Migrant Clinicians Network: Championing Health Equity

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ABSTRACT

As with many underserved populations, migrants, immigrants, and asylum seekers encounter barriers to access culturally responsive high-quality health care in the United States. Clinicians dedicated to serving them struggle to reach them, and lack strategies, resources, and technical assistance to remove barriers to care. Migrant Clinicians Network advocates for these populations' health needs, develops both patient-facing and clinical resources, and provides services and technical assistance to support clinical care on the frontlines. Migrant Clinicians Network's goal is to create practical solutions at the intersection of vulnerability, migration, and health. In this article, the authors examine the underserved populations in the United States that Migrant Clinicians Network seeks to serve, and the efforts built to meet their basic health needs.

Keywords: *Migrants, immigrants, asylum seekers, migrant health, community health, health equity, worker health and safety, migrant disparities, medically at-risk migrants*

Migration is complex, geographically and seasonally variable, and continually, rapidly changing. Millions of people move within the United States each year, seeking improved economic or lifestyle conditions, fleeing or returning from climate disaster, or following seasonal changes in work opportunities. Millions more arrive to the United States each year, seeking safety and a better life through immigration. Across the United States and U.S. territories, clinicians encounter migrants as new patients within their practices or through community outreach. They struggle to meet migrants' health needs and remove the significant and overlapping barriers migrants face to access health care and achieve health and well-being. Migrant Clinicians Network (MCN), a national nonprofit, advances health equity and reduces structural barriers by developing practical solutions that enable migrants to access high-quality, culturally responsive health care, and equipping clinicians to provide that care.

1. Migration as a Normal Human Reaction

Political discourse often frames migration as an aberration. Human movement, however, is a typical human behavioral response to change one's present conditions. Most literature represent migration as "voluntary," in which individuals leave their place of origin seeking remuneration, opportunity, or a better life; or "involuntary," in which individuals flee a specific destabilizing event like localized violence, poverty, or climate disaster. In reality the motivation for migration is often a spectrum of events and possibilities, a negotiation or gamble that people take after weighing the limited options that they have. For example, it is frequently assumed that a migrant farmworker is a "voluntary" migrant because he chose to apply for a U.S. H-2A visa, a temporary visa for agricultural work, but overlapping factors beyond economics or opportunity – his community wracked by gang violence, a multiyear drought reducing crop viability for his family's plot, political corruption – left him without an option to stay home. The complexity of the choice to migrate, however, is often swept away in favor of a sterile and myopic view of migrants as a monolith of people trying to take others' opportunities or invade another people's land, categorizing all migrants into one type of people: unusual, foreign, and undeserving.

2. Migrants in the United States

Migrants are culturally, socially, economically, and politically diverse, with various skill sets, education levels, and health statuses, and carrying unique migration stories.

Migrant subpopulations can include farmworkers who move seasonally with the harvests or post-disaster workers who move into regions for clean-up, demolition, and reconstruction. Asylum seekers, another subpopulation, are those seeking refuge due to persecution in their home country based on race, religion, nationality, and/or membership of in a particular social group or political opinion.[1] After crossing the U.S.

southern border and their subsequent release into the U.S., some may take work as farmworkers and post-disaster workers, or work in other industries like construction, day labor, food and restaurants, and domestic work, continuing their movements within the U.S.

The demographics of each of these subgroups are diverse, but one commonality emerges: many, if not most, migrants within these categories are Latinx. One 2019/2020 survey of non-H-2A farmworkers found that 63% of farmworkers were born in Mexico.[2] Among H-2A workers, those who arrive on a temporary agricultural work visa, in fiscal year 2021, 93% were born in Mexico.[3] Hispanics made up 30% of construction workers, higher than their 17.6% share of total employed, and significantly up from 20.3% in 2003.[4] The makeup of individuals granted asylum has shifted; in fiscal year 2000, 16,549 cases were granted, with the highest numbers arriving from the People's Republic of China, Somalia, Ethiopia, and Colombia.[5] In fiscal year 2022, when 14,481 asylum cases were granted, the People's Republic of China continued to be the country of origin of the highest percentage of individuals granted asylum at 12.5%, but Venezuela (10.1% of granted cases), El Salvador (7.2%), and Guatemala (6.4%) dominated the next three spots.[6] Encounters at the border – numbers which include repeat encounters, thereby masking the exact number of individuals – further elucidate the demographic shifts. For years, the majority of encounters have been with citizens of Mexico and the Northern Triangle countries of El Salvador, Guatemala, and Honduras. However, the percentage of overall encounters from these four countries has declined as numbers of migrants from other countries, particularly Venezuela, have grown. In December 2023, 54% of encounters involved citizens from countries other than Mexico and the Northern Triangle countries.[7]

There are limited data to illustrate the health profile of migrants, but their status as migrants and the occupations available to them due to their marginalized position increase their health risks while simultaneously reducing access to health care. Migrants en-route to their new location encounter exploitation, abuse, and human trafficking by smugglers or cartel members and suffer additional stressors such as extreme heat and cold, dehydration and poor food access, and exposure to disease in crowded facilities and shelters.

Following their migration, immigrants often find themselves working in some of the nation's most dangerous industries in the country, including agriculture, forestry, fishing, and construction. Within these sectors, immigrant workers encounter many dangers from exposure to hazardous chemicals like pesticides or industrial manufacturing products, to substantially elevated risk of injury and death compared to their U.S.-born counterparts. This heightened vulnerability may be attributed to several factors, including a lack of culturally responsive and linguistically appropriate, low-literacy training, a reluctance of to report hazardous conditions for fear of exposing their immigration status or jeopardizing employment, and a glaring lack of safety regulation. Compounding these occupational risks are numerous paraoccupational exposures and conditions. For example, substandard housing – either provided by the employer or obtained by the worker with limited means – may expose the occupant to an array of contaminants such as lead, arsenic, nitrates, persistent organic pollutants, bacteria, and other pollutants from deteriorating structures and unsafe drinking water. This situation becomes especially precarious during emergencies or disasters exacerbated by climate change.

Mobility, language, cultural differences, lack of familiarity with the health care system, limited eligibility for health coverage, transportation, poverty, and fear of deportation are significant barriers for migrants to access health care, despite the increased health risks they face.

Clinicians across the U.S. are seeking to address the health needs and access issues of migrants at health centers and health departments, community clinics, and outreach organizations, yet many lack the resources, training, and technical assistance to effectively meet migrant health needs.

3. Migrant Clinicians Network response to migrant health needs

MCN is a national nonprofit organization established in 1984 to support clinicians serving migrants, reducing barriers to health care and to improve health and well-being of mobile populations. MCN's approach centers on

advancing health equity and expanding access to health care, shifting its approaches to confront the changing issues that migrants and their clinicians face. To provide practical solutions, MCN relies on its core efforts:

1) Building health provider capacity

MCN's continuing education offerings, provided in English and Spanish, include virtual webinars and learning collaboratives on a wide range of health topics affecting migrants and other vulnerable populations, including on climate change, emergency preparedness, infectious disease, chronic disease like diabetes, occupational and environmental health and mental health, with free CME and CNE to participants. Our peer group support program, Witness to Witness, is designed to be the standard of care to promote resilience, both individually and organizationally, for people working with historically marginalized communities, allowing them to flourish despite the demands of the work. Witness to Witness provides webinars, peer support groups, learning collaboratives, and resources. Our in-person train-the-trainer efforts build health knowledge at the local level; MCN trains community and farmworker leaders on basic health education topics like heat-related illness, adverse childhood experiences (ACEs), or pesticides. Those trusted leaders then provide culturally responsive trainings in their high-risk communities. Additionally, MCN works with health centers and health departments requesting specific technical assistance and clinical consultation on issues like cultural competency and clinical systems.

Virtual case management: Health Network

Health Network, MCN's virtual case management system, connects with the patient in the language of their choice, schedules health appointments in the receiving communities, transfers medical records, and links patients to community resources like transportation, sliding scale fee application assistance, and food and nutrition programs for which they are eligible. Health Network is the only case management system for migrants of its kind in the country, and it has served as a model for other more limited virtual case management systems around the world.

Health Network was initially developed to address the need for a system of continuity of care for migrating patients with active tuberculosis. In 1996, MCN initiated TBNet, serving patients in the U.S. and Mexico. In the following years, the initiative expanded into several parallel tracks: for cancer treatment and screenings, diabetes, and prenatal care. In 2010, Health Network began offering case management to any mobile patient with any ongoing health issue, migrating from a point within the U.S. to anywhere in the world. Researchers have determined that Health Network is highly cost effective in assisting in the treatment and cure of latent tuberculosis infection in the U.S. population.[8-9] To date, Health Network has served more than 15,000 individuals who have migrated across the U.S. and to at least 120 countries. In 2018, MCN partnered with an immigration shelter at the U.S.-Mexico border to enroll pregnant asylum seekers into Health Network upon their release from detention. Health Network served 1145 patients from this shelter in 2023.

In 2020, Migrant Clinicians Network formed the Specialty Care Access Network (SCAN) to connect migrating children with subspecialty care, particularly children asylum seekers who encountered Health Network at the immigration shelter. SCAN is comprised of volunteer specialty care clinicians around the country who assist Health Network case managers in connecting patients with charity or reduced-cost subspecialty care in the communities to which the migrant patient is moving. SCAN works in conjunction with Health Network. The Health Network case manager oversees the establishment of primary care and enrollment in health insurance, while working with the SCAN volunteer to establish care in the needed subspecialty areas. In the absence of a federal or state system of care for asylum seekers, SCAN has proven highly successful in saving lives. In 2023, SCAN served 80 migrating medically fragile children with specialty care needs.

Culturally responsive and linguistically appropriate resources

MCN develops low-literacy, culturally contextual materials for patients and high-risk migrant and immigrant workers. MCN's Spanish-language comic books have been used by clinicians including Community Health Workers/*promotores* across the U.S. and Latin America.

Community engagement

While MCN staff is primarily virtual, MCN maintains offices in Austin, TX; Salisbury, MD; Chico, CA; and San Juan, Puerto Rico. MCN's national reach is augmented by local efforts to engage with migrant and immigrant communities. One example of community engagement is MCN's fiscal sponsorship of Austin's Ventanilla de Salud, the health promotion office housed within Mexican Consulates across the U.S., that provide health education and coordinate medical screenings and services. In 2023, the Austin Ventanilla office provided 2,721 health screenings.[10]

Research & evaluation

Again building solutions based on needs expressed by clinicians serving migrants, MCN developed an Institutional Review Board in 1999 to review, approve, and monitor research efforts in which vulnerable and medically underserved populations are involved. MCN also directly participates in and reports on research, like the NIOSH-funded *Seguridad en las lecherías* project, an award-winning health and safety intervention for dairy workers.[11] Additionally, MCN acts as an evaluation hub for partners' educational and research efforts, building on an in-house evaluation team to strengthen health education for migrants and immigrants.

Advocacy

Migrants and immigrants often work in low-wage positions in industries like agriculture that have high injury risk but limited regulatory protection.[12] MCN advocates for policies to strengthen worker health and safety, breaking down structural inequities like farmworker exceptionalism, which includes a long history of excluding those working in agriculture from regulatory protections afforded to other workers.[13] MCN also advocates for stronger clinical policies like funding for TB elimination and the expansion of vaccination campaigns. MCN promotes migrants' health needs by viewing current events through the clinician's lens. For example, at the onset of the COVID-19 pandemic, MCN was vocal for increased workplace protections and COVID policies to reduce the spread of transmission among a worker class deemed "essential".

4. Migrant health needs in the future

Migration is on the rise and is expected to continue to increase over the next decade because the drivers of migration -- unstable economies, global and local conflicts, population growth, natural disasters and climate events -- are likely to persist and intensify. The landscape of migration, influenced by the demographics, receiving communities, and health status of migrants as well as the attitudes and policies in the receiving communities, is continually changing. Amidst this churn of change, MCN is dedicated to keeping health care providers informed and well equipped to meet the needs of a dynamic migrant population. MCN remains resolute in its mission to address the emerging health challenges that lie ahead. As we move into the future, MCN continues to stand at the forefront, a beacon of hope and support for migrant health, adapting and innovating to fulfill its vital role in the years to come.

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