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Making Migrant Death Data Count:

Recommendations for Addressing An Alarming Trend in Preventable Migrant Deaths in the El Paso Sector

Introduction

In 2024, the El Paso Sector of the US-Mexico Border, which includes New Mexico and the Texas counties of El Paso and Hudspeth, became the single deadliest zone for border crossers¹ along the entire US-Mexico border. According to figures compiled by No More Deaths, a migrant aid and advocacy group, at least 196 migrants are known to have perished in this sector in the 2024 calendar year, far outpacing neighboring zones in California, Arizona, and south Texas.² This report highlights key patterns and challenges related to these findings with the goal of engaging support for reversing this alarming public health trend in preventable migrant deaths.

Specifically, we highlight the need for systematic identification and documentation of border crosser deaths. Basic, standardized processes for identifying migrant deaths are necessary for civil society to respond to this troubling trend, yet such processes are woefully absent in El Paso County. Failure to identify, categorize, and record such deaths is tantamount to their erasure. Relatedly, we emphasize the importance of developing transparent and accessible means by which nongovernmental organizations, researchers, and the public at large can access migrant death data. An informed civil society is better equipped to identify resources and policy recommendations that will help prevent future deaths. Finally, we present recommendations modeled on best practices from other sectors of the borderlands.

The Landscape

Migrant deaths in the El Paso sector have surged for five consecutive years, with 2023 marking the first year fatalities exceeded 100. In 2024, the El Paso sector became the deadliest along the

1 This report will use the term “border crosser” and “migrant” interchangeably.

2 “FOIA,” El Paso Sector Migrant Death Database, November 11, 2024, <https://www.elpasomigrantdeathdatabase.org/index.php/foia/>.

US-Mexico border, recording 40% more remains than the next deadliest sector.³ According to CBP data and the No More Deaths El Paso migrant deaths database,⁴ most deaths were caused by heat exposure and dehydration, along with wall falls, drownings, and other injuries. 83% of fatalities in El Paso County resulted from drownings, pedestrian motor vehicle accidents, or wall falls. As of October 2024, 100 drownings have been confirmed in El Paso County, though the actual toll is likely higher, particularly in the American, Franklin, and Riverside canals. Migrant injuries have also risen sharply, largely due to the taller border wall built in 2019; between 2019 and 2023, El Paso's University Medical Center treated approximately 1,100 patients in wall falls.⁵

Another alarming aspect of this crisis is the rising number of deaths among migrant women, particularly young women. In 2024, women accounted for nearly half of all fatalities in the sector, with those aged 20 to 29 being the most affected. This marks a significant increase compared to 2018, when women represented just 10% of migrant deaths across the border. Additionally, from 2018 to 2023, 24 children died in the El Paso Sector, with 17 of those deaths happening within El Paso County.⁶

An alarming trend in migrant deaths:

- The El Paso Border Patrol Sector, which includes New Mexico and the Texas counties of El Paso and Hudspeth, have seen a surge in deaths that have broken records for the last five years.
- El Paso Sector ranked #1 in border deaths along the US-Mexico border in FY2024, while it ranked #3 in apprehensions in the same year.
- 196 deaths were recorded between January and November 2024.
- In 2024, women accounted for nearly half of all fatalities in the sector, with those aged 20 to 29 being the most affected.
- From 2018 to 2023, 24 children died in the El Paso Border Patrol Sector, with 17 of those deaths happening within El Paso County.
- 83% fatalities in El Paso County were a result of drownings, vehicle accidents and wall falls.
- 1,100 patients have been treated for wall falls in El Paso between 2019 and 2023.

3 Ibid

4 "El Paso Sector Migrant Death Database," 2024, <https://www.elpasomigrantdeathdatabase.org>

5 Aaron Nelsen, "A Taller Border Wall Brings a Surge of Costly Injuries to El Paso," Texas Monthly, October 30, 2023, <https://www.texasmonthly.com/news-politics/taller-border-wall-falls-injuries/>.

6 "El Paso Sector Migrant Death Database," 2024, <https://www.elpasomigrantdeathdatabase.org>

Challenges

Despite this significant increase in migrant deaths, our community still lacks a solid search and rescue infrastructure. The Border Patrol Tactical Unit (BORTAC), a specialized unit that responds to high-risk and emergent incidents, is severely understaffed.⁷ According to conversations with Border Patrol, they only employ 10 medical professionals for the entire El Paso Sector, and these 10 professionals work in different shifts. Therefore, during most of their actual search and rescue efforts, Border Patrol often does not have medical professionals on site to attend to people in distress. As a consequence, the responsibility of responding to distress calls or dead bodies in the area's deserts and canals has fallen to local first responders. During conversations and ride-alongs with several first responders in the El Paso sector, HOPE found that these local first responders lacked the adequate resources to respond to the sheer volume of distressed migrants. These dynamics, alongside draconian border enforcement strategies that purposely force vulnerable migrants into increasingly hostile terrain, partially account for the rising trend in border crosser deaths⁸—though it should be noted that much more remains to be learned.

To determine the resources needed and where to seek them to address the escalating crisis in our region, first responders and the local community require a thorough analysis of the situation—including where, why, and how people are dying in such large numbers. Unfortunately, this analysis is hindered by undercounted death data. Most migrant death information for the El Paso sector comes from U.S. Customs and Border Protection (CBP), which only counts cases involving direct encounters between Border Patrol and the deceased. Through its Missing Migrant Program, CBP tracks southwest border deaths. However, deaths are deemed “Not Reportable” in cases without direct Border Patrol contact.⁹ This means that if a migrant is found by local law enforcement or a civilian, dies in a hospital, or is discovered by state troopers or the Texas National Guard, they may not be included in the official count.

Researchers and journalists have widely documented CBP's migrant death data as an undercount of the actual recoveries. An analysis by The Desert Sun comparing Border Patrol data across US-Mexico border states found that migrant deaths were under-reported by anywhere from 25% to 300% over a five-year period.¹⁰ Similarly, a U.S. Government Accountability Office report recently confirmed that U.S. Border Patrol has not been accurately compiling and reporting migrant death

7 Personal communication, August 7, 2024.

8 Gabriella Soto, “Absent and Present: Biopolitics and the Materiality of Body Counts on the US–Mexico Border,” *Journal of Material Culture* 26, no. 1 (September 28, 2020): 43–63, <https://doi.org/10.1177/1359183520959397>.

9 Office of Professional Responsibility, CBP-Related Deaths (2022), <https://www.cbp.gov/sites/default/files/assets/documents/2023-Feb/2021-opr-cbp-related-deaths-report.pdf>.

10 Rob O'Dell, Daniel González, and Jill Castellano, “‘Mass Disaster’ Grows at the U.S.-Mexico Border, but Washington Doesn't Seem to Care,” *The Desert Sun*, December 14, 2017, <https://www.azcentral.com/story/news/politics/border-issues/2017/12/14/investigation-border-patrol-undercounts-deaths-border-crossing-migrants/933689001/>.

data.¹¹ In El Paso, the No More Deaths database further corroborates this point. Their report reveals that from 2012 to 2022, actual migrant deaths in the El Paso sector consistently exceeded CBP's counts, with some years showing between two and four times the number of deaths reported by CBP. Additionally, a recent Freedom of Information Act (FOIA) request found that migrant death data reported by CBP for the Fiscal Year 2024 was significantly undercounted.¹² It showed that falls from border walls are frequently misclassified, with CBP omitting over a third of these cases.

To address gaps in CBP's reporting, it is absolutely crucial to have public data accessible from third-party sources and trusted and professional government agencies, such as justices of the peace and medical examiner offices. No More Deaths has aided in data availability by creating a database to track all potentially identifiable migrant deaths. This database incorporates CBP data and information obtained from public records requests to the New Mexico Office of the Medical Investigator, the El Paso County Office of the Medical Examiner, and the Justices of the Peace for Hudspeth County's Precincts 1 and 2. Although the database is more comprehensive than any other for the sector, No More Deaths's database likely and unwittingly still undercounts migrant deaths in the sector due to external limitations, such as the El Paso Medical Examiner's lack of a systematic approach to identifying migrant deaths.

Furthermore, the El Paso County Office of the Medical Examiner sometimes makes migrant deaths identifiable by including GPS coordinates or physical descriptions of where bodies were found, but this data has not always been reliable. The No More Deaths database reveals that from 2011 to 2023, GPS coordinates were provided in only 25% of cases, leaving researchers to depend on physical descriptions that were occasionally vague or led to nonexistent locations, making some counts unverifiable. Even with improved data, the lack of a formal, systematic counting process still presents challenges, particularly for cases involving deaths in hospitals, vehicle accidents, neighborhoods or areas farther from the border.

Best Practices

New Mexico Office of the Medical Investigator

At the New Mexico Office of the Medical Investigator, all deaths follow the same investigation process, regardless of citizenship status.¹³ However, there are key differences in how migrant cases are handled for identification and repatriation. Recently, the Office of the Medical Investigator's

11 Office of Professional Responsibility, CBP-Related Deaths (2022), <https://www.cbp.gov/sites/default/files/assets/documents/2023-Feb/2021-opr-cbp-related-deaths-report.pdf>.

12 "FOIA," El Paso Sector Migrant Death Database, November 11, 2024, <https://www.elpasomigrantdeathdatabase.org/index.php/foia/>.

13 Jasmine R. Hernandez and Heather J. Edgar, "Migrant Deaths in New Mexico: What Is Known; What Is Unknown," *Journal on Migration and Human Security* 12, no. 3 (October 15, 2024): 226–42, <https://doi.org/10.1177/2331502424241274705>.

case system was updated to include a “Public Health Field,” with *Border Crossers* as an option along with categories like *Environmental, In Custody, Industrial/Work-related, MVA, Stillborn, Suspected Overdose, Transgender, and Unhoused*.¹⁴ Investigators are trained to label cases as *Border Crossers* when the recovery location and circumstances indicate this status.

Pima County Office of the Medical Examiner

Pima County Office of the Medical Examiner starts by labeling cases as “Unidentified Border Crossers” (UBCs), meaning migrants suspected or known to have died while crossing.¹⁵ They examine these cases using a broad approach that helps identify unknown bodies. The Pima County Office of the Medical Examiner’s method includes looking at information from the scene, such as items the person was carrying (like money, religious objects, or documents) and physical clues (like age, tattoos, dental work, or signs of past physical distress).¹⁶ By combining this information, they work to identify the likely background of the person.

Binational Migration Institute, Best Practices Manual

The Binational Migration Institute’s (BMI) Best Practices Manual for identifying Unidentified Border Crossers (UBCs) suggests that the U.S. standard death certificate (USSCD) could be used to record UBC deaths more systematically. By including key details about each case, these certificates would improve accuracy in counting UBC deaths and collecting cause-of-death data. While full national use of the USSCD would be challenging, the manual suggests a simpler option: an extra form to go with the standard certificate, noting if the person was a UBC. It also includes a sample autopsy form from the Pima County Medical Examiner, which identifies UBC cases. Standardizing this form along the border could result in more accurate counts.

Recommendations

Given the significant rise in migrant deaths over the past four years, it is crucial to conduct a thorough analysis of the situation in our region. In 2024, the El Paso Border Patrol Sector ranked #1 in border deaths, despite being ranked #3 in apprehensions.¹⁷ This crisis must be addressed, and accurate data is needed to do so.

In conversations with the New Mexico Office of the Medical Investigator, HOPE learned that, like other offices in Texas, migrant deaths were not initially tracked in order to treat all deaths equally.

14 Ibid

15 Cate E. Bird and Austin Shangraw, “The Importance of Accounting for the Dead in Migration,” *Journal on Migration and Human Security* 12, no. 3 (October 15, 2024): 310–20, <https://doi.org/10.1177/23315024241256633>.

16 Ibid

17 Personal communication, October 16, 2024.

However, as the number of deaths increased, they changed their policy, recognizing the situation as a public health crisis and accepting responsibility to identify these deaths. Tracking migrant deaths is a crucial first step for addressing this alarming public health trend in preventable migrant deaths. This is why agencies such as the Center for Disease Control and Prevention (CDC) classify deaths.¹⁸ Such statistics and classifications aid in the identification of causes and patterns, both of which are essential for policy decisions, for informing the public, and for securing funding for public health research.¹⁹ This data is needed in order to analyze trends in deaths, their causes, locations, and the demographics involved. This will allow us to better understand how our community should respond to this crisis for migrants and will aid us in identifying necessary resources.

Below we have set forth recommendations based on best practices used in communities throughout the US-Mexico border:

1. Record and compile data on deaths for all border crossers, especially if a positive identification cannot be made.
2. Implement standardized criteria for field investigators to determine whether the deceased is a likely border crosser. Best practices for these criteria can be found in the “Protocol Development for the Standardization of Identification and Examination of UBC Bodies Along the U.S.-Mexico Border: A Best Practices Manual.”²⁰
3. Make migrant death data accessible to non-governmental organizations (NGOs) and researchers. Data transparency is crucial for understanding policy impacts and public health trends, as well as for identifying resources that could help reverse this alarming trend in preventable migrant deaths.
4. Develop partnerships with local NGOs in which migrant deaths and relevant data about such deaths are proactively shared for the development of third-party databases more readily accessible to the public, consulates, and families of the deceased. This model of public participation and accountability has been in place at the Pima County Office of the Medical Examiner for years. The El Paso County Office of the Medical Examiner could duplicate such efforts here.

18 Centers for Disease Control and Prevention, *Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting* (2003), https://www.cdc.gov/nchs/data/misc/hb_me.pdf

19 Gabriella Soto, “Absent and Present: Biopolitics and the Materiality of Body Counts on the US–Mexico Border,” *Journal of Material Culture* 26, no. 1 (September 28, 2020): 43–63, <https://doi.org/10.1177/1359183520959397>.

20 Raquel Rubio-Goldsmith, Anna Ochoa O’Leary, and Gabriella Soto, *Protocol Development for the Standardization of Identification and Examination of UBC Bodies Along the U.S.-Mexico Border: A Best Practices Manual*, 2014, <https://bmi.arizona.edu/sites/bmi.arizona.edu/files/protocol.pdf>.

The Hope Border Institute (HOPE) brings the perspective of Catholic social teaching to bear on the realities unique to our US-Mexico border region. Through a robust program of research and policy work, leadership development and action, we work to build justice and deepen solidarity across the borderlands.

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