



U.S.-MEXICO FORUM 2025

SECURITY AND
PUBLIC HEALTH



UC San Diego

SCHOOL OF GLOBAL POLICY AND STRATEGY
Center for U.S.-Mexican Studies

U.S.-MEXICO FORUM 2025

Security and Public Health

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KEY RECOMMENDATIONS ^{1/2}

Create a bilateral coordinating group to reconcile priorities for both nations with a joint U.S.-Mexico taskforce on fentanyl disruption and bilateral units for monitoring piracy of medical supplies as high priorities.

Maintain or increase funding for USAID programs supporting grassroots citizen-led efforts in areas affected by chronic violence.

Incorporate evidence-based and life-saving public health interventions as solutions to some public safety problems. Use WHO guidelines for addressing homicides as a health crisis.

Improve health data collection and sharing capabilities in Mexico, developing recordkeeping systems similar to those used by the CDC including police reports, medical examiner files, and hospital charts that support standardized data exchange with appropriate privacy protections.

Develop federal, state, and local programs on both sides of the border that address structural and social drivers of harm, while incorporating a gender-sensitive perspective into their design.

Strengthen public health systems along the U.S. border using best practices of transnational coordination learned from the Merida Initiative.

Update the regulatory framework for the cross-border use of health services in the U.S.-Mexico border. A new regulatory framework is needed to improve coordination between U.S. and Mexican providers and ensure the quality of care received by international travelers in Mexico.

Nearly all threats to the security and physical integrity of North America's citizens are transnational. Environmental disasters, infectious diseases, illicit drugs, and guns cross borders. The porosity of borders, economic integration, and interdependence, as well as human mobility, all make it necessary to move beyond initiatives based on containment and defense of borders, which have never succeeded, and work instead towards bilateral and multilateral efforts that acknowledge these threats' transnational character. For the U.S.-Mexico bilateral relationship, the framework of cooperation needs to assume shared responsibility and the need for collective action. The COVID-19 pandemic has also offered an opportunity for a reconfiguration of the binational collaborative approach incorporating public security and public health perspectives.

Working together, the Biden and López Obrador administrations will have a unique opportunity to reconfigure bilateral security understandings and move beyond an enforcement-first focus on drug trafficking. The current pandemic has demonstrated that unilateral approaches and narrow understandings of security fall short of securing the wellbeing of citizens. As both presidents implement strategies to protect society's most vulnerable, resetting harmful security paradigms represents an area of shared interest.

Approaches combining insights from public health and security are not entirely new. In the Western Hemisphere, the attacks of September 11 against the United States renewed the focus on biological and chemical warfare.¹ However, while the policy recommendations of the early 21st century focused on how to protect nations against the threats of chem- and bio-terrorism, we propose an approach that recognizes the social and economic costs that crime and violence have for societies, the disproportionate negative effects on vulnerable populations, and a joint approach that acknowledges pandemics as a security threat while prioritizing health outcomes and life expectancy.

This approach should be implemented nationwide with particular attention to the border region, promoting effective communication, coordination, and the strong involvement of federal, state, and local government and civil society. Producing security as a public good at the regional and global levels would mean that the main criteria for cooperation is working towards violence and harm reduction initiatives that can create the conditions for human development. This necessitates robust states — not defined by their military-police apparatus, but by their capacity to provide health care education and access to basic services.

In proposing that public health problems and solutions be integrated into a public security strategy, we highlight the challenges caused by excess mortality (COVID-19, homicides, and drug overdoses) and areas addressed by the Mérida Initiative (rule of law and communities) that align with domestic and foreign policy priorities of both governments. The conceptual framework cannot, however, provide comprehensive analysis of every possible security or public health issue, and topics such as gun violence in the U.S. or food security in Mexico are not discussed here.

Dynamics of the U.S.-Mexico Context

Despite its importance to addressing shared challenges, bilateral security cooperation has an uneven history and an uncertain future. In 2020, Mexico and the United States faced excess mortality from COVID-19 deaths in

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200679/>

KEY RECOMMENDATIONS 2/2

Create a system to prepare deportees to access health care and other public services in Mexico after removal from the U.S.

Monitoring and regulation of wildlife trade and the harmonization of safety measures in factories that are part of Mexico-U.S. integrated supply chains should be incorporated into a bilateral agenda.

addition to homicides in Mexico and drug overdoses in the United States. Preliminary evidence shows excess mortality will continue to be a significant, but not insurmountable, challenge for the neighbors in the near future.

Prior to 2020, the central component of U.S.-Mexico cooperation was the Mérida Initiative. Launched in 2007, it remains the most important and ambitious bilateral effort to promote and institutionalize U.S.-Mexico security cooperation. Proposed initially by the Mexican government and supported next by the United States, the initiative is considered unique both in terms of the level of cooperation and trust fostered by both countries (particularly under Calderón's administration) as well as in terms of the alignment in the security priorities and strategies identified by both partners. Saliently, both countries agreed to treat security as a "shared responsibility," with the United States acknowledging its responsibility in terms of the illicit trafficking of firearms and domestic drug demand and Mexico recognizing the challenges that corruption and institutional weakness posed to an effective security policy. Although both Mexico and the U.S. have stopped

short in their attempts to address their responsibilities, the initiative continues to be seen as a positive and promising experience within a long history of bilateral security cooperation characterized by distrust, misalignments, and unilateralism (on behalf of the United States).

The Mérida Initiative began with an emphasis on traditional anti-narcotics strategies, including the provision of equipment, technical assistance, intelligence sharing, and specialized training, all with the aim of disrupting the impact and operational capacities of organized crime.² The objective of disrupting criminal organizations was mainly fostered through the use of the so-called "kingpin strategy," which focused on the arrest and extradition of the top leaders of drug trafficking organizations. Such strategy, together with the emphasis on offensive and militarized operations, led to a significant increase in levels of lethal violence in the country as well as to a surge on human rights violations perpetrated by federal forces and the military. With internal competition, fragmentation, and violent takeovers as background, violence between some criminal organizations became more overt and predatory. Furthermore, communities' exposure to violence increased as some criminal organizations turned to extortions, kidnappings, and other strategies of intimidation, with journalists, civil society activists, public officials, and even priests becoming targets of violence.

In 2011, the Mérida Initiative was reformulated, reflecting the need to promote a more integral approach that went beyond the aim of dismantling criminal organizations and managed to address the structural and institutional drivers of violent crime in Mexico. The four pillars upon which the initiative was reformulated were: "1) Combating transnational criminal organizations through intelligence sharing and

2. Congressional Research Service, "Mexico: Evolution of the Mérida Initiative, 2007-2020," <https://fas.org/sgp/crs/row/IF10578.pdf>

U.S.-MEXICO RELATIONS AND COVID-19

While there is still much to learn about the current COVID-19 epidemic, there are certain elements that can be drawn as a case study between both public health emergencies. The H1N1 influenza pandemic was first identified in Mexico in March 2009. The timely identification of the pathogen was possible through a highly effective network of public health officials. There was evidence that the cases had a higher mortality rate than the typical influenza season. Shortly after, by mid-April California confirmed cases as well. In April, the World Health Organization declared a public health emergency of international concern and the 2005 International Health Regulations were set in motion allowing for early warning and surveillance procedures for all countries.

Mexico's response was a swift, coordinated, and effective response where transparency and risk communication to the public was carried out and led by President Felipe Calderón.¹ Immediate school shutdowns, bans on public gatherings, and mobilization of the health sector and the military allowed, at a huge economic cost, the containment of the crisis.

There are also some differences in the impact of both pandemics that can be attributed to public policy responses by the local governments. Almost a decade after the H1N1 outbreak in North America, the emergence of COVID-19 created, once again, a common public health problem for Mexico and the United States. Early studies have identified three moments where the new COVID-19 response was delayed, compared to H1N1: hospital reporting of first case, pathogen identification, and initial emergency public health response.² The delay in the introduction of public health measures to contain the spread of COVID-19 could help explain part of the impact of the disease in our countries, however, the lack of a common cross-border strategy should also be taken into account.

During H1N1, both governments introduced parallel measures to prevent the spread of the disease. With the current COVID-19 epidemic, lack of coordination and cooperation have had negative consequences, including the difficulty to access testing in Mexico. Both governments considered that a lockdown of the border areas was a more effective response than setting common testing sites across the port of entries. While the travel restrictions are meant to stop circulation of people among both countries, they fail to take into account the interdependency of cross-border communities, with people of both nationalities working on both sides of the U.S.-Mexico border. It is for this reason that mayors in border cities have asked their federal governments to ease these restrictions, hoping to reignite their local economies and efficiently address risks posed by COVID-19.

1. <https://www.brookings.edu/blog/order-from-chaos/2020/03/30/lessons-learned-from-felipe-calderons-swift-response-to-h1n1-in-2009/>

2. Wang Q, Zhang T, Zhu H, Wang Y, Liu X, Bai G, Dai R, Zhou P, Luo L. Characteristics of and Public Health Emergency Responses to COVID-19 and H1N1 Outbreaks: A Case-Comparison Study. *International Journal of Environmental Research and Public Health*. 2020 Jan;17(12):4409.

law enforcement operations; 2) Institutionalizing the rule of law while protecting human rights through justice sector reform, forensic equipment and training, and federal-and state-level police and corrections reform; 3) Creating a 21st-century U.S.-Mexican border while improving immigration enforcement in Mexico and security along Mexico's southern borders; and, 4) Building strong and resilient communities by piloting approaches to address root causes of violence and supporting efforts to reduce drug demand and build a 'culture of lawfulness' through education programs" (Congressional Research Service, 2020).

The status of Mexico-U.S. cooperation today is suboptimal. Mexico has continued with the kingpin strategy and a greater role of armed forces in public security while the U.S. has engaged in unilateral actions for combating transnational organized crime. President Biden seems likely to resume Obama-era approaches to security cooperation, though it remains to be seen how this will play out given current legal changes in Mexico that restrict cooperation between U.S. and Mexican agents.

The López Obrador and Biden administrations can redirect bilateral security cooperation to strengthen some of the more integral aspects of the Mérida Initiative that are priorities in their respective domestic and foreign policy agendas. For example, President López Obrador's interest in a victim-centered approach to violence aligns with two pillars of the Mérida Initiative: institutionalizing the rule of law and building strong and resilient communities. These pillars are also compatible with thinking about security questions from a public health perspective which acknowledges the human costs of crime and violence in terms of life expectancy, mental health, physical harm, and the erosion of community ties.

Diagnosis

Citizens who occupy a more marginal position within our societies are more susceptible to suffer the consequences of security threats, and therefore, responses need to be differentiated and designed in a way that addresses the underlying economic and social conditions that make these populations more vulnerable. It also demonstrates connections between different dimensions of human security — in this case — economic insecurity, health security, and physical security.

While there is a long history of security cooperation, it has failed to deliver physical security. Many regions of Mexico continue to experience cycles of violence and insecurity, exacerbating impunity and corruption. Opioids continue to lead to excess mortality in the U.S. Reformulating security cooperation around a public health axis, with an emphasis on social determinants of health, will help address these challenges.

Vulnerabilities Faced by Women

Women have been particularly impacted by the pandemic given their greater economic vulnerability,³ their role as primary caregivers (both paid and unpaid),⁴ as well as the dynamics of exclusion and discrimination they face both at home and in the public sphere. Females have been more affected by unemployment during the COVID-19 pandemic

since women were more likely to work in the hospitality and service industry. In addition, early evidence suggests that females assumed increased responsibilities for children's remote education during school closures. Femicide, intra-family violence, and rape against children, increased during the second and third trimesters of the year 2020.⁵

This contrasts with recent trends in high-impact crimes, including kidnapping and extortions, which have decreased in the context of the pandemic. As pointed out by several experts, confinement translates into women and children's greater exposure to violence at home as it limits access to support networks. This, next to the economic insecurity and stress brought about by the pandemic, generates situations in which domestic abuse can become more prevalent.⁶ In addition to femicide and intra-family violence, maternal mortality rate increased 46% in Mexico in 2020 in comparison to the numbers reported during the first nine months of 2019. A plausible explanation for this is the fact that the number of prenatal appointments decreased almost by half during the first half of the year 2020.⁷

Vulnerabilities at the U.S.-Mexico Border

The border between Mexico and the United States is not only an area of drug and human trafficking but also of increased consumption of injection drug use. There is a cross-border drug use population⁸ that requires harm reduction strategies to reduce the negative consequences of substance use, such as increased infections of HIV, Hepatitis C (HCV), and fatal overdoses. These negative consequences can be exacerbated by the lack of public policy responses by the governments of Mexico and the United States. For example, needle exchange programs cannot be financed by federal funds in the United States, and in Mexico, the current federal government has cut all funding as well. These actions increase the risk for blood borne infections and can be exemplified by the public health crisis created in the State of Indiana with the emergence of a new epidemic of injection drug use in North America.⁹

Institutional Challenges

In recent months, many flaws in the traditional security cooperation model have been revealed. Distrust around vetting and intelligence sharing and the arrest, repatriation, and subsequent exoneration of General Cienfuegos have become sticking points in the relationship. Compounding these negative effects, justice system reforms that are integral for the rule of law and reducing the high levels of impunity have not been fully institutionalized. Police reform has been hampered by a lack of funding, frequent changes in institutional structures, and tensions between centralized and decentralized oversight. Lack of data and systematization of information have also prevented successful scalability of USAID/NGO violence reduction programs. Firearms trafficking remains a major, unaddressed bilateral issue. Gun violence in Mexico is fueled in large part by guns, ammunitions, and firearms parts purchased legally in the U.S. and smuggled into or assembled in Mexico. An increasing percentage of lethal violence in Mexico is gun violence; and violence against women is increasingly perpetrated with guns. Cooperation on this issue is extremely limited, with U.S. policy failing to address the sale

3. International Labour Organization, *Women and Men in the Informal Economy: A Statistical Picture* (April 2018).

4. OECD, *The Pursuit of Gender Equality: An Uphill Battle: How Does Mexico Compare?* (2017).

5. <https://www.proceso.com.mx/nacional/2020/10/22/por-covid-19-bajan-secuestros-pero-suben-violencia-domestica-251378.html>

6. Amaranta Manrique De Lara and María De Jesús Medina Arellano, "The COVID-19 Pandemic and Ethics in Mexico Through a Gender Lens," *J Bioeth Inq*, 2020 Aug 25 : 1-5. doi: 10.1007/s11673-020-10029-4

7. <https://mujeres-covid-mexico.animalpolitico.com/muerte-materna-aumenta-covid>

8. Wagner KD, Moynihan MJ, Strathdee SA, Cuevas-Mota J, Clark M, Zúñiga ML, Volkman TA, Teshale E, Garfein RS. The social and environmental context of cross-border drug use in Mexico: findings from a mixed methods study of young injection drug users living in San Diego, CA. *Journal of ethnicity in substance abuse*. 2012 Oct 1;11(4):362-78.

9. Strathdee SA, Beyrer C. Threading the needle—how to stop the HIV outbreak in rural Indiana. *New England Journal of Medicine*. 2015 Jul 30;373(5):397-9.

of military-grade weaponry and Mexican border security failing to install mechanisms to detect smuggled weapons.

In addressing public health and public security issues one of the challenges is that the decision making relies on different federal institutions. In Mexico, the main federal government offices with authority regarding health and security — the Secretaría de Salud (Secretariat of Health) and the Secretaría de Gobernación (Secretariat of the Interior) as well as the Secretaría de Seguridad Pública y Protección Ciudadana (Secretariat of Public Safety and Civilian Protection) — lack clear systems for communicating. In dealing with zoonotic diseases, the Secretaría de Agricultura y Desarrollo Rural (Secretary of Agriculture and Rural Development) and Senasica (Servicio Nacional de Sanidad, Calidad e Inocuidad, National Service of Sanitation, Quality and Innocuity) need to be incorporated in the dialogue as key actors.

While the decentralization of health services allows for more authority and responsibility at the state and local level, the national guidelines to address emergencies are set at the federal level. This creates a challenge at the border, where local efforts often show greater flexibility in responding to challenges but are subordinated to federal guidelines.

Subnational level and civil society

There is a longstanding history of NGO work at the border that has developed a fruitful relationship with all key stakeholders and that works effectively in addressing binational health issues along the U.S.-Mexico border. They have a support network integrated by academic institutions, public and private sectors, and diverse agencies specialized in health. Sonora and Arizona are a model of excellence in effective daily communication and coordination, regardless of the turnover of authorities. For example, the ARSOBO¹⁰ project helps to provide low-cost medical devices to disabled populations along their common border, such as wheelchairs, hearing devices, and prosthetics. It also brings together university students on both sides of the border to understand health disparities across the border. This project is financed by a diversity of both public and private organizations, serving as a model that could be replicated in other border areas. Similar projects have been replicated on a smaller scale in Tijuana, where medical students are able to volunteer with different NGOs in the area, like Prevencasa AC or the "wound clinic." However, due to current border travel restrictions many of these collaborations have been suspended.

The NGOs that work on both sides of the border have the capacity to leverage the goodwill and support of the communities they serve. They are closer to the problems and therefore have the potential to detect and address health issues in an effective and opportune manner. However, the current changes in federal funding in Mexico make it impossible for NGOs to access previously available grants to tackle common bi-national problems, such as HIV, tuberculosis, and substance use, or deportation and political asylum. The arrival of undocumented caravans of migrants to the Mexican side of the border represented a pivotal moment for a common civil society response. American NGOs like Border Kindness,¹¹ "Al Otro Lado"¹² or "Families Belong Together,"¹³ set up local offices in the Mexican side

and helped in the initial response of the humanitarian emergency.

These local networks must be made part of policy coordination led by local governments to deal with public health and security emergencies, particularly since many of them are providing services that should be delivered by government agencies. These NGOs provide basic medical health care, but more robust referral mechanisms for complex health problems that require hospitalizations need to be set up. Migrants who have been victims of human trafficking networks have found a safe place in many of the shelters provided by the NGOs, but the staff of these organizations are also at risk, not only from organized crime but also by state agents.

The challenge has been to have the same communication all along the border and not just between two states. That has been one of the challenges faced by the U.S.-Mexico Border Health Commission (USMBHC), a binational organization established in 2000 that works with civil society involved in improving the health of the population on both sides of the border. The USMBHC is comprised of the two Federal Departments of Health, state health services of the ten border states, and fourteen members of the community.

Drug Use and Drug Trafficking

The introduction of illicit manufactured fentanyl and other synthetic drugs in the American drug supply has created a new risk environment for people who use drugs, that is not only reflected in higher HIV infection risk, but also in a mortality crisis due to fatal overdoses.¹⁴ The origin of this crisis can be traced to an initial abuse of prescription opioids, followed by a substitution of heroin and finally by the introduction of fentanyl in the local supply. Mexico is linked directly to this crisis on the supply side, but most recently, it has also documented the introduction of a tainted supply on the local drug consumption markets.¹⁵ This dual epidemic of injection drug use and overdose mortality can be mitigated by the introduction of well established harm reduction strategies such as needle exchange and opioid substitution therapies. However, both countries still need to expand other emerging strategies like peer-to-peer naloxone distribution, as well as the introduction of safe consumption sites (SCS).

Naloxone is a medication used traditionally in hospital settings to block the effect of opioids. For more than a decade, drug user organizations in the United States, first unsanctioned, delivered this life saving medicine among members to prevent fatal overdoses. The evidence accumulated so far has shown the need to expand this strategy broadly among communities impacted by the overdose crisis.¹⁶ Now, even some police departments and first respondent organizations have included this intervention within its operational protocols. In Mexico, unfortunately, naloxone is still considered a prescription substance that is regulated almost as an opiate. This makes it harder for drug user and harm reduction organizations to have access to it, since it is cost-prohibitive and could face legal consequences if administered unsanctioned. The binational cooperation should show the benefits of addressing this crisis as a public health problem by expanding free naloxone distribution across both countries.

10. <https://arsobo.org/>

11. <https://borderkindness.org/>

12. <https://alotrolado.org/>

13. <https://www.familiesbelongtogether.org/>

14. Ciccarone D. Fentanyl in the US heroin supply: a rapidly changing risk environment. *The International journal on drug policy*. 2017 Aug;46:107.

15. Fleiz C, Arredondo J, Chavez A, Pacheco L, Segovia LA, Villatoro JA, Cruz SL, MedinaMora ME, de la Fuente JR. Fentanyl is used in Mexico's northern border: current challenges for drug health policies. *Addiction*. 2020 Apr;115(4):778-81.

16. Bennett AS, Bell A, Doe-Simkins M, Elliott L, Pouget E, Davis C. From peers to lay bystanders: Findings from a decade of naloxone distribution in Pittsburgh, PA. *Journal of psychoactive drugs*. 2018 May 27;50(3):240-6.

Structural factors increasing health and security risks are exacerbated in border regions. The control of infectious diseases as well as emerging diseases at the U.S.-Mexico border region pose enormous challenges to the local health systems and the population, especially the marginalized. High incidence of TB, HIV/AIDS, and HCV as well as drug abuse, and mental disorders are prevalent in the border region. The current situation presents the opportunity to transform the way business has been carried, transforming the paradigm of how to address public health and public security issues jointly and how to keep in place procedures that work. Transborder partnerships are required to address the disparities present in border health issues.

Research studies among people living with HIV in the San Diego/Tijuana region,¹⁷ the busiest land border crossing in the world, has showed that cross-border mobility is an important factor for understanding the barriers for access to treatment. The border region also has higher rates of tuberculosis than the national averages in both countries,¹⁸ creating an increased pressure on the need for communication among local health systems and health departments.

The lack of a strong public health safety net in the United States, combined with lower health care costs in Mexico, has also resulted in a cross-border health industry, with American residents crossing the border to have access to cheaper dentistry, pharmacy, and other types of private medical services.¹⁹ These cross-border interactions have become more salient with the travel restrictions due to COVID-19, as people who depend on regular crossing to seek health care must now seek other alternatives.

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