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Journal of Transcultural Nursing
1–9
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DOI: 10.1177/1043659615620657
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Nursing Ethics and the 21st-Century Armed Conflict: The Example of Ciudad Juárez

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Abstract

The purpose of this article is to call attention to the lack of caregiver safety in conflict settings; to bring awareness to nurses and health care professionals of new challenges, specifically the deliberate targeting of health care professionals, that they may encounter in local armed conflict situations; and to address a gap in knowledge about the social and cultural factors surrounding 21st-century armed conflict that directly affect the provision of health care. I argue that these are of interest to transcultural nursing in that violent actors belong to a dangerous subculture, the understanding of which is important to transcultural nursing practice and caregiver safety. The article calls for increased focus on the protection of the nursing workforce and renewed attention on international humanitarian law and the Geneva Conventions that mandate the safety of global health care workers.

Keywords

armed conflict, ethics, nursing practice, humanitarian law, nursing ethics, Hispanics, Mexico, drug trafficking

Introduction

The purpose of this article is to call attention to the lack of caregiver safety in conflict settings; to bring awareness to nurses and health care professionals of new challenges, specifically the deliberate targeting of health care professionals, that they may encounter in local armed conflict; and to address a gap in knowledge about the social and cultural factors surrounding 21st-century armed conflict that directly affect the provision of health care. I argue that these are of interest to transcultural nursing in that violent actors belong to a dangerous subculture, the understanding of which is important to transcultural nursing practice and caregiver safety. The article calls for increased focus on the protection of the nursing workforce and renewed attention on international humanitarian law and the Geneva Conventions that mandate the safety of global health care workers.

Concern for public security has increased globally in the past few decades, with incidents of genocide, mass casualties, and internal armed conflict becoming increasingly common. Most of these conflicts occur in low-income or developing nations, although localized, individual terror attacks occur with increasing frequency in developed nations. The problem addressed in this article is that victims of these incidents count on being able to find medical care, which relies on the dedication and commitment of nurses across the globe who put themselves in danger, and on the humanitarian contribution of international nursing. However, even though nurses and other medical providers serve fundamental roles in conflict triage and global processes of healing, their role is mainly overlooked in analyses of armed conflict and in public policy. An internationally recognized understanding enshrined in the Geneva Conventions placed medical professionals off-limits in wartime except as collateral casualties; thus protections for health care workers and nurses in conflict situations have until recently been assumed. Prior to the new kind of conflict arising in the late 20th and early 21st centuries, few expected aggressors to deliberately use medical professionals and nurses as emotional pawns in acts of terror; nor that targeted attacks on medical professionals might become a new strategy of war. Traditionally, war has always had its own etiquette and rules of conduct to which both sides more or less agreed, and protection of nurses and medical professionals has been the norm. However, these rules have now been broken. It would be prudent to assume that attacks on medical professionals are the new normal in global conflicts. Paraphrasing Sagar on Ebola, can global health care systems respond effectively to conflict situations

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in terms of caring for the wounded, while maintaining both public and caregiver safety (Sagar, 2015)?

Although the article is based on research in Mexico, the larger ethical issue is global and of transcultural concern. A cross-cultural comparison of transcultural nursing ethics demonstrates universality (Leininger, 1996) regarding the primacy of caring for patients in need and the importance of staying at one's post. However, international ethical guidelines provide no guidance as to when and how it might be ethically appropriate to evacuate a position in the face of deliberate attacks on medical professionals and facilities.

The article aims to accomplish the following: describe the situation in Mexico, particularly the border city of Ciudad Juárez, during the worst years of the drug war; describe Mexican nursing practice changes in light of the conflict that degraded the quality and accessibility of medical care; discuss the transcultural ethical positions of national and international nursing organizations and the Red Cross, including relevant principles in medical ethics and humanitarian law; and propose recommendations for policy changes that will conform to ethical principles in nursing while ensuring protection for nurses. It is hoped that the article will contribute to transcultural nursing education about social conditions in the 21st century that affect the nursing workforce and workplace, specifically terrorism and armed conflict perpetrated by members of violent subcultures. In addition, I aim to draw attention to a global policy gap impeding nurses' ability to provide appropriate care because of inadequate provisions for safety, and raise awareness among health care professionals of a "new normal" in 21st-century conflict so that they may be prepared for the possibility of finding themselves deliberately targeted.

Nurses in Mexico

Few studies exist of the nursing workforce or work environment for nurses in Mexico (Squires & Juarez, 2012); thus this article provides a glimpse into specific challenges facing Mexican nurses. Nurses in Mexico number approximately 200,000, or 45% of the Mexican health care workforce (Squires, 2011). Poverty in Mexico is such that health care is prohibitively expensive for many (Ruelas, 2002); nurses and other medical professionals are regarded as relatively wealthy authority figures, which has caused them to be viewed as lucrative targets for kidnapping. Nurses earn as little as $150 per month in the public sector up to $4,000 in private practice (Squires, 2011; Squires & Juarez, 2012).

The workplace for Mexican nurses is complex and dissimilar to North America in that it duplicates Mexican postcolonial history and social hierarchy (Squires & Juarez, 2012), which in turn affects the way nurses regard their jobs. Mexican nurses have varying educational backgrounds because access to educational opportunities remains limited for lower socioeconomic classes (Squires & Juarez, 2012). Furthermore, nursing did not become professionalized in Mexico until the early part of the 21st century. The implementation of the North American Free Trade Agreement initiated the process of standardized nurse education and the professionalization of the nursing field in Mexico with its promise of facilitated immigration. However, certification was not introduced until 2000, and by 2003, just over 4,000 nurses had been certified (Moreno & Díaz, 2004).

Burnout and the resulting deterioration of caregiver–patient relationships plagues the medical field in Mexico (Smith-Oka, 2012), a phenomenon that became critical during the drug-trafficking conflict. According to a study by Squires and Juarez (2012), a number of factors affect burnout. Nurses mentioned state hiring practices: The Mexican State commonly employs unqualified auxiliary nursing personnel, nursing students are used as workers to cut costs, and the nurse to patient ratio can be as high as 1:20. Inadequate medical supply inventory was also cited as contributing to burnout. Finally, traditional Mexican social and gender norms, in which women are expected not to challenge the authority of men, result in total subservience to physicians. Nurse–doctor relationships diminish nurse autonomy as nurses feel they need to ingratiate themselves with doctors to get ahead, at the expense of their clients and peer relationships (Squires & Juarez, 2012). Disempowerment in the workplace, reflecting larger social norms in terms of gender and social class, makes Mexican nurses both particularly vulnerable to workplace assaults by violent actors in the drug conflict, and more likely to feel they have less invested in the workplace when faced with personal danger. Thus, the violence of the drug-trafficking conflict contributed significantly to widespread burnout and loss of workforce.

Context

The city of Ciudad Juárez, Mexico, is considered to be one of the most dangerous cities in the world for medical professionals. Between 2006 and 2012, then-President Felipe Calderón attempted to inhibit drug trafficking by deploying the Mexican military to Ciudad Juárez, resulting in a noninternational armed conflict as defined by Red Cross criteria (International Committee of the Red Cross, 2008). More than 100,000 people died throughout Mexico (Corchado, 2013), and as many as 27,000 people disappeared (Molloy, 2013). An estimated 98% of homicides go unpunished (Molzahn, Ferreira, & Shirk, 2013) or underreported: If a body is never found, no homicide is recorded or investigated by the Mexican authorities. To capture recent events for this article, a search was conducted in the Mexico City newspaper of record, *Reforma*. Research publications from centers such as the University of San Diego Joan B. Kroc Institute for Peace and Justice and from the Red Cross provide reliable data. The literature showed that doctors, nurses, and other medical professionals have become targets for kidnapping and assassinations as a result of the conflict in Mexico between the military and competing drug-trafficking

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organizations (Alatorre, 2012; M. Martinez, 2012; Reforma Staff, 2008a, 2010).

A Red Cross study of three conflict areas, Afghanistan, Somalia, and Congo, identified five categories of violence against civilian medical professionals. Of these, four were characteristic of the conflict in Ciudad Juárez: violence against medical facilities, violence against medical personnel, violence against the wounded, and violence against medical transport (Terry, 2013). Culturally, hospitals and clinics are seen in Mexico as sanctuaries so attacks on these facilities have not only been particularly disturbing for Mexican civilians, amounting to psychological terrorism (Associated Press, 2008) but medical professionals have felt a false sense of security.

Because of the violence in Ciudad Juárez, 60% to 70% of the city's medical clinics and 123 pharmacies had closed by 2011 (International Committee of the Red Cross, 2011; Prado, 2011) because "hundreds of medical staff . . . fled the city" (Alatorre, 2012; Borderland Beat, 2012; J. M. Martínez, 2010; Ordaz, 2010). Nurses and doctors were exposed to kidnapping, extortion, rape, intimidation, and murder (Alatorre, 2012). Through work stoppages and demonstrations, medical professionals demanded more protection and help with staffing from authorities (M. Martinez, 2012). The Mexican government's initial response was to admonish citizens to report extortion and other crimes (Reforma Staff, 2008c). However, because of high levels of involvement in narcotrafficking by public security and the Mexican government (Astorga, 2004; Astorga & Shirk, 2010; Bowden, 2010; H. Campbell, 2009; Lee, 2014; Molloy, 2013; Molloy & Bowden, 2011), reporting criminal activity put victims at greater risk.

After many public complaints by nurses and doctors, the government pledged to add more medical personnel, and issued a nationwide call for health workers, a campaign that was criticized as "too little, too late" (Rea & Garduño, 2010; Vega, 2010). Even though the jobs came with scholarships, housing assistance, and increased security measures in clinical settings (Fuentes, 2012), few applied because of the perceived danger (Vega & Chacón, 2010).

The violence affected the way medical professionals work and forced practice changes that degraded the standard of care and decreased accessibility of care in the community, including rural services (Gómez, 2011; M. Martinez, 2012; Narváez, 2010). These changes included cessation of night shifts, leaving the community with no medical services at night or on weekends and no medical care after dark; and the removal of medical professionals' names, posted hours, and phone numbers from clinic doors. Patients were seen by appointment only and walk-ins were no longer allowed. Nurses concealed their identities by wearing masks (Reforma Staff, 2008a) and placing tape over their name tags when treating patients arriving with gunshot wounds or under police escort (Borderland Beat, 2012; Cronin, 2012a). Uniforms were no longer worn outside the workplace as they identified medical professionals, making them targets for kidnapping (Cronin, 2012a). Many medical personnel moved their families to El Paso and commuted to work in Ciudad Juárez, increasing their risk for assault or kidnapping (Cronin, 2012a, 2012b; K. O'Connor, Vizcaino, & Benavides, 2015).

Several widely reported instances of gunfire and assassinations inside hospitals occurred in emergency and operating rooms (A.-M. O'Connor & Booth, 2010; Reforma Staff, 2008e, 2009, 2011b), not only causing panic among hospital personnel, patients, and family (Reforma Staff, 2008d) but leaving medical professionals hypervigilant, feeling they could not focus on their practice because they had to watch for armed intruders (Reforma Staff, 2008a, 2008d). In addition, since Mexican law requires mandatory reporting of gunshot wounds, nurses and doctors were at increased risk from violent actors seeking revenge while police dallied to respond, sometimes as long as several hours. Police were afraid that they themselves become victims in secondary attacks (Lacey, 2008; Reforma staff, 2008b). The mental health effects of this lack of protection can be observed in the results from a study among medical professionals in Juárez, which showed abnormally high levels of residual anxiety even 3 years after the worst of the violence (Flores-Padilla, O'Connor, & Vizcaino, 2015).

Access to essential supplies was severely disrupted: For example, there were so many gunshot victims that hospitals ran out of blood. The General Hospital had half the blood supplies necessary to function, and blood drives were suspended in 2010 because of the violence (Briones, 2012; McLemore, 2011). Medical professionals reported being under additional pressure from authorities to refrain from treating specific cartel members, a clear abrogation of medical ethics, or risk being accused of collusion, running "narcoclinics" on the payroll of traffickers (Reporting Staff of *El Diário de Juárez*, 2013). Low-level drug employees and the poor bore the brunt of the risk and suffering: Well-to-do narcotraffickers maintain their own private hospitals in their homes (Marosi, 2009).

Nurses were put at risk by their own codes of ethics. According to International Red Cross guidelines for nurses, they "must not abandon the wounded or sick" (Coupland & Breitegger, 2012), while at the same time not taking undue risks. They must "do everything in [their] power to prevent reprisals against the wounded or against health care personnel or facilities" (Coupland & Breitegger, 2012). In Ciudad Juárez, the heroism of one nurse attempting to honor those ethical principles resulted in her murder inside the hospital where she was working by gunmen seeking a patient being treated for an attempted homicide in order to complete the assassination (Reforma Staff, 2011a). In another case, a nurse was killed while being used as a human shield at a Red Cross installation in Culiacan (Sánchez, 2010). The Red Cross in Ciudad Juárez suffered several attacks on its facilities. On two occasions, in 2008 and 2011, armed assassins

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ordered everyone to leave the Red Cross clinic in Ciudad Juárez, and killed wounded patients receiving treatment for gunshot wounds (M. Campbell, 2008; Reforma Staff, 2011c). Also in 2008, four gunshot victims were executed inside the same clinic (Lacey, 2008). Assassinations of the wounded inside the hospitals and clinics was so common that a new word was coined: *rematar* or to "rekill."

Even after the Mexican government began to provide armed guards to hospitals, assassins still forced their way in, kidnapping or murdering patients (Cronin, 2012a), in one case forcing a doctor to his knees at gunpoint, demanding to know where the patient was (Agencia EFE, 2010). The situation became so dangerous that the Citizen's Medical Committee of Ciudad Juarez suggested employing military medics, already accustomed to war, to provide care in the city, instead of civilian doctors (Reforma Staff, 2011c). The lack of security during the worst years of the Mexican conflict severely disrupted the provision of even the most basic services as the community became very chaotic, and citizens felt confined to their homes because of the danger outside (K. O'Connor, 2014; K. O'Connor et al., 2015; K. O'Connor, Vizcaino, & Benavides, 2013).

A New Kind of Conflict

Although not considered "war," noninternational armed conflicts share the characteristic of being "detached from traditional support mechanisms" (Kelly, 2010, p. 636), particularly the expectation of security. Thus, Kelly argues, the duty of care for nurses, which begins when a patient is accepted for treatment, should not apply, leaving nurses at liberty to ensure their own safety by leaving the conflict area, which many did in Ciudad Juárez. In addition, drug traffickers and the trafficking business have not been systematically studied as a subculture with distinct norms and customs as a means of describing and predicting behavior in the way that other cultures have been studied. Furthermore, the nature of armed conflict has changed: Civilians and actors move through the social landscape together with no clear identifiers of who is who, and with considerable ambivalence and ambiguity as to desires and goals. Many more civilians than warriors are wounded in this new kind of armed conflict (Tschudin & Schmitz, 2003). Violent actors may hide among civilians, using them as everyday human shields. In Ciudad Juárez, medical personnel have been caught up in this ambiguity, and caught in the middle. Drug traffickers medical personnel, *Sálvame o te mato*—save me or I will kill you (Lacey, 2008). Medical personnel have been executed for the unsuccessful treatment of a cartel member (Coupland & Breitegger, 2012). Medical workers have been ordered not to treat victims of one side or the other (and have been murdered for doing so); and medical professionals have been accused of guilt by association by the authorities when treating violent actors (Reporting Staff of *El Diário de Juárez*, 2013).

Nurses in internal conflict situations are extremely vulnerable, not least because consideration is rarely given of their particular circumstances and they may lack the power to insist on their own safety. Nurses and doctors are simply expected to be there in time of need; and their welfare has traditionally been left to the longtime expectation that international conventions would ensure their protection. In addition, nurses are the primary caregivers for the wounded, placing them at the front line for victims of drug violence. Thus, they would also be the first to encounter armed assassins bursting into the hospital.

Abrogation of International Ethics and Humanitarian Law

The International Committee of the Red Cross has taken the lead in documenting attacks on medical personnel in conflict situations, advocating for more robust responses to these attacks and initiating a program in 2011, "Health Care in Danger" (Cone & Duroch, 2013). The International Committee of the Red Cross was joined by the International Council of Nurses in this effort, and issued an urgent call to the international community "to reaffirm that there are limits to inhumanity and to take a close look at the current causes of violence against health care, one of the major humanitarian challenges of the present era . . . "(International Committee of the Red Cross, 2013).

The problem of violence against medical professionals in conflict situations is not a lack of law or legal framework: it is a "complex humanitarian thematic" (Breitegger, 2014, p. 87). The problem cannot be solved by nurses and other health care workers, notwithstanding ethical codes that call for ensuring a safe workplace and the protection of patients. Instead, any solution must come with the full participation of stakeholder governments, reinforcing law and policy with the support of public security such as state armed forces (Breitegger, 2014); and this is an area in which transcultural nurses can make a difference by collectively advocating for such reinforcement and support from a multinational, collaborative position.

Medical Ethics

Ethical discourse is founded in a primarily Western perspective. For this reason, humanitarian ethics are vulnerable to contravention by actors who do not feel party to this perspective or who do not share the culturally mediated philosophical history on which the Western perspective is based. Current ethics are focused on moral reasoning, grounded in long traditions of Western philosophy, rather than realpolitik (de Zulueta, 2015); and ethical dilemmas continue to be judged by what Westerners consider moral and rational. Medical law and medical ethics thus may not serve the interests or moral worlds of people from non-Western cultures

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(Gilbar & Miola, 2014); and appear irrelevant to the objectives of violent actors. Furthermore, medical ethics have been based on care under "normal" circumstances, not exigent circumstances such as civil war and noninternational armed conflicts in which ethical dilemmas are different from the norm. This begs the question of whether ethical principles apply to a conflict situation (Nathanson, 2014). Although ethics are an essential foundational framework on which to base medical decisions, ethical clarity is lacking with regard to circumstances of noninternational armed conflict. Unlike a natural disaster, where nurses might refrain from entering a collapsed building in the interest of their personal safety; or in the military, where nurses would obey orders to stay out of areas known to have landmines, even if that meant they had to leave a wounded soldier (Kelly, 2010); nurses in noninternational armed conflicts have no guidance on when they might put considerations for their own safety ahead of the obligation to tend to the wounded (Nathanson, 2014).

In addition, decisions to evacuate are rarely up to nurses. In the case of humanitarian organizations such as Doctors Without Borders, whose mission is to provide care in conflict areas, personnel are evacuated when the situation becomes too dangerous (Cone & Duroch, 2013). These decisions are made by administrative superiors, often thousands of miles away. In Ciudad Juárez, many nurses and doctors were prompted to "self-evacuate" to safer areas. The question is whether this choice amounts to a breach of ethics. There is no answer in current ethical codes.

Ethics and the Geneva Conventions

Article 3 of the Geneva Conventions regarding noninternational armed conflict that specifically protects the wounded, noncombatants, and medical personnel, held no meaning in the conflict in Ciudad Juárez or in the larger Mexican drug war. The relevant provisions of the Geneva Conventions include the following:

> (a) violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture; (b) taking of hostages; (c) outrages on personal dignity, in particular humiliating and degrading treatment; (d) the passing of sentences and the carrying out of executions without previous judgment pronounced by a regularly constituted court, affording all the judicial guarantees which are recognized as indispensable by civilized peoples.

and

> 2. The wounded and sick shall be collected and cared for. (Council on Foreign Relations, 2015; International Committee of the Red Cross, 1949)

All members of the United Nations Security Council have universal jurisdiction over breaches of humanitarian law in Mexico, but history (Armenia, Germany, Bosnia, Rwanda, Darfur) indicates a global reluctance to intervene in noninternational armed conflicts.

Prah Ruger (2015) asks whether this quandary of political will could be solved by developing a global moral framework. Transcultural nurses will recognize such a plan as challenging, even though among nurses, ethical codes are remarkably similar across cultures and illustrate the universality of Leininger's culture care theory (Leininger, 1996). Prah Ruger writes that a global ethics assumes an obligation to human flourishing and human agency. Global actors may assume nothing of the sort. In addition, these values are already enshrined in the Universal Declaration of Human Rights and in the Geneva Conventions; yet in more than half a century, the aims of these important documents have yet to be fully realized even where ratified. Ethical concepts are not universal, they may in some cases be considered ethnocentric, and certainly do not constrain 21st-century violent actors from pursuing their geopolitical goals.

Nursing Ethics and Noninternational Armed Conflict

Transculturally, guidelines and codes of ethical behavior for nurses illustrate very similar values within the culture of nurses, as mentioned above. However, these guidelines for nurses and medical professionals in armed conflicts are universally silent on the question of personal safety and when to evacuate a situation (Kusano, 2014). Thus there is a gap in practical, pragmatic, and ethical solutions for nurses and medical professionals who find themselves in noninternational armed conflict situations. Clark et al (2010) provide an impressively complete description of war situations including noninternational armed conflict and civil war. They include a comprehensive list of the responsibilities of nurses in such contexts, including caring for both sides without prejudice, bearing witness to suffering, and intervening in torture; as well as fostering reconciliation. However, advice on how to contend with being deliberately targeted for attack is missing from this otherwise comprehensive document (Clark et al., 2010).

The guiding language of the nursing profession found in the Nursing Code of Ethics and the Florence Nightingale Pledge emphasizes the primacy of commitment to patients and the importance of caring for one's moral center, but these documents also say little about caring for self (American Nurses Association, 2011, 2015). A comparison of nursing codes of ethics between the United States and Mexico reveals similar emphasis on the needs of the patient as the priority. In Mexico, the emphasis is on a culture of professional ethics, rather than a written code. Confidentiality, privacy, accurate sharing of information, mutual trust, and kindness were the most frequently reported values among nurses and nurses' aides in Mexico (Comision Interinstitucional de Enfermería, 2001)(Valdez-Martinez, Lavielle, Bedolla, & Squires, 2008). The language of these codes is directed at the maintenance of

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moral character against the possibility of *transgression* on the part of nurses, rather than to their well-being. Nowhere in these codes is the contingency of armed conflict provided for nor a situation in which the nurse's work becomes impossible because her safety is under threat.

The principle of beneficence in medical ethics assumes that medical professionals have taken on commitments to obligatory ethics, in which positive actions will be taken to ensure the welfare of others. The rules of obligatory beneficence include protecting and defending the rights of others, preventing harm from befalling others, removing conditions that will cause harm to others, helping those with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013). These rules of obligatory beneficence form the core of nursing ethics in both the United States and Mexico. It is exactly these rules, however, that put nurses in harm's way during the armed conflict in Ciudad Juárez.

Conclusion

Little has been written about nurses subjected to violence from noninternational armed conflict, a gap that this article endeavors to address. The Mexican example illustrates the importance of defining violent actors as a subculture in the interest of systematically identifying practices and behaviors to more effectively serve victims and ensure caregiver safety. In addition, the experience of Mexican nurses in violent conflict must foreshadow what could happen anywhere, as armed conflict and terrorist acts already encroach on the global public space. The lack of protection for nurses and the new strategy of targeting health professionals is something that should be of concern to nurses worldwide. The situation in Mexico in which drug traffickers deliberately target health professionals as part of a campaign of terror has opened a Pandora's box for such a strategy to become standard, and the global community needs to be prepared.

Transcultural nursing education thus should include training on recognizing the signs of conflict trauma both in clients and in self-reflection. A traumatic event from armed conflict has the impact of a sudden blow to the body and an assault on the mind: a clash of values equivalent to the clash of values between nurse and violent client. As transcultural nurses prepare to serve clients they may not understand and whose customs and practices they may find disturbing and incomprehensible, they must also prepare for a subculture of violent actors among their clients, in their clinics, and communities.

Nurses may not be aware of their rights in a conflict situation and may not know that they have the right to an expectation of security and protection under humanitarian law. However, the expectation that nurses can provide a safe space for healing in the context of an armed conflict in which they themselves are targeted for attack is unrealistic. The changing nature of conflict demands that nursing ethics address security concerns. As the Red Cross has called for a reevaluation of medical care in 21st-century armed conflict (International Committee of the Red Cross, 2013), ethicists should follow suit. In addition, the "rapid erosion" of protections given to medical services as a whole (Bernard, 2014) creates a slippery slope with implications for peacetime. Only social convention prevents looting of clinics and hospitals, and the protective wall of convention is becoming thinner. Medical care is a public good and its degeneration through debilitating attacks affects entire populations. Consider for the sake of reference that a nurse practitioner might see 20 patients per day (Buppert, 2010). The loss of that nurse in an armed conflict might affect 400 people in 1 month of social insecurity.

Clark et al (2010) write that "Local conflicts may result in changes to cultural rules." Transcultural nurses should be aware that in a conflict situation, the normative is disrupted and what nurses can expect of clients, from the mundane filling of a prescription to the assumption of nurse safety, may not be possible. The statement by Clark et al (2010) underscores the notion that the ethical position of remaining at one's post may not always be sustainable. In addition, Clark et al (2010) write of a "silent war," a term germane to the Mexican conflict because of the lack of effective engagement on the part of authorities, the practice of blaming victims regardless of the truth, and the impunity enjoyed by perpetrators. One of the destructive effects of this silent war includes a significant shortage of medical personnel, including nurses, in Ciudad Juárez, because medical professionals are so afraid to work there that no financial incentive suffices (Reforma Staff, 2010, 2011a; Vega & Chacón, 2010).

It is hoped that the discussion of Mexico might raise awareness and effect changes to transcultural nursing education, practice, and policy. The Red Cross and scholars of peace and security warn of a new kind of conflict in which combatants are indistinguishable from ordinary citizens. It would seem to be wisdom to confront these new and dangerous realities, and to develop new protections and strategies for nurses and other medical professionals and facilities. A good starting point would be to proactively identify violence and violent actors as part of a subculture that can be studied, understood, predicted, and dealt with; rather than reactively dealing with the consequences of violence.

In nursing ethics, nurses are called on to advocate for the prevention of conflict (Tschudin & Schmitz, 2003); but in the 21st century, they should also advocate for renewed and increased protections for medical professionals and facilities and the wounded in noninternational armed conflicts. "I did not live in a country that was threatened by war, therefore I said nothing." Paraphrasing the well-known poem by Martin Niemöller, the quote drives home the point that silence and unpreparedness are not ethical positions (Tschudin & Schmitz, 2003).

Recommendations

It is recommended that:

- Transcultural nursing education should prepare nurses for conflict situations: to recognize the social and

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mental health effects of conflict, to recognize the subculture with which they are confronted, to recognize situations that lack safety and take steps to protect themselves, and to recognize their own potential for burnout and care for themselves in a timely manner.
- Revisions be made to the Nursing Code of Ethics to provide guidance with regard to new kinds of conflict and emergency situations that place nurses in serious personal danger, while maintaining ethical responsibility to patients.
- Nurses recognize that states and governments may no longer provide the expected security to medical personnel and facilities as required under international humanitarian law.
- Nurses develop contingency action plans to fill this gap in security that would allow them to maintain the Nursing Code of Ethics, particularly their obligations to their patients, while ensuring that they remain safe and uninjured so as to be able to continue fulfilling those obligations.
- Nurses collectively advocate governments to refresh and uphold the Geneva Conventions and provide enhanced protections for medical personnel and facilities in conflict situations; reminding them that this is their moral and legal obligation under international humanitarian law.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

Agencia EFE. (2010, December 17). Ciudad Juárez: los hospitales, zona de riesgo por los crímenes [Ciudad Juárez: Hospitals, danger zone for crime]. *La Voz*. Retrieved from http://www.lavoz.com.ar/noticias/sucesos/ciudad-juarez-los-hospitales-zona-de-riesgo-por-los-crimenes

Alatorre, A. (2012, November 4). Buscan en IMSS cambio de plaza [IMSS personnel looking for new jobs]. *Reforma*. Retrieved from http://www.sntss.org.mx/secretario-en-los-medios

American Nurses Association. (2011). *Code of ethics overview with interpretive statements*. Retrieved from http://www.nursingworld.org/Mobile/Code-of-Ethics

American Nurses Association. (2015). *Florence Nightingale Pledge*. Retrieved from http://www.nursingworld.org/FlorenceNightingalePledge

Associated Press. (2008, April 29). Tijuana drug violence threatens hospital. *NBCNEWS.com*. Retrieved from http://www.nbcnews.com/id/24372823/ns/world_news-americas/t/tijuana-drug-violence-threatens-hospital/

Astorga, L. (2004). Mexico: Drugs and politics. In M. Vellinga (Ed.), *The political economy of the drug industry: Latin America and the international system* (pp. 85-103). Gainesville: University Press of Florida.

Astorga, L., & Shirk, D. A. (2010). *Drug trafficking organizations and counter-drug strategies in the U.S.-Mexican context*. Retrieved from https://www.wilsoncenter.org/sites/default/files/Chapter%201-Drug%20Trafficking%20Organizations%20and%20Counter-Drug%20Strategies%20in%20the%20U.S.-Mexico%20Context.pdf

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). New York, NY: Oxford University Press.

Bernard, V. (2014). Editorial: Violence against health care: Giving in is not an option. *International Review of the Red Cross, 95*, 5-12. doi:10.1017/s1816383114000125

Borderland Beat. (2012). *Ciudad Juarez: Toughest place to be a nurse*. Retrieved from http://www.borderlandbeat.com/2012/08/ciudad-juarez-toughest-place-to-be-nurse.html

Bowden, C. (2010). *Murder city: Ciudad Juárez and the global economy's new killing fields*. New York, NY: Nation Books.

Breitegger, A. (2014). The legal framework applicable to insecurity and violence affecting the delivery of health care in armed conflicts and other emergencies. *International Review of the Red Cross, 95*, 83-127. doi:10.1017/s1816383114000137

Briones, P. S. (2012, February 22). Falta a Juárez sangre; la "donan" . . . en Texas [Juárez needs blood: they donate in Texas]. *Reforma*. Retrieved from http://reforma.vlex.com.mx/vid/falta-juarez-sangre-donan-texas-346275134

Buppert, C. (2010, September 22). How many patients can a nurse practitioner see in a day? *Medscape*. Retrieved from http://www.medscape.com/viewarticle/728477

Campbell, H. (2009). *Drug war zone: Frontline dispatches from the streets of El Paso and Juárez*. Austin: University of Texas Press.

Campbell, M. (2008, November 28). Bloodshed on the border: Drug war in Juarez. *Newsweek*. Retrieved from http://www.newsweek.com/bloodshed-border-drug-war-juarez-85221

Clark, L., Colbert, A., Flaskerud, J. H., Glittenberg, J., Ludwig-Beymer, P., Omeri, A., . . . Zoucha, R. (2010). Chapter 6: Culturally based healing and care modalities. *Journal of Transcultural Nursing, 21*(Suppl. 1), 236S-306S. doi:10.1177/1043659610382628

Comision Interinstitucional de Enfermería. (2001). *Código de Ética para las Enfermeras y Enfermeros en México* [Code of ethics for nurses in Mexico]. Mexico: Secretária de Salud. Retrieved from http://www.enfermerianutricion.uaslp.mx/Documents/ID_6.pdf

Cone, J., & Duroch, F. (2013). Don't shoot the ambulance: Medicine in the crossfire. *World Policy Journal, 30*. Retrieved from http://www.worldpolicy.org/journal/fall2013/Medicine-in-Crossfire

Corchado, A. (2013). *Midnight in Mexico: A reporter's journey through a country's descent into darkness*. London, England: Penguin Books.

Council on Foreign Relations. (2015). *Primary sources: The Geneva Conventions*. Retrieved from http://www.cfr.org/human-rights/geneva-conventions/p8778

Coupland, R., & Breitegger, A. (2012). *Health care in danger: The responsibilities of health-care personnel working in armed conflicts and other emergencies*. Retrieved from https://www.icrc.org/eng/assets/files/publications/icrc-002-4104.pdf

Cronin, F. (2012a, August 31). Ciudad Juarez: Life as a nurse in a deadly city. *BBC News Magazine*. Retrieved from http://www.bbc.com/news/magazine-19397516

Downloaded from tcn.sagepub.com by guest on February 4, 2016

Cronin, F. (2012b, September 9). Enfermero en Ciudad Juárez: uno de los trabajos más peligrosos del mundo [To be a nurse in Ciduad Juárez: one of the most dangerous jobs in the world]. *BBC Mundo*. Retrieved from http://www.bbc.co.uk/mundo/noticias/2012/09/120903_ciudad_juarez_enfermero_mexico_lp

de Zulueta, P. C. (2015). Suffering, compassion and "doing good medical ethics." *Journal of Medical Ethics, 41*, 87-90. doi:10.1136/medethics-2014-102355

Flores-Padilla, L., O'Connor, K., & Vizcaino, M. (2015). *Pilot study of mental health outcomes among IMSS physicians in postconflict Ciudad Juárez*. Manuscript in preparation.

Fuentes, V. (2012, March 20). Buscan atraer a personal médico [Trying to attract medical personnel]. *Reforma*. Retrieved from http://reforma.vlex.com.mx/vid/buscan-atraer-personal-medico-360917146

Gilbar, R., & Miola, J. (2014). One size fits all? On patient autonomy, medical decision-making, and the impact of culture. *Medical Law Review, 23*, 375-399. doi:10.1093/medlaw/fwu032

Gómez, L. (2011, October 22). Denuncian médicos presiones del crimen [Doctors denounce the work pressures due to crime]. *Reforma*. Retrieved from http://www.elmanana.com/denuncian_medicos_presiones_del_crimen-1338615.html

International Committee of the Red Cross. (1949). *Convention (III) relative to the treatment of prisoners of war. Geneva, 12 August 1949: Conflicts not of an international character*. Retrieved from https://www.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=E160550475C4B133C12563CD0051AA66

International Committee of the Red Cross. (2008). *How is the term "armed conflict" defined in international humanitarian law?* Retrieved from https://www.icrc.org/eng/resources/documents/article/other/armed-conflict-article-170308.htm

International Committee of the Red Cross. (2011). *Mexico: Medical provision in jeopardy in Ciudad Juarez*. Retrieved from https://www.icrc.org/eng/resources/documents/feature/2011/mexico-feature-2011-08-05.htm

International Committee of the Red Cross. (2013). Humanitarian debate: Law, policy, action/violence against health care Part I: The problem and the law. *International Review of the Red Cross, 95*. Retrieved from https://www.icrc.org/eng/resources/

international-review/review-889-violence-against-health-care-1/review-889-all.pdf

Kelly, J. (2010). Battlefield conditions: Different environment but the same duty of care. *Nursing Ethics, 17*, 636-645. doi:10.1177/0969733010373434

Kusano, Y. (2014). Nursing ethics in times of conflict. *Nursing Ethics, 21*, 859-860. doi:10.1177/0969733014546436

Lacey, M. (2008, December 4). Hospitals now a theater in Mexico's drug war. *The New York Times*. Retrieved from http://www.nytimes.com/2008/12/05/world/americas/05mexico.html?pagewanted=all

Lee, B. (2014, March 5). Mexico's drug war. *Council on Foreign Relations*. Retrieved from http://www.cfr.org/mexico/mexicos-drug-war/p13689

Leininger, M. (1996). Culture care theory, research, and practice. *Nursing Science Quarterly, 9*, 71-78. doi:10.1177/089431849600900208

Marosi, R. (2009, April 18). Mexico general battles Tijuana drug traffickers. *Los Angeles Times*. Retrieved from http://www.latimes.com/world/la-fg-mexico-drugs-general18-2009apr18-story.html#page=1

Martínez, J. M. (2010, December 7). Médicos en Ciudad Juárez suspenden sus labores por la violencia [Doctors in Ciudad Juárez go on strike over violence]. *CNN Mexico*. Retrieved from http://mexico.cnn.com/nacional/2010/12/07/medicos-en-ciudad-juarez-suspenden-sus-labores-por-la-violencia

Martinez, M. (2012, November 4). Urgen a proteger a médicos pasantes [Urging protection for medical interns]. *Reforma*. Retrieved from http://amfem.edu.mx/intranet/descargas/reforma04-11-12.pdf

McLemore, M. (2011, May 19). Drug violence strains blood supply at Mexican hospitals. *Arizona Public Media*. Retrieved from https://www.azpm.org/s/6275-drug-violence-strains-blood-supply-at-mexican-hospitals/

Molloy, M. (2013). The Mexican undead: Toward a new history of the "drug war" killing fields. *Small Wars Journal, 9*(8), 29. Retrieved from http://smallwarsjournal.com/jrnl/art/the-mexican-undead-toward-a-new-history-of-the-%E2%80%9Cdrug-war%E2%80%9D-killing-fields

Molloy, M., & Bowden, C. (2011). *El Sicario: The autobiography of a Mexican assassin*. New York, NY: Nation Books.

Molzahn, C., Ferreira, O. R., & Shirk, D. A. (2013). *Drug violence in Mexico: Data and analysis through 2012*. Retrieved from https://justiceinmexico.files.wordpress.com/2013/02/130206-dvm-2013-final.pdf

Moreno, N. A., & Díaz, A. P. S. (2004, October). *Education & Accreditation of Health Care Professionals in Mexico*. Paper presented at the U.S.-Mexico Border Health Association, El Paso, TX. Retrieved from http://slideplayer.com/slide/6537699/

Narváez, F. M. L. (2010, July 21). Monstruos [Monsters]. *Reforma*. Retrieved from http://drogasmexico.org/index.php?nota=2003&tipo=6&id_ext=127

Nathanson, V. (2014). Medical ethics in peacetime and wartime: The case for a better understanding. *International Review of the Red Cross, 95*, 189-213. doi:10.1017/s1816383113000775

O'Connor, A.-M., & Booth, W. (2010, November 19). Trying to save lives amid relentless drug violence, Mexican medical workers put their own on the line. *Washington Post*. Retrieved from http://www.washingtonpost.com/wp-dyn/content/article/2010/11/18/AR2010111806504.html

O'Connor, K. (2014). Narco-trauma: The phenomenology of the Mexican drug war among binational students at the border. *Middle Ground Journal*. Retrieved from http://resources.css.edu/academics/HIS/MiddleGround/articles/borders1oconnor.pdf

O'Connor, K., Vizcaino, M., & Benavides, N. A. (2013). Mental health outcomes of Mexico's drug war in Ciudad Juárez: A pilot study among university students. *Traumatology, 20*, 24-31. doi:10.1177/1534765613496647

O'Connor, K., Vizcaino, M., & Benavides, N. A. (2015). Mental health outcomes of drug conflict among university students at the U.S.–Mexico border. *Traumatology, 21*, 90-97. doi:10.1037/trm0000029

Ordaz, P. (2010, October 10). La muerte sale gratis en Juárez [Death is for free in Juárez]. *El País*. Retrieved from http://elpais.com/diario/2010/10/10/internacional/1286661602_850215.html

Prado, H. (2011, August 19). Y también en Ciudad Juárez [And also in Ciudad Juárez]. *Reforma*. Retrieved from http://hemeroteca.reforma.com/20110819/pdfs/RNAC20110819-010.PDF?Expires=1448389518&Signature=RjZY~vqGfleIpF

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ind8SBmElvbNaA5N-h97Hw~D2n4UlbW-MrZPIJEShY-zS2reb4o9QVokJz3VvTBEKZ1S7cH4gDVMnAtQMu4EEFAt3KwkuVsCmeNCwnstEzBfnTPRNhS06afEASNSvu5A1c~2DIu-fXYRz4BcjBoxpvie~CxvOynOvL4iKTTZTX5H4FQhYgfQOfdmWwGc0rNfjc5Mpy77f5tS68U7CZfEda-6h-rSvlDOKKUG8VqNqhyaODJ3tJioIqsUtB8~onC9EcstOytXainlMCPPR7XSZZDjBPKzvAhUZM4znxKwey-VNFHzJIlvEN2YjNWlAVE4XnFxlhSyQ__&Key-Pair-Id=APKAJSJV3VIEZSLFRUHA

Rea, D., & Garduño, S. (2010, April 3). Critican en Juárez estrategia social [Criticism in Juárez of the social strategy]. *Reforma*. http://reforma.vlex.com.mx/vid/critican-juarez-estrategia-social-80743090

Reforma Staff. (2008a, December 13). Gritan médicos: ¡Ya basta! [Doctors cry: Enough!] *Reforma*. Retrieved from http://mediosenmexico.blogspot.in/2008/12/gritan-mdicos-ya-basta.html

Reforma Staff. (2008b, June 11). Los demora el miedo [Fear takes hold]. *Reforma*. Retrieved from http://mural-guadalajara.vlex.com.mx/vid/demora-miedo-80599740

Reforma Staff. (2008c, December 14). Matan en Chihuahua a 16 personas en 1 día [Sixteen people killed in Chihuahua in one day]. *Reforma*. Retrieved from http://hemeroteca.reforma.com/20081214/pdfs/RNAC20081214-007.PDF?Expires=1448390062&Signature=WaGqdpkEH0ntQqEZEjiTWQLSy7xW8w-T977zGDLAyuskRDoBn~-obavhk4Tk6UlDpmRcwF2~PnRSmCZdlq5WHCBmr1ETD3ypCCDl0uPRZGJSzlzw-VkupAnIUXkBFz5g8-zwS72yU1LHok-H5PMrSWHamq51JlCe2Kq7vs6S29QUKLV8wLOQvBMxiXlB6~rVD7HDQCW7jnxg2AMDl1oeOE4uTvjySHYtyX9Xr4gHq1HZDJA5TBRpyiJI82URTqCiAtRokLMCO3tCbcIBsroJ1TlH~bezsjXdlU3bdG2xG9GWjGYHj2lbsHYufFX2s7j725wM04S3mYydJQ0fv7pvsOA__&Key-Pair-Id=APKAJSJV3VIEZSLFRUHA

Reforma Staff. (2008d, May 30). Suma Chihuahua 17 ejecuciones [Seventeen people executed in Chihuahua]. *Reforma*. Retrieved from http://reforma.vlex.com.mx/vid/suma-chihuahua-17-ejecuciones-202274235

Reforma Staff. (2008e, June 11). Vive la ciudad angustia colectiva [The city lives in collective anguish]. *Reforma*. Retrieved from http://noticias.vlex.com.mx/vid/vive-ciudad-angustia-colectiva-359128610

Reforma Staff. (2009, November 15). Matan en Chihuahua a dos mujeres más [Two more women killed in Chuihuahua]. *Reforma*. Retrieved from http://hemeroteca.reforma.com/20091115/pdfs/RNAC20091115-014.PDF?Expires=1448390383&Signature=iaYuWeruqbuikFnP1T~QTLffyX43fmDWpIFaZurzede9NbXJCI671Dhhhtr5zvnyUsdEAF~jrNoBAx10f3aXfdS~rnXFY3vxsKQyKAjTOfXhJbW0jgTQu6enogijI6PHTR6VDdyARE~b5Xagq9xSqw~KJwLV6RCy2KwxOEhBuDKKxivQ1aj5j9La7SyZI9v0DGcMGfqtMbAV-s5W3gNejjlR~K2nBlNWaV9VD~csvLWLTW6FJU0aQ9Sx-XELgjZQduoAYZk6qwTvh--q7NUrCyru1wqW3etjvR7xvOEUIs-3j37bH1m4c3efSehK8JdmUdgVnYERCpLb22rwv8L-bTw__&Key-Pair-Id=APKAJSJV3VIEZSLFRUHA

Reforma Staff. (2010, September 16). Matan a doctor sus captores [Kidnappers kill doctor]. *Reforma*. Retrieved from http://hemeroteca.reforma.com/20100916/pdfs/RNAC20100916-008.PDF?Expires=1448390665&Signature=fkqKvYl1pvE-Ta9Gj8mpSJgZ1QQzzpVIJxm6NcJ4ToXxjWZAxc4G8y~ZRvxqLlPfYcy640FM2a1bfmb~zBjGaODlBABNBO1oWKnegkwV7vJ7RMEp47u6dRtm1bcb7SX8jaTlONfg0ZUJQ76i2~nGaUBLQ6JYviOfHEbyAh~i5650blN~O~Y9iRA6b~f6~Mmk9jlD~VB3DblNqdS24GDvwam5pHnYs0mbwbGA8cht~tyzSs05BQrOSr8Go3mOFLE-vIMYE9J8jhK-gUBOc0XrZGLCLxXGrgt6nZ4cIxKOxaU7rsWqdKztBdw0pT94bhqsQs1rpS1FyAUrtXpokduQyhw__&Key-Pair-Id=APKAJSJV3VIEZSLFRUHA

Reforma Staff. (2011a, January 29). Asedia la violencia a médicos en Juárez [Doctors in Juárez are besieged by violence]. *Reforma*. Retrieved from http://reforma.vlex.com.mx/vid/asedia-violencia-medicos-juarez-244629455

Reforma Staff. (2011b, March 2). Balean a niño en hospital de Cd. Juárez [Child is shot in a hospital in Ciudad Juárez]. *Reforma*. Retrieved from http://thenarcotimes.blogspot.in/2011/03/balean-nino-en-hospital-de-cd-juarez.html

Reforma Staff. (2011c, January 4). Buscan en Juárez usar médicos militares [Juárez looks into using military doctors]. *Reforma*. Retrieved from http://www.elmanana.com/buscan_en_juarez_usar_medicos_militares-998921.html

Reporting Staff of *El Diário de Juárez*. (2013, July 28). La guerra perdida contra el narcotráfico [The lost war against drug trafficking]. *El Diário MX*. Retrieved from http://diario.mx/Opinion/2013-07-27_f045344b/la-guerra-perdida-contra-el-narcotrafico

Ruelas, E. (2002). Health care quality improvement in Mexico: Challenges, opportunities, and progress. *Baylor University Medical Center Proceedings, 15*, 319-322.

Ruger, J. P. (2015). Good medical ethics, justice and provincial globalism. *Journal of Medical Ethics, 41*, 103-106. doi:10.1136/medethics-2014-102356

Sagar, P. L. (2015). Nurses leading the fight against Ebola virus disease. *Journal of Transcultural Nursing, 26*, 322-326. doi:10.1177/1043659615574326

Sánchez, V. (2010, March 2). Exigen auxilio . . . en Cruz Roja [Cries for help… from the Red Cross]. *Reforma*. Retrieved from http://reforma.vlex.com.mx/vid/exigen-auxilio-cruz-roja-77571158

Smith-Oka, V. (2012). Bodies of risk: Constructing motherhood in a Mexican public hospital. *Social Science Medicine, 75*, 2275-2282. doi:10.1016/j.socscimed.2012.08.029

Squires, A. (2011). The North American Free Trade Agreement (NAFTA) and Mexican nursing. *Health Policy and Planning, 26*, 124-132. doi:10.1093/heapol/czq024

Squires, A., & Juarez, A. (2012). A qualitative study of the work environments of Mexican nurses. *International Journal of Nursing Studies, 49*, 793-802. doi:10.1016/j.ijnurstu.2012.02.001

Terry, F. (2013). Violence against health care: Insights from Afghanistan, Somalia, and the Democratic Republic of the Congo. *International Review of the Red Cross, 95*, 23-39. doi:10.1017/s1816383113000581

Tschudin, V., & Schmitz, C. (2003). The impact of conflict and war on international nursing and ethics. *Nursing Ethics, 10*, 354-367. doi:10.1191/0969733003ne618oa

Valdez-Martinez, E., Lavielle, P., Bedolla, M., & Squires, A. (2008). Ethical behaviours in clinical practice among Mexican health care workers. *Nursing Ethics, 15*, 729-744. doi:10.1177/0969733008095384

Vega, M., & Chacón, R. (2010, February 17). Temen médicos ir a Juárez [Doctors are afraid to go to Juárez]. *Reforma*. Retrieved from http://mediosenmexico.blogspot.in/2010/02/temen-medicos-ir-juarez.html

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