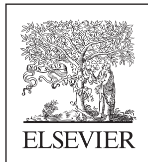

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Guest Editorial

Ethical considerations for undocumented immigrants and health

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The four articles in this issue cover extensive geographic and temporal territory—from the historical antecedents of migration in human history to current immigration into the United States and the gradual evolution of legal policies governing entry into the United States to the health and social status of stateless refugees in Sub-Saharan Africa. The authors highlight the context and lives of undocumented, or unauthorized, populations using a case study along the Arizona border to show the hazards of crossing the border without inspection and a general approach to the difficulties of being undocumented in the United States (McEwen, Boyle, & Messias, 2014; Messias, McEwen, & Boyle, 2014; Messias, McEwen, & Clark, 2014). Lori and Boyle (2014) focused their analysis on the global dimensions of migration citing the condition of refugees in Africa. Health-related implications for immigrants without authorized presence in the United States are complex, immense, and of special concern to the profession of nursing. The health issues among refugees or stateless persons in Africa are intimately related to their migration status as refugees including before fleeing their homes, during transit, temporary location, and afterward.

The complex legal and social issues of transnational migration, mobility, and documentation naturally give rise to the ethical questions surrounding nursing with and among immigrant communities and refugees in a broad sociopolitical context. If nursing in "everyday practice" (Austin, 2007, p. 81) is replete with ethical questions, dilemmas, or distress, those larger contexts invite a corresponding global ethics of care and social justice for undocumented immigrants, who are among the most vulnerable populations. Ethical practice is identified with moral responsibility, and ethical action occurs within community (Austin, 2007). Although migration is a global nursing issue, these ethical reflections focus primarily on the context of immigrants in the United States and, more specifically, undocumented immigrants, members of our communities who are most excluded from health care access. We begin with an examination of the global nursing ethic of care and social justice, examine the official statements of international and national nursing organizations related to health care for undocumented populations including refugees and displaced persons, and conclude with a discussion of the ethical implications for nursing practice.

A Global Nursing Ethic of Care and Social Justice

A global ethics perspective based on care and social justice, both aligned with nursing's core values, offers a broad way of considering a nursing response to the lives and health of undocumented immigrants in the United States. A global ethic for nursing must also reach beyond the health care arena and address the realities of poverty as a human rights issue because of the link between poverty and poorer health (Crigger, 2008; Nelson, 1994). As evidenced in the articles in this issue, undocumented immigrants and refugees are far more likely to experience the poverty that is inimical to health. Frequently driven to migrate because of dire poverty at home, immigrants often find themselves subjected to conditions of exploitation, low-paying jobs, and substandard living conditions in the host country (Bacon, 2005, 2009). Being undocumented often serves as a deterrent to ready access to social and economic resources that would allow immigrants to improve their lives in the host country. The incorporation of a global ethic of care and social justice ought also to address the structural underpinnings of poverty and

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undocumentedness at national, regional, and local levels as well as provide a foundation for nursing with undocumented immigrants at institutional, community, family, and individual levels. How nurses implement a global ethic of care and social justice will vary depending on how national and regional organizations and nurses' groups and individual nurses in practice settings see fit.

One structural issue impeding knowledge about the health needs of undocumented immigrants is the paucity of epidemiological and demographic data related to health status of undocumented populations in general and in regional and local communities (Messias, McEwen, & Clark, 2014). Another barrier is the physical and geographic context of the border crossing regions. The United States–Mexico border has been identified as one of the most violent borders in the world between two countries not at war with one another (Kerwin, 2002) and one of the most dangerous borders in the world since the year 2007 (Walker, 2011). Because the increased militarized fortifications along the border at urban points force undocumented migrants into hostile and dangerous desert and mountainous regions along the 1,954-mile border and the massing of Mexican troops along the border since 2007 to fight the drug cartels, migrants take their lives into their hands when attempting a crossing and when they arrive on the U.S. side of the Arizona deserts (McEwen, Boyle, & Messias, 2014; Messias, McEwen, & Clark, 2014). The severity and extent of the health hazards of border crossings highlighted in these articles ought to alert nurses and nursing organizations to the need to explore potential underlying physical, emotional, and social health issues in their encounters with immigrants, regardless of disclosure or knowledge of legal status.

Current anti-immigration, anti-immigrant legislative initiatives have clear historical precedents. The erection of legal barriers to immigration for all practical purposes began in the 1920s with the passage of several immigration and labor laws, except for the Chinese Exclusion Act, which was passed in 1882 and not repealed until 1943 (Chin, 1998; Messias, McEwen, & Boyle, 2014). The Chinese Exclusion Act set a precedent of legalized discrimination against immigrants based on race (Messias, McEwen, & Boyle, 2014). This legacy is reflected in the legislative recalcitrance of current neonativists in the Congressional House of Representatives to pass comprehensive immigration reform to date, in xenophobic attitudes in society against immigrants (especially of color), and in discriminatory practices such as racial profiling and wage theft (Zhou-Castro, 2010). Additionally, reflecting legalized discrimination are the increasing laws and ordinances of immigrant exclusion at local and regional levels, the vast increase in the number of immigrants detained and deported under the Obama administration, and the exclusion of undocumented immigrants from the Patient Protection and Affordable Health Care Act even if they are able to purchase a health policy (McGuire, 2014; Messias, McEwen, & Boyle, 2014.). Deportations have broken up thousands of families and left U.S.-born children without parents either in the care of relatives or in foster care. Surely this practice alone should raise the alarm for national nursing associations on both sides of the border, for regional nursing groups, and for community-based nurses, especially because deportations are associated with both mental and physical health issues in those who remain behind (McGuire, 2014).

Other and more immediate structural barriers are highlighted in the examination of the specific case of undocumented immigration and health along the Arizona-Sonora border (McEwen, Boyle, & Messias, 2014). This border region represents the busiest international land frontier in the world; crossings in both directions exceed 320 million per year (Centers for Disease Control and Prevention, 2014; Weinberg et al., 2003). Of particular relevance to nurses is the representation of the entire 1,954-mile border region as the 51st state, with the lowest access to health care, the lowest per capita income, and the highest number of children living in poverty and who are uninsured compared with the rest of the nation (McEwen, Boyle, & Messias, 2014). The Centers for Disease Control and Prevention (2014) considers the border area as one epidemiologic region. It is important for nurses, individually and collectively, to understand the health implications given that health and disease patterns are not subject to political borders.

International and National Nursing Organizations' Statements on Undocumented Immigrants and Health Care

The International Council of Nurses (ICN) is a federation of more than 130 national nursing associations and takes a structural approach to the care of these vulnerable populations, recognizing both their short-term and long-term need for health care. The ICN was the first nursing organization to publish a comprehensive position statement on health care with various groups of migrants, refugees, and displaced persons, including those without authorizing documents (ICN, 2006). To further coordinate and cooperate with both governmental and nongovernmental agencies at both national and international levels, the ICN assists in developing health and social programs for migrants, refugees, and displaced persons that include emergency services; continuing care; and resettlement, integration, or repatriation assistance. Of particular concern are populations who are vulnerable to sexual assault, long-term detention, child prostitution, and malnutrition.

In 2010, the American Nurses Association (ANA), eschewing its previous narrow focus on nurse migration, issued a comprehensive position statement on

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