



Deportation: A Moral Morass

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Catholics, from Pope Francis to bishops, theologians and the faithful, have responded to the increasing hostility towards immigrants and refugees worldwide. In the United States, significant shifts in policy affecting immigrants and those seeking safe and permanent refuge sparked Catholic reaction from multiple sources.

The United States Conference of Catholic Bishops' Committee on Migration voiced strong disagreement with President Donald J. Trump's Jan. 27, 2017, executive order temporarily halting travel visas and blocking admission of refugees from Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen. The order also stopped resettlement of Syrian refugees. The USCCB pledged redoubled support and assistance for resettling the most vulnerable.¹

A court challenge stopped the January 27 executive order from taking effect, and the White House then rewrote the order to address the legal issues raised. Citing the need to protect the U.S. from terrorist attacks, Trump signed the second travel and immigration ban on March 6, 2017. It, too, was challenged in court and is caught up in legal proceedings.

Theologians have denounced the policies as morally unjust and in violation of Christian ethics and human rights.² They appealed to Scripture's command to welcome the stranger and the Judeo-Christian understanding that inviolable human dignity flows from God creating us in God's own image and likeness.

A strong message came from Chicago's Cardinal Blase J. Cupich when he decried the policies as "a dark moment in U.S. history." He asked, "Have

we not repeated the disastrous decisions of those in the past who turned away their people fleeing violence, leaving certain ethnicities and religions marginalized and excluded?"³

Similarly, Newark's Cardinal Joseph W. Tobin, CSsR, referenced Scripture and stated, "Mass detentions and wholesale deportation benefit no one; such inhuman policies destroy families and communities."⁴

Cardinal Tobin's statement echoes a particular line from the Second Vatican Council's Pastoral Constitution, *Gaudium et Spes*. The council specifically identifies deportation among a list of actions insulting human dignity, alongside such morally reprehensible acts as slavery, prostitution and the selling of women and children.⁵ "All of these things and others of their like are infamies indeed. They poison human society..."

Was it the threat of mass deportations and the outright prejudice against Muslims that

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prompted some Catholic voices?⁶ The Catholic moral tradition has identified deportation — not simply mass deportation — with strong, morally objectionable language. Yet, Catholic voices were conspicuously muted if not silent, while President Barack Obama deported more persons than any other president in U.S. history.⁷

DEPORTATION AS MORAL WRONGDOING

Pope John Paul II condemned deportation in his 1993 encyclical *Veritatis Splendor*. The encyclical not only repeats the list from *Gaudium et Spes* of actions that denigrate life, but the pontiff further heightens their moral gravity by labeling them as intrinsic evils.⁸ The return of the complex theological term “intrinsic evil,” as well as the encyclical itself, has been vociferously debated.⁹ Detangling the encyclical’s methodologies and interpretations is beyond the scope of this brief article. Yet, an honest and critical theological engagement with immigration issues must contend with this aspect of the tradition.

Moral theologians and social and health care ethicists need to bring a deeper and more nuanced theological understanding to the current policies, rhetoric and social realities on deportation and immigration. Why would deportation be considered an intrinsic evil? What are the shortcomings and benefits of emphasizing this? What possible conditions would make it permissible?

Bishop Daniel E. Flores, in the border diocese of Brownsville, Texas, adamantly argues that mass deportation policies are “formal cooperation with an intrinsic evil,” akin to bringing a woman to an abortion clinic.¹⁰ He argues that sending people to parts of Mexico and Central America would place them in proximate danger of death.

Not only is the term “intrinsic evil” fraught with difficulties, but it sharply contrasts with Pope Francis’ emphasis on pastoral sensibility and his theology of mercy. Cardinal Tobin demonstrated an alternative way of addressing the dehumanizing effects of deportation when, in March 2017, he led a group of clergy in accompanying an unauthorized immigrant to his deportation hearing at the Newark courthouse.¹¹ The immigrant, who has lived more than a quarter-century in the U.S. and has no criminal record, received a one-year reprieve.¹²

RIGHT TO FREEDOM OF MOVEMENT AND RESIDENCE

The Catholic tradition’s moral objections to deportation is but one side of the coin. The positive counterbalance is the tradition’s clear affirmation of the human right to migrate. The appeal to human rights is conspicuously missing in the current discourse, even among recent bishops’ statements.

Pope John XXIII used human rights to ground his thinking on social justice. In addition to naming medical care and the right to be looked after in times of ill health, disability, loss of a spouse and old age, his encyclical *Pacem in Terris* recognizes

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a basic right to migrate. The pontiff wrote, “every human being has the right to freedom of movement and of residence within the confines of his own State. When there are just reasons in favor of it, he must be permitted to emigrate to other countries and take up residence there.”¹³

He articulates additional and specific rights for refugees. Their profound suffering merits special concern. Thus, the pope honors a refugee’s right “to enter a country in which he hopes to be able to provide more fittingly for himself and his dependents. It is therefore the duty of State officials to accept such immigrants and — so far as the good of their own community, rightly understood, permits — to further the aims of those who may wish to become members of a new society.”¹⁴ The pontiff argues for these and other human rights from a perspective of an ordered universe in which all is given by the Creator.

Although the papal encyclical tradition acknowledges distinct rights of immigrants and refugees, a palpable xenophobia in some corners of American society thwarts an appreciation for the lived experience, in fact, the suffering, of these women, children and men. The voicelessness of vulnerable others creates a compelling need for

theologians, pastoral ministers and leaders in the church's ministries to speak from the depths of the Catholic moral and social tradition to these current challenges.

CONSIDERATIONS

Scholarship and public discourse must carefully distinguish situations of unauthorized immigration from that of refugees. Those recognized by the international community as refugees due to the dire situations in their original homelands ought to receive timely safety and resettlement.

A second and related matter pertains to language. We are talking about human persons, not "aliens." Persons relate to creation, community and solidarity — concepts that merit greater attention in discussions on deportation and immigration.¹⁵ Furthermore, employing the term "illegal" suggests, rightly or not, that the civil laws themselves are just.¹⁶

Third, theological scholarship must grapple with the Second Vatican Council's mentioning of deportation, John Paul II's identification of it as intrinsically evil and subsequent references to mass deportation.¹⁷ Might the qualification of "mass" deportation be akin to moral distinctions between direct and indirect abortion? If so, is this distinction sufficient, or does moral wrongdoing linger in at least some instances of deportation *per se*?

Fourth, renewed scholarship on the rights of persons to migrate can enlighten the discourse. Multiple pressures can prompt fleeing one's homeland: political persecution, exploitation, war and violence, starvation, climate change, economic and financial motives, or family reunification. *The Compendium of the Social Doctrine of the Church* links immigration and work. As seen in the U.S., immigrants provide labor that would otherwise remain unfulfilled.¹⁸

Here are some questions that merit study and discussion: How does the right to free human movement correlate and conflict with the Catholic social tradition's recognized right to labor, to a just living wage, to private property and a state's obligation to regulate rights in service to the common good? Moreover, many voices object to unauthorized immigration on the grounds of national sovereignty and a state's duty to protect itself. What are morally acceptable rights to protect a

national border? What responsibilities correlate to the individual's right to migrate?

Exploring these questions leads to possible examples of just and unjust deportation. A migrant worker who violates the parameters of a work agreement may justly be deported. However, we must argue for and articulate a moral imperative to cease deportations of (and threats to deport) unauthorized immigrants who came to the U.S. as children. They must not bear the devastating and dehumanizing consequences of actions for which they had neither capacity nor freedom to choose. Moreover, such women and men deserve a reasonably unencumbered means to authorized residency, if not citizenship.

It is essential for our healing ministries to be an unequivocal place of welcome and respite. We must continue advocating for access to care for immigrants.

Conditions and applied rights to authorized residency, if not citizenship, are needed for individuals who have years of residency, who have been contributing to society and their families, and who have no criminal record. Civil law recognizes adverse possession with regard to property — also known as squatters' rights. It seems even more critical and dignified for human persons to have an analogous process. Deporting long-term residents may be morally unjustified. Cardinal Tobin suggested as much in his public statements.

IMMIGRATION AND HEALTH CARE

Catholic health care in the U.S. began with women and men religious — immigrants themselves — centuries ago. Today, more than ever, it is essential for our healing ministries to be an unequivocal place of welcome and respite. We must continue advocating for access to care for immigrants. One Catholic medical school, Loyola University Chicago Stritch School of Medicine, has taken a prophetic step in admitting immigrants with Deferred Action for Childhood Arrival status — often called "Dreamers."¹⁹ (see story on page 14). Upon completing their medical training, will these talented doctors find welcome in Catholic



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health ministries or other institutions?²⁰

Some bioethicists have grappled with expensive medical treatments for undocumented immigrants. Catholic health care ethicists have pondered the moral permissibility and limits of medical repatriation — that is, returning an immigrant (and usually undocumented) patient to his or her home country because the patient needs long-term medical care that won't be reimbursed.²¹ Their analyses didn't differentiate medical repatriation from deportation.

Does coercion lurk in the background of an informed consent to being returned to another country? Bioethicist Mark Kuczewski proposed three narrow criteria that must be met for a hospital to morally pursue medical repatriation as the care plan for an unauthorized immigrant who needs ongoing, advanced medical support.²² Legally or otherwise, at what point does one, realistically, no longer belong to one's former country?

In less extreme situations, Catholic and other nonprofit hospitals routinely provide charity care for immigrants ineligible for most health coverage programs. But how ought Catholic ministries react if federal agents seek to remove a hospital patient with unauthorized immigration status? Does a Catholic hospital participate in moral wrongdoing if it cooperates or remains complicit?

Catholic social teaching's foundation in human dignity and solidarity forms a bedrock that seems to significantly limit moral justifications for deportation. The wisdom of the Second Vatican Council noted that greater harm comes to those who practice deportation and related injustices than to those who suffer its injury.²³ Those deported and their families would likely disagree. Much work remains to foster a social consciousness that aches for the griefs and anxieties of oth-

ers, especially those separated from their home and culture, yet striving to reestablish new homes and stabilize their families. With the help of the Catholic social and moral traditions, and Catholic health care's vision of holistic care, we can fortify the structures to help immigrant persons flourish in a different location within Creation.

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NOTES

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CHA MEMBERS ENGAGE WITH COMMUNITIES TO IMPROVE HEALTH

When the Catholic Health Association surveyed its members a few months ago about their current community health needs assessment cycle, we learned this: They are actively engaged with their communities, health departments and others to identify and address some of the most serious needs confronting their communities.



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Working with Conduent (formerly the Healthy Communities Institute), CHA asked member hospitals about needs they are uncovering, whom they are working with as they assess needs and develop implementation strategies, and what factors were helpful or challenging in the process. Because the sample size was relatively small, we cannot generalize findings to all CHA members, but the results give us a picture of trends in our members' community health improvement work.

The most common needs CHA member hospitals said that they plan to address are: exercise, nutrition and weight; access to health services; mental health and mental disorders; diabetes; and substance abuse.

The survey also revealed there is a growing awareness of the importance of social factors in community health. About a third of CHA members responding to the survey told us they plan to directly address social determinants of health, including access to health care, food security, the social environment and health disparities and health equity. All respondents said they expected to impact at least one of these social determinants indirectly, as co-benefits of their implementation plans.

Members reported three general categories of intervention:

- At the policy, system and environment levels, such as addressing health care workforce shortages, the built environment, safety, economic development and housing

- Community-based, such as increasing awareness and outreach on health issues, behavior change and health education

- At the individual level, such as case management, clinical care and financial assistance

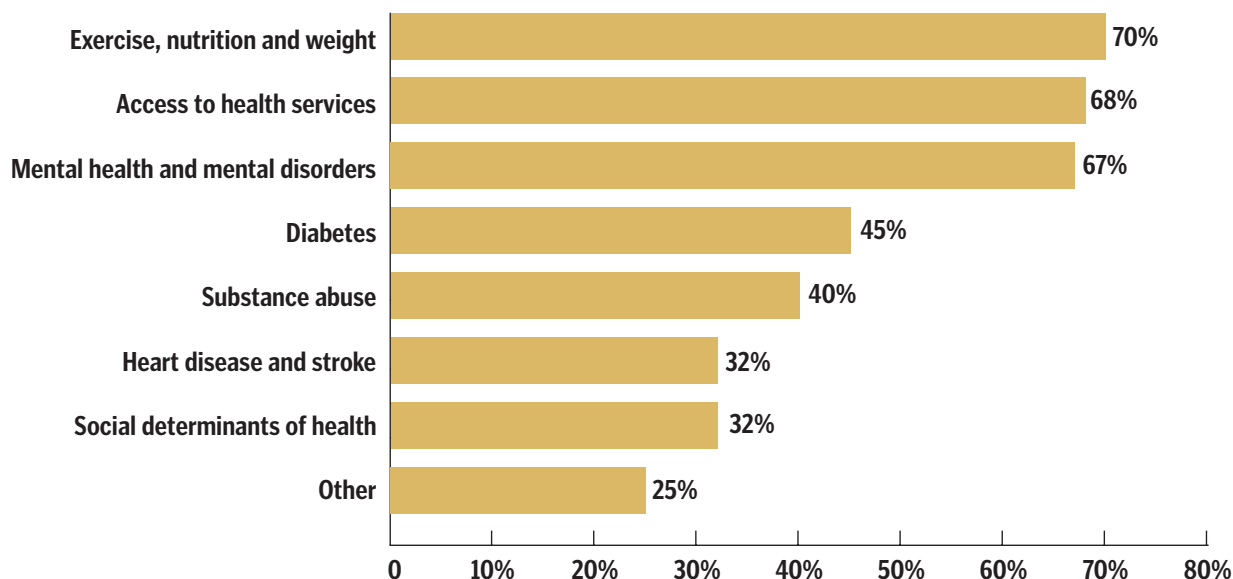
An interesting finding from the survey was that most CHA members are taking a multistrategy approach to the needs they were addressing and were using two or more of these intervention levels in their plans.

Several of the survey questions focused on hospital collaborations across the community health improvement cycle, and the responses show that partnerships are an outstanding characteristic of CHA members' community health improvement work. Members reported working with community partners during the assessment, planning and implementation stages. Almost all members named health departments as partners, but almost as frequently, they mentioned partnerships with community-based organizations.

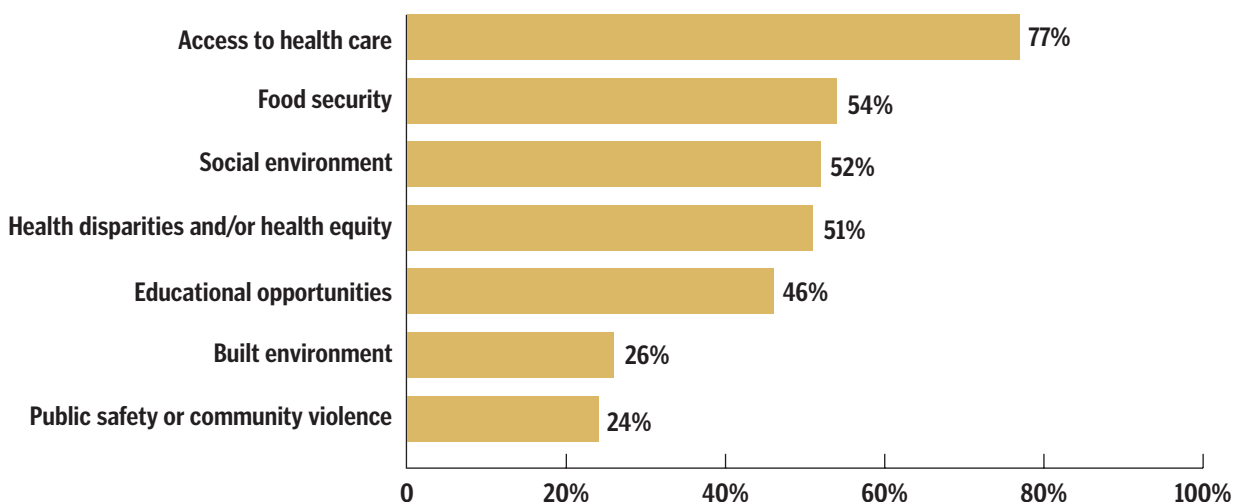
About two-thirds of the hospitals responding said they worked with schools on their assessments and also as they implemented their plans. More than a third of respondents said they are working with community businesses.

Member hospitals reported that engagement with community members and external partnerships were a plus in their community health improvement work. They also cited community and public health resources as helpful, including with assistance in funding. Two-thirds reported that

COMMON PRIORITIZED NEEDS THAT PARTICIPANT HOSPITALS PLAN TO ADDRESS (N = 186)



COMMON ANTICIPATED CO-BENEFITS TO ADDRESSING PRIORITIZED NEEDS (N = 182)



internal organizational buy-in was an asset in the CHNA process.

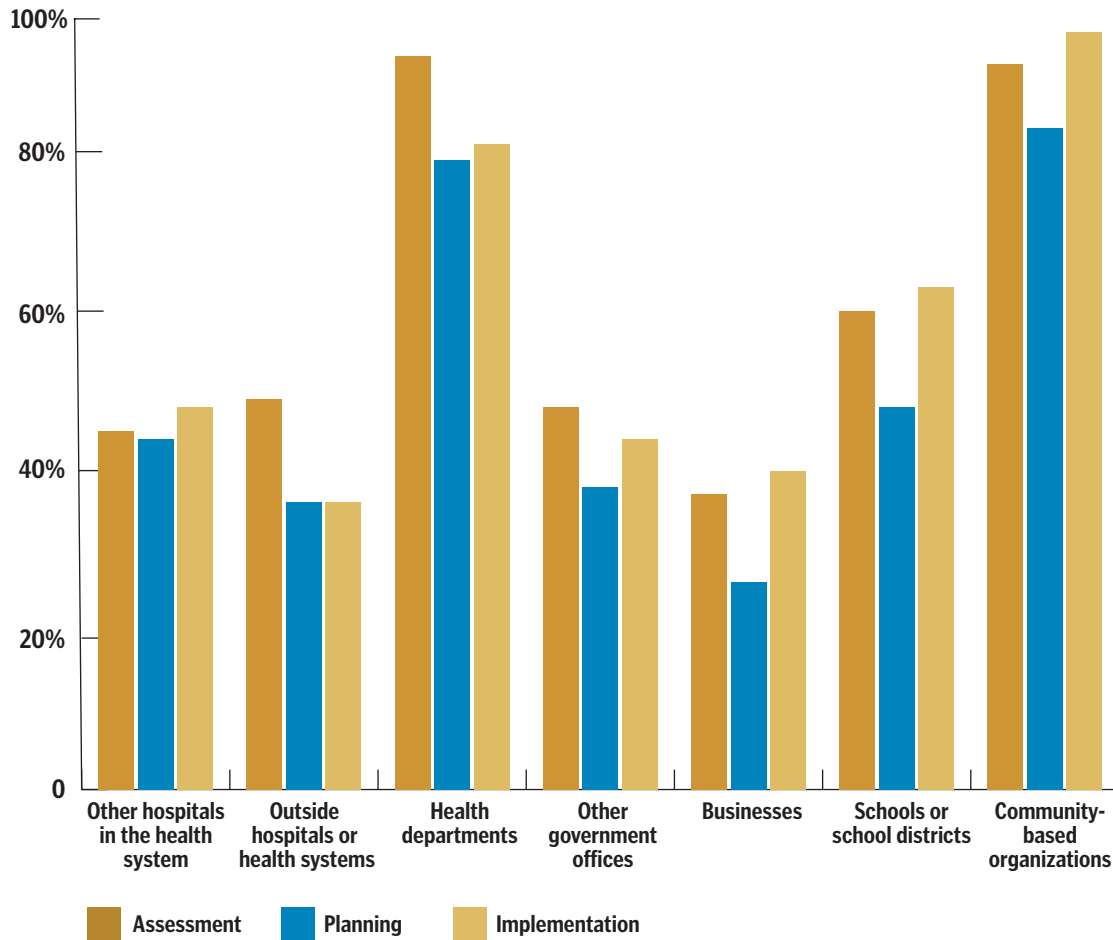
The most frequently reported challenges to CHNA work were the need for more staff time (69 percent), followed by insufficient financial resources (53 percent) to do the work.

About half of those responding told us that es-

tablishing an evaluation plan and setting benchmarks were challenging.

Evaluating the impact of joint projects was called out as a particular issue. Some respondents also reported the need for more timely and granular data (that is, information about more localized areas, such as by ZIP code, as opposed to state-,

PARTNERSHIP TRENDS ACROSS THE CYCLE



county- or city-wide information.

The survey shows CHA members are actively involved with their local health departments and other community partners in assessing and addressing community health needs. They are employing strategies that are multifaceted and target not only community health needs, but also the social factors that are behind these needs.

These are encouraging trends. As hospitals grow and deepen relationships with their community partners, community health improvement strategies should become more multisectoral and

comprehensive. This can set the stage for efforts that effectively tackle the root causes of poor health and focus on keeping people healthy.

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