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MIGRATION AND HEALTH

NEWSLETTER

IOM International Organization for Migration

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MIGRATION, HEALTH AND HUMAN RIGHTS

The main points are:

- Health for migrant populations: an important public health and human rights concern;
- Types and nature of problems and issues;
- Human rights framework;
- Public health policy challenges;
- Practical approaches.

Health issues of migrant populations have long been acknowledged as public health concerns, although rarely addressed with adequate attention or resources. Increasing international mobility, and growing political and media attention to migration are beginning to highlight the health dilemmas facing migrants.

These include the fact that many, if not most, of the world's 150 million[1] persons living temporarily or permanently outside their countries of nationality have restricted access – sometimes none at all – to "any" health services and health insurance in host countries. This is especially the plight of irregular or unauthorized migrants – those without official permission to enter or remain in a host country – who number millions worldwide. Their health problems may be compounded by their pre-departure conditions such as poverty and armed conflict, with no adequate health care for months or years during the travel itself, for example long trips, or because they have been trafficked or smuggled.

Public health risks posed by migrants with communicable diseases have long been debated, as have the costs to the health system of long-standing untreated medical conditions, including injuries and mental health problems. Less visible but of great concern are the multiple problems faced by migrant workers and families exposed to toxic substances, high risk of workplace injuries and unhealthy working conditions with little or no access to prevention and care.

Research on safety and health in employment document higher incidences of accidents, illness and injury among migrant workers than nationals. Due to unprotected exposure to toxic pesticides, higher rates of depression, chronic headaches, neurological and

pregnancy-related disorders including miscarriages, are noted among migrant workers in agriculture. In Europe, occupational accident rates are about twice as high for immigrant workers than for native workers.

Press and political discourse in many countries have headlined the association between migrants and the spread HIV/AIDS, although in reality their vulnerability results from their limited or non-access to prevention and education, and to detection and treatment for those who are infected.

Due to their double marginalization as women and as migrants, women migrants often face risks of violence and abuse at work, at home and on the streets. Migrants, in particular women and children victims of trafficking and migrant smuggling, are highly vulnerable to abuse, neglect, exploitation and violence.

The culture shock and inevitable disruptions that migrants experience in leaving behind familiar contexts and entering new socio-cultural systems is psychologically complex. Social adaptation and acculturation is a complicated process involving linguistic, social, cultural, and conceptual transference that can denude migrants of much of what provided the basis for their identity and meaning of life.

Discrimination, hostility and overt violence experienced by many migrants deepen the psychological traumas inherent to migration, and are often manifested in physical as well as emotional disorders. These traumas are exacerbated for unauthorized migrants by fear of detection, deportation and consequent major life disruptions.

Discrimination, exclusion and dehumanization directed at migrants pose enormous political, social and ideological barriers to the extension of adequate or even essential health care services to them. Economic and political justifications based on nationality and legal status are routinely cited in negation of public health appropriations, restricted access to services, and lack of attention by health care providers. The backlash of restrictive measures targeting foreigners in the wake of the 11 September 2001 terrorist attacks have encouraged and been exacerbated by a climate of "migrant phobia" which has not spared denial of health care as a purported means of combating perceived threats of terrorist movement or activity.

Human Rights

The central notion of human rights is "the implicit assertion that certain principles are true and valid for all peoples, in all societies, under all conditions of economic, political, ethnic and cultural life". Human rights are universal – they apply everywhere; indivisible – in the sense that political and civil rights cannot be separated from social and cultural rights; and, inalienable – they cannot be denied to any human being. This is the basis of the concept of "human rights for all" articulated in the 1951 Universal Declaration of Human Rights.

The notions and legal norms of human rights provide a useful framework, vocabulary and practical guidance to uphold fundamental humanitarian and social ethics in society. Respect for widely recognized notions of human rights together with the rule of law are the essential foundation for democratic society and social peace. Respect for the basic human rights of all persons in each society offers an essential, accountable and equitable basis for addressing and resolving the differences, tensions, and potential conflicts that interaction among different persons and groups with different interests inevitably brings.

A rights-based approach thus provides both an ideological construct as well as clearly articulated and widely accepted legal notions for legislative and practical responses in the realm of health and its determinants, as well as other aspects of community life. A rights-based approach emphasizes in particular that the needs of the most vulnerable or "at risk" individuals and populations are addressed, such as indigenous groups, the internally displaced, minorities, prisoners and non-nationals. To assess these needs, data collection has to be disaggregated or stratified samples to include all groups and their opinions, necessities and desires sought through discussion groups and interviews.

Only lately have international organizations, human rights advocates, governments and some non-governmental organizations (NGOs) given renewed attention to the human rights aspects of migration, in particular the human rights of migrants other than refugees and asylum seekers. Advances in ratification by States of international treaties recognizing human rights of migrants, renewed attention to human rights aspects of migration in many national and international conferences and naming a UN Special Rapporteur on human rights of migrants are visible manifestations of this new attention in the last three years.

Recognition that human rights apply to all migrants now challenges health care practitioners and institutions to look anew at the human rights aspects of health in relation to migrants.

The right to health is an inclusive right. It extends not only to timely and appropriate health care but also to the underlying determinants of health such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. Rights to health are well established in international law (See Box 1, Health, Human Rights and Migration).

Realization of the right to health is closely related and dependent upon other human rights such as the rights to participation, life, liberty and security of person, non-discrimination, equality, privacy, access to information, freedom of movement and freedom

from torture, cruel, inhuman or other degrading treatment.

Several basic principles bear emphasizing as markers to ensure that elaboration of public health legislation, policy and practice enables the realization of health rights for migrant individuals and populations:

- **Economic accessibility:** the realization of the health rights requires that access to health facilities, goods and services be based on the principles of equity to ensure that these services, whether privately or publicly provided, are affordable for all.
- **Physical accessibility:** facilities, goods and services must be within safe physical reach for all sections of the population, including those in rural areas.
- **Access to information:** information must be available to persons from different backgrounds, including those who face linguistic barriers and have limited educational circumstances.

  Culturally appropriate services: an essential element of the right to health is that all health facilities, goods and services must be culturally appropriate, particularly to encourage timely health-seeking behaviour, prevent wrong diagnoses or late presentations with life-threatening conditions, inappropriate treatment and poor compliance on the part of patients.

  Addressing related policy areas is also essential. National legislation and public policy must uphold decent working conditions. Enacting and enforcing basic workplace health and safety standards is essential, combined with practical measures to address linguistic obstacles, improve familiarity with modern machinery, and enhance attitudes to safety, notably in workplaces employing foreign workers.
- **Combating discrimination and xenophobia:** is an equally vital component of public policy to validate and protect human rights and dignity of all persons – migrants in particular – and of reducing risk factors associated with living and working environments and lack of access to health services.

Lines of Action

Recognition and extension of health rights to migrants require particular and urgent action by those most immediately concerned: health practitioners, social advocates, legislators, employers and migrants themselves. Long experience in the field permits the undersigned suggest several lines of action:

1) Incorporate teaching of human rights dimensions as part of medical undergraduate training as already done by Dundee University in the United Kingdom and other programmes.

There is perhaps no better place to begin to impart an awareness of human dignity than in the small world of the doctor-patient relationship. At entry to medical school, were each student to be given a copy of the Universal Declaration of Human Rights and asked to commend its essence to memory, by the time of graduation, each article would be linked to recollections of people met and understood, people taken care of as patients and encountered as peers. Thus are patterns of a lifetime set, preparing this next generation of practitioners for practice into the next century. Hippocrates and Maimonides still abide, but the vast changes in situation and circumstance since they spoke create the need for other canons.

Editorial, BMJ, 29 Nov 1997, No 7120, vol 315.

2) Medical practitioners have a particular responsibility to act and advocate so that migrants have access to essential health prevention and curative services. It is a matter of medical ethics deriving from the Hippocratic principles, as well as a matter of public health common sense. Indeed, advocacy for improvements in the determinants of health status based on a human rights approach provides a more useful language than medical ethics.

Public health and human rights are complementary – occasionally conflicting – approaches to promoting and protecting human dignity and well being. Because of their training, health practitioners are well placed in society to promote human rights. Health care providers also have a duty to respect international standards of human rights and humanitarian law.

Human Rights Centre, University of California, Berkley (USA).

3) Public advocacy for recognition of basic rights and dignity of all migrants is the starting point for addressing the health needs of migrant populations, and ensuring extension of or adequate health services to them.
4) Specific attention must be directed at sensitising and enlisting cooperation of public health authorities in extension of health care, including education and preventative care, to all migrants.
5) Sensitizing and awareness-raising of employers and transnational companies of the desirability of improving the health and working conditions of migrant labourers, in terms of increased productivity and the promotion of sales through "worker friendly", "environmentally friendly" products.
6) Migrants themselves must know their rights, and be involved as subjects of a rights-based approach to health. This means their full involvement in designing and implementing programmes and projects affecting them, and their full participation in advocacy and representation regarding their concerns.

1. McKinley B, ìForewordî, in *World Migration Report 2000*, International Organization for Migration and United Nations, 2000: vii-viii.

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drawing on a working paper on migration, health and human rights being prepared jointly by WHO, ILO, IOM, ICMH, OHCHR and Institute Mario Negri (Italy).

BOX 1

HEALTH, HUMAN RIGHTS & MIGRATION *

	Determinants of quality of health care		Determinants of health	Legal mechanisms
Medical ethics GC 14	Confidentiality Information Consent Quality Accessibility Affordability Availability Appropriateness Equity ⇩	HEALTH The right to the highest attainable standard of physical and mental health	Poverty Food and water Shelter/housing Sanitation Education Environment Discrimination, torture, etc. Natural and environmental disasters, etc. Armed conflict, war ⇩	UDHR, ICCPR, ICSECR, CERD, CEDAW, CRC, GC 14 IHL
Migrants and Asylum-seekers	Often limited/ absent before departure, during the journey and after arrival ⇨	Greater risk of ill health	⇦ Often the cause of moving	CRMW

Source: Stuckey J, Gunaratne S, IOM Migration Health Services, 2002

Notes: UDHR: Universal Declaration of Human Rights, 1948; ICCPR: International Covenant on Civil and Political Rights, 1966; ICESCR: International Covenant on Social, Economic and Cultural Rights, 1966; CERD: Covenant on the Elimination of Discrimination, 1965; CEDAW: Covenant on the Elimination of Discrimination Against Women, 1979; CRC: Convention on the Rights of the Child, 1989; GC 14: General comment 14 on the right to health, 2000; CRMW: Convention on the Rights of All Migrant Workers and Members of Their Families – it has not come into force as of mid-August 2002; IHL: International Humanitarian Law (4 Geneva Conventions and 2 protocols) on the rights of prisoners of war and civilian populations during armed conflict.

* A project on the health and human rights of migrants is being implemented by the World Health Organization (WHO), the International Centre for Migration and Health (ICMH), the Office of the High Commissioner for Human Rights (OHCHR), the International Labour Organization (ILO), the International Organization for Migration (IOM) and the Fondazione Internazionale Lelio Basso/Instituto Mario Negri. This project recognizes that health risks are increased because of migrants' vulnerability due to lack of full enjoyment of human rights, including freedom from all forms of discrimination, access to information, adequate health services and health insurance. The overall project objective is to reduce the vulnerability of migrants, and thus, risk and impact of ill-health by enhancing their health and human rights protection in national health policies and legislation. A publication on the health and human rights of migrants will be available at the end of this year prepared jointly by the above-mentioned organizations at www.who.int/hhr/news.

REVIEW OF RESEARCH

REPRODUCTIVE HEALTH

Reproductive health outcomes in a post-emergency context

According to the authors, there are approximately 37 million displaced persons worldwide, consisting of refugees and internally displaced persons (IDPs), and an estimated 20 per cent of these persons are women of reproductive age.

Despite an increasing awareness of the importance of reproductive health programmes and services for refugee and internally displaced populations, basic epidemiological data on the outcomes is poor.

The objectives of the study were to collect data on reproductive health (RH) outcomes among refugees and IDPs in post-emergency camp settings to provide baseline information on RH outcomes, to compare the outcomes with those of populations in their respective host country and country of origin, and to identify relevant policies and programmes on to RH outcomes. The authors gathered information from 52 refugee and IDPs post-emergency camps, in seven different countries, between November 1998 and March 2000. The results of the findings suggest that refugee and IDPs in most post-emergency camp settings had better reproductive health outcomes than their respective host country and country of origin populations. The authors conclude that this result is due to the attention and dedication of the organizations providing RH care services and the progress made in the past decade in refugee reproductive health.

Hynes, M, Sheik M, Wilson HG, Spiegel M, ìReproductive health indicators and outcomes among refugee and internally displaced persons in post-emergency phase campsî, *JAMA*, 288(5), 7 August 2002.

IOM RESEARCH

MEDICAL EVACUATION OF REFUGEES IN CONFLICT SITUATIONS

From the beginning of the North Atlantic Treaty Organisation's (NATO) air strikes in Yugoslavia in March 1999, the exodus of Albanians from Kosovo increased very rapidly. The United Nations High Commissioner for Refugees (UNHCR) estimated that some 243,000 refugees had entered The former Yugoslav Republic of Macedonia (FYROM) only. Thanks to the solidarity of the Government of the FYROM and of local citizens, and to the prompt intervention of the international community, temporary shelter in refugees camps and at host families was found for the most vulnerable of these persons.

By the end of April 1999, the burden of the human crisis was so acute that UNHCR formally requested the non-European nations to begin operations to evacuate Kosovar refugees from camps in the FYROM – the Humanitarian Evacuation Programme.

In agreement with the UNHCR, IOM developed and implemented a three-month medical evacuation project of Kosovar refugees in the FYROM in May 1999. To realize this project, a priority medical screening, based on UNHCR's registration data of refugees with a medical condition and classification, was conducted.

The Humanitarian Evacuation Programme demonstrated worldwide solidarity. The joint participation of numerous governments and inter-governmental organizations and the Priority Medical Evacuation provided an example of international humanitarian cooperation. A total of 3,946 cases were identified and classified by group of diseases.As there was a shortage of invasive cardiology diagnostics and cardiosurgical capacities not only in the FYROM, but also at the regional level, the programme brought to light the need for regional cooperation in diagnostics, treatment and interventions. However, a relatively high number of psychological cases remain the most important finding. Thus, pointing to the need for a post-traumatic stress disorder care, but also to the challenge of providing adequate care for refugees in an alien environment. To conclude, the authors report that within the time-frame of the project, 1,032 medical cases were successfully evacuated for medical treatment to 25 host countries throughout the world.

Szilard I, Cserti A, Hoxha R, Gorbacheva O, OíRourke T, ìInternational Organization for Migration : experience on the need for medical evacuation of refugees during the Kosovo crisis in 1999î, *CMJ*, 43(2):395-398, 2002.

INTERNET RESOURCES

As health personnel we know about medical ethics so why consider human rights? Essentially, knowledge on human rights is important in order to have a broader view of health and have another language to use when speaking about health, especially the determinants of health. In medical ethics the emphasis is on the doctor's role with respect to the individual patient, and though noble and necessary they are self referential, promising to maintain the highest standards of personal integrity and competence and to show compassion for those placed in their care. They also stress confidentiality, best practices, appropriate information and informed choice, but do not emphasize the rights and dignity of the patient. Ethics are of great importance with new discoveries relating to health, such as cloning, when there is still no legislation to cover these areas. Ethics permit us to talk about health care but not so easily about the determinants of health, where the language of human rights serves us better.

The following addresses are useful sources of information on migration and migration health-related issues.

Dr Julia Stuckey
International Organization for Migration
Migration Health Services, Geneva

Organizations

Health and Human Rights
Francois-Xavier Bagnoud Centre, http://www.fxb.org/indexeng.html has several interesting sections, including humanitarian action, health and human rights advocacy and medical research and training. The health and human rights conference list is a twice a month email update with news related to international health and human rights topics, including announcements of new additions, "Sites of the Month" and upcoming health and human rights events.

The "Medicine and Human Rights" Education module from the Dundee niversity at http://www.dundee.ac.uk/med&humanrights/SSM/home.html is an initiative of Physicians for Human Rights (UK) designed for those with no prior knowledge about human rights as they impact on the practice of medicine. The issues covered include torture, death penalty, human rights and public health, rape in war and seeking asylum.

The material is the complete course given over a two-week period to medical school undergraduates and can be followed sequentially or by specific topic.

Migrants Rights

- Migrants' Rights Watch: www.migrantwatch.org/pages/index_mri.htm
- December 18: www.december18.net/intro.htm

These two sites provide up to the date information about the CPRMW (rights of migrant workers) and the number of signatories need before it enters into force.

In the context of migration and human rights, issues such as disabilities and health, undocumented migrants, multiculturism and women migrants are discussed.

MIGRANT.NEWS, a joint initiative newsletter by both NGOs, is issued monthly, and available electronically, and provides information on international migration, treatment of migrants and protection of migrants rights.

- Asian Partnership on International Migration (APIM): www.apim.apdip.net
- International Labour Organization (ILO): www.ilo.org
- International Organization for Migration (IOM): www.iom.int
- UN High Commissioner for Refugees (UNHCR): www.unhcr.ch
- United Nations High Commissioner for Human Rights (UNHCHR): www.unhchr.ch

Research Institutions

- Asian MetaCentre for Population and Sustainable Development Analysis, C/o Asia Research Institute National University of Singapore: populationasia.org
- Centre for International Mental Health: www.cimh.unimelb.edu.au
- Centre for Research in International – Migration and Ethnic Relations (CEIFO): www.ceifo.su.se
- Center for Migration Studies (CMS): www.cmsny.org
- European Research Centre on Migration and Ethnic Relations (ERCOMER): www.ercomer.org
- Migration Policy Institute (MPI): www.migrationpolicy.org

MEETINGS

FIRST INTERNATIONAL CONGRESS ON CHILD MIGRATION

The Child Migrants Trust and the International Association of Former Child Migrants and their Families, in association with Nottinghamshire County Council, are organizing the First International Congress on Child Migration in October.

The congress will focus on topics such as:

- Child welfare
- Human rights
- Slavery
- Mental health
- Politics of apologies and reparation
- Inter-country adoption
- Secondary and historical abuse
- Personal identity
- Unaccompanied migrant children

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Venue:
New Orleans, USA
27-31 October 2002

NEW PUBLICATIONS

NEWSLETTER OF THE UNIVERSITY OF MELBOURNE AND HARVARD MEDICAL SCHOOL

The University of Melbourne and the Harvard Medical School International Mental Health Leadership Program (IMHLP) have initiated a newsletter to inform the general public, government officials and the public health community, of the developments in the programme and other information concerning mental health development.

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