effective against COVID-19 transmission, but they are also well within the U.S. government's capacity and resources, especially in light of the extreme hardship, violence, and trauma that Title 42 has inflicted on migrants.

Background and Experience

2. I am a medical doctor with a post-doctoral degree in tropical medicine and a master's degree in Public Health. I have been working with different non-governmental organizations in medical-humanitarian projects since 1998 in different countries in Africa, Asia, and Latin America. Currently, I am the medical coordinator in Mexico of Médecins Sans Frontières (MSF)/Doctors Without Borders. As medical coordinator, I am responsible for planning and coordinating all medical activities and medical resources for the mission. In Mexico, we are working with local communities as well as people on the move. We are providing basic health care in areas with poor access to services as well as care to survivors of violence and torture.
3. Médecins Sans Frontières (MSF)/Doctors Without Borders is an independent international medical humanitarian organization that delivers neutral and impartial emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters, and exclusion from health care in more than 70 countries. We were awarded the Nobel Peace Prize in 1999. The decision to offer assistance in any country or crisis is based solely on our independent assessment of populations' needs. We work to ensure that we have the power to freely evaluate medical needs, to access populations without restriction, and to directly control the aid we provide. Our financial independence allows us to provide aid free from any governmental influence that could be used to further political or military goals. MSF currently operates in the world's largest humanitarian crises, including Syria, Ethiopia, Yemen, and South Sudan.

4. I have reviewed the latest Title 42 order issued by the Centers for Disease Control and Prevention (CDC).¹ In this declaration, I explain how immigrant families can be processed into the United States in a manner consistent with public health best practices, taking into account concerns about the Delta variant and other recent COVID-19 developments. To help explain, I will first describe MSF's work in Mexico, our observations on COVID-19 protocols related to the processing of asylum seekers out of the so-called Migrant Protection Protocols ("MPP"), the harm that Title 42 is causing, and then discuss how Title 42 can be phased out for immigrant families in a manner consistent with public health guidance.

MSF's Work in Mexico

5. MSF has been working in Mexico since 1985. Since 2012, MSF has been actively addressing the health needs of people on the move – including immigrant families – across the country through the provision of comprehensive primary healthcare, mental health, social services, and health promotion activities.
6. During the COVID-19 pandemic, MSF adapted and expanded its activities to include infection prevention and control in health facilities, shelters, and other spaces this population frequents along the migration route in Mexico. MSF set up diverse specialized services such as tailored mental health care, which includes psychological first aid, individual follow-up, and group sessions. MSF assisted in the identification and referral of suspected COVID-19 cases to the Ministry of Health (MoH), which would send teams directly to the camp and test them. MSF would in the meantime provide hygiene isolation kits to suspect cases, which included PPE, paracetamol, rehydration solution, and a guide for best practices during isolation. MSF worked to minimize the risk of COVID-19 transmission among asylum seekers through the distribution of hygiene kits that included personal protective equipment (PPE) and alcohol gel. MSF has supported health facilities, including community centers and hospitals, to strengthen access to adequate services, particularly with screening, mental health support, health promotion to reduce stigma, and referral to the MoH. In migrant shelters, MSF also helped in identifying the best locations and practices for isolation of suspected cases.
7. MSF has also offered tailored support to shelters housing migrants, focusing on: 1) providing education on COVID-19 protocols and countering misinformation, 2) setting up infection prevention and control measures such as triage, isolation, washing & disinfection procedures, social distancing, and proper use of PPE; and 3) setting up referral systems for severe COVID-19 cases.

¹ See CDC, *Order Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists* (Aug. 2, 2021), https://www.cdc.gov/coronavirus/2019-ncov/downloads/CDC-Order-Suspending-Right-to-Introduce-_Final_8-2-21.pdf.

8. In the north of Mexico, MSF has concentrated its activities in Matamoros, Reynosa, Nuevo Laredo, Piedras Negras, Ciudad Acuña, Monterrey and Ciudad Juárez. In the northern border locations, spanning from Texas to California, MSF has been witnessing for several years the detrimental effects of U.S. migration policies on asylum seekers' physical and mental health, including policies that forced them to live in dangerous conditions. For instance, from 2019 through 2021, MSF witnessed and provided care to asylum seekers forced to wait in Mexico under the MPP program. Since 2020, MSF has witnessed similar, if not worse, harm to asylum seekers who are expelled from the United States under Title 42.

MSF's Experience with COVID-19 Protocols around MPP

9. One of the critical services that MSF has recently provided in Mexico has been providing physical and mental health services to asylum seekers returned to Mexico under the former U.S. government program, MPP. Through its presence and work with this population of asylum seekers, MSF has direct experience with the safety precautions taken around COVID-19 in Mexico.
10. The Matamoros camp was the direct consequence of the U.S. Government's implementation of MPP. While individuals were sent back to Matamoros and forced to wait for their asylum proceedings, a border camp arose that housed up to 2500 migrants. In response to critical medical needs, MSF has offered health services in the camp from the moment it was first established until the last day the camp was standing in March 2021. When COVID-19 appeared in Mexico, MSF adapted its premises and protocols to include a triage of suspected cases, led the health promotion / COVID-19 prevention activities at the camp, and stepped up mental health assistance. These protocols were maintained until March 2021.
11. When the decision to begin unwinding MPP was taken, the United Nations High Commissioner for Refugees (UNHCR) coordinated with all actors present in the camp in Matamoros and with other key actors such as the International Organization for Migration (IOM), United Nations International Children's Emergency Fund (UNICEF), International Committee of the Red Cross (ICRC), and Hebrew Immigrant Aid Society (HIAS) to facilitate the phase out. Among its responsibilities, MSF worked with shelters to apply sound infection prevention and control measures and ensure that people waiting to be processed and arriving from other Mexican cities faced a lower risk of transmission.
12. MSF relied on a mixture of health education, preventive measures, and clear, simple and efficient control measures based on symptomology which permit isolation of suspected and confirmed cases of COVID-19. One of the more important aspects of the model is consistent implementation of preventive measures (social distancing, masking, hand washing) at all times, and encouraging the self-declaration of symptoms as soon as they

appear. This approach includes a system of symptomatic screening, testing, and medically supervised isolation for those who test positive for COVID-19.

13. Given the nature of COVID-19 transmission and close quarters of the camp, MSF was especially vigilant about any potential outbreaks. During the period when MSF ran the mild COVID-19 stabilization center at the Autonomous University of Tamaulipas, suspected cases were taken there for isolation and medical supervision.
14. As the camp's population was processed into the U.S., MSF wound down our medical activities at that specific location. MSF continues to offer health services in key shelters around the city of Matamoros, as well as the cities of Reynosa, Nuevo Laredo, Monterrey, Ciudad Acuña and Piedras Negras, where there are still asylum seekers in need.

Harm to Immigrant Families Subject to Title 42

15. For years now, MSF teams have been witnessing firsthand the devastating toll of harsh US migration policies spanning several administrations on the lives and health of people forced to flee violence and extreme poverty in Central America, Mexico, and other countries.
16. MSF has documented the toll expulsion under Title 42 takes on asylum seekers.² These individuals and families being rapidly turned around to extremely dangerous cities along the border are exposed to gang violence and are forced to fend for themselves without protection from local authorities. But accessing the most basic needs is always difficult given to the lack of protection, the lack of shelter, and the lack of health care.
17. Some who have been expelled, including Haitian asylum seekers, do not speak Spanish. Others include people who are injured or ill, people traveling with children, teenagers, pregnant women, and lesbian, gay, bisexual, and transgender people. All these people are at increased risk of violence and extortion in Mexico due to their particular vulnerabilities.
18. MSF mental health teams working with migrants in psychological support groups in Reynosa have observed signs of complex trauma and depression in these patients. They report acute reaction to stress, psychosomatic symptoms such as headache and back pain, hypervigilance due to the insecure location, difficulty sleeping, and fear and anxiety related to their expulsion or living in violent and unpredictable conditions.

² MSF, Title 42 Deportations Cause Dire Humanitarian Consequences on Mexico's Northern Border (Apr. 29, 2021), <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/title-42-deportations-cause-dire-humanitarian-consequences-mexico>.

Unwinding Title 42 and Processing Immigrant Families

19. I have reviewed Defendants' declaration from David Shahoulian dated August 2, 2021, filed at ECF No. 113-1, as well as the recent August 2, 2021 CDC order regarding Title 42. MSF does not believe that there is adequate public health rationale to justify continuing to ban immigrant families.
20. Based on MSF's decades of experience in infection prevention and control and in responding to public health emergencies across the world, we firmly believe it is well within the U.S. government's ability to restore access to asylum at the border while safeguarding the health of its citizens and those living on its territory. There is no reason to presume that asylum seekers are more of a threat to public health than any other person crossing the border from Mexico.
21. The measures the U.S. government can take to safely open the border, specifically to those in need of protection, include:
 - A. *Border Processing:* Processing asylum seekers on either side of the border should be done as rapidly as possible and in a way that limits people from being held in congregate settings so as to reduce the risk of COVID-19 transmission. Processing should take place in spaces that are well-ventilated and suitable for expansion of reception should the number of arrivals increase. MSF routinely uses low-cost temporary items such as snow/safety barrier fencing and shade netting to facilitate outdoor activities requiring crowd control measures around the world.
 - B. *Testing:* Compared to the general U.S. public, asylum seekers do not pose a heightened public health risk,³ therefore they should not be subjected to measures that are not applied to other groups of people crossing the border. However, if the U.S. Government insists on additional measures, ramped up COVID-19 testing at the border can be the cornerstone of any system to efficiently process asylum seekers. We found very low numbers of COVID-infections in border shelters where MSF has relied on a system of symptomatic screening, testing, and referral for medically supervised isolation for those who test positive for COVID-19. In the case of those crossing the border, FDA-approved antigen tests are cost-effective, produce rapid results, and are well-suited to identifying individuals who pose an immediate risk of transmission. If testing is implemented, those who test positive can be isolated and treated. Those who test negative should be paroled

³ Data reflects that number of cases per 100,000 residents is far lower in Mexico compared to the United States. *Compare* N.Y. Times, *Coronavirus in the U.S.: Latest Map and Case Count* (updated Aug. 10, 2021), <https://www.nytimes.com/interactive/2021/us/covid-cases.html>, with N.Y. Times, *Tracking Coronavirus in Mexico: Latest Map and Case Count* (updated Aug. 10, 2021), <https://www.nytimes.com/interactive/2021/world/mexico-covid-cases.html>.

into the U.S. and told to self-quarantine for the officially designated period, which is in line with the current procedure recommended by the CDC for any international travelers to the U.S. Measures can be taken to ensure safety during internal transportation, including through the distribution of face masks and the use of high-capacity, well-ventilated vehicles.

- C. *Isolation/Quarantine*: An isolation/quarantine system that is flexible and sensitive to fluctuations in arrivals can be established. Safety measures including mask use, ventilation, and reduced density of persons should be applied in those spaces.
- D. *Vaccination*: Any eligible unvaccinated person including asylum seekers should be offered a vaccine when they enter the U.S. The U.S. currently has more capacity to vaccinate Americans, both in terms of vaccine doses and mobilized health personnel, than are currently being used by people in the U.S. MSF has been tracking COVID-19 vaccine supply and, to our horror and disappointment, millions of doses have and may continue to go to waste in the U.S.⁴ These excess doses can and should be re-routed for use in other countries, including for those who are eligible for vaccines at the border. Implementing routine vaccination of asylum seekers entering from Mexico is well within the scope of current services offered at some international airports in the U.S.⁵

22. The Delta variant is already dominant in the U.S. and epidemiological data shows similar historical rates of COVID-19 infections in the U.S. and Mexico. The CDC places both countries at the same risk level,⁶ but, importantly, the number of new cases is disproportionately higher in the U.S. compared to Mexico.⁷ The CDC is currently recommending the same preventive and protective protocols for Delta as were recommended previously.⁸ In addition to vaccination, masking, ventilation, physical

⁴ Dan Levin, *The U.S. Is Wasting Vaccine Doses, Even as Cases Rise and Other Countries Suffer Shortages*, N.Y. Times (Aug. 1, 2021), <https://www.nytimes.com/2021/08/01/us/covid-us-vaccine-wasted.html>.

⁵ See, e.g., San Francisco International Airport, Vaccinations at SFO (last accessed Aug. 10, 2021), <https://www.flysfo.com/travel-well/vaccination-site-sfo>; NBC News, *Miami Airport Offering Free Covid Vaccines to Travelers* (May 27, 2021), <https://www.nbcnews.com/now/video/miami-airport-offering-free-covid-vaccines-to-travelers-113663045707>.

⁶ CDC, Travel Health Notices (updated Aug. 2, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>.

⁷ See *supra* n.1 (showing that daily average of cases has increased nearly 120% in last 14 days in United States compared to 30% in Mexico, and that case rate per 100,000 people in the United States is nearly triple the rate in Mexico).

⁸ CDC, Interim Public Health Recommendations for Fully Vaccinated People (updated July 28, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

distancing, and hand hygiene are still recommended and can be implemented when processing asylum seekers.⁹

23. Should the necessary resources be allocated, many of the elements that proved effective in unwinding MPP can be scaled to apply to a phase out of Title 42 and a return to a normal asylum processing system at the U.S. southern border. These are resources that are readily available, including medical and public health human resources. FDA-approved antigen tests and COVID-19 vaccines for those who are eligible.

Conclusion

24. While the technical solutions highlighted above should be implemented in coordination with Mexican authorities and organizations responding to the needs of asylum seekers in northern Mexico, the U.S. should uphold its obligations to admit people seeking asylum, which includes accepting responsibility for carrying out basic infection prevention and control measures. Regardless of the capacity of the Mexican government to help on this front, the fact remains that northern Mexico is not safe for asylum seekers forced to remain there by virtue of U.S. policy. The U.S. government has the capacity, infrastructure, and knowledge required to safely process those seeking protection at the southern border and must immediately take the necessary steps to do so.

Executed on the 11th of August, 2021 in Ciudad de Mexico, Mexico.



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⁹ CDC, Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage, Morbidity and Mortality Weekly Report (July 30, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>.