

Immigrant Health in the Spotlight

Christopher Wong, MD

Dr. Wong is an associate professor in the Division of General Internal Medicine at the University of Washington and a member of the Forum editorial board. He can be reached at cjwong@uw.edu.

Welcome to this month's issue of *Forum*. In this issue we focus on the health of immigrants.

You don't have to look far to find prominent mythologies of immigration in pop culture and the media. There are seemingly positive portrayals of the hard-working immigrant who left everything behind and started a small business—fully assimilating, perhaps bringing a bit of cuisine from the homeland—as well as negative portrayals of the “illegal” immigrant as criminal or lazy or the thick-accented convenience store owner who never quite fits in.

Race and ethnicity are intertwined in the perception of immigrants. Be wary of the pervasive mantra that socioeconomic status trumps everything. One's self-identified race and nationality may be but a gentle breeze against the gale of others' perceptions. You may be a fourth-generation Japanese American but assumed to be a recent immigrant because of your appearance. Wearing a turban or a hijab will inevitably lead to assumptions about you and your immigration history or status. This goes the other way too—you may be a recent immigrant from Europe but assumed to be a non-immigrant based on the perceived cultural norms of your appearance.

The true history of immigration in America is quite complex when deconstructed from the school-taught metaphor of the “melting pot,” the immigrant stereotype mythologies, and our country's difficult relationship with race and ethnicity. Although the European colonial era started the displacement of in-

digenous populations, it may surprise you to learn that there were no restrictions on immigration at all for much of US history.¹ Free immigration and the blight of slavery marked those first hundred years. Only later did the United States establish a quota system, which can be viewed either as a mark of success and maturity in a nation or something far less benevolent.

The composition of new arrivals to this country subsequently has been decided by numerous legal and political factors: laws relating to immigration quotas, protections for refugees and asylum seekers, and undocumented arrivals; geopolitical conditions in other countries; and the ease of travel between other nations and the United States. (My own parents are an example of just some of these varied paths. After the end of the 60-year period of complete exclusion of Chinese immigrants to the United States, one arrived as a refugee and the other as a student.) World upheavals and the political battles surrounding immigration in state houses and national political races seem ever present and likely to continue.

Into this whirlwind come you and I as health care providers facing the complex challenges of immigrant health, which are brilliantly illustrated in this informative, inspiring, and thought-provoking issue of *Forum*. For the many educators in SGIM, Drs. Terasaki and Annamalai discuss the medical evaluation of refugees and the value of resident education. Dr. Long follows this with a first-hand perspective as a resident in a refugee clinic in

Boston. Next, Dr. Ahrenholz and colleagues provide guidance on the care of refugees and asylum seekers who are survivors of torture.

What about advocacy? Our morning report case by Dr. Fang highlights the impact of inadequate access to care on the health of a recent immigrant. The American College of Physicians (ACP) approved a position paper in 2011 that recommended a comprehensive national immigration policy with improved access to health care for immigrants, including the undocumented.² Many SGIM members took part in protesting a proposed restrictive state bill during the SGIM 2011 national meeting in Arizona.³ Is advocacy for the undocumented poised to go a step further? Will SGIM and its membership embrace this challenge? Dr. Cervantes and colleagues advocate for dialysis in the undocumented—both from an ethical and a cost-saving standpoint. A subgroup of SGIM's Ethics Committee formed the Coalition for Kidney Care of Non-Citizens (CKCNC), which takes this concept one step further: Why not organ transplantation in addition to dialysis? They present their recommendations to the SGIM community for comment, and I encourage you to review and discuss the draft position statement with your colleagues and leaders.

As clinician-educators, researchers, policy makers, patient advocates, and SGIM volunteers, take a moment to reflect on the issue of immigrant health and how we as a society can create a better safety net for all.

continued on page 2

EDITORIAL

continued from page 1

References

1. Ewing WA. Opportunity and exclusion: a brief history of US immigration policy. Immigration Policy Center, American Immigration Council, January 2012. Available at: http://www.immigrationpolicy.org/sites/default/files/docs/opportunity_exclusion_011312.pdf (accessed on August 6, 2015)
2. American College of Physicians. National immigration policy and access to health care. Philadelphia: American College of Physicians, 2011. Available at: http://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf (accessed on August 6, 2015)
3. Capps L, Carrasquillo O, Earnest M, et al. Protest against anti-immigrant laws. *SGIM Forum* 2011; 34(7):6. *SGIM*