

MEDICAL

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“When we exhaust all other resources, we have to cross these people into the United States for emergency treatment. They basically implied that we should be very careful not to abuse the system. And we’ve respected that.”

The organization is the only full-time NGO set up along the border between Tijuana and Matamoros despite an estimated 60,000 asylum seekers stuck at ports of entry under the Migrant Protection Protocols (MPP) with severely limited access to medical care.

Perry, attorney Charlene D’Cruz of Lawyers for Good Government (LAGG), and a team of volunteer doctors have been working since mid-October to save the lives of critically ill asylum seekers living homeless in Matamoros whose conditions are supposed to exempt them from MPP under the language of the policy.

“That’s obviously not happening, because I have thousands of patients who have physical and mental conditions who are not being crossed,” said Perry, taking a break from treating camp residents to speak with The Brownsville Herald.

“They’ve placed us in a position where we have to be strategic about who we present at the bridge, and when we call the media to put pressure on CBP. Why is it that my patient with ovarian cancer gets to cross, but my patient with stomach cancer can’t? It’s heart-wrenching.”

On New Year’s Day,

Perry and D’Cruz successfully crossed a woman named Yanét who has ovarian cancer into the United States after a weeks-long fight with CBP officials over their refusal to grant the woman her exemption as required by law.

“We did her CT scan and her ultrasound. The radiologist reported to us that it was highly suspicious for cancer. The supervisor I spoke to said, ‘Why don’t you just biopsy it?’ That was his reason for denial,” said Perry.

“You can’t biopsy ovarian cancer. If you biopsy ovarian cancer and it turns out that it is cancer, you’ve literally just spread cancer all over the body. It’s called morcellation.”

The woman needed surgery, which she could not get in Matamoros. Doctors compiled the woman’s medical records — collected with the help of a medical referral program created by the Resource Center in Matamoros — and sent her with D’Cruz to the bridge to argue her case for parole.

D’Cruz said she often waits three to five hours with patients while they reason with officers to call supervisors in order to plead the case for entry. Supervisors then call CBP’s medical staff, whose recommendations are often disregarded by the supervisors once the staff walks off site.

Patients who need long-term care are pushed through to emergency rooms where ER staff isn’t able to provide treatment and send patients like Yanét back to the streets of Mexico with painkillers.

“That’s the problem that we’re dealing with,” said Perry. “Officials who do not have medical degrees are making these decisions.”

She said it’s likely that Yanét is terminally ill. “At

this point, she’s had it for so long that the chance she has metastasis is very high. She is in excruciating pain every single day. She wanted to spend the last of her good days with family. CBP could not understand why she shouldn’t be living in a tent.”

Both Perry and D’Cruz say that the agency has not been following protocol, resulting in near-death experiences for a variety of patients with illnesses that require emergency room visits and, more often than not, long-term treatment in the United States.

The stories the two share are harrowing and indicate a larger pattern of conduct by CBP officials that raise questions regarding just how many critically ill asylum seekers along the U.S./Mexico border have not been able to access medical care in life-or-death scenarios.

“A man came into the office with his entire feeding tube infected,” said D’Cruz late this week. “I took him to the bridge with his medical records and a doctor. He kept lifting his shirt to show us, it was so bad it made me nauseous.”

Perry oversaw the case. When she spoke to a supervisor regarding his condition, she was told that he would not be granted parole because the man could “blend up his food and put it in the tube.”

“It’s this vicious cycle of misunderstandings,” she said. “We’re over here reactively trying to get people to safety, to get them some form of medical care that will save their lives.”

D’Cruz cited a recent case in which a 7-year-old girl had a fistula — a hole in her colon that causes fecal matter to drain through her skin, as well as into the girl’s internal organs. If the girl were to defecate into her abdomen, she would become septic and die in a matter of minutes.

According to D’Cruz and Perry, there is no pediatric surgeon in Matamoros or in Brownsville. The closest is in Corpus Christi.

“I took her to the bridge alongside Yanét and a woman who had toxoplasmosis. CBP took them to the emergency room and five hours later they were back in Mexico. The girl had fecal matter all over her from us waiting on the bridge. They literally cleaned her up, gave her a new diaper, and sent her back.”

D’Cruz shared that around the same time, she attempted to cross multiple deaf asylum seekers, as well as a young boy

with cerebral palsy, pierre robin syndrome, and a trach — an open hole in his throat.

“They took everyone but the deaf patients. The three other clients that they took — they made them wait until 4 a.m. and then began processing them,” she said.

According to D’Cruz, the deaf patients were denied entry because CBP holding cells were “too crowded” and it would be “inhumane” to take them in.

“I asked them, ‘Did you just use ‘hieleras’ and ‘humane’ in the same sentence?’” said the attorney, referring to the notoriously freezing holding cells used to detain migrants being processed by the agency.

With the help of attorneys like D’Cruz, doctors at GRM have mitigated death on the spot. They are nonetheless forced to send patients to hospitals in Matamoros with limited resources in order to satisfy CBP officials, who at times have refused entry to patients in favor of sending them to Mexican hospitals first.

“I had a man who had a full-fledged heart attack in the camp. The hospital did no diagnostic catheterization or EKG. They sent him back on blood thinners and blood pressure medication,” Perry said.

“Blood thinners in this camp are deadly. If you fall, you’re in trouble,” she continued, referring to the uneven mud surrounding the medical unit made slippery by an overnight rainfall.

Perry and D’Cruz have tried to cross patients with having epileptic attacks, with appendicitis, with plummeting blood oxygen levels resulting from sickle cell anemia, and more.

Each time, port officials find things they can point to in order to deny long-term parole or prolong the process to get patients to emergency rooms in Brownsville.

D’Cruz recalled the case of an 8-year-old boy who nearly died before CBP agreed to put him in an ambulance. “He had appendicitis. There were visiting doctors who realized that his appendix had expanded 9 millimeters and was going to rupture. He had already been to the hospital in Matamoros. It took an hour to get him across,” D’Cruz said.

“His appendix ruptured either on the way to the hospital or right when they got there. CBP either doesn’t understand, or doesn’t care to understand.”

D’Cruz said that when she first began crossing

sick clients in October, port director Tater Ortiz was available to speak, but regularly pushed back on exemptions. In recent weeks, she has been unable to get in touch with him. “He stopped working with us,” she said.

The attorney shared that she does speak with CBP attorney Erik Drootman on occasion, but that his standard response is, “Present the patient at the port and they’ll make a decision.”

“I tell him, ‘Erik, you’re the attorney.’ It’s our job to tell clients how not to break the law. His response is, ‘Well, I can’t make that call.’”

The woman cited another incident where she stood on the bridge for hours in rainy, 44 degree weather with a young girl who was septic. “They kept saying no. CBP’s nurse practitioner finally came down and, within 40 seconds, said, ‘Yep, this kid has to get in.’”

“When she left, the supervisor told us that they were calling Mexican hospitals instead.”

It’s generally at this point that D’Cruz calls the media. She recalled various incidents where he has reached out to friends in order to get the message out on Twitter, resulting in thousands of calls to Ortiz’s office in a matter of minutes.

“It’s only after those calls that we’re successful. I can only assume that it’s the port director who is approving these exemptions,” she said.

Meanwhile, under Perry’s direction, GRM is the only agency whatsoever collecting data on how many people are living in the camp. In October, her staff counted 726 tents.

“People didn’t believe us when we said it was that many. We did multiple counts. We’re getting ready to do another one, because the camp has grown exponentially.”

Perry expressed that it’s next to unheard of in the humanitarian sector to have no formal tracking of the asylum seekers in the camp. “Monitoring displacement is probably 90 percent of what the United Nations does in these situations,” she said.

She clarified that traditionally, either the UN or various involved governments cover the cost of humanitarian aid. None of that is happening along the border.

“The United States is saying they’ve given a couple million dollars to Mexico,” she said, explaining that the sum is totally inadequate for the number of asylum seekers the NGO is treating on a

daily basis.

“On top of that, you’ve got the Mexican federal government saying they’ll provide basic housing, healthcare, and education for these people, but the state of Tamaulipas doesn’t have the capacity to do that.”

Roughly 3,000 asylum seekers — both in the camp and further into the city — are living in Matamoros under MPP. “Imagine if 3,000 people showed up in Dallas. Even then, we’d have trouble figuring out how to take care of them all,” Perry explained.

The organization is getting ready to send a team of volunteers into the camp to survey residents. They want to know whether residents are able to feed themselves, and if not, what resources they need in order to be able to cook.

The survey also aims to tease out concerns over physical safety. Perry says she’s highly suspicious that people are being trafficked out of the camp, but has received next to no support from the government in addressing the issue.

“I’ve heard dozens, if not hundreds of stories of attacks and kidnappings. It’s almost like the stories aren’t enough. The government asks us to prove it. What do you want us to do? Take pictures of the bruises and the scars?”

Doctors are only made aware of the incidents if those affected are able to escape. In trafficking situations, that constitutes a mere 10 percent of victims on average, according to Perry. “How many of them are out there? How many of them get murdered because they can’t pay their fines?”

Reporting instances of trafficking or kidnapping could place both families and aid workers in danger.

It’s common to see residents cover their faces when news crews show up, in fear of being seen by cartel members.

“On top of that, you have people afraid that if the government finds out they have conditions like diabetes or hypertension, it will affect the outcome of their asylum cases. That’s where we struggle.”

Asked for comment, a U.S. Customs and Border Protection official stated that “CBP is precluded from discussing individual cases for privacy reasons. All claims are handled on a case-by-case basis. Generally, those migrants not otherwise amenable to MPP are turned over to ICE-ERO or HHS-ORR depending on the specifics of their respective cases. Those who are amenable to MPP are returned to Mexico pending their next hearing.”

Dr. Nancy Zimmerman
Chiropractor

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With hours' notice, U.S. fast-response force flies to Mideast

BY SARAH BLAKE MORGAN AND JONATHAN DREW THE ASSOCIATED PRESS

FORT BRAGG, N.C. — Hundreds of U.S. soldiers deployed Saturday from Fort Bragg, North Carolina, to Kuwait to serve as reinforcements in the Middle East amid rising tensions following the U.S. killing of a top Iranian general.

Lt. Col. Mike Burns, a spokesman for the 82nd Airborne Division, told The Associated Press 3,500 members of the division's quick-deployment brigade, known officially as its Immediate Response Force, will have deployed within a few days. The most recent group of service members to deploy will join about 700 who left earlier in the week, Burns said.

A loading ramp at Fort Bragg was filled Saturday morning with combat gear and restless soldiers. Some tried to grab a last-minute nap on wooden benches. Reporters saw others filing onto buses.

The additional troop deployments reflect concerns about potential Iranian retaliatory action in the volatile aftermath of Friday's drone strike that killed Gen. Qassem Soleimani, the head of Iran's elite Quds Force who has been blamed for attacks on U.S. troops and American allies going back decades.

President Donald Trump ordered the airstrike near Baghdad's international airport. Iran has vowed retribution, raising fears of an all-out war, but it's unclear how or when a response might come.

Reporters weren't able to interview the soldiers leaving Fort Bragg on Saturday, but an airman loading one of the cargo planes told an Army cameraman he was making New Year's plans when he got a call to help load up the soldiers, according to video footage released by the military.

“We’re responsible for loading the cargo. Almost our whole squadron got alerted. Like a bunch of

planes are coming over here,” the unnamed airman said. “I was getting ready to go out for New Year’s when they called me.”

In the gray early morning light Saturday, Army video showed soldiers dressed in camouflage fatigues filing into planes, carrying rucksacks and rifles. Humvees were rolled onto another cargo plane and chained in place for the flight to the Middle East.

Burns said the soldiers within the Immediate Response Force train constantly to be ready to respond quickly to crises abroad. When called by their superiors, they have two hours to get to base with their gear and must maintain a state of readiness so that they can be in the air headed to their next location within 18 hours.

“So whether they were on leave, whether they were home drinking a beer, whether they were, you know, hanging out, throwing the kids up in the yard, you get the call and it’s time to go,” he said.