



Global Response Management

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## Medical Summary for Refugee Camp: Matamoros



*Figure 1 The Global Response Management field clinic located within the refugee camp in Matamoros, Mexico*

Since the implementation of Remain in Mexico, a makeshift asylum camp has been established at the Matamoros, Mexico port of entry. The camp population has grown exponentially to an estimated 3,000 inhabitants, as well as an estimated 1,500-2,000 people living in the surrounding city of Matamoros. The vast majority of the camp residents suffer from food and healthcare insecurity, exposure to extreme weather conditions, safety threats including organized crime, and limited clean drinking water.

Global Response Management began medical operations in Matamoros in September of 2019, ramping up to a full-time medical support operations October 20, 2019. Since that time GRM has averaged 1,000 patients per month, with daily visits of 40-50 patients per day. Of the patients we treat, more than 50% are under age 15, and 50% of those patients are under age 5.



*Figure 2 local asylum volunteer holds an ice-pack to a child's eye after a severe allergic reaction to a bee sting.*

Presenting illnesses follow a typical pattern for displaced populations- 50% of the patients we treat suffer from respiratory ailments including: asthma exacerbation, pneumonia, reactive airway disease, anaphylaxis, bronchitis, rhinovirus, influenza, shortness of breath, and exacerbation of congestive heart failure.

25% of the patients are affected by gastrointestinal complaints ranging from non-infectious diarrhea, infectious diarrhea (giardia, E.coli, shigella), influenza with gastrointestinal complications, vomiting, etc. The pediatric population who contract respiratory and gastrointestinal ailments are also more likely to suffer from severe-acute malnutrition with complications, a diagnosis which carries a high rate of mortality (30-50%).

Another 15% of the cases we see are “critically ill: other”, a diagnosis that represent cases where the patient is likely to either die or suffer serious morbidity as a result of their illness. To date, this “critically ill: other” includes over 400 patients, who, without the direct



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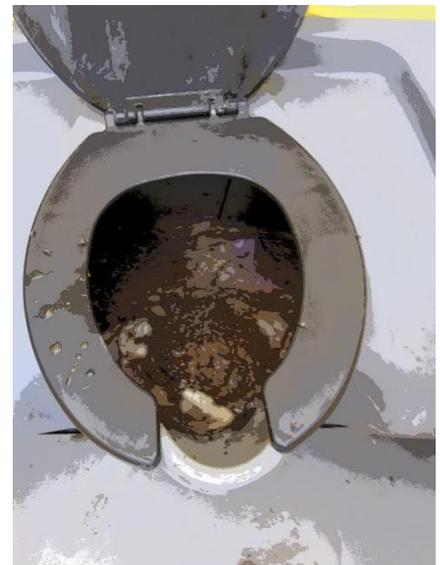


*Figure 3 volunteer doctor performs a physical exam of a child with a respiratory infection.*

intervention of our medical teams would likely have either died or become severely disabled. The diagnoses includes myocardial infarctions, stroke, ruptured appendixes, acute hypoxia, anaphylactic shock, etc.

Mental health crises remains another serious concern, especially as the camp has a limited number of mental health resources. We have seen multiple cases of extreme psychological distress in both adults and children as a result of traumas experienced in the camp, in CBP custody, and on the journey to Matamoros.

Overall, living conditions in the Matamoros camp remain poor. The camp has a total of 50-60 Porta-Potties (the number varies week by week), short of the UNHCR recommendations for



*Figure 45 an overflowing latrine in the camp. Currently the camp has roughly half the recommended number of latrines forcing many residents to utilize the woods or the river.*



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*Figure 4 Tents crowd together in zone 2 of the camp. As of January 2, 2020 there were 625 tents housing an average of 4 people in each tent.*

sanitation needs. UNHCR recommends one latrine per 20 people, one shower per 50 people, as well as one water point per 250 people. Maximum walking distances to potable water should be 200 meters (something not present currently in the camp for residents in the hard sidewalk spaces). UNHCR also recommends that living spaces be 3.5 square meters per person. Current tents in the camp have an estimated 5.8 square meters total of living space housing an average of four people. The tent shelters the inhabitants live in are camping style tents, providing limited to no protection from the elements such as wind, rain, and extremes in temperature. Shower facilities are insufficient, currently totaling five, and often run out of water leaving camp residents to bathe in the Rio Grande, which increases their chance of contracting water borne illnesses such as E. coli, infectious conjunctivitis, cellulitis, and other infections.

Children in the camp are particularly vulnerable. Official child-safe spaces have not been established and educational resources for children are limited. Most families state that they are unable to enroll their children in traditional schools in Matamoros because they do not have



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*Figure 5 A small child is carried around the camp by his mother. 50% of the children treated at the GRM mobile clinic are under the age of 5.*

“records” from their home countries. Additionally, families have reported to us that they have concerns about the safety of schools within Matamoros, stating concerns for kidnapping and extortion from local organized crime entities. Small schools have been developed within the camp, but most lack the formal structure of traditional educational resources and there is no clear answer to how this type of formal education will be viewed when a child changes locations, or tries to advance into a traditional educational structure.

Adults are also lacking in educational opportunities, and to date we are unaware of any attempts to help camp residents begin learning English, trades, or skills that will help them obtain employment later in life. While many residents hold traditional skills such as farming, cooking, mechanics, etc. the vast majority of the camp do not speak English, a major challenge when attempting to find employment, here or elsewhere. Many indigenous people in the camps, primarily from Guatemala and Honduras also speak Spanish as a second language.

Overall, the conditions of the camp are poor. Camp security is lacking and opportunities within the camp are little to none, leaving many camp residents with a feeling of despondency and hopelessness. GRM has received multiple first hand reports of kidnappings, attempted kidnappings, sexual and physical assaults, almost exclusively the result of organized crime. The US State Department ranks this area a level 4 threat area. As there is no formal UN or



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government response planned, Global Response Management, and other organizations have stepped in to provide humanitarian aid to the refugees seeking asylum. We will continue our efforts to provide critical medical care and resources as long as they are needed. As an organization, our philosophy is simple- all people are deserve the best possible medical care on the worst day of their lives. For the residents of the Matamoros camp, the days have stretched into months, with each one an exercise in tenuous survival.



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