

RESEARCH ON TAP

Migration: How Movement in the World Shapes Populations and Population Health

Tuesday, March 2, 2021

bu.edu/research/events



Research on Tap Agenda

- Welcome Remarks
- Presentations
 - Robert E.B. Lucas
 - Sarah Kimball
 - Susan Akram
 - Dana Janbek
 - Hyeouk “Chris” Hahm
 - Kinh Vũ
 - Lance Laird
 - Luz López
 - Nazli Kibria
 - Muhammad Zaman
- Q&A
- Closing Remarks



International & Rural-Urban Migration in Developing Countries

Robert E.B. Lucas

Professor
Economics, CAS



International Migration & Developing Countries

40 % of the world's international migrants are **IN** the developing countries.

85 % of the world's refugees are **IN** the developing countries.
[US ranks 56th amongst countries in refugees per capita].

ODA is **less than half** the total of reported **remittances**.
This excludes informal remittances.
[US ranks 21st of 23 DAC countries in ODA/GNI].

Enforcing the **US southern border** has increased the stock of irregular migrants.

Low-education migrants rarely move to high-income countries, except from neighboring countries and to the GCC states.

Circular migration of low-skill workers has the biggest impact on **poverty reduction** at origin.

Brain drain is (partially?) offset by gain from an educated diaspora.

86% of Chinese and Indian PhD in science and engineering from US universities **remain in the US.**

Rural-Urban Migration in the Developing Regions.

Almost all developing countries report having **policies to reduce or reverse** rural-urban migration.

Yet **extreme poverty** is localized in rural areas & **structural transformation** requires rural-urban labor reallocation.

Better-educated folk are more likely to move, yet migration is lowering skill levels in town. Job creation needs to take this into account.

The gains to moving are very large, but **minority communities** and those in **remote villages** are unable to take advantage of this.

Return migration to rural areas is common, especially where family were left in the village.

Urbanization levels are rising but **reclassification** of rural areas as urban is the principal source, **not net rural-urban migration**.

Climate change is accelerating urbanization, but 60% of countries in Africa and Asia have no urban planning yet.

CURRENT RESEARCH:

Seasonal migration as a food-security strategy in Africa.



Immigrant and Refugee
Health Center

The Boston Medical Center Immigrant and Refugee Health Center (IRHC)

The Immigrant Experience as a Social Determinant of Health

Sarah Kimball, MD

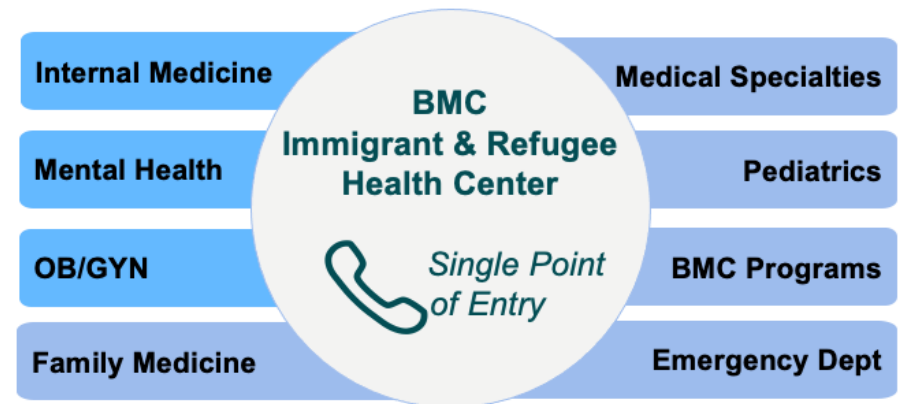
Assistant Professor of Medicine, BUSM
Director, BMC Immigrant & Refugee Health Center



Boston University Office of Research

BMC Immigrant & Refugee Health Center

The IRHC connects all of BMC's existing programs and expertise in immigrant and refugee health care into ***one central point of entry*** through which any immigrant patient can be connected with all of BMC's ***medical, mental health*** and ***social services*** that they need in order to heal, rebuild and thrive.



Research Dataset (CDW)

Aug 2015 – Oct 2019

BU IRB# H-37937

N = 1771 patients

Variables include Demographics, Health Care Utilization, Diagnosis, Surgical Hx, Medications, THRIVE, PHQ, PC-PTSD

Operational Dataset

Jan – Dec 2020

Operational data

N = 2049 patients

Variables include common operational metrics such as, Visit volume by dept, # unique patients, Show rate

Demographics and Healthcare Utilization of IRHC Patients

Research Dataset (CDW), Aug 2015 – Oct 2019

Demographics (N=1771)	N (%)
Average age: 55	
Sex, Female	1129 (63.7)
Country or Region of Origin	
Africa (e.g. Uganda, Somalia, Ethiopia, Cameroon, Nigeria)	575 (32.5)
Latin America and Caribbean (e.g. Haiti, Dominican Republic)	519 (29.3)
Asia (e.g. Iraq, China, Afghanistan, Vietnam, Bangladesh)	158 (8.9)
Europe (e.g. Bosnia, Albania, UK, Greece, Italy, Lithuania)	31 (1.7)
North America (e.g. Mexico, Canada)	7 (0.1)
Unknown	11 (0.8)
Education level	
College or above	416 (23.5)
Graduated High School	378 (21.3)
8th grade or less	140 (7.9)
Did not attend school	162 (9.1)
Immigration Status	
Unknown	743 (42)
Asylum Seeker	545 (30.8)
Legal Permanent Resident	165 (9.3)
Refugee	133 (7.5)

63.2% of our patients are on Health Safety Net (HSN) or MassHealth Limited insurance

31.5% of patients had at least 1 ER visit within the past year in this dataset (2019)

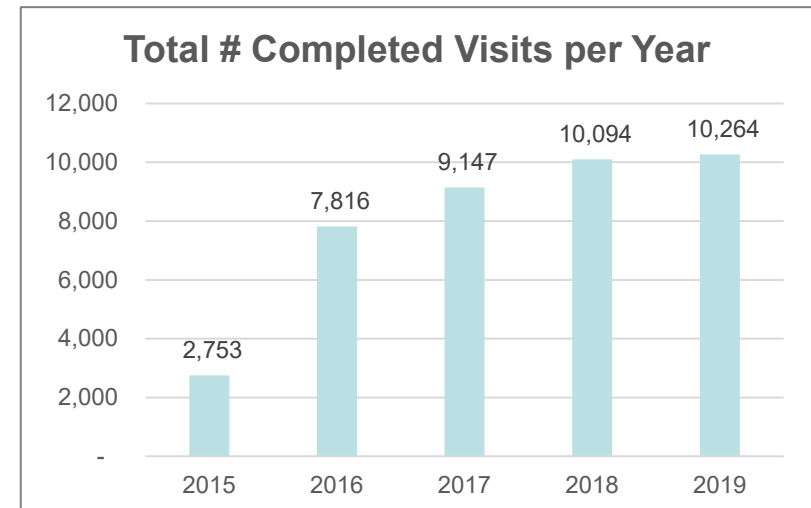


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The top 3 departments utilized by our patients are Internal Medicine, Psychiatry and Ob/Gyn

Department	Total # Visits
Internal Medicine	45,357
Psychiatry	19,483
Ob/Gyn	8,815
Radiology	4,874
Infectious Disease	4,621
Family Medicine	4,383
Pediatrics	407

The number of visits hospital-wide for our patients has been increasing over the past 5 years

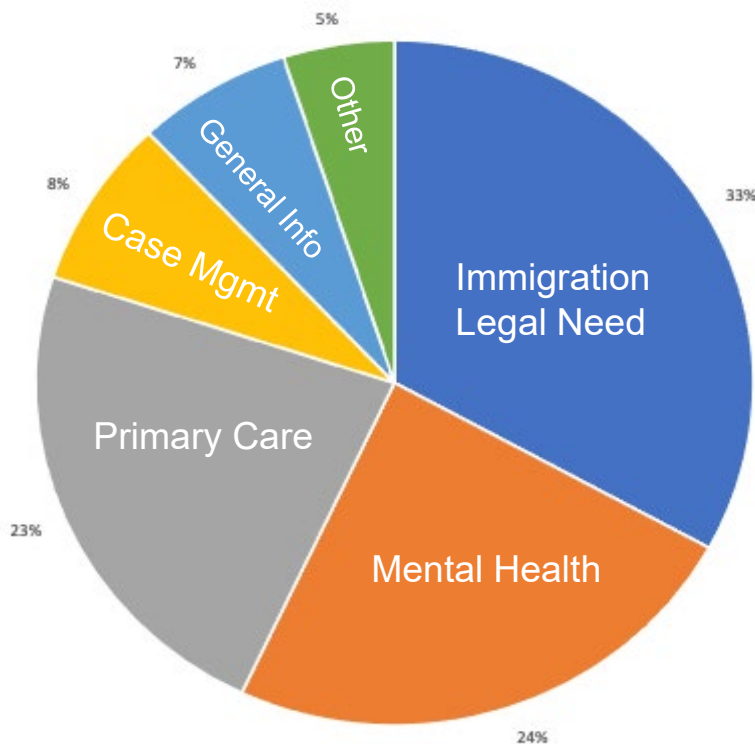


The IRHC's Single Point of Entry Went Live in Feb 2020!

Operational Dataset, Feb– Dec 2020

Since launch, the IRHC has received **398 referrals**, or approximately **33 new referrals/month**

Reason for Referral to IRHC, 2020



THRIVE Responses (N=1,405)	
Social Need	% of Respondents
Food Insecurity	30%
Education	29%
Employment	19%
Unable to pay for meds	18%
Transportation	15%
Housing Insecurity	10%
Childcare	8%

*From CDW/Research dataset, Aug 2015 - Oct 2019

*Includes US-born patients served by IRHC programs

Immigration Legal Program, 2020

- **Citizenship & Immigration Rights Navigator (CAIRN)** = 212 referrals in 2020
- **Medical-Legal Partnership for Immigrants (MLPI)** = 36 referrals made during 6-month pilot

Career Development Program

- 187 clients received one-on-one career counseling
- 19 clients completed 8-week Job Readiness Training
- 80% of clients who sought services developed personalized career plan and US-style resume
- **Chromebook Project** launching March 2021



Boston University Office of Research

IRHC Research & Collaboration

We are eager to work with research collaborators in the immigrant and refugee health space!

Neurology Needs and Outcomes within IRHC

Immigrant Population

PI: Dr. Pria Anand

- What are the neurological utilization patterns in the IRHC Immigrant Population?

Neuropsych Testing for Learning Disabilities (N-648)

PI: Dr. Sarah Kimball

Co-PI: Dr. Joelle Taknint

- How do we assess for learning disabilities and cognitive impairment across language and in culturally valid ways?

Head Trauma within Survivor of Torture (SOT)

Population

PI: Dr. Lin Piwowarczyk

- How common is head trauma among patients who have survived torture and what are the health impacts of these injuries?

Social & Community Support for LGBT IRHC Patients

PI: Dr. Lauren Ng

- What are the specific challenges faced by the Center's LGBT clients?

Unmet Social Needs & ED Usage in IRHC Patients

PI: Stephanie Loo

- What are the unmet social needs of the IRHC population, and what is the relationship between level of unmet social needs and ED visit rates?

Core Competencies for Immigrant Health (H-38919)

PI: Claire E. Oppenheim, MPH

- What are the Core Competencies that providers need to have in order to provide excellent care to immigrant and refugee patients?

*Collaborators & students:
To join our monthly research
meetings, email
Houda_Chergui@bmc.org*



The Plight of Disappeared Migrants in Mexico and Central America

Susan Akram

Boston University School of Law
International Human Rights Clinic





WHY ARE MIGRANTS LEAVING THEIR HOME COUNTRIES?

- Large corporations that are forcing communities (esp. indigenous) off their lands
- The growth of maquilas drive wages down
- High homicide rates
- Narco-trafficking
- Govt. corruption



THE INTERNATIONAL HUMAN RIGHTS CLINIC AND MIGRANT DISAPPEARANCES

Under international and regional law, the Northern Triangle countries, Mexico, and the United States are obligated to effectively respond to migrant disappearances.

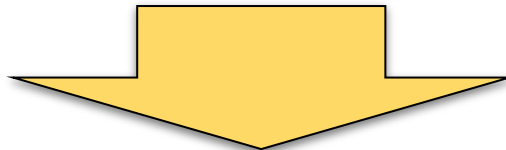
This includes:

- *Conducting prompt and thorough investigations*
- *Prosecution of perpetrators*
- *Identification and repatriation of remains*



OVERALL FINDINGS:

- Families have identified gaps at every level of their state's legal obligations:
 - lack of serious investigation into disappearances;
 - lack of tracing mechanisms;
 - lack of DNA testing;
 - lack of rapid return of the right (and intact) bodies;
 - lack of response from the governments;
 - lack of compensation;
 - lack of mechanisms to hold violators responsible; and
 - lack of acknowledgement of government accountability.



TRANSNATIONAL MECHANISM

Implementation of a transnational mechanism within Mexico, US, and Central America that provides adequate access for justice.

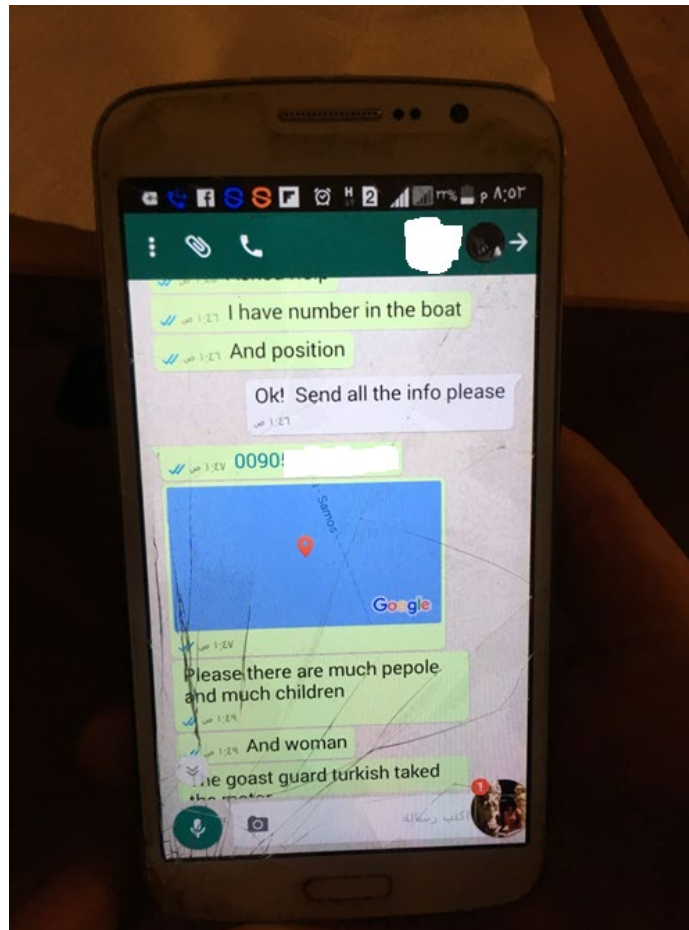
The Role of Cellphones in Displacement

Dana Janbek, Ph.D.

Master Lecturer

Department of Mass Communication, Advertising and Public Relations



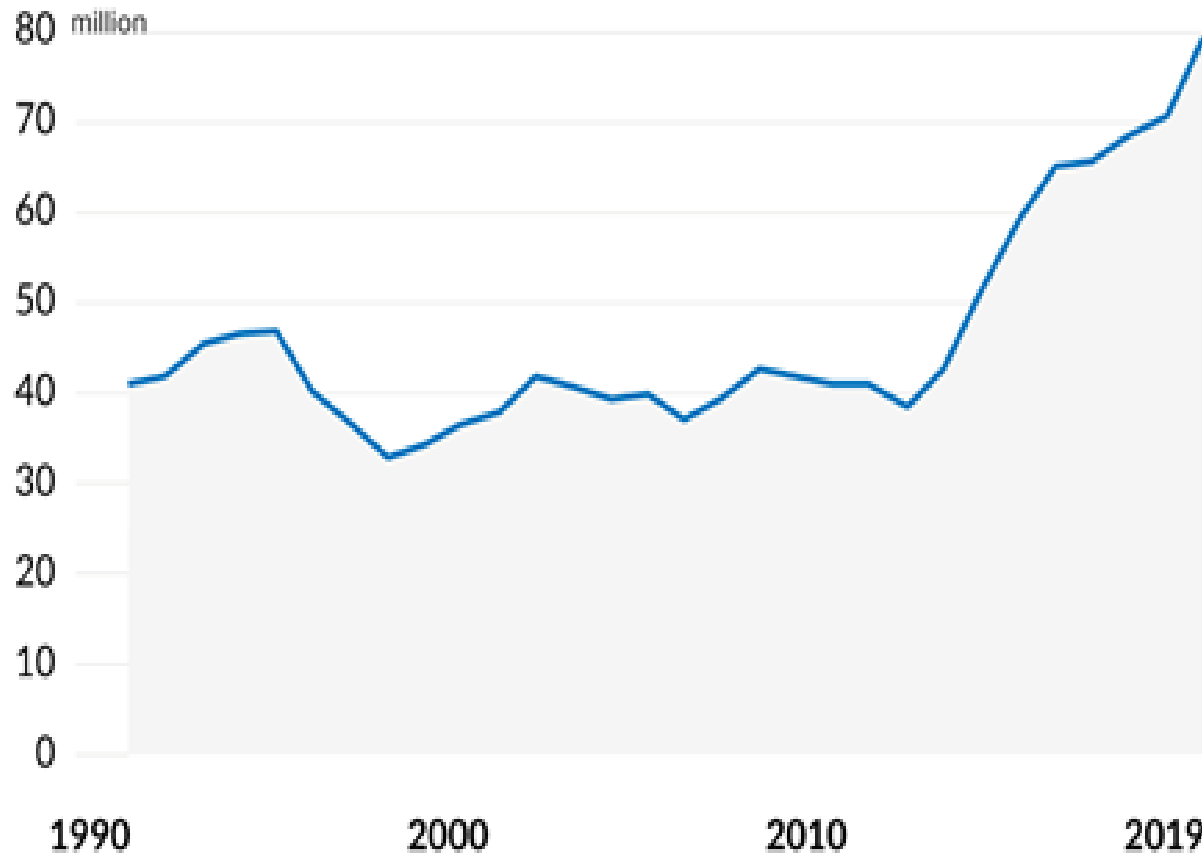


Refugees Experience Information Precarity



Irrelevant, Dangerous Information

- Not getting enough specific information about the events in their home village or town
- Doubting the credibility of information about what was happening in the camp



**80 million
forcibly
displaced**

Migration, Discrimination, A Call to Action for Asian Americans

Hyeouk “Chris” Hahm

Chair and Associate Professor, Research
Boston University, School of Social Work



The COVID-19 Pandemic and Asians

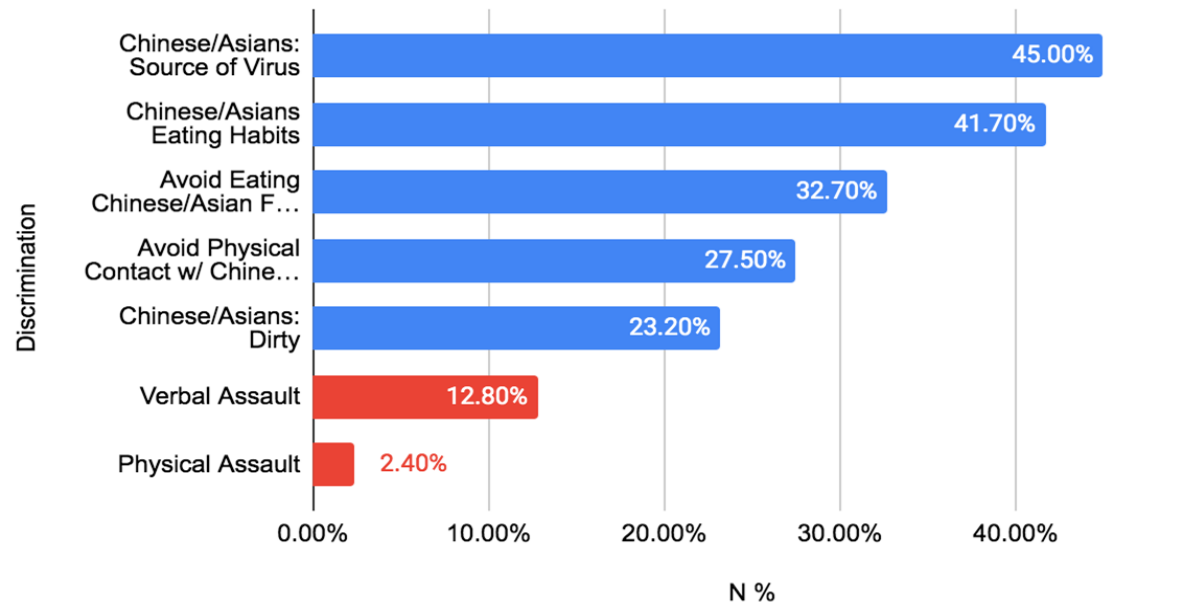
美 國
亞 裔

Anxiety of being an Asian American:

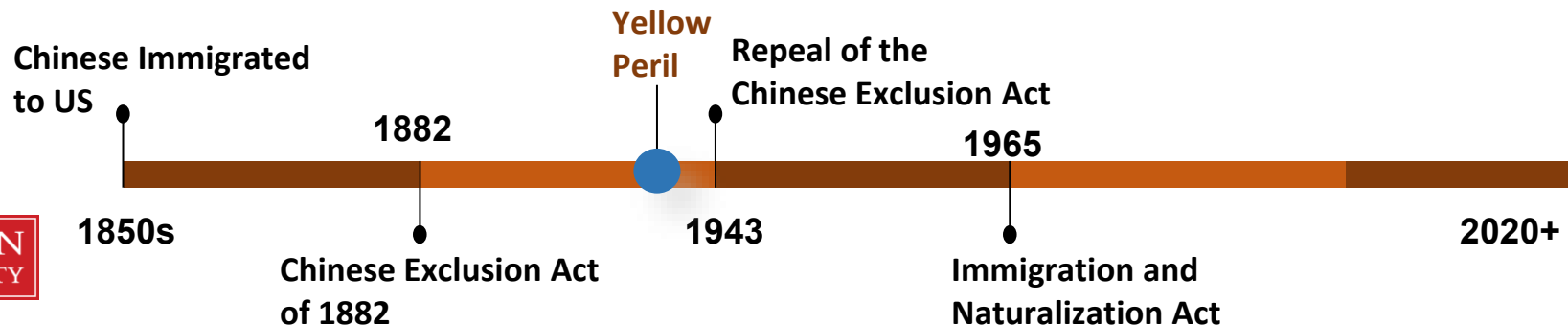
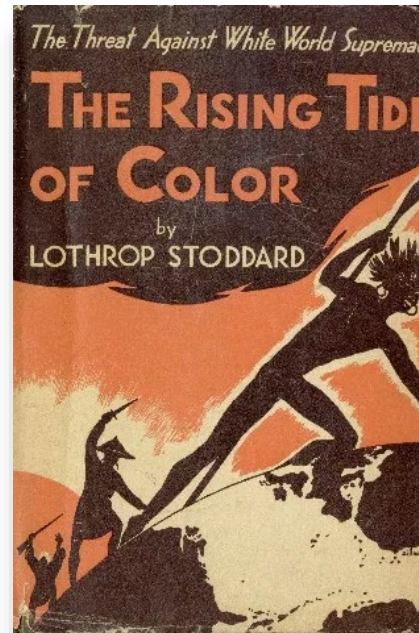
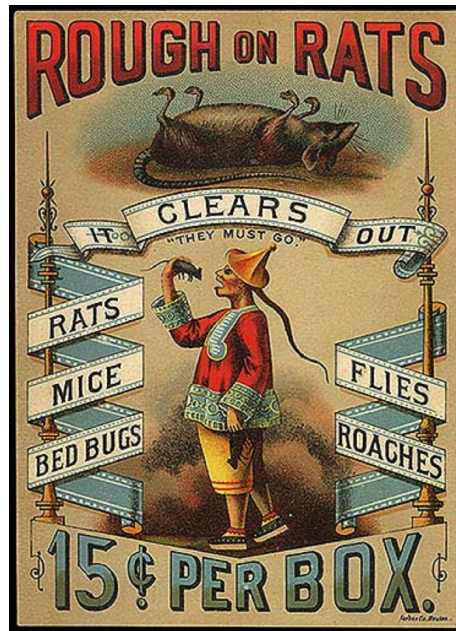
Hate crimes and negative biases during the COVID-19

--Normalization of violence and dehumanization of AA.

COVID-19 Adults Resilience Experience Study (CARES)



Historical Milestones on Asian American Migration



Consequences of Historical Legacy: Mental Health

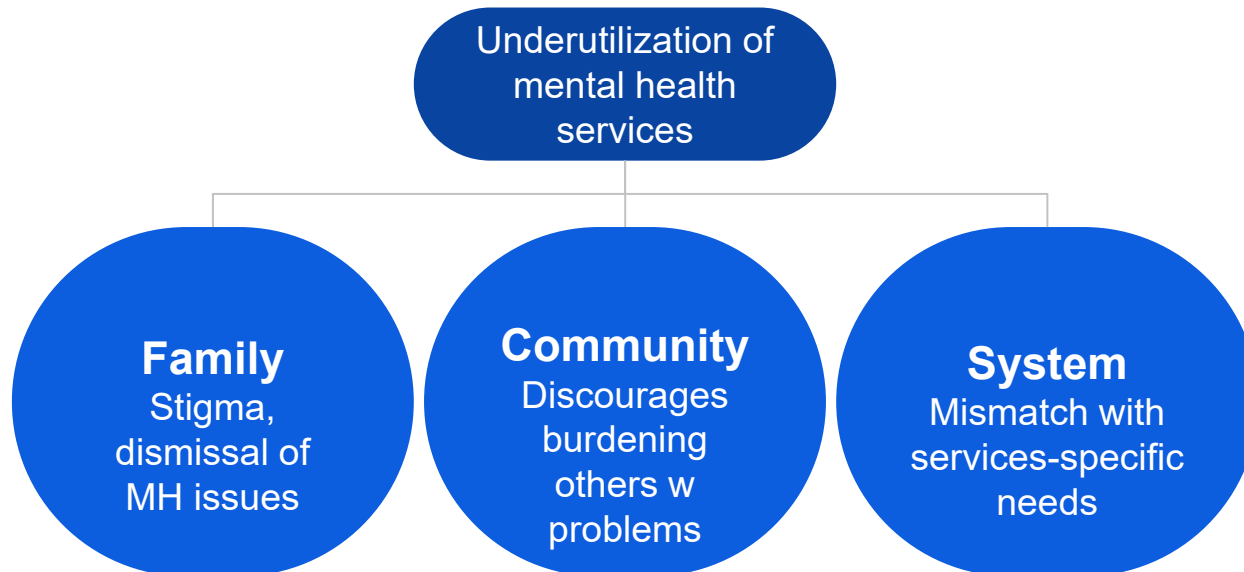
Historical Stereotypes: “Perpetual foreigners,” “Threats,” “Model Minorities.”

High Risk Groups (young adults)

- **Odds of seriously considering suicide 1.59 times higher** for AA students relative to White American counterparts (Kisch et al., 2005).
 - Grade 9-12 females **20% more likely to attempt suicide** compared to White females (HHS, 2019).
 - Among women of 20-24 year age group, compared to all other racial groups, AA women had the **highest proportion of deaths caused by suicide** (27.8%); also leading cause of death (HHS, 2019).
- Underutilization of Mental Health Services: consistent throughout age levels**

AA college students face the widest disparities in mental health

- 80% of cases being untreated
- 64% less prescribed medication use
- 51% lower odds of psychotherapy compared to White counterparts (Lipson et al.)



Moving Forward: *Our History Should Not Be Our Future*

We need to develop a **long-term vision** to fight against discrimination and bias

Allocate resources equitably

Build solidarity within and between the diverse racial and ethnic groups

Create networks to support each other

Devote time to take actions when you see injustice

Educate children, colleagues, others on the richness and complexity of Asian history and current lived experiences



MY VOICE WAS STOLEN

Kính T. Vũ

Assistant Professor of Music

Music Education | School of Music | College of Fine Arts



EVERY CHILD NEEDS LOVE

Recognizing that the child... should grow up in a family environment, in an atmosphere of happiness, love and understanding...

Convention on the Rights of the Child (1989/90)



Photograph by Kinh T. Vũ

DISPLACEMENT via QUIET MIGRATION



Photo: Vintage Everyday (2016 July 13)

- **Displacement**
 - It is difficult to distinguish between voluntary and forced displacement
 - See de Quadros, 2020
 - Forcibly displaced people = approx. 80 million in mid-2020
 - UNHCR, 2020
- **The Child Catchers**
 - Joyce, 2013
- **Quiet Migration**
 - Leinaweaver, 2014; Misca, 2014

MY VOICE WAS STOLEN

- Music Education and Displacement
 - Vũ & de Quadros, 2020
- Feminine Empowerment
 - e.g., Downey, 1996; Tonn, 2008
- Discovering my Tiếng Việt
- New Pathways for Others

We haven't discussed the subject of payment. You can't get something for nothing, you know. I'm not asking much, just a token, really a trifle. You'll never miss it. What I want from you is — **your voice**

(Ashman & Menken, 1989)



Image excerpted from Smithsonian Magazine (2019 November 19) & Allstar Picture Library / Alamy Stock Photo. No copyright infringement is intended.

References

Ashman, H., & Menken, A. (1989). The little mermaid [Walt Disney Records].

De Quadros (2020). Displacement and music education: Background, issues, paradigms. In K. T. Vű, & de Quadros (Eds.). *My body was left on the street: Music education and displacement* (pp. 16–33). Brill Sense.

Downey, S. D. (1996). Feminine empowerment in Disney's Beauty and the Beast. *Women's Studies in Communication*, 19(2), 185-212.

Joyce, K. (2013). *The child catchers: Rescue, trafficking, and the new gospel of adoption*. Public Affairs.

Leinaweaver, J. B. (2014). The quiet migration redux: International adoption, race, and difference. *Human Organization*, 73(1), 62-71.

Misca, G. (2014). The “quiet migration”: Is intercountry adoption a successful intervention in the lives of vulnerable children? *Family Court Review*, 52(60-68). doi: 10.1111/fcre. 12070

Tonn, T. (2008). *Disney's influence on female perception of gender and love* (Master's thesis). University of Wisconsin, Stout.



Faiths, Im/migrants, and the Health of the Public

Lance D. Laird, Th.D.

Assistant Professor/Assistant Director
Family Medicine/Medical Anthropology, BUSM/GMS



Muslim Charitable Clinics in the US

- 1st and 2nd gen im/migrants mobilizing religious networks to care for uninsured and undocumented
 - Laird, Lance D., and Wendy Cadge. 2010. “**Negotiating Ambivalence: The Social Power of Muslim Community-Based Health Organizations in America.**” *PoLAR: Political and Legal Anthropology Review* 33 (2): 225–44. <https://doi.org/10.1111/j.1555-2934.2010.01112.x>.
- Film: “Unconditional Care” by Matt Colaciello, Global Workshop
 - Khan, Nabil A, and Lance D Laird. 2019. “**Muslim Community-Based Health Organizations in the United States: Survey Report 2018.**” Rolling Meadows, IL: Global Workshop/American Muslim Health Professionals. https://amhp.us/wp-content/uploads/2020/01/MCBHO_2018.pdf.
- Documenting growth in 2020-2021: AMHP/BU/UTMC

Muslims in Healthcare Chaplaincy

- Experiences of “translation” in Protestant seminaries and CPE;
- Developing Muslim practical theologies and institutions
- Exporting a normative interfaith model to Muslim majority countries
 - Laird, Lance D, and Samsiah Abdul Majid. 2019. “**Mapping Muslim Chaplaincy: Educational and Needs Assessment.**” Research. Association of Muslim Chaplains. <https://associationofmuslimchaplains.org/islamic-chaplaincy-in-america/>.
 - Laird, Lance D., Samsiah Abdul Majid, and Magda Mohamed. [2021]. “**Muslim Healthcare Chaplaincy in North America and Europe: Professionalizing a Communal Obligation.**” In *Handbook of Religion, Medicine, and Health*, edited by Pamela Klassen and Philipp Hetmanczyk. London ; New York: Routledge. (in press)
 - Laird, Lance D, and Samsiah Abdul Majid. “**Muslim Chaplains in the clinical borderland: authority, function, and identity**” (under review)

Vaccine Outreach in Im/migrant Communities

- Center to Support Immigrant Organizing
- Coalition of Healthcare organizations, Immigrant Advocacy, Service, and Faith Groups with Mayor's Office of Immigrant Advancement
 - Document messages, questions, and concerns voiced in outreach events in Latinx/Brazilian, Haitian, and Somali communities
 - Provide resources, personnel for “trusted orgs” to conduct vaccination outreach
 - Vaccine hesitancy and distrust, “institutional trustworthiness,” and the cultural politics of the pandemic

Digital Redlining: Telehealth Inequities in Boston's Black and Latinx Communities

- BU Center for Antiracist Research, BUSM/Questrom
 - What was the association of telehealth access with specific social forces implicated in structural racism?
 - What are the experiences of BIPOC communities and patients in using virtual health, and what specific barriers have they encountered?
- BMC and Community Health Centers in East Boston, Roslindale, Mattapan



School of Social Work
Center for Innovation in Social Work & Health

Latinx Migrant Families and COVID-19 Immigration Policies

Luz M López, PhD, MSW, MPH

Clinical Professor, Global Health Core Director
Center for Innovation in Social Work and Health
Boston University School of Social Work



Rise in Latinx migrant family separations due to COVID-19 immigration policies

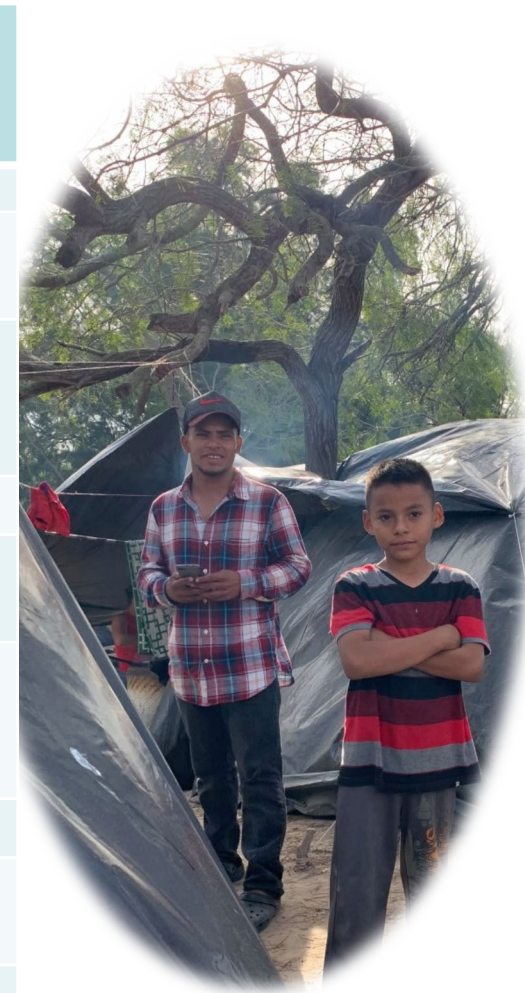
- Despite no scientific evidence in March 2020, Title 42 of the US Code, determined that migrants coming from Mexico & Canada, were in danger of introducing COVID-19 into USA.
- To help prevent COVID-19 in border facilities & in USA, migrants and unaccompanied children were not held but immediately expelled to their country.
- Migrants that were sent to the Mexico border before COVID-19, have been waiting for hearings for 1 or 2 yrs. Due to COVID-19, court hearings have been stopped or very limited.

(American Immigration Council report, Sept 2020)



U.S. Border Patrol Monthly Enforcement Encounters 2021: Title 42 Expulsions and Title 8 Apprehensions

U.S. Border Patrol (USBP)	Enforcement Actions	OCT	NOV	DEC	JAN	YTD 21 TOTAL
Southwest Border						
	Title 42 Expulsions ²	62,979	61,260	60,510	62,367	247,116
	Title 8 Apprehensions ¹	6,043	7,882	10,537	12,831	37,293
	Total	69,022	69,142	71,047	75,198	284,409
Northern Border	Title 42 Expulsions ²	27	66	25	16	134
	Title 8 Apprehensions ¹	47	26	29	27	129
	Total	74	92	54	43	263
Land Border Total	Title 42 Expulsions ²	63,006	61,326	60,535	62,383	247,250
	Title 8 Apprehensions ¹	6,090	7,908	10,566	12,858	37,422
USBP - Total Land Border Enforcement Encounters		69,096	69,234	71,101	75,241	284,672



US Custom & Border
Protection Stats, 2/ 2021
<https://www.cbp.gov>



- Migrant Latinx families from Mexico, Guatemala, Honduras, Nicaragua are seriously affected by this COVID-19 pandemic immigration policies.
- More than 9,900 unaccompanied children were taken into custody from Sept to Nov 2020 (NY Times 11/20).
- Ten of thousands of people remain in crowded immigrations detention centers despite COVID-19 risks

(N Engl J Med, 1/ 21)

Mental Health Trauma Care

- Access to culturally trained bilingual Spanish speaking social workers & psychologists
- Trauma Care evidence based interventions, adapted for immigrants.

Pre-migration:

- Violence and human rights violations

Migratory movement

- Lack of basic human & health needs
- Lack of schools & children's education
- Traumatic family separations

References

- Page K., M.D. & Flores-Miller, A (2021) Lessons We've Learned — Covid-19 and the Undocumented Latinx Community *N Engl J Med* Jan: 384:5-7
DOI: 10.1056/NEJMp2024897
- US Customs and Border Protection Statistics, Office of Homeland Security
<https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics/title-8-and-title-42-statistics> (Feb. 2021)
- Lieberman, A.F, Bucio, O. G. (2018). When migration separates children and parents: searching for repair. *ZERO TO THREE*, 39(1), 55-60.
- Noroña, C. R., Velasco, M.C, Flores, E.L., & Eiduson, R. (2018). Historical, sociopolitical, and mental health implications of forcibly separations in young migrant Latin American children and their families. *ZERO TO THREE*, 39(1), 8-20.

Resource: Talking to Children About Deportation and Separation

- http://fsustress.org/pdfs/Traumatic_Separation_EN.pdf (English)
- http://fsustress.org/pdfs/Traumatic_Separation_SP.pdf (Spanish)

Children with Disabilities and Family Migration Projects

Nazli Kibria

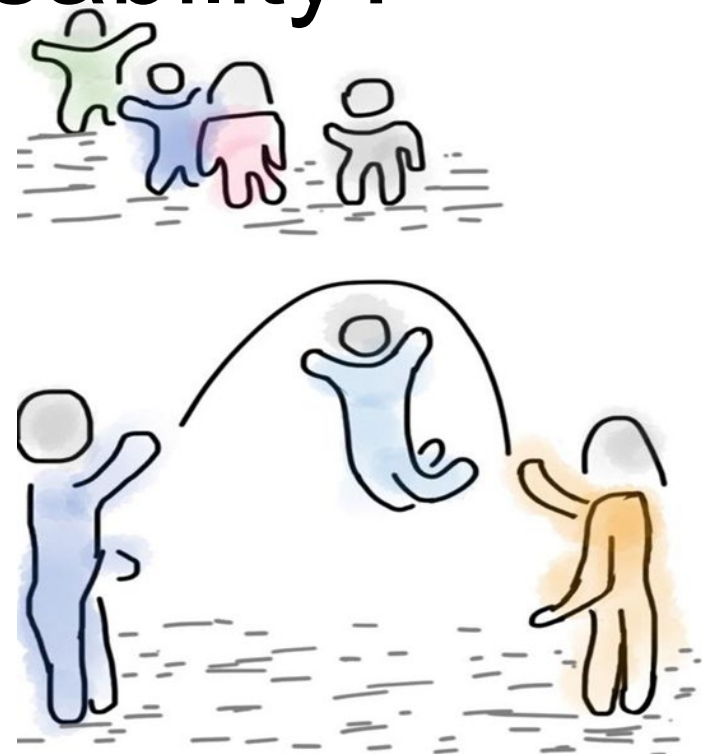
Professor
Sociology, CAS



Why study migrant families and children with disability?

WHO (2011):
Persons with
disabilities
constitute 15% of
the world's
population

UNHCR (2018): 10
million out of the
estimated 70.8
million forcibly
displaced persons
have a disability



Life Histories of Family Migration and Disability

How does the course of migration and settlement take shape in the context of raising children with disability?

How do the challenges of disability shape decisions, narratives and integration processes?



Nazli Kibria, Walter Suarez Becerra, Deserving Immigrants and Good Advocate Mothers: Immigrant Mothers' Negotiations of Special Education Systems for Children with Disabilities, *Social Problems*, 2020

- Advocating for medical care and educational services
- Negotiating surveillance and scrutiny of “cultural parenting”
- Shifting remittances and community relationships

Engineering, Evidence and Engagement: Improving Access to Health in Refugee Settlements

Muhammad Zaman

Professor
Biomedical Engineering, ENG



Cluster 1 AA										Cluster 2 AA										Cluster 3 AA									
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THE IRISH TIMES

Fri, Sep 6, 2019

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‘It’s a slow death’: The world’s worst humanitarian crisis

Yemen endures mounting destruction and death as war drags on with no end in sight

© Thu, Aug 24, 2017, 09:52 | Updated: Thu, Aug 24, 2017, 09:55

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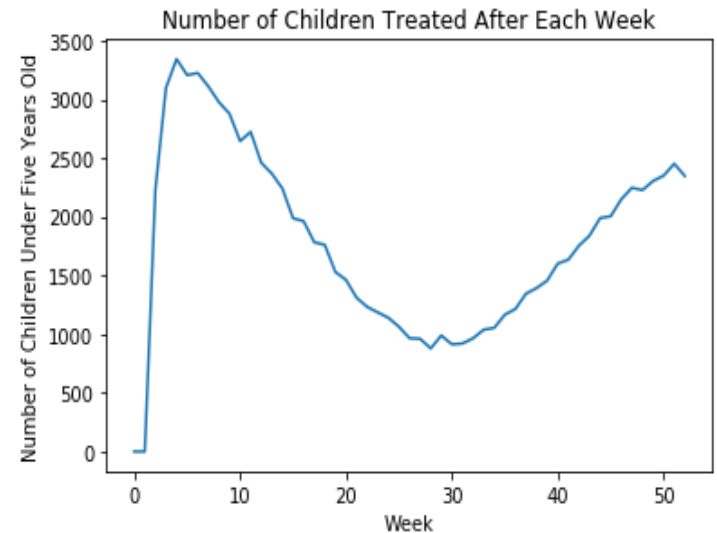
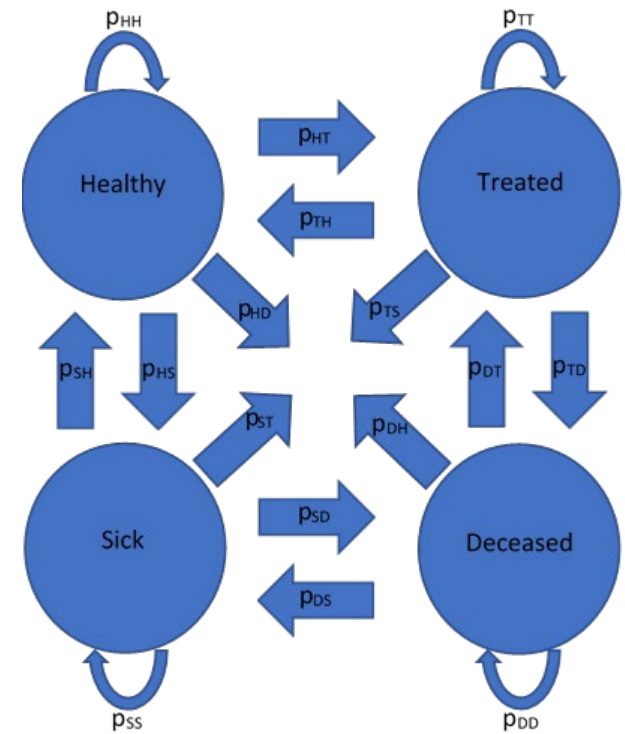
HOME TOPICS IN DEPTH SECRETARY-GENERAL MEDIA
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Humanitarian crisis in Yemen remains the worst in the world, warns UN



Cluster 1 AA	Cluster 2 AA	Cluster 3 AA
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A wide-angle photograph of a large, sprawling refugee camp. In the background, hundreds of colorful tents (green, blue, red, yellow) are pitched on a flat, dusty ground, with many people visible moving about. In the foreground, a group of people, including men and women wearing head coverings and traditional clothing, are gathered near a large blue tarp. The word "TRUST" is superimposed in large, white, bold, sans-serif capital letters on a black rectangular background, centered over the middle of the image.

TRUST

Q&A



UPCOMING EVENTS

Learn more & RSVP: bu.edu/research/events
Topic ideas & feedback: bu.edu/research/topic-ideas

RESEARCH HOW-TO

A Deeper Dive into SciVal: Data & Metrics

Wednesday, March 10, 2021 | 1-3 pm

Mapping Your Research Path: An Early Career Workshop

Wednesday, March 17, 2021 | 3-4 pm

