Migrants and Health in Hong Kong and Its Neighbouring Countries: Putting it in the Context of Global Health Justice and Ethics

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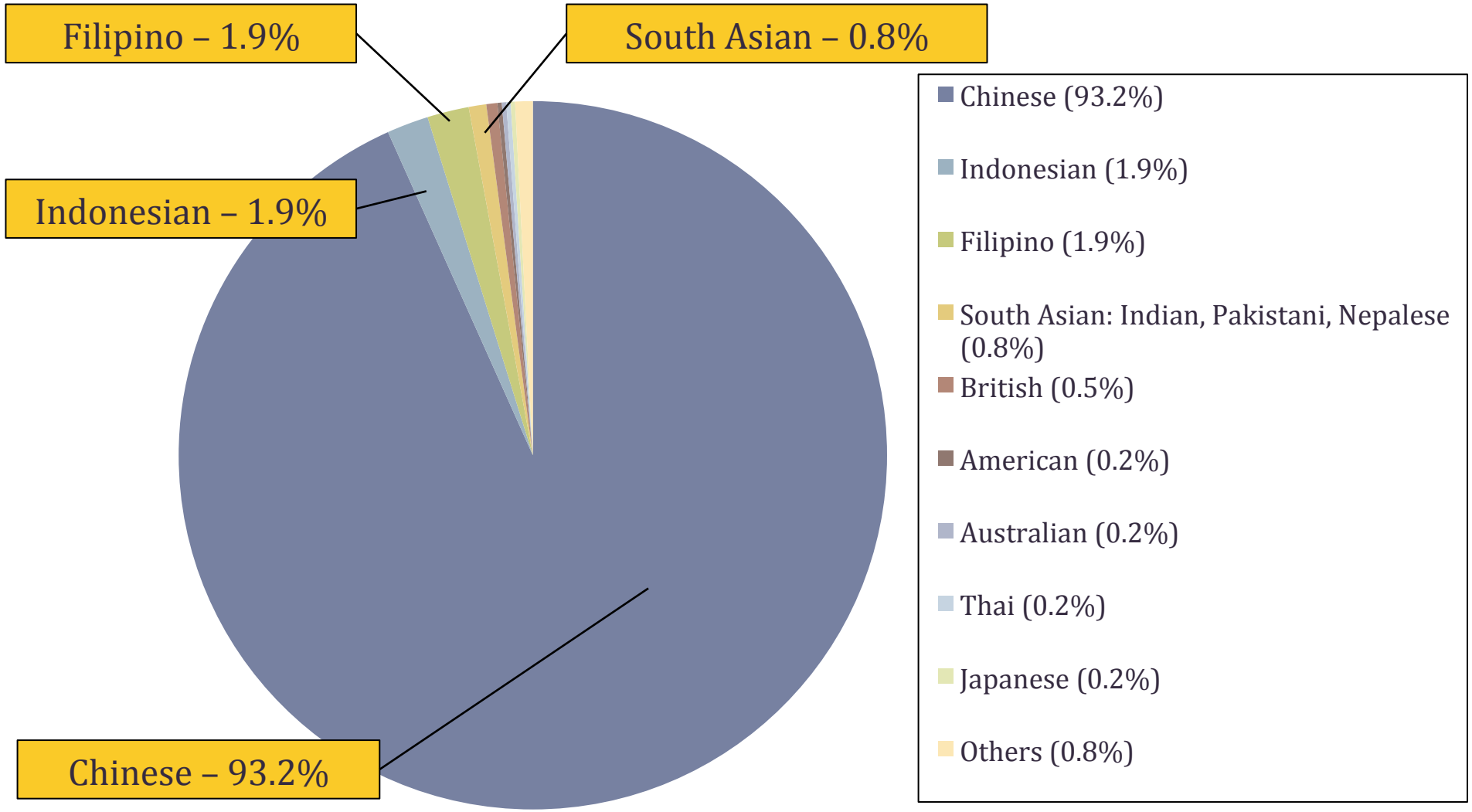
Globalisation and Healthcare

- Globalised labour markets demand a healthy and productive workforce.

- Universal access to healthcare
  - Basic human need and rights
  - Crucial factor for economic growth and social security

- How does the issue of health and migration, especially labour migration, interact and influence each other?

HK Population by Nationality in 2011 (about 7 million)



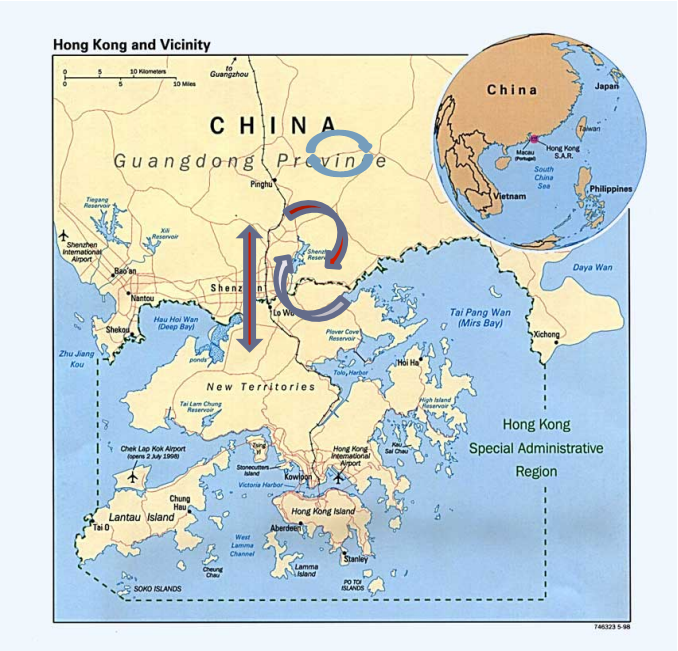
Source: 2011 Population Census, Hong Kong Government

Populations of Migrants in Hong Kong

Mainland migrants	Labour migrants (aka unskilled migrants)	Skilled migrants (aka foreign professionals):	Undocumented (Illegal) migrants	Other groups
a. One-way permit holders: daily quota of 150; wait 7 years for permanent residency (N= 43,400 in 2011)	**a. Foreign domestic workers** – predominantly from Philippines, Indonesia (varies by year; 7,150/yr avg from 2003-07)	**a. Quality migrant scheme:** highly-skilled persons from mainland and overseas. (n=2,094)	**a. Mainland:** 1,631 illegal immigrants in 2011	Returnees
b. Cross border births to mainland mothers (N=38,882 in 2010) → cross border migrant children	**b. Other labour workers** – predominantly Indian, Pakistani (stats unavailable)	**b. Capital Investment Entrant Scheme:** required to invest not less than $10 mil (n=13,111)	**b. Vietnamese:** 291 were arrested in 2011	Dependents
		c. Non Local Professionals (320,000 in 2011)	**c. South Asians:** Mainly from Pakistan, Bangladesh, Nepal, Sri Lanka and India	Non Local Students
			d. Others	Others

Mainland Migrants

Internal migration due to rapid urbanization, late 20th century to present

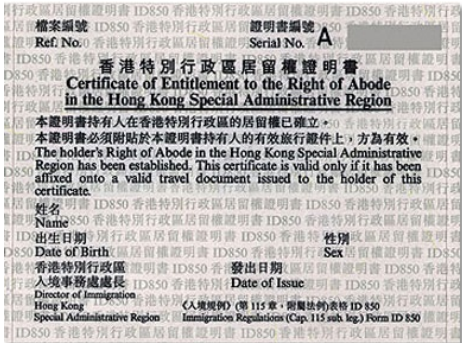


Mainland-HK migration from **The Basic Law, 1997**

- **Mainland is the main contributor** to Hong Kong's immigrant population due to rapid economic expansion of mainland in past 20 years, and increased traffic between HK and Shen Zhen after The Basic Law of 1997.
- Between July 1, 1997 and the end of 2011, 189,900 certificate of entitlement holders entered Hong Kong from the Mainland.
- In 2011, 43,400 Mainlanders joined their families in Hong Kong under a 'One-way Permit Scheme', which imposes a daily quota of 150.

Migration to HK since 1997
Two ways to citizenship for mainlanders

July 1, 1997
After 156 years of British rule, The Repatriation of Hong Kong to the People's Republic of China. "One Country, Two Systems" is born.



January 29, 1999
Article 24(3), The Basic Law allows right of abode to selected Chinese citizens in to HK.

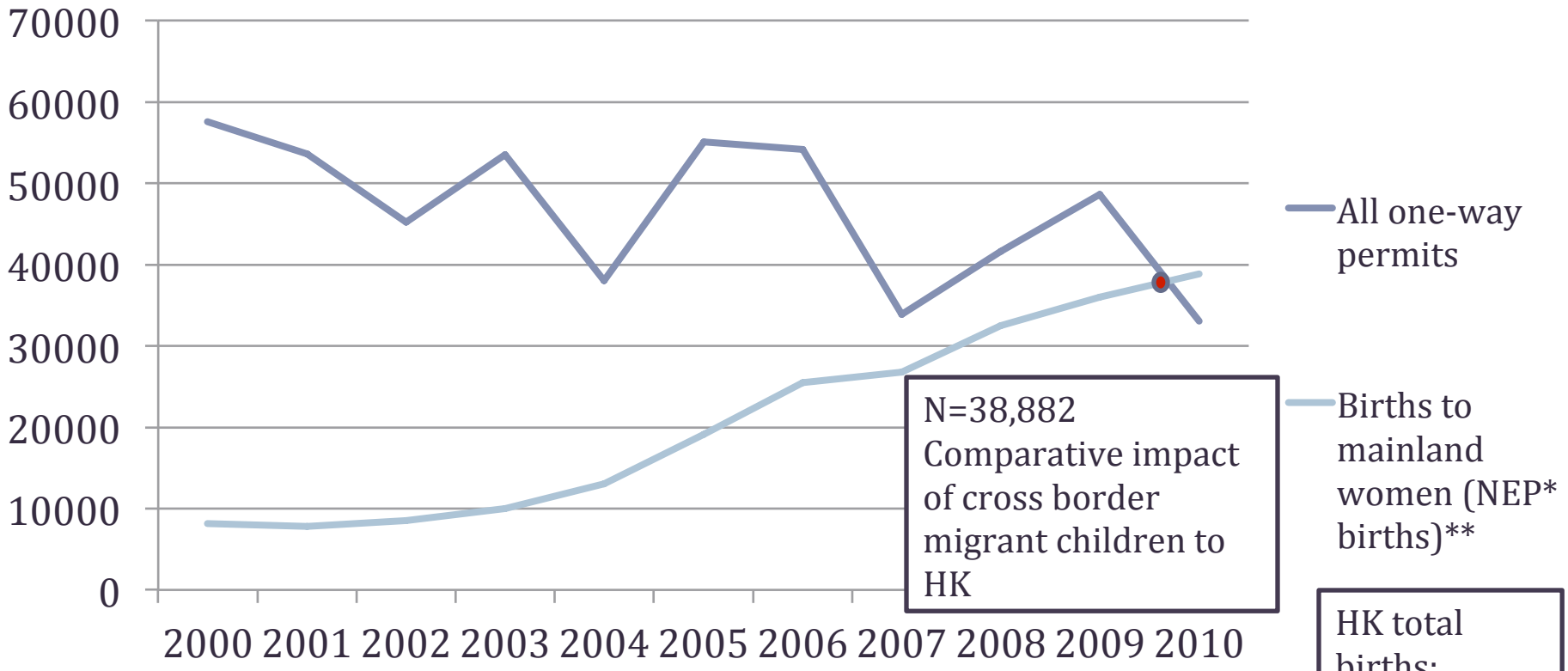
September 1, 2005
Births to mainland mothers in Hong Kong sky rocket. Government increases fees to $39,000/$48,000 (booking/no booking) in February 2007

The Basic Law

(Path 1) One Way Permits (OWP) to HK → "newly arrived migrants" in which mainlanders reunite with HK relatives

(Path 2) Births to mainland women in HK (NEP births)– visiting couples & cross border married couples

One-Way Permits vs. Cross Border Births



*NEP = non-eligible person (i.e., births to mainland women)

**= In HK, NEP births do not include those of NEP fathers & local mothers

Day Travel across the HK-Mainland Border

Travellers per day between Hong Kong and mainland China

Rail crossings (MTR):

* Lok Ma Chau: 258,000
* Lo Wu: 103,100

Land crossings (car/ bus):

* Lok Ma Chau: 82,300
* Man Kam To:500
* Sha Tau Kok: 8,600
* Shenzhen Bay: 72,600

TOTAL: 536,300 passengers per day

Pepper spray and arrests as Tuen Mun parallel trader protest ends in chaos

Shouts of 'go back to the mainland' as hundreds march in Tuen Mun over cross-border shoppers

Protesters and police clash in Tuen Mun yesterday during a rally against parallel-goods trading. Photo: Dickson Lee

Protesters gather in central Tuen Mun to protest against mainland visitors flocking to the area to go shopping. Photo: Dickson Lee

Hundreds were present at the rally site. Photo: Dickson Lee

Occupation of Ethnic Minorities (2006)

工作人口的比例（百分比）
Proportion of Working Population (%)

性別 Sex / 種族 Ethnicity	職業 Occupation: 經理及行政人員 Managers and Administrators	專業人員／輔助專業人員 Professionals/ Associate Professionals	文員／服務工作及商店銷售員 Clerks/ Service Workers and Shop Sales Workers	工藝及有關人員／機台及機器操作員及裝配員 Craft and Related Workers/ Plant and Machine Operators and Assemblers	非技術工人 Elementary Occupations	漁農業熟練工人及不能分類的職業 Skilled Agricultural and Fishery Workers; and Occupations Not Classifiable	總計 Total
合計 Both Sexes							
亞洲人（非華人） Asian (other than Chinese)							
菲律賓人 Filipino	0.9	2.0	2.9	0.4	93.8	-	100.0
印尼人 Indonesian	0.3	0.3	0.9	0.2	98.3	0.0	100.0
印度人 Indian	32.0	26.4	18.5	3.5	19.3	0.4	100.0
尼泊爾人 Nepalese	7.1	10.4	25.3	13.9	42.9	0.3	100.0
日本人 Japanese	55.7	24.5	15.6	2.0	2.2	-	100.0
泰國人 Thai	3.3	3.1	22.4	2.7	68.4	0.1	100.0
巴基斯坦人 Pakistani	15.6	13.9	22.7	16.7	31.1	-	100.0
韓國人 Korean	53.1	24.1	15.2	1.4	6.3	-	100.0
其他亞洲人 Other Asian	21.5	20.6	22.9	8.0	26.5	0.4	100.0
小計 Sub-total	5.0	4.2	5.5	1.5	83.8	0.0	100.0
白人 White	42.8	41.8	8.7	3.3	3.3	0.1	100.0
混血兒 Mixed							
華人父或母 With Chinese parent	15.0	27.2	32.0	8.0	17.5	0.2	100.0
其他混血兒 Other Mixed	10.5	38.0	25.3	1.4	24.8	-	100.0
小計 Sub-total	14.4	28.7	31.1	7.0	18.5	0.2	100.0
其他[1] Others[1]	27.0	41.0	18.6	6.8	6.6	-	100.0
總計 Total	8.5	8.0	6.3	1.8	75.4	0.1	100.0
全港人口 Whole population	10.8	22.2	33.2	14.7	18.8	0.3	100.0

Majority of **Filipinos** and **Indonesians, Thai** are in elementary occupations → domestic workers.

Pakistani, Nepalese: elementary occupations AND clerks/service workers/sales

Indian: better distributed, amongst managerial and professional sector

Source: http://www.bycensus2006.gov.hk/FileManager/EN/Content_962/06bc_em.pdf

Foreign Domestic Workers (FDW)

* FDW comprise highest proportion of ethnic minorities in HK, accounting for **almost 2/3 of the city's non-Chinese population.**
* In 2010 there were 284,901 foreign domestic helpers: 4**% of the population.**
* 48% were from the Philippines, 49.4% from Indonesia, and 1.3% from Thailand.

Year	The Philippines	Indonesia	Thailand	Others	Total
2002	148,400	78,100	6,700	3,900	237,100
2003	126,600	81,000	5,500	3,800	216,900
2004	119,700	90,000	4,900	3,800	218,400
2005	118,000	96,900	4,500	3,800	223,200
2006	120,800	104,100	4,300	3,600	232,800
2007	123,500	114,400	4,100	3,500	245,500

Source: Hong Kong Labor Department

Photo source: Giovanni Parra

Migrant Sex Workers

- No reliable data on number of migrant sex workers
  - Estimates of 200,000 (?)
- HK is **primarily a transit territory** for undocumented migrants, some of whom become trafficked for sexual exploitation and forced labor in their destination country.
- May come legally (i.e., as FDW) or smuggled in, staying without document within the country (by will or coercion)
- Source countries: mainland China, Philippines, Indonesia, Thailand, Vietnam, Nepal, Cambodia, and elsewhere in SE Asia.
- In 2010, 1,588 women in sex work arrested and deported for illegal immigration
- Trafficking victims: 3 victims in 2009, 11 victims in 2010, 12 in reporting period 2012 (UNHCR).

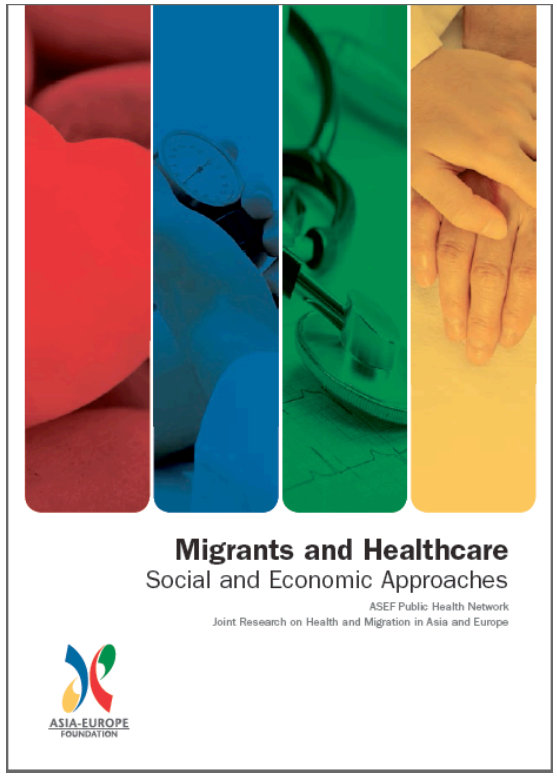
Undocumented Migrant Workers

- Estimate of 10,000 undocumented migrants
- Arrest for prosecution: 3,415 in 2010 and 2,377 in 2011
- Main undocumented migrant groups
  - Construction workers (mainly from mainland)
  - Sex workers (many from mainland)
  - Pakistani/Vietnamese
- Immigration Ordinance (November 2009): Subjected to removal/ deportation orders not allowed to take up any employment or establish a business in the city
- A maximum fine of $50,000 and up to 2-3 years imprisonment.
- Fake/forged identity: penalty up to $100,000 and 10 years of prison

HK Migrant and Health Study

funded by Asia-Europe Foundation (ASEF)

Hong Kong Team (CUHK):
Sian Griffiths, Roger Chung, Huso Yi



Research Aims

- Examine various components of exclusion and inclusion of the study migrant population groups from/into healthcare
- Examine policies relating to migrant worker's health to describe the nature of exclusion
- Produce preliminary knowledge base to analyse the costs of excluding un/documented migrant workers from healthcare
  - Use micro-cases to estimate for the costs of exclusion

Health Service Provision

Eligibility of immigrants to health care services

* In Hong Kong, public health care services are **available to all regardless of immigration status.**
* Depending on the residence status, categorized as (1) Eligible Person or (2) Non-eligible Person. Eligible persons → **subsidized public rates.**
* One Way Permit holders and other non-permanent residents, who hold HK Identity Card, are considered Eligible Persons.
* FDWs are eligible for the subsidized public health care services
* Non-permanent residents receive the same range and quality of services as permanent residents.

Eligibility of undocumented immigrants for health care services

For undocumented immigrants, public health care services are provided only when there is an urgent need, and patients are to be reported to the police

Case Study and Focus Group Discussion

- Document individual life events of undocumented migrants to elucidate the extent and nature of exclusion in healthcare provision
  - Foreign Domestic Workers (FDW)
  - South Asian Migrants
  - mainland Chinese Migrants

- Undocumented Migrants workers were invited for the study through NGO referral

- Focus group discussions with NGOs for migrant workers
  - Key themes focusing on difficulties in access to healthcare among migrants and main policy gaps.

Cost Estimation

- Rough estimates of indirect and direct economic and social costs of exclusion.
  - Direct costs of treatment
  - Indirect costs of exclusion (as opportunity costs to society)

- Economic costs - all direct and indirect treatment costs as well as productivity loss that could be avoided with timely treatment and/or preventive measures as provided in routine care.

- Social costs - all direct and indirect costs concerning violations of human rights and breach of professional values of healthcare professions (societal level), and individual harm that is done to people and could be avoided by better or timely treatment of health problems (individual level).

Cost Framework Due to Injury or Illness

Type of case	Direct Costs	Indirect Costs	Intangible Costs	Total (?)
Injury/Illness	Medical	Loss of productivity = Number of months without work X average monthly salary Transaction Administrative costs Community (NGOs) contributions	Pain and suffering Stigma	
Non-injury/ Illness	Housing Transport Food Miscellaneous		Stress and anxiety Discrimination	

Five Cases of FDW

Respondent Information	Case 1	Case 2	Case 3	Case 4	Case 5
Gender	Female	Female	Female	Female	Female
Country of Origin	Philippines	Philippines	Thailand	Thailand	Thailand
Age	26	28	51	50	57
Marital Status	Never Married	Never Married	Widow	Married	Divorced/Separated
Education	Secondary	Secondary	Secondary	Tertiary	Elementary
No. of dependents	3	2	1	2	4
Savings in home coutry	0	0	3946 HKD	1325 HKD	265 HKD
Employment History					
No. Years in Hong Kong	3	1	11	13	26
Salary per month in HK	3580 HKD	3740 HKD	3740 HKD	12000 HKD	4500 HKD
No. Years intended stay in HK	6	4	Indefinite	15	Indefinite
Financial History					
Save regularly	No	Yes	Yes	No	Yes
Owns bank Account	No	No	Yes	Yes	No
Savings per month	0	100 HKD	3700 HKD	0	1000 HKD
Main method of saving	Send all home	Cash	Commercial bank	Send all home	Send all home
Health Information					
Sick or injured in the past month	None	None	Intenstine	Stomach Ulcer, Eyes	None
Prior health condition	None	Headache	None	Stomach Ulcer, Eyes	Fever
Usual place for medical treatment	Self Treat	Gov Hospital	Gov Hospital	Gov Hospital	Gov Hospital

Direct and Indirect Medical Costs

Direct Medical Costs	Case 1	Case 2	Case 3	Case 4	Case 5
Hopitalization					
Medicines					300
Medical Procedure					
Doctors Fees			600	2000	
Others					
Total Medical Costs (HKD)			600	2000	300

Indirect Medical Costs	Case 1	Case 2	Case 3	Case 4	Case 5
Number of Days Sick			5	10	2
Salary per day			124.67	600	300
Total lost wages (HKD)			623.35	6000	

Other Costs

Other Costs	Case 1	Case 2	Case 3	Case 4	Case 5
Lawyer Fees					
Expected Compensation					
Family Visiting				7000	10000
Agent Fees	15000				26449
Money Sent home per month	3000	3000	3740	10000	300
Budget for food per month				2000	
Total Other Costs (HKD)	18000	3000	3740	19000	36749

Key Themes from Interviews

- Financial hardship – expenses for living and healthcare
  - Lack of social capitals in financial needs
  - “We are all in need for money”
- Community engagement and attachment
  - “No feeling of community”
- Trust toward community and healthcare
  - “Here in Hong Kong? Do not trust anybody! Trust yourself. They will use you”
- Individual and community empowerment
  - Human rights and patients rights
  - “We will never be part of Hong Kong permanent resident”
  - Always “stranger” not “minority” in society

Key Themes from Interviews

- Healthcare utilisation
  - No patient-oriented communication “I prefer a doctor of my nationality”
  - Quality of medical technology vs. quality of doctor
  - Access to health care in home and host countries
  - “I really not try services in Hong Kong hospitals. In the Philippines, it’s very reliable”
- Discussion on health status with employer
  - “I don’t feel comfortable to say “Mame I’m sick”. Even though I am sick I still have to do your work.”
- Priority between work and health

A Quote of "Work vs. Health"

I: This is the end of the interview portion. Thank you so much for your participation. Do you have any questions for me? Or is there anything you want to add to this that you think is very important?

P: Important? Don't reveal my name. **No, I just want to share this one, it's not health care but about domestic helper. We work for almost 24 hours. Even if they just say 10 hours work but we work non-stop. Imagine that many of us sleep at 2 o'clock and get up at 6 o'clock. That is the most concerning of all.**

I: That sounds like it would have health implications.

P: Yes**... Some came here Hong Kong very healthy and they went back home very sick. Because lack of sleep or lack of food. Not all employers provide healthy work condition for us.**

Beyond individual narratives, there are (too) many problems to be addressed and questions to be discussed.

Stakeholder Analysis

- Government
- Healthcare provision
- Employment agencies
- Employers
- Local and international NGOs
- Migrant workers
- Migrant sending countries
- And, researchers like us

Policy Issues – Lack of Regulation

- Working hours
- Sub-contracting
- Unlawful termination
- Employment agency
- Over-staying
- Cultural sensitivity and competency

17.5 Working Hours

- Under the Employment Ordinance, only employees who are employed continuously by the same employer for four weeks or more, with at least 18 hours of work each week are entitled to additional benefits such as rest days, paid annual leave, sickness allowance, severance payment, long service payment.

- 17.5 hours per week are not regarded as employed under a continuous contract.
- Although many work practically full time, the details in their work contract have been arranged in a way where they are designated as part time workers, which deny them health benefits.
- No regulatory body has been created to enforce labour legislation effectively.

Sub-contracting

- Sub-contracting is very common in construction and labour-intensive industries
- With the practice of multiple sub-contracting, the respective legal responsibilities of the various but simultaneous employers towards their employees become very complex.
- Questionable whether labour legislation is followed strictly in every sub-contract.

Unlawful Termination

- The most frequent cases of unlawful termination occur when FDW become pregnant.
- Although it is illegal to terminate FDW because of pregnancy, little enforcement of this legal provision

- FDW have only two weeks to find a new employer once they are terminated. During this time, their rights and access to healthcare become extremely limited.
- Over-stay
  - Resident status determines healthcare costs.
  - From a flat rate of around HK$ 100 to around HK$ 600 per visit in public hospital
- Only resource is to apply for international aid (International humanitarian aid organizations)

Offspring of FDW

- Children born to FDW has difficulty in establishing their legal status. Even if migrant women are still under contract, their children do not necessarily enjoy the same legal status as their parents.

- Lack of a clear policy or guidelines to establish migrant children's identity in Hong Kong and provision for public health services

- Because of the complex system, these children have lower rates of vaccination and regular check-ups.

FDW Employment Agencies

- Misinform FDW about their rights ("FDW Training Camp" before entry)
- Since agencies make money by charging a fee from either migrants or employers, they are motivated to funnel as many new migrants through the system as possible without regard to terminated workers.

- Market failure
  - Agencies operate purely out of self-interest and are unfettered by government.
  - This will result in inefficiencies and negative externalities.
  - Social exclusion of migrants and unaccounted costs to government when migrants encounter ill health without insurance or legal status.

Employers

* Employers' main interest is to maintain competitiveness and productivity and consequently to keep labour costs as low as possible.

* Despite official support for migrants' rights to healthcare, employers may refuse to employ FDW who are ill or pregnant.

* When these situations arise, most employers will eventually (unlawfully) terminate the contract and the responsibility and costs get passed on to government or taxpayers.

Public Services Tailored to Needs

- Lack of central interpreter service provided in public hospitals.
  - Freelance court interpreters for the police and immigration departments.
  - Translation services available through the request of medical staff or a referral from social workers.
  - Migrants mostly rely on interpreter services through NGOs.
  - Lack of adequate training for medical interpretation.
- Lack of accessibility due to opening hours
- Lack of legal intervention (complaint mechanism) for migrants
- Lack of education systems to informing human rights and anti-discrimination by Race Discrimination Ordinance (RDO)

NGOs

- To fill the policy gaps by providing financial, legal and healthcare services and supports for migrants.
  - 20-30 organisations working on migrant workers in HK
- When migrants over-stay (due to unlawful termination of contract), international agencies, such as International Social Service (ISS), intervene via asylum seeking cases, providing housing allowance, and financing healthcare.
- Yet, the financial resource allocation capacity of ISS.

- Migrant workers are not organised well and have difficulties doing so because of the high labour turnover and a lack of a strong network to connect to each other.

Migrant Workers

- The reliance on employment for migrants (who usually support families back home through remittances) has led numerous migrants to hide medical conditions from employers as a result of a fear of losing their employment.

- Many migrants are unaware of their rights and entitlements.
- This could cause delays in treatment (and rising emergency costs) as well as loss of productivity.

- **But, the loss of productivity in Hong Kong? Do we have evidence?**

Challenges in Migrant Health Research

- Data on costs are most difficult to gather and thus, necessitates estimation and extrapolation of the costs based on micro sample cases.
- Due to issues of data protection and the protection of their vulnerable clients, healthcare providers are uncertain whether to share data on diagnostic and treatment steps concerning individual patients.
- Concrete information of treatment costs and expenditures for living are accordingly incomplete and have to be supplemented by estimates.
- Concerning data on wages and expenditures like housing costs, average numbers are not applicable for undocumented migrants.
  - Wages on the black labour market can be supposed to be much lower than average wages.

Challenges Continued and Questions Against "Big Data" (so what?)

* Economic calculation has a blind eye on those kinds of costs, which cannot be expressed in terms of money, as for example individual suffering, and other kinds of social experiences/costs.

* Undocumented migrants appear and disappear in the healthcare system; information is sporadic and highly selective. The modelling of a general (non) treatment process, therefore, is of high complexity.

* In order to get a complete figure on the costs, the data should be collected from both receiving and sending countries (esp, those who are sick and return to sending countries for treatment, and pass away).

* **In the end, is it possible to estimate the costs of sick migrants in Hong Kong, who are from its neighboring countries?**

Migrant Receiving Country (i.e., HK)

- The government's primary interest is to meet labour needs through recruitment of migrant workers while providing them with few legal rights to discourage long-term integration into society.

- The incentives and benefits provided to attract and keep high-skilled migrant workers are not offered to low-skilled migrants.

- Although basic healthcare services are provided for migrant workers with valid contracts, utilisation of these services remains low due to the high turnover of migrants, the lack of legal protection and other structural barriers mentioned above .

- **Is there less need for treatment for migrant workers because of sufficient healthy migrants waiting to come to Hong Kong?**

Migrant Sending Countries

- No policy of no direct hiring via government
- Migrant employment through agencies whose goals are not in the best interest of migrants.
- Lack of standardisation of international norms

- An injured migrant implies loss of productivity for receiving country but also loss of remittances to sending countries. Treatment may also be delayed until return of the migrant in their country, in which case the cost would be borne by the country of origin.
- Closer cooperation between sending and receiving countries to clarify expectations.

- **How much are the economic and social costs of sick migrants transferred to migrants' origin sending countries?**

Questions for Mutual Responsibility in Global Governance

- What would be the reason for a local state to provide equal quality of healthcare services for migrants if the state finds no economic benefits from it?
- Can we argue against it?
- What is the *consequence* of this complexity of migration and health at local or *global* level? Is "global" merely fictitious?
- How can we call for moral obligation in the discourse of global distributive justice in healthcare among migrant workers?