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Border Militarization and Health: Violence, Death and Security in Mexico and the United States

**Titulo Breve:
Border Militarization and Health**

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Resumen en Español

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A pesar de las propuestas para aumentar los gastos en agentes y equipo para la seguridad fronteriza según la ley de la reforma migratoria aprobado por el senado de los Estados Unidos, los impactos en la salud pública de la militarización de la frontera son muy pocos entendidos. Revisamos los impactos en la salud utilizando datos del Estudio de Migrantes y el Cruce Fronterizo (MBCS por sus siglas en ingles), y una investigación con familiares de migrantes en Puebla. La violencia generado por las practicas de control de migración ha criado una crisis humanitaria en la frontera México Estados Unidos. Examinamos los riesgos y peligros vinculado con el cruce fronterizo contemporáneo, la muerte de migrantes en el desierto, y abusos cometidos por parte de autoridades estadounidenses.

ABSTRACT:

Key Words: Violence, Trauma, Border Security, Migration

Despite proposed increases in spending on personnel and equipment for border enforcement tied to the amended version of the U.S. Senate's current immigration reform bill, the public health impacts of border militarization are relatively under-examined. We begin to explore these health impacts by drawing on the Migrant Border Crossing Study (MBCS) a new data source based on 1,110 surveys of a random sample of deportees we carried out with a bi-national team in five Mexican border cities and in Mexico City. The violence generated by current border and immigration enforcement practices has led to a humanitarian crisis on the U.S.-Mexico border. We specifically examine the risks and dangers associated with contemporary border crossing experiences, migrant deaths in the desert, abuses committed by U.S. authorities involved in immigration enforcement, and migrants' conditions while in U.S. custody, including access to medical attention. The paper also draws from research with families of migrants in Puebla to expand our understandings of the health impacts of migration that extend beyond people impacted directly by U.S. policies to include their families and return migrants' experiences. We end this paper with suggestions about how to address negative health impacts through policy changes.

Introduction

In 2013 the United States Congress has been locked in a contentious battle over immigration, border security, and the need for a military surge to close off the border. While we are writing this paper, the Senate has passed a comprehensive immigration reform bill (CIR) that includes about \$30 billion in additional spending on border security and calls for an additional 20,000 – 30,000 new Border Patrol agents. This proposed expansion comes on the heels of an already unprecedented buildup along the border that tripled the size of the Border Patrol between 2004 and 2012. During this same period the Mexican side of the border has undergone intense conflict and violence, and the number of people dying in the desert has escalated, although apprehensions have decreased from peak highs in the mid-2000s.¹ Our goal for this paper is to develop a new perspective on border militarization, one that interrogates the public health impacts of a highly militarized and violent border. We ask: what negative impacts on public health have been caused by border militarization? What could be done to better mitigate these problems, not only for the migrants themselves, but for everyone affected? It is important to address these questions, as improvement in the health and well-being of disadvantaged groups has a positive impact on society as a whole.

The proposed increase in border security will not create a linear increase in the health impacts we attribute to border militarization in this article. There could be positive, negative, or even new health problems depending on the approach taken by authorities. For example, while the previous waves of border militarization have been associated with an increase in migrant deaths,²⁻⁴ the next wave may increase deaths, and it may not. Much of this is contingent upon numerous push/pull factors contributing to migration flows. However, if the past is any

indication of the future, increased border militarization is likely to lead to an increase in migrant deaths. Immigration enforcement is a large, complicated and amorphous set of practices and procedures, some more harmful than others. We propose that law-makers examine which aspects of enforcement actually fulfill the tasks at hand, rather than simply creating new and more complicated social problems.

We will begin this paper with a discussion of important definitions and aggregate figures by scholars examining border militarization and clandestine migration from Mexico before proceeding to our theoretical orientation on violence and health. After briefly discussing our methodology we will proceed to our findings, which draw on descriptive statistics from new and unique data sources on unauthorized migration to better understand the violence of the crossing experience, as well as the practices and procedures of U.S. authorities regarding the health and well-being of alleged immigration offenders post-apprehension.

Our Increasingly Militarized Border

Unprecedented investment by the United States to secure the border has transformed the region. Timothy Dunn used the term militarization of the border to highlight the enhanced border policing and its clash with human rights with “military acting more like police and an increase of human rights violations in the name of security.”⁵ Funding for the Secure Border Initiative increased from \$38 million in 2005 to \$800 million in 2010, totaling almost \$4.5 trillion in spending over this time period.⁶ In 2010 the United States spent \$17.1 billion on border enforcement, with Immigration and Customs Enforcement (ICE) receiving \$5.8 billion and Customs and Border Protection (CBP) receiving \$11.3 billion.⁷ The construction of the border fence between 2006 and 2010 cost tax payers between \$3.9 million to \$16 million per mile for a

total of \$ 2.4 billion.⁸ The 2010 deployment of 1,299 National Guard on the border by President Obama cost taxpayers \$660 million dollars before they were pulled out in 2011.⁹ In a relatively short time the U.S.-Mexico border has been transformed by the buildup from dusty streets, open pasture or shifting, changing riverbed into a heavily patrolled border with more than 20,000 Border Patrol Agents, and a variety of border barriers monitored by drone airplanes and other high-tech devices.

A well-developed literature has linked this approach to the increasing fatalities and deaths along the border. Scholars have noted that relatively few deaths existed prior to the mid-1990s, the majority of which were the result of car accidents, pedestrians being struck by motor vehicles in densely populated areas, or drowning in canals or the Rio Grande. However, migrant deaths have increased exponentially since the early 2000s,^{2,3,10-15} These trends have continued unabated, with the rate of death increasing even as apprehensions have slowed in recent years.¹ Others have linked economic and social factors to a system of enforcement that has done little to stem overall flows or deter future crossers.^{12,16-18} Joseph Nevins explored the global coffee market's volatility and the increase in migration and deaths from people in coffee growing regions of Mexico and Central America in *Dying for a Cup of Coffee*.¹⁹ Although scholars have long disproven the immigration-crime nexus,²⁰ security and crime, notably through the guise of the "War on Terror" and the "War on Drugs", continue to be the driving rationale for channeling money into securing the border.

According to former Border Patrol agents, there are several other ways the border has been increasingly militarized, in addition to the military equipment employed (Personal Communication, 10/15/12). First, the increased hiring of former military retirees as Border Patrol agents has changed the organizational culture of the Border Patrol. The problem with this

mentality is that military forces are trained to engage enemy combatants. Undocumented migrants are not enemy combatants. Border Patrol officers commonly refer to migrants as “tonks.” This is a derogatory term referring to the sound of a large flashlight hitting their head, a statement that not only dehumanizes, but also normalizes and naturalizes physical abuse. Second, the terms “War on Drugs,” “War on Terror,” and the “war to control the border” have transformed the debate on closing the border into an imagined war context where the border has to be protected from “alien invaders”, which is a military mandate.

In yet another parallel to the military, CBP officials frequently evoke images of terrorists and foreign threats materialized at our border. In fact, the mission statement for CBP does not mention immigration at all, but rather focuses explicitly on terrorism. This mismatch between the day-to-day activities of CBP officials and their stated mission is one of our principle areas of concern. How can CBP hope to accomplish the goals of a border secure from terrorist threats by a strategy that focuses on increased punishments for undocumented Mexican and Central American migrants?

The suite of practices that have developed over the past decade solidified into the Consequence Delivery System (CDS).²¹ This set of practices includes escalating punishments for undocumented migrants apprehended along the Southern Border²¹ and plays a key role in the “whole of government” approach that immigration enforcement has taken over past years, forcing local law enforcement and other officials to serve as immigration authorities.²² Key components of CDS include: *Operation Streamline*, a mass trial for immigration offenders; the *Alien Transfer and Exit Program* (ATEP), which sends people from one region of the border to another in hope that they will not cross again; the *Mexican Interior Repatriation Program* (MIRP), a flight from Arizona to Mexico City, instead of a bus ride to the border; the *Criminal*

Alien Program; and OASSIS, a law enforcement cooperation program to prosecute alleged human smugglers in Mexico.²³ However, the overarching result of these programs, largely stemming from *Operation Streamline*, has been increased incarceration rates and lengths of sentences for immigration offenders.²¹ The National Immigration Forum estimated the cost for immigration detention at \$164 per day, with a total budget of \$1.96 billion for FY 2013.^{9,24} However, this figure gets more complicated due to the blending of criminal and immigration related detention. For example, 20% of “criminal aliens” were prosecuted for immigration violations, either unlawful entry (48%) or unlawful re-entry (44%) and 8% “other”, usually human smuggling.⁹

This trend toward a militarization and criminalization approach to security has transcended the border. On the Mexican side of the border there is a growing concern among Mexican leaders that the militarization on the U.S. side of the border could undermine the sovereignty of Mexico at a time when Mexico has its own security concerns.²⁵ Nevertheless, Mexico acknowledges the importance of securing the border as a critical step in controlling drug trafficking and movement of arms from the United States to Mexico. Former Mexican President Felipe Calderón traveled to the United States after he was elected to establish a bi-national security framework, acknowledging a single government could not address a global drug trade. This visit led to two important agreements: the Mérida Initiative and the Security and Prosperity Partnerships Agreement. Both agreements have enhanced collaboration and exchange between the two governments on everything from security technology to information. It appears that this cooperation has shifted markedly under the Peña Nieto administration, although it is still difficult to say exactly what form this new arrangement will take.

The militarization of the border is occurring on both sides as the respective governments mobilize and increasingly collaborate in the training of military officials and sharing of strategic information about drug trafficking organizations (DTOs). Between 2000 and 2008 the Mexican military budget increased 338%.²⁶ Much of the increase has been to combat DTOs, especially on the border. Many Mexicans welcome the military while others see it as directly perpetuating violence. Increasingly, Mexican military leadership is trained in the United States, especially under Plan Mérida. This has caused problems in the past; especially because the founding members of the Zetas, the most feared criminal organization in Mexico, were recruited out of one of Mexico's U.S.-trained special-forces units (GAFES).²⁷ The role of military personnel and equipment on both sides of the border led us to use the term militarization of the border—a border shared by two countries with important economic, social and political relationships.

Theoretical Orientation

Violence has been defined as a public health issue by a number of scholars,²⁸⁻³⁰ but seldom linked to the problems of the U.S.-Mexico border. Nevertheless, border crossing deaths have been framed as and declared to be a public health issue.³¹ From our perspective, border crossing deaths as reported in a recent study,¹ are a product of institutional violence and constitute a public health concern which also includes other forms of border violence, especially migrant abuse from bandits, known locally as *bajadores*, drug trafficking organizations, and authorities from the United States and Mexico. While we assert that these phenomena are inextricably linked to a militarized border, our goal for this paper is to focus on the direct aspects of border enforcement strategies and practices that will likely be most exacerbated with proposed

increases under the Corker–Hoeven amendment to the Senate immigration reform bill (S. 744). These policies could most easily be changed.

Violence as a theoretical concept has been hotly debated by social scientists for decades.^{32,33} The impacts of this debate have been particularly profound in medical anthropology, because of the focus on understanding how violence impacts life, death, and the overall life-outcomes available to people. The concept of structural violence rose to conceptual prominence in the mid-1990s when researchers began thinking of violence, not just as the physical blows and pain inflicted by instruments of war,³⁴ but also the way structural inequalities lead to death from preventable illnesses or the lack of treatment that can maim or limit one's future capacities.³⁵⁻³⁷ The recognition that during times of peace violence is a driving factor of negative outcomes in public health has allowed scholars to understand the more insidious forms that it takes which are often hidden behind the visible and shocking nature of conflict.³⁸ This includes an understanding of the psychological impacts of trauma,³⁹ the often overlooked, everyday nature of violence within certain societies,^{40,41} and the symbolic nature of violence, as an internalized, rationalized product of people's marginality within society as a whole.^{42,43} Violence also takes the form of the limited options presented to people in extremely dire situations, options that, largely, only lead to greater risk of death.^{44,45} These understandings of violence guide our inquiry into border militarization as a driving force in the public health concerns along this important and vulnerable region.

Research Methodology

The data discussed in this paper come from two independent yet complementary projects: Wave II of the Migrant Border Crossing Study (MBCS) and the Economic Crisis and Response

in Migrant Communities in Puebla Study, hereinafter referred to as the Puebla study. The MBCS is based on 1,110 surveys with recently deported Mexican migrants.⁴⁶ The surveys were conducted in five Mexican border cities including Tijuana, Mexicali, Nogales, Ciudad Juárez, and Nuevo Laredo, as well as Mexico City during the interior repatriation program. Sixty-six percent of all deportations to Mexico occurred in these cities. Potential participants were randomly selected in migrant shelters and ports of entry. In order to be eligible to participate, respondents must have crossed the border without any form of documentation in the past decade (post-September 11th) and been repatriated/deported to the Mexico within a month prior to being interviewed. We gathered data on migrants' experiences with and mistreatment by drug trafficking organizations, *bajadores*, kidnappers, Border Patrol, and detention officials. Data on travel accidents and illnesses were also collected.

In the Puebla study, researchers conducted 120 in-depth interviews in four communities in Puebla, Mexico with undocumented migrants who returned to their hometowns between 2007 and 2010. While the study originally focused on the impact of economic crisis on migratory flows, border violence emerged as a major theme in the interviews, revealing negative physical and psychological health effects from the violence people experienced during their journey to the north. Together these two studies document a public health crisis created by violence that has been neglected by governments on both sides of the border who see violence as the domain of the police, Border Patrol or the military.

Demographic Profile

While scholars have noted an increase in female migration,^{47,48} data shows that 86% of people apprehended⁴⁹ and 90% of those deported to Mexico in 2012 were male.⁵⁰ These figures

are supported by MBCS data, with about 85% of the sample being male.¹ Overall, a typical respondent in our survey can be described as a male, near the age of 31, with eight years of formal education earning about \$280 per month before his most recent crossing attempt. Among those with previous living and working experience in the United States, well over 90% were employed last time they were in the country, and 42% were the sole income provider for their household. Of 120 migrants interviewed in the Puebla study, 12 were deported; only one deportee was female. Approximately a quarter of the migrants experienced border violence or hardships resulting from border militarization.

Violent Journeys: The contemporary crossing experience

In terms of their prior migration experience, MBCS respondents can be described as having, on average, 4.8 crossing attempts, with 2.9 prior apprehensions. About two thirds had been apprehended by the Border Patrol while attempting to cross, and the remaining 30% managed to successfully arrive at their destination, but were picked up later by local law enforcement officials. Just over 70% had relied on a “coyote” or human smuggler to get into the United States, agreeing to pay a median of \$2,500 USD for their services. Respondents walked for more than two days through the harsh conditions along the border before either being apprehended by U.S. authorities or being picked up by someone helping them cross the border. Thirty-nine percent ran out of water during their trip, and 31% ran out of food. Temperatures along the border, particularly in the Sonoran Desert where almost half of all apprehensions occur, frequently reach 110 degrees Fahrenheit during the summer and drop well below freezing at night during winter months. It is not uncommon for snow to fall in mountainous areas where many now cross to avoid detection.

¹ The discrepancy here most likely comes from a different gender ratio for non-Mexicans, although different standards and norms for data collection may likely play a role as well.

Augustín's food ran out on the third day of a six-day trek through the desert. He rationed his only bottle of water for the remainder of the journey. On the final day, the border patrol chased the group, scattering and separating the migrants. Augustín avoided capture, but fell and twisted his knee badly during the pursuit. He painfully limped for several hours to reach the pick-up point. Using a cell phone, he called the coyote who instructed him to wait for a vehicle. More than a day passed with no signs of his ride; then the cell phone battery died, cutting him off from the guide. Weak and hopeless, Augustín staggered along the highway for an hour in broad daylight, trying to flag down drivers who might have something to drink. Eventually a border patrol truck stopped, gave him water and took him into custody. Augustín reflected on how fortunate he had been to be near the highway when the pernicious effects of dehydration set in. (Puebla study, interview June 19, 2011)

(Insert TABLE I here)

The physical dangers of the border terrain have killed thousands of people. Four hundred and sixty three migrants were found dead along the border in 2012 alone.⁵¹ In southern Arizona alone the remains of over 2,100 migrants have been recovered since FY 2000, 6% of whom were children under the age of 18.¹ Even more disturbing, many bodies are never recovered due to the extreme isolation of areas along the border. Martinez and colleagues found that nearly 34% of migrant remains recovered in southern Arizona between FY 1990 and 2012 remained unidentified. In a similar vein, the Pima County Missing Migrants Project, led by Robin Reineke at the Pima County Office of the Medical Examiner in Tucson, Arizona, has compiled a database with over 1,500 missing persons reports from the families of unauthorized border crossers. This has left thousands of family members in Mexico, Central America, and in the United States to deal with an agonizing sense of ambiguous loss of loved ones. The emotional consequences of such loss have been detailed extensively by other scholars.^{52,53}

Jorge and Leo's stories suggest how easy it has become for migrants to be abandoned in the Arizona-Sonora desert.

The coyote told [the three female migrants], if you don't keep going, you're not going to make it. He gave them drugs to help them keep walking all day. And well, they didn't make it. The coyote left them in the desert. They were abandoned in the desert. (Puebla study, Jorge, June 14, 2011)

Leo had trouble sleeping for months after meeting a man in an Arizona “safe house” who cried inconsolably because coyotes left his snake-bitten nephew in the desert. The guides would not return the man to the area. (Puebla study, June 6, 2011)

Immigration Enforcement and Health: Security and punishment

Returning to our focus on violence, one in ten people reported being physically abused by U.S. authorities during their previous experience being apprehended, processed or detained. One in four reported some form of verbal abuse. These figures have remained remarkably consistent over the years, and are consistent with findings from a study focusing on Salvadoran deportees⁵⁴ as well as a recent report by a humanitarian aid organization.⁵⁵ Without proper oversight and transparency we have very little information about the standard procedures and practices of the United States Border Patrol, including their guidelines for use of excessive and lethal force. Access to training materials and understanding of institutional culture is extremely limited, raising humanitarian concerns about the proposed increases in personnel.

I was running and I felt my knee rip. I tried to keep running, but when I got to the coyote’s pick-up point, I fell on the ground, but *la migra* had seen me. One came over and kicked me and asked ‘Where are the other ones?’ ‘I don’t know, I didn’t see!’ ‘I’m speaking to you nicely,’ he says, ‘Get up!’ I told him, ‘I can’t.’ And he kicks me again. ‘Get up!’ ‘I can’t...I hurt my leg.’ He handcuffed me and called another agent over to put me into the Border patrol truck. (Puebla study, José, June 15, 2011)

One guy was asleep on his cement bed in the jail cell when they called roll. When he didn’t respond to his name, a guard came, pulled him off the bed, threw him on the floor. ‘Don’t want to say your name, huh?’ he shouted at him. He beat him with a baton...they treated him badly. (Juan, July 3, 2011)

(Table II here)

Our most important findings on the health concerns border crossers experience while in U.S. custody focus on those that needed medical attention, asked for it, but were denied access. Twenty-three percent of respondents indicated that they needed medical attention after they were

apprehended, and yet only 37% of those who requested medical attention received it. This again, relates to costs. Depending on whether or not someone has officially been arrested, the costs for medical treatment will fall on the authorities or the individual. This incentivizes USBP not to arrest people before treatment. People are frequently deported with huge medical bills in their paperwork; however, the real losers in this scenario are the hospitals that foot the bill for deportees who cannot pay.

(TABLE III here)

Moreover, conditions in detention raise concerns not only about people's access to treatment. Forty-five percent of respondents stated that they did not receive sufficient food while in custody and reports surrounding solitary confinement in immigration detention raise serious red flags about humane treatment of detainees.⁵⁵ During our fieldwork, solitary confinement and lack of access to facilities was explained as a way to separate immigration detainees from the general population without having the appropriate facilities. This is a huge concern for facilities that do not allow outside investigators to visit, but are receiving federal monies as both a detention facility and federal prison.

Moreover, we found that rarely, if ever, are people isolated from the general population. During the multiple transfers and movements between facilities or holding cells, all inmates are mixed together, often for long periods of time. Eight percent of detainees reported being threatened by other inmates. Fear of other inmates and the shame of being locked up weighs heavily on migrants.

“It traumatizes you. I was in a cell with a psychopath who killed his whole family. He calmly told us about it. How was I going to sleep with this guy? Another prisoner and I took turns staying up during the night and watching this guy.” (Adán, June 21, 2011)

“At that moment I felt bad because I had never been locked up before. I was in there with people who had killed people.” (David, June 2, 2011)

These findings represent important factors of the approach to border militarization that are hard to justify for even the most hawkish supporters of CBP. While it would require some serious attention to detail, transparency, and organization among multiple agencies, these health impacts could be addressed. Changes to procedures and practices could not only protect people from needless abuses, but also help to ease tensions along the border. The fear and hurt caused by abuses and mistreatment is not simply a matter of the physical blows, but the lingering psychological trauma, depression, and anger generated by being treated inhumanely. The issue of millions of Mexican nationals living through these experiences has the potential to be extremely divisive, creating conflict between two highly connected countries where good faith is vital for economic relationships, especially tourism.

Border Violence and Collective Trauma in Sending Communities

Before the border buildup, researchers often reported that informants viewed the border-crossing process as a rite of passage: a somewhat difficult, occasionally dangerous event that was a prerequisite to gaining status back home in the sending communities. The Puebla study⁵⁶ suggests that this view is changing because of the accumulation of migrants' violent border experiences that increase their sense of the border as chaotic, dangerous, and unpredictable. Peoples' accounts of run-ins with *bajadores*, *coyotes* that abuse or abandon migrants, and prolonged detentions followed by deportation travel quickly through migrants' hometowns, heightening migrants' and their families' sense of vulnerability. Even if a person did not experience the violence directly, what happened to family members and friends is internalized, forms painful memories and sows fear and frustration in the community. The border, which has always been viewed as a risk, is seen as increasingly impenetrable and dangerous. "I think you

just have to definitively say good bye to your family if you decide to go [to the United States],” Miguel Angel declared, preparing both himself and his family for the worst (Puebla study, June 23, 2011). Border violence is an important factor contributing to decreased migration for the last several years from these communities.⁵⁷

In order to avoid the risks associated with crossing, migrants attempt to set down permanent roots in the United States. In fact, prior research has demonstrated that increased border enforcement measures have directly contributed to the growth of the permanent unauthorized population in the United States, since many people forgo the costly and dangerous process of cyclical migration favoring permanent settlement and the migration of whole family units to the United States.^{12,16} In the MBCS, the median amount of time spent in the United States was seven years and 42% of people intended to emigrate permanently after their last crossing. Further, 51% have at least one U.S. citizen family member, 22% have a U.S. citizen child under the age of 18 and 28% consider the United States and not Mexico to be their home.⁴⁶

Border violence arguably produces not only individual trauma but collective trauma, through the on-going physical and psychological assaults on people’s ability to maintain social bonds and a sense of community.^{58,59,60} Trauma is one reaction to the structural violence created out of quotidian injustices at the border and perpetrated on marginalized populations simply hoping to improve their chances to distance themselves from pernicious poverty. Migrant families, long divided by borders, now agonize even more over whether or not spouses and children should accompany workers across the border. While considerations of the economic costs of maintaining one’s family in the north and the impact of US culture on children’s socialization continue to be important, now parents must face an increased possibility that their children will witness or experience violent acts at the border. Stories of child kidnappings and

parents and children being separated during the crossing are especially terrifying for families divided by the border. Some parents simply decide that their children will remain in Mexico despite the problems that long-term separation has on family and community dynamics.⁶⁰ Depression and anxiety among parents and children and behavioral problems in young and adolescent children were symptoms attributed to family separation by returned migrants. To avoid or ameliorate these problems, returned migrants cited family reunification as the most important reason for return to Puebla, despite the fact they knew they would have to face a dangerous border if they were to migrate in the future.

Conclusions

While it is important to acknowledge that these abuses, notably those by U.S. authorities, are not wholly intentional, they are important by-products of a system that has been allowed to develop behind closed doors and under the guise of national security. With the proposed increases to border security we need to disentangle those practices that make up immigration enforcement to determine whether or not each specific aspect makes sense as part of a secure border. Those actions that are simply there to increase the punishments and vulnerability of people looking for work or to reunite with family have no place in an anti-terrorism mission. We cannot foster cooperation with our neighbor and trading partner by abusing the human rights of Mexican citizens. Violence destroys lives, families, communities and, as a result, has tremendous health consequences. Violence is a public health issue in the border region and needs to be addressed by re-conceptualizing peoples' rights to due process and the protection of basic human rights. It has to be recognized in its many forms and addressed from a binational perspective if we are to ever develop a truly secure and healthy border for everyone.

Table 1. Most Recent Crossing Experience

Variable	%/Mean Among All Respondents	%/Mean Among Males	%/Mean Among Females	Difference
Total lifetime crossing attempts	4.8 attempts	5.2 attempts	2.9 attempts	(2.3 attempts)
Total lifetime apprehensions	2.9 apprehensions	3.2 apprehensions	1.7 apprehensions	(1.5 apprehensions)
First-time crossers	16.6%	14.5%	26.2%	(11.7%)*
Had previously crossed or attempted to cross the border	83.4%	85.5%	73.8%	(11.7%)*
Used a <i>coyote</i> or guide to cross the border	71.7%	69.1%	84.2%	(15.1%)*
Cost of <i>coyote</i> (in US dollars)	\$2,400	\$2,289	\$2,902	(\$613)*
Number of days walking through the desert	2.3 days	2.4 days	1.8 days	(0.6 days)*
Ran out of water	39.2%	40.1%	34.4%	(5.6%)
Ran out of food	30.7%	31.8%	25.0%	(6.8%)+
Known migrant deaths border-wide, FY 2012	463	-	-	-
Known migrant deaths in southern Arizona, FY 2012 ¹	171	137	14	-

1. The biological sex of 10 decedents was unknown due to advanced decomposition or skeletonization

N = 1,110

Note: +p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001 indicate the difference is statistically significant

Source: *Migrant Border Crossing Study, Wave II*

Table 2. Mistreatment While in U.S. Custody

Variable	% Among All Respondents	% Among Males	% Among Females	Difference
Reported <i>physical abuse</i> by US authorities	10.3%	10.2%	10.6%	(0.4%)
Reported <i>verbal abuse</i> by US authorities	22.8%	21.2%	31.2%	(10.0%)**
DID NOT receive sufficient food while in US custody	44.5%	42.8%	52.2%	(9.4%)*
Needed medical attention while in US custody	23.0%	20.9%	33.9%	(13.0%)***
Needed medical attention AND ask for it ¹	66.8%	69.8%	58.5%	(11.3%)+
Needed medical attention AND ask for it, but DID NOT receive it ²	37.3%	36.7%	39.5%	(2.8%)

1. N = 268, 2. N = 185

Note: +p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001 indicate the difference is statistically significant

Source: Migrant Border Crossing Study, Wave II (N = 1,113)

Table 3. Quality of Medical Attention While in U.S. Custody

Variable	% Among All Respondents
Needed medical attention, asked, and received OR was offered medical attention and accepted	34.5%
Quality of medical attention received (among those who received it)*	
"Excellent"	10.7%
"Very Good"	15.9%
"Good"	38.5%
"Normal--what one would expect"	25.4%
"Bad"	6.0%
"Very Bad"	3.5%

Source: *Migrant Border Crossing Study, Wave II (N = 1,113)*

*Translated from Spanish

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