

IMMIGRATION RULES CREATE A GAME TOO HARD TO PLAY

I normally do not write about my Franciscan community in *Health Progress*, but this month I am making an exception. I would like to describe a situation that occurred early last fall — a young member of my community made his final profession of vows as a Franciscan. This is always a big event for Franciscans, and dozens of members from around my Midwest Province attended the ceremony. It is usually an occasion for Franciscans to spend time with the young man's family — for the Franciscan family and the family of birth to come together, get to know each other better and celebrate the fact that we are now one family.



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That did not occur in September. The young Franciscan was born in Mexico. His parents still live there. They were denied a visa to come to the United States for one week to witness their son's vows.

For this particular Franciscan, the experience was not new. He explained, "As an immigrant, I have experienced the very long process to obtain a temporary

visa for a year or six months in order to be legal in this country. The process takes more than a day to complete. In order to get a visa, we must follow the process: Make appointments, make payments to the Mexican banks, fill out countless forms which ask odd questions, take photos, digital prints, make more payments to the American Embassy, and, finally, wait in line, sometimes for more than 10 hours. The process is frustrated when we find ourselves facing the consul for no more than

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a four-minute interview and he utters the words: "You do not qualify for a visa. Sorry. Next, please."

He continued, "I believe the U.S. immigration system is like a game that's hard for us to play. Even if you know the rules of the game, and you know how to play it, you might be disqualified at any time because of someone else's influence."

I am a citizen of the U.S. who has traveled extensively to other countries, and I have needed to apply for a visa to reside in some countries for six months or longer. I have never experienced the treatment that seems to be so typical for many seeking a visa to reside in — or even to visit — the United States. But what can be done? And what, if anything, does this situation have to do with Catholic health care?

The history of Catholic health care in the United States has been closely related to that of immigration. As Catholic immigrants were largely excluded from participation in American society during the 19th and early 20th centuries, Catholic hospitals — along with the rituals and devotions that they fostered — became a "secure refuge"¹ for Catholic immigrants. In fact, the dramatic increase in the number of Catholic hospitals during this period closely paralleled the rapid rise of immigration from typically Catholic countries in Europe.² For example, Mother Frances Xavier Cabrini, the first U.S. saint and herself an immigrant, explained in a letter to the Sacred Congregation for the Propagation of the Faith that Columbus Hospital, which she had just founded in New York City, "can particularly respond to Italian immigrants." When she founded a second Columbus Hospital, in Chicago, she added, "not only Italians, but Slavs, Poles, Germans, and Spaniards."³ Historically, Catholic hospitals have been special places of medical and spiritual care for immigrants.

It is just as important today as it was over a century ago that Catholic health care be a "secure refuge" for immigrants. The *Ethical and Religious*

Directives for Catholic Health Care Services emphasize that “the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care.”⁴ Among the concrete actions required of Catholic health care is the care of immigrants, many of whom, because of their status, are unable to access health insurance. Furthermore, such care ought to go well beyond the minimum emergency care that the 1986 Emergency Medical Treatment and Active Labor Act requires.

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Care of immigrants needs to be a hallmark of Catholic health care in this country, not only because compassion and hospitality are part of the core values of so many Catholic systems, but also because, at least from the time of Pope John XXIII, the Catholic social tradition has emphasized that security in sickness is a basic human right for all.⁵

As important as such direct care is, it is not enough. The movement from the core values of compassion and hospitality to the emphasis that health care is a basic human right moves the discussion into the area of social justice. This has become particularly poignant in the teaching of Pope Francis. In July 2013, he made his first trip outside of Rome to Lampedusa, an Italian island 70 miles from the coast of Tunisia. This island has served as a point of entry into the European Union for many poor, desperate African migrants, thousands of whom have drowned trying to make the trip.

Calling the situation “a thorn in the heart,” the Pope asked, “Has any one of us wept because of this situation and others like it? Has any one of us grieved for the death of these brothers and sisters? Has any one of us wept for these persons who were on the boat? For the young mothers carrying their babies? For these men who were looking for a means of supporting their families? We are a society which has forgotten how to weep, how to experience compassion — ‘suffering with’ others: the globalization of indifference has taken from us the ability to weep!”⁶

Pope Francis also has used his recent apostolic exhortation, *Evangelii Gaudium*, to challenge nations regarding immigration: “I exhort all countries to a generous openness which, rather than fearing the loss of local identity, will prove capable of creating new forms of cultural synthesis. How beautiful are those cities which overcome paralyzing mistrust, integrate those who are different and make this very integration a new factor of development! How attractive are those cities which, even in their architectural design, are full of spaces which connect, relate and favor the recognition of others!”⁷

It seems to me that leaders of Catholic health care, taking seriously both the words of Pope Francis and the heritage of Catholic health care in the U.S., have a significant role to play in advocating for the just treatment of all immigrants, no matter their legal status. Such advocacy has at least two dimensions. At the very least, we should counter the many misinformed and prejudicial statements regarding recent immigrants to this country and acknowledge the positive contributions that immigrants make to the common good.⁸

Beyond this, we need to advocate for a more just immigration policy. The U.S. Catholic bishops already have urged Congress to pass a comprehensive immigration bill. They also have asked that U.S. Catholics press Congress to pass immigration reform legislation that:

- Provides a path to citizenship for undocumented persons in the country
- Preserves family unity as a cornerstone of our immigration system
- Provides legal paths for low-skilled immigrant workers to come and work in the United States
- Restores basic due-process protections to our immigrant enforcement policies
- Addresses the root causes (push factors) of migration, such as persecution and economic disparities.⁹

Those involved in Catholic health care should become allies of the bishops in this endeavor.

The leaders of Catholic health care also are particularly well situated to raise concerns regarding the ways in which the limitations of the Affordable Care Act affect the lives of immigrants.

The 1996 Responsibility and Work Opportunity Reconciliation Act mandated that immigrants are not eligible for benefits until they have been in the U.S. with authorization for at least five years. This provision, incorporated into the ACA along with an exclusion of undocumented immigrants from the federal and state health care exchanges — even if they use their own money — can actually work against the public interest. Immigrants tend to have better-than-average health upon arriving in the United States. Their health, however, deteriorates relatively quickly over time. There are several likely reasons that account for this, including adopting the unhealthy eating habits of U.S. citizens and living in unhealthy environments. But studies have shown that the inability to obtain adequate health care also is a factor.¹⁰ It is, thus, in the best interest of all that immigrants have such access.

As Catholic health care witnesses to the Gospel in its direct ministry to immigrants and its advocacy for the just treatment of all immigrants, it continues a tradition that has been part of Catholic health care from its origins in this country. It also can help to change societal attitudes from a paralyzing mistrust to a generous openness, so that future immigrants will not have to experience what my Mexican brother experienced this past fall. His was an experience that has been repeated too often, with what often seems like arbitrary rules that tend to turn immigration into a game that is too hard for many to play.

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NOTES

1. Christopher J. Kauffman, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States* (New York: Crossroad Publishing Company, 1995), 4.
2. From 1872 to 1910, the number of Catholic hospitals increased from about 75 to nearly 400. During relatively the same period, 5 million Catholic immigrants entered the United States (See Kauffman, 130). Between 1880 and 1924, 4.5 million Italians immigrated into the United States (See Kauffman, 145).
3. Kauffman, 147.
4. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services, 5th edition* (Washington, D.C.: USCCB, 2009), Part One, Introduction.
5. Pope John XXIII, *Pacem in Terris* (April 11, 1963), par. 11.
6. Pope Francis, homily in Lampedusa, July 8, 2013.
7. Pope Francis, *Evangelii Gaudium* (Nov. 24, 2013), par. 210.
8. Mark Kuczewski and Trisha Cassidy, "Health Care for Our Immigrant Neighbors: The Need for Justice and Hospitality," *Health Care Ethics USA* 21, 3 (Summer 2013): 8.
9. These bullet points are taken from electronic postcards that the bishops have asked U.S. Catholics to send their representatives in Congress. For a more extensive description, see Migration and Refugee Services/Office of Migration Policy and Public Affairs of the USCCB, "Catholic Church's Position on Immigration Reform," August 2013; see also USCCB and Conferencia del Episcopado Mexicano, *Strangers No Longer, Together on the Journey of Hope*, Jan. 22, 2003, www.usccb.org/issues-and-action/human-life-and-dignity/immigration/strangers-no-longer-together-on-the-journey-of-hope.cfm.
10. See Kathryn Pitkin Derose, José J. Escarce and Nicole Lurie, "Immigrants and Health Care: Sources of Vulnerability," *Health Affairs* 26, 5 (September 2007): 1258-68.

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