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THE UNENDING ISSUE OF HEALTHCARE FOR UNDOCUMENTED MIGRANTS

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Abstract

One of the most important problems of undocumented migrants can be related to the lack of healthcare. In this paper we will summarize the healthcare issues of migrants such as difficulties to health access, lack of cross-cultural communication, post traumatic stress disorders (PTSD), health decay due to stressful and multiple jobs; lack of public health protection; specific problem of health of Woman and the Child in migration; occupational health. We will also show the political, ethical and spiritual ideas behind the world of migration and the healthcare. We will try to sketch a model of healthcare for undocumented migrants grounded on the Gospel.

In 2013, according to the United Nations Populations Division, the stock of International Migrants was 232 million people¹ constituting 3.2% of the world's population; millions of people, on the move, whose long process of migration is very tough, in some cases very dangerous, always difficult. In many cases, if you ask migrants how difficult it was for them to enter and integrate in a new society and how many obstacles they had to overcome, you'll get the answer that if they had been able to foresee the situation, they would have never left their home country.

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¹"International Migration and Development," Accessed November 10, 2014. <http://esa.un.org/unmigration/TIMSA2013/migrantstocks2013.htm?mtotals>.

Access to healthcare is one of the most important problems that migrants face. This problem is more evident in the case of migration to western countries, where, usually, there are good health care systems, but in most cases, they lock out undocumented migrants who number in the tens of millions (10-15% of the total stock of migrants in 2010).²

In the U.S., for example, even the Affordable Care Act bans health care aid to undocumented migrants (11.7 million), excepting emergency care and infant delivery.³ Even if migrants were entitled to access the health care system, they would have many difficulties to overcome⁴ “with multiple barriers in place including knowledge, language, financial and long-term bureaucratic obstacles to both primary and secondary services.⁵ If the undocumented migrant works and helps the host country and continues to send remittances to his native one, there is no problem; but if he is sick, it can be a nightmare.

It is very important to stress another issue: the stigma that afflicts migrants because they are considered as carriers of communicable diseases.⁶ This fear, in many cases amplified by politicians interested in raising votes, puts the blame on migrants as responsible for carrying infectious disease; a danger for host populations. Many studies have demonstrated that:

1) The migrants are usually a young, healthy population, less afflicted by diseases according to their age. This has been called the “healthy migrant effect.”⁷

²“World Migration Report 2010 - The Future of Migration: Building Capacities for Change, IOM Publications,” Accessed November 10, 2014. http://publications.iom.int/bookstore/index.php?main_page=product_info&products_id=653.

³Hamilton, Keegan. “Obamacare Bars Illegal Immigrants—and Sticks Hospitals With the Bill.” *The Atlantic*, December 18, 2013. <http://www.theatlantic.com/politics/archive/2013/12/obamacare-bars-illegal-immigrants-and-sticks-hospitals-with-the-bill/282444/>.

⁴Laura Cacciani, Giovanni Baglio, Lorenza Rossi, Enrico Materia, Maurizio Marceca, Salvatore Geraci, Angela Spinelli, John Osborn, and Gabriella Guasticchi, “Hospitalisation among Immigrants in Italy,” *Emerging Themes in Epidemiology* 3 (2006) 4, doi:10.1186/1742-7622-3-4.

⁵“DEMOS – ‘Ensuring Fair Use of the NHS Efficiently and Effectively... DO NO HARM’, 2014 – West,” Accessed November 6, 2014. http://www.west-info.eu/it/i-clandestini-non-si-curano-per-paura-di-essere-rispediti-a-casa/do_no_harm/.

⁶Riccardo Colasanti, “Origine Delle Malattie Infettive Oggi: Demografia, Contatti Internazionali, Migrazioni XXI International Conference: ‘The Pastoral Aspects of the Treatment of Infectious Diseases’ Pontificium Consilium pro Pastoralis Valetudinis Cura,” *Dolentium Hominum*, Rome, Vatican City, no. 84 (2007).

⁷Luis A. Gimeno-Feliu, Amaia Calderón-Larrañaga, Esperanza Diaz, Beatriz Poblador-Plou, Rosa Macipe-Costa, and Alexandra Prados-Torres, “The Healthy Migrant Effect in Primary Care,” *Gaceta Sanitaria / S.E.S.P.A.S*, August 27, 2014.

2) Their health begins to deteriorate after working years in difficult conditions (irregular multiple risky jobs, no union protection).

3) Even in the cases that migrants are the carriers of parasitic diseases (e.g. malaria), these are not transmissible due to the lack of the vector.

3) In an era of globalization, the transmission of infectious diseases like Ebola or HIV is not restricted only to migrants but we have to cope with also the huge number of tourists that far exceeds the movements of migrants. Indeed, according to World Bank⁸ in 2010, the number of tourists globally would have exceeded 1 billion people. It is important to bear in mind that the illegal migrants cannot leave the host country due to their lack of documents, and even in the case that they take this risk, they cannot afford to go back and forth from their country of origin frequently due to poor economic conditions.

4) Some diseases, such as TBC or HIV, are correlated strictly to poverty and sexual promiscuity and low health control, and not to migration.

Health Problems of Migrants

What are the most important health issues of the migrants?

Listed below are some of the most important migrant health issues:

1. Health Access. In some countries, access is denied not only for secondary care but even for emergency and primary care.⁹

2. Cross-cultural Communication. According to Wieringen et al.,¹⁰ the mutual understanding between doctor and patient falls short if the doctor sees patients of a different ethnic background (in 33% of the cases there is poor understanding) while for patients of similar ethnicity, the number falls to 13%. Cultural Competence is a skill that should be achieved by doctors, nurses and health agents.

⁸"International Tourism, Number of Arrivals | Data | Graph," Accessed November 10, 2014. <http://data.worldbank.org/indicator/ST.INT.ARVL/countries?display=graph>.

⁹"In 2010, undocumented migrants did not have access to emergency care in nine of the EU-27 countries, and primary and secondary care access to health services in just the Netherlands, France, Italy, Portugal and Spain," in J.M. Reyes-Uruena, T. Noori, A. Pharris, and J.M. Jansà, "New Times for Migrants' Health in Europe," *Revista Española de Sanidad Penitenciaria* 16, 2 (October 2014) 48–58.

¹⁰J.C. van Wieringen, J.A. Harmsen and M.A. Buijnzeels, "Intercultural Communication in General Practice," *European Journal of Public Health* 12, 1 (March 2002) 63–68.

Unfortunately, it is a complex goal; different are the approaches, even among the experts,¹¹ and limitless is the field of cultural differences.¹²

3. Post traumatic stress disorders; particularly in refugee populations. Refugees proceed from life-threatening experiences. Even if they are safe in their new country, the scars of their traumatic experiences continue to be symptomatic. The so-called “invisible wounds” can be more painful than the visible ones.

4. Decaying health due to poor conditions (unsafe household, multiple jobs).

5. Lack of Public Health protection such as preventive medicine.

6. Specific Problem of women and children’s health in migration.

7. Occupational Health. In many cases, the migrants’ jobs are unsafe, dangerous and with no protection.

Educational Aspects of Health and Migration

Medicine for migrants requires a profound integration of many sciences such as sociology, cultural anthropology, economics and linguistics. Very few schools of medicine offer courses or degree-granting programs on the health problems of migrants.

The Riello Institute for Integral Development is organizing the first master’s degree program in the U.S. on health problems of the poor, migrants and marginalized people. The proposed Master of Science in Health and Poverty, Migration and Marginalization (MHPM) aims at providing a solid foundation in global and mental health, health policies and economics, human rights and trauma in relation to the poor, the marginalized and migrants. Health practitioners and health workers will acquire cultural and communicative competencies in what is known as the soft side of health and have become necessary and increasingly mandated by health institutions and managed-care organizations. This MHPM relies on four approaches: the *macro*, the *subjective*, the *communicative* and the *intentional*. These stand like four pillars around the central issues of health and poverty, and are necessary to win the long battle against poverty, which is destined to fail without the direction and meaning that they provide.

¹¹Arthur Kleinman and Peter Benson, “Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It,” *PLoS Medicine* 3, 10 (October 2006) e294. doi:10.1371/journal.pmed.0030294.

¹²Geri-Ann Galanti, *Caring for Patients from Different Cultures*, University of Pennsylvania Press, 2008.

In fields such as epidemiology, statistics, and economy, the macro approach objectifies the patient by reading and/or interpreting his/her human life in statistical variables of population studies. In fields such as cultural anthropology, psychology, and spirituality, the subjective approach, notwithstanding the causes of the illness, looks at it as a unique and traumatic experience linked to the culture, psychology and spirituality of each individual. In fields such as cultural Anthropology and linguistics, the communicative approach takes into consideration the social, ethnic, and cultural diversities, and compels the health worker to improve his/her skills of cultural and communicative competence. In fields such as politics, ethics, and human rights studies, the Intentional approach studies the political ideology behind the public and private actions taken to help the poor and marginalized.

The end result will be graduates who will be able to transform the current health policies and practices, avoiding the stereotypes related to poverty and migration; and meet the needs of the sick, poor, migrants, and marginalized through a deeper understanding of the differences and the problems of health and migration.

Political Issues

The International Attitude with respect to health and migration can be seen as part of the decay of the nation-state, as has been described in a recent book "The Fourth Revolution."¹³ In all of Western civilization, we are witnessing the progressive lack of people's trust in democracy and political power. One of the reasons being that citizens believe they are entitled to an increasing list of rights, while at the same time, the economic resources are becoming scarce, and the aging of populations increases the social burden. In this situation, health care for migrants, even if it is a right from the theoretical point of view, can be seen as a danger for the indigenous population.

The attitude towards migrants in Europe is bivalent. An elder population needs more migrants, but at the same time fears more migrants (in some European countries they have reached 7% of the total population) and blames them as carriers of diseases. However, due to the very low fertility rate of many European countries, immigration is not a matter of opinion, but an obliged pathway in order to maintain some essential services. The old world is a world of elders: They ask for rights, but they do not want to give them to

¹³John Micklethwait and Adrian Wooldridge, *The Fourth Revolution: The Global Race to Reinvent the State*, Philadelphia: University of Pennsylvania Press, 2014.

migrants; at the same time, they cannot achieve their own rights without the migrants.

As a matter of fact, even though the rhetoric of human rights has been promoted by Western countries, when those human rights must be extended to migrants, the old story of the invasion and colonization of foes starts again. At a time when the distrust of political democracy is at its peak,^{14, 15, 16} socially unmotivated people see the problem of migrants as an added burden to their living standard.

From a political point of view, no less important is the unending increase in the cost of healthcare imposed, which reduces social health aid for even citizens of the host countries. Moreover, during a time of healthcare cuts, it is very difficult to justify the opening of the health care system to migrants even if this does not increase the total cost.

Western Ethics, Poor Ethics

The last two centuries have seen the triumphal exaltation of enlightenment's values of freedom, equality and democracy in Western civilization. These values have in some ways partially replaced religious values. They have become a "sacred space and time" of modernity.¹⁷ Nevertheless, since the late twentieth century, we have witnessed an increasing and paradoxical decay of the faith that these values can be achieved in western democracies; while everybody trusts them, fewer and fewer people believe that their governments can realize them. The crowd, hyper-connected by the internet and social media, is not a nation, country or state, but a huge hive of individuals. This situation bears a withdrawal from the social cohesion. Even the increasing Internet revolution promotes a network of many, but not a convergence of many to share strong values.

The Western world is confused in its root values; at the same time, the rest of the world is struggling to improve its conditions with envy and wrath to the Old World. The migrants amid the two worlds are

¹⁴Mattei Dogan, *Political Mistrust and the Discrediting of Politicians. International Studies in Sociology and Social Anthropology*, Leiden: Brill, 2005.

¹⁵"Confidence in Institutions: Gallup Historical Trends," Accessed September 15, 2013. <http://www.gallup.com/poll/1597/confidence-institutions.aspx#1>.

¹⁶Ivan Krastev, *In Mistrust We Trust Can Democracy Survive When We Don't Trust Our Leaders?*, New York: TED Conferences, 2013. <http://www.contentreserve.com/TitleInfo.asp?ID={88577B13-83F7-4362-B961-D1F7067CEA8D}&Format=410>.

¹⁷Mircea Eliade, *The Sacred and the Profane: The Nature of Religion, 1 American*, New York: Harcourt, Brace, 1959.

the scapegoats of this battle. Their migratory dreams, in many cases, will signify a waste of their capabilities, and will cause stress to their family and the loss of links and cultural bindings.

Last, but not least, is the problem of Muslim migration. After the events of September 11, there is a common belief in Europe and the USA that the migration wave from Muslim countries is an attempt at the Islamization of Western countries. This belief is not only promoted by some far-right anti-Islamic organizations, for example the Stop Islamization organizations, but it is also an expression of thought of some distinguished thinkers, such as Samuel Huntington in "The Clash of Civilization."¹⁸

Indeed, the health issue of undocumented migrants is inscribed in the problem of migration in a society less rich, but most of all with fewer certainties and more doubts.

Catholic Church and Migration

It is clear that Catholic Social Thought outlines the importance of giving aid to migrants — the duty of hospitality, of taking care of foreigners, above all in case they are sick. However, even inside the Catholic Church, there are different opinions. Some Catholics fear islamization or colonization by foreigners and foresee the arrival of infectious disease and an economic burden to be paid for by the host countries. All the biases about migration are shared by some section of the Catholics. For example, in Italy, even Pope Francis' trip to Lampedusa to pray for the victims of the boat-people has given rise to contrary opinions and disappointment in some Catholic circles.

Theological Reflection

Christ is the Saviour of all the individual beings who are suffering, and from this point of view, denying healthcare for the poor and for migrants goes against a fundamental value of the Gospel. Generosity, charity, and openness to our neighbours have to be unlimited and require taking many risks. The prescription "Love your enemies" implies the possibility of risking our life and our wealth.

On a point of view of Classic Law that is unfair. The classical definition of justice, as in Justinian, *suum cuique tribuere*, means that my enemy deserves vengeance and retaliation. This point defines the difference between the right of solidarity of the Universal Declaration

¹⁸Samuel P. Huntington, *The Clash of Civilizations and the Remaking of World Order*, New York: Simon & Schuster, 1996.

of Liberal tradition and the Christian Theology of Charity and Social Aid. Even in one of the best examples of liberal tradition, John Rawls's solidarity can only exist if all the members of society gain some benefit or at least the possibility of a payoff. This is the deep meaning of the "veil of ignorance," as devised in "A theory of Justice":¹⁹ If nobody can know what is his future, everybody will be interested to build social security and solidarity because he does not know if he will need it or not.

On the contrary, in the Christian tradition, the Love of God — the source of all charity and solidarity — is completely free. God's love is for everybody, and is so pure that it is not an outcome of justice, "because we all were unjust." It is a free gift. Consequently, helping others is not the fruit of an ethical approach but of a mystical one. It does not mean that ethics is opposed to mysticism but that the meta-ethical foundations of solidarity are mystical.

Mystics, "holiness," grant direction and meaning to solidarity and aid. Without the centre, the pure core of generosity that proceeds from the Holy Trinity, every act of solidarity becomes a pale shadow of charity. Above all, the foundation of solidarity becomes unstable because it is hard to find reasons and limits for generosity, and, in the end, the best intentions can deny health care aid to migrants. This generosity, this openness that does not want anything but only wants to give itself, is the essential definition of God. "Deus est Caritas," says St John.

We may say that if charity is the predicate of the Divine Being, in that case, He is not a close absolute being but, as in the thoughts of Fernando Rielo, an Absolute Being+. ^{20, 21}

In the metaphysics of openness, centred on mystics that give direction and meaning to our social aid, we should try to build up a movement of solidarity beyond the standard human values of the Declaration of Human Rights.

¹⁹John Rawls, *A Theory of Justice*, Cambridge, MA: Belknap Press of Harvard University Press, 1971.

²⁰Fernando Rielo and José María López Sevillano, *Concepción mística de la antropología*, Madrid: Fundación Fernando Rielo, 2012.

²¹Rielo, Fernando, *Mis meditaciones desde el modelo genético*, Madrid: Fundación Fernando Rielo, 2001.