ANALYSIS

Health Care in Migrant Moscow

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Abstract

Interviews and focus groups in Moscow and Dushanbe, Tajikistan, show that access to non-emergency health care is precarious for the bottom strata of Moscow's labor force, unregistered Central Asian migrants. Medical insurance coverage for migrants who are registered and working legally has been curtailed by a recent national social insurance reform, marking a deterioration of their labor conditions. The increasing numbers of women migrants are particularly affected by limited access to health services. Overall, there is growing precariousness, fragmentation, and inequality in Eurasia's globalized labor markets.

Labor without Rights

The end of the Cold War was a "watershed event" in the history of global migration, ending political constraints that had kept migration levels low until 1990, and increasing global economic integration.[1] Movement of both documented and undocumented migrants has been on the rise worldwide, and Russia has become a major receiving state, with the second largest labor migrant population in the world after the United States. Over the past two decades more than six million workers have come to Russia legally and illegally, mostly for work in Moscow and other major cities. While Russia draws labor migrants from many countries, the single largest group comes from Central Asian states, and Tajikistan is a major contributor. Approximately 10% of Tajikistan's population of 7–8 million—more than 30% of working-age men and a small but growing number of women—reportedly takes part. An estimated 1.3 million Tajiks were reportedly living and working in Russia in 2012–13. Since 2000 the Russian economy has come to rely on their labor while Tajikistan relies on their remittances for one-third to as much as one-half of its annual GDP, making it one of the world's most remittance-dependent states. Thus, labor migration now constitutes an institutionalized part of the political economies of both Russia's highly-stratified "global cities" and the Eurasian periphery.

My research focuses on accessibility of health care to Tajik labor migrants in Moscow, asking whether migrants have access to essential medical services, whether their status as legal/registered or illegal/unregistered matters for such access, and whether their social rights are protected by international conventions or contracts with employers. Do migrant workers use public, NGO, formal or informal market-based health services? What are their experiences with different kinds of health issues, i.e., accidents, infectious diseases, pregnancy and childbirth? What are their practices and alternatives if care is inaccessible in Moscow?

The results reported here draw on documentary research as well as approximately thirty interviews in Moscow in spring 2012 and 2014, and in the Tajik capital, Dushanbe, in spring 2013. I conducted semi-structured interviews with representatives of Moscow-based NGOs, Dushanbe-based international organizations including UNDP (United Nations Development Project); WHO (World Health Organization); IOM (International Organization for Migration); US AID (Agency for International Development), as well as government health officials and academic experts. I also draw on three focus groups conducted in Tajikistan in 2013–14: in Qurghonteppa City, Khatlon Region, with migrants who returned infected with TB; in the Nuroboddistrict, Rasht Valley, with returned women migrants; and in Vakhdat City, with returned construction workers.

To preview my findings, research showed that except in medical emergencies labor migrants' access to health care in Moscow is precarious; that the social rights even of those working legally have been curtailed; and that NGOs have very limited capacities to help. Migrants rely mainly on paid health services in Moscow, including public and formal and informal market providers, or return to Tajikistan for treatment. These findings highlight the divorce of labor market participation from social rights, and have implications for growing inequalities in globalized labor markets.

"Healthy Migrants" and Uncertain Risks of Migration

Little definitive is known about the health effects of Tajik migrants' work in Moscow. Some research indicates that migrants generally, and Central Asian migrants to Russia in particular, exhibit a "healthy migrant effect,"—that most are in good health when they arrive, but there is no effective system of medical monitoring to provide evidence of Tajiks' pre-departure health. In Russia migrants confront several obvious risk factors. Acci-

1 Support for this research was provided by a Visiting Fellowship from the Center for Russian Studies, Russian Presidential Academy of the National Economy and Public Administration (RANEPA), Moscow, Russia, and the US International Research and Exchanges Board, and is gratefully acknowledged.

dent rates are high in construction, the most common area of male Tajiks' employment; Russia's Federal Labor Inspectorate reports that the majority of workplace accidents, and nearly 40% of deaths, occur in construction. Living conditions present risks, particularly poor, overcrowded, unsanitary, and unheated living quarters, sometimes on construction sites or in non-residential buildings and barracks. Detention and xenophobic violence also present hazards to health.

Nevertheless, there is no clear evidence that Tajik labor migrants suffer more health problems than their non-migrating counterparts. Of surveyed migrants who have returned to Tajikistan, 11% consistently cited "worsening of health" as their reason for returning. Dushanbe doctors report illnesses related to hypothermia and a rise in TB and HIV/AIDS among returnees. Most of the international health workers whom I interviewed in Dushanbe believed that migration produced negative health effects. However, the Tajik government's health data does not include a separate category for migrants; studies by international organizations based on limited sampling have produced inconsistent results. My study is not premised on a claim that migration worsens health. Rather, it aims to understand how the health needs that develop in migration are addressed in Moscow.

Migrants' Access to Russia's Public Health Sector

The Russian Federation and Tajikistan maintain a visa-free regime that allows Tajik citizens to travel to Russia and remain as visitors for three months. However, in order to live and work legally Tajiks are required to obtain work and residence permits. In part because the Russian government holds the number of work permits well below real demand for labor, the majority of migrants remain without formal registration. While the percentages are disputed and vary somewhat over time, experts agree that a substantial majority—an estimated 70%—are unregistered. The following discussion considers the *de jure* and *de facto* rights of different categories of migrants according to their registration status. I first review the international conventions and agreements that bind the Russian government and cover all migrants, then the national legislative framework that covers those who are legally registered.

International agreements which the Russian government has approved make some provision for migrants' social rights. The Russian government follows the provisions in the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families, which stipulates a universal right to emergency medical care regardless of legal status. As a signatory to the International Convention on the Rights of the Child it guarantees education for all school-aged children living on its territory (though, as a practical matter, the need for medical certificates and proof of inoculations, which are not guaranteed, may pose obstacles to school attendance.) As a member of the WHO and other international health organizations, Russia is committed to follow international protocols on treatment of tuberculosis and its multi-drug resistant strains. On the negative side, the Russian government has not signed the ILO conventions on migrants' social security rights, and has resisted pressure from its Tajik counterpart to agreements regulating migration and extending social rights.

My research confirms that public facilities provide emergency care to migrants regardless of their legal status, but usually little else. (It should be noted that this is the minimum standard for illegal migrants in many European and other countries.) According to a Moscow NGO representative, whose claim was confirmed by others, "Even without a passport, if there is a real emergency they will take care of you; you have to pay for other treatment." Particularly in cases of construction-related and other accidents, unregistered migrants are poorly-protected. As one Moscow respondent stated the case, typically, "Doctors provide emergency assistance, then look for a residence permit. When there are accidents, we collect money among ourselves and send the injured person home." Some focus group respondents recounted experiences of employers or public medical facilities providing longer-term care voluntarily, and many reported that ambulances came in cases of illness or injury, and hospitals provided urgent treatment.

The situation with regard to infectious diseases, particularly tuberculosis (TB) is different. On the basis of its international commitments, the Russian government is supposed to provide treatment to anyone diagnosed with infectious TB. But, according to interviewees in both Moscow and Dushanbe, migrants found to be infected were usually not registered for treatment, nor treated unless they could pay. According to one Moscow source; "If a migrant has TB, legally he has to be treated in Russia, but it is expensive, no one wants to deal with it, so it is resolved in an informal manner—he goes home, conditions are created for the migrant to go home, he can be treated in Moscow if has money, but often they are not treated here." Interviewees from international health organizations in Dushanbe also claimed that the Russian government failed to follow international agreements, protocols and practices on treatment of particularly TB with migrants.

Focus groups, including one with nine migrants who had returned to Tajikistan with TB, confirmed that few sought or received treatment in Russia. Two

interviewees reported that they experienced symptoms in Russia but continued to work and did not seek medical care because they lacked either money or legal registration. Others reported being fired or evicted from apartments when they became ill, or leaving because they did not want to cause problems for co-workers. Several mentioned deportations of infected migrants. a separate report on in-depth interviews with ten TB patients who had returned from Moscow to Tajikistan found that all left because the cost of treatment in Moscow was prohibitive. Two of the ten had spent all of the savings from their work in Moscow on medical care.

The numbers of women migrants has increased over time, to an estimated 15% of the total from Former Soviet States, and 8–10% of those from Tajikistan. Increases in the numbers of women migrants mean that some go through pregnancy and give birth in Moscow. Childbirth is treated as a medical emergency, and women who are in labor are normally accepted at hospitals. According to one Moscow NGO representative, "If they [pregnant women] are ill or in labor, the hospital will provide services whether they have money or not." However, requirements for residence permits and/or reports of pre-natal testing may become obstacles to hospital admission. As a former Moscow NGO representative explained, "they need a stack of documents for the hospital." Women are required to have certification of pre-natal testing and screening, for which most migrants have to pay. Those who come without certificates have sometimes been taken to a specialized infectious disease hospital; or isolated at local hospitals to prevent spread of potential infections. Focus group respondents reported that hospitals sometimes demanded residence permits before admitting women who were in labor, though this usually seemed to slow rather than block admission. There are some reports of women giving birth at home after they were sent to retrieve documents. Disproportionate numbers of those who do give birth abandon their infants; recent research found that migrant mothers account for 7% of births but 30% of abandonments in Moscow hospitals. There is, as far as I have found, one NGO that provides transitional housing and attempted placements in such cases.

Limiting Registered Migrants' Rights to Medical Insurance

Russia has a system of Compulsory Medical Insurance (CMI) that covers citizens, with employers required to pay taxes into a health insurance fund. Until 2011, a minority (perhaps 30%) of Tajiks and other migrants with legal work registration had CMI coverage, which extended to their families. Children of registered migrants were treated at polyclinics and received required pre-school checks and immunizations. Women could receive gynecological and reproductive services, and newborns were registered for care.

However social security tax reform in 2010 removed the obligation for employers to issue compulsory medical insurance policies even for most migrants working legally in Russia. Now only those with long-term residence permits—mainly skilled professionals, a group estimated by a Tajik Health Ministry official at not more than 5% of Tajik migrants—have mandated coverage. Though some employers provide insurance voluntarily and labor migrants can purchase private policies, most registered migrants and their families no longer have unpaid access to the public health care system. According to a study by a prominent Russian scholar:

> "The situation changed drastically in 2011… after the change in the order of issuing compulsory medical insurance policies to adult migrants legally working in Russia. … regional departments of public healthcare annulled the possibility of receiving free healthcare for migrant children and pregnant women in Russia's institutions of healthcare. Now migrants only have the possibility of paid visits." (Florinskaya, 2012)

The author reported that health services in public schools and polyclinics that provided basic care (including inoculations) for school-aged children and pregnant women, have been curtailed in the years since the reform. While most migrants manage to have their children inoculated for school, lack of access to gynecological, reproductive and pre-natal care for migrant women has become a significant problem.

Do NGOs Substitute for the State?

One of my central research questions concerns health-related NGOs, which have proliferated globally in recent decades. NGOs are seen by some analysts as a means of responding to the limitations or failures of national states by reaching out to marginalized populations. Recent research shows that NGOs have been effective in serving people with HIV/AIDS in some Russian regions. Social sector organizations have generally been exempted from the restrictions placed on NGOs in Russia. My research asks what role they play as advocates, mediators, or providers, in the health care of Tajik migrants to Moscow.

Fieldwork in Moscow 2012 and 2014 identified several NGOs that are engaged with issues of migrant health care, and a few that have developed creative strategies to connect migrants to willing providers. Run mainly by people from the Central Asian diaspora in Moscow, these organizations have constructed informal networks of doctors and other providers, many also from the diaspora, who will treat migrants for little or

no cost and without threat of reporting their irregular status. Connections are made through "hot lines" that migrants can call for referrals and consultations, and by outreach to their communities. One of the most active NGOs organized a network of some forty doctors of various nationalities; another sponsors a periodic "round table" with representatives of NGOs that are engaged with migrants' health issues. Some check on the treatment of migrants in medical facilities, or sue for compensation for those hurt in accidents.

The efforts of these organizations are laudable, but very limited; most are small partnerships with temporary funding. They depend on committed individuals and volunteer providers, and their continued operation is highly-contingent. The leader of one well-regarded organization, which worked mainly to mediate health care access for migrant women and children, has now closed for lack of funding; others acknowledge the inadequacies of their resources to needs. While they have surely helped many people, these organizations are themselves precarious. It is notable that, of the twenty-five migrants who participated in focus groups, not one had sought help from an NGO; one respondent received such help through a chance encounter at a social event.

Formal and Informal Market Alternatives

While migrants appear to rely mainly on paid services at public health facilities in Moscow, there are also commercial alternatives. In the formal sector, commercial clinics have been opened by established medical professionals from Central Asia, mainly Kirghiz, that offer a broad range of medical services including gynecological and obstetrical. Their advertising and marketing is clearly oriented toward people from the region, featuring doctors who speak all major Central Asian languages, culturally-sensitive services, and an implicit understanding that there will be no questions about legal registration. Their services are reportedly more expensive than paid services in state polyclinics, but less than private Russian clinics. The scope of their activities and use by migrants remain unclear, but they have established a presence in Moscow and are widely known. Though commercial services will not be accessible to the poorest, the market has generated an effective response to the health needs of at least some strata of Central Asian migrants.

There are also informal markets in medical certificates and documents, as for other types of documents that many migrants need in order to negotiate their unregistered status. While the scale of this market is unclear, the requirement that large numbers of unregistered migrants produce medical certificates in order to work, give birth in hospitals, register their children for school, etc., has generated a market in counterfeit documents that can usually be purchased without medical examinations or testing. Advertisements for these informal services can be found at bus stops and in other public sites throughout Moscow. The potential risks for the health of migrants and their families, as well as for public health surveillance and monitoring in Russia, are obvious.

Conclusion

Access to health care is precarious for the bottom strata of Moscow's labor force, especially for unregistered migrants who form the majority. The social rights of migrants who are registered and working legally have been curtailed by a recent national social insurance reform, and NGOs have limited capacities to help. The increasing numbers of women migrants are particularly affected by limited access to health services. In sum, the story of Tajik migrants' access to health care in Moscow illustrates the growing precariousness, fragmentation, and inequality in globalized labor markets.

About the Author

Linda J. Cook is Professor of Political Science at Brown University.

Recommended Reading

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- Florinskaya, Yu. F., (2012). "Migration of Families with Children to Russia: Integration Problems (Based on Materials of Sociological Queries Conducted by the Center for Migration Studies)," *Studies in Russian Economic Development*, vol. 23, no. 4, pp. 408–413.
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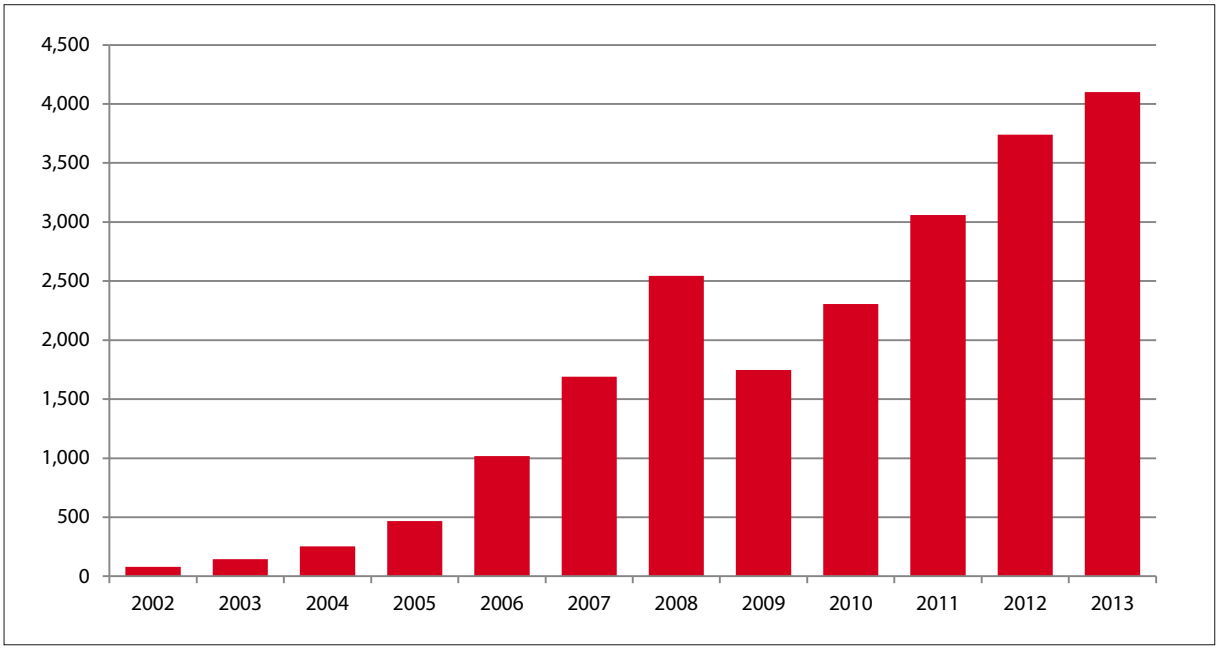
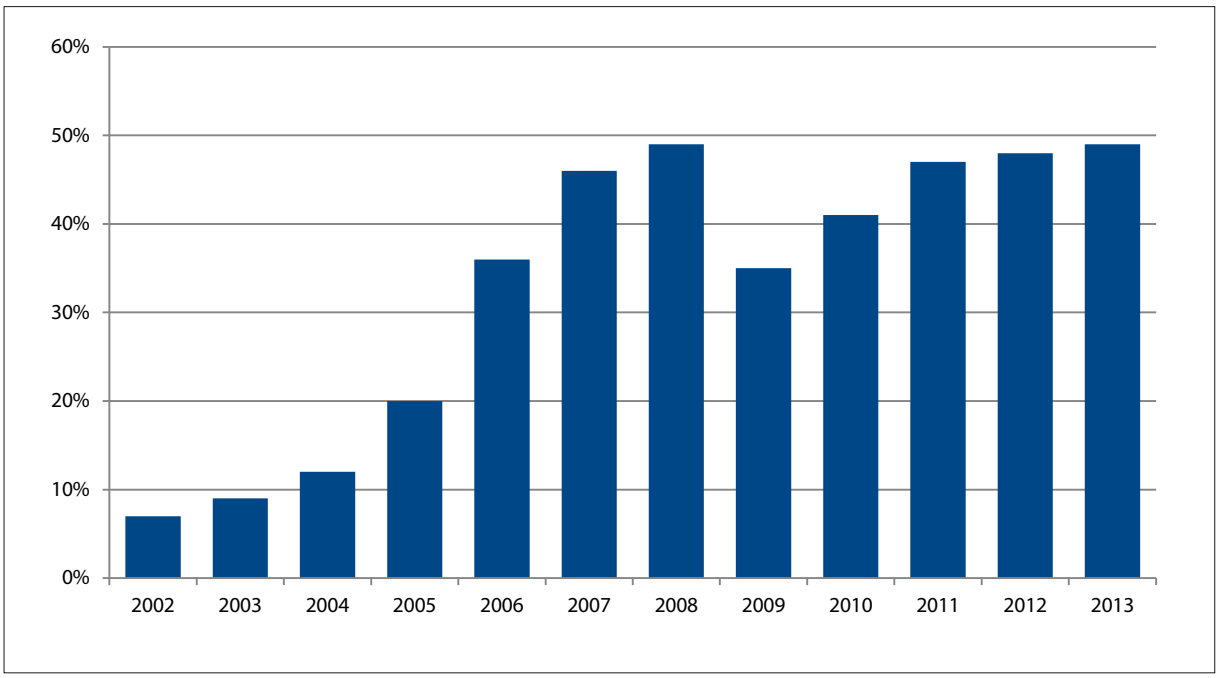
Figure 1: Part of a pamphlet advertising a commercial medical clinic "Maiak" in Moscow that is oriented toward serving Central Asians. The text translates as follows (from top to bottom, left to right): Maiak [light house] / multi-profile / health-care center / By shining for others, I burn up myself [i.e., by serving others, I consume myself] !!! / We will be healthy and make money !!! / Our doctors are from Tashkent, Dushanbe and Bishkek / Urologists / Surgeons / Dentists / Gynecologists / / Ultrasound, analyses / General practitioner / Neurologist / Cardiologist / Endocrinologist / In-patient treatment

Figure 2: Remittance Inflows from Russia to Tajikistan for 2002–2013 (US-$ mln.)



Based on a graph by Colin Johnson; source for data: Kazuhiro Kumo: Tajik Labour Migrants and their Remittances: Is Tajik Migration Pro-Poor? <http://hermes-ir.lib.hit-u.ac.jp/rs/bitstream/10086/19077/1/gd10-182.pdf>*; World Bank website; Kristal Jones, Allison Hoover: Tajikistan: Background Study* <http://www.oired.vt.edu/innovate/documents/Tajikistan%20Background%20Report%20Final%209.18.pdf>

Figure 3: Remittances as a Percent of GDP in Tajikistan for 2002–2013



Based on a graph by Colin Johnson; source for data: Kazuhiro Kumo: Tajik Labour Migrants and their Remittances: Is Tajik Migration Pro-Poor? <http://hermes-ir.lib.hit-u.ac.jp/rs/bitstream/10086/19077/1/gd10-182.pdf>*; World Bank website; Kristal Jones, Allison Hoover: Tajikistan: Background Study* <http://www.oired.vt.edu/innovate/documents/Tajikistan%20Background%20Report%20Final%209.18.pdf>*;* <http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1288990760745/MigrationandDevelopmentBrief21.pdf>