International migration vs national health care: Who will take care of the 40 million undocumented workers lost in between?

The intensification of globalization in recent decades has numerous consequences for health promotion and healthcare provision worldwide. In our research, we have been exploring the health consequences of the increased demand for an itinerant workforce across national borders. The mobility demands of economic markets frequently clash with nations’ migration and citizenship laws resulting in millions of workers who lack the legal authority to reside and work in a foreign country. Undocumented migration is the fastest growing form of migration worldwide, now reaching 15–20% of the total number of global migrants, or about 30–40 million people (Papademetriou 2005).

Although the economic and legal impacts of this issue have received worldwide attention, the healthcare and ethical implications have been rarely discussed. In nursing, in particular, undocumented clients are seldom mentioned, despite the pioneer analysis of the concept of undocumentation done by Diane Messias in 1996. Given that undocumented workers often exist within transnational and non-regulated spaces – which some now call the ‘new south’ – and health-care is nationally or regionally structured, health equity is very difficult to achieve. In addressing the complexity of this issue, we have identified three main challenges: (i) the dominance of the notion of political subject that structures the human rights debate; (ii) the vulnerability of undocumented migrants; (iii) the economic tensions and moral dilemmas of caring for non-citizens.

In theory, a human rights framework should protect and guarantee the equal provision of care and rights of all people. In practice, however, the universality that underlies human rights is enacted through citizenship rights, which rely on the individual politically ‘belonging’ to a nation-state. Migrants who have found jobs in foreign lands and their advocates struggle to establish an alternative perspective, that of social citizenship – the idea that citizenship is characterized by residence and contribution to a particular place. This articulation of the principle of universality of human rights is not readily accepted. For instance, the president of Spain and then president of the EU, José Zapatero, said in January 2010 that it should be no surprise that a president who is interested in defending the rights of immigrants would propose that access to education and health-care are basic human rights and should be offered to all, irrespective of place of birth (Elpais.com. 2010). However, within the EU levels of access to services for undocumented workers differ greatly, and, in Spain, the right is increasingly opposed to granting access to health-care to undocumented workers.

To add to this complex political scenario, undocumented migrants are an extremely heterogeneous group, with a diverse spectrum of occupations, living arrangements, country of
origin, social relations and health status. Yet from our own research, undocumented workers’ health is best understood as a web of interrelated social determinants of health in which fear of deportation and social exclusion lead to limited possibilities of negotiating working conditions. While some encounter fair pay and safe working conditions, far too many face exploitative circumstances which they endure usually to assure remittances to family members in their country of origin. Their lifestyle ‘choices’ need to be understood in the context of emotional and economic transnational relations, and large economic processes, such as currency rates and international recruitment.

The vulnerability of undocumented migrants must also be understood through their relations with health-care. In Canada, where the healthcare system is called universal, undocumented migrants are denied care on the basis of citizenship and are required to pay higher than provincial plan rates for service. Personal communications with health professionals who favor health for all attest to the striking opposition of hospital administrations to pro-bono care, since it compromises the revenue stream from undocumented migrants’ out-of-pocket payments.

The disconnect between economic-driven migration and nations’ welfare systems places undocumented workers and healthcare providers in a space where notions of citizenship undermine social justice principles, making it very difficult to practice health-care and generating health inequity for millions.

References

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