

# Migration and Workers Health: A continuing Challenge

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Ramazzini Days 2007

- 190 – 200 million migrants
  - ✓ 30 – 40 undocumented
  - ✓ 20 million LA&C. 75% in USA
  - ✓ Internal migration within and among LA&C estimated four times higher
- Not restricted any more to unskilled workers

# Driving forces

- Globalization
- International trade
- Increasing inequalities
- Wars, violence and social unrest
- Environmental degradation
- Family reunification
- Population decline in industrialized countries

# Demographic

- Countries of origin
  - Changes in family and community structure
  - Accelerated poor quality urbanization
- Recipient countries
  - Compensation of population decline

# Economic

- Subsidy to multi-billion labour intensive industry and service areas
  - ✓ High risk occupations
  - ✓ 85% of harvest temporary workers are migrants. (95% Mexican)
  - ✓ 3 – 5 million each season. 7% adolescents
  - ✓ 60% of US farm workers live bellow poverty levels
- Exporting the “demographic bonus”

# Monetary transfers

- US\$18,400 (1980) to 167,000 (2005)
- Hispanic undocumented workers send home 10% of their income
- US\$12,000 (2005) banks transaction profits
- Direct association with poverty reduction in countries of origin
- Heavy dependency
  - Haiti. 25% GNP
  - Nicaragua. 60% families with someone abroad
  - Mexico. US\$ 6,372 (2000) to 23,000 (2006)
  - Albania. 13% GNP and main income for 26% of families

# Social

- Differences between taxes paid and services provided
- Ethnic composition and cultural diversity
- Increasing discrimination, fear and harassment

# Health

- Countries of origin
  - disparities on health access to services
- Transit “stress”
- Recipient countries
  - High vulnerability due to sudden change of health determinants
  - Occupational hazards
  - Mental disorders
  - Limited access to preventive and health services
  - Epidemiological surveillance
- Increased vulnerability of local communities upon return

# Political

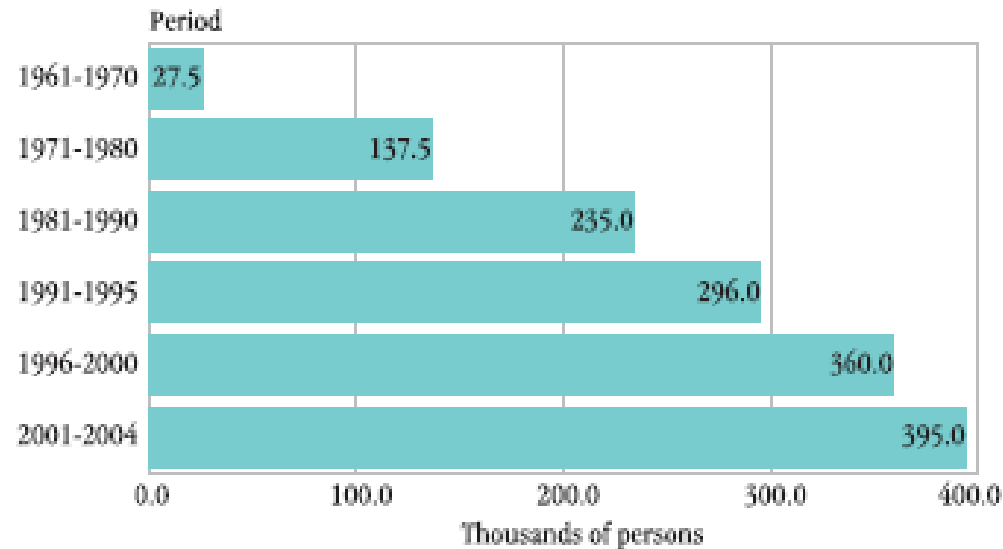
- Moral, legal, and human rights issues involved
- Unfinished agenda

# Mexican case

- Geographical proximity
- Increasing regional integration
- Economic asymmetries
- Inability of Mexican economy to fully absorb a constantly growing labour supply
- Demand for Mexican workers in the US labour market
- Notable increase of undocumented migration

# Trends in Mexico – US migration

Net annual population loss due to international migration, 1961-2004



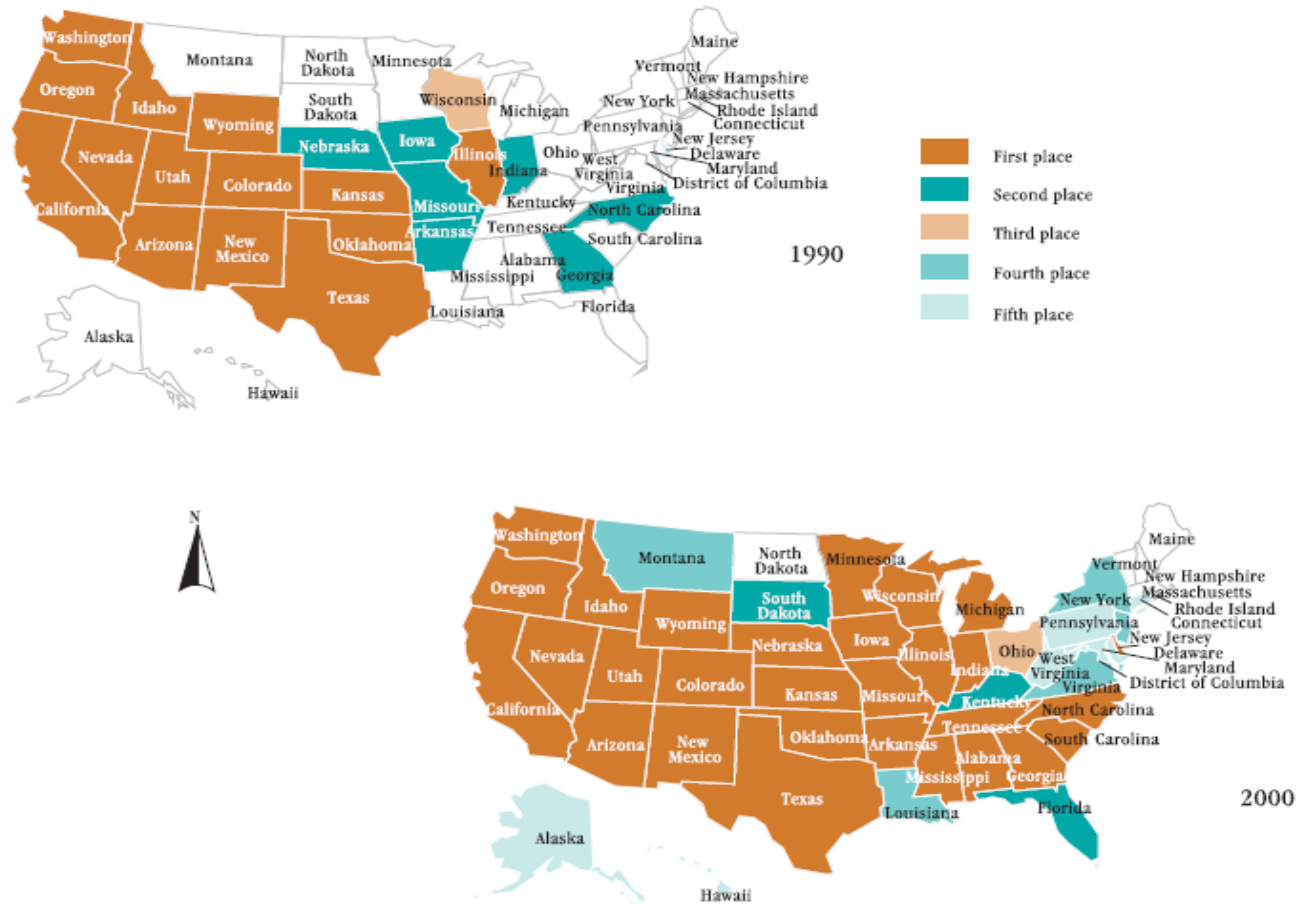
Source: 1961-1995: Reform Commission USA, and Ministry of Foreign Relations (Secretaría de Relaciones Exteriores-SRE) Mexico, 1997, *Estudio Binacional México-Estados Unidos sobre Migración*; 1995-2004: CONAPO, *Proyecciones de Población 2000-2050*, Mexico 2002.

# territorial scope

- Expanding the geographical reach in both countries
- Only 93 of 2 443 municipalities in Mexico registered no migrants
  - 492 high migratory intensity
  - 392 moderate
  - 1 466 low

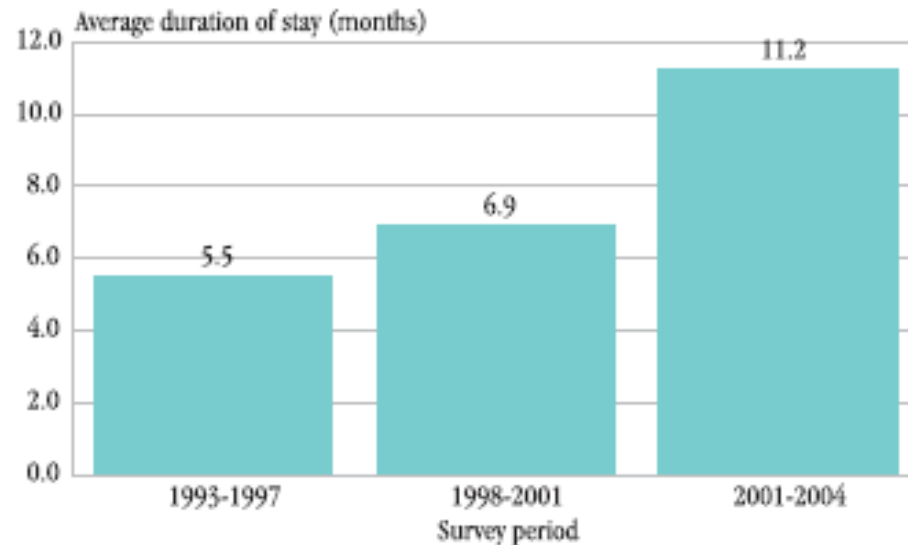
# Increasing territorial scope

U.S. states in which Mexican immigrants were one of the top five immigrant groups, 1990 and 2000.



# Trends in Mexico – US migration

Average duration of stay in the United States of temporary migrants who return from that country, 1993-2004



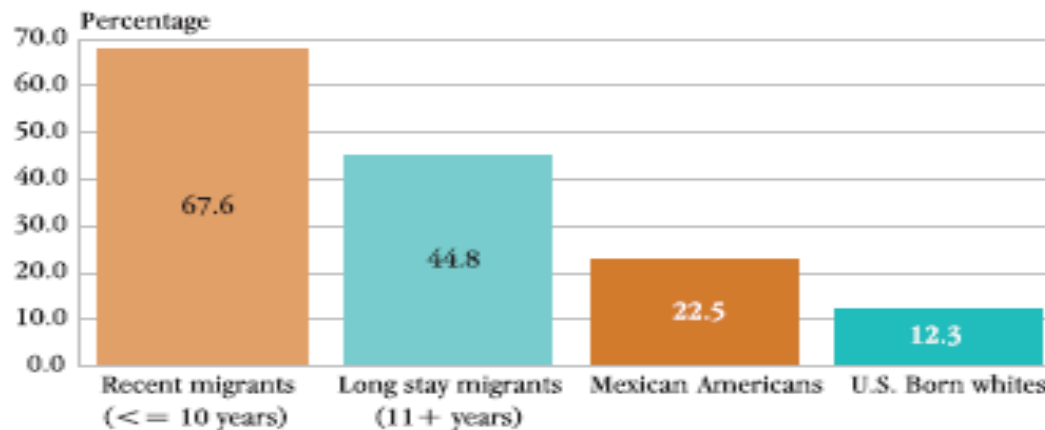
Source: CONAPO, data from STyPS, CONAPO, INM and EL COLEF, *Encuesta sobre Migración en la Frontera Norte de México (EMIF)*, 1993-2004.

# Medical insurance coverage

- 5.9 million Mexican immigrants (55%) do not have medical insurance
  - More acute among recent immigrants
  - Of those insured, 32% private and 15% public
  - The greatest deficiencies in health insurance between 18 – 29 age group
- 2/3 of Mexican immigrants belong to a predominantly active economic profile.
  - 133 men/100 women

# Medical insurance coverage

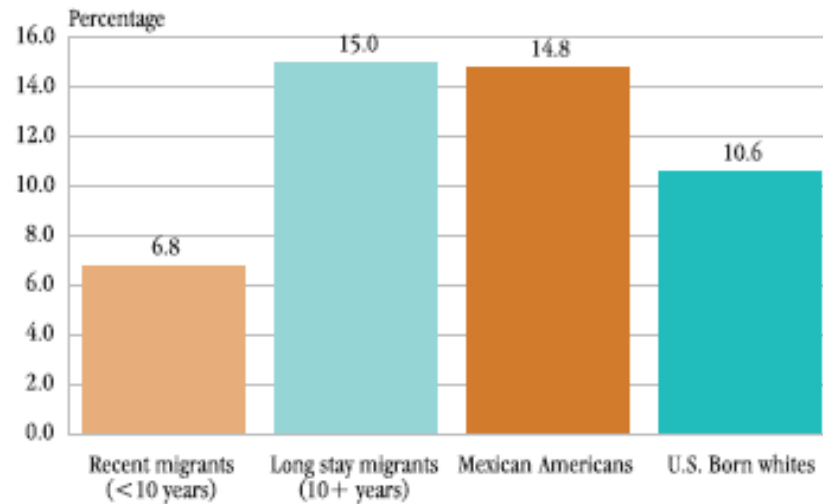
Percentage of population without medical insurance, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2004.

# Health status

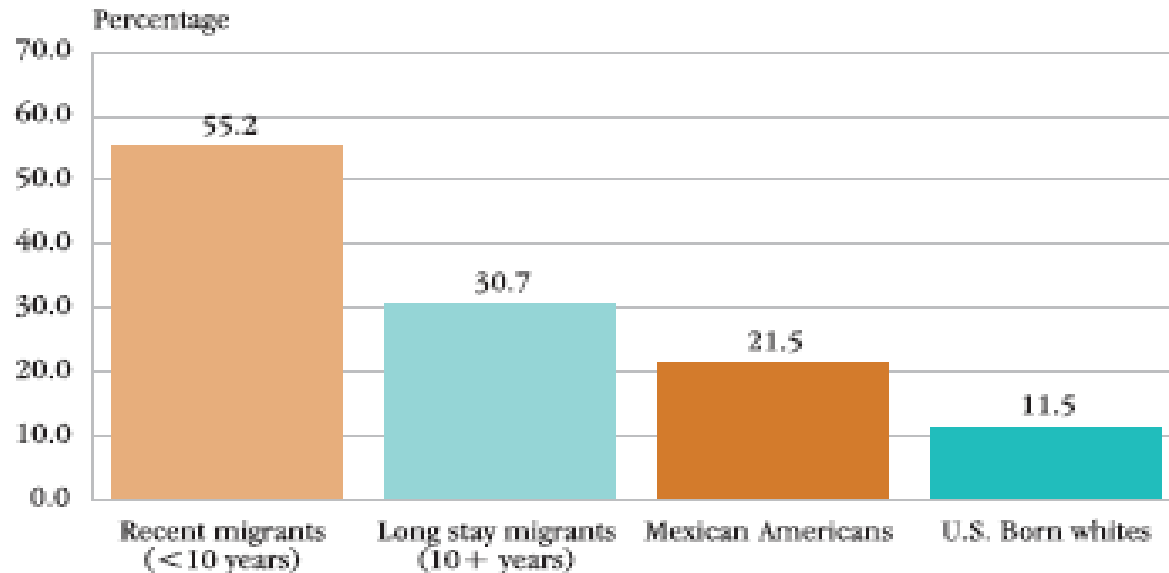
Percentage of adults age 18 and over with self-assessed health fair or poor, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# Use of health services

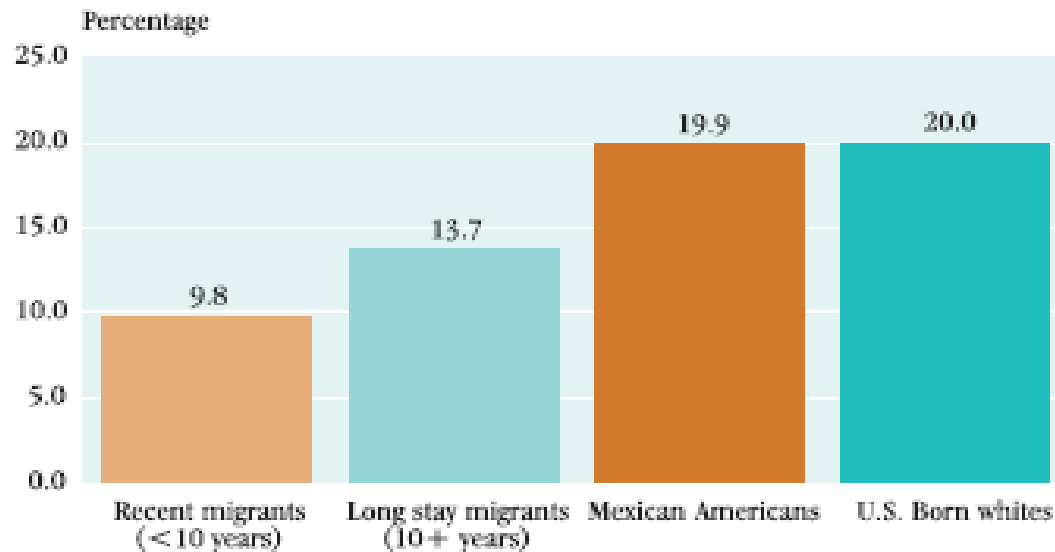
Percentage of adults age 18 and over with no usual source of care, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# Emergency room use

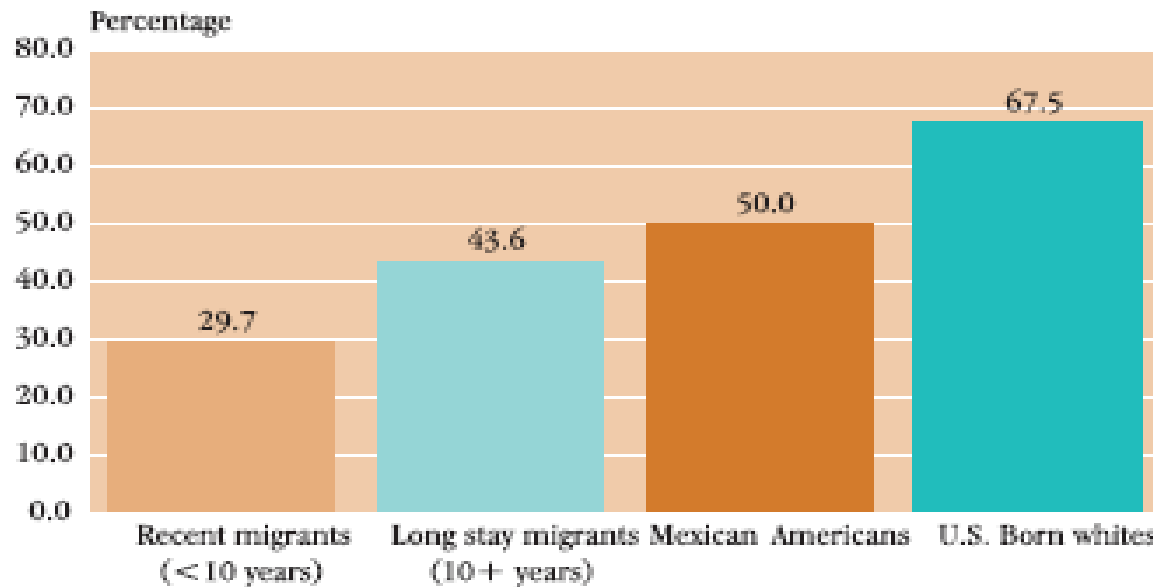
Percentage of adults age 18 and over with emergency room visit past year, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# Dental care

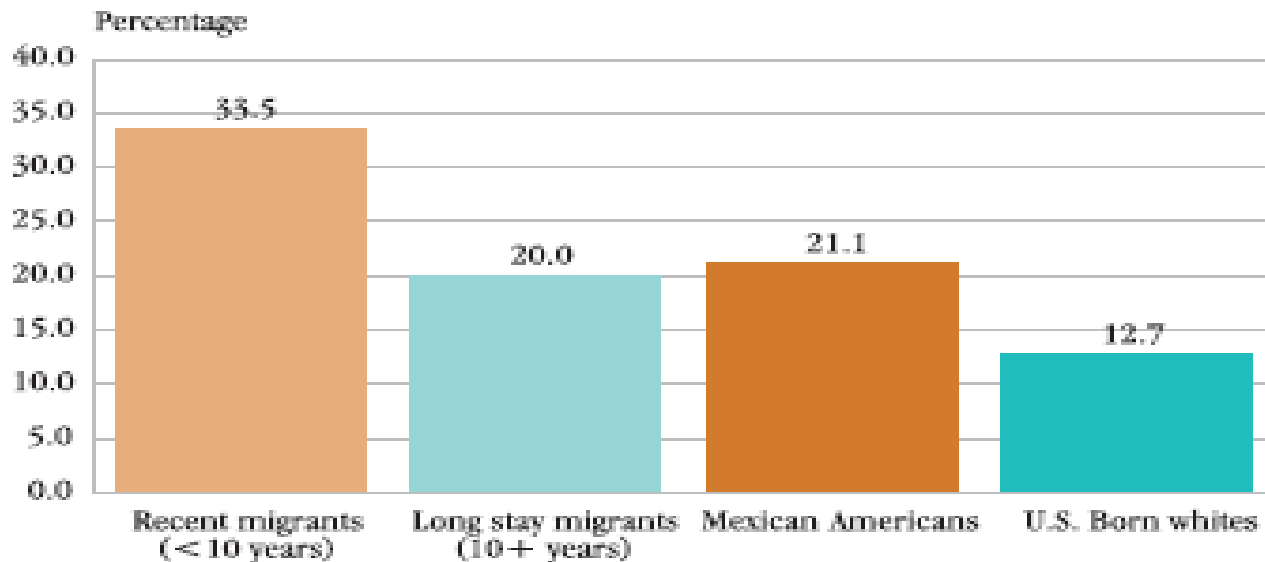
Percentage of adults age 18 and over with dental visit in past year, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# Pap smears

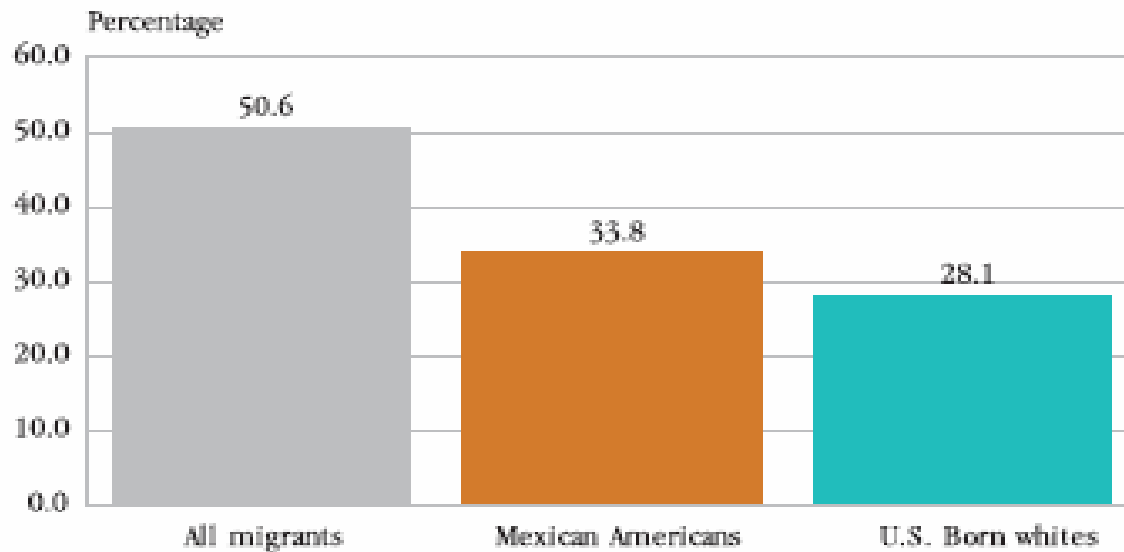
Percentage of women age 18-64 with no pap smear past three years, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# mammograms

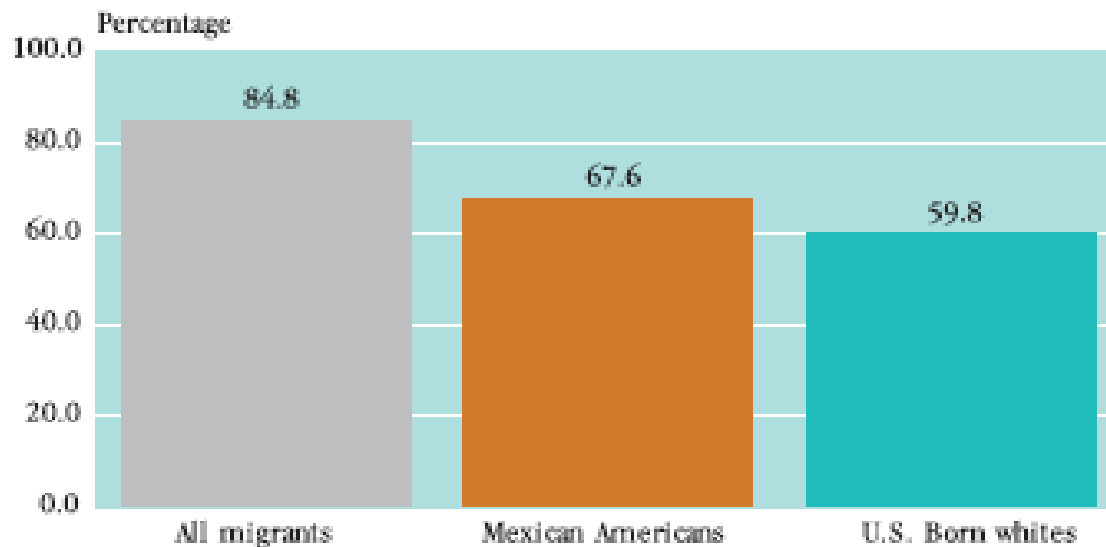
Percentage of women age 40 and over with no mammogram past two years, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

# Colorectal exams

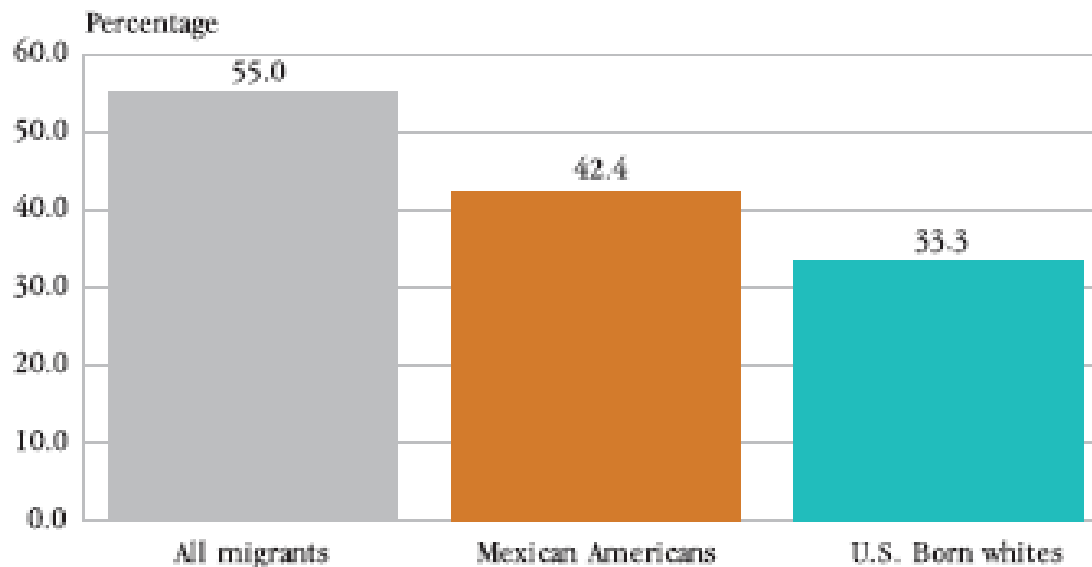
Percentage of adults age 50 and over who have never had a colorectal exam, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

# Influenza immunization

Percentage of adults age 65 and over with no influenza immunization in past year, 2000



Source: UCLA, Center for Health Policy Research, analysis of data from the 2000 U.S. National Health Interview Survey.

# Conclusion

- Restrictions and shortcomings have not deterred migration
- Important disparities on health insurance and access to health services
- Inequalities strike households of immigrant parents who have US born children
- Cultural, language and legal barriers contribute to inequalities
- Increased legalization of undocumented migrants contributes to better social integration and reduction of inequalities

# Final comments

- Good health is an essential human asset, particularly to migrants
- Solutions involve communities, public and private institutions and national governments.
- Ramazzini should have an active role to play