Written Submission by Médecins Sans Frontières (MSF) to the Special Rapporteur on the Human Rights of Migrants, Mr. Gehad Madi, for his report 'Externalization of Migration and the Impact on the Human Rights of Migrants'

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1. Introduction

MSF provides medical and mental health services in Mexico, Guatemala, and Honduras and, as part of its mandate, bears witness and documents the consequences of externalisation of migration control and its impact on the human rights and wellbeing of migrants. Between January 2024 and March 2025, MSF teams conducted over 50,000 consultations with migrants, asylum seekers and refugees.[1] Patients reported trauma, extreme violence, sexual violence, untreated chronic illness, and prolonged exposure to unsafe environments. These are patterns of abuse and neglect that MSF previously documented in its 2023 and 2024 field operations.[2] People continue to flee violence in their countries of origin only to experience further harm while stranded, without access to healthcare, protection or asylum.

Through a combination of policies, diplomatic pressure, and funding, the U.S. is increasingly externalising migration control to Mexico and Central America. Rather than providing legal avenues for protection, this externalisation strategy relies on deterrence, containment, militarisation of borders, expulsions without due process, pushbacks and denial of access to asylum, pushing migrants into legal and humanitarian limbos. This submission focuses on what MSF has witnessed and responded to, which shows the harm inflicted and the rights violated through policies of externalisation.

2. The U.S. Border Externalisation Strategy

One key mechanism in the U.S.'s externalisation strategy has been the use of technological tools to regulate and restrict access to asylum. In 2023, the U.S. introduced CBP One, a mobile application that migrants were required to use to schedule asylum appointments at ports of entry. This system effectively placed the burden of access entirely on migrants waiting in precarious conditions in Mexico. In April 2025, the abrupt suspension of the CBP One mobile application left over 300,000 people stranded across Mexico with no legal pathway forward.[3] Although the full impact is still being documented, early reports and testimonies collected by MSF indicate that many have been pushed into informal encampments or have fallen under the control of criminal networks, increasing their exposure to kidnapping, extortion, extreme violence, including sexual violence.[4]

At the same time, in March 2025, the U.S. launched CBP Home, a program framed as an alternative to detention but widely criticised for its coercive nature. It uses fear and uncertainty to pressure people into "self-deporting", a concept that has no legal basis but is being pushed as an option for those struggling to navigate the increasingly restrictive asylum system. While the program claims to offer a voluntary return process, critics warn that it exploits desperation and misinformation, effectively forcing people to abandon their asylum claims. Additionally, CBP Home expands government surveillance, requiring participants to remain under strict monitoring, which raises concerns about privacy and the long-term implications of digital tracking.[5]

Other measures, such as Title 42 and the Migrant Protection Protocols (MPP), have directly prevented migrants from entering U.S. territory to seek asylum. Title 42, initially introduced under the guise of public

[1] MSF, May 2025, available at < Let Image Speaks: The scars of extreme violence | MSF Hong Kong > Reports from MSF indicate that 3,000 survivors of sexual violence were treated and over 20,000 mental health consultations were provided between January 2024 and February 2025
[2] MSF, May 2024, available at < US-Mexico border: MSF warns of increased risks for migrants following the closure of the US asylum process | MSF UK>. This report details ongoing violence, systemic neglect, and health crises faced by migrants across Mexico and Central America.
[3] MSF, January 2025, available at < Lives in limbo after CBP One closure in Mexico | Doctors Without Borders - USA >; Human Rights First, January 2025, available at < Human Rights First Analysis of the Trump Administration's Initial Immigration Executive Actions - Human Rights First >
[4] MSF, "Press Release, Apr–May 2025, available at < MSF Denounces the Closure of the U.S. Asylum Process | MSF >
[5] Amnesty International, 2024, available at <CBP One – A Blessing or a Trap? | Amnesty International USA>

health protection, allowed for the mass expulsion of asylum seekers without due process. Although officially revoked, similar expedited removal practices remain in place. Under the MPP, asylum seekers have been forced to remain in Mexico while their cases are being processed in U.S. courts, exposing them to violence, exploitation, abuse, extortion, and months of uncertainty, increased vulnerability and instability. These measures do not merely restrict access to asylum and migrants' rights but actively shift the burden of migration control onto Mexico and violate international legal principles such as non-refoulement.

The U.S. continues to rely on "Safe Third Country" principles to shift asylum responsibilities to other countries. Migrants are expected to seek asylum in the first country they pass through, even when those countries lack functioning asylum systems or the capacity to provide effective protection.[6] Mexico is also accepting the return of non-Mexican nationals under informal arrangements and bilateral agreements. U.S. authorities continue to expel asylum seekers from countries such as Haiti, Venezuela, Nicaragua, and Cuba to Mexican territory, where they often have no legal status, support network, or access to protection. These practices institutionalise externalisation and place a disproportionate burden on already strained asylum systems.

This externalisation strategy is reinforced through the financial support that the U.S. provides for migration control enforcement, surveillance, and detention infrastructures across the region. These resources enable states to expand detention and deportation operations, often without due process or accountability.

2. Mexico's Role in the Externalisation Strategy

Since 2019, Mexico has deployed thousands of National Guard troops and migration agents across its territory, particularly at the southern and northern borders, to block the movement of migrants. Mexico committed in January to send 10,000 additional members of the National Guard to the 3,000-kilometer-long shared border. [7] With U.S. support, Mexico has intensified enforcement operations, erected internal checkpoints, and expanded detention capacity. The National Migration Institute (INM) has increased detentions and deportations dramatically, often without judicial oversight or adherence to due process.

MSF has documented the humanitarian cost of this approach. In southern Mexico, particularly in cities such as Tapachula where MSF has been present since 2021, to provide medical care and detect cases of extreme violence, migrants are often forced to remain in overcrowded shelters or on the streets for months while waiting for documentation or asylum interviews. The bureaucratic backlog and lack of translation services disproportionately affect non-Spanish speakers and vulnerable groups, including LGBTQI+ individuals, people with disabilities, and survivors of violence.

MSF testimony: "I *tried to apply for asylum in Mexico, but they gave me a court date in a city I couldn't reach. I missed it and lost my case. No one explained what to do*." Haitian man, Tapachula, Mexico

Despite its growing asylum caseload, the Mexican Commission for Refugee Assistance (COMAR) remains severely under-resourced. In 2024, COMAR received over 140,000 asylum applications but lacked sufficient staff, interpreters, or legal aid provision. The situation has worsened in 2025, following cuts to USAID support, which have diminished technical and financial resources available to COMAR, resulting in people remaining stuck in limbos.

MSF field teams in Tapachula, Reynosa, and Ciudad Juárez regularly treat patients suffering from acute psychological distress, serious chronic illnesses, and injuries resulting from violence along the migration route.[8]

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[6] Human Rights Watch, May 2020, available at < Deportation with a Layover: Failure of Protection under the US-Guatemala Asylum Cooperative Agreement | HRW > HRW documents that none of the 945 asylum seekers transferred to Guatemala received protection and finds Guatemala's asylum system incapable of safely receiving them

[7] New York Times, February 2025, available at < México manda 10.000 elementos de la Guardia Nacional a la frontera - The New York Times >

[8] MSF, Mexico briefing, November 2024, available at < MSF responds to growing needs of migrants in Mexico | Doctors Without Borders - USA> MSF describes its ongoing medical and psychological services in key transit cities, highlighting cases related to violence, trauma, and chronic illness

Many of these conditions stem from repeated displacement within Mexico itself, as authorities move people between cities or forcibly displace them during operations targeting informal camps.

MSF testimony: "*They told us to go to another city for processing, but there was no shelter there. We slept on the street and were robbed. I was pregnant, and I lost the baby*." Honduran woman, Chiapas, Mexico

These practices reflect a deliberate strategy of deterrence and containment and have reinforced the securitisation of migration and eroded Mexico's capacity to offer protection. Meanwhile, criminal networks have capitalised on state neglect. In many cities, cartels kidnap migrants for ransom, or extort them in coordination with or parallel to local authorities, charging them for passage, accommodation, or even access to shelters.

3. Key Findings: Humanitarian Consequences of Externalisation Policies

Based on over 50,000 consultations conducted between January 2024 and early 2025, MSF has documented the severe humanitarian impacts of U.S. and regionally aligned externalisation policies. These include the criminalisation of migration, exposure to violence, mental health deterioration, and structural barriers to care, across MSF operations in Mexico, Guatemala, and Honduras.

a. Criminalisation and Denial of Asylum

Externalisation has contributed to the growing treatment of migration as a criminal offence. Migrants face arrests for irregular status, harassment by authorities, and denial of access to asylum and protection mechanisms.

- Mass expulsions without due process (including pushbacks at borders and internal transfers) result in people being stranded or relocated to unfamiliar, unsafe cities.
- Migrants are subjected to arbitrary enforcement actions, with no access to legal recourse.
- The asylum process in Mexico is overburdened and under-resourced, and many are denied entry to the system altogether or removed before resolution.

MSF testimony: "*When they closed our CBP One appointment, they offered to take us to Monterrey in trucks to issue us a humanitarian visa. But they took our cell phone and left us stranded in San Luis. My 15-year-old son was beaten, and when we arrived in Mexico City, they only gave us paracetamol. We asked for an X-ray but had no money*." Venezuelan woman, Mexico City

b. Vulnerability to Violence and Exploitation

Externalisation policies force migrants to remain for prolonged periods in dangerous areas with weak rule of law and high levels of organised crime.

- Sexual violence is rampant in border zones and transit areas. MSF treated nearly 3,000 survivors of sexual violence between January 2024 and February 2025 across Mexico and Central America.
- Migrants face coercion and extortion by traffickers, cartels, and sometimes officials. Many are unable to report these crimes due to fear, language barriers, or legal precarity.
- In places like Reynosa and Matamoros, kidnappings and forced disappearances have become systemic threats.

MSF Testimony: *"I was raped several times while passing through Honduras. I had no way to report it or anyone to turn to. When we arrived in Tapachula, a woman at the shelter told me that if I didn't have a*

document from the prosecutor's office, they couldn't treat me at the hospital." Honduran teenager, Tapachula, Mexico

MSF testimony: "*We heard the screams. A child's finger was cut off. They let me go, but I still have nightmares. I can't sleep anymore. I'm scared all the time. No one helps me with this*." Venezuelan man freed from kidnapping, Reynosa, Mexico

MSF centers in Mexico have reported a sharp increase in admissions for extreme violence since the rollback of asylum protections at the U.S. border.[9]

c. Mental Health Crisis

Externalisation has generated a mental health emergency across migration corridors. MSF has documented a 36% rise in mental health sessions (from 300 per quarter in 2024 to 485 in the first quarter of 2025), attributing the increase to elevated violence along migration routes following changes in U.S. asylum policy.[10]

- Consultations are conducted primarily for symptoms of trauma, anxiety, suicidal ideation, and depression.
- These symptoms are linked to prolonged waiting, cumulative exposure to violence, and the absence of legal or physical safety.
- Particularly high levels of psychological distress have been observed among LGBTQI+ people, women with children, and unaccompanied minors.

MSF testimony: "*After CBP One closed, we waited for weeks without any information. I stopped eating. My daughter cried every night. We didn't know what would happen*." Mother, Guatemala City

MSF testimony: "*They let us stay in a tent by the river, but every night I feared someone would attack us. I stopped sleeping. I thought about killing myself*." Teenage boy, Chiapas, Mexico

d. Structural Barriers to Healthcare

Externalisation policies place migrants in locations where basic healthcare is unavailable, unaffordable, or inaccessible.

- Migrants are frequently denied treatment due to lack of documentation, language barriers, or discriminatory attitudes.
- Constant displacement, often driven by enforcement actions, interrupts care, particularly for chronic illness and pregnancy.
- Health systems in key transit points are under-resourced and do not have dedicated services for migrants.

MSF testimony: "*They told me I could be treated in Mexico, but in Tapachula, I went to the health center and was told there were no appointments. They didn't want to see me. I am 65 years old and walk with difficulty.*" Honduran woman, Tapachula, Mexico

MSF testimony: "*I am Haitian, and I don't speak Spanish well. When I arrived at the hospital, they told me they couldn't treat me if I didn't understand what the doctor was saying. A woman from MSF helped me with translation*." Haitian woman, Mexico City

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[9] MSF, May 2025, available at <Increase in admissions at MSF centre specialised in treating people for extreme violence in Mexico City | MSF>
[10] Ibid.

5. Conclusions and recommendations

The current migration landscape across Mexico and Central America reflects the systemic consequences of externalised border control. Instead of facilitating access to protection, regional policies, shaped by U.S. pressure and implemented through enforcement-first responses, trap people in cycles of violence, insecurity, and exclusion. MSF has documented the medical and psychological toll of these policies: increased exposure to violence, including sexual violence, mental health crisis, and untreated chronic illnesses. These are not isolated incidents, but direct outcomes of policies that set out to immiserate people, deny them of safe and legal routes, block access to asylum procedures, and force them into danger.

The following recommendations to States are grounded in MSF's operational experience and call for addressing these harms by shifting away from deterrence and toward rights-based protection and humanitarian support.

- **End the use of externalisation strategies** that prevent people from accessing U.S. territory to seek asylum, including policies like MPP and Title 42-style expulsions and express deportations without due process that violate the principle of non-refoulement.
- **Uphold the right to seek asylum** by ensuring that individuals are not prevented from accessing protection due to administrative tools, digital barriers (such as app-based entry systems), or informal agreements that shift responsibility onto other countries, ensuring accessible, individual asylum procedures, free of discrimination or criminalisation of irregular entry.
- **Refrain from entering into migration agreements** with countries that do not offer effective protection guarantees, especially when they lack solid systems of asylum, health, or justice.
- **End the use of deterrence and containment strategies** that force migrants to remain in locations where their safety, dignity, and basic needs cannot be guaranteed.
- **Cease arbitrary expulsions, detentions, and internal displacements** that violate international law and increase exposure to violence, extortion, and family separation.
- **Ensure access to healthcare and protection services** regardless of legal status, language, or documentation, without administrative or legal conditions, complying with the principles of universality, equality, and non-discrimination recognised in national immigration laws.
- **Invest in safe shelter, legal aid, medical and psychosocial support** along key migration routes, especially in areas where migrants are forced to remain.
- **Recognise mental health as a structural priority** in contexts of mobility, integrating psychosocial care services, suicide prevention, and psychiatric treatment as an essential part of the humanitarian response.
- **Strengthen regional asylum systems** by funding protection-focused institutions (rather than enforcement), reducing bureaucratic delays, and supporting fair, accessible asylum procedures for all nationalities.
- **Protect vulnerable groups**, including children, survivors of sexual violence, LGBTQI+ individuals, and people with chronic illnesses, through targeted services, trauma care, and safe housing options.