

THE IMPACT OF MIGRATION

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I. Introduction

Population mobility is a fact of life recognized throughout history. However, in modern times, many factors have contributed to its intensification. Advances in communications technology, which makes travel easier; trade between countries, including the impact of trade resulting from globalization; political instability, poverty, and unemployment in economically disadvantaged countries are some of the factors that contribute to this phenomenon. The causes of migration may be political, economic, or environmental. In 2003, the International Organization for Migration (IOM) estimated that worldwide, one in every 35 people is an emigrant. Other sources indicate that roughly 175 million people, or 2.9% of the world's population, are living temporarily or permanently outside their country of birth (Buchbinder, 1999).

Population movements tend to have a wide range of repercussions for both the people who emigrate and the populations in the areas where they settle—repercussions that are visible in the sociocultural sphere and public health. Emigration may be voluntary and planned or involuntary. However, in either case, it is an event that is a stressing event for those who experience it.

Intentional migration in Latin America and the Caribbean is a social phenomenon with deep historical roots, fostering linkages among the countries of the Region and between the Region and the rest of the world. Growing intraregional migration has been observed since the 1960s, along with migration to other regions, chiefly the United States and certain European countries (Gómez and Madrigal, 2004). The Latin American and Caribbean countries have been the scene of sweeping social and economic changes, major social and political problems, alterations in ecosystems, and devastating natural disasters. All of these factors have contributed to growing numbers of displaced persons, increasing the flow of migrants. This flow is two-pronged:

- Intraregional emigration, which, while a longstanding phenomenon, has grown in recent decades, reportedly reaching a figure of 2.2 million people.
- Emigration to countries outside the region, chiefly the United States, a phenomenon that has markedly increased over the past decade (Gómez and Madrigal, 2004).

II. Impact of Migration

A. Social Impact on Emigrants

People who emigrate take with them their own culture, habits, customs, religion, beliefs, and health conditions. From the social standpoint, emigrants must adapt to a new social and cultural environment, which may lead them to redefine their values system.

The loss of social support networks and isolation or marginalization, together with the difficulty of adapting to cultures and values different from those of their place of origin can make the acculturation process difficult. Other social variables that can exacerbate the situation are language barriers, social and ethnic bias, lack of legal and institutional protection, and lack of access to a social safety net. (Grondin, 2004).

B. Impact on Health

Emigration can lead to changes in emigrants' habits in areas such as diet, alcohol consumption and smoking, and exercise, which can have direct consequences for their physical health. This can lead to changes in morbidity patterns. Emigrants may also be exposed to new conditions endemic to the populations in which they have settled and for which they have no acquired immunity.

1. Mental Health

Migration studies report a wide range of conditions from depression and traumatic stress to suicide and other psychopathologies (Friis, Yngve, and Persson, 1998). The impact on the health of migrant populations is an issue that continues to spark controversy. For example, some U.S. studies have shown that some immigrants enjoy better health than people born in the United States, notwithstanding their higher poverty rates and limited access to health facilities. Other studies, however, indicate

that immigrants have higher rates of disease and poorer health than would be expected (Kandula, Kersey, and Lurie, 2004).

The health of populations and groups is generally measured by indicators. Important health indicators, such as overweight and obesity, physical activity, tobacco use, substance abuse, responsible sex, mental health, etc., are often used as the basis for comparing populations. In this section, we will describe the findings of several studies on the health of migrants, particularly Hispanics in the United States.

2. Infant Mortality

In the United States it has been reported that the children of Puerto Rican immigrants who have long lived in the United States and those of Puerto Rican origin who were born in the United States have higher infant mortality rates compared with recent immigrants or residents of Puerto Rico. This finding is an example of the fact that migration and acculturation are not always positive things. We must ask whether these findings indicate that the experience with the U.S. culture affects children's health, or whether it is the result of a recent selective migration of healthier mothers to the U.S. mainland (Landule, Oropesa, and Gorman, 2000).

3. Overweight and Obesity

Overweight and obesity have risen dramatically in recent years across all age and ethnic groups. However, some studies have found that obesity in immigrants increases with their length of residence in the United States. Among immigrants, Asian and Hispanic adolescents born in the United States had a two times higher probability of obesity than first-generation adolescents born outside the country (Popkin and Udry, 1998).

4. Smoking

Traditionally, however, tobacco use among immigrants to the United States is less, on average, than in people of the same ethnicity born in the country and in the general population born in the United States. A troubling fact is that the smoking has increased among teenaged Latino high school students. This indicates the need to target no smoking campaigns to these adolescents, the children of immigrant families (Kandula, 2004;

Kershaw, 2001; Unger, Cruz, Rohrbach, et al., 2000; Wiecha, 1996).

5. Substance Abuse

In general, immigrants in the United States have significantly lower rates of the substance abuse than people born in the United States. This includes the use of alcohol, illegal drugs, prescription drugs, and inhalants. Furthermore, the length of time in the United States has been associated with a higher rate of alcohol and illegal drug use. Immigrants who have been living in the United States for more than 15 years have a rate of illegal use drug similar to that of the native-born population, revealing the negative impact of the acculturation process (Jonson, Geest, and Cho, 2002).

6. Responsible Sex

The results for responsible sex are not similar to those for tobacco and alcohol use. For this indicator, there are no major differences between the problems of immigrants and those of the native-born population. One fact that should be cause for concern is that, reportedly, immigrant parents seem to receive less support for eliminating sexual activity among their children, putting these young people at greater risk for pregnancy and other consequences. Latinos, for example, are reported to have a higher fertility rate than any other population in the United States (Blake, Ledsky, Goodenow, and O'Donnell, 2001; Kandula, 2004; Lee, Orsay, Lumpkin, Ramakrishman and Callahan, 1996).

7. Trauma and Violence

As to trauma and violence, the data for immigrants is limited. Some studies have revealed lower child car seat and seat belt use in Latino communities (Harper, Marine, Garrett, Lesote, and Lowenstein, 2000; Lee, et al., 1996; Sorenson and Shen, 1996 and 1999). Studies by Sorenson and Shen (1996 and 1999) have reported a higher risk of death by homicide among Latino immigrants.

The review of certain health indicators in immigrant populations shows that acculturation can have a negative as well as a positive impact. The reasons for these differences are complex, and may be the result of immigrants' retaining the habits and customs of the country of origin while acquiring new ones from the country to which they have migrated. Similarly, the contribution of genetics to certain diseases is very important.

At the same time, we also found a lack of data on the health of immigrants. Examining the information on immigrant health through indicators has shown us that migrants do not always have worse health or worse habits than the native-born population. These relatively positive findings on immigrant health are known as an epidemiological paradox. That is, notwithstanding their socioeconomic profile, exposure to discrimination, and limited access to health care, some health indicators in the immigrant population are positive.

However, in some areas, migrants are the ones with the worse health situation, especially when it comes to the troubling areas of trauma and violence. Violence, for example, has a tremendous impact on the image of migrants in the community, leading to stereotyping and rejection. Clearly, both the positive and negative impacts on migrant health suggest the need for further research and study. Studies of this type are necessary for the migrants as well as the receiving population, since one way or another, both can be affected by the findings. Knowing the health situation of migrants would provide a morbidity profile to help target interventions to priority areas. At the same time, the population that they live among can use this information to plan for adequate service delivery, understand the situation, and abandon myths and erroneous beliefs.

C. Impact of Migration on the Country of Destination

Mass migrations tend to have an impact on the country of destination. The effects can vary: some of them are the social tensions resulting from a lack of acceptance and consequent discrimination by certain groups; the introduction of new health conditions; the impact on health services, education, and employment; the introduction of new customs and habits, chiefly in the area of diet; and social changes, both positive and negative. Countries that receive these waves of migration recognize their impact. However, their reaction to these populations and how they deal with them will depend on whether the immigrants are accepted. Countries that recognize this take steps to minimize linguistic and cultural barriers, which include developing policies and providing specific services to particular ethnic groups.

Furthermore, immigrants tend to fill employment gaps by taking lower-paying, lower-skilled jobs. This, in turn, becomes a source of conflict between the people who do not accept them and those who

believe that their presence is beneficial because it satisfies a need in the labor market at a lower cost.

D. Impact on Public Health Systems

Many of the effects discussed tend to have a direct impact on the public health system. First, the demand for services will increase—particularly in the area of curative care, which will require health professionals prepared to treat people with different languages and cultural backgrounds. This means that the receiving country will have to strengthen its health institutions, training health professionals to work with culturally diverse populations and familiarizing them with health conditions that could be prevalent in the immigrant population due to genetics or the habits and customs of their countries of origin.

Dealing with undocumented immigrants involves specific risks, chiefly because their illegal status leads them to avoid or lack access to medical services, not to speak of preventive care. Furthermore, the vast majority of these individuals do not have health insurance. Thus, they tend to use government health facilities, especially out-patient and emergency rooms. This can lead to the worsening of chronic conditions, which in turn will increase patient risk and trigger higher medical costs, since advanced conditions will likely to require expensive treatment.

Latinos currently account for over 40% of the immigrant population in the United States. However, it has been reported that they have limited access to health care and face economic, cultural, and language barriers that affect their health status, early diagnosis and treatment, illegal immigrants being the most affected. According to a study based on a survey of Mexican immigrants in Texas, less than one-third of the participants had health insurance, and of these, 72% were undocumented (Urrutia, Marshall, Trevino, Lurie, and Minguia-Bayona, 2006). Overall, the percentage of Hispanics in the United States without health insurance is 32.4%. It has been shown that the fear of being reported to the immigration authorities makes the undocumented less likely to receive medical and dental care, prescription drugs, and glasses. It has likewise been shown that sick undocumented immigrants receive unequal treatment compared with other Medicaid beneficiaries, including fewer procedures and shorter stays for the same type of procedure (Berk and Schur, 2001).

The right to health has been considered an inclusive right that encompasses not only appropriate health care, but also the

principal determinants of health, such as access to safe drinking water and proper sanitation, food, good nutrition, decent housing, and education (Grondin, 2004). In this context, it could be said that for governments and the various groups that must deal with impact of population movements, preserving the human rights of the immigrants is fundamental and poses a real challenge.

III. Immigration in Puerto Rico

Illegal immigrants in Puerto Rico come mainly from the Dominican Republic. Dominicans began to immigrate to the United States around 1920, but the consensus is that mass immigration began in the 1960s, accelerated from 1970 to 1980; reached its height in the mid-1990's, and then began to decline. This decline may be due to the stricter immigration laws passed by Congress in 1996, as well as the expulsion of undocumented people from the Dominican Republic (Castro, Boswell, and Fascell, 2002).

Since 1970, some 692,000 immigrants have come to the United States from the Dominican Republic (Camarota, 2001). As of this writing, a total of 764,495 Dominicans have been counted in the United States (Gómez and Madrigal, 2004). In Puerto Rico, some 56,146 are distributed all across the island, with the greatest concentration in the San Juan area (54.5%). The 2000 Census data on the Hispanic population that has emigrated to the United States shows that Mexicans represent 58.5% of the immigrant population, followed by Puerto Ricans, with 9.6%, Cubans in third place, with 3.5%, and Dominicans in fourth, with 2.2%. In a recent study of the Dominican population in Puerto Rico, using focus groups, the participants indicated that their access to health services is affected by their illegal status and that they sometimes feel are discriminated against when seeking services (Siaca and Acosta, 2004).

Similarly, a similar study in 1999, conducted in Boston, Massachusetts by the Office for Refugees and Immigrants, identified the following as the most common barriers to accessing health: lack of an interpreter, ignorance about the U.S. health system, and lack of health insurance.

IV. Emigration from Puerto Rico to the U.S. Mainland

A recent report by the Center for Puerto Rican Studies has shown a shift in the migration patterns of Puerto Ricans to the

United States, which we will summarize in this section (Duany, Matos-Rodríguez, 2006). After World War II, Puerto Rican migration to the United States headed mainly to New York and other states in the northeast. Around 1960, Puerto Ricans began to settle throughout the United States. However, in the 1990s Florida became the state with the second-largest concentration of Puerto Ricans. Some of the reasons cited for this change are the shrinking manufacturing sector, new employment opportunities in other states, and the low cost of living and absence of a state income tax in Florida.

Puerto Ricans, like any immigrant population, are influenced by the culture of the country to which they migrate. In particular, the authors of this study mention language barriers, the need for more bilingual education, the impact on religious affiliation, social interaction, and race relations as impending cultural consequences that will be seen in the heterogeneous Hispanic migration to Florida.

Recent data on the health status of Puerto Ricans in Florida, were not presented. However, data from the 1990s indicate that Puerto Ricans living in the United States generally suffer from poorer health than other Hispanic groups. The conclusion of this report regarding health is basically that there is a need for research on chronic and infectious disease rates, causes of death, obesity, physical activity, smoking and substance abuse patterns, and lack of health coverage. Furthermore, it is vitally important to compare Puerto Ricans living in Puerto Rico with those residing on the U.S. mainland to ascertain the impact of the environment and culture of the receiving country on health.

V. Ethical Considerations

The issue of migration has also been viewed from an ethical standpoint. This approach is based on the premise that migration affects how a nation conceives itself, the ideas that would justify living together in harmony, and the political ideals that it would seem just to propose and defend. The ethical dimension of migration has focused on the impact of migration on the way of life considered normal in a community and implications for political harmony and its various elements, including the concept of citizenship (Ponce, 2003).

From this perspective, the question has been raised as to whether it would be ethical to object to the free movement of people and treat the movement of people and goods differently. It

has been stated that the response to these questions depends on whether the unit of analysis is the individual, a national community, or the global community.

At the national level, it would be considered ethical:

- a. To give priority to establishing loyalty to and solidarity with the people native to the country—this, assuming that the Government is based on the consent of the governed..
- b. To restrict immigration, if it is perceived as a threat to the interests of the country or nation.
- c. To treat the movement of goods and capital asymmetrically, if required by the national interest.

If, however, the world is taken as the unit of analysis, then loyalty and solidarity should be geared to human well-being, rendering the aforementioned considerations without an ethical foundation or inconsistent with one (Mehmed, 2005). That is, the ethical arguments against free movement fail to capture the global implications.

Migration involves several stages that can vary, depending on whether the migration is planned and orderly or is an abrupt, unanticipated event. However, while they differ in intensity, each has a pre-departure phase that is particularly difficult in the case of unplanned migration, and an acculturation phase in the country of destination. In the case of abrupt departures, there is a sense of loss of employment, career, and a place in society, which can result in a loss of identity, accompanied by uncertainty about the future (World Health Organization, 2003).

Although we acknowledge that there are significant differences in the intensity of these phases, depending on the type of migration, we must accept that they result in instability and uprooting of those who experience them. Adaptation to the new environment can be influenced positively if the immigrant moves to a place where he has family and friends, where people speak his language, or where he can find work relatively easily; in short, the process may prove less difficult if the country of destination is culturally not very different from the country of origin. This is not the case for people who are forced to migrate as a result of conflicts and emergencies without a preparation phase; these groups are the most vulnerable to problems that impact their social and emotional well-being. At this time, the U.S. Congress is

debating passage of the “Comprehensive Immigration Reform Act, 2006,” which, among other things, would criminalize the hiring of illegal immigrants and be applied to both immigrants and employers. The introduction of this bill has sparked major protests and movements in different parts of the United States.

VI. Conclusion

Social inequalities and policies, as well as other factors, lead to emigration. As long as these situations persist in economically disadvantaged countries, we will continue to see an increase in such population movements, which pose challenges to the receiving countries. Coordinated efforts between countries are needed to find solutions to this complex issue. In this situation, international organizations such as the IOM can play a preeminent role. The IOM is guided by the principle that orderly migration under humanitarian conditions benefits both the receiving society and the migrants themselves. It also addresses with the myriad challenges that managing migration poses at the operational level, promotes an understanding of migration issues, fosters social and economic development, and monitors respect for the human dignity and well-being of immigrants.

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