



PUBLIC HEALTH
MEDICAL SCHOOL

Promoting health in migrants and refugees

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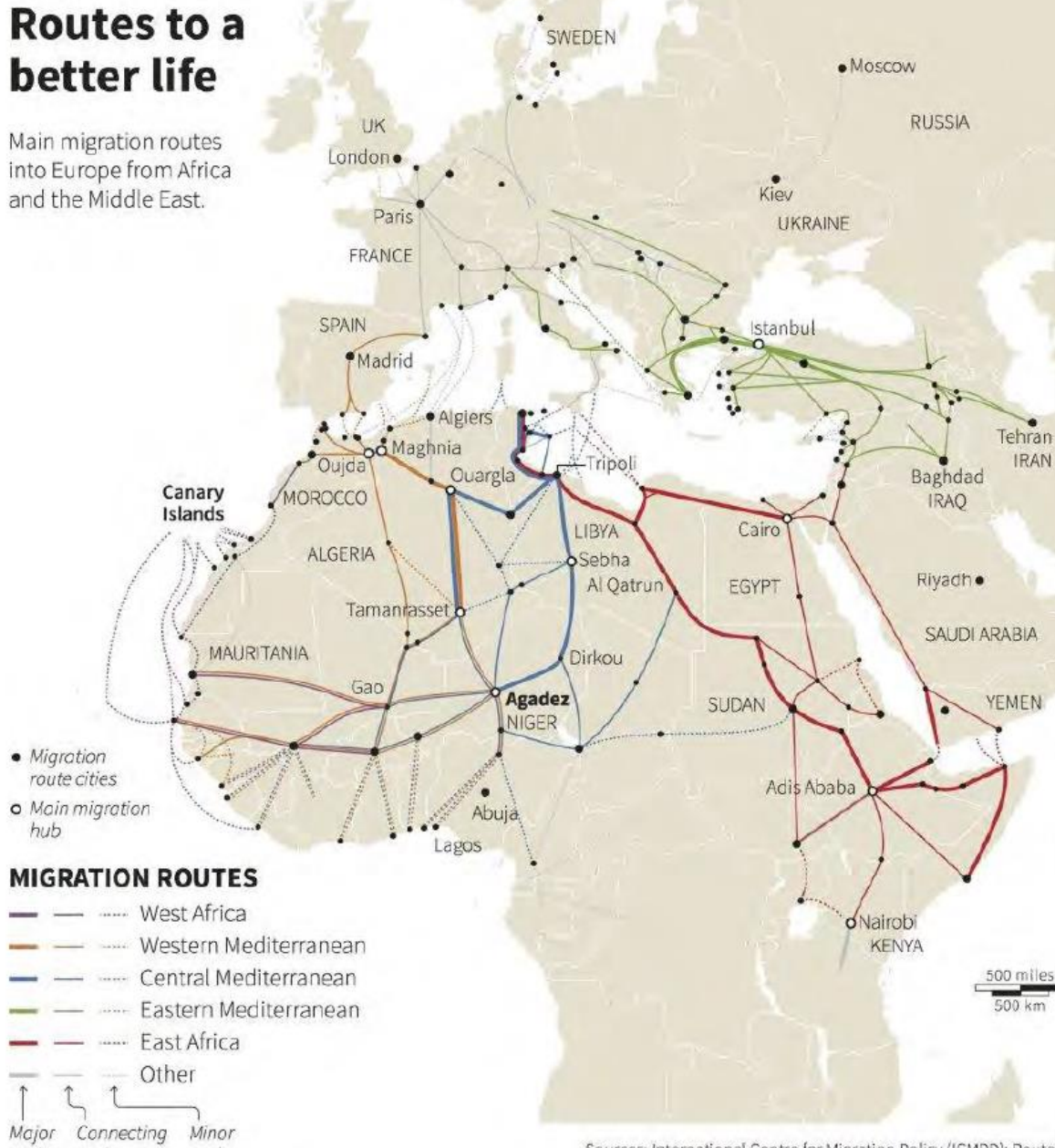
What is the current situation
for migrants arriving to
Europe?



Increased migration flows between the North and South Mediterranean

Routes to a better life

Main migration routes into Europe from Africa and the Middle East.



How is the trip through the migration route? The majority make the journey under very difficult physical and dangerous conditions. They travel for days, crowded into the back of pickup trucks crossing the desert, without stopping to sleep or eat and with little water. Sometimes they have to walk to avoid police checkpoints.

According to various testimonies, men, women and children have died due to the difficult conditions of the journey or the violence they encountered along the way. Women are particularly vulnerable, as they face the risk of also being victims of sexual violence.

Sexual Violence and Migration MSF

My journey through more than 5 countries, took me more than 8 years. I started travelling when I was 12 years old. I have no family. My brother died on the sea... No expectations of my future...

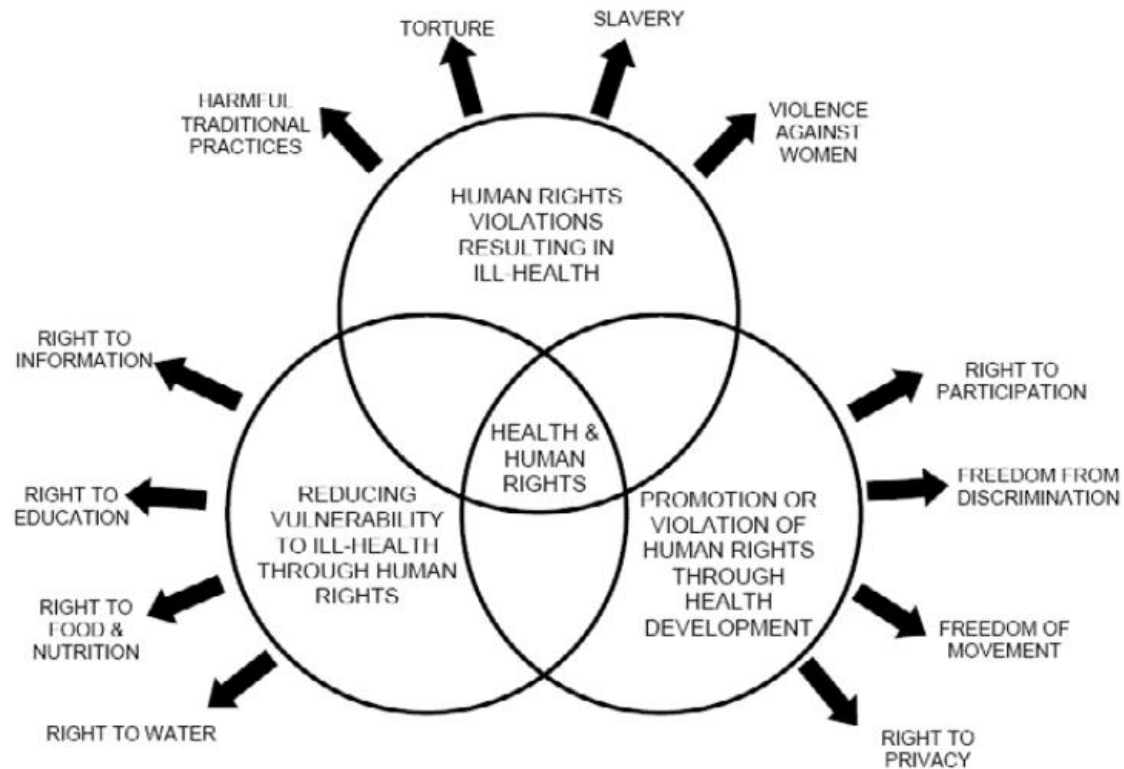
Testimony from patients attended at Hospital Clínic



Are health professionals really
ready for that?



- Health is considered a universal human right.
- LINKAGES BETWEEN HEALTH AND HUMAN RIGHTS



IOM. International migration, health and human rights. Geneva: IOM, 2013



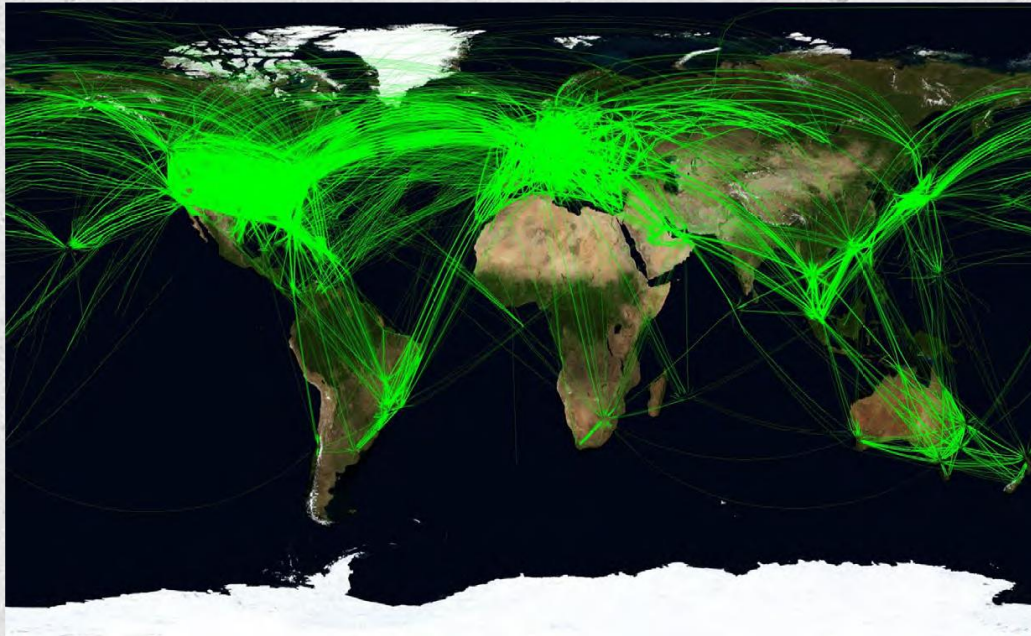
"Risk to host populations"



The Kind of 'Assisted Emigrant' We Cannot Afford to Admit." by F. Graetz (1883). *Puck Magazine*. In Mary and Gordon Campbell, *The Pen, Not the Sword*, Aurora Publishers, Inc., Nashville, Tennessee, 1970.





Global Health and population mobility It is the population mobility and not the immigration is the major driver behind many global disease challenges, particularly infectious diseases: SARS, H1N1, TB (XDR), malaria, Ebola, Zika, HIV/AIDS...














ORIGINAL ARTICLE

 OPEN ACCESS  Check for updates

Exploring barriers to primary care for migrants in Greece in times of austerity: Perspectives of service providers

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Mary O'Reilly-de Brún^d , Catherine A O'Donnell^e, Nicola Burns^{e,f} , Evelyn van Weel-Baumgarten^g ,
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KEY MESSAGES

- Discriminatory attitudes and other provider and system-related barriers are evident in the provision of primary healthcare to migrants in Greece.
- Providers feel unable to fulfil their role efficiently under limited system support and contribution to decision making.
- Training and guidelines promoting cultural competence are necessary in the Greek primary healthcare.

Need to develop 'migrant-sensitive healthcare systems' has been raised as a key issue by global organizations

Need of training on migrant health issues



FIGURE 1. WHA RESOLUTION ON MIGRANT HEALTH, SELECTED ACTION POINTS

Monitoring migrant health

- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

Policy-legal frameworks

- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

Migrant sensitive health systems

- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

Partnerships, networks and multi-country frameworks

- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network

Source: Health of migrants – The way forward. Report of a Global Consultation. Madrid, March 2010



STRATEGY OF THE MIGRANT HEALTH AREA

Developing a global strategy to enhance health care of migrants in transit or living in North-African countries

Objectives

Identifying migrant health needs

Defining effective intervention strategies

Strengthening the capacities of all relevant actors

Framework

Data collection and analysis:
standardized and reproducible data categories

bilateral cooperation with national and international institutions

Capacity building actions:
Training courses

Development of research projects

health policies that consider the particular health aspects of migrants

Vulnerable populations: Victims of trafficking and sexual violence, children and unaccompanied minors





- Around 5% of the EU population was born in a third country
- 1 in 12 are living in a country different to the one in which they grew up



- Health is perhaps not the first issue that springs to mind when considering migration.
- However, migration has a significant impact on:
 - the health of migrants themselves;
 - public health systems;
 - the health of the whole population



- For example, Greece has an increased incidence of Hepatitis A the last 5 years probably due to the increased immigration of Roma populations from Bulgaria and Romania (where the incidence is higher)



- Health and migration are closely interlinked.
- Three key reasons why we need to pay more attention to the health aspects of migration.



1. Because of our values

EU is founded on principles of solidarity, democracy, non-discrimination and respect for human rights.

Health plays a major role by keeping this values

- EU value health as a human right.
 - Everyone coming to the European Union should benefit from a high level of protection of their health regardless of who they are or where they come from - be they highly skilled workers or professionals, asylum seekers, or people arriving without legal status.
- Public policies must protect the health of everyone and not harm or compromise a person's health
 - Thus, tackling health inequalities represents a major challenge in the context of migration.



2. The health of our population is critical to our economic performance.

- We need health policies that maximize the health and productivity of all of our population.
- Migrants form an important part of our population, and they require policies tailored to their specific needs, just as other groups do.



3. We need to recognize that while migrants tend to have a better level of health than the citizens in their country of origin, at the same time they are generally **more vulnerable and exposed** to diseases in the host country, while possibly carrying **new diseases**. This constitutes a major challenge in terms of health policy.



- It is clear that while part of the explanation for this situation relates to risks which migrants bring with them, many of the causes of poor health among migrants arise from the **conditions** in which they live within the EU.



- **Poor living conditions** are associated with higher levels of infant mortality, infectious and chronic diseases.
- **Poor working conditions** where health and safety laws are not respected, lead to higher accident rates.
- **Poorer access to health services** results in higher levels of preventable illness, and poor social integration often provokes mental health problems.



Regarding specific diseases is concerned

- Of the 91845 total Tuberculosis cases notified in 2005 in the EU, **19%** were observed in persons born outside the EU, or in non-EU citizens.
- Of the estimated 700,000 cases of HIV/AIDS in the EU at the end of 2005, around **170,000** (24%) occurred in non-EU citizens or had originated in a non-EU country







Solutions:

- Strengthening and adapting health services is needed to address better the health needs of migrants.
- Better communication and networking between countries
- Considering the immigrants part of the population and offering them the same accessibility to the health systems
- Until then???





Migrant Health Issues

- Migrant Farmworker History
- Definition of a migrant worker
- Characteristics
- Migration today
- Challenges to Farmworker's Health
- Health Services
- Barriers to Accessing Health Services
- Traditional Health Beliefs





1850s - 1940s



1850s: Technological innovation in agriculture

Advances in crop production, machinery, transportation and refrigeration, increase the demand for a migratory seasonal labor force

1930-1936: The Dust Bowl

Over-farming, poor soil management, and severe drought created vast dust storms in the lower Great Plains. Farmers in this area became the new migrants, traveling to California and other regions in search of work.

1942: The Bracero Program

The US and Mexico signed what came to be known as The Bracero Treaty. With the onset of WWII and the need for greater military infrastructure, Mexican citizens were recruited to alleviate the labor shortages in the agricultural fields. Thousands of impoverished Mexicans abandoned their rural communities and headed north to work as Braceros.





1950s

1951: Continuing need for workers

The Bracero Program is renewed.

1952: H-2 Program

An amendment is passed to the Immigration and Nationality Act that creates a new visa program for agricultural workers, known as the H-2 Program, which mirrored the Bracero Program.

1955: Social Security

Social Security coverage is extended to migrant farmworkers.



1960s - 1970s

1962: The Migrant Health Act

The Migrant Health Act provides for financial and technical aid to public and private non-profit agencies that provide community health services to migrant farmworkers and their families.



1970: National Advisory Council

Reauthorization of Migrant Health Act mandates a National Advisory Council on Migrant Health.

1970: Expanded eligibility

Seasonal farmworkers are made eligible for grant-assisted services.

1978: Additional services

Health education and social services are added as services eligible for grant assistance.



1980s

1983: Workers' Protection Act

The Migrant and Seasonal Agricultural Workers' Protection Act establishes the rights of migrant farmworkers and the guidelines labor contractors must follow to respect those rights.



1986: Immigration Reform

The Immigration Reform and Control Act institutes penalties against employers that employ illegal immigrants. The act also grants legal immigration status if they have worked at least "90 man days" between May 1985 and May 1986.

1986: The H-2A Program

The H-2A Program is created out of the Immigration Reform and Control Act. It provides foreign workers temporary legal status. It leads to great controversy because the program seems allow for possible exploitation of farmworkers by employers.



1990s - Present

1992: Worker Protection Standard

The EPA's Worker Protection Standard sets provisions for a safe working environment for migrant farmworkers.

1996: Health Centers Consolidation Act

The Health Centers Consolidation Act passes. This act consolidates migrant health centers, healthcare for the homeless, health services for residents of public housing, and community health centers.

2001: Presidential Initiative

Initiative to Expand Health Centers, which seeks to double the number served by health centers.

2002: Health Care Safety Net

Health Care Safety Net Amendments reauthorize the Health Centers Program through 2006, seek to expand services to rural communities, and authorize the Community Access Program.



Definition of Migrant and Seasonal Farmworkers

Migratory Agricultural Worker

- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

Seasonal Agricultural Worker

- Principal employment is in agriculture on a seasonal basis
- Does not migrate

Aged or Disabled Agricultural Worker

- Previously migratory agricultural workers who no longer meet the requirements because of age or disability.



Definition of Agriculture/Farmwork

Farming as defined by all federal government agencies includes:

- Cultivation and tilling of the soil
- Production, cultivation, growing, and harvesting of any commodity grown on, in or as adjunct to the land
- Preparation and processing for market and delivery to storage or market, to carriers for transportation to market (performed by a farmer or on a farm)



Qualifying Tasks

Qualifying tasks are those related to farming of the land **performed by a farmer or on a farm**, including:

- Preparation
- Tilling
- Cultivation
- Growing
- Harvesting
- Processing
- Production
- Transportation
- Distribution



Qualifying Crops



Vegetables



Grains and Nuts



Nursery work



Fruits



Commodities

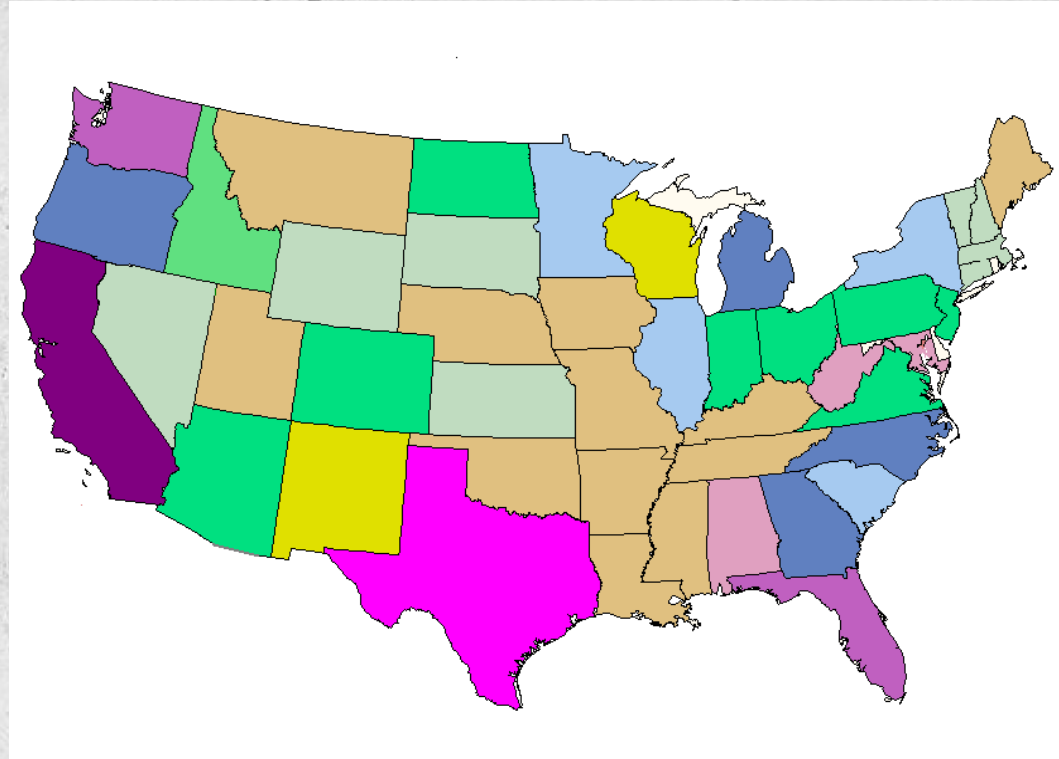
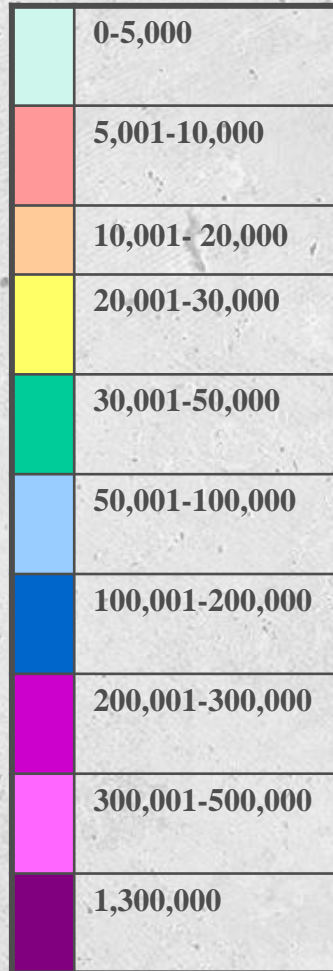


Different Federal Definitions of Qualifying Crops

<i>Department of Education</i>	<i>Health and Human Services</i>		<i>Department of Labor</i>
	<i>Migrant Health</i>	<i>Migrant Head Start</i>	
<i>Crops</i> <i>Nurseries</i> <i>Dairy farms</i> <i>Poultry</i> <i>Livestock,</i> <i>Lumber/Fores</i> <i>try</i> <i>Fisheries</i>	<i>Crops</i> <i>Nurseries</i> <i>Cannery *</i> <i>Packing *</i> <i>*On-site or near the farm</i>	<i>Crops</i> <i>Greenhouses</i> <i>Nurseries</i>	<i>Crops</i> <i>Greenhouses</i> <i>Nurseries</i> <i>Dairy farms</i> <i>Poultry</i> <i>Livestock</i> <i>(Industrial Classification System, codes 111-112)</i>



Migrant & Seasonal Farmworkers by State



Alice Larson Enumeration
Studies 1993, 2000, 2003



Migrant Characteristics - Mobility

Historical notion: Migration according to geographical “streams.”

Streams:

- East Coast
- Midwest
- Western



Reality: Migration is based on circumstance



Migrant Characteristics - Mobility

Restricted Circuit

- Usually a few adults from the household move to work, but they come home frequently
- Follow crops in one area
- Often centered around a home base



Migrant Characteristics - Mobility

Point-to-Point

- Move from a “home base” to a work location far away
- Often return to the same work location year after year
- Often a whole family travels together



Migrant Characteristics - Mobility

Nomadic

- Generally foreign-born young single males working in the United States and sending money home
- Travel to wherever there is work
- Usually do not know when or to where next move will be



Migrant Characteristics - General

- Vast majority are recent immigrants from Mexico and Central America
- From landless rural poor families
- Young population
- Poorly educated, may not be literate in or even speak Spanish
- Limited English proficiency (LEP)
- Many undocumented



Farmworker Migration Today

- Increasing number of H-2A workers nationally
- More males traveling alone
- Fewer families traveling together
- More workers establishing themselves in rural communities as seasonal workers
- Less trans-border migration
- More working in other industries, such as construction, meat processing and dairy, during the non-agricultural season

Source: Passel, 2006



Farmworker Migration Today

- Different sending communities
- Different destination communities
- Less housing available on or near farms (greater dispersion of population)



Migrant Health – Challenges to Farmworker Health Status

- Absent social support systems - separation from family, isolation
- Limited access to healthful foods for weight maintenance and disease control/ prevention
- Limited job security - workers will remain in a dangerous job to remain employed
- Discontinuity of care due to migration
- Substandard housing

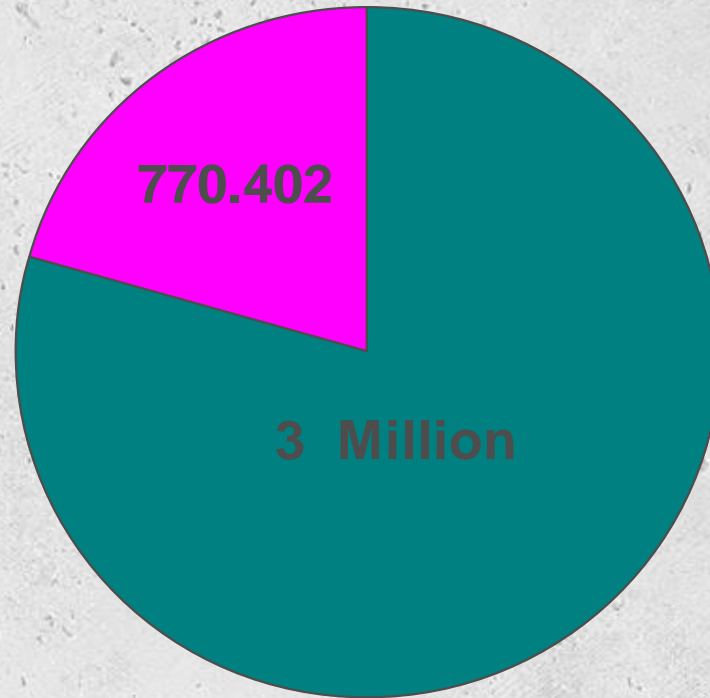


Work Related Injuries and Illnesses

- Musculoskeletal injuries
- Skin disorders
- Eye injuries
- Pesticide related symptoms: headaches, eye and skin irritation
- Hearing loss
- Mental health issues: substance abuse anxiety disorders



How Many Migrant and Seasonal Farmworkers Receive Health Care



■ MSFW Population ■ MSFW Served



Migrant Health – Barriers to accessing health care

- Cultural differences, language, health care practices and beliefs
- Limited literacy, medical knowledge
- Limited financial resources
 - **lack of insurance**
 - **inability to buy services and supplies**
 - **unreliable transportation**
- May be fearful of accessing health services due to immigration status
- Confusion about US Health Systems



Thank you for your attendance

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