

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

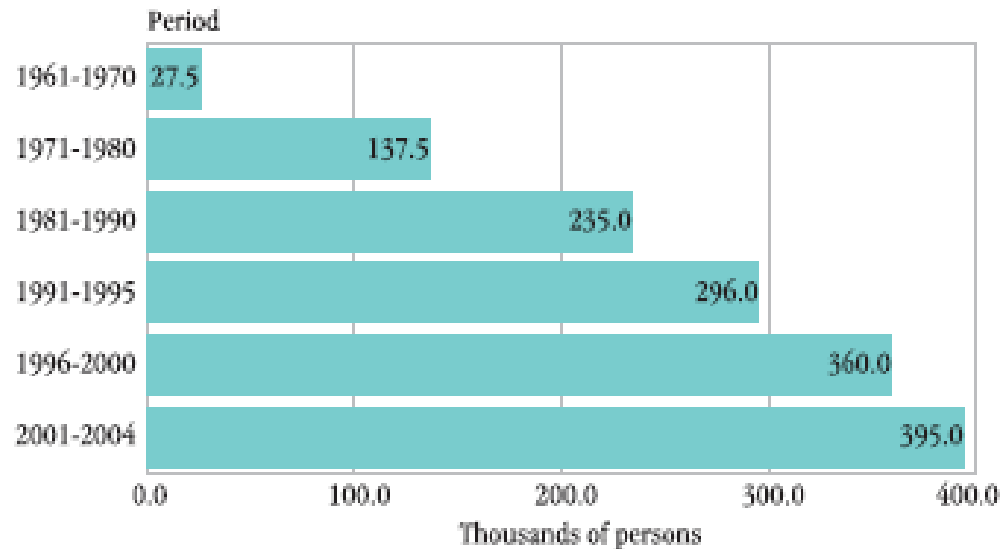
- Moral, legal, and human rights issues involved
- Unfinished agenda

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



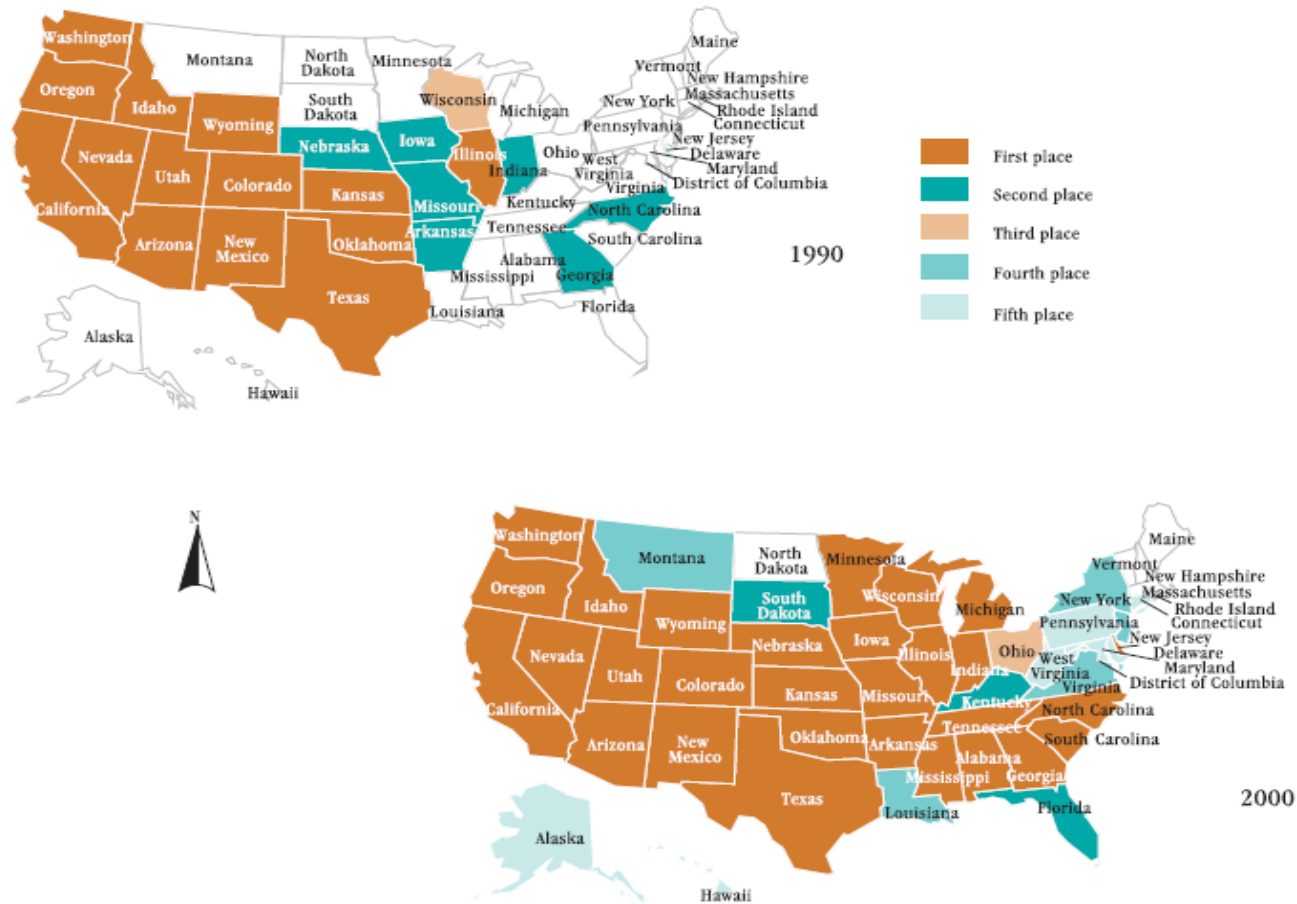
Source: 1961-1995: Reform Commission USA, and Ministry of Foreign Relations (Secretaría de Relaciones Exteriores-SRE) Mexico, 1997, *Estudio Binacional México-Estados Unidos sobre Migración*; 1995-2004: CONAPO, *Proyecciones de Población 2000-2050*, Mexico 2002.

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

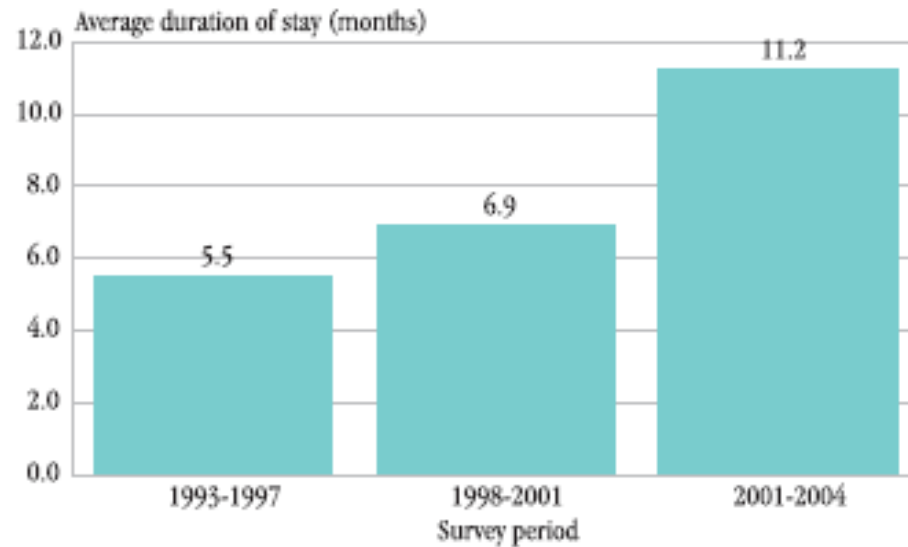
Increasing territorial scope

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



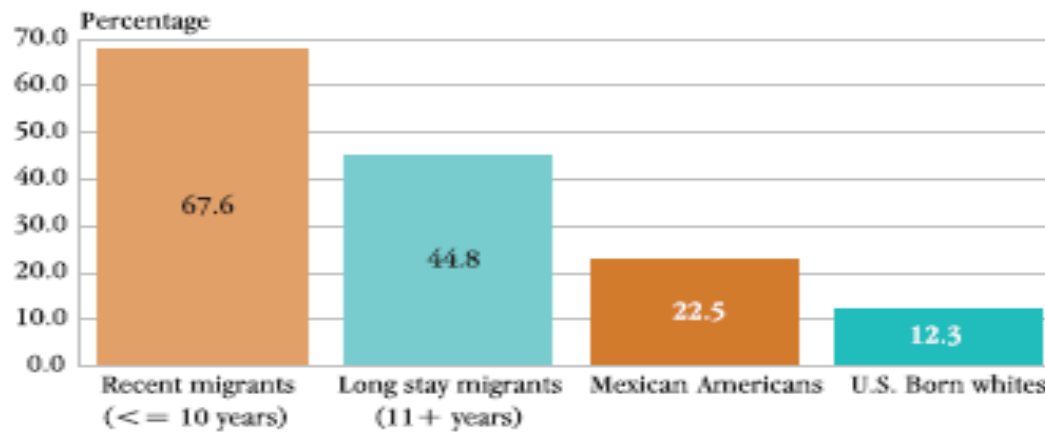
Source: CONAPO, data from STyPS, CONAPO, INM and EL COLEF, *Encuesta sobre Migración en la Frontera Norte de México (EMIF)*, 1993-2004.

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

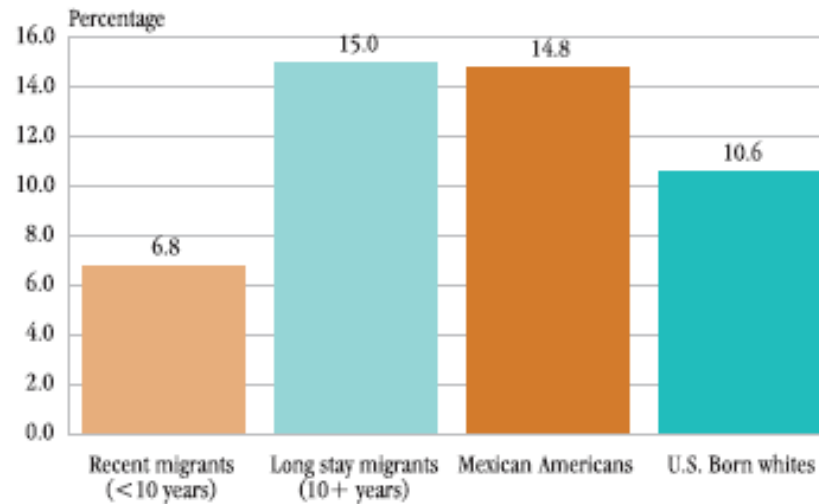
Percentage of population without medical insurance, 2004



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

Health status

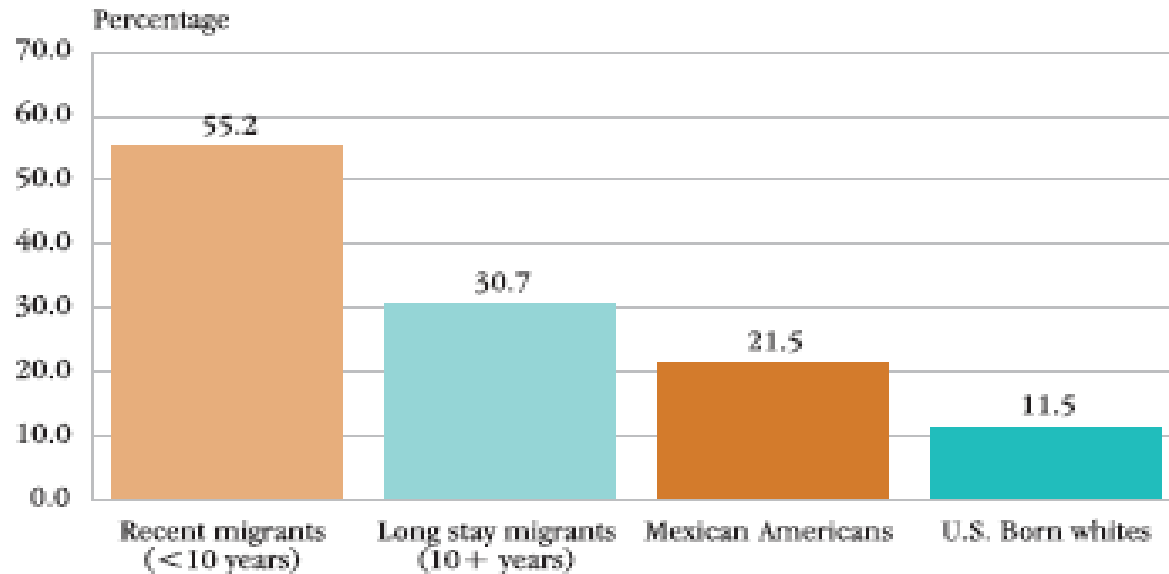
Percentage of adults age 18 and over with self-assessed health fair or poor, 2000



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

Use of health services

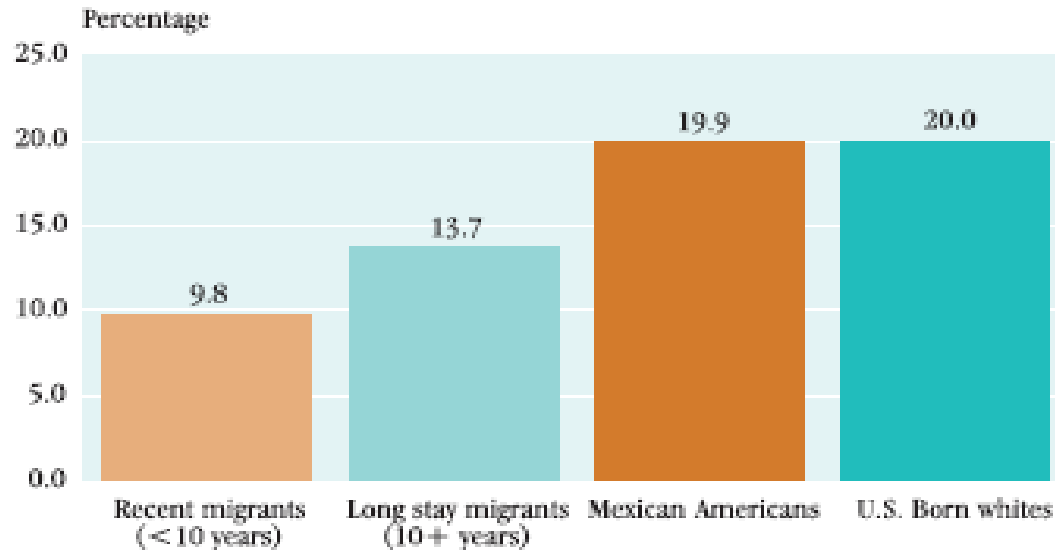
Percentage of adults age 18 and over with no usual source of care, 2000



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

Emergency room use

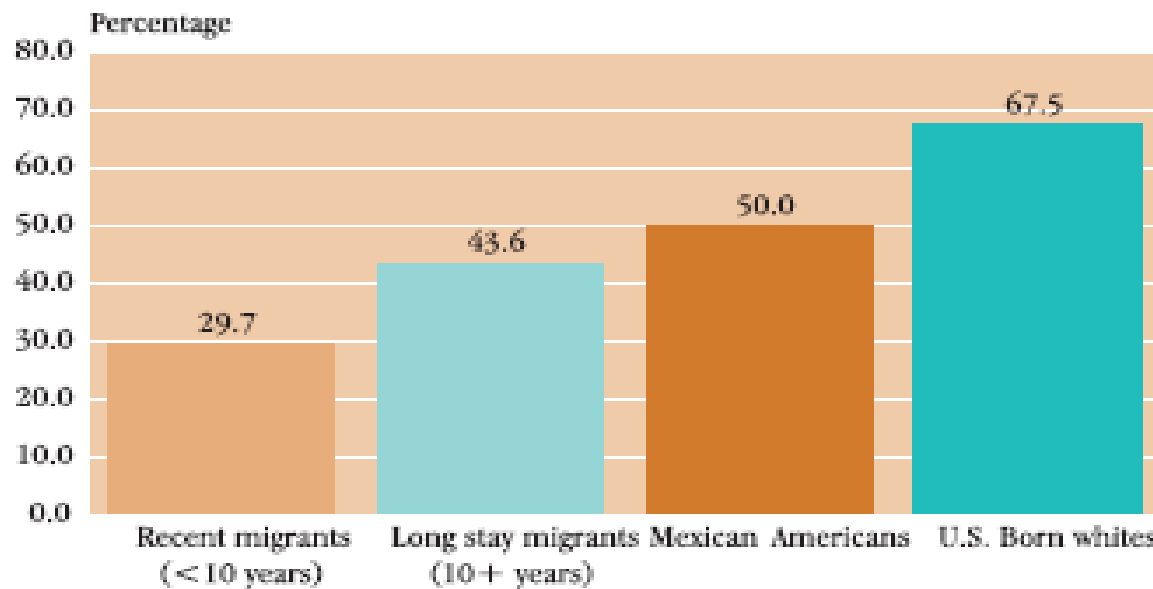
Percentage of adults age 18 and over with emergency room visit past year, 2000



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

Dental care

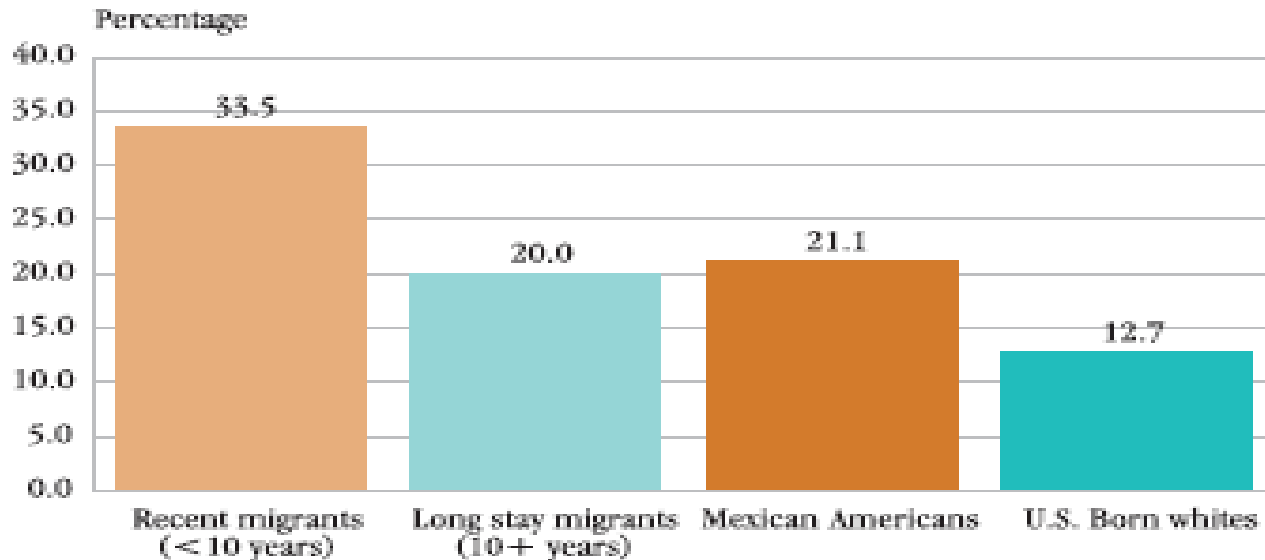
Percentage of adults age 18 and over with dental visit in past year, 2000



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

Pap smears

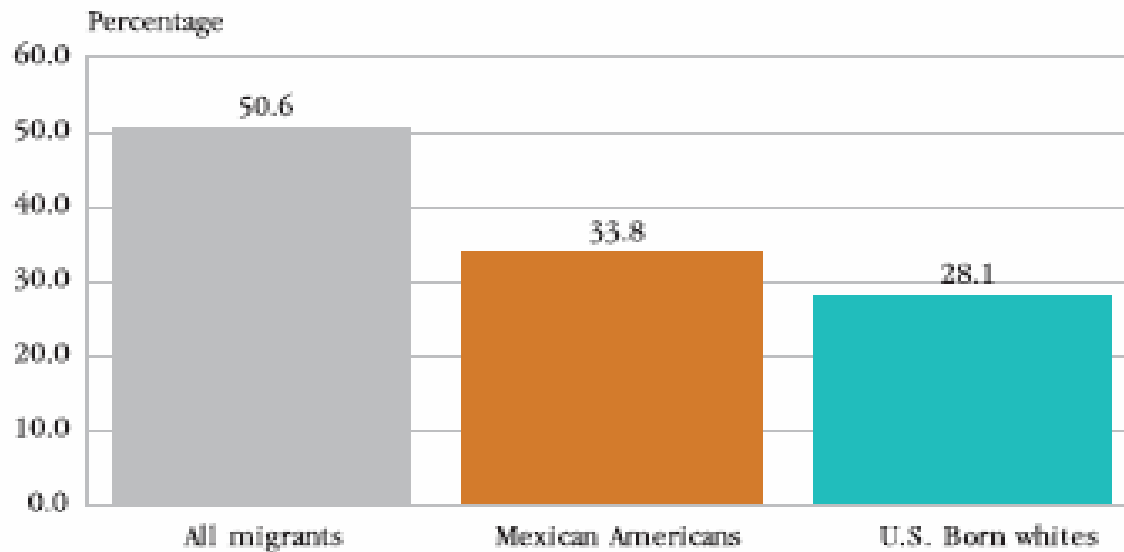
Percentage of women age 18-64 with no pap smear past three years, 2000



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

mammograms

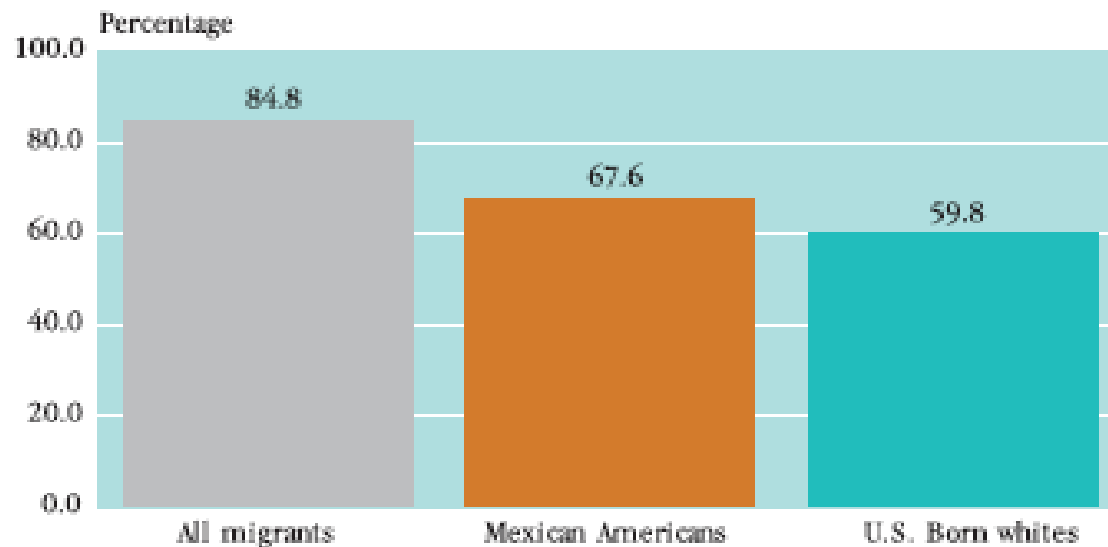
Percentage of women age 40 and over with no mammogram past two years, 2000



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

Colorectal exams

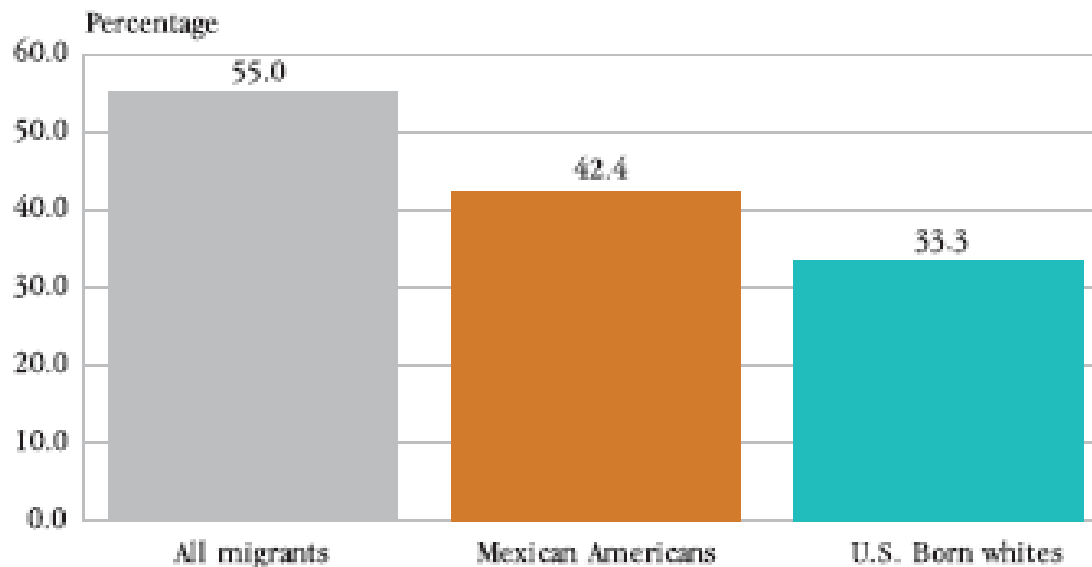
Percentage of adults age 50 and over who have never had a colorectal exam, 2000



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 roll to play