

Commentary

Migration and Occupational Health: Shining a Light on the Problem

Marc B. Schenker, MD, MPH*

It is difficult to get a man to understand something when his salary depends upon his not understanding it. Upton Sinclair

This issue is devoted to migration and occupational health, an important topic that has been largely ignored by occupational health professionals and by those concerned with the health of migrants around the world. The manuscripts cover several high-risk occupations, geographic regions of the world, and special populations and conditions. The topics are addressed from multiple academic disciplines, both quantitative and qualitative, and include descriptive reports, etiologic studies, and interventions to reduce the increased occupational health burden of immigrant workers. Many of these papers were first presented at two conferences in 2008: (1) The Center for Occupational and Environmental Health Symposium, “Immigrant Workers: A Population at High Risk for Occupational Injury and Illness,” held in April, 2008, in Oakland, California; and (2) the 20th International Conference on Epidemiology and Occupational Health, held in June, 2008, in Costa Rica.

Several clear messages emerge from the manuscripts in this issue: (1) migrant workers around the world are at increased risk for a wide range of occupational illnesses and injuries (including fatal injuries); this increased health burden is often associated with the “precariousness” of work

among migrants; (2) poverty is the norm among migrant workers and is associated with inadequate health care, housing, and food security; (3) health care, including workers compensation, is seriously deficient among migrant workers; (4) migrants tend to work in high-risk industries, but even within these industries the fatal and non-fatal injury rates are higher for migrant than for non-migrant workers; (5) migrant workers and their families are a vulnerable population, with increased risk of stress, mental illness, and personal victimization; these risks may be particularly increased in sub-groups including women, children, and recent migrants; (6) there has been little research on this subject by public health professionals, and research efforts need to be multidisciplinary and utilize new research paradigms; (7) public health agencies should include migrant workers equally in all health and prevention programs as a matter of good public health practice and social justice; such efforts would also adhere to the UN international convention on the protection of the rights of all migrant workers and members of their families.

This is the first full issue of a journal to focus on occupational health among migrant workers. As such, it is a small step in documenting the magnitude of this problem, understanding its causes, and developing effective prevention and intervention strategies. As with all such public health efforts, this one will require efforts from multiple disciplines, including epidemiology, cross-cultural medicine, anthropology, law, behavioral science, communication, and others. In addition to the traditional academic public health disciplines, solutions will require new laws and better legal enforcement of existing laws, educational interventions, and improvements in workplace health and safety directed to this vulnerable population. All of these efforts must be done in a context of multi-lingual and multi-cultural understanding and, ideally, with a binational perspective.

Migrants have too often been viewed as a difficult population to study and, even worse, as a group not worth the

Department of Public Health Sciences, University of California at Davis, Davis, California
Contract grant sponsor: University of California Miguel Contreras Labor Studies Development Fund; Contract grant sponsor: NIOSH Cooperative Agreement; Contract grant number: U07/CCU906162.

*Correspondence to: Marc Schenker, Department of Public Health Sciences, One Shields Ave, MS1-C, University of California at Davis, Davis, CA 95616.
E-mail: mbschenker@phs.ucdavis.edu

Accepted 24 January 2010
DOI 10.1002/ajim.20835. Published online in Wiley InterScience
(www.interscience.wiley.com)

effort. Epidemiologists and occupational health professionals have excluded migrants from studies because of their mobility, lack of fluency in the dominant language, cultural differences, and their informal work arrangements. Even public health agencies have often excluded migrants or shunted them to inadequately funded offices of minority or migrant health. It is time to recognize that migrants are a large global population that serves a vital role in the global economy. Migrant workers deserve the same protection, disease prevention, and health benefits provided to all workers. As Benach et al. note in their insightful manuscript on developing a research agenda, there is need for better surveillance data on migration, better tools to conduct analytic research, and more research to increase the visibility of these issues among funding organizations and policy makers. As the world enters a period of difficult economic times, these issues may be even more critical.

ACKNOWLEDGMENTS

Many thanks are due to people and organizations that have helped with this effort, specifically from the Migration and Health Research Center of the University of California. Funding from the University of California Miguel Contreras Labor Studies Development Fund is gratefully acknowledged. I wish to thank Robin Baker, Marion Gillen, and John Balmes of the University of California Center for Occupational and Environmental Health; Fernando Benavides, Joan Benach, and their colleagues in the Occupational Health Research Unit, Barcelona; Jordi Sunyer, Manolis Kogevinas, Josep Anto, and colleagues at CREAL, Barcelona; and Don Villarejo. I owe a special thanks to Xóchitl Castañeda and colleagues of the Health Initiative of the Americas, to Suzette Smiley-Jewel for scientific editing, and to Sandra Freeland for administrative and clerical assistance.