Travel Bans

Nurse Leaders Must Advocate to Support International Collaboration and Patient Care

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It is this blending of many cultures as well as the recognition, acceptance, and celebration of our differences that make our country, this nation of immigrants, and our hospital so vibrant, strong, and interesting. Excluding people who were born in certain countries and who practice certain religions is the antithesis of the values and principles we stand for so proudly.—Peter Slavin and Tom Lynch, leaders of Massachusetts General Hospital

President Donald Trump signed an executive order (EO) placing a temporary ban on immigrants from 7 predominantly Muslim countries—Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen. The extent of this order and the actual effect are unknown because the legal system evaluates a very complicated and unusual decision by the president of the U.S. The EO blocking individuals from certain Muslim majority countries from entering the U.S. set into motion the confusion, protests, court injections, and fear by the targeted groups and other immigrant populations. This sweeping and swift ban resulted in people being detained at airports and deported to their home countries. They are confused and frightened in seeking the way to get on with their studies, research, jobs, medical care, their families, and their lives.

Nurse executives know that academic medical centers attract scientists, clinicians, support staff, trainees, and patients from around the world. Healthcare is global and will feel the effect of this executive order irregardless of the outcome. While the courts and others debate the legality of the order, our colleagues and patients are confused and afraid. As nurses, we have a responsibility to act in deliberate ways to calm fear and ensure safety. As healthcare leaders, we must align our resources including employee assistance programs, spiritual care providers, social workers, and others to develop a solid and responsible plan to help these populations. We must monitor the situation and communicate as new information is available, addressing the uncertainty and assisting where we can.

After a recent protest in Boston, I was awed by the camaraderie of those who gathered standing together. I was moved in thinking how much effort it takes to understand why this ban was initiated, and the importance of knowing that if and when the ban is ended, the pain and suffering it has caused will not stop. The human spirit is resilient and our U.S. healthcare system is strong. We are better in our healthcare practices, research, education, and policy because of our global collective sharing of ideas, debating of differing perspectives, and embracing varying backgrounds, training, culture, religion, ethnicity, and race. As nurses, we cannot lose sight of that.

As a nurse living in Boston, Massachusetts, I am reminded that during recent tragedies, such as the Boston marathon bombing, a diverse team of care providers and citizens responded to the physical and psychological needs of the community. We would not be Boston Strong without the richness that each human brings to the world in support of others. Be that lady with the lamp or the woman with the torch; great nursing is not just about care at the bedside. It is about caring for justice and for others.

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