

Migrant and Cross-Border Populations and HIV

Terence I. Doran

Antonio Duran

Faria Farhat

I Jean Davis



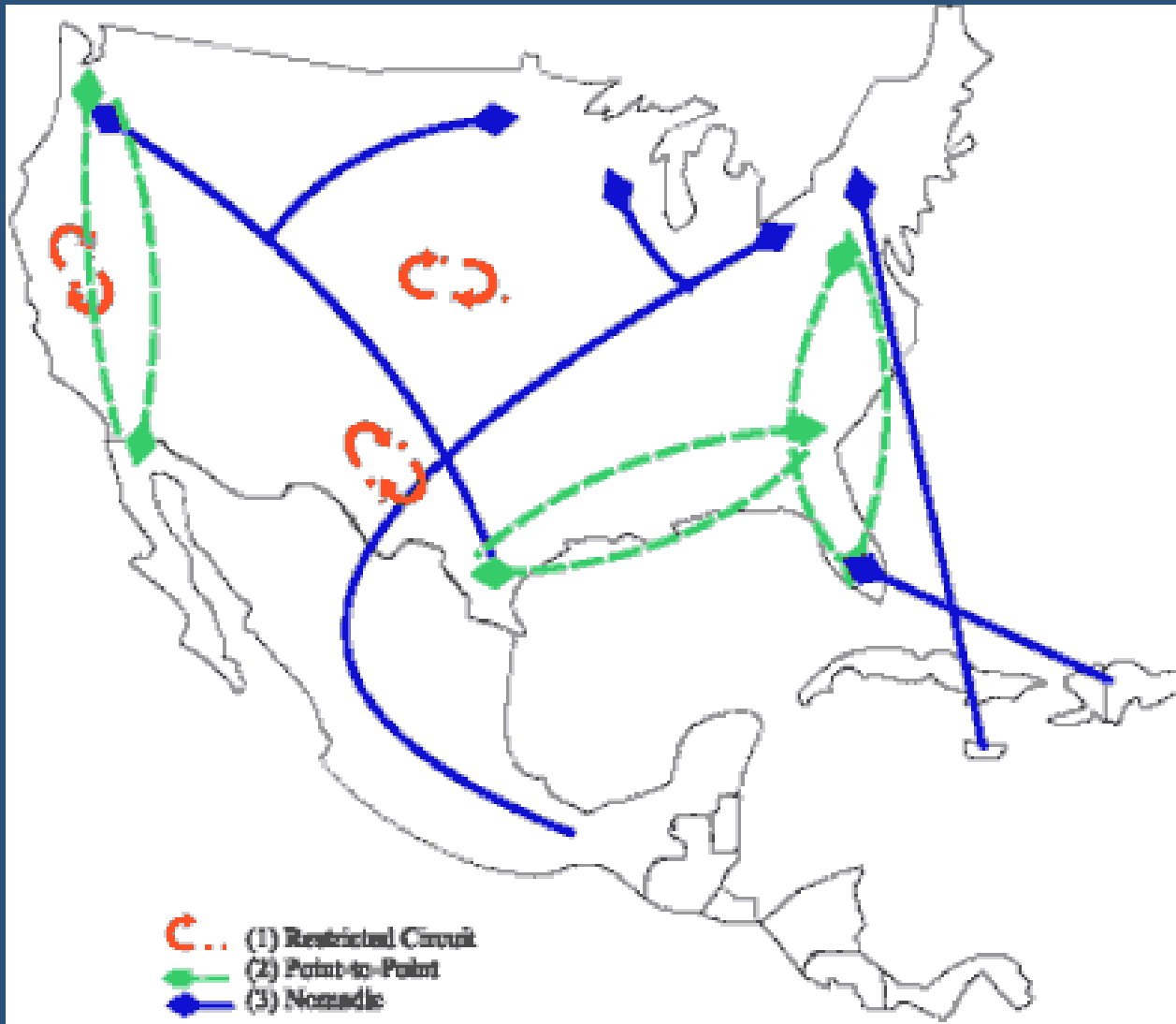
NMAETC

National Minority AIDS
Education and Training Center



Three Major Migrant routes

- East Coast—Florida, Haiti, Dominica and others
- Midwest—South Texas (Border), Mexico, Central America
- West Coast—California, Arizona, Mexico



HIV IN RURAL & BORDER POPULATIONS



- **Increasing in Rural & Border Areas**
 - Infected people may **migrate back** after being infected
 - **Poverty, poor access to medical facilities, and lack of education** increase risk of acquiring HIV locally
 - **Migrant & Seasonal Agricultural Workers**
 - Having many Co-factors for Infection



CHALLENGES IN BORDER COMMUNITIES



- Poverty Rates & Unemployment
- Migrant/Transient Populations
- Geographic/Rural Characteristics
- Shortage of Primary Care Providers
- Public Health Issues
- Strong Cultural and Traditional Values

CO-FACTORS OF INFECTION



- Tuberculosis (TB)
- Sexually Transmitted Diseases
- Substance and Alcohol Abuse
- Lack of Knowledge About HIV and Poor Awareness of Risk
- Poor Health Indicators



CO-FACTORS OF INFECTION



- Socio-Economic Factors
- Not Usually Involved in PC
- Poor Access to Health Care Services
- Co-existence of Other Health Problems

Colonias



- Many U.S. migrant workers live in the Colonias of South Texas
- These are unincorporated, rural housing developments, often lacking water, electricity, paved roads, medical clinics



Socioeconomic Profile of Colonia Residents



- Higher unemployment Rates and Lower Per Capita Income
- Lack of Basic Health Care
- Higher Instances of Diseases and Maladies
- Lower Levels of Educational Attainment
- Inadequate Utility Services and Roads
- Younger Population that Speaks Predominantly Spanish

Returning Migrant Workers



- Worker often return to their home countries and families after engaging in activities which cause them to become HIV-infected

Sentido.TV



HIV CRISIS HITS MIGRANTS RETURNING TO RURAL MEXICO FROM US

MIGRANT WORKERS ARE RETURNING TO
MEXICO CARRYING INFECTION, TREATMENT
OFTEN IMPEDED BY MARGINAL STATUS

--2 August 2007

Sentido.TV



- “men who migrate without papers to work in factories or on farms often spend large amounts of time alone, with no contact with their wives or families.”
- “This leads to encounters with high-risk sexual partners, and the possibility of unknowingly carrying HIV back to rural Mexico, where facilities for discovering or addressing the illness are scarce”



- Having returned home with HIV, these solo workers may infect spouses and children
- They live in rural areas with no access to care
- Physicians in rural areas are typically unfamiliar with HIV
- There is no money for care
- Stigma is high

Characteristics & Themes of People with HIV in the Colonias



- Un llorar en silencio (a silent cry)
- Ni Modo (what can you do about it?)
- Hombres Solos (men migrating alone)
- Que sea la Voluntad de Dios (may it be the will of God)
- Living in Secrecy
- Lack of Knowledge about HIV Disease
- Inconsistent Health Access
- La Desesperacion (a feeling of desperation)



A significant issue in care

- How do MSFW individuals/families, who are HIV infected, seek health care?
 - They migrate continuously during the work season
 - Continuity of medical care/access to medications is difficult when patients migrate every few weeks or months
 - Maintaining Medicaid/Medicare is difficult across state lines
 - Rural/migrant health clinics often lacked HIV-trained staff

CHALLENGES IN BORDER COMMUNITIES & IN MIGRANT CARE GENERALLY



- Poverty Rates & Unemployment
- Migrant/Transient Populations
- Geographic/Rural Characteristics
- Shortage of Primary Care Providers
- Public Health Issues
- Strong Cultural and Traditional Values

