



Undocumentedness and public policy: The impact on communities, individuals, and families along the Arizona/Sonora border

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ABSTRACT

The focus of this article is the health impact and implications of undocumentedness along the U.S.-Mexico border, particularly the Arizona/Sonora region. We describe the direct and indirect influences of immigration policies on the health of individuals, families, and communities. The Arizona border region maintains close social, cultural, and linguistic ties to Mexico, and the amplified efforts to secure the border have been dramatic on the region and on the people who live there. The 261-mile stretch across the Arizona-Sonora Desert is the most deadly corridor for immigrants crossing into the United States because they are at risk of being killed, kidnapped, and coerced into smuggling drugs or dying in the desert. Gang-related violence is pushing more Central Americans, including unaccompanied minors, to the United States. The impact on individual migrants and their families has been devastating. We examine the health implications of policy and applaud the actions of the Arizona Nurses Association and the American Academy of Nursing to address the health needs of border communities.

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The impact of U.S. immigration policies that perpetuate undocumentedness falls most heavily on the U.S.-Mexico border region. The contradictions that underpin the current immigration debate range from creating a path to citizenship for all undocumented individuals to detaining and deporting persons suspected to be in the country illegally. One policy focus is securing the border although the exact meaning and intent of this intent or practice is not clear. Currently, the impact of the de facto militarization of the U.S.-

Mexico border in response to the 2001 terrorist attacks and subsequent federal policies to enhance border security is readily evident in everyday life. Border patrol vehicles are ubiquitous in residential areas and on rural back roads. At border crossings, as well as tactical checkpoints in the interior, border patrol agents “may stop a vehicle for brief questioning of its occupants even if there is no reason to believe that the particular vehicle contains illegal aliens” (*U.S. Government Accountability Office*, 2009, p. 10). In

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2013, there was a vigilante/militia movement that brought numerous civilian groups to the border, ostensibly to help with border enforcement policies. Regardless of one's position on immigration issues, there is consensus that the U.S.-Mexico border has undergone profound changes in the last 10 years. In this article, we present an overview of this unique geopolitical region followed by an examination of factors at the individual, family, and community levels in the Arizona/Sonora border region that are impacted by immigration policies. We then discuss the impact of national and state policies on public health in the border region and suggest policy implications from a nursing perspective.

Orientation to the Geopolitical Region

There are about 31.8 million Mexican American residents living in the United States, the majority of whom (68%) reside in California, Arizona, New Mexico, and Texas, the four states adjacent to the U.S.-Mexico border (Ennis, Ríos-Vargas, & Albert, 2011). The 24 U.S. counties adjoining the Mexican border share common geographical, political, social, economic, and cultural characteristics. The U.S.-Mexico Border Counties Coalition referred to the 1,954-mile border with Mexico as the 51st state (USMBCC, 1998). If this U.S.-Mexico border region actually was a state, it would rank last in access to health care and per capita income, third in deaths related to diabetes, and first in number of children who live in poverty and who are uninsured (National Rural Health Association, 2010). This is an economically poor region with a rapidly growing population.

The southern border region maintains close social, cultural, and linguistic ties to Mexico. Agriculture remains the dominant sector of the economy, yet studies indicate that the majority of Mexican immigrants now work in service jobs rather than agriculture (Ayón, 2009). Another recent change that has implications for the border region is that the majority of Mexican immigrant workers are now women who also work in service and agricultural jobs as well as in domestic employment in U.S. households. Border immigrants earn 16% less than immigrants in the interior of the United States, a factor that contributes to stagnation of incomes and poverty, a high birth rate, and both legal and illegal immigration status in border communities. Compared with the general population, more residents along the U.S. side of the border tend to be Hispanic, young, immigrant, and poor (Ayón, 2009), and Spanish is often the dominant language. The factor that has probably had the most profound effect on the U.S.-Mexico border region has been the ramped-up efforts to secure the border, including building a 20-foot fence along parts of the border and the significantly increased presence of the U.S. Custom and Border Patrol and the U.S. Immigration and Custom Enforcement.

The militarization of the U.S.-Mexico border enforcement funneled the border traffic flow from safer urban areas in California and Texas to the scorching and dangerous Arizona-Sonora Desert. The 261-mile stretch across the Arizona-Sonora Desert has been recognized as the busiest and deadliest corridor for illegal immigrants to cross into the United States (McCombs, 2010). Luis Alberto Urrea (2004) writes with empathy and power about this deadly region in *The Devil's Highway*, a searing story about a desert that is harsh and desolate, a place where thousands of persons have died attempting to cross the U.S.-Mexico border. In this corridor during the summer months, daily temperatures exceed 100° for 30 days or more, placing the migrants at risk of heat-related death. Since 1990, it is estimated that the remains of more than 6,000 men, women, and children have been recovered in the U.S.-Mexico border region, with more than 1,750 bodies found in Arizona between 2001 and 2010 (McCombs, 2010).

Between 1990 and 2005, there was a 20-fold increase in deaths in the Tucson, AZ (Pima County), morgue of human beings with the title *desconocido* or unknown (Medrano, 2010). Although the number of arrests of migrants crossing the U.S.-Mexico border is at a 40-year low, migrant deaths continue to occur at the same rate (Rose, 2012a,b). For undocumented immigrants who cross the U.S.-Mexico border clandestinely, the migratory passage can be fraught with danger, ranging from threats and verbal abuse to physical assault, rape, and too frequently death (Infante, Idrovo, Sanchez-Dominguez, Vinhas, & Gonzalez-Vazquez, 2012). In 1994, the U.S. immigration authorities developed the Border Patrol Strategic Plan based on a strategy of "prevention through deterrence" that even the U. S. government acknowledges forces migrants to more "hostile terrain" which likely places them in "mortal danger." Current border control practices have forced undocumented migrants into the isolated and desolate deserts and mountains of Arizona where they encounter increased environmental dangers from extreme temperatures to wild animals. Even worse, they may be at risk of being killed, kidnapped, and/or coerced into serving as drug mules or being forced into gangs by human and drug traffickers (Amnesty International, 2012; Burnett, 2011).

Tensions have escalated between the US and Mexico, each blaming the other for both the increase in undocumented migration and migrant deaths among men, women, and children attempting to cross through the Arizona desert. The burden of recovering bodies, autopsies, and identification as well as the cost of burial falls on local U.S. counties (McCombs, 2010). The resulting worry, anxiety, and stress on families left behind in Mexico or Central America cannot be calculated. Many never learn what happened to their loved ones. We are not only speaking of men but women, children, and infants too—they all die in the desert (Rose, 2012a,b).

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