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**NOT A SINGLE SEAT IS LEFT IN THE HUMBLE dining hall decorated with murals of camposinos harvesting corn in the fields. Above rows of wooden tables ceiling fans spin frantically, trying to dispense hot summer air. Except when they raise their hands to ask for more “aguas”—a muddy brownish drink of water with oatmeal—the men eat their breakfast quietly. There are women too, but they sit at a separate table in the back, where the image on the wall portrays Jesus and the Apostles at the Last Supper. Some are here with children. At least one is pregnant. Today’s meal consists of eggs with spinach, rice and beans. Visible through the gap under the tin roof covering this soup kitchen is a green sign with an arrow announcing FRONTERA USA.

This comedor was started by the Missionary Sisters of the Eucharist before it

**Pain on the Border**

Fieldnotes from a Migrant Aid Center in Nogales, Mexico  BY IEVA JUSIONYTE

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no exact number, the human remains have been found in southern Arizona since 2001. Dehydration and heat stroke are common culprits. Nature here is incompatible with human life.

Many already know about the mortal dangers awaiting migrants in the desert. They also know about the cages mounted on the beds of the Border Patrol trucks, custom-made to be uncomfortable—during rough rides on unpaved roads the captives hang their heads into the roof. Transparent bags with their names and their meager belongings that some deportees have brought to the comedor are tokens of their encounter with the bush, a reminder of their time in de-
tention. Between July 2014 and March 2015 more than one-third of the 7,500 migrants who participated in the survey at the comedor reported abuse or mistreatment by U.S. authorities, including inhume detention conditions, verbal abuse, racial slurs, physical assaults. When they are apprehended and deport- ed, migrants are frequently separated from immediate family members and travel companions. Left without anyone they can trust, they are more susceptible to attacks and robbery in Mexico. Here at the comedor, the heat is already suffocating at nine o’clock in the morning. Sarah and I sit by the shelf with medical supplies. Tags on transparent plastic boxes identify the contents: “feet,” “wounds,” “pain,” “skin,” “allergies,” “blood pressure,” “diabetes,” “stomach,” “eyes,” “gaaze,” “ointments.” Sarah is training,

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Counter cold remedies. It’s as much as we can do, even though we all know that pills, cough drops, ointments and gaze only deal with signs and symptoms. Since we can’t treat the political and economic conditions that have forced people to leave their home and put them in harm’s way, we can only supply a temporary medical solution to cover up injuries of violent displacements.

A young man leans towards me and talks in a hushed voice. He shows me a bottle with prescription medicines. “I have HIV,” he says. The pills are antiretrovirals. Since he does not have a local address in Nogales, the doctors at the hospital could only give him one month’s supply. In Acapulco, Guerrero, where he is from, four encapuchados (men wearing masks) forced his father into a car and decapitated him. He is not going back. One of the volunteers is going to help him file for asylum.

A former military man from Central America complains of lingering pain in his feet. He jumped off the train when the panaderos—gang members—tried to rob him and injure both legs. He never saw a doctor. He says he can manage the lingering pain with pills, and he is not giving up on his plan to cross the border. In the military, he tells us, he learned how to navigate the desert, how to use a compass. He is sure he can make it. We give him ibuprofen.

A young woman is two months pregnant. Three days ago she tried to climb the border fence separating Nogales, Sonora, from Nogales, Arizona, when she fell down. “It was just a meter and a half,” she explains, why she did not go to the hospital. But yesterday she started having a pain in her lower back. We encourage her to see a doctor. She asks for medication. We double-check the instructions: ibuprofen, which is all we have, is not recommended during the last trimester of pregnancy; consultation with a health professional is advised for use earlier in the pregnancy. But she doesn’t want to hear about going to the hospital or seeing a doctor. “Take one or two every six hours. Don’t take more than six in twenty-four hours.”

A young Salvadoran is feeling dizzy. I invite him to sit down, wrap the cuff around his left arm and measure his blood pressure. He was in a hospital twenty days ago, where he received IV fluids. He shows us a prescription with the Red Cross logo which contains a list of medications for an intestinal infection. He says he had been walking for weeks and had nothing to eat for at least two days. We have no glucometer to check for hypoglycemia. We worry about electrolyte imbalances and anemia. One of the volunteers agrees to take him to the hospital. While he waits for the ride, he sips an electrolyte solution.

Security build-up on the border began in 1994, when the U.S. Border Patrol adopted a policing strategy they called “prevention by deterrence.” In its pursuit of illegal aliens and illicit vehicles for “illegal aliens” and illicit drugs. Instead of stopping unauthorized migration this strategy created a funnel effect, as migrants began crossing far from hyper-policed urban areas. In the desert, where the reach of the law (and cell phone signals) is weak or absent, they have been subject to assaults and extortion by criminals and left at the mercy of deadly temperatures. Those who make it across—after three, four, five days of walking in the desert—can be so severely dehydrated that their kidneys and other organs shut off.

No wonder that such security measures made travelling back and forth too risky. Undocumented seasonal workers, who used to come to the United States to find temporary employment in agriculture, construction industry or domestic services and then return home, were trapped. Afraid that they would not be able to cross again, they stayed and saved money to pay the coyotes to bring their spouses and children across the border. Compared to previous decades, many migrants traveling through Mexico on their way to the United States today are women and children. Some of them are off to el norte to join their husbands and fathers, who had already found a niche in the undocumented workforce. But not everyone has time to prepare for the perilous journey. Those in a hurry, most of them young, are fleeing gangs that have installed fear and unleashed violence to destroy their communities. The horrendous, their urban styles setting them apart from the rural folks in the comedor, are on the run for their lives. A small group of them is getting ready to cross later today.

Two men approach Sarah and me as we are sorting the medical supplies before we leave:

“You can give us some pills that would help us walk?” one asks.

“There is no magic pill,” I tell them. I explain that they have to drink water, that headaches are caused by dehydration and they will not see them again when we return to the border.

Cough drops, ointments and gauze only deal with signs and symptoms. Since we can’t treat the political and economic conditions that have forced people to leave their home and put them in harm’s way, we can only supply a temporary medical solution to cover up injuries of violent displacements.

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