“Mexican Migration and Healthcare: Transnational Perspectives from Puebla & the New York State Capital Region”

REPORT on Grant #FNN01Y entitled “Mexican Migrant Health Needs in Upstate New York: A Survey and Intervention”

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A Summary of Findings and Recommendations.

Summary of General Findings:

The bi-national report connects two particular places in Mexico and the US by examining how migrants and migrant health care programs are defined relative to the larger health system and the role that the categorizations that emerge from this process play in healthcare access and funding in both Mexico and New York. It draws upon and synthesizes almost two years of ethnographic research in the central Mexican state of Puebla and in three employment sectors–agriculture, service and the Saratoga track – in the New York State Capital Region, where Mexican migration is relatively new and has grown substantially in the past decade. The overall account presents three different frames analysis:

1. An institutional mapping, which asks "who are the federal, state, regional and municipal players in the field of migrant health care and what, if any, articulations do they have with each other? Is their funding attached to particular modes of eligibility or categories of migrants?"

In Mexico, research was conducted on the program "Vete Sano, Regresa Sano" (VSRS) as it exists within the framework, hierarchy and bureaucracy of the Secretaria de Salud and how it functions in the state of Puebla. In New York, we met with and interviewed providers and advocates at Migrant Farm worker Clinics, Latino Advocacy Programs, local Economic Opportunity Commissions, and met with private practitioners and Department of Health officials from the Migrant and Seasonal Farm worker Health Program, and the Migrant and Seasonal Farmworker Vaccination Program. These many programs compose what we refer to as an *ad hoc* terrain of healthcare, one that is both vulnerable and subject to frequent shifts, providing further barriers to migrants.

2. A comparison of national ideologies or basic philosophies regarding health care and health systems, which argues that Mexico approaches health care as a right and the US treats it as an achievement.

The consequences of the differing philosophies for migrant healthcare access includes the sometimes privileged place of the Mexican migrant in Mexico versus the exclusionary ways in which migrants (with or without documents) are treated in the US. These shifting positions (privileged versus excluded) create barriers to healthcare and confusions about healthcare access. Different political cultures in the Mexico and the US support the differing visions and practices of healthcare. More particularly, in Mexico we have essentially a national system, though with great inequalities of coverage, that affects migrants because they are both politically marginal and economically crucial to the states and federal government. Conversely, in the US we have private-public system, with a welter of overlapping local, state, and federal programs that inadequately cover different portions of the Mexican migrant population.

3. An examination of complexity and gaps in the gathering of statistical information pertaining to migrants and health care, which results from the institutional characteristics as well as the shared problem of reconciling policy desiderata with

the 'facts of the ground' as seen by health care providers and migrants and their families.

The differences of fundamental philosophies in (2.) notwithstanding, in both New York and Puebla we find a common practice and problem: unrealistic/improper counting of migrants and services provided. This situation results from a variety of causes, including a complex bureaucratic field that increases the tendency to institutional guardedness, program funding streams that are simply inadequate for the official goals and tasks, and narrowly defined eligibility criteria for healthcare, severe in the US but systemic also in Mexico. This state of affairs impacts migrants, their families and those who advocate for and provide services for them. It also has considerable implications for research on binational health issues.

Policy recommendations:

Our recommendations fall in two broad areas. The first concerns the importance of understanding the broad social context of health needs and health care for Mexican migrants, in both Mexico and the US. The second concerns what should be done to improve the conditions for conducting research in this area, and what PIMSA can do, with modest investment of resources, to further those goals.

<u>Understanding the broad social context of health needs and health care</u>

1. As discussed in the larger report, it is crucial to understand recent historical changes. Migration is changing, and this means that the old broad streams into the West, Midwest, and East Coast have become much more complex movements into small cities and rural areas. These need to be studied in their own right, and they differ considerably from large metropolitan areas or long-standing centers of in-migration, such as Texas or California.
2. The political climate regarding migration must be taken into account in health research and policy. That climate changed dramatically from summer 2006 to the present. In the US, anti-immigrant sentiments and practices have increased officially and among the general populace. Upheavals in Mexico, in particular, the State of Oaxaca, have increased the fears of the migrants and their families in Mexico and the US. Both developments influence migrants' ability and willingness to interact with health care providers and to discuss their circumstances with researchers.
3. Policy makers need to consider the broad institutional cultures and the basic philosophies of health as part of the "social contexts of health." These differ considerably, with consequences discussed in our full report, but in both countries we find a process of ad-hoc provision of health care. These leads to fourth issue
4. Policy makers and research funders need to appreciate the pervasive reality of rule-bending, creative adjustment of criteria, and 'informality' in general, by migrants seeking health care, providers, and state-level agencies, in order to deal with the difference between stated laws and policies and the existing needs for health care. This should be studied and understood better;

investigating it requires time and trust. This is particular true in climate of strained financial resources for the myriad partial programs serving migrants health needs in the US. This leads to a fifth issue, concerning local health groups.

5. There should be better recognition and funding of informal advocacy networks, given their vulnerability in times of economic crisis and the crucial role they play in connecting migrants to healthcare in the US.

Improving the conditions for research on health care:

1. Every effort should be made to make information being collected on migrant populations being served accessible and usable. As discussed in the full report, statistics on migrants and migrants' families attended by different federal and local state healthcare programs in Mexico should be disaggregated in order to measure advances and limitations, and strengthen their ability to serve the population they seek to target.

2. More generally, institutional procedures for collecting and categorizing information in Mexico and the United States should be standardized, so that those concerned with binational healthcare can have access to reliable and comparable quantitative data.

3. Recognizing the complexity of the social context of migrant health, PIMSA should continue to facilitate active networks to foster research exchange and conversations about fieldwork dilemmas.

4. Given the long time frame of (post-NAFTA) US/Mexico health collaboration, there is a corresponding need for long-term research teams and collaborations; accordingly, PIMSA should seek ways to obtain course releases and/or administrative releases of PIMSA researchers in order to strengthen the research and building of bi-national teams.