

Of Migrants and Metaphors Disrupting Discourses to Welcome the Stranger

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An increasing vitriolic anti-immigrant discourse has grown in media venues in the last several years, creating a climate of fear and hatred of immigrants that has spawned violence against some of them at individual and systemic levels. Historically, metaphors have been used to create a public acceptance of policies of discrimination, racism, and even genocide of targeted social groups, including immigrants. This article examines the use of such metaphors, juxtaposing an analysis of nursing journal articles regarding immigrant health, and of major nursing organizations for policy statements that might support immigrant healthcare. **Key words:** *discourse, health policy, immigration policy, immigrants, immigrant health, media images, media representation, metaphors, migrants, violence*

I was hungry and you gave me food,
I was thirsty and you gave me something to drink,
I was a stranger and you welcomed me

Matthew (25: 36)

WHILE anti-immigrant activity has been cyclic in US history, generally related to economic busts and booms, a new anti-immigrant sentiment has appeared that focuses more on immigrants as threats to American culture and white hegemony.¹ Called a “new nativism,”^{2(p1)} it is a rebirth of the nativism of earlier epochs of US history, but with a new twist, and has been described as “the policy of protecting the interests of native inhabitants against those of immigrants.”² Stirrings of this new type of anti-immigrant activity surfaced in the 1970s when former board members of Zero Population Growth estab-

lished the first anti-immigrant policy institute in the United States.¹

Gathering crescendo, anti-immigrant discourses began insinuating themselves into national popular media outlets in the 1990s. After the devastating attacks on the World Trade Center in New York City on September 11, 2001, these discourses escalated in number and virulence. For example, before his recent departure from the news network, *CNN*, nightly commentator Lou Dobb’s “Broken Borders” segments persistently exploited the immigration issue as an urgent national crisis, often characterizing immigrants crossing the US-Mexican border as terrorists or drug runners. Bill O’Reilly of *Fox News* has followed suit with damaging portrayals particularly directed toward immigrant border crossers. Radio figure Michael Savage proclaimed that “America is being overrun by an invasion force from Mexico that’ll soon take over the country . . . you [epithet] don’t even know you’re digging your own grave and throwing lime in there. All that’s missing is the worm from the tequila bottle to go with it.”^{3(p2)} Hence, if the maxim that in war truth is the first casualty, truth in contemporary discourses about immigrants is taking a severe beating and has subsequently become a

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casualty in the current political war being waged against immigrants.

These acrimonious media voices reach national and international audiences, and as Bill Moyers noted, "Words have consequences."^{3(p1)} They have triggered violent acts against immigrants in particular locations; for example, among them some Eastern Seaboard states where anti-immigrant sentiment is strong and murders of Mexican immigrants have occurred (Sr Mary Ann Luby, OP, oral communication, December 2, 2009, Washington, DC). Believing in the premise that language is sacred, American author Oliver Wendell Holmes held that abusive language was tantamount to murder and constituted "verbicide"^{3(p1)} because of its potentially deadly consequences.

In this manner, too, public media diffuses dehumanizing, ideologically based language and ideas into the national lexicon for everyday use.⁴ An aversion to and fear of the different "other," particularly the visibly dark skinned culturally different other, exacerbates anti-immigrant rhetoric, much of which is based in myth, racist stereotypes, and scare tactics.⁵ Such dehumanizing media representations illustrate what Peter Bloch, writing about human community as possibility and gift rather than deficit and liability, calls "marketing fear and fault."^{6(p37)} Consequently, growing anti-immigrant sentiment has become an obstacle for many immigrants to enjoy basic rights to health (Kevin Minder, PhD, director of the Center for Immigrant Healthcare Justice, oral communication, November 13, 2009) and even to life itself.

Negative media images about immigrants obscure human motives, the multiple realities of immigrants' lives at home that frequently compel migration, and global socioeconomic-environmental contexts, often the consequence of "free trade" agreements, that profoundly influence contemporary labor migrations. These include NAFTA (North American Free Trade Agreement) and DR-CAFTA (Dominican Republic-Central American Free Trade Agreement), which have displaced many subsistence farmers and destroyed re-

gional and local economies in favor of transnational and national corporations' economic interests.^{7,8} Although nurses in similar situations in different regions of the world, including the European Union, Australia, and Canada, face similar social realities, nurses in the United States work with immigrants in an environment that does not currently support universal healthcare and that seeks to deny even legal immigrants the right to healthcare.⁹

Anti-immigrant media representations and their consequences are of central concern to professional ethical practices of nursing. Pledged to deliver healthcare to all without discrimination, there is hardly a clinical setting where nurses can practice without encountering immigrants who seek or need healthcare, from small rural communities to great urban centers. Some immigrants also fear accessing health services until health conditions are advanced or intolerable because of unaffordability, inaccessibility, or because they distrust any health system and the possibility of detection and deportation.¹⁰ These situations, aggravated by anti-immigrant media representations, are anathema to an ethic of nursing care with its healthcare pledges and practices.

In addition, the dangerous rhetoric that imbues public debate seems to conflate all immigrants, documented or not, citizen or not, and especially Latinos,¹¹ into one essentialist, amorphous group. Furthermore, Latino immigrants of color seem to be identified with Mexican immigrants, no matter whether they originate in Mexico, Central America, or South America.¹ Thus, discursive spaces are significantly narrowed for a rational public discussion of immigration reform in the United States. While immigrants arrive from the world over, the public discourse seems to target people of color, primarily Latinos. Immigrants from other countries such as the Middle East, Pakistan, or Indonesia have been mistaken for Latinos, essentialized as "terrorists," and targeted for hate crimes.

The ironic contradictions of a hemisphere historically colonized by European immigrants who eradicated great numbers of

indigenous people in both north and south continents are not lost on us. However, we simultaneously recognize that the current anti-immigrant climate ignores our own ancestral roots as an immigrant people. Another irony is that many of those immigrants who arrive from south of the US-Mexican border carry both indigenous and European heritage as Mestizos or are members of indigenous communities descended from the original inhabitants of the hemisphere.¹⁰ The US-Mexican border itself, established in 1848, is an artifact of the colonial processes that established the concept of nation states, now being usurped by the neo-liberalism of economic globalization.^{10,12}

Nurses might advocate vociferously on behalf of immigrants no matter their origins or color as seen in the 1990's Proposition 187 campaign in California.¹² On the other hand, nurses might unwittingly be caught up by the negative discourses about immigrants and in racist sentiments that influence their practice roles. Racializing and marginalizing¹³⁻¹⁵ anti-immigrant discourses ignore an understanding of the contexts of migration, the vast diversity among immigrants, or their numerous contributions to US society culturally and economically. The purpose of this article therefore is 2-fold:

- First, using a critical approach, we seek to examine the way historically dehumanizing myths and metaphors directed toward targeted groups have led to dangerous and even genocidal policies implemented toward these groups of people. The escalating processes of demonizing certain communities or populations of human beings have led to dominant social narratives that permitted consequences previously unthinkable to ordinary citizens.
- Second, we undertake an analysis of article titles in the nursing literature between 1990 and 2005, and of official nursing policy statements, in an effort to examine how nursing discourses reflect wider sociopolitical discourses about immigrant and other marginalized popula-

tions. This analysis provides a framework from which we offer recommendations for greater specificity in a growing body of nursing literature on immigrant health and on policy directions.

Anchored in these dual purposes, we propose that professional nursing organizations openly articulate a foundational health policy for all immigrants on the basis of dual premises of social justice and social responsibility.⁵ These 2 premises compel us to recognize an imperative of human rights to healthcare, an ontology of social connectedness with the various immigrants in our midst, and the moral relevance of the work of healthcare and nursing.¹⁶ These 2 premises also refute the linguistic negativity surrounding immigrants promulgated through major media outlets and compel us to reconstruct humanizing positive images of diverse immigrants, with attention to specific descriptions in the nursing literature that could create counternarratives to prevailing anti-immigrant narratives in the media. In the next section, we provide a historical context for current immigration discourses.

NATIVISM AND XENOPHOBIA

Nativism and xenophobia, as reflected in hate speech directed against immigrants, harkens back to the arrival of non-British European arrivals after the initial settlements along the East Coast. They are also evident in the Alien and Sedition Act of 1798.^{17,18} The US President never invoked this Act, but it gave the President the power to exclude and deport anyone considered a "danger" to the nascent nation. In the mid-19th century, the rise of the Know Nothings, a nativist anti-Catholic American Party targeted new Catholic Irish and German immigrants; the Ku Klux Klan in the 1920s targeted Southern and Eastern Europeans, many hailing from Catholic countries or who were Jewish. On the West Coast, the Chinese Exclusion Act,¹⁹ originating from the racist stereotype "the yellow peril,"^{20(p55)} was enacted to

justify discrimination against Chinese immigrants. These movements provided new justifications for nativism on the basis of notions of superiority versus inferiority often expressed through blaming immigrants for society's ills and downturns in the economy.²¹

Nativism today has established a nearly palpable presence in numerous new anti-immigrant groups such as Save our State, the Minutemen, and others that range across a political spectrum from conservative to extreme right wing, including neo-Nazi hate groups that appear interrelated. According to data from the Southern Poverty Law Center, the Center for New Community in Chicago, and the International Relations Center in Silver City, New Mexico, new groups form constantly. These anti-immigrant groups are well-funded and have access to the air waves, visual media, TV news, and print and Internet outlets.²² With the goal of reducing immigration, expelling undocumented immigrants, and the denial of rights to immigrants, they exert a strong influence in shaping American public opinion.^{2,23}

The intricate Web of connections among these various groups includes certain members of Congress known as the conservative House Immigration Reform Caucus of 93 members (<http://www.house.gov/bilbray/irc/members.shtml>). The Web also includes think tanks like the innocuous sounding but largest group, the Federation for American Immigration Reform, identified as a hate group by the Southern Poverty Law Center.²⁴ The Federation for American Immigration Reform, cofounded in 1979 by retired eye surgeon John Tanton, has spawned many anti-immigrant groups, some also anti-Catholic and anti-Semitic.^{1,22,24} These groups, conservative/right wing media outlets, and local/regional anti-immigrant activities in vigilante groups like the Minutemen^{25,26} generate metaphors for immigrants, such as "hordes," "invaders," "criminals," or "disease bearers." Figure 1 visually depicts the national immigrant right in the United States with its spectrum of influence from conservative to extreme right, including neo-Nazi groups.^{22,24,27}

Figure 1 highlights the organized nature of the deployment of anti-immigrant rhetoric, metaphors, and activities, and informs us that anti-immigrant discourses are not spontaneous or random but are deliberate well-orchestrated productions with political intent. Some historical exemplars might serve to illustrate the deliberate nature of metaphors used to discredit, demean, and demonize vulnerable groups of people by more powerful groups in order to implement destructive policies against the targeted group.

METAPHORS IN HISTORY: EXEMPLARS

As rhetorical devices, metaphors are classified as conceptual, linguistic, and nonlinguistic, often with overlap among them. They might constitute a biopolitical discourse directed toward demeaning or destroying a biologically defined group.²⁸ Conceptual metaphors are more global in scope and target a group with an overarching theme or object description, portraying, for example, undocumented immigrants as "hordes or 'invaders,'" with the intimation of border crossers as a threatening enemy army to be feared. Linguistic metaphors are more concrete, numerous in the lexicon, and generally link with conceptual metaphors. Nonlinguistic metaphors link to social positions in society such as slaves, indentured servants, or even the mechanization of work traditionally performed by laborers.^{21,29}

For example, the construction of a fortifying fence along the Southwestern border of the United States exemplifies a nonlinguistic metaphor of division and exclusion, a symbol and method of "othering," of reinforcing difference as undesirable, and of the illusion of a "White America" with an "American" culture that is sacrosanct and immutable.³⁰ These notions symbolize an attitude of White supremacy informing the phenomenon of "othering." Given the several thousand deaths that have occurred among migrants in the nearby deserts and mountains, the fence is also symbolic of a covert and intentional policy of genocide.^{31,32}

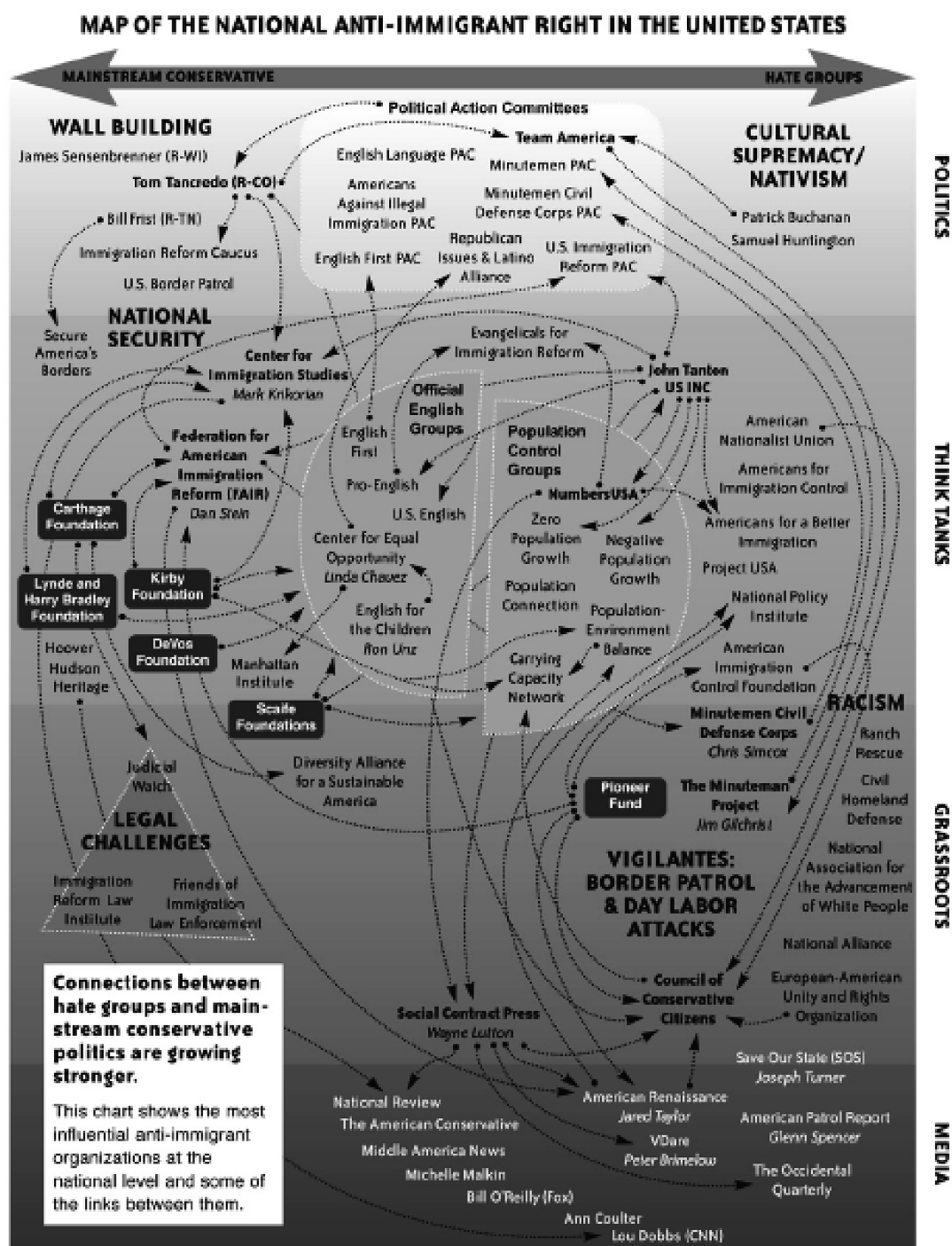


Figure 1. Map of the anti-immigrant right in the United States. Used with permission from the North America Congress on Latin America. *NACLA Report*. Vol 40(3).

Another conceptual metaphor has been the recent Immigration and Custom Enforcement (ICE) workplace raid in the now infamous Postville, Iowa meat plant, with charges of “identity theft” leveled against non-English-speaking Guatemalan workers. The largest workplace raid in US Immigration history, the Postville, Iowa ICE raid at Agriprocessor’s kosher plant arrested 400 Guatemalan workers and charged more than 260 of them with serious criminal violations of using false Social Security numbers or residency papers. Separated from their families and sentenced to 5 months in jail, the Guatemalan workers did not have sufficient access to court-appointed lawyers nor did they even understand the charges against them.³³

The Irish experience in British occupied Ireland and as émigrés to the United States, the Jewish (and other) experience in Nazi Germany and the early 20th-century experience of Southern/Eastern European immigrants in the United States all provide rich insights into metaphorical language that exerted profoundly adverse effects on these populations. A campaign based on fear mongering and blame against the targeted groups led to discrimination, marginalization, and, in some cases, genocide, the destruction of an entire group of people.

The Irish experience

Beginning with the Norman invasion of Ireland in the 12th century, British influence and rule dominated Ireland. Eventually, the loss of land associated with Cromwell’s brutality and increasingly harsh colonial rule caused the Irish peasantry to slip further into poverty and degradation, the poorest among them dependent on the potato as their dietary staple.³⁴ The arrival of “An Gorta Mor”^{34(p xvii)} (The Great Hunger), as it was known by the Irish between 1845 and 1852, was an ecological and sociopolitical disaster. Caused by the triad of the American imported fungus *phytophthora infestans*, bad weather and British insensitivity toward the mass evictions of peasants from their meager tenant plots, their inability to access food, and to their enormous suffering, this period of Irish history exemplifies

an unwritten policy of extermination or genocide of the Irish people according to antirevisionist scholars.^{34,35}

While other food crops and livestock were exported from Ireland under military escort to support the English working class that fueled growing British capitalism, the Irish were depicted in the media as “feckless,” lazy, morally depraved overbreeders, subhuman, and undeserving of help.³⁴ The *London Times* newspaper advocated for the extermination of the Irish people, and the British magazine, *The Economist*, portrayed the Irish as incompetent, primitive members of an inferior race. They were even compared to primates: The English historian Froude wrote that the Irish were “more like tribes of squalid apes than human beings.”^{36(p331)}

These metaphorical representations of the Irish poor within a milieu of British colonial supremacy convinced the British public in general to accept the starvation/genocide as a solution to the “Irish problem.”^{34(p69)} These views of the Irish people were carried across the ocean in the “coffin ships”^{35(p216)} where the continued denigration of poor Irish immigrants continued. “Coffin ships” became the popularized term for ships carrying starving and debilitated Irish immigrants, about 1/5th of whom died of typhus, relapsing fever, bacillary dysentery, “famine dropsy”^{35(p193)} (edema), or scurvy en route to the Americas or within a year after arrival. Both typhus and relapsing fever, caused by rickettsia and spirochetes respectively, were transmitted easily and rapidly by the louse in crowded conditions; scurvy resulted from a severe deficiency of vitamin C in the diet of the Irish poor suffering from lack of food because of the blight and British politics.³⁵ Some of these health conditions were comorbid and all caused intense suffering. Similar death-dealing discourses targeting unwanted populations arose in Germany almost a century later with the rise of Nazism and similar horrific consequences on a multicountry scale.

The Nazi era

One of the most dehumanizing conceptual metaphors deployed by the Nazi regime

to describe the Jewish population was that of parasites preying on the body of the German nation. The Jews were blamed for the German defeat in World War I and accused of plotting to destroy Germany and the German people, and therefore annihilation was necessary.³⁷ Portrayed as enemies of the German nation, they were set up for a state policy of extermination via a spiraling production of anti-Semitic narrative that influenced public opinion.³⁸ These propaganda were disseminated principally through such media as public speeches, pamphlets, press directives and newspapers, journals, and a "Word of the Week"^{39(p131)} wall newspaper instituted by the Reich's Propaganda Ministry. Numerous Nazi propagandists persistently injected the central thesis of the Nazi regime into conversation with ordinary German citizens that the Jewish people must be exterminated or "extirpated,"^{37(p39)} thus increasing hostility against Jews among non-Jewish Germans and other non-Jewish Europeans.

Another metaphor insinuated into an anti-Jewish narrative through cinematic art was that of polluters. The Nazi regime appropriated control of cinematic production by the state and used cinema to propagandize. The Jews became the "polluters" of the neighborhoods in which they lived through this effective medium, promulgated as a form of entertainment for war weary citizens who needed escape.⁴⁰

Of particular salience to the recent ICE raids on both legal and undocumented immigrants in the United States was the pattern of Gestapo raids on Jewish homes carried on throughout Germany and the countries of German military occupation. The similarity in tactics to the ICE workplace and home raids of immigrant families in the middle of the night is recognizable and disturbing not to mention traumatizing to the targets of these raids.⁴¹

Immigration of Southern/Eastern Europeans to the United States

To justify and buttress increasingly onerous immigration restrictions during the 1920s, immigrants from Southern and Eastern Eu-

rope were considered morally, physically, and mentally inferior to earlier immigrants from Northern Europe and from Great Britain. Metaphoric depictions of these immigrants as "waste material"^{21(p36)} passing through the "body of the nation"^(p36) illustrate the use of linguistic and conceptual metaphors to denigrate a group of "undesirable" immigrants.

During this era, an enduring link was made between immigrants and communicable disease, suggesting a grave danger of contagion to the health of the nation. A-contextual linguistic metaphors likening immigrants to bearers of dreaded plagues such as typhus, cholera, tuberculosis, leprosy, and other infections, combined with the crowded and unsanitary social conditions of life in ghettos, massive tenement settlements, and mental institutions, were simply combined to concretize the metaphors in real life and reinforce the images created.²¹

Early history of nursing immigrant communities: counternarratives

The work of Lillian Wald and the nurses in the Henry Street Settlement in New York's Lower East Side is testimony to the power of nursing to undo the virulence of metaphors that demean and dehumanize immigrants.^{42,43} Wald and the early American nurses of the Henry Street Settlement exemplified in their work an implicit understanding of the moral nature of their practice. Wald, for example, spoke positively of the immigrant women with whom she worked as intelligent contributors to society and as eager to learn. These favorable portrayals of the newest immigrants to the United States were in stark contrast to the negative discourses propagated in the media of the time around the arrival of the newest Europeans. Significantly, the work of Lillian Wald, Mary Brewster, and the nurses of Henry Street effected great changes toward health in the lives of the immigrant population through direct service, favorable representations of the immigrant communities with whom they worked, and advocacy for policy change. If their work demanded a departure from the "professional

etiquette”^{43(p34)} of the day, that they did. These nursing ministrations themselves stood as life-giving nonlinguistic metaphors, acts of courage defying the status quo and creating a counternarrative in “welcoming the stranger.”

Early nurse leaders continue to inspire and guide us today, especially in an environment that seems ever more overtly hostile to immigrants. Their efforts to represent immigrants favorably among other nurses, and members of society in general, led us to question how nurses today represent immigrants. We report the results of a content analysis and reflective critique of nursing literature on immigrant health as well as the policies of major nursing organizations related to immigrant health.

“IMMIGRANT” AND THE NURSING LITERATURE

We have argued that major media outlets are deploying negative metaphors to dehumanize and misrepresent immigrants, documented or not, as a monolithic, threatening group. These images often fail to recognize the many differences that exist within and between people who migrate to the United States and of their many contributions to the US society. We assume good will and intent to promote immigrant health on the part of nurse researchers and authors, but we ask: Do any understated but similar and unintended tendencies exist within the nursing profession in terms of how immigrants are represented in the literature? To begin investigating this question, we conducted a search of the nursing literature, focusing specifically on nursing journals and the titles of articles related to immigrant health. We recognize that nurses publish in many journals outside of nursing; however, since our primary focus is on how nurse authors initially portray immigrants, we decided to limit our search to nursing journals to increase the likelihood that the primary authors would be nurses.

METHODS AND FINDINGS

We used MEDLINE and PubMed databases to identify articles published during the pe-

riod of 1990–2005. We selected the year 1990 as the starting point because this was the period in time when the health community began to seriously address the burden of health disparities experienced by underserved populations, particularly racially and ethnically diverse groups, in which immigrant populations often are included. For example, a goal statement related to health disparities was included for the first time in *Healthy People 2000*,⁴⁴ published in 1990. In 2001, The National Institute of Health (NIH) made the decision that all research funded by the NIH would require the inclusion of racial and ethnic minorities.⁴⁵ With the subsequent publication of the Institute of Medicine report, “Unequal Treatment,”⁴⁶ the existence of health disparities among racial and ethnic minority populations in the United States was clearly demonstrated. The 15-year period also provided an adequate period for the publication of sufficient articles for analysis.

We conducted two independent searches, using the key word immigrant* in the title with the following limits: 1990–2005, English-only, and nursing journals. As with any literature search conducted that relies on computer databases, we recognize limitations exist and therefore concede that we might miss some articles. We attempted to address this possibility by conducting 2 independent searches of 2 different, yet highly reliable and recommended databases.

Using the limits listed earlier, the PubMed database provided an initial list of 63 articles. Once we eliminated articles published in non-nursing journals, 57 articles remained for analysis. Using the same limits in the MEDLINE database, we identified 129 articles. Following the deletion of nonnursing journals, 99 titles remained. We then collapsed the 2 lists into one by comparing each list, deleting duplicates of articles included on both lists, and identifying those unique for each list. This process led to a final list of 109 articles, in 44 journals, available for analysis.

The next step was deciding what and how to analyze the articles. Given the total number of articles available for analysis and the limited resources at our disposal, we decided to

0 categories	1-2 categories	3 categories	4 categories	5 categories
No Description "immigrant" only	Minimal description	General description	Specific description	Clear, concise description

Figure 2. Rating scale.

restrict our focus of analysis to the article titles. The title is what the reader first encounters when searching for an article and it often determines whether the article will be of use (for a research project, literature review, class assignment) or addresses the topic of interest. Considering our second purpose to examine how nurse authors construct “immigrants,” we thought analysis of the title would shed some light on this process.

The key question then became how best to analyze the titles retrieved. We needed to develop an analytic approach that addressed these key issues: consistency in coding; ability to analyze across a wide variety of journals (44) and specialty areas, recognizing that the only commonality among the titles was the key words “immigrant” and “nursing” and tend to the purpose of the analysis, examine how “immigrants” are constructed within nursing literature.

To address these issues and analyze the titles in a systematic manner, we devised a rating scale that was flexible yet provided sufficient information for classifying each title. Our contention is that the category “immigrant” is often a catch-all term for a very diverse group of people. Using this term alone often essentializes the unique features of a group, which collapses them into a very large, monolithic category that then lends itself to the kind of anti-immigrant negative metaphors so prevalent in the public sphere. Depending on the author’s conceptualization, this category has ramifications for how immigrants are perceived by the reader.

To examine this contention, we devised a Likert scale on the basis of the number of categories authors used in connection with the term *immigrant*, as this was the only

term common to all of the articles. Categories included characteristics that have been suggested to influence health, health behaviors, and/or health outcomes of individuals and populations including age, gender, ethnicity, socioeconomic status, marital status, religious affiliation, work, and family roles.^{47,48} Also included were categories specific for immigrants including country or region of origin, country or region of settlement, and legal status.⁴⁸

Finally, we included categories specific to the focus of the article itself including the health topic or issue addressed and the nursing theory, roles, intervention, and/or methodology discussed. In all, we identified 16 possible categories to define the scale parameters numerically. This broad list of categories provides much latitude in meeting the established criteria. Figure 2 shows the scale with the corresponding number of categories.

To meet the highest standard of description, which is considered a clear and concise description, the title would include a minimum of 5 categories, for example, age, gender, health topic, country of origin, and region of settlement. The following is a hypothetical title that meets this standard: Breast Cancer Knowledge Among Recently Diagnosed Immigrant Elder Japanese Women Residing in San Francisco

In this example, the categories addressed are descriptors of age (elder), gender (women), health topic (breast cancer knowledge), country of origin (Japan), and residence (San Francisco).

We examined each title twice for the number of category descriptors used. Upon classifying the titles, we counted how many titles corresponded to each category of the rating

scale. Table 1 presents the results of the analysis and examples to highlight each category.

Considering that there were 16 categories of descriptors available, we were disheartened that only 4 article titles met the highest level of description. Four different journals published these articles: *Holistic Nursing Practice*, *International Journal of Nursing Studies*, *Journal of Transcultural Nursing*, and *Nursing History Review*. No apparent correlations between these journals exist as they target varied audiences and address diverse foci.

The majority of article titles examined were in the minimal descriptor category, providing limited information about the immigrant group discussed in the article. These results support our contention that nursing titles written during the past 15 years have repeatedly used the term *immigrant* to refer to a monolithic group of people, erasing the extensive variety that exists among and between the many population groups included under the umbrella of "immigrant." This consistent practice contributes to and reinforces perceptions that these very diverse people are essentially the same, yet clearly different and separate from the majority population, which includes most nurses who care for and write about them.

Although the diversity and uniqueness of immigrant population groups were invisible in the majority of nursing titles examined, "immigrants" were present in the nursing literature, albeit in relatively small numbers: 109 articles over a 15-year period. An analysis of nursing policies, however, revealed that immigrants remain virtually invisible, an even more alarming finding in a profession that claims to embrace the ideal of healthcare for all.

Professional nursing organizations

We examined immigrant-related policies of the largest professional nursing organizations in the United States because they provide guidance for almost 3 million licensed registered nurses in the United States as well as to schools of nursing. We expected that if policies guiding nursing practice in relation to

Table 1. Examples of descriptors from the rating scale

No description	Minimal description	General description	Specific description	Clear, concise description
0 categories 2 titles "The immigrant question and American nursing"	1-2 categories 41 titles "No easy answers: addressing the needs of undocumented immigrants"	3 categories 36 titles "Issues of separation and reunification in immigrant Latina youth"	4 categories 26 titles "Garment workers in California: health outcomes of the Asian immigrant Women Workers' Clinic"	5 or more categories 4 titles "Culture care conflicts among Asian-Islamic immigrant women in US hospitals"
"My hospital serves the minority populations in the surrounding area. Many of these patients are immigrants of different ethnic backgrounds"	"Infectious diseases of immigrants and refugees"	"Vulnerability in the Asian or Pacific Islander immigrant child"	Beliefs about childhood immunization among Lebanese Muslim immigrants in Australia	Meanings and practices of health among married Thai immigrant women in Sweden

immigrant health and human rights existed, each professional organization would have authored an official policy. We examined the policies of the following professional nursing organizations: American Association of Colleges of Nursing (AACN); American Nurses' Association (ANA); International Council of Nurses (ICN); National League for Nursing; and the Quad Council of Public Health Nursing Organizations, including the Association of Community Health Nursing Educators (ACHNE). The ACHNE includes the Association of State and Territorial Directors of Nursing; ANA's Congress on Nursing Practice and Economics; the Public Health Section of the American Public Health Association.

The policy analysis began with a search of the Web site for each professional organization listed earlier. Although potentially a limitation, the Internet is currently the primary avenue for organizations to reach members and disseminate related information. We therefore decided that if immigrant-related policies were authored by the organization, they would be available through their respective Web sites. We conducted a similar search for policies in the same manner as for nursing articles. Using the term *immigrant*, we searched each organization's Web site to locate relevant policies. In this analysis, *relevant* refers to any policy that mentions immigrants or included the term *immigrant* somewhere in the document. Table 2 provides a summary of the results of our policy review.

Our findings suggest that while "immigrants," in general, are constructed as a visible albeit essentialized group within the nursing literature, they remain invisible within the policies of the majority of nursing organizations. Of the professional nursing organizations we examined, ICN is the only one that has written, revised, and reconfirmed policies specifically concerned with the health and human rights of immigrant population groups as a whole. ICN has also encouraged national nursing associations, such as the ANA in the United States, to examine the extent of the problem in their countries and undertake co-

operative action to provide adequate health services for migrants, refugees, and displaced persons.

We were, however, unable to locate ANA's commitment to or even support for ICN's list of action statements for addressing the needs of immigrants. Instead, the ANA, which presents itself as the nursing organization representing the largest number of registered nurses in the United States, limits its efforts to one category of immigrants: "foreign" nurses. While ICN has a broad range of immigrant-related policies, the published ANA policy related to immigrants is narrow in scope and addresses issues relevant only for nurses in the United States on work visas. While we are not arguing against policies supporting this particular group of immigrants, we are questioning how the largest professional nursing organization in the United States can limit its policy efforts to support only one officially sanctioned classification of immigrants. This inattention could be construed as a non-linguistic metaphor and is likely unintentional but nevertheless is particularly troubling when so many immigrant populations are also in need of nursing's attention.

The ICN's attention and commitment to improving immigrant health and human rights may relate to their status as an international nursing organization. We ask then why an international nursing organization concerns itself with immigrant health issues while nursing organization within the United States tend to ignore nonnurse immigrants in their official documents. This question is perplexing especially considering that a vast diversity of immigrants, both settled out and newer immigrants, populate the US landscape. Immigrants inhabit almost every corner of the United States with many nurses likely to encounter them in practice settings. Yet we were unable to locate any policies related to or relevant for immigrant health among the nursing organizations reviewed. This finding suggests that the health and human rights of immigrant groups continue to remain invisible to the largest nursing organizations in the United States. Is there a nonlinguistic

Table 2. Immigrant health policy review: major nursing organizations and American public health association

Name of organization	Immigration policy	Immigrant health policy	Terms used to describe immigrant	Related policies
American Public Health Association (APHA)	6 policies R/T "immigrant health"	Ensuring access to health services for undocumented immigrants: 1994	"undocumented" and "documented"	Avoiding the Public Health Consequences of Anti-immigrant Racism: 01-1982 Opposition to Anti-immigrant Statutes: 01-1995 Protection of the Health of Resident Immigrants in the United States: 2001 Occupational Health & Safety Protections for Immigrant Workers: 12-2005 Addressing the Needs of Immigrants in Response to Natural and Human-Made Disasters in the United States: 2006 None
APHA-PHIN Section (per PHIN section spokesperson)	None	None	NA	
American Nurses Association	None	Only related to foreign nurses	"immigrant" in relation to foreign RNs	Immigration and the Nurse Workforce: 5-25-2007 (specific to the qualifications of foreign nurses) Discrimination and Racism in HealthCare: 3-26-98 (Note: The term <i>immigrant</i> is not used in the document.) Ethics and Human Rights: 9-05-91 (Note: Only accessible to members)

(continues)

Table 2. Immigrant health policy review: major nursing organizations and American public health association (Continued)

Name of organization	Immigration policy	Immigrant health policy	Terms used to describe immigrant	Related policies
International Council of Nurses	4 policies R/T immigrants	Health Services for Migrants, Refugees and Displaced Persons Adopted: 1983 Revised: 2006	"Special responsibility to assist nurse refugees" "migrant" & "foreign" in relation to nurses seeking employment in other countries	Ethical Nurse Recruitment Adopted: 2001 Revised: 2007 International Trade Agreements Adopted: 1999 Reviewed: 2004 Nurse Retention and Migration Adopted: 1999 Revised: 2007
National League for Nurses	None	None	NA	None
American Association of Colleges of Nursing	None	None	"qualified immigrant" in relation to eligibility for Minority Faculty Scholarship	Diversity and Equality of Opportunity: 1997 (Note: The term <i>immigrant</i> is not used in the document.)

metaphor operative in these lacunae of policy statements regarding nonnurse immigrants?

Finally, we examined language used to describe immigrants within the nursing organizations' policies. ICN used the terms *migrants*, *refugees*, and *displaced persons* (MRDPs) throughout their 2006 policy, "Health Services for Migrants, Refugees and Displaced Persons." They used the terms *migrant* and *foreign* in policies related to nurses seeking employment in other countries. The use of the term *foreign* was also evident in the ANA 2007 policy, "Immigration and the Nurse Workforce." ANA used the descriptor "foreign" in relation to various nursing situations, including "foreign nurses," "foreign-trained," "foreign schools of nursing," and "foreign-educated."

The AACN uses the term *qualified immigrant*, within the eligibility criteria in the application for the Minority Nurse Faculty Scholarship Program. For a definition of this term, the AACN refers the applicant to 2 federal laws: the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996. Upon further examination, both of these laws use the definitions put forth in section 101(a) of the Immigration and Nationality Act of 1996, which relies on the term *alien*, defined as any person not a citizen or national of the United States.

We question whether this term is the one AACN leadership intended to use or was it an oversight? By focusing on the legality of applicants and referring specifically to existing laws for a definition of *immigrant*, they inadvertently support the use of a term that further separates and maligns large groups of people, while situating them within the prevailing discourse as nonhumans. The potential negative consequences of this designation for health, well-being, and human rights are innumerable. Such language contradicts the basic tenets of nursing, while reinforcing sociopolitical discourses surrounding immigrants including racialization and marginalization.

We counter with and support the position offered by Drevdahl and Shannon Dorcy that "human rights are accorded on the basis of the individual being a sentient human being, not on whether the individual is a citizen of some particular nation."⁴⁹(p300) We encourage professional nursing organizations to revise existing policies and develop new ones that are consistent with nursing's code of ethics. Rather than be complicit participants in prevailing dehumanizing discourses, professional nursing organizations have the opportunity to become change agents and advocates for immigrant human rights and health for all.

DISCUSSION

Immigrant health and human rights remain virtually invisible in the published policies and journals of the leading nursing organizations in the United States. While many nurses are likely to encounter newcomers in their practice settings, and some nurses are highly committed to immigrant health, it is of concern that immigrants are virtually invisible among policies of official nursing organizations, nursing leaders who are charged with advocating for health and access to healthcare for all, including immigrant groups.

While contemporary US multimedia have redeployed many of the metaphors constructed in the early part of the last century to foster fear of immigrants and social divisions, activists are visibly countering this resurgence. For example, Ana,⁵⁰ in writing about negative media portrayals of Latino immigrants through metaphorical language, calls for the construction of "insurgent" or emancipatory metaphors to counteract these discourses, so influential in policy decision making. Yet the most prominent nursing organizations seem to have lost their voice during this assault on these groups of human beings' health and human rights, remaining virtually silent.

Given the stance of organized nursing in espousing healthcare for all, we encourage a more proactive and manifest approach to the inclusion of all immigrants, including

new citizens, legal but noncitizens, and undocumented immigrants in policy statements about healthcare and immigrants. We believe that many immigrants, particularly those of color and the economically marginalized, compose a special and vulnerable population in the current debates about healthcare reform because of our social connectedness and the moral nature of our work.

Knowledge of historical and deliberate uses of dehumanizing language and metaphors in popular media to socially marginalize and exclude targeted groups in societies as a prequel to the establishment of harmful or genocidal social policy is a *prima facie* imperative to constructing humanizing narratives of multiple groups of immigrants and supporting healthcare for all immigrants. One way nurse educators, researchers, and clinicians can begin to change the language referring to immigrants without juridical status in the United States (or Canada) is simply to supplant the term *illegal alien* with "undocumented immigrant" or "irregular migrant," terms that still accord personhood and respect to those people without legal papers. Given that borders are time bound and historically and legally constructed as colonial practice¹⁰ negates that anyone is inherently "illegal" or "alien." These terms carry negative connotations that spill over into attitudes toward undocumented persons in our midst. The public might mistakenly ascribe lack of juridical status to immigrants who hold official documents.

The efforts nurse educators invest in developing critical thinking skills in nursing students can carry over into larger social issues, and language analysis can begin in baccalaureate programs of nursing even before admission to a nursing major through critical liberal arts courses. Courses on cultural influences on health can include readings that convey

the human and compelling motives behind migration, such as Sonia Nazario's moving portrayal in *Enrique's Journey* of a Honduran adolescent who endured great dangers and many failures before he arrived in the United States to reunite with his mother. Nurses and other health providers are courageously capable of replacing these exclusionary, often racist metaphors with favorable depictions of the positive attributes of immigrants through the intimate knowledge we acquire from our work with immigrant communities in diverse healthcare settings.

CONCLUSION

The conceptual metaphors "hordes," "invaders," a "brown toxic cloud"⁵¹ or being likened to an animal⁵⁰ remind us that like Lillian Wald, we are able to find new and creative ways to "socially reform" the negative languages surrounding so many immigrants, building humanizing narratives to counteract the airwaves. Moreover, the negative mental and physical health sequela that occur from the repercussions of xenophobia in forcing undocumented immigrants further underground, into greater exploitative working conditions, fear of accessing healthcare even for their children,^{52,53} and through dangerous border crossings^{10,53} pose ethical demands for social justice and responsibility as foundational to healthcare for all immigrants. An imperative of social justice and social responsibility as an underpinning of healthcare for all immigrants, including undocumented immigrants, demands efforts to identify and interrogate the linguistic subterfuges deployed by dominant anti-immigrant groups that portray immigrants in a dehumanizing way. The use of language that gives life, rather than death, is consistent with the health-enhancing mission of nursing.

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