

*Society for Medical Anthropology “Take a Stand” Initiative on*  
**“Unauthorized Im/migration and Health”**

**Prepared for the annual meeting of the  
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**Objectives**

The aim of this “Take a Stand” initiative is to stimulate empirically grounded, critical dialogue about a burgeoning yet insufficiently addressed global health challenge: unauthorized (i.e., “undocumented” or “illegal”) migrants’ and immigrants’ need for – and generalized lack of access to – needed health care services both in the United States and elsewhere around the globe.

The goal of this brief are (1) to introduce members of CAGH and other interested medical anthropologists to the complex matter of unauthorized im/migration and health; (2) to provide a preliminary, working bibliography on the topic; and (3) to provide a preliminary list of issues that merit further research, deliberation, and analysis. As additional scholars and scholar-activists join the conversation, we expect that this list – and this Take a Stand initiative itself – will evolve organically.

Overall, we contend that critical medical anthropologists should play an active role in:

- Gathering and analyzing both case-specific and comparative data concerning matters of unauthorized im/migration and health;
- Identifying key practical and ethical challenges and dilemmas that demand ethnographic attention;
- Elucidating the potential policy relevance of our work;
- Making our findings and recommendations visible and accessible to anthropologists and non-anthropologists alike; and
- Participating in – and initiating – multi-stakeholder conversations about (a) why the issue of unauthorized im/migration and health is a critical national, as well as global, health concern, and (b) how to conceptualize and address its practical, ethical, and theoretical dimensions.

These forms of attention and involvement are crucial if medical anthropologists hope to play an active role in shaping how politicians, policymakers, public health officials, activists, unauthorized migrants, and other key stakeholders think about and respond to this politically charged issue. For instance, the matter of unauthorized im/migration and health raises

fundamental questions about citizenship, social contracts, human rights, health disparities, equity, and community welfare.

Given the impending change in political administration within the United States, we believe this is an especially opportune time to begin thinking about the contributions that critical medical anthropologists are well-positioned to make.

Our near-term goals include:

- Preparing a publicly accessible, modifiable working bibliography on immigration and health and posting it on the SMA/CAGH website
- Creating a Working Group on Unauthorized Im/migration and Health within CAGH
- Creating an electronic listserv to facilitate conversation among working group members

Subsequent steps (i.e., issue-specific task forces, coordination of panels or conferences, publications, etc.) will be determined as the dialogue evolves.

### **Premises**

Our basic premises are as follows:

- 1) The individual, clinical, institutional, and governmental health challenges associated with unauthorized transnational im/migration are among the most complicated – and least studied – health challenges stemming from contemporary processes of globalization.
- 2) Challenges associated with unauthorized migration and health are currently addressed in substantially different ways within different “receiving” countries and, moreover, within different cities/districts/regions of the same country.
- 3) In many countries, government inattention has led non-government organizations (NGOs) to take primary responsibility for unauthorized migrants’ health needs. Localized NGOs, however, cannot provide comprehensive solutions to systemic challenges.
- 4) A growing body of medical anthropological scholarship on these issues now exists, but no mechanism is currently in place to facilitate communication among scholars who share these interests.
- 5) Cross-disciplinary dialogue on unauthorized migration and health is urgently needed among researchers in medical anthropology, public health, public policy, clinical medicine, nursing, health administration, and law.

A final assumption concerning our partner discipline, public health, merits mention as well:

- 6) Issues of unauthorized migration and health have not yet been adequately addressed by three of the major approaches within contemporary public health theory: “health and human rights,” “health inequalities / health disparities,” and “public health ethics.”<sup>1</sup>

### **Background**

One of the most significant consequences of contemporary globalization is the process by which an estimated 191 million people had left poorer regions of the world for richer ones in search of economic opportunity by 2005, about 50 percent of them women.<sup>2</sup> While precise numbers are difficult to establish, a large proportion of these migrants – 30-40 million, according to International Organization for Migration (IOM) estimates<sup>3</sup> – leave their homes in

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<sup>1</sup> (Willen 2006)

<sup>2</sup> International Organization for Migration. 2008. Global Estimates and Trends. Accessed on November 14, 2008, at <http://www.iom.int/jahia/Jahia/about-migration/facts-and-figures/global-estimates-and-trends>.

<sup>3</sup> *ibid.*

“developing” or “Third World” countries and travel to “First World” countries on an “unauthorized,” “undocumented,” or “illegal” basis. Four global trends, in particular, shape contemporary migration processes: global political and economic inequalities, political conflict and war, anti-immigration pressures in “receiving” countries, and high demand for unauthorized im/migrants’ cheap, exploitable labor.

Despite the great diversity among unauthorized im/migrants, nearly all share two common characteristics: they have health needs, and they are excluded, in part or in full, from the systems of health care promotion, protection, and provision via which local citizens’ needs are addressed. In many receiving countries, human rights and migrant advocacy organizations and, to a certain extent, academics have been calling for increased attention to unauthorized im/migrants’ health needs. Their arguments, however, have largely failed to persuade mainstream actors – i.e., politicians, policymakers, and the broader public – to pay systematic attention to, or to take responsibility for, those needs. There are at least two reasons for this lack of success: first, health care systems – whether publicly financed or privately run – are already strained and overburdened, and second, because illegal migrants are construed as falling outside the bounds of prevailing social contracts linking states and their constituent citizens.

Some have argued that unauthorized migrants’ exclusion from local health care systems “makes sense.” According to this line of reasoning, national systems of health care provision are part of broader social contracts linking citizens to the broader political community, and “unauthorized,” “undocumented,” “clandestine,” “irregular,” or “illegal” im/migrants are not part of that social contract (or the citizenship-based arrangements that govern private insurance arrangements). As non-members, proponents of this stance would contend, neither host states nor host societies are under any obligation – legal, moral, or otherwise – to care for unauthorized migrants’ health-related needs.

Within most countries hosting substantial unauthorized im/migrant populations, the hard-line version of this position – that unauthorized migrants possess *no* health-related rights or entitlements whatsoever – has been deemed untenable. Yet virtually no host countries have accepted its opposite – i.e., that unauthorized migrants are entitled to exactly the same forms of health care or the same health benefits as citizens. Caught between the extreme options of full exclusion and full inclusion, most host countries in North America, Europe, and other world regions are currently struggling to determine how best to respond to the health-related needs of unauthorized migrants and, for that matter, to the health needs of other non-citizen populations including refugees, asylum seekers, and victims of human trafficking.

In other words, even as high profile economic sectors in some countries (for instance, construction and agriculture) rely heavily upon the unprotected labors of unauthorized migrants, politicians and policymakers have often neglected, or even deliberately ignored, the health-related challenges associated with unauthorized migration. When attention has been paid to these issues, it has not always resulted in improved accessibility, affordability, or adequacy of care.

### **Questions and dilemmas**

The conjunction between unauthorized migrants’ pressing health needs, on one hand, and their widespread lack of health care options, on the other, raises a wide array of unresolved questions and dilemmas in the domains of politics, public policy, health economics, and ethics, including:

- Is there a universal “right to health” that applies to unauthorized im/migrants?

- Are unauthorized migrants *entitled* to health care within host societies?
- If so, on what legal, political, economic, moral and/or ethical grounds do they possess this right/these entitlements?
- If so, *to what forms of care* are unauthorized migrants entitled (i.e., comprehensive health care? a basic or limited basket of services?)?
- If so, *who is responsible for providing* unauthorized migrants with health care services?
- If so, *who is responsible for paying* for these services, and how should payment be coordinated?
- How are unauthorized im/migrants (men, women, children) actually attending to their health care needs? Which providers/health care institutions are they consulting, how do they learn about and interact with these providers, and to what extent do these arrangements meet im/migrants' needs?
- What fears do unauthorized migrants harbor upon accessing/attempting to access health care? Are these fears substantiated?
- What are the personal and public health ramifications of delays in care-seeking among unauthorized migrants?
- Who is lobbying for or against migrants' health rights? What are these actors' or organizations' arguments, agendas, objectives, audiences, and coalition partners?
- How do answers to these questions vary across "receiving" countries?

These are urgent questions, and they are also thorny questions lacking in clear-cut answers. Indeed, there exists no real framework – either at a national or a global level – for thinking through these questions in any organized or coherent manner. Instead, despite the global scope of this major contemporary health challenge, stakeholders at all levels, including those in positions of power as well as civil society actors with activist or reformist agendas, continue to rely more on impressionistic or improvisational strategies than they engage in organized deliberations with colleagues in their own and related sectors.

#### **Issues for further discussion/research**

- Comparative investigation of unauthorized migrants' ability to access health care in different "receiving" countries (in general or in specific areas like emergency care, reproductive health care, mental health care, preventative medicine, children's health, etc.)
- The deportation of uninsured migrants by health care institutions and/or government authorities
- Access to expensive but lifesaving care (major surgeries, transplants, etc.)
- Clinical ethics and practical decision-making by health care workers and administrators
- Medical and humanitarian implications of increased border control and law enforcement
- Unauthorized im/migration and reproductive politics
- The interface among medicine, the law, and state institutions
- The role of health NGOs in addressing im/migrant health needs
- Occupational health hazards (especially in agriculture, meatpacking, etc.)
- Immigrant advocacy in the health domain
- The health effects of uncertain legal status

- Vilification of unauthorized im/migrants as a cause of both public health problems (e.g., infectious diseases, drugs, violence, etc), and rising health care costs
- Public health threats generated by the denial of health care to unauthorized im/migrants and other uninsured/underinsured groups

### **Preliminary Working Bibliography (to be augmented)**

#### ***Research***

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### ***Selected newspaper articles***

- Recent NY Times coverage of undocumented im/migration and health
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- NYT Nov-8-08: “Deported in a Coma, Saved Back in U.S.” - <http://www.nytimes.com/2008/11/09/us/09deport.html?ref=policy>
- NYT Nov-10-08: “Doctors Study Repatriation of Uninsured” - <http://www.nytimes.com/2008/11/11/health/policy/11deport.html?scp=11&sq=&st=nyt>
- Recent coverage of the case of Ama Sumani, cancer patient who was deported to Ghana from the United Kingdom.
  - See for instance TimesOnline Mar-20-08 - “Ama Sumani, cancer victim deported to Ghana, dies” - <http://www.timesonline.co.uk/tol/news/politics/article3586752.ece>

### ***Websites***

Immigration and Health Initiative at Hunter College, CUNY

<http://www.immigrationandhealthinitiative.org/>

Platform for International Cooperation on Undocumented Migrants

<http://www.picum.org/>

WHO/Europe initiative on health and immigration, with a focus on Emergency Medical Services

[http://www.euro.who.int/emergservices/20080125\\_7](http://www.euro.who.int/emergservices/20080125_7)