

Migration and Health:

Indigenous Immigrant Communities in the U.S.

Indigenous communities make up an important culturally and ethnically diverse segment of Latino migration to the U.S.¹ Migration of indigenous people to the U.S. mainly from Mexico and Guatemala is a growing phenomenon since the 1990s.¹ In the U.S. Latinos as a whole constitute the fastest growing major demographic group and Mexico is the most common country of birth of U.S. immigrants.^{2,3} According to 2008 estimates, 11.8 million immigrants living in the U.S. were born in Mexico.⁴ In Mexico there are some 62 officially recognized indigenous languages, some of which make their way into U.S. communities through migration. Health statistics seldom describe the particularly vulnerable health status of indigenous immigrants, who tend to fare the worst in most health outcomes when compared to the general population in places of origin.

The health of indigenous people is highly vulnerable in countries of origin and destination. In Mexico, rates of infant and maternal mortality as well as malnutrition are higher among indigenous people than in the general population.^{5,6} Mexico's southern region, where most indigenous immigrants to the U.S. originate, has a higher burden of ill health in all disease and injury groups than other regions and the highest mortality rates in the country.^{14,31}

The Facts

- Although considered minimum estimates greatly affected by undercounting, in the 2000 census 407,000 people identified themselves as "Hispanic American Indians." Nationwide within this category, the most heavily represented countries of origin were Mexico and Guatemala.¹
- Predominantly identified "tribes" (a U.S. census term not commonly used in Mexico or Guatemala) include: Mayan, Mixtec, Zapotec, Triqui, and P'urépecha.
- California and Texas are the states with the highest concentration of "Hispanic American Indians."¹

The Issues

Health Disparities in Communities of Origin

In Mexico and Guatemala, as in most Latin American countries, indigenous people have higher illness and mortality rates than the population as a whole.^{5,6,7,8} Women are particularly vulnerable. In comparison with indigenous men, indigenous women are more likely to be illiterate and monolingual (speak an indigenous language but not Spanish) which can hinder access to health care.⁶

Although Mexico has made progress in these areas, health disparities are still pervasive across the country. In 2005 the state of Guerrero, which is home to a large indigenous population, had a maternal mortality rate twice as high as the national average.⁹

Social Determinants of Health

Low social and economic standing translates into worse health outcomes and a shorter life span at every step down the gradient of socioeconomic status.¹⁶ In Mexico indigenous communities are educationally and economically marginalized.⁵ Oaxaca and Chiapas, the two states with the largest concentration of indigenous people, have the highest percentages of households living in extreme poverty and also contribute significant indigenous migration to the U.S.^{10,11,12} In the U.S., Latino immigrants are concentrated in low paying and often dangerous occupational sectors, where health and other employee benefits are rarely offered.¹³ Farm work is among the most common employment for indigenous



Oxnard Strawberry Workers: Strawberry pickers in Oxnard, CA, most of whom are indigenous immigrants from the states of Oaxaca, Guerrero and Michoacan.

¹¹Undocumented status has high prevalence among Latino immigrants. By extrapolation, this statement is relevant to the indigenous populations.

¹For the purposes of this brief, Indigenous people are those that identify themselves as such and maintain cultural and linguistic ties to cultures that existed in the Americas before the arrival of Europeans in 1492, having lived through a process of colonization and adaptation.

immigrants, and also among the lowest paid.

- **Undocumented Status:** Lacking legal status restricts eligibility to health programs in the U.S. Fear of deportation is also a significant source of stress and interferes in health seeking behavior.¹⁴
- **Housing Conditions:** Indigenous immigrants often live in overcrowded, substandard housing conditions conducive to ill health.^{15,16} For some indigenous farmworkers, home is a shack, or a tent in someone's backyard, consisting of arrangements with limited access to basic facilities such as water and electricity.¹⁶
- **Dietary Changes:** Worldwide, traditional diets are giving way to westernized food habits with accompanying increases in obesity and chronic diseases.^{17,18} Migration to the U.S. can be expected to accelerate dietary changes already occurring in many indigenous communities and early life exposure to malnutrition may also predispose individuals to obesity as adults.¹⁸



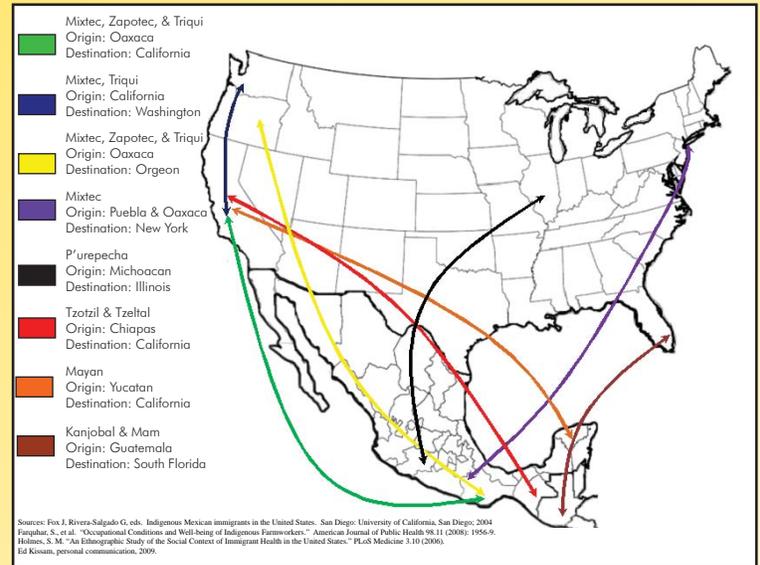
Artisans of Oaxaca: An indigenous Amuzgo woman embroiders a blouse in San Pedro Amuzgos, the main center for embroidery in the Mixteca region of Oaxaca, one of the poorest areas in Mexico.

- **Substance Abuse:** Given a social context of isolation, poverty, and lack opportunity, alcoholism is a primary concern for many indigenous communities.⁵ Additionally, the use of tobacco, alcohol, and illicit drugs may increase between first and second generation indigenous immigrants.^{19,20}

Access to Healthcare

Poverty, undocumented status, discrimination, language, and cultural differences hinder indigenous immigrants' access

to health care services.^{5,11,14,15,21} Although undocumented laborersⁱⁱ contribute to Social Security, and federal and state taxes, they are ineligible for most government assistance programs in the U.S.²⁶ Health insurance coverage for this population within and outside of the U.S., is often precarious.²⁶ Immigrants' health is affected by the migrating experience, which is often accompanied by a sense of isolation.¹⁴ Among immigrants, relative lack of supportive social networks exacerbates stress due to changes in diet, housing, and sources of health care.¹⁴ Indigenous immigrants are also



vulnerable to discrimination on multiple fronts, in the mainstream population as well as among other Mexican (Ladinos) immigrants. Studies indicate that among farm workers in the U.S., indigenous status is linked to the lowest paid, most labor-intensive jobs, and most crowded housing conditions.^{15,22,11} In addition to contributing to poor health, discrimination challenges the conservation of indigenous language and culture, threatening the survival of indigenous heritage and values.

Indigenous Farm Workers in the United Statesⁱⁱⁱ

- Ten to 20% of the 1.5 million hired farm workers in the U.S. are estimated to be indigenous immigrants.^{23,24}
- An estimated 1 million indigenous people from southern Mexico, primarily Mixtec, Zapotec and Triqui groups from the state of Oaxaca, make up the fastest growing farmworker population in California.^{25,14}
- Approximately 40% (70,000 people) of the number of farmworkers in Oregon are indigenous immigrants from Guatemala and Mexico.¹⁴

ⁱⁱⁱThese estimates are based on proxies.

Culture, Language, & Health

In the U.S., when health care services are available to indigenous immigrants, health care providers rarely speak the indigenous language of the populations they serve or have adequate translation services available.^{5,22} This may contribute to a high risk of misdiagnosis by physicians and nonadherence to treatment in indigenous communities.²¹

Though traditional medicine practices vary, many indigenous communities share the belief that cold and hot elements or forces in the world influence health and illness.⁵ Traditional healers, called *curanderos* in Spanish, often use medicinal plants and rituals to provide healing and restore balance between cold and warm forces.²⁶ The differences between indigenous traditional medical practices and those used in mainstream U.S. health clinics can lead to barriers in providing effective care to indigenous immigrant communities.

Occupational Health

The agriculture industry is one of the most significant sources of employment for indigenous immigrants in the U.S.; unfortunately, it is also one of the most dangerous.^{11,27,28} Occupational health risks associated with agriculture include “pesticide exposure, skin disorders, infectious diseases, lung problems, hearing and vision disorders, and strained muscles and bones” among others.²⁷

Indigenous farmworkers are more vulnerable to suffer poor working conditions as they are perceived as unlikely to complain and more reluctant than other farmworkers to report law violations or seek medical attention for illness or job injuries.²⁹ This coincides with the studies showing that indigenous farm workers are often assigned the most difficult and dangerous jobs, which in turn exacerbates health risks associated with agriculture.²⁹

Guidelines for Policy Development

Improving the health and social status of indigenous immigrants requires combined efforts at the local, regional, and national levels.

Locally

- Implement programs fostering cross-cultural understanding, especially in the workplace and the health clinic, and encourage the development of culturally competent health materials.

Regionally

- Promote fair legal treatment of indigenous immigrant laborers, and work to educate workers on their rights.

Nationally

- Policies must encourage companies - especially those in the agricultural sector - to maintain safe labor practices and provide adequate housing.



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- Consideration should be given to a new temporary worker status (with support from immigrants and employers) that would include safe and legal border passage and guarantee workers the freedom to change jobs to foster reduction of power differentials between employers and employees and to avoid unfair treatment of workers.¹⁵
- Mandating health access for all - be it through a private, employer based plan, or government program - is the policy option with the greatest capacity to improve the health of indigenous, and indeed all immigrants in the United States.

In order to address the health needs of indigenous immigrant communities in the United States, policy makers must take into account these communities' long history of social and economic marginalization. Every effort should be made to promote sustainable, long-term development for these communities that provides them a safety net as well as long term prospects for integration and that respects the need to protect their native heritage.

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