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UNWELCOME

The devastating human impact
of migration policy changes
in the United States, Mexico
and Central America



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Map
MSF migration projects in Mexico and Central America
 January - July 2025



Introduction

“ We were held captive for 60 days. They hit me on the head, pulled a tooth, and shoved a gun in my mouth to take pictures and call one of my sons in the United States. My son and son-in-law paid the ransom, and we were released. The plan was to go to the United States. The rest of my family is there waiting for us. But with this US government, we don’t know what to do.

Venezuelan man in Ciudad Juárez, Mexico

“ Let’s not forget that, ultimately, we all come from somewhere else, and that human beings don’t own spaces, and that human beings are not more valuable because they are in the place where they grew up, where they were born. We are all equally valuable, regardless of where we grew up.

MSF staff in Mexico

Doctors Without Borders/Médecins Sans Frontières (MSF) **medical and mental health teams have supported people migrating across Latin America for over a decade.** Mexico’s northern border with the United States is the last stage of a long and dangerous route traversed in recent years by millions of people—not only from the Americas but increasingly from across the Atlantic Ocean. We have worked in almost every country migrants pass through. **In 2025 we have run projects in Mexico, Guatemala, Honduras, and Panama, adapting to a rapidly evolving situation.**

On US President Donald Trump’s first day back in office on **January 20, 2025**, he issued a slew of **immigration-related executive orders** that immediately upended and transformed the migration landscape at the US southern border and along the migration route. **The tightening of US policy** and the harsh approach toward migration has directly influenced other governments in the region. The multitude of changes have been far-reaching, and **the impact is often harmful—even if not always visible.**

Objective and methodology

This **briefing paper zooms in on these changes** to showcase **how they have affected migrants and asylum seekers** across the region, **eroding the right to seek asylum, severely impacting people's physical and mental well-being, and leaving many stranded with nowhere safe to go.**

Throughout May and June, we carried out a **series of in-depth interviews with MSF staff working across the migration route** via our projects in Darién and Colón (Panama), Danlí (Honduras), Esquipulas and Tecún Umán (Guatemala), and Tapachula, Coatzacoalcos, Villahermosa, Mexico City and Ciudad Juárez (Mexico). Over the past six months, we have **interviewed dozens of patients from different nationalities in various stages of migration. Some were stranded or still in transit** toward the US-Mexico border, **while others had voluntarily returned** to their countries **or were deported or forcibly returned.**

These interviews allowed us to better understand their challenges, current humanitarian needs, and most pressing concerns. **Finally, we analyzed medical data** gathered at our projects **between January 2024 and May 2025**, with a focus on primary health care consultations, cases of violence—including sexual violence—and mental health cases.

Executive summary

In recent years, various countries along the Latin American migration corridor have **strengthened their deterrence tactics** to curb migration in the region. In late January, the **US government dramatically changed its migration policy** by closing the main avenues for people to apply for asylum and heightening the security at the border with Mexico. Several other countries followed suit, introducing harsh policies—or tightening existing policies—to stem migration. At times this entails **forceful returns** of migrants within the region and at others it involves restricting **their movements**. Law enforcement agents and immigration authorities across the region have dismantled camps and settlements, closed reception stations, and dissolved mass gatherings in public spaces. They have carried out raids, arbitrarily detained people, increased patrolling and other security measures, and **made bureaucratic procedures**—including applying for asylum—**more complex and restrictive**.

This, on top of **rhetoric criminalizing migration** reverberating from Washington, has effectively erected not only a physical but a psychological wall for people trying to seek refuge in the US, leading to what has been the most **drastic reduction in migration** between Darién in southern Panama and northern Mexico in years. Thousands of people en route have already begun the **reverse journey** back to their countries of origin, others are attempting to reach a **new destination** in the region, such as Chile, Costa Rica, or Colombia. And while the exact number of migrants is unknown, **tens of thousands—possibly hundreds of thousands—have become stranded, especially in Mexico**. Often they don't have the economic resources to go back home, or can't because the **factors that forced them to leave are still there**: the political and economic crises in Venezuela and Cuba; the conflict in regions of Colombia; the pressure of criminal groups in Ecuador; the collapse of the State in Haiti; or political exclusion, discrimination, violence, or a lack of opportunities that is the reality for many in Latin American countries and countries in Africa and Asia.

Violence along the route between the Darién and Mexico has been very high and has not stopped. It remains one of the longest and most dangerous migration routes on Earth. Between January 2024 and May 2025, MSF teams in migration-related projects in the region **treated nearly 3,000 victims and survivors of sexual violence** and provided almost **17,000 mental health consultations, most of them motivated by violent events such as torture, kidnapping, extortion, robbery, forced labor, and sexual exploitation**.

Due to the sharp reduction in migration, MSF has closed several projects in Central America and Mexico, but **we continue to provide care for a significant number of patients** stranded in southern Mexico and Mexico City in particular. In fact, we have increased the **psychological care we offer across the country** following a surge in cases of anxiety, depression, and

feelings of hopelessness triggered by the abrupt migration policy changes in January this year. In some projects we are also seeing **very severe mental health issues** in a higher proportion of patients.

Moreover, **many migrants and asylum seekers who are stranded have dispersed, hiding** due to fear and stigma after being repeatedly persecuted and labeled as criminals. This **deters some people in need from seeking help and basic services** from public entities and organizations. It is also **harder for non-governmental organizations (NGOs) to access migrants**, as migrant shelters (known in Spanish as *albergues*) are operating at low occupancy after reducing services due to international aid cuts impacting supplies and human resources. *Albergues* are also located in costly and more heavily monitored central areas, making them less accessible and attractive to people on the move. Stranded migrants are increasingly looking for more affordable options and often end up in precarious rental rooms in the outskirts of town where they can stay for longer periods. These accommodations are sometimes controlled by criminal groups, have limited access to basic services such as water and electricity, and are far from health care.

Despite being a major political slogan, mass deportations of undocumented migrants from the United States to Mexico and Central American countries have not yet materialized. Deportation numbers have not increased compared to previous years. **Deportations** are mostly managed by the US government and authorities of the destination countries, but MSF has witnessed and heard through testimony how these processes **have sometimes compromised people's fundamental rights**.

The picture is grim, even if there are initiatives to facilitate the voluntary movement of migrants, set up comprehensive facilities to accommodate returnees and deportees, and provide some basic services. However, these **drastic changes have come amid an extraordinary global reduction in humanitarian aid funding**, catalyzed by the defunding and subsequent closure of the United States Agency for International Development (USAID) and the suspension of most of the programs it supported. In every location MSF has worked in Mexico and Central America this year, numerous organizations have stopped or reduced services. Above all, this has impacted the provision of health care, mental health, protection services, food, legal support, shelter, and distribution of non-food items, such as hygiene kits. Today, the **humanitarian system in the region is unprepared to** effectively respond to the needs of the most vulnerable people, **address complex cases**, and refer patients requiring specialized care.

MSF calls on all governments across the Americas to renounce their deterrence, militarization, and abandonment tactics that currently define the management of regional migration. MSF demands that States take the following measures:

- **Uphold international human rights and humanitarian law.**
- **Ensure access to asylum and medical care.**
- **Protect people from multiple forms of violence along the migration route** —from institutional abuse to criminal exploitation.

Timeline of key events in the region

External events	MSF Activities	
	2024	
	October	MSF returns to Darién, Panama, after suspension
Donald Trump wins presidential election in the United States	November	MSF increases assistance via mobile clinics in southern Mexico due to increase in migrant caravans
	December	
	2025	
Trump takes office CBP One app and parole are cancelled Nicolás Maduro takes office again in Venezuela Last migrant caravans take place in Mexico Countries prepare for mass deportations	January	
US starts new wave of deportations through third countries beginning with 299 migrants sent to Panama Migration influx from Darién Gap to Mexico drops dramatically Reverse influx starts through Central America	February	MSF starts providing some assistance to returnees and deportees in Central America
CBP Home app is launched El Salvador receives prisoners from third countries deported from US Panama starts gradually closing migration reception stations	March	MSF opens a project in Ciudad Juárez MSF treats severe mental health cases due to the impact of immigration policies
A new migration route across the ocean from Panama to Colombia emerges	April	Esquipulas project in Guatemala is closed
Panama closes main migrant station in Darién and declares the jungle route across the Darién Gap closed	May	Danlí project in Honduras is closed
	June	Tecún Uman project in Guatemala is closed Darién project is closed An emergency migration project is launched in Colón, Panama
	July	Coatzacoalcos project in Mexico is closed

The migration landscape in figures

Figure 1

Number of migrants crossing the Darién Gap

Source: Panama's National Migration Service

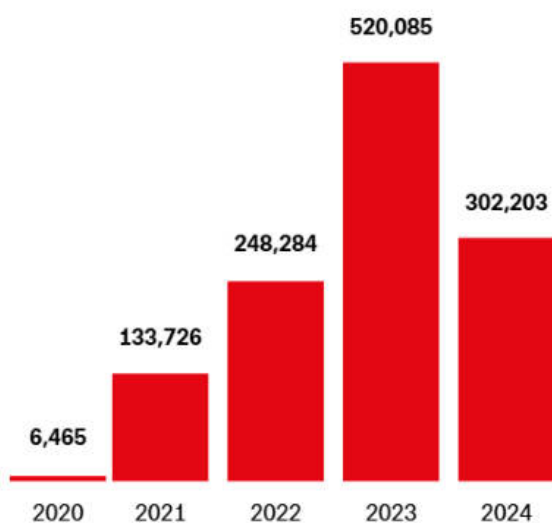
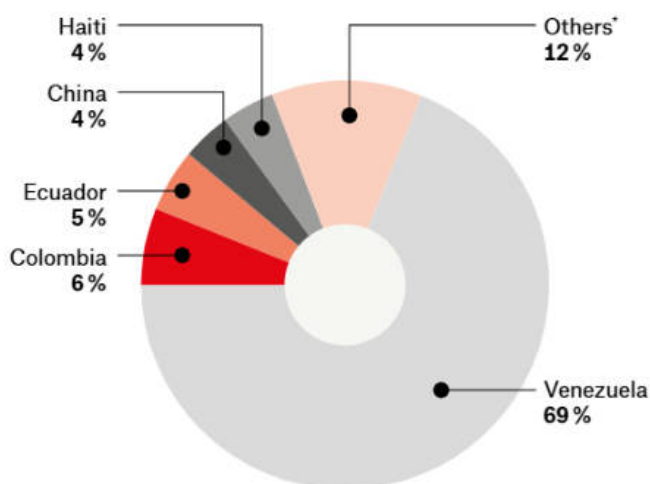


Figure 2

Country of Origin of people crossing the Darién Gap Jan 2024 – May 2025

Source: Panama's National Migration Service



* Other countries: predominantly India, Peru, Vietnam, Bangladesh, Nepal, Angola, Cameroon, Iran

Figure 3

Migrants crossing the Darién Gap

Source: Panama's National Migration Service

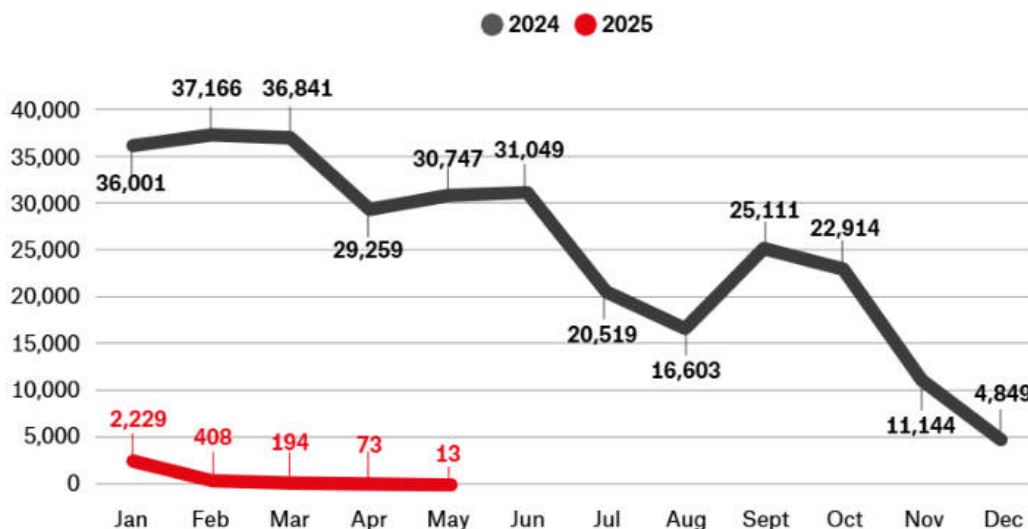




Figure 4
Irregular crossings at the US Mexico border
Source: US CBP

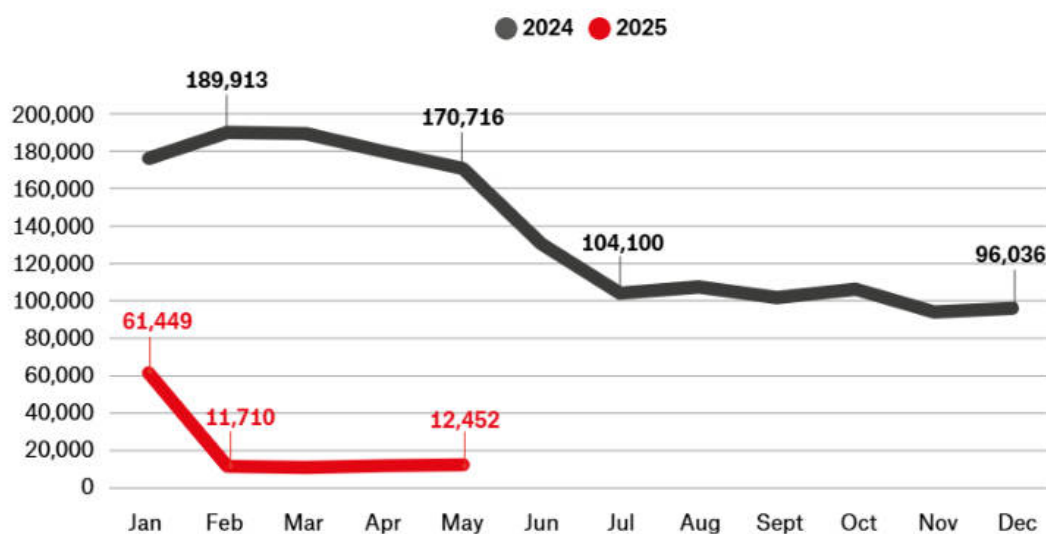
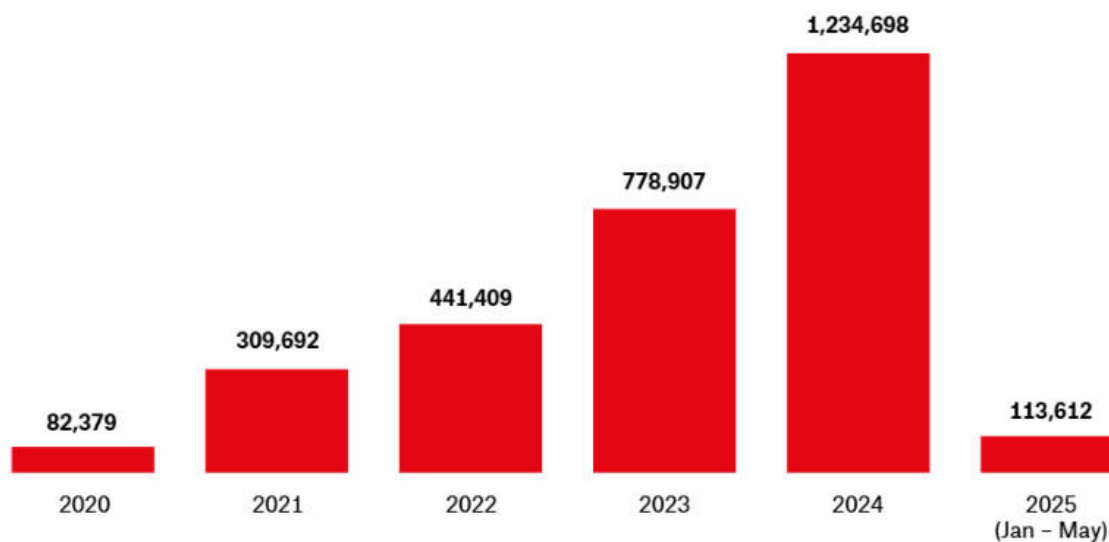


Figure 5
Undocumented migrants in Mexico
Source: Unidad Política Migratoria



Policy changes and deterrence tactics

The new US government's dramatic changes in migration policy in January 2025 created a domino effect, leading several countries along the Latin American migration corridor to significantly intensify migration deterrence measures, further tightening control over migration flows. Tactics include the expulsion and forced return of migrants, arbitrary and illegal detentions, movement restrictions, raids, the dismantling of camps and public gatherings, increasing bureaucratic hurdles to access asylum and migration procedures, and intensifying patrolling and security measures.

Through a combination of shifting economic, social, and budgetary policies—along with political pressure and targeted funding—the US is increasingly externalizing its border control responsibilities to Mexico and Central America.

THE US BORDER EXTERNALIZATION STRATEGY

When Trump returned to office he declared a “national emergency” at the southern border of the US, enabling the deployment of additional military force. This policy includes plans to fulfill a promise of “the largest deportation program” in the history of the US.

“ It wasn't just the closure of the avenues to request asylum, but also the surveillance by US Immigration, the designation of military zones, the showcase of weapons of war, helicopters, drones, the armored vehicles ... We see it constantly on the highways and it sends a clear message to the people: The border is closed.

Daniel Bruce, MSF medical referent in Ciudad Juárez, Mexico

A major feature of the US's externalization strategy is the allocation of funding to other governments to enforce migration controls within their own borders. Through programs such as the Central America Regional Security Initiative (CARSI) and the International Narcotics and Law Enforcement Affairs (INL), the United States has invested heavily in surveillance infrastructure, military deployments, and border patrol expansion in countries like Mexico, Guatemala, Honduras, and El Salvador.

Another key mechanism is the use of technology to regulate and restrict access to asylum. In 2023, the Biden administration introduced CBP One, a mobile application that migrants were required to use to schedule asylum appointments at US ports of entry. This effectively placed the burden of access entirely on migrants waiting in precarious conditions in Mexico. On January 20, 2025, the abrupt suspension of the CBP One mobile app stranded 300,000 across Mexico with no legal pathway forward.¹

“ We got the CBP One appointment for January 23. We feel abandoned and unprotected. We never wanted to enter the United States illegally. We humanly ask for benevolence for cases like mine: mothers who have been waiting for a long time with children, who want to give them a better life and get them out of this danger we are in. We have already gone through a process, we already had a right, an appointment, so how can they tell us to be calm? We have been victims of scams, the cartels, the coyotes, we have been deceived, we are traumatized by what we have been through ... How can they tell us to stay in Mexico?

Honduran woman in Reynosa

In March 2025, the US government then launched CBP Home, a program framed as an alternative to detention, pressuring people to “self-deport” —a concept with no legal basis. While the program claims to offer a voluntary return process, it has been widely criticized² for exploiting desperation and spreading misinformation, effectively forcing people to abandon their asylum claims. Additionally, CBP Home expands government surveillance.

The US continues to rely on the so-called “Safe Third Country” principle to shift its asylum responsibilities onto other countries. Under this approach, migrants and asylum seekers are expected to request protection in the first country they transit through—regardless of whether it has a functioning asylum system or the capacity to ensure effective protection.

1 Human Rights First, January 2025. See: <https://humanrightsfirst.org/library/human-rights-first-analysis-of-the-trump-administrations-initial-immigration-executive-actions/>

2 NIJC, January 2025. See: https://immigrantjustice.org/blog/leading-with-cruelty-eight-impacts-of-trumps-first-day-executive-orders/?utm_source=chatgpt.com

Although Mexico's President Claudia Sheinbaum has publicly denied that Mexico functions as a safe third country, in reality the country continues to occasionally accept the return of non-Mexican nationals under informal arrangements and bilateral agreements. As a result, US authorities continue to expel asylum seekers from countries such as Haiti, Venezuela, Nicaragua, and Cuba into Mexican territory, where they are often left without legal status, access to protection, or social support networks. These practices contravene many of the international treaties to which both the US and Mexico are signatories.³

“ I'm processing my asylum application in Mexico, regardless of whether I eventually want to reach the United States. Returning to my country isn't an option. I abandoned everything there. I was

- 3 These practices violate several binding international and regional legal instruments to which both the United States and Mexico are signatories. These include the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, which guarantee the right to seek asylum and prohibit people being returned to places where they could face serious harm (refoulement). They also contravene the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987), the International Covenant on Civil and Political Rights (1976), and the Convention on the Rights of the Child (1990), all of which ensure access to due process, legal remedy and prohibit arbitrary detention. Additionally, violations extend to the International Convention on the Elimination of All Forms of Racial Discrimination (1969), the American Declaration of the Rights and Duties of Man (1948), and the Charter of the Organization of American States (1948), which affirm the rights to liberty, protection from discrimination, and humane treatment for all migrants and asylum seekers.

Photo: Oaxaca, Mexico.
October 2024
© ADRI SALIDO



never able to get an appointment with CBP One or any other program like humanitarian parole despite several attempts. I wish to reach the United States mostly for my children, who are already there, and I haven't seen them since 2016. I want to reunite with them. I know it's going to happen. Only God knows when. Those of us who seek refuge are now being heavily criminalized. The discourse coming from the US, especially from the government, is very inhumane. Many people have been left stranded. All what is happening is very bad.

Honduran woman in Reynosa

MEXICO'S ROLE IN THE US'S EXTERNALIZATION STRATEGY

Since 2019, Mexico has deployed thousands of National Guard troops and migration agents to block the movement of migrants at its northern and southern borders. Under US and domestic pressure, Mexico has intensified enforcement operations, erected internal checkpoints, and expanded detention capacity. In January 2025, Mexico committed to sending 10,000 additional troops to the US-Mexico border.

After the pandemic, Mexico City became host to various migrant settlements—informal and official. As US immigration policy tightened, the city became a place of residence or prolonged stay for migrants. When the CBP One app was expanded to Mexico City in 2024, many migrants chose to wait there as the capital was seen as less dangerous than the northern border cities. However, that perception has shifted. Since 2024, and even more so in 2025, MSF has observed local authorities implement measures to dismantle informal encampments—often in response to public pressure driven by deeply rooted structural discrimination.

“ In recent years, there was a certain permissiveness towards urban encampments, and they began to grow little by little. However, this year it became a more complicated situation. Organized crime began to permeate these camps—migrants were charged for renting spaces, violence occurred. The [official] discourse is to put the rights of migrants in the forefront, but we started to see emerging strategies in which certain medical and social services were brought closer to these sites, only for the camps to be removed within a few days. At the peak, the three main camps [La Soledad, Railways, and the Bus Terminal] hosted about 4,500 people. People were allowed to stay for up to three months at a migrant shelter, and when that time was over, people often began to stay outside. We used to provide assistance in five camps—now only one is active.

Ángel Israel Reséndiz, MSF mobile activity manager in Mexico City

Some MSF patients in Mexico City were suddenly sent to other parts of the country against their wishes while in the midst of their refugee applications. In southern Mexico, officials from the National Immigration Institute (INM) use coercive dispersal and obstruction strategies to deter migrants from moving north. Migrants who were offered temporary permits and vehicles and coerced into taking longer routes north were then forcibly pushed back from central and northern Mexico to southern cities such as Villahermosa. This trend continued this year, perpetuating an exhausting pattern of circular migration from south to north and back again.

“Most [migrants sent to Villahermosa] seem to be quite uninformed, with many doubts. Basically, they are given the paperwork and told to leave the country in 10 days. They are left outside the Immigration station at any time of the day, which makes it complicated to set up a system to provide them with information.

Ricardo Santiago, MSF project coordinator in Coatzacoalcos and Villahermosa

Many migrants arriving to Mexico from Guatemala begin the official asylum and migration process when they arrive in Tapachula—the starting point of most of the migrant caravans. Groups of migrants form caravans and walk long distances together for extra protection from violence and law enforcement agencies, and to make their plight visible. More caravans emerged in the last quarter of 2024—MSF teams responded to at least 15 in the states of Chiapas, Veracruz, and Oaxaca between October 2024 and January 2025.

Tactics to dissolve the caravans increased in January before the Trump administration took office. In Chiapas, state security personnel were deployed to each municipality to break up the groups. In Tapachula, the surveillance of migrants increased. Since February 2025, there have been no new caravans.

“Throughout February to May we have seen in Tapachula raids in hostels, motels, in the houses where migrants rent rooms, at parks and spaces where they set up the camps. Officials jumped on buses and stopped taxis asking for papers.

Lucía Samayoa, MSF project coordinator in Tapachula

Central America

Guatemala

In Guatemala, authorities have always exercised strict control over public spaces, with municipal measures aimed at limiting the visibility of migrants. In Tecún Umán, a town on the border with Mexico, local authorities have carried out regular checks at transit points, prohibiting migrants from resting on pavements or spending the night at the bus station. While these expulsions have decreased due to the sharp decline in migration, other practices have continued unabated.

“ It seems as if the police had a quota of people to turn back. They stop them along the route and send them back to the Honduran border. This goes hand in hand with transporters charging exorbitant amounts. When they arrive [in Tecún Umán] for a second or third time, they would let them through or charge them something to continue.

Carmen López, MSF mobile health activity manager in Guatemala

In the past two years, Guatemala—with the support of US funding⁴—has also ramped up border control and security operations, deploying more military and police forces along its borders,⁵ and expanding detention and patrol capacity.⁶

4 These efforts have been supported by security assistance through the Central America Regional Security Initiative (CARSI), which continues to fund drone surveillance, joint patrols, and interagency coordination. According to the Congressional Research Service, CARSI received a \$341.3 million budget request for FY2024, with a substantial portion directed toward Guatemala's law enforcement, anti-corruption programs, and to address drivers of migration. While these measures aim to disrupt criminal networks and reinforce regional security, concerns have been raised about the human rights implications of militarized border control and forced migrant return; see <[Progressive Legislators Call to Cut Aid to Northern Triangle – COHA](#)>

5 The U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) has supported Guatemala's border enforcement through training, equipment, and infrastructure development, including highway checkpoints and joint patrols with military and police units, see <<https://2021-2025.state.gov/bureau-of-international-narcotics-and-law-enforcement-affairs-work-by-country/guatemala-summary/>>; see also <https://apnews.com/article/guatemala-mexico-us-border-security-d5e6d983c36571353f7a9d7b5e2fea2a> and [Guatemala y EEUU fortalecen cooperación en seguridad fronteriza y transnacional](#)

6 See [Guatemala Immigration Detention Profile – Global Detention Project | Mapping immigration detention around the world](#); and [Guatemala steps up patrols along border as US extends border security goals south | The Independent](#); and [Guatemala To Build USAID-Funded Migrant Center Amid U.S. Deportation Push](#);

Honduras

Official narratives and policies of the Honduran government continue to promote “humane and dignified migration,” but in parallel, enforcement targeting migrants has intensified following the return of the Trump administration. Since early 2025, MSF teams have documented law enforcement agencies executing systematic identity checks, forced evictions from public spaces, and restrictions on movement targeting certain nationalities, particularly Venezuelans. These actions are justified by officials citing security concerns related to the “Tren de Aragua” criminal group, though in most cases, those targeted have no criminal record or proven link to organized crime.

Panama

Since the second half of 2024, Panamanian authorities have heightened security along the main migration corridors in the Darién Gap by deploying additional forces, installing barbed wire fences, announcing fines, and forcibly returning individuals predominantly from Colombia, Venezuela, and Ecuador (the main nationalities crossing the jungle).

Photo: Darién Gap, Panama.
October 2023

© JUAN CARLOS TOMASI



Reduced influx south to north, new routes, returnees and deportees

Factors driving migration across Latin America such as conflict, gang violence, political exclusion and other forms of discrimination, and a lack of economic opportunities remain. The migrant flows between Darién in southern Panama and Mexico are currently very low. People are seeking alternative destinations, and some are returning south often via dangerous routes. Deportations from the United States have not increased compared to recent years, but the way in which they are carried out has worsened.

REDUCED INFLUX SOUTH TO NORTH

The influx of people on the move across Central America to the US-Mexico border reduced drastically in the first half of 2025—although the number of crossings north through the Darién Gap started to notably decrease in the last few months of 2024. The jungle connecting Colombia and Panama saw over one million people crossing in the last decade (half of these in 2023 and a third in 2024) but registered an average of just 430 people per day between October and December 2024. Migrants' testimonies and MSF's experience highlighted several reasons for the decline: armed groups controlling the influx on the Colombian side of the jungle; having to take longer and more challenging routes due to heightened security; and political uncertainty in Venezuela.

“ At some point we weren't seeing as many people from Venezuela anymore, but we were seeing people from outside the continent such as Cameroon or Nepal. Changes in immigration policies probably caught them off guard.

Miriam Hernández, MSF medical referent in Panama

In February, after several days with few or no crossings, the Panamanian government declared the Darién border “closed”, and in March began officially closing services for arriving migrants in the indigenous community of Bajo Chiquito and the Temporary Migrant Reception Station (ETRM) in Lajas Blancas, leaving only the ETRM in San Vicente operational.

In 2023, Honduras saw a peak of 545,000 people⁷ of 130 different nationalities arriving, predominantly Venezuelans, Cubans and Haitians. This number decreased only slightly in 2024. Historically, migrants have also arrived in Honduras from Haiti, Cuba, Ecuador, and elsewhere via flights to Nicaragua and El Salvador. Arrivals slowed between December 2024 and January 2025, reaching a three-year low in February following Trump's return to office. This trend was also observed in Guatemala.

“ There was a peak again in the flow from October, before the US elections, because people had this idea that if Trump wins, it would be much more difficult [to get asylum]. In the first months of 2025 many people stopped traveling northwards. We still see some small groups, but they are fewer and more invisible, because they are accompanied by a guide [trafficking networks] and are smaller.

Carmen López, MSF mobile health activities manager in Guatemala

By February, crossings into southern Mexico had largely ceased—Tapachula registered a decline in arrivals of 90 percent.⁸ MSF teams in Tapachula began to see a decrease in families with children—a demographic that had increased in recent years—and an increase in adults travelling alone. At official crossing points to the US in northern Mexico, the years-long influx of migrants slowed in the last half of 2024 before experiencing a final acceleration at the end of year and a sharp decline again 2025.

“ Smugglers are still offering ‘travel’ packages for clandestine routes [to cross] on social media platforms like TikTok. Some people who are now stranded want to continue and reach their destination, but they don't know how, and this forces them to take more unsafe routes, falling into the hands of organized crime groups for human trafficking.

Daniel Bruce, MSF medical referent in Ciudad Juárez

MSF and other organizations have witnessed families being separated on both sides of the US-Mexico border as access to asylum is eroded.

7 UNHCR, December 2023. See: <https://data.unhcr.org/en/documents/details/106274>

8 Centro de Dignificación Humana, February 2025.

RETURNS AND NEW ROUTES

In February 2025, Central American countries began to see a new phenomenon—a reverse influx of migrants. As shelters for migrants sat empty in southern Mexico, administrators told MSF about this backwards movement of people. At first it appeared to only be people from Central American countries just south of Mexico, but later Venezuelans began to join.

“ In Tecún Umán, most people we see [returning] were en route to the United States, and not many want to stay in Guatemala, but some have decided to do so—for instance, they work until they get money to be able to return to Venezuela. There is also the issue of how to return from Panama to [South America] without crossing the jungle. Some people are thinking about stopping in Costa Rica first and raising money to do the second part of the trip. Some tell you that their dream hasn't come true, and they will return home or where they have family and friends, but for others it's not a viable option and they are considering a third country such as Colombia.

Carmen López, MSF mobile health activities manager in Guatemala

Photo: Mexico City.
September 2024
© SARA DE LA RUBIA



Returnees often enter Guatemala through the known gaps they had found on their way to Mexico and immigration authorities are not systematically documenting people returning. In Honduras, the International Organization for Migration (IOM) estimated⁹ an average of 1,000 to 4,600 monthly returnees from January until May, not including Honduran nationals. Panamanian authorities have documented over 11,000 returnees between January and June.

“ Non-Honduran returnees are arriving in Danlí at night. They don’t want to cross Nicaragua at night, so they arrive at the border in the late afternoon, rest for a while in rest centers, and begin the journey in the early morning to cross to Nicaragua throughout the day. Our contact with people in reverse migration [is limited], they stay very little time.

Jorge Castro, MSF project coordinator in Danlí, Honduras

Returning migrants arriving in Panama are mostly Venezuelans—their main option to continue towards Colombia is by sea. This leg of the journey begins in Colón where MSF teams provide care in two locations: Palenque, the district capital, and Miramar, a small village. Returnees often arrive by bus. Overnight, some rent rooms and others shelter in run-down buildings or sleep on the beach before leaving in the early morning by boat, which costs up to \$280. Sadly, shipwrecks have already been reported.¹⁰

Although migrants are essentially forced to return after being criminalized, persecuted, or obstructed while travelling north, little or no support is provided on their return journey, leaving already vulnerable people without resources or protection and further exposing them to organized crime and increased risk.

9 IOM, May 2025: https://nortedecentroamerica.iom.int/sites/g/files/tmzbdl1276/files/documents/2025-06/flash-report-oim-transito-y-retorno-de-mayo-2025_0.pdf

10 The New Humanitarian, June 2025. See: <https://www.thenewhumanitarian.org/news-feature/2025/06/19/challenges-invisible-reverse-flow-migration-panama-americas>



Photo: Darién Gap, Panama.
December 2024
© NATALIA ROMERO PEÑUELA

DEPORTATIONS

One of Trump’s campaign promises was to conduct mass deportations from the US—where up to an estimated 11 million undocumented migrants reside.¹¹ In preparation, Mexico increased support for Mexican nationals at consulates in the United States and established *México te abraza*¹² (Mexico embraces you), a program to facilitate the reception of deportees. But the mass deportations have yet to materialize. Deportations from the US have been carried out secretly, with international humanitarian organizations rarely having access to the facilities that deportees are sent to.

“ We met a Mexican patient, a 70-year-old man, at a shelter where we regularly do mobile clinics. He had been in Ciudad Juárez for about a month after being deported in March from the United States without the chance to say goodbye to his family. He had lived for 56 years in the United States—where he grew up, worked in landscaping and as a truck driver. He says he had been first deported in the 1970s after committing a felony, but he managed

11 Office of Homeland Security Statistics, 2024. See: https://ohss.dhs.gov/sites/default/files/2024-06/2024_0418_ohss_estimates-of-the-unauthorized-immigrant-population-residing-in-the-united-states-january-2018%25E2%2580%2593january-2022.pdf

12 Mexican Government, January 2025. See: <https://www.gob.mx/presidencia/prensa/no-están-solos-hay-que-guardar-la-calma-presidenta-presenta-la-estrategia-méxico-te-abraza-en-atención-a-migrantes-mexicanos>

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to rebuild his life afterwards, get back to the US and stay legally in the country for decades. He firmly believes his deportation was unjust. His wife, 73, his two sons, his daughter, and six grandchildren—all US citizens—live between New Mexico and California. He is the only one of his family in Mexico now. He kept saying, 'What do I do now? My life was there.' In Ciudad Juárez, he is facing multiple challenges. He does not speak Spanish fluently, which deepens his sense of isolation.

MSF team member in Ciudad Juárez

The Guatemalan government responded to potential deportations with *Retorno a casa* (return home), a multifaceted contingency plan but focused on people returning by air. Some deportees to Guatemala are being shackled on military planes—a practice widely denounced.¹³ Guatemala's government also agreed to receive people from other Central American countries and then assess ways to repatriate them.

In Tecún Umán, a few nationals from Honduras and El Salvador join Guatemalans on the deportation bus. Authorities are not allowed to bring them to the center for returnees so they are forced off the bus before reaching the border. They then walk across land or the river to reach Guatemala by their own means—an incomplete deportation of sorts.

“ I won't forget the story of a [Venezuelan] patient I met in Esquipulas. He was in the United States after entering through CBP One four months earlier. He was working at a gas station when [law enforcement agents] attempted to arrest him. His was distressed as his four-year-old son was at home [with another caregiver], and if they deported him, the child would be left alone. He ran away from the police and went home to hug his son. They had to be deported together because they realized the child had also entered with him. First, they were held in a detention center separately for about 20 days. Later, they were deported to Mexico. During the transfer from the US to Mexican authorities, his backpack containing personal items and savings was stolen and they were left in Villahermosa, Mexico. They had to start their return [to Venezuela] without money. He was very frustrated and disappointed because he had gone through the legal process with CBP One, and it had all been a lie in the end.

Carmen López, MSF mobile health activities manager in Guatemala

¹³ AP, January 2025. See: <https://apnews.com/article/guatemala-us-military-flights-deportation-trump-55ad95aa0e12398078db8b941986facc>

In February 2025, Honduras signed a new migration enforcement agreement with the US under which deportation flights have landed in San Pedro Sula and Tegucigalpa, returning not only Honduran nationals but also Venezuelans, Colombians, and Nicaraguans, among others, who had transited through Honduras en route to the US. Despite these agreements, the number of nationals deported to Guatemala¹⁴ and Honduras¹⁵ has not increased compared to preceding years.

Panama—like Costa Rica and Honduras¹⁶—agreed with the US government to act as bridge for US deportees of various nationalities to third countries. The day Panamanian President José Raúl Mulino took office on July 1, 2024, his government signed a memorandum of understanding with the US to reduce migration through the Darién Gap. Since then, the US has funded return flights for migrants in Panama to Colombia, Ecuador, India, Vietnam, and elsewhere. There were also efforts to repatriate Russian, Turkish, Ghanaian, Pakistani and Afghan nationals stranded in Panama.

However, many of these people were asylum seekers fleeing persecution in their countries and were unable to exercise their right to seek asylum in the US or in Panama. In February, 299 extracontinental migrants were deported from the US and detained in a hotel in Panama City.¹⁷ Dozens of them were held for months in the migration station of San Vicente, Darién, along with returnees and the few newly arrived migrants, without access to asylum procedures or legal counseling, and sometimes in overcrowded conditions.

“ At the start, people didn’t have access to information or legal advice, they didn’t have freedom of movement, and their immigration status wasn’t established. Some were given a three-month permit to stay—a deadline extendable after meeting [unattainable] requirements, such as having a valid passport, something that many Venezuelans haven’t had for years, or a verified criminal record from their country. People asking for their rights were sent to Miramar to take a boat to Colombia.

Carlos Estrella, MSF project coordinator in Darién

14 Government of Guatemala. See: <https://igm.gob.gt/informes-estadisticos/>

15 Government of Honduras. See: <https://inm.gob.hn/retornados.html>

16 Guatemala says it is only accepting deportations from Central American citizens. Chicago Tribune, June 2025. See: <https://www.chicagotribune.com/2025/06/27/presidente-de-guatemala-niega-acuerdo-de-tercer-pas-seguro-con-eeuu/>

17 The New York Times, February 2025. See: <https://www.nytimes.com/2025/02/18/world/americas/trump-migrant-deportation-panama.html>

FACTORS DRIVING MIGRATION AND ALTERNATIVE DESTINATIONS

Most migrants transiting Latin America—including the Darién Gap through to Mexico—fled the political and economic crisis in Venezuela. Close to three million Venezuelans have taken refuge in Colombia and hundreds of thousands in other South American countries.¹⁸

“ We left Venezuela on August 15, 2024, with my wife and two children. A family paying rent, food, and travel expenses can’t live with \$100-120 a month.

Venezuelan man in Ciudad Juárez talking about why he decided to head to the US

Haitians also make up a significant proportion of migrants along this route, fleeing a collapsing government, conflict, and criminal groups that have expanded their control beyond the capital city. Violence perpetrated by gangs in Ecuador has risen since 2021—the country registered 58 percent more homicides in the first four months of 2025 than the same period in 2024.¹⁹ Armed conflict in peripheral regions of Colombia is surging. The number of confined and internally displaced people is on par with those prior to the peace agreement in 2016 with the Revolutionary Armed Forces of Colombia (FARC, in Spanish).²⁰ On top of conflict, the lack of opportunities for many in these contexts—as well as in Cuba—also drive people leave home.

“ The main reason for leaving Colombia was the violence. My parents have a coffee farm. Suddenly an armed group started to intimidate us. They wanted to recruit those who have done military service because we know the training. That is why I decided to flee. I do not want to belong to an armed group that does not fight for the good of the country, which is pure drug trafficking. [After the cancellation of CBP One], the only thing left for me is to go to the border, enter the US and turn myself in. Going back to Colombia scares me.

Colombian man in Coatzacoalcas

18 Plataforma de Coordinación Interagencial para Refugiados y Migrantes de Venezuela. See: <https://www.r4v.info/es/refugiadosymigrantes>

19 Data from the Home Ministry of Ecuador. Primicias, May 2025. See: <https://www.primicias.ec/seguridad/ecuador-aumento-homicidios-muertes-violentas-primer-cuatrimestre-datos-ministerio-interior-96741/>

20 Crisis Group, Global Watchlist 2025. See: <https://www.crisisgroup.org/global/watchlist-2025>

For years, many migrants arriving in Mexico attempting to reach the United States came from the so-called Northern Triangle of Central America (Honduras, El Salvador, and Guatemala).

“ I had to leave my country urgently because we were given a 24-hour ultimatum to pay an amount of money we didn't have. My husband has hypertension, and it was difficult to get his medication. We currently live in a pastoral house in Tapachula, where we received a lot of help. We don't have jobs. In our country we received serious threats: They burned the van we worked with, and the people who threatened us came twice looking for us. We have started the process to apply for refuge here in Mexico. I must show up weekly to sign [paperwork], and I will have to sign more than 18 times before we know if our application will be accepted. For us, migrating was neither a political choice nor a search for better economic opportunities. It was an urgent decision to save our lives.

Salvadoran woman in Tapachula

“ Since 2022, the state of emergency has been in place and extended various times in Honduras, allowing state forces to enter homes without a warrant order if there is a suspicion of links with criminal groups. The government has announced that homicides have decreased, but other types of crimes, such as gender-based violence and extortion, have reportedly increased. Territorial disputes persist in areas of the northern region such as San Pedro Sula and the Sula Valley, where many Hondurans now being deported are settling. Despite reintegration plans, some conditions are still critical and job opportunities are precarious.

Jorge Castro, MSF project coordinator in Danlí, Honduras

Nationals from Mexico flee violence perpetrated by organized crime groups²¹ and thousands of people from beyond the Atlantic flee instability, war, poverty, and discrimination in countries in Africa, Asia, and Europe. Most factors driving people to make the decision to flee persist. So, for many, returning to their country is not an option. According to MSF staff and patients' testimonies, people are looking to go to Chile, Brazil, and some areas of Colombia. Others mention Costa Rica and areas of Mexico with greater economic opportunities. For most, the future is uncertain.

21 ACLED, Conflict Watchlist 2025: <https://acleddata.com/conflict-watchlist-2025/mexico/>

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Stranded in Mexico

Tens of thousands of asylum seekers and migrants remain stranded in Mexico. Asylum requests have surged, but bureaucratic procedures have become increasingly lengthy and complex. People are forced to look for long-term accommodation, which is not available in temporary shelters, so end up living in precarious conditions in marginalized and high-risk neighborhoods. For most, returning to their countries of origin is not an option, not only due to the risk of returning to what they fled, but also because of a lack of safe travel routes, financial resources, the need to reunite with family members elsewhere, and the psychological toll of fear and uncertainty.

ASYLUM IN MEXICO AS THE ONLY OPTION

Mexico had already experienced an increase in asylum requests over the last decade, from over 2,000 requests in 2014 to 140,000 in 2023 (though the figure of requests nearly halved in 2024).

Despite its growing asylum caseload, the Mexican Commission for Refugee Assistance (COMAR, in Spanish) remains severely under resourced, with chronic shortages of staff, interpreters, and legal aid services. Since 2019, COMAR's operational capacity has relied heavily on international support, primarily from the UN Refugee Agency (UNHCR),²² which has provided technical and financial assistance twice the size of COMAR's annual federal budget.

In 2025, this support was reduced due to broader cuts in international funding, and the Mexican government failed to increase COMAR's federal allocation. These reductions had a direct and compounding effect on the agency's ability to respond to asylum needs. As a result, asylum seekers remain stuck in prolonged and often indefinite legal limbo, with increasingly limited access to protection mechanisms and growing vulnerabilities.

The day the current US Administration took office, COMAR reported that hundreds of people arrived to request asylum in Mexico City. Since then, there has been a constant flow, with reported peaks of about 1,000 per

²² La Jornada, December 2024. See: <https://www.jornada.com.mx/2024/12/16/politica/009n1pol>

²⁷ MSF | UNWELCOME. The devastating human impact of migration policy changes in the United States, Mexico and Central America



Photo: Coatzacoalcos, Mexico.
January 2025
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day²³ and an average of 250 requests per day. By June 2025 there were 36,000 requests for the year.²⁴ Migration authorities in Mexico have tried to implement a system like CBP One, but users criticize that the platform regularly presents technical errors, and the process has seemingly become more complex and lengthier—although the duration can be arbitrary, with some people receiving notifications within days and others in months.

“ Previously everything was done in a single administrative office and people would stay in a nearby camp waiting for the appointment. Now they must visit two offices: one located in a hard-to-reach area of the State of Mexico and the other in one of the most dangerous neighborhoods. Regarding the time to complete the process there is no logic. In fact, there was a significant reduction in COMAR staff at the start of the year.

Ángel Israel Reséndiz, MSF manager for mobile activities in Mexico City

²³ The New Humanitarian, April 2024. See: <https://www.thenewhumanitarian.org/news-feature/2025/04/03/trump-ends-asylum-mexico-viable-alternative-those-left-stranded>

²⁴ UNHCR, June 2025. Diario de México. See: <https://www.diariodemexico.com/mi-nacion/recibe-mexico-250-peticiones-de-asilo-o-refugio-al-dia-acnu>

²⁸ MSF | UNWELCOME. The devastating human impact of migration policy changes in the United States, Mexico and Central America

Similarly, COMAR offices in Tapachula—which receives the highest number of asylum applications across the country—became overwhelmed after January 20. February was a month of great uncertainty for everyone. Furthermore, COMAR also reduced its staff, which has undermined their capacity to meet the current demands.

“ In Tapachula, a process that should normally take three months is taking much longer. The process remains just as slow and bureaucratic, only that now there is more demand and human resources are reduced. There are 19 staff, and they can only conduct four to five interviews per day per person. With the Haitian population it is only done on Fridays, when they have translators.

Lucía Samayoa, MSF project coordinator in Tapachula

FROM SHELTERS TO PERIPHERAL NEIGHBORHOODS

It is hard to estimate the real quantity of people who are now stuck in Mexico. In Tapachula, UNHCR estimates that 20,000 are stranded, while MSF estimates put the figure at 10,000 in the town and a similar figure in the rest of Chiapas state. In Ciudad Juárez, it was estimated that prior to January around 20,000 people used to arrive monthly, so our teams assume a similar number are stranded. It is even more difficult to calculate the remaining migrants in Mexico City, a city of nearly 10 million inhabitants.

In these cities, *albergues* often linked to religious charities, were the main housing for people on the move, but they are now less attractive for people who are stuck in Mexico due in part to the fear of being arrested and deported. Furthermore, shelters often place time limits on stays. Funding cuts have impacted basic but crucial services, including food. MSF teams regularly carry out mobile clinics in *albergues*, and while their occupancy capacity was exceeded most of 2024, in the first half of 2025 occupancy has fallen to 20 percent in Tapachula, 5-10 percent in Ciudad Juárez, and even less in Reynosa and Matamoros.

“ In Ciudad Juárez many of those migrants who remain here are moving to more marginalized areas in the outskirts of this city where it is more affordable to rent a room, but access to services such as water and sanitation or electricity is more precarious.

Daniel Bruce, MSF medical referent in Ciudad Juárez

MSF teams also see this trend happening in towns such as Reynosa, Matamoros, Coatzacoalcos, Tapachula, and in Mexico City.

“ In Tapachula, the Albergue Buen Pastor is a good thermometer. Since January it has never gone above 20 percent of occupation. Many people are now renting homes in more remote locations. They do it in groups, families of about eight people. These are peripheral residential areas, which at first glance seem abandoned or they aren't properly maintained, sometimes there is not even a regular water service. Migrants live in these unsuitable places, which compromise their health.

Lucía Samayoa, MSF project coordinator in Tapachula

In some of these areas, criminal groups exert higher control, leaving migrants more vulnerable to different forms of violence.

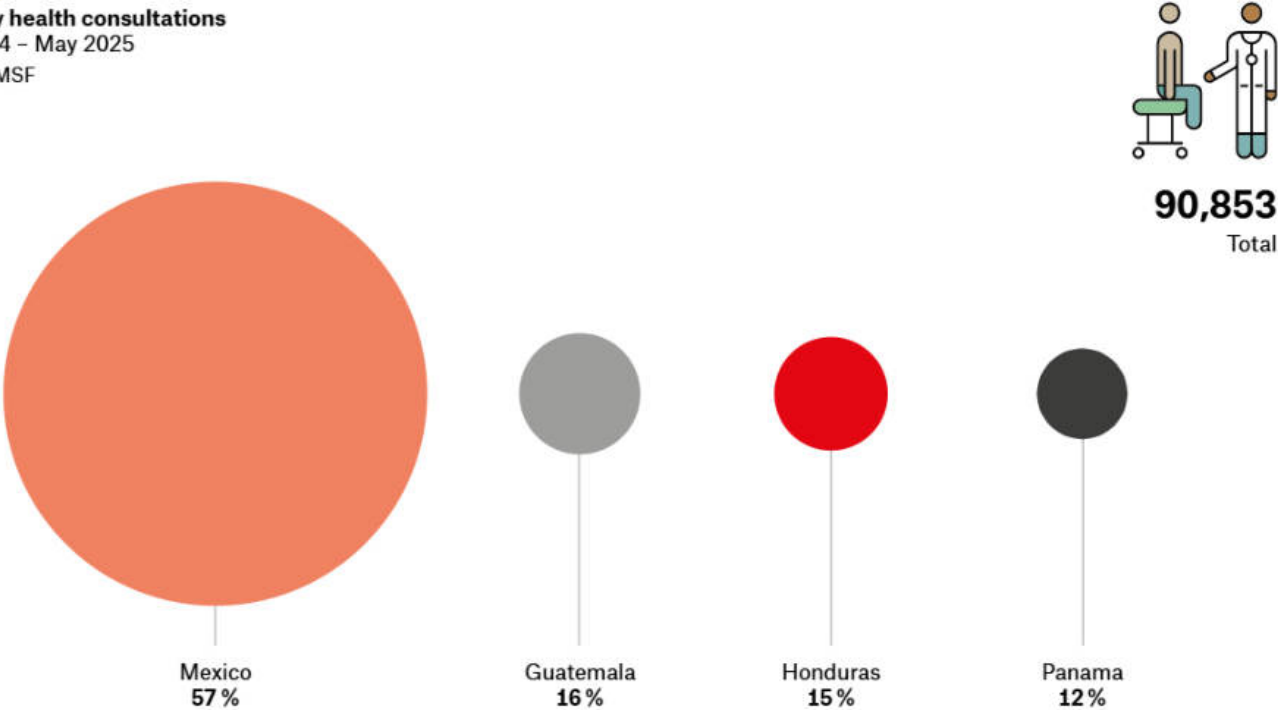
Photo: Mexico City, Mexico.
April 2025
© SERGIO PÉREZ GAVILÁN



Health issues and violence

Violence against migrants across the region remained alarmingly high throughout 2024, including multiple forms of violence such as torture, extortion, kidnapping, sexual violence and labor exploitation. Although transit flows have decreased, migrants continue to face high levels of risk. Stigmatizing narratives contribute to a climate of fear that discourages some of them from approaching public institutions or services, pushing them further into hiding and limiting their access to protection. This also makes it increasingly difficult for humanitarian organizations to reach them. MSF has observed a growing number of severe mental health cases.

Figure 6
Primary health consultations
Jan 2024 – May 2025
Source: MSF



HEALTH ISSUES

Between January 2024 and May 2025, MSF teams in Mexico, Guatemala, Honduras, and Panama carried out more than 90,000 primary health consultations, more than half of them in Mexico. They also provided 11,850 sexual and reproductive health consultations, including family planning, prenatal, and postnatal consultations. MSF teams in the region provided a range of activities, including primary health care, sexual and reproductive health support, mental health, social work, health promotion and specialized care for survivors of extreme violence.

Teams based in the region were very busy throughout 2023 and 2024 during the highest peaks in transit after the pandemic. Following changes in migration policy in Panama in the second half of 2024 and the victory of Donald Trump in November, MSF saw a decline in the medical consultations needed in Panama, Honduras, and Guatemala. The more drastic change in the migration patterns since January has led to a sharp decrease in the number of medical consultations MSF has provided across the Latin American migration corridor.

However, the situation in Mexico was different. Many migrants and asylum seekers, as policy changes caught them en route, hurried to move within Mexico aiming to reach the northern border before the new Administration took office. Our teams in Mexico saw a rise in consultations towards the end of 2024 and only a slight decrease at the start of 2025. In southern Mexico, several MSF mobile clinics responded to the migrant caravans that were forming in Tapachula. Among the patients were people with acute respiratory diseases, musculoskeletal diseases, and skin and gastrointestinal conditions due to the consumption of unsafe water, grueling walks, and extreme temperatures.

We also adapted our response in Mexico City as settlements in public spaces we used to serve were dismantled and the locations where migrants congregated in urban encampments shifted, for example from La Soledad to El Caballito. In Honduras, MSF teams used to approach migrants at the bus stations. The main conditions seen were upper respiratory tract infections, gastrointestinal infections, musculoskeletal conditions, skin conditions, muscle injuries, and inflammation. In Guatemala, as the migration flow decreased and some migrants started returning, MSF adopted a more flexible approach searching for people on the river that borders Mexico.

“ In late 2024 and the start of 2025, musculoskeletal and accidental injuries, lower back pain and other conditions related to physical pain increased. We noticed that some of the migrants returning and staying temporarily were working to earn some money. It was generally heavy jobs, such as construction, unloading trucks, or cleaning.

Carmen López, MSF mobile health activities manager in Guatemala

Figure 7
Primary health consultations
 Jan 2024 – May 2025
 Source: MSF

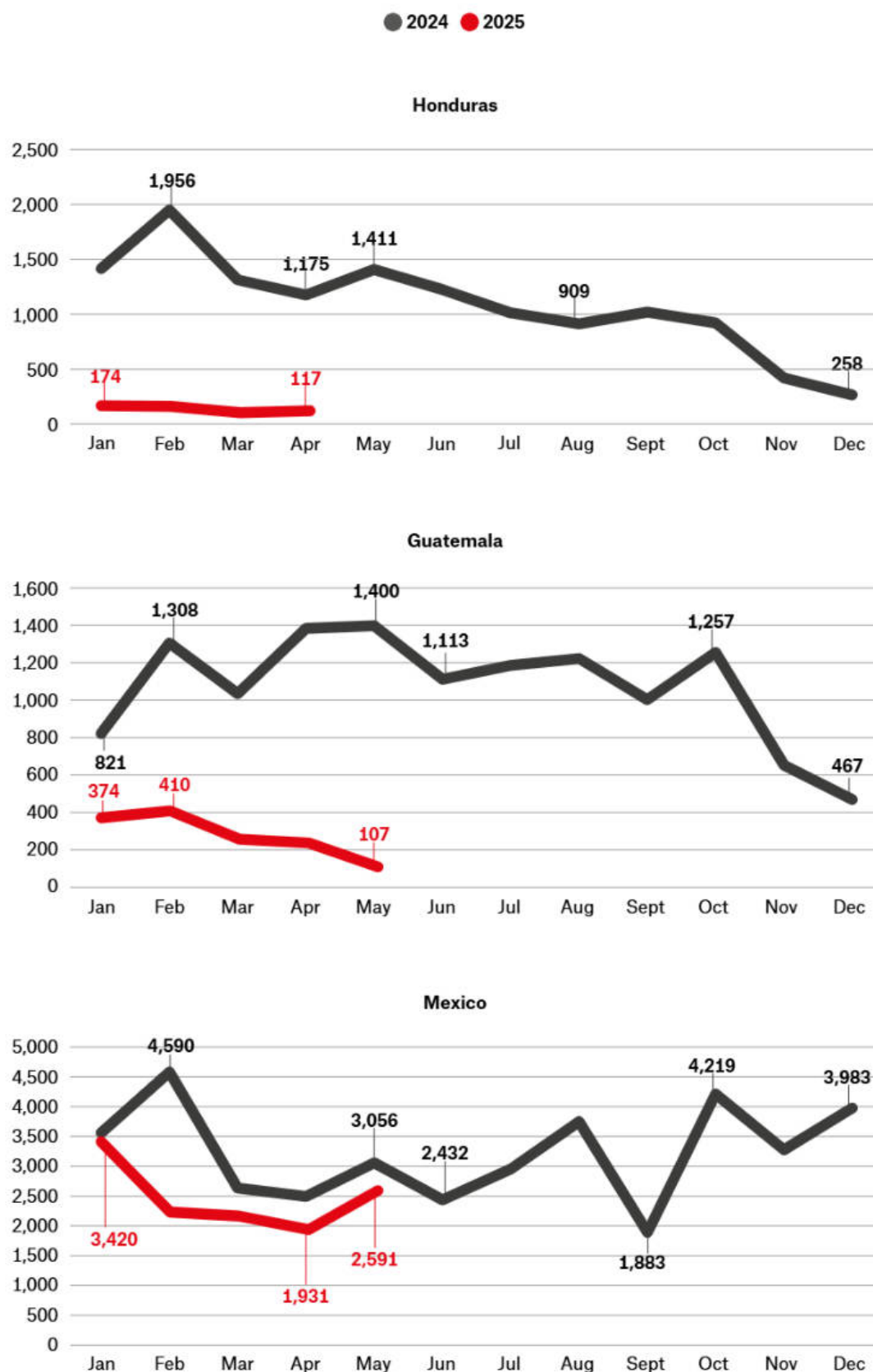




Photo: Suchiate, Mexico.
August 2024
© YOTIBEL MORENO

MULTIPLE FORMS OF VIOLENCE

The Latin American migration route is one of the longest and most dangerous in the world. The journey is fraught with danger: rugged jungle and violent gangs in the Darién Gap; organized crime groups in Mexico; gangs in Central America; and corrupt law enforcement agents across the region. The violence can be so extreme that we treat patients who have completely lost their autonomy and functionality. Some external surveys²⁵ highlight that more than half of the migrants reaching Mexico have suffered violence. While MSF doesn't systematically ask this in our consultations unless the care required is directly related to violence, we actively identify and treat survivors of torture and ill treatment (SOIT) throughout the country. In 2024, our teams treated nearly 4,500 victims of different levels of violence through our projects or through partners, including 403 victims of extreme violence or SOIT.

Some of these patients received long term treatments of three to six months at the Comprehensive Care Center (CAI, in Spanish) that we have run since 2016 in Mexico City. The CAI, where MSF teams provide medical care, psychology sessions, and physical therapy to a caseload of 30-50 patients admitted at any one time, is a good thermometer of the extreme

²⁵ Plan International, December 2023. See: <https://plan-international.org/mexico/noticias/2023/12/12/5157-de-las-personas-migran-por-inseguridad-y-violencia/>

³⁴ **MSF | UNWELCOME.** The devastating human impact of migration policy changes in the United States, Mexico and Central America

levels of violence people are facing along the migration route and in Mexico. Throughout 2024 and the first months of 2025 the caseload was high —monthly admissions peaked slightly towards the end of 2024, signaling that this care remains crucial.

Violence perpetrated in Mexico and across the migration route comes in multiple forms: from sexual violence to kidnappings, extortion, robberies and others.

“ We can’t leave the shelter because the cartels are watching us all the time, and there have been cases where people have been kidnapped from the gate. We have only left from here for our medical appointments.

Honduran woman in Reynosa

While the number of incidents recorded in the first half of 2025 have reduced alongside the number of people migrating, MSF staff working across Mexico agree that the violence perpetrated remains extremely high.

Photo: Coatzacoalcos, Mexico.
November 2024
© YOTIBEL MORENO



Figure 8
Violence: Survivors identified and treated by MSF in Mexico
 2024
 Source: MSF

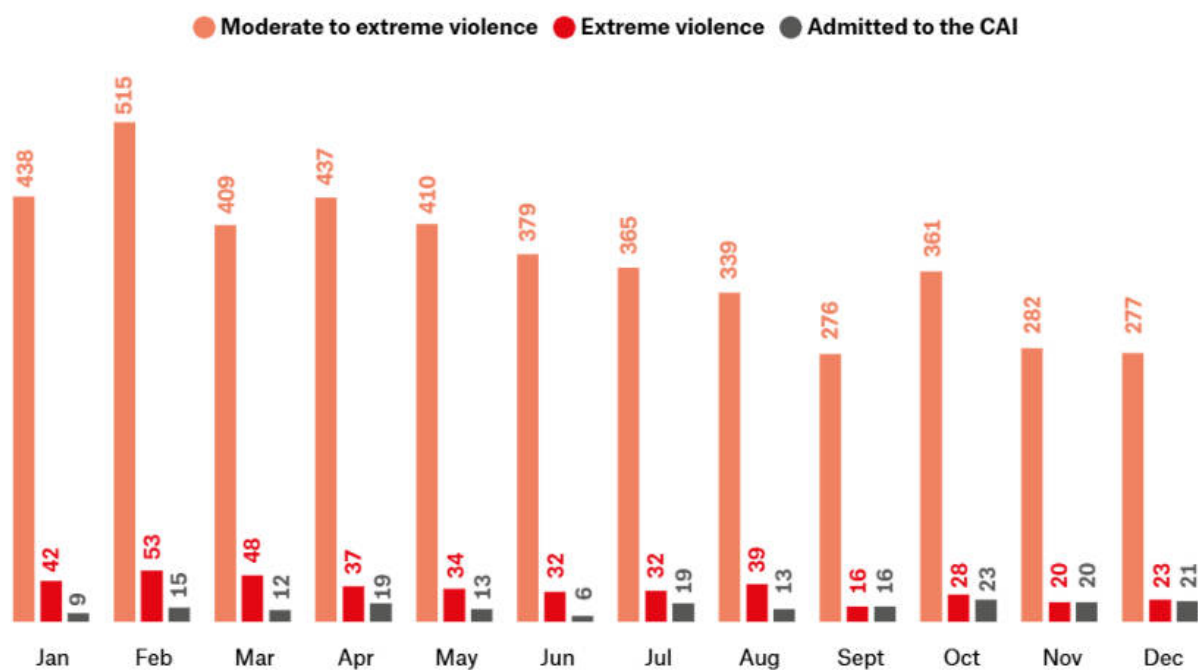
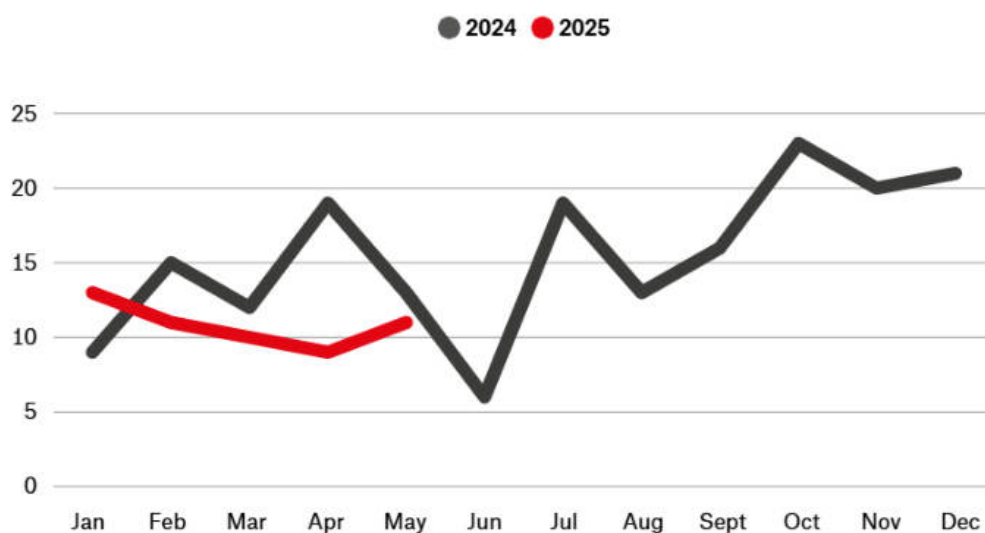


Figure 9
Patients admitted to the CAI
 Source: MSF



“ Through surveys and discussions with stakeholders, we see many are afraid of kidnappings. They became more brutal and costly, just like the crossings. They are also afraid of being abused, of extortion... The incidents of violence that always existed seem to be worsening.

Michalis Fotiadis, MSF project coordinator in Ciudad Juárez

Sexual exploitation is rife because of the lack opportunities—people with vulnerabilities and those within the LGBTIQ+ community are more likely to engage in sex work. In Mexico City, migrants are not immune to the discrimination and xenophobia prevailing in the city, and extortion practices have permeated the public spaces where they take shelter. In southern Mexico, where the business around the migrants’ transit through the country starts, violence levels are alarming.

“ Violence is much more evident now. Before, given the large number of people on the move some would be spared, whereas today most of the people I’ve spoken recently with have been victims of robbery, assault, violence, and kidnapping. They are more targeted; there is no escape.

Ricardo Santiago, MSF project coordinator in Coatzacoalcos

MSF patients recurrently tell also about assaults carried out by members of the police and public security agents, for instance outside convenience shops where migrants go to withdraw money. Other situations include mandatory fees to board trains or “voluntary contributions”.

“ Many people don’t dare to leave their homes, one person goes out to earn some money and returns. They are very isolated, far from having a life, from being able to attend school, go to the park... for fear of being deported or detained. Groups of Cubans, for example, have been held in hotels, threatened and requested to give money.

Lucía Samayoa, MSF project coordinator in Tapachula

Amid the protracted situation, another form of violence people increasingly confront today is labor exploitation. Many don’t have insurance or social security and do work that entails low payments and long workdays in the construction sector, *maquilas*, and security companies, whereas others resort to informal jobs as street vendors and cleaning windshields on the roads.

Teams based in Central American countries also report violent incidents during the journey through Nicaragua, in an area called El Naranjal, where kidnappings and assaults have been common. In Panama, beyond Darién, some patients returning now in inverse flow have told MSF that they have experienced attempts from criminals to take their children from them between Paso Canoas and David, at the border with Costa Rica.

SEXUAL VIOLENCE

Between January 2024 and May 2025, our teams along the route treated nearly 3,000 victims and survivors of sexual violence, averaging nearly one every four hours. Patients were seen in five countries of the region, but in most cases, they had suffered the aggression in a different point of the route, meaning that many of the consultations were given more than 72 hours after the violent event took place. This time window is crucial to ensure the provision of the post-exposure prophylaxis against HIV as well as other aspects of the medical care such as unwanted pregnancies and mental health care.

The levels of sexual violence treated by MSF were particularly high on the Panamanian side of the Darién Gap. MSF began activities there in 2021, after teams based in Mexico noticed a high incidence of sexual violence cases occurring in this jungle among patients. We recorded the highest number of cases between October 2023 and February 2024, as the flow of migrants across the Darién Gap increased, but also because of improved methods to identify victims and survivors. There were episodes ranging from forced nudity to mass rape. According to the testimonies of patients, migrant groups were stopped by armed men in the middle of the jungle, forced to hand over the money they had for the trip, and often forced to strip naked. They were then sexually assaulted in many ways, mainly targeting women and girls. These incidents often coincided with changes in patrol forces or on weekends. To avoid these attacks, some women resorted to wearing girdles, cutting or dyeing their hair, and wearing more masculine clothing.

After resuming activities in the Darién in October, following a seven-month suspension, MSF teams coordinated closely with the Panamanian Ministry of Health to report the incidents, which remained high in the last quarter of 2024 despite the significant decrease in the flow of migrants. With the drastic further reduction of this flow, just four victims and survivors of sexual violence were assisted in the period between February and May.

Between May and September 2024, MSF worked along Costa Rica's southern border with Panama to mitigate the lack of presence in Panama by providing care to survivors of sexual violence. Migrants arriving here were quickly moving northwards, hence the time available to see them was very limited, but most of the survivors were provided treatment within the desired optimal window of the first 72 hours since the aggression. Throughout last year, another MSF team based in Danlí, Honduras, about 1,700 kilometers away from Darién, saw a huge spike in consultations for sexual violence. Given the volume, primary health cases were referred to other organizations in order to prioritize the identification and treatment of sexual violence cases.

Figure 10
Sexual violence survivors treated by MSF
 Jan 2024 – May 2025
 Source: MSF

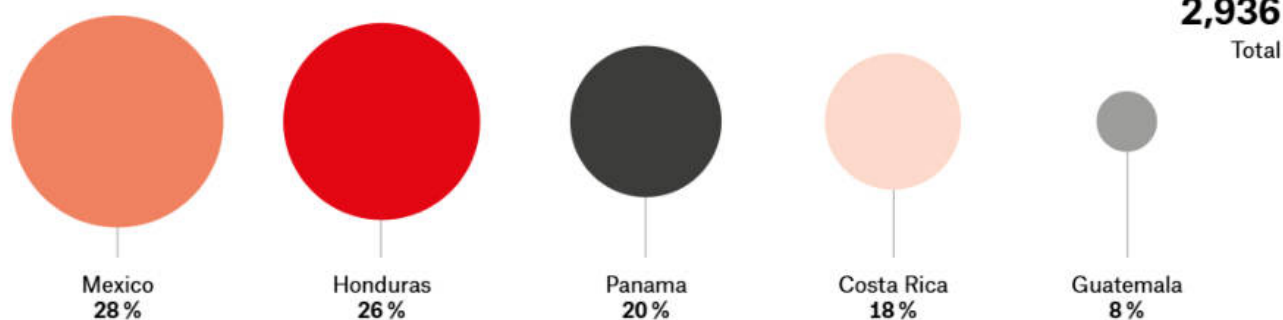


Figure 11
Sexual violence survivors treated in 2024
 Source: MSF

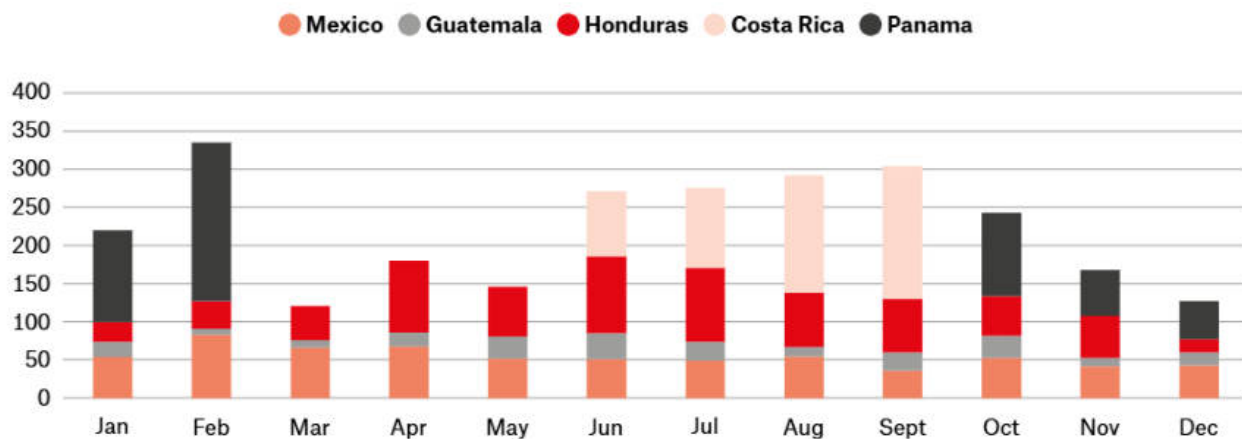
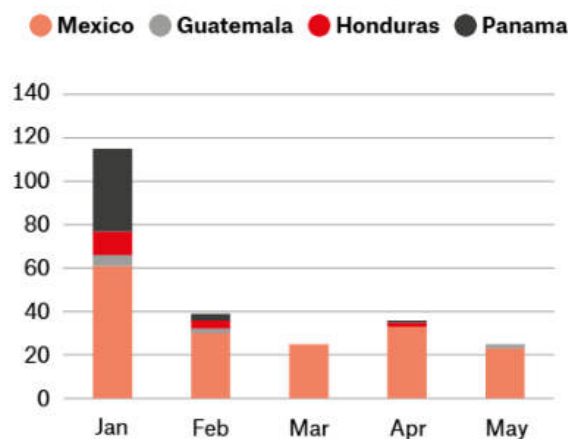


Figure 12
Sexual violence survivors treated in 2025
 Source: MSF



“ We treated 878 survivors of sexual violence in four years including 729 in 2024, of whom only 24 were seen within the first 72 hours of the assault. Most of the victims had suffered it in the Darién jungle, and while we had some referrals, most of the patients had not been treated earlier. According to our patients’ accounts, some situations occurred also in Nicaragua and on the Nicaragua-Costa Rica border.

Jorge Castro, MSF project coordinator in Danlí, Honduras

Numerous cases documented by MSF in Honduras had involved invasive and abusive body searches, including the insertion of fingers or objects in genital areas. There were also reports of mass detention incidents, during which entire groups were held and women and children were separated, with assaults occurring in the presence of family members or companions. Most of the survivors treated in Guatemala had also suffered the aggression in Darién. MSF staff in Guatemala also account for body cavity searches and cases of sexual violence by the authorities on the route to Tecún Umán, at the border with Mexico. In recent months, following the reduction of activities linked to the decreased flow of migrants, the bulk of sexual violence cases treated by MSF teams has been concentrated in Mexico.

MENTAL HEALTH

Between January 2024 and May 2025, MSF teams provided nearly 17,000 individual mental health consultations across the region, most of them motivated by violence. Three quarters of them were conducted in Mexico, where we run the bulk of our activities in the region and migrants stay for longer periods, and the rest in Central American countries. The need for psychological care among stranded migrants has remained high in Mexico. In fact, the number of individual consultations increased slightly (5 percent) over the period from January to May compared to the five preceding months (August–December 2024) and this contrasts with the reduction of primary health consultations experienced in the same period (almost 28 percent).

There are several explanations. Traditionally, many patients have had an obvious, fundamental need for mental health support because of the recurrent violence they suffer and their precarious living conditions. Adding to these triggers now is the uncertainty provoked by the drastic policy changes and the despair of migrants, after realizing all their efforts to reach their destination were in vain.

“ Many find themselves in a limbo: What am I going to do now? After experiencing situations of violence in their country of origin, along the migration route, and in Mexico, they finally arrive in Ciudad Juárez to experience violence again... Hopelessness is seen as a very marked characteristic in people who have already exhausted their resources. We don't see large numbers of patients, but we do see very complex cases that require a multidisciplinary approach.

Daniel Bruce, MSF medical referent in Ciudad Juárez

Figure 13
Individual mental health consultations
Jan 2024 – May 2025
Source: MSF

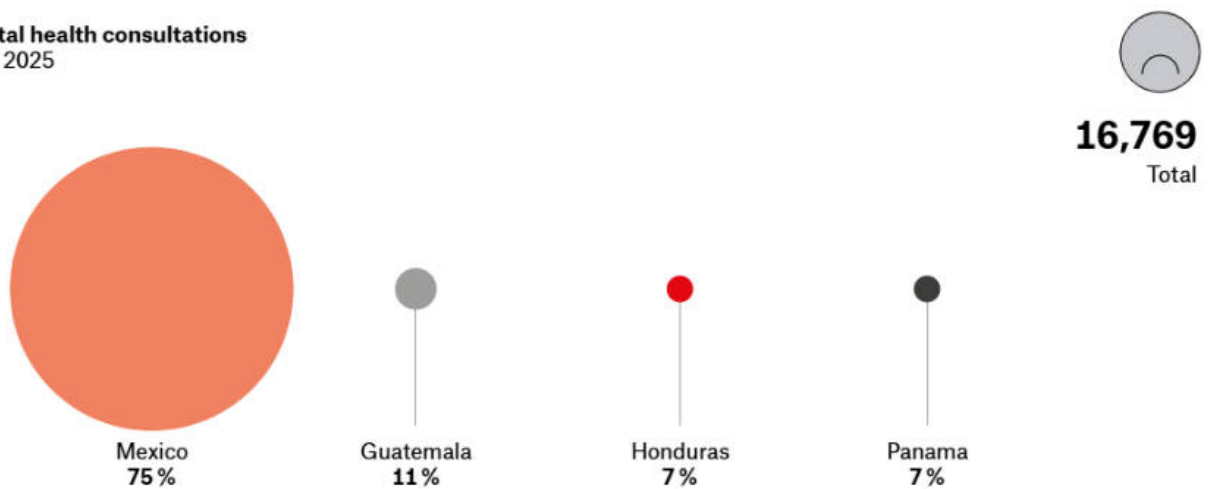
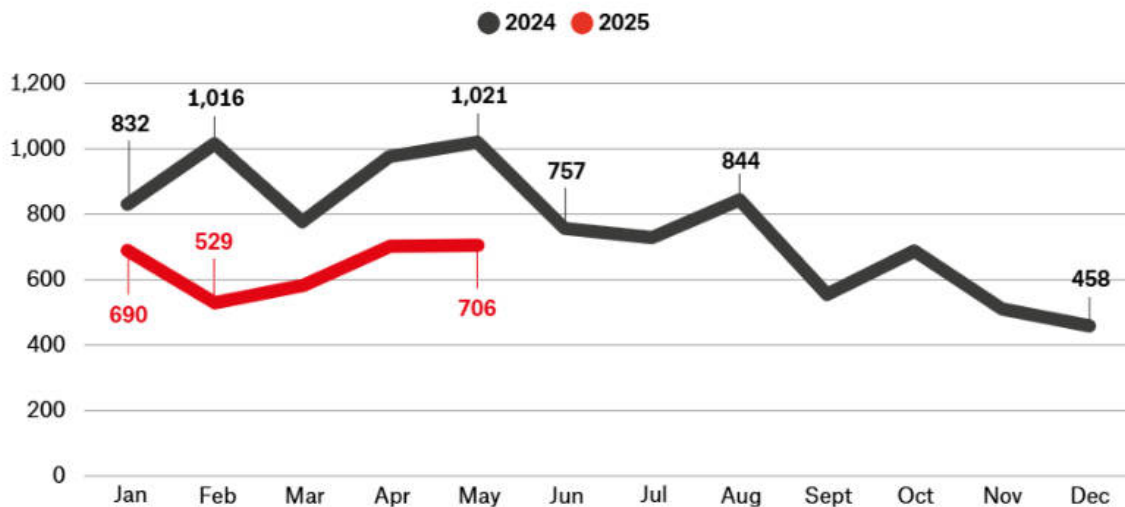


Figure 14
Individual mental health consultations in Mexico
Source: MSF



Severe cases are a common pattern across various projects in Mexico. In the capital of Chihuahua state, where MSF started activities just last March, by the end May the team had already received 65 open mental health cases, of which 14 required the support of psychotropic drugs—a very high proportion. This situation is even more evident at a consolidated project like Tapachula, on the southern border. Here the monthly number of individual mental health consultations has nearly doubled since November 2024, when the result of the US elections started to raise new concerns for migrants and asylum seekers.

“ It is a mixture of factors. People lack the means to meet basic needs such as food, shelter, water, medicine, and are experiencing episodes of extreme anxiety and fear. People spend all day worrying because they have nowhere to work, because they’re afraid to go out and be arrested. Many are working through a grieving process. At first, it was like denial; now they have had to accept that they won’t go to the United States and that they’re in Tapachula facing a new reality because they can’t or don’t want to return to their country of origin. The symptoms are increasingly intense. They’re living under a lot of pressure and stress. Many of the cases require pharmacological treatment, with a more structured, longer therapeutic process. There are also issues related to child protection, as children are at risk due to their lack of a life structure.

Lucía Samayoa, MSF project coordinator in Tapachula

The rise in mental health consultations has also been significant at MSF’s CAI in Mexico City, although less pronounced than in Tapachula, partially because that facility has a limited number of admitted patients given it provides long-term specialized treatment. On the other hand, at the projects in Reynosa and Matamoros, located along the northern border with the United States, psychological consultations increased in January—driven by the initial impact on people who had already scheduled their appointments with CBP One—but consultations decreased drastically and steadily in the months following. However, the caseload of mhGAP²⁶ patients has remained stable.

26 mhGAP is a clinical tool from the World Health Organization to approach severe patients who usually have to be supported with psychotropic drugs.

Figure 15
Individual mental health consultations
 Source: MSF

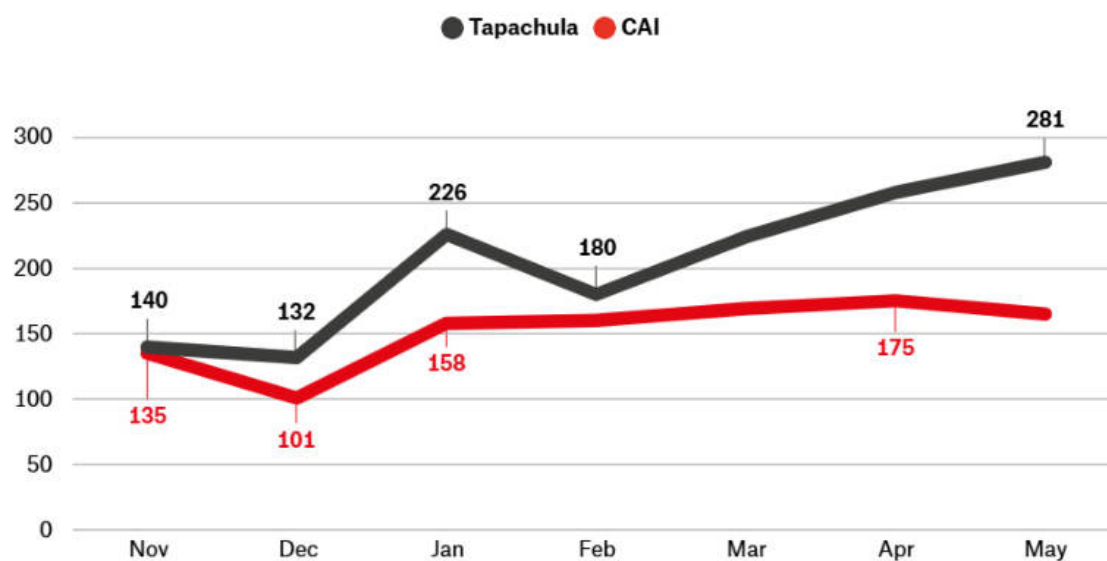
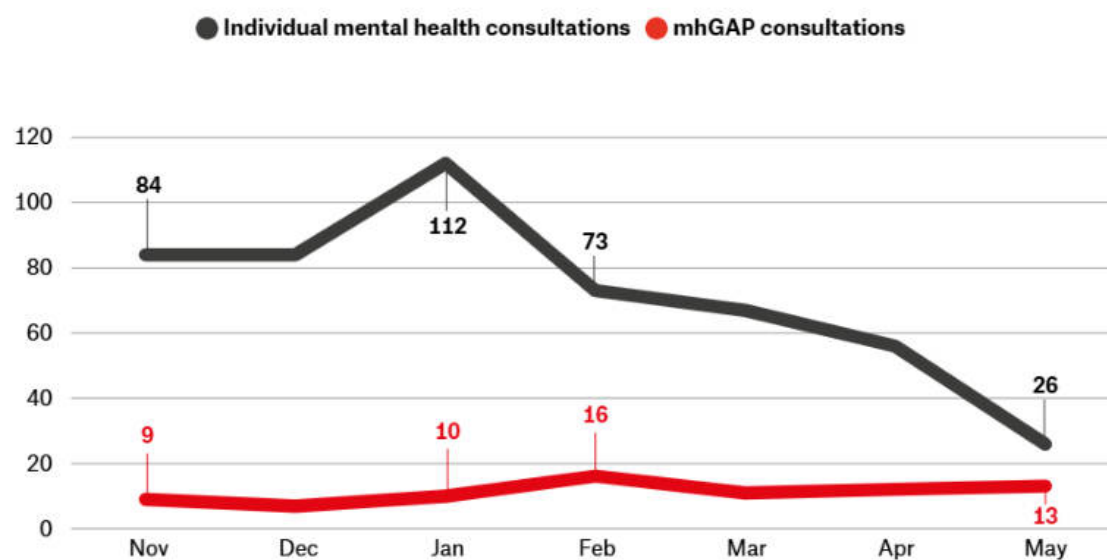


Figure 16
Reynosa and Matamoros project
 Source: MSF



“ At the end of January, a collective crisis erupted. It affected people who had been traveling for months or years and were just days away from their appointment, internally displaced people who had no option to return to their places of origin. Many were experiencing profound distress, which led us to provide emergency interventions with psychological first aid in the camps.

Carolina López, MSF project coordinator in Reynosa and Matamoros

In Central America, MSF teams in Guatemala have seen significant numbers of returnees among patients. While there is not a major variation in the main symptom seen over the last one year and a half—predominately anxiety—since January this year depression has more clearly become the next symptom and afterwards, trauma.

“ [Earlier] there was uncertainty and fear about crossing into Mexico, but they had hope for their dream. Now they are arriving very frustrated, with feelings of injustice, anger, depression, anxiety, and wondering what to do. The dream has collapsed. They have suffered more during their stay in Mexico due to the violence and poor conditions... It's not that the diagnosis changes, but the picture has deteriorated further.

Carmen López, MSF mobile health activities manager in Guatemala

In the Darién Gap, the authorities requested that MSF provides mental health support at the migration station of San Vicente after some deportees who had been initially held at a hotel in Panama City were brought there in February. This request was triggered by the suicidal intent expressed by a patient who developed a mental health crisis altering his senses. Others were experiencing high stress, hopelessness, and post-traumatic stress disorder (PTSD). Migrant's confinement in San Vicente—with no privacy in rooms shared by dozens of people, lights kept on all night, and overcrowding at some points—triggered irritability, anxiety and sleep disturbances among the people who in some cases spent several weeks there. In February and March, when the bulk of the people were sent there, more than 28 percent of mental health patients (25 out of 88) were treated with the mhGAP plan.

Altogether, MSF teams have found evidence that many migrants today are even more afraid of reaching out to public authorities, which severely limits their access to basic services including health care. They are now more disperse and, in many cases, invisible.

The scars of violence

“ When we got to Mexico City we found out that a group was planning to move northwards. On the way we were stopped by Immigration [Mexican authorities]. They offered to take us to Monterrey in some lorries, where they would give us the card [a visa for humanitarian reasons] so we could stay legally. They told us that for security they had to take our mobile phones. You have no choice but to accept.

In San Luis they made us get out. As we resisted, they beat us. My 15-year-old son was hit in the ribs, he was in a lot of pain and all swollen. They beat other people and their sons too. They left us stranded in San Luis. When we got to Mexico City we looked for a doctor to attend to my son because he kept complaining a lot about the pain. We went to the health center and they only gave him paracetamol, but we wanted them to take X-rays to see if there was any injury. They told us that they didn't have those tests available and to do them privately. We couldn't do them because we didn't have the money.

Venezuelan family in Mexico City

“ We got on the bus, and the Immigration officers [Mexican authorities] told the driver to go to the next stop. I didn't understand that. At the next stop, people from the cartel were waiting for us; four men in balaclavas got on the bus. They made us get off at gunpoint. They put us in a Cherokee pick-up and told us that if we wanted to live, we had to do everything they said. I was scared. There were women with children who were crying and trembling. They took us to a warehouse and they put us in one room where there were more newcomers. There was barely room for us in that place. They told us to get \$4,000 in 48 hours from relatives or friends. My sister in the United States had to sell her car, but we couldn't get the money together in the time they gave us, so I spent more than a week in that place. They made me watch them beat other people and they put me in a room where they were raping girls of about 11 and 13 in front of their parents. When I closed my eyes to avoid seeing it, they hit me on my back with a wooden board.

Cuban man in Reynosa

“ I had four children, but they were taken from me. I haven’t seen them since they were little. I left my country because of violence—verbal, physical, and death threats. They wanted to kill me. I’ve suffered since I was a child. When I was nine, my mother gave me away to an aunt. I came back home when I was nearly 16. They used to say my father touched my sisters, but I didn’t believe it. When I returned, I was abused too. Then I got married. My husband used to beat me a lot. I have a scar on my face, two stab wounds on my legs, a blow to the head from a revolver, and another on my nose with a glass plate. These are things that don’t go away. Only God can heal those. I slept many times on the street, in parks. I asked for help, but people didn’t always give it. I begged. Slept wherever I could. I thought about ending my life more than once. I’ve been afraid of losing my mind. I even started hallucinating. But I’ve stayed strong, because my kids need me and I want to break free from this story of so much abuse.

Honduran woman in Tapachula

Photo: Mexico City.
February 2023
© NURIA LÓPEZ TORRES



“ We arrived in Colombia and headed toward the Darién jungle. The journey lasted four days. We went through many hardships; I almost broke both my ankles, some monkeys almost ate us. We were about to be kidnapped and robbed; we nearly drowned in the river. We saw 21 dead people, including children, women, and men, who were being eaten by worms. Later in Tapachula, Mexico, I was hospitalized for two months until I began to recover. We went northwards by minibús. Criminal groups caught us. They took 20,000 pesos from us first, and 10,000 pesos later. Then we took trains to Torreón. My children and my grandchildren almost died because it was too cold. In Chihuahua, we rested and looked for a coyote. He charged us 2,000 pesos each to take us to Ciudad Juárez. We were kidnapped by bandits. They beat us, took all our belongings, cell phones ... We were held captive for 60 days. Of the \$20,000 they were demanding, we paid \$10,000.

Venezuelan man in Ciudad Juárez

Photo: Darién Gap, Panama.
August 2023
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MSF operations and aid cuts

Between January and July 2025, MSF closed five migration projects across the Latin American migration corridor between Panama and northern Mexico. There are six remaining projects, including two that are due to close soon. Major operational changes have been put in place elsewhere to adapt to the new situation. In every project location where we worked, multiple humanitarian organizations have already stopped operating or reduced the range of services provided to migrants, particularly in the areas of health, mental health, protection and shelter.

Throughout the first half of 2025, MSF has undertaken significant operational readaptation due to the drastic changes in the number of migrants arriving. In March, a new project that had already been planned the previous year was launched in Ciudad Juárez, however MSF teams have since largely reduced the footprint regarding migration activities. We closed a project in Danlí, Honduras, in May; and two bases in Guatemala were closed in June (Esquipulas on the Honduran border and Tecún Umán, along the border with Mexico). Migration activities in these two countries had been ongoing since 2021.

Staff and activities were also progressively reduced in Reynosa and Matamoros in northern Mexico, and these activities are due to close in August. In other areas of Mexico, the scope of the projects has changed significantly. This is the case in Mexico City, where mobile clinics carried out in public settlements of migrants have been shifting due to the dismantlement of some camps and supervision visits now happening in more peripheral areas of the capital city. Another project located there, the CAI, continues to have a significant caseload of patients. This is not only because many migrants are stranded in Mexico City, but also because the project has been admitting increasing numbers of Mexican patients since late 2024.

MSF's project in Tapachula remains the most active in southern Mexico, with high numbers of medical consultations provided on a weekly basis—most taking place in the clinic the Centro de Desarrollo Comunitario (CEDECO, in Spanish), but also by mobile teams who are currently visiting more actively peripheral neighborhoods where stranded migrant populations are opting to take shelter. On the other hand, our project in Coatzacoalcos finally closed in July despite the team based there carrying out multiple exploratory visits to other areas of Veracruz and Tabasco states. In the major town of Villahermosa, for instance, our team found some increased needs as many people are being forcefully returned there from other parts of Mexico, prompting them to carry out a temporary three-month response.

MSF also sharply reoriented activities elsewhere in the region. In Panama, we first moved the attention points in the Darién province as the government closed and restructured migration reception stations, then finally moved out of the area completely in late June while launching in parallel an emergency intervention in the Colón province to address the needs of migrants arriving in inverse influx from the north.

98 percent of MSF's funds come from private donors; hence our decision-making has not been directly influenced by the US government funding cuts. The decisions have been solely based on the assessment of existing medical and humanitarian needs in areas of influence. Hence, from 10 migration-related projects that our teams were running at the start of the year along the migration corridor between Panama and Mexico, today only six remain, which have changed shape as exploratory efforts were carried out to identify new points of attention where a more invisible and disperse migrant population can be approached.

Photo: Ciudad Juárez, Mexico.
March 2025

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LOSS OF HUMANITARIAN FOOTPRINT

In the areas where we work or have been working until recently, MSF has noticed a drastic reduction or disappearance of medical and humanitarian services for migrants and asylum seekers, often due to the funding shortfalls but also because of the reduced migration flows and political interference. On average, three or more international NGOs have stopped working in these locations or areas of influence. The most impacted areas have generally been physical and mental health, protection, legal support, shelter, and the provision of food and non-food items.

“ In Ciudad Juárez, many of the 26 existing shelters for migrants were relying on food provisions. Many people don't have the financial means to purchase food, which further worsens the situation for those living in these spaces. In terms of health, some assistance that was provided to pediatric and obstetric patients ended. This population had to be taken on by the remaining organizations and public health structures. Due to the general decrease in the flow of migration, the impact may not be so evident, but if you watch carefully, there is a group of people who accessed different services from organizations and these services no longer exist.

Daniel Bruce, MSF medical referent in Ciudad Juárez, Mexico

The withdrawal of humanitarian actors and the reduction of services across different areas along the migration corridor directly impact other organizations that remain active.

“ In Tapachula, an organization which managed an extensive mental health program stopped [operating] in May. Another one carrying out strong protection work reduced activities and is now much more demanding with its criteria of admission of patients. We had recently a meeting with 14 NGOs, and they all have had to reduce activities and focus only on the most complex cases. Areas like mental health, pediatrics, and HIV programs for the LGBTIQ+ community are some of the most impacted. The Ministry of Health says they can care for the migrants. However, there are some challenges. In mental health, there is only one psychologist and one psychiatrist, so they don't even have the capacity to care for the local population, much less to handle a wide range of special cases that require immediate and close support.

Lucía Samayoa, MSF project coordinator in Tapachula, Mexico

In other parts of southern Mexico such as Palenque and Coatzacoalcas, where transit dropped dramatically and there are no big agglomerations of stranded migrants, there are now practically no organizations left to address the needs of these people. In Mexico City the shift in approach started happening in late 2024, as some organizations cut budgets to focus more on the northern and southern borders.

In Honduras, the withdrawal of NGOs working on migration has been even more notorious. By August only six are expected to remain active, and two are basically managing rest centers. The reduction has mainly affected the health sector, including prehospital care, while other nutrition and pediatric services may continue for a short time, as well as protection activities. Another challenge involves the referral of patients in need of specialized care now that migration flows have changed. For instance, the MSF team in Honduras encountered difficulties with patients needing the mhGAP approach who were making their journey from north to south, because these services are not accessible in their country of origin. Something similar happened to the MSF team in Guatemala.

“ We have had to adapt the referral pathways for patients to ensure the continuum of care. We were very used to referring patients to other attention points northwards along the route, particularly in Mexico. We have also had to adapt to funding cuts as several organizations have closed their activities to be more versatile.

Carmen López, MSF mobile health activities manager in Guatemala

Beyond the above impacts, the funding shortfalls have also hit various programs in the region that were dedicated to the prevention and cure of TB, HIV, malaria, and vaccination.

The situation today presents a dilemma for a humanitarian system that is severely weakened. On one hand, the approach traditionally implemented to assist people in transit in certain areas on the route is no longer valid anymore because migrant flows are much smaller and often don't allow us to justify the deployment of a major medical and humanitarian intervention. On the other hand, it is certain that many people have been left stranded, but they are more disperse and less accessible, which requires a more versatile and dynamic approach which is difficult to develop in a times of funding cuts.

Often, this results in invisible suffering among major groups of migrants. The proportion of severe complex medical and mental health cases has increased in some of the areas where we are still present, but our capacity to document them and respond has abruptly disappeared or reduced in many different points, thus we could assume that we are not able to spot unmet humanitarian needs. The fact that we don't see something doesn't mean it doesn't exist. The lack of eyewitnesses and responders fits with the narrative that migration has stopped, but the reality is that migration patterns are changing.

Conclusion and calls to action

The migration crisis across Mexico and Central America has been driven by deliberate policy choices that systematically restrict access to protection and increase the risks faced by people in search of safety. Rather than ensuring safety, dignity, and the fulfillment of rights, regional migration frameworks—dominated by deterrence, containment, and border externalization—are trapping individuals and families in repeated cycles of violence, forced displacement, and legal limbo.

These practices violate international human rights law and humanitarian principles, including the right to seek asylum, the prohibition of refoulement, and the duty of states to protect life and dignity. MSF has witnessed firsthand the devastating physical and psychological consequences of these policies: patients living with untreated injuries, trauma from sexual violence, and severe mental health conditions that make daily life impossible. These are all foreseeable outcomes of these policy choices.

Based on our operational presence throughout the region, MSF makes the following recommendations for governments in the region:

1. SHIFT AWAY FROM DETERRENCE-BASED POLICIES AND EXTERNALIZATION STRATEGIES

The externalization of border control and the use of deterrence as a policy tool have led to a system where people are left trapped in countries that cannot ensure their safety. Migrants and asylum seekers are often forced to navigate zones controlled by organized crime, endure militarized enforcement, and survive without institutional protection—all of which expose them to further violence.

MSF urges all governments in the region to stop policies that force people into danger. Externalization strategies are not abstract, they expose individuals to kidnapping, extortion, sexual violence, and trafficking. Shifting the approach toward protection would create safe, legal, and humane pathways that prevent further harm.

2. UPHOLD THE RIGHT TO SEEK ASYLUM AND PROHIBIT REFOULEMENT

Barriers to asylum—whether digital, bureaucratic, or political—deny people their right to international protection and disproportionately harm those already suffering trauma or living with physical and mental health conditions. Refusing access to asylum results in refoulement, returning people to situations of persecution, violence, or death.

MSF calls on governments to uphold their international protection obligations, eliminate harmful entry barriers, and prevent the return of people to environments where their physical integrity and mental wellbeing are at grave risk.

3. END ARBITRARY PRACTICES THAT PUT PEOPLE AT FURTHER RISK

Detentions without due process, forced returns, and internal displacements fracture families, expose people to institutional and criminal violence, and create repeated trauma cycles. MSF has documented cases in which people suffer revictimization or are expelled to regions dominated by criminal actors. These practices not only violate human rights, they deepen health crises.

MSF calls for an end to arbitrary enforcement measures that perpetuate violence. Every detention or forced relocation without adequate protection exacerbates psychological distress, retraumatizes survivors, and increases exposure to organized crime. A rights-based approach must prioritize safety, family unity, and access to support.

4. GUARANTEE ACCESS TO HEALTH CARE AND ESSENTIAL SERVICES WITHOUT DISCRIMINATION

Legal status, fear of deportation, and language or documentation barriers often result in public health services that fail to meet the needs of people on the move. Instead of adapting to the realities of displacement and mobility, many systems reinforce exclusion and discrimination—particularly against those with urgent medical or mental health needs. MSF's patients include individuals living with untreated chronic illnesses, injuries from violence, and severe psychological distress. When health systems are inaccessible or unwelcoming, the result is not only preventable suffering, but broader public health risks.

MSF urges governments to ensure that all people, regardless of legal status, can access medical and mental health services safely. Mental health support is not optional: many of our patients suffer from depression, PTSD, anxiety, and suicidal ideation due to prolonged exposure to violence and displacement. Denying care is denying dignity and life.

5. STRENGTHEN PROTECTION SYSTEMS AND SUSTAIN HUMANITARIAN RESPONSE CAPACITY

Humanitarian assistance in the region is shrinking. Cuts to international cooperation, particularly from the US and other major donors, have forced many actors to reduce or cease operations. This leaves gaps in protection, shelter, mental health, and emergency care. In many contexts, MSF is one of the last remaining providers of care.

MSF calls on governments and international donors to urgently reinvest in humanitarian assistance. We have witnessed people left in violent conditions with no access to food, medical care, or safe shelter. Without sustained funding and coordination, lives will continue to be lost to not only violence, but neglect.

6. COMBAT STIGMATIZATION, DEHUMANIZATION, AND THE MILITARIZATION OF MIGRATION

The framing of migrants as a threat justifies the use of military force and the erosion of civilian protection mechanisms. This militarization exposes already traumatized people, including children and survivors of torture, to surveillance, abuse, and criminalization. It also fuels social hostility and exclusion, which prevents people from accessing the help they need.

MSF urges states to demilitarize migration management and to stop treating displaced people as a security threat. Public opinion must move away from narratives rooted in fear and control and instead uphold principles of protection and dignity. Structural violence, racism, and criminalization are not abstract concepts—they result in real and preventable harm, silence survivors, and create serious barriers to accessing humanitarian assistance and essential services.

Behind every policy are real people: survivors of torture, families escaping danger, children navigating border crossings alone. Their health, safety, and dignity are a legal and moral obligation. Inaction and criminalization are not neutral, they cost lives. The region must act now to protect, not punish, people in search of safety, and create safe immigration pathways.

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