

Undocumentedness and Liminality as Health Variables

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The growing exodus of indigenous people from Mexico into the United States, especially from the multiethnic state of Oaxaca, is used as an exemplar of the global phenomenon of transnational migration and its effects on health. Lately, indigenous Oaxacan women have become a predominant part of this diaspora in the United States. Driven by economic desperation most arrive across the border as undocumented persons that configure them into multiple liminal spaces inimical to health and well-being. This article provides a venue for some of their voices to be heard, some major concerns understood, and for proposing links between postcolonial Mexico, neoliberal globalization, and immigration border policy as driving forces that undergird these conditions. An emancipatory praxis of nursing to promote health and reduce suffering within transnational migrants is proposed as a starting place for future nursing scholarship. **Key words:** *diaspora, globalization, indigenous, migration, neoliberal, postcolonial, praxis, social justice, undocumented, voice*

BORDERS are many things. Land/water borders are a defining feature of nation-states, born of colonial enterprises, and are represented in maps. According to Huggan colonial map-making is a mimetic device that endorses a distinctly Western essentialist view of the world that "negates or suppresses alternative views which might endanger the privileged position of its Western perceiver."^{1(p126)} Huggan believes that Western cartographic practice has been employed as a way of inscribing an uninscribed earth in graphic narrative and symbol to maintain control. Borders as mapped, in this sense, are a visual analog of

colonial discourses. They are boundaries that demarcate, differentiate, and separate.

Contemporary borders also juxtapose colonial pasts with postcolonial presents and anti-colonial struggles for an imagined more hopeful future. They are geographic regions of contestation by the world's transnational migrants and their advocates, especially when those borders are designed to protect White wealth, power, and privilege from excluded others. As rich countries tighten their borders with dubious rationalizing discourses they increase their measures of surveillance, another characteristic of colonial practice.² Contestants might conceive of borders as obstacles and stumbling blocks, but they are also fluid and permeable, able to be changed, reconfigured, or disappeared, to be transgressed and crossed, leaped over, or slithered under. They can be regions of negotiated life and metaphoric of social constructions. In this sense borders are also liminal spaces, representing transitions and suspended "spaces between" past and future, home and wandering, for those who feel compelled, without "authorization," to cross over a geographic border for survival.

Such describes the 2000 mile long US-Mexico border, symbol of the diverse

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liminal spaces occupied by ethnic indigenous women immigrants from the southern multi-ethnic Mexican state of Oaxaca, once known in the Nahuatl language as the "heavenly and esteemed land" (Nudzavuinuhu).^{3(p35)} Nestled between Chiapas to the southeast and Guerrero to the northwest, the 3 states are known as the Mexican Poverty Corridor.^{4,5} They lie in the heart of the ancient Meso-America, once populated by 25,000,000 indigenous people in the pre-Hispanic/European colonial era.⁶ The Corridor is home to the largest single concentration of Mexico's 12,000,000 indigenous peoples, descendants of the surviving remnants of the brutalities of colonization. The Spaniards, thinking they had arrived in India, called them Indians, an enduring designation charged with multiple meanings.⁷⁻¹⁰ Today, an estimated 1,000,000 ethnic indigenous Oaxacans and migrants from other regions of southern Mexico, having dared to transgress the northern border, form a diaspora in more than 23 of the United States. Significant communities of Mexican indigenes are dispersed throughout the Midwest, the South, the Northeast, and the Northwest, with the largest single majority in California.^{4,9,11}

POSTCOLONIAL MEXICO AND OAXACAN MIGRATION

Indigenous Mexico has increasingly become part of the transnational migrant stream, appreciably altering the once dominant stream of Mestizos (Mexicans of mixed European and indigenous heritage) from Mexico's West Central states.^{4,12} Mexican essayist Ruben Martinez asserts that an "enormous number of Mexican Indians live on the northern side of the border"^{13(p37)} with more in cities than in rural areas. Of the 16 ethnic groups in Oaxaca, most Oaxacan immigrants are Mixtecs, known as the "cloud people,"^{14(p307)} Zapotecs, named after the zapote tree, and Triquis.^{15,16} Each year, about 100,000 new émigrés leave Oaxaca, a slight preponderance of them being

women.¹⁷ Given their prominent role in the health management of their families, and their syncretic health practices,¹⁸ the growing feminization of Oaxacan migration makes this issue highly salient to nursing.

Most migration literature, located in the disciplines of anthropology and sociology, focuses on the male experience and leaves women's voices silent. Although feminist migration literature of the last 2 decades has begun to uncover female migration experiences, how immigrant women view their lives, their health, and barriers to their health, must be illuminated forcefully through their own voices. The groundbreaking contributions of Meleis¹⁹ and Lipson and colleagues²⁰⁻²² have begun this process in nursing, and focus principally on the experiences of immigrant women from Middle Eastern countries. Presumably these populations enjoy legal status in the United States, some as refugees, although their legal status was not explicated in the literature. Notably absent from the literature is an explicit focus on undocumentedness and its implications for health. It is time to shatter this silence.

The purpose of this article is to render audible some of the postcolonial voices of indigenous women immigrants, and visible some of the liminal spaces assumed by first generation indigenous immigrant Oaxacan women within the real and symbolic borderlands of their lives in the United States. The "names" used in this article are fictitious to ensure safety; they represent favorite flowers, birds, or concepts selected by the indigenous women who gave themselves and their voices to this project, and are intended to personalize the voices raised. English translations from semistructured interviews are included when appropriate to enhance the readers' sense of aesthetic and personal connection with the women.

This effort springs *in part* from the lead author's dissertation, a dimensional analysis of the migration and health experiences of indigenous women from Oaxaca, Mexico. This exploratory bi-national study, after meeting the requirements for committee approval

and university institutional review, was undertaken within a postcolonial and critical ecofeminist paradigm. Postcolonial theories dovetail with feminism and ecofeminism in their epistemes and emancipatory aims.²³ Although the term *postcolonial* evokes contentious controversy, it is used here with the realization that colonial relations within Mexico toward indigenous people have maintained a persistent economic, class, and racialized character since its independence from Spain in 1821. In spite of numerous indigenous rebellions throughout the colonial and postcolonial eras, Mexico's rigidly stratified society favors elites descended from the colonial period, and new elites, while subordinating the majority of indigenous peoples to least favored status in society and economic marginalization.^{9,10} Racism in Mexico against indigenous people is reflected in their suffering of the most human rights violations, abductions, torture, and extrajudicial killings, and in their disproportionate representation in the prison population.²⁴⁻²⁶ Many indigenous communities chafe under Eurocentric forms of governance and institutions that contravene communal ways of social organizing, autonomous governing, and being.²⁷⁻³⁰

Neither has Mexico's postcolonial status exempted it from neocolonial dominance by its powerful northern neighbor, both historically and within the contemporary context of economic globalization. With its neoliberal tenets of deregulation, trade liberalization (opening markets to non-nationals and speculators, and reducing protectionist mechanisms) has pushed for the corporatization of chemical intensive agriculture, monoculture and transgenic crops, privatization, and the shift to an export economy, a model imposed by the Bretton Woods Institutes (World Bank and International Monetary Fund). The World Trade Organization (WTO) functions as the enforcement agency where there are formal arrangements such as membership in the WTO, or the North American Free Trade Agreement (NAFTA), a skewed compact between 3 countries of unequal power.^{27,31-35} This unworkable model, with its crushing de-

mands on the most impoverished of Mexico's people while favoring the rich and privileged, has displaced 15,000,000 small farmers and rural people from their land, and critically exacerbated unemployment and its bedfellows, poverty, and immiseration.^{36,37} Thus, when Oaxacan migrants arrive across the border, many have been turned into economic refugees through macroeconomic policies that have repercussions on the microeconomies and politics of individual, familial, and communal human lives.

Between two worlds

The decision of indigenous women to leave their homes, often in remote rural mountainous regions of Oaxaca, is frightening and risky. Not only do they leave a beloved place, extended family members, and community, but also fearing dangers along the way, they often leave children behind in the care of relatives. This decision presages the first major challenge along the migration trail: Crossing the most patrolled border in the world, steadily militarized since the implementation of NAFTA in 1994, and even more so since September 11, 2001.

Helicopter surveillance, hovercraft patrols, new pepper ball launchers, ground motion sensors, infrared scopes, plus a massive increase in border patrol agents and the construction of an impenetrable wall stretching for miles at major ports of entry serve as reinforcement mechanisms. Yet even these egregious obstacles have not deterred the desperation of Mexican migrants, now diverted to the most perilous crossings available. Since 1994 more than 2000 migrants have died and countless others have endured insufferable hardship and injuries yet to be fully recognized and formally documented.^{12,38-43} Because the border crossing is such a momentous marker on the journey north, it is sharply etched on their memories. Many women spontaneously recounted their experiences. One young Zapotec woman acknowledged:

Flor: They (coyotes or border smugglers) took us through the hills, running through the

hills. It was very ugly and very dangerous and all that . . . but if you want to go there, you have decided to encounter anything. I was going to cross a road and a thorn went into my foot. (Flower)

Besides the well-documented hazards of death from exposure, suffocation in enclosed spaces such as truck trailers or railroad cars, and drowning, Oaxacan women participants recognized risks for fractures, snake bites, scorpion stings, hunger and weakness, injuries from falling or impalement by cactus needles or nettles, and the nearly immobilizing body aches from the rigorous work of several days continuous walking, running, climbing, and descending. One woman spoke of the terrifying aspects of crossing the border and of the need to evade danger:

Lily: We know how difficult is the crossing . . . how people run and how they (Border Patrol or BP) let the dogs loose to catch them, and how the airplanes fly really low. It is very hard, and yet people continue crossing. I don't know how they dare. (Azucena)

Both in Oaxaca and in Oaxacan communities in the United States the topic of migration dominates conversations among migrants. Flor de Nochebuena (Poinsettia) revealed the centrality and trauma, especially for more recent migrants, of this crossing experience as a living discourse within Oaxacan immigrant communities:

Flor de Nochebuena: They (the community) see their suffering, that they die of thirst, of hunger, of heat, of cold, and of many things the people suffer. And when they cross during the rainy season, they come struggling through the wet and cold. During the summer . . . they come dying of thirst because of the sun's heat . . . and that's why the people talk about it because they see their suffering. (Poinsettia)

As a pivotal event in their lives the border crossing symbolized a leap between two worlds of home and alien uncharted territory. For each woman it epitomized a new moment

of personal history that adds up to collective histories, narratives of harrowing victories and heroic courage that bear similar features while preserving individual flavors and perspectives. Making it to the United States represented an extraordinary feat, a formidable barrier successfully negotiated, a grave danger surmounted. For all women it signaled an irrevocable moment of transition.

Culture shock

The border crossing means an abrupt confrontation with a universe of difference. Participants often echoed the refrain "it is so different here." Demands to navigate new geographies and learn many new rudiments of life in the States, while remaining inconspicuous, out of sight, and invisible to avoid capture by the "migra" (Border Patrol), surfaced as a major stressor. Yet in spite of these stresses, the women demonstrated a steep learning curve as they learned to use the telephone, the bus system, found work and learned new work skills, shopped for food, and integrated some new foods into traditional diets, the myriad of things we take for granted. They also spoke of intense loneliness, a sense of initial disorientation and isolation, exacerbated by the language barrier and family separations, especially from children. Some women described their early frustrations in terms of sensory deprivation, their sense of being entombed in an inchoate world of dissonance and alienation:

Colibri: I was telling my husband and my daughter . . . we're here in a country, in my view, for the mute and deaf. They talk to you and you don't understand anything, and you have to keep silent. I'm a little disoriented . . . in the first place, the language . . . the language is difficult (Hummingbird).

Ada: To come to this country is like not being able to talk; it's like being blind because you don't know where to go or anything like that. I would like the people that are arriving like we did that they not feel trapped because there is a woman downstairs and she feels the same thing. Sometimes she feels so bad because

there is no escape to the situation because we don't know how to speak English . . . it's a real problem not being able to speak English. (Magical elf)

Contrary to one of the major anti-immigrant discourses in society that berate non-English speaking immigrants for their "unwillingness" to learn English, the women in this project expressed a great desire to be able to speak English. They perceived the "lengua franca" as a tool of empowerment that could help them access better work opportunities, progress in achieving their goals, diminish the possibility of deportation, and defend themselves from exploitation. This view does not necessarily reflect a desire for assimilation, but appropriates from the dominant culture a means of oppositionality to those features of the host country perceived as oppressive. A couple of women had learned sufficient English to communicate confidently, or were enrolled in English as a second language (ESL) courses. Most women, however, lived lives entirely too complex as undocumented workers with family responsibilities, worries, limited opportunities, time, mobility, money, and energy.

Separation from children led many women to devise multiple strategies to attempt family reunification by bringing children to the States, a clandestine, highly risky venture that generally requires paying someone to smuggle and deliver the children. Some waited and saved for 1 to several years to bring children themselves in an era when the border was more porous and not as difficult to cross. For most women life without their children was barely tolerable, and was expressed poignantly in the words of several women who had left children in Mexico.

Clavela: I arrived here by myself, no one here and sometimes I found money, bought food, but I didn't feel comfortable eating because my children weren't here. I would say to myself, maybe I'm eating better but my children aren't eating, and that's what hurt the most. (Carnation)

Women spoke of their experiences in which the pain of women who are mothers separated from children is palpable. Colibri brought 1 daughter with her to the States, but left 1 behind in Mexico, and spoke of her suffering in this way:

Colibri: Some days I wake up and I say, Oh, God another day . . . you have to give me strength . . . a lot of strength because it's difficult, it's difficult when the family is not here . . . painful when you leave children behind.

Poloma: Even with a good job . . . because many times . . . like right now, I mean, I don't have my children with me, then I suffer a lot, not having them here with me. I also worry too much . . . I wish I could have them with me but right now it's not possible. I'm struggling to send them some money so they'll be able to eat over there. I come back from work and I go to school, and that also keeps me from thinking about my family. (Morning Dove)

Maru: The real sadness is for us who are far away from the children . . . we have a big void that nothing can fill. It's deeper when we talk over the phone and we know that we are far and can't be with them. Or, for example, I, who work with children giving them all my love while thinking all the time about my child that is without me and I'm not close to him. That's really very painful, besides feeling depressed because of the distance.

The anguish of indigenous Oaxacan women who, to protect their children from danger and hardship, left them behind echoes something of the sadness of the Mothers of the Plaza de Mayo in Argentinean history, whose children disappeared under the military dictatorship.^{44,45} Their sorrow resonates with mothers whose sons and daughters are sent to fight other peoples' wars. They suffered from intrusive thoughts of their children in Mexico, doubts and depression, sadness, and losses of appetite during these prolonged separations. Although worry and loneliness haunted the women, hope

propelled them into working, saving money, and strategizing that gave them a reason to keep going. Most recognized for themselves that there is no turning back because they saw no possibilities for earning a livelihood in Mexico, and thus no way to fulfill even their most elemental human aspirations and dreams for their children. This realization undergirded their persistence in pursuing their goals, and in enduring the hardships of being away from home.

The space between

Historically, undocumented persons have been unofficially welcomed (tacitly by the US Congress) through the "back door"^{46(p236)} for their much coveted, and often covertly solicited labor.^{46,47} Yet since 1924 they have been officially unwelcomed by immigration law as it has evolved, its current militaristic contingencies, and hostile nativist entities in the society.⁴⁸⁻⁵⁰ The women were highly aware of these contradictions, a mystifying stance that runs counter to their cultural values of hospitality, and their ambitions to find work to support their families.

Flor de Nochebuena: We come from Oaxaca and have talked about our experience . . . why don't they let us come to work? To work . . . because we come to work, we don't come to do any harm to the United States . . . but we really come to work. (Poinsettia)

Maru: Many Americans don't want to do that labor because it doesn't pay much, but the Mexicans, they do it because they need to. If an American receives \$8 dollars per hour, a Mexican will get only \$4 . . . and he's there because he only makes in Mexico one dollar per hour. So, for him it's better \$4 than nothing. And work is work . . . that's the reason that people leave hoping to better their lives.

Ada: We can't go back to where we came from without money because then it wouldn't be worth it. Because if there were work in Mexico . . . or if there were another way of supporting ourselves over there . . . well that's

where we would be . . . that's why we come here, to make a better life for ourselves.

The discursive spaces of migration in politics and policies leave no room for conflictive decisions to leave home. The politics of migration have dichotomized this phenomenon into voluntary and involuntary categories that deny the historical and structured economic privations that breed the need to migrate. The increasingly restrictive immigration policies of the United States make no provision to recognize this dilemma because to admit to the great economic disparities that are increasing as a result of the global integration of economies would belie the very ideology that underpins the system responsible for their creation. This contradiction positions the indigenous immigrant women whose voices are raised here in a space between voluntary and involuntary migration that is conferred with neither official recognition nor legitimacy. It creates a huge group of immigrants who must live in the shadows, without legal documents, who are rarely able to live life at full tilt.

Undocumentedness

Claiming that little has been written about undocumentedness in the nursing literature, Messias poses the question, "who dares to ask, who dares to talk, who dares to listen to the voice of the undocumented immigrant?"^{51(p248)} Most women identified undocumentedness as a major and overriding concern that influenced their thoughts about seeking health care, or that complicated their lives with fear. As a source of prolonged stress, undocumentedness can exacerbate health risks because of other variables such as affordability, accessibility, acceptability, knowledge, cultural views and practices, and willingness to seek care. The recent introduction into the nursing literature of the concept of allostatic load, the accumulation of biological risk associated with persistent hyperarousal,⁵² is applicable to the lives of many immigrants, and even further compounded by undocumented status. (The

authors credit doctoral student Elizabeth Carlson, for her work in this area.) There is also a crucial element of time, in the sense that undocumented women who might suffer from chronic conditions like anemia or type 2 diabetes, or preliminary, early, or curable stages of cancers such as cervical dysplasia, carry elevated risk if they do not or are unable to access available health services for early detection. Even further compounding these risks is the loss of future Social Security benefits and better economic security, given the well-acknowledged association between poverty and health risk. All participants originally entered the United States without legal documents, but some had since obtained them. Undocumented women shared some of their thoughts, their responses, and their methods and strategies to handle this quandary:

Violeta: I'm afraid to go out and only go when it's necessary. If it's not necessary I don't go. I feel impotent, like I can't do anything. (Violet)

Some women balked at the notion of confinement imposed by undocumentedness and preferred greater freedom of movement while maintaining vigilance, even at greater risk of detection and deportation. One indicated that her husband would care for their 2 children if she were deported, evidently having given considerable thought to this prospect.

Another effect of living without documents is hesitancy in protesting injustices such as malfeasance, medical malpractice or neglect, or other injustices or crimes against them that ultimately affect economic security, health, and well being. Suppressed voices can also be part of the experience of undocumentedness:

Camelia: When a person is undocumented they are more afraid to speak up. They think that if they speak up (about some wrong) someone will call immigration. It's fear that keeps them from speaking. The most difficult thing about living in the United States is to be undocumented . . . when you don't have papers the biggest fear about being here is that tomorrow you could end up across the bor-

der. You know that no one is free without papers.

Colibri: One day I was feeling very bad and I told my sister-in-law how badly I felt. Then a friend told me to go to this place where they would help me . . . I told her that I didn't have even one paper and I am not here legally. I was very fearful and I told her what if they ask me for my papers when I go and immigration comes to get me? They could deport me back to my country, and so I was very afraid.

Being undocumented renders the immigrant a "persona non grata," one who has no official right to exist within the political-legal-geographic boundaries of the country in which they live. Ironically, this predicament also leads to low tech, nonviolent, highly interpersonal community countersurveillance techniques among undocumented friends, neighbors, and coworkers who band together for mutual protection from roving border patrols. These forms of solidarity illustrate how a "colonial" tool is brilliantly turned on its head, adapted, and deployed by those it is designed to oppress and control. Except for the newest arrivals, the indigenous women participants had developed networks of communication, their own epistemologies of finding their way, securing work, and where to avoid looking for work. Forced into secrecy, they relied on the immigrants' community grapevine for leads on employment opportunities where their "papers" would not be closely scrutinized. These self-protective mechanisms reflect efforts for and resources to preserve safety and health in the face of the additional stressor of undocumentedness. Women who had legalized their status remarked on the freedom it brought them. Understandably, the greatest hope of the undocumented women was that they would someday qualify to legalize their status either through an amnesty program as occurred last in 1986, or through grown citizen children (a very long wait). Few women hoped to return to Mexico someday; most expected to remain in the United States where they perceived more viable possibilities.

DISCUSSION

Having been constituted by border politics as politically, legally, socially, racially, and culturally unauthorized others, the subaltern voices of indigenous women immigrants surface as "moral others"^{2(p11)} who recount key dimensions of their migration experiences within multiple layers of context. Macro contexts include the racist legacies and subordination resulting from a colonial history, current immigration and US border policy, and neoliberal economic globalization that all wield profound influences on the women's lives in their immediate contexts. Although within limited parameters of a circumscribed population, these indigenous women's voices permit a glimpse into some of the liminal spaces they occupy, and begin to surface specialized nursing knowledge with implications for women's family and social health and justice. This knowledge is highly politically charged, still incomplete, falls largely outside current dominant discourses in women's health and research directions, and presents key dilemmas, challenges, and newer foci for nursing practice, praxis, and research. A fuller exploration of the influence of undocumentedness on health is warranted. The implied mental, spiritual, and biological health concerns identified within the narratives of participants that could likely be multiplied many times over in the stories of other undocumented immigrant women, also fall outside the purview of mainstream migration literature.

Nursing practice and praxis

Nurse clinicians, researchers, and advocates who explicitly choose to practice with diasporic communities that include undocumented women might find themselves drawn to a praxis of solidarity that recognizes and acts on a meta-context in the spirit of "thinking locally, acting globally."^{9(p12)} It is within the practice setting that such nurses (especially bilingual English-Spanish) interface with undocumented women and can invite their

stories, concerns, and perspectives to locate broad health concerns. From this base of knowledge, nurses could be brilliant at developing interventions in partnership with groups of undocumented women that help to alleviate some of the suffering of separations, for example, and that foster consciousness toward political solutions. Nurses can shape agency policy by advocating for outreach to immigrant women irrespective of documentation. The ethical and moral imperative in these situations is commitment to the women and their health and protection. Interestingly, after the passage of Proposition 187 in California⁵³ in 1994 many nurses publicly proclaimed their refusal to surrogate as immigration agents.

Praxis, in the emancipatory sense, emanates from a critical reflection on practice, and maintains a dialectic relationship with practice.⁵⁴ It is practical yet directed at changing the context to create a more socially and economically just world, demanding a long-term commitment. The border itself is a locus for praxis, having been identified as the most violent border in the world between 2 countries not at war with one another.⁵⁵ The increasing militarization of the US-Mexico border poses dangers to the health and lives of migrants that are historically unprecedented. Human rights violations occurring along the border that are directly related to increased surveillance comprise a growing public health problem according to Aviles.³⁸ Border crossing stories bring these realities home, as do reports of injuries, killings by vigilantes, and deaths from the elements.

Meditating on the popular Mexican slogan "We did not cross the border, the border crossed us" brings home a different truth, a new way of seeing and remembering the historical and ephemeral nature of the US-Mexico border, that further urges us to a praxis. A praxis directed at border policy, for example, could take the shape of publicly exposing the human rights abuses inherent in border policing and policy, and highlighting the contradictions between neoliberal globalization and ever tightening restrictions on

human movement. Groups such as the American Friends Service Committee (Quakers), Humane Borders, the Catholic Legal Immigration Network Inc., the Interfaith Coalition for Immigrant Rights, and other groups engaged in such efforts make natural allies for nurses who have learned the art and political wisdom of forming or supporting coalitions.

An associated praxis, directed at immigration policy, would be support for a national legalization program, known as an amnesty. Admittedly, a one-time amnesty is not a permanent panacea, but it is a critical juncture in anticolonial struggle with implications into the future. Undocumented immigrants themselves are spearheading this effort with the support of their allies. Although the recent trauma and tragedy of the events of September 11, 2001, has slowed the momentum, official attention is now turning again to this issue, and so is important for improving the health potentials for indigenous immigrant women and their families. Nursing support for an amnesty could be directed to their legislators in Congress consistently, persistently, and with the personal testimony of their commitment and experiential knowledge of the unnecessary hardships, the family fragmentations, suffered by undocumented women.

No discussion of praxis would be complete without mentioning neoliberal globalization as a powerful driving force of migration, great economic and health disparities, and therefore a focus for praxis. We need not be intimidated by the terminology, which suggests something too large to tackle or impossible to understand, because many

scholar-activists from around the world are analyzing these phenomena. As deleterious consequences of neoliberal globalization, and the antidemocratic secrecy with which it operates, become more apparent for individuals, families, communities, and the planet, groups like the Center for Concern (www.coc.org), the International Forum on Globalization (www.ifg.org), Global Exchange (www.globalexchange.org), the Mexico Solidarity Network (www.mexicosolidarity.org), and myriads of other research, education, and advocacy groups are organizing teach-ins and citizen actions to insist that all sectors of civil society here and in affected Majority (Third World) countries be included in trade negotiations that are fair, processes that are transparent, and the development of alternative and sustainable economic models under the control of local and regional communities.

A global ferment is brewing that represents newer forms of anticolonial struggle in cross border alliances. The Third World Social Forum held in Porto Alegre, Brazil, early this year hosted 100,000 participants, and illustrates a dynamic globalization from below, a people's globalization bent on a vision of social justice across the globe. This is a utopian vision to be sure, based on principles of dignity and equity. It is a world in which undocumentedness will have become obsolete, and liminality as a source of suffering and anguish will no longer exist. We believe that every act of solidarity in a critical nursing praxis counts, that every work of justice makes its influence felt, and reverberates throughout the universe.

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Undocumentedness and Liminality as Health Variables 195

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