MISSION AND LEADERSHIP

OUR MISSION: PUTTING A FACE ON IMMIGRATION

In the Jan.-Feb. 2014 issue of Health Progress, I wrote about my journey to Tijuana with a group of senior leaders from Providence Health & Services’ California region who were on a mission immersion trip as part of their leadership formation process. Because this issue of the journal is dedicated to immigration, I decided to describe our experiences meeting guests of Casa del Migrante (House of the Migrant), a refugee center in Tijuana that helps those who are deported from the U.S.

Casa del Migrante opened in April 1987 and to date has served over 200,000 people deported from the United States. The Scalabrini priests, whose ministry is to serve refugees, administer the center, which offers housing for up to 12 days to male migrants ages 18 years or older. The shelter capacity is 160 people; the Scalabrini sisters administer a separate house for women and minors. There are six paid employees and between 50 and 60 volunteers who assist in the daily operations.

In addition to housing, Casa del Migrante provides food, showers, clothing, medical care, legal services, job opportunities and spiritual guidance. One of the staff told me, “We offer a safe place for guests to come and discern their next move. We do not tell them what they should do, but give them the time and space they need to decide whether they want to stay in Tijuana, go to another region of Mexico or attempt to cross back over the border.”

Our group arrived at the center for the evening meal. The seating arrangement was designed so that we sat directly across from two or three of the guests and were able to talk freely and hear their stories. Most of the men we met spoke perfect English because they had lived in the U.S. anywhere from five to 40 years before being deported.

Most of the migrants told us their parents brought them to the United States as young children. All of the migrants I met were employed in the U.S., paid taxes and in some cases even had health care and retirement benefits. Most of them were discovered by local police and deported because they did not have documentation to show they had entered the U.S. legally.

Here are the stories of three men I met at Casa del Migrante, and one story the staff told us.

FOUR LIVES, ONE BROKEN SYSTEM

Victor is a bright young man who appeared to be in his late twenties. He has worked five years for an information technology company in the U.S., paying into Social Security and paying federal and state income taxes. Victor is married, and his wife is expecting their first child — in fact, she is one week overdue. His parents brought Victor to the U.S. when he was 4 years old, and when his parents became U.S. citizens a few years ago, the family believed they were now all legal citizens. Victor quickly found out that was not the case. He got into a fight at a bar and someone called the police. Victor was arrested, and when the police learned he had no documentation, he was deported. He and his wife are talking by cell phone, trying to decide if she should come to Tijuana so he can be with her for the birth of their child, or if she should stay in the U.S. with his family so the child will be a U.S. citizen. He is anxious and not sure what he should do.

Gustavo, a quiet man who speaks broken English, entered the U.S. legally five years ago and has a work visa. He has a good job and hopes one day to become a U.S. citizen. He was pulled over...
by police in Arizona for a traffic violation. Gustavo had his driver’s license with him, but not his work visa. He told the police he would have his girlfriend bring his paperwork to the police station, but he was deported to Mexico that day. He hopes to return to the U.S. once he gets his documentation from his girlfriend.

I later learned from the shelter administrator that even though Gustavo has a work visa, the process of being readmitted to the U.S. will take over a year and will incur legal fees. It is unlikely his job will be held for him. There is no guarantee he will ever be successful in getting back to the U.S.

Alphonsus, 54 years old, came with his family to the United States when he was 14 and had not been back to Mexico since then — until his deportation one week ago. After 40 years living in the States, Alphonsus does not speak Spanish. All of his family lives in the U.S. He owns his own house, a business, employs 20 people and has paid taxes for himself and his workers for decades. He was pulled over for a traffic violation and could show no U.S. citizenship documentation, for he never went through the process.

Alphonsus was deported to Tijuana and found his way to Casa del Migrante. He knows in five days he will need to leave the shelter, and he has no idea what he will do. He is afraid he will not be able to find work in Mexico since he does not know the language, and he is especially terrified he will be homeless and unable to defend himself on the streets.

Staff at the shelter told of a guest who had been deported after having been in a coma for over a year in a San Diego hospital. He had come out of the coma and was stable enough to be transferred across the border. Casa del Migrante agreed to take this man as he continued his recuperation. During that time, the guest indicated he had worked for the CIA. The staff believed he was hallucinating or that there had been brain damage during his time in the coma. One day, the guest remembered the phone number of his attorney and begged the director of the shelter to call the number. The call went through,

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...and it indeed reached a lawyer who confirmed the man had been employed by the CIA for years, had paid into the federal pension system and had personal investments worth over $50,000. The legal aides at the shelter are still trying to get this man’s assets turned over to him, but the amount of bureaucracy is formidable.

**TIJUANA**

The flow of migrants being deported through Tijuana each day has altered the city over the years. The sheer volume of their numbers has resulted in serious social problems including hunger, unemployment, homelessness and inadequate housing. The migrants are, literally, people without a country.

The staff of Casa del Migrante told us that when migrants are sent back to Mexico, they feel rejected and are treated harshly. They are easy targets for being robbed, and they are stigmatized by the Mexican police as criminals. Many times, the police will pick up unemployed migrants and put them in jail on charges of vagrancy. They rob the migrants of what little money they may have or hold them in jail until family members in the States wire money to them. Extortion and corruption are still problems with the Mexican police.

The issue of immigration reform remains a critical issue for our country to deal with. The issue is complex, and there are many competing interests which need to be heard. But the voices of the migrants themselves are seldom heard. They are the victims of a broken immigration system and, because most people do not know any migrants, they are labeled “illegal aliens” or “undocumented immigrants,” which dehumanizes them. We fail to remember that all people want the same things for themselves and their families: a job that allows them to use their gifts and talents; a just wage that gives them the opportunity to purchase housing, food, clothing and other basic necessities. People want to better themselves and leave a better world for their children. We call this human flourishing.

In Catholic health care, we have a unique opportunity to put a face on immigration. I encourage the leaders of Catholic health care to gather the stories your employees are hearing every day in your facilities. Many migrants come to our clinics and hospitals because they know they will be treated with dignity and respect, not turned away. Our chaplains, social workers, nurses and doctors hear the same types of stories I heard at Casa del Migrante. These are the stories we need to share with our legislators and local media. We need to humanize the immigration issue by letting the truth be known that our broken system is destroying individuals and families.

We have a long tradition in Catholic health care of advocating for the poor, underserved and the powerless. Once again, it is time for us to speak as one voice on behalf of those whose voices are not being heard.

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