Access of Haitian migrants to public healthcare: a bioethical question

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Abstract

The vulnerabilities of migrants arouse the bioethical view of health inequities that often affect the access to health. This research evaluates the access to healthcare of Haitian migrants, recognizing the situations that generate greater vulnerability, aiming at the improvement of public health policies. The study used a qualitative approach by conducting a focus group with adult Haitians of both sexes. We verified the need for raising health professionals' awareness of cultural differences, migrants and refugees' vulnerability and the fight against xenophobia and racism. Only after this it will be possible to rethink health policies and actions to achieve the universality, integrality and equity promoted by the Brazilian Unified Health System.

Keywords: Transients and migrants. Health services accessibility. Bioethics. Health equity.

Resumo

Acessibilidade de migrantes haitianos na saúde pública: uma questão bioética

As vulnerabilidades intrínsecas à migração despertam o olhar bioético no que concerne às iniquidades em saúde, que muitas vezes comprometem o acesso a serviços sanitários. Com isso, esta pesquisa avalia o acesso à saúde de migrantes haitianos, buscando reconhecer situações que geram maior vulnerabilidade, com vistas ao aperfeiçoamento de políticas públicas. O estudo utilizou abordagem qualitativa, coletando dados por meio de grupo focal formado por haitianos de ambos os sexos. Conclui-se que é preciso sensibilizar profissionais de saúde em relação a diferenças culturais, combater a xenofobia e o racismo e conscientizar quanto à vulnerabilidade de migrantes e refugiados. A partir disso, será possível repensar políticas e ações em saúde de modo a alcançar a universalidade, a integralidade e a equidade fomentadas pelo Sistema Único de Saúde.

Palavras-chave: Migrantes. Acesso aos serviços de saúde. Bioética. Equidade em saúde.

Resumen

Accesibilidad de los migrantes haitianos a la salud pública: una cuestión bioética

Las vulnerabilidades intrínsecas a la migración despiertan la mirada bioética referente a las inequidades en salud, que a menudo comprometen la accesibilidad a los servicios sanitarios. Esta investigación evalúa el acceso a la salud de migrantes haitianos, buscando reconocer cuáles son las situaciones con más vulnerabilidad para el grupo, con miras a mejorar las políticas de salud pública. Se utilizó un enfoque cualitativo mediante la recolección de datos de un grupo focal con haitianos adultos de ambos sexos. Es necesario sensibilizar a los profesionales de la salud en cuanto a las diferencias culturales, al combate a la xenofobia y el racismo, y a la vulnerabilidad de los migrantes y refugiados. Esto posibilita repensar las políticas y acciones en salud para cumplir con el papel de universalidad, integralidad y equidad fomentado por el Sistema Único de Salud brasileño.

Palabras clave: Migrantes. Accesibilidad a los servicios de salud. Bioética. Equidad en salud.

Research

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Universal access to the Unified Health System (SUS) is guaranteed by the 1988 Brazilian Federal Constitution, which establishes that *health is a right of all and a duty of the State*[1]. Immigrants and refugees are included in this assistance, supported by Article 5 of the Constitution, according to which *all persons are equal before the law, without any distinction whatsoever, Brazilians and foreigners residing in the Country being ensured the inviolability of the right to life, to liberty, to equality, to security and to property*[2]. However, access to primary health services is an issue even in developed countries.

The problems faced by the most vulnerable populations – such as poverty, lack of drinking water and sanitation, education and decent housing – are intensified in health. There is a lack of qualified professionals, poor distribution of resources and inequalities in the geographical distribution of health facilities. In addition, public policies tend to prioritize specialized care over primary care, which can exacerbate inequities.

The perspective of health as a cure for diseases does not help to solve the needy populations' vulnerabilities. More effective primary care aims at prevention and treatment with focus on the individual and the community, considering cultural, family and environmental aspects. This strategy is fundamental to change the whole society, rescuing care in human relationships and building new social bonds, based on respect, ethics and solidarity[3].

Migrants and refugees need special attention. Cultural differences, language difficulties, lack of documentation and medical history, as well as racism and xenophobia, compromise access to healthcare. These vulnerabilities call the attention of bioethics, as they relate to social determinants and complex structural, social and cultural aspects[4].

Thus, this research assesses the perception of Haitian migrants from Curitiba, Paraná, regarding access to health care services. In addition, based on the participants' speech, the article points out the situations that generate greater vulnerability, in view of proposing public policies to ensure this population's right.

Method

We collected data from a focus group with 10 adult Haitians, of both sexes, living in the city of Curitiba, Paraná, Brazil. The researchers selected the participants in Portuguese classes at Universidade Tecnológica Federal do Paraná and interviewed them in an appropriate environment at the institution. They were also informed about the characteristics of the study and signed the informed consent form.

The interviews were conducted by two moderators trained in the health field, linked to graduate programs at Pontifícia Universidade Católica do Paraná. Their role was to introduce the discussion and maintain it, emphasize that there were no right or wrong answers, observe the participants, encourage everyone to speak, identify opportunities in the speeches, build relationships with the informants to deepen comments considered individually relevant, and observe participants' nonverbal communication and their own rhythm in the time set for debate[5].

The speeches were audio recorded and later transcribed, interpreted and categorized. We used the content analysis based on Bardin[6] as a reference and analyzed the data with the Atlas.ti software.

Results and discussion

From the participants' speeches, the researchers detected the main obstacles to access healthcare. These vulnerabilities were organized into categories, according to the content analysis method: barriers related to language, delay in assistance, opening hours of health centers, territorialization, medical certificate obtainment, traditional Haitian medicine, lack/price of medication, time off work for medical treatment, and emergency assistance.

Table 1 presents the percentages related to the frequency with which the vulnerabilities are reported. The main barrier is language (25%), followed by traditional Haitian medicine (19%), problems with opening hours (14%) and delay in assistance (11%). Lack of medication (11%), difficulties in understanding the SUS territorialization system (8%) and to get time off work (3%), as well as lack of assistance at emergency services (3%) were also reported.

Difficulty with language, the main vulnerability, is also reported in other studies[7,8]. Misunderstanding limits service, creating difficulties for professionals, as can be seen in this statement: "*They couldn't say what you want* (…). *The people providing assistance were unable to speak to you*" (Migrant A). Faced with the problem,

the presence of an interpreter is suggested by migrants: "*Health centers need a translator to help*" (Migrant B); "*this hospital could have one or two people able to speak another language to help*" (Migrant A).

Table 1. Reported vulnerabilities, per frequency (%)

Categories	%
Language	25
Traditional Haitian medicine	19
Opening hours	14
Delay in assistance	11
Lack/price of medication	11
Territorialization	8
Medical certificate obtainment	6
Time off work	3
No emergency assistance	3

In the absence of an interpreter, users themselves develop strategies: "*When a Haitian goes to the hospital, he takes a friend who speaks a little bit* [of Portuguese]*, he does not go alone*" (Migrant C); "*I remember when I arrived in Brazil, I went to the hospital and I waited for a friend who spoke the language*" (Migrant D). Without understanding Portuguese, migrants feel powerless: "*It's difficult*" (Migrant B); "*I didn't speak Portuguese yet, I spoke Spanish, so I tried… The doctor didn't understand me*" (Migrant A); "*explaining how I felt was very complicated*" (Migrant E).

According to Silva and Ramos [8], in the physician-patient relationship, lack of understanding of the language generates anguish in both parts. This feeling is even more intense when the professional realizes that, for this reason, there is no adherence to the treatment proposed. The language barrier, therefore, is not exclusive to the user.

The second barrier most cited by participants is the conflict with traditional Haitian medicine – the art of healing passed down from generation to generation that mixes local indigenous knowledge and African slaves' knowledge. The use of herbs and magic is a practice known to the majority of the population, as well as spiritual voodoo rituals, performed by healers who invoke spirits to recover health [9]. According to Santos [10], in Haiti some diseases are associated with witchcraft and are considered irresponsive to medicine based on the scientific method.

The conflict here arises from ethnocentrism, which does not recognize other cultures and ignores the universal value of health, while basing on historical and cultural particularities. However, the claim that the concepts of a given society are the only valid ones is not justified [11].

In addition, lack of access to the Haitian public health service contributes to ensuring that assistance is not part of the population's routine. In this context, spiritual therapists are more accessible or the only means of trying to restore health. Participants report: "*in fact, everybody,* (…) *I think every Haitian knows it... we make tea*" (Migrant D); "*if someone catches a cold* (…) *you don´t want to go to the hospital, you make ginger tea…*" (Migrant A); *"I bought other stuff when I lived in Haiti and my mother made for me, from Aloe vera*" (Migrant D).

Another barrier reported by migrants is the opening hours of health centers, a problem faced by all users of the system. Long working hours and distance from home prevent assistance: "*near my house, I think it opens at seven or six-thirty, more or less,* [and] *the queue starts*" (Migrant F); "*the opening hours don´t help, because you work on weekdays… When you get there, it is already closed*" (Migrant G); *"Sometimes I feel like going to the health center, but it is already closed"* (Migrant C); *"five or six o'clock* [in the afternoon] *the center is already closed and no one else is assisted"* (Migrant A).

The interviewees also report difficulties with health care services according to the territorialization criteria: "*they will not accept* (…), *they want you to go to the health center near the place you live*" (Migrant G); *"there's a problem, because you're out of the area*" (Migrant H); "*my first zip code in Brazil was from Uberaba* [Curitiba district]" (Migrant I).

Some immigrants also report difficulty in obtaining a medical certificate to justify absence or early leave from work. This is an important barrier, since, especially for this population, employment is essential and difficult to find: "*now the SUS hospitals no longer give a medical certificate, you know, it is very difficult*" (Migrant J); "*it is very difficult to get a medical certificate, even if you just go sometimes…* [Only] *if you are very, very sick"* (Migrant I).

Another obstacle mentioned is lack of medication. Although the problem is not exclusive to migrants, some participants see it as related to their condition: "*they have medication. But, when*

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I went there, it was not available, just for me it was not available" (Migrant I); "*every time I go to the hospital I have to buy it, because when I go to the health center to get it, it is not available; it is never available for us*" (Migrant F); "*it is easier to get medication at the drugstore than at the health center*" (Migrant C).

The debate on access and policies aimed at specific groups seeks to implement the ideal equity of the health system – a great challenge, since each social segment has different demands, not always considered by public authorities [12]. The social and economic fragility triggered by migration, especially on arrival in the destination country, leads migrants to live in precarious housing and to submit to unhealthy and poorly paid jobs [7]. The absence of policies aimed at them and the lack of statistics can make them invisible as a group, further aggravating their vulnerability [13].

According to Sánchez and Bertolozzi, *the concept of vulnerability* (…) *surpasses the individualizing and probabilistic character of the classic concept of "risk,"* being, therefore, a set of broader aspects, extended to *the collective, contextual aspects, which lead to susceptibility to diseases or injuries*, including in this concept the *availability or lack of resources for the protection to people* [14]. Therefore, the principle of equity is extremely important to fight this situation.

More comprehensive than equality, health equity is not restricted to social aspects directly related to the economy, but includes cultural, religious, historical and ethnic features. All these factors influence the perception, understanding of the world and way to deal with illness [15].

Treating the sick and not the disease is an inherent commitment to the enhancement of human dignity, advocated by bioethics. Integrality is one of the most challenging principles established by SUS, and it cannot be disconnected from universalization and equity [16]. After all, it is the first principle that concretizes the two others, beyond the mere fulfillment of the rules.

To achieve integrality, one of the objectives of the SUS National Policy for Strategic and Participatory Management [17] is to promote the social inclusion of specific populations, aiming at equity in the right to health. This participatory management strategy is transversal, in order to enable the formulation and deliberation of policies by health professionals and the community. The approach, therefore, is compatible with the *Universal Declaration on Bioethics and Human Rights* [18], which in its article 8 determines the protection of vulnerable groups and respect for their personal integrity. However, in practice, there is a lack of specific actions for international migrants.

Health vulnerabilities are not limited to individuals, but include groups predisposed to develop certain diseases due to lack of protection [19]. These vulnerabilities can be individual, social or institutional and, therefore, we should ask: "whose vulnerability?", "to what?", and "under what conditions?" [20].

Individual vulnerability limits subjects' autonomy and their ability to transform habits that expose them to illness. The social aspect is related to access to and understanding of information. The institutional aspect, on the other hand, concerns prevention and healthcare programs and the way they are directed to the population [20]. In the case of migrants and refugees, the social aspect is extremely important, as the vulnerabilities of the Brazilian health public system are experienced with even more intensity by this group.

Law 13.445/2017 [21] represented a major advance in revoking the outdated Foreigner Statute, shifting the focus from national security to guaranteeing rights. In its article 3, which addresses the principles and guidelines of Brazilian migration policy, non-criminalization and non-discrimination of migration stand out. In Article 4, migrants are guaranteed *civil, social, cultural and economic rights and freedoms*, as well as *access to public health and assistance services* (…)*, without discrimination on grounds of nationality and migratory status* [21].

The majority of Haitians who arrive in Brazil come from a degraded social situation, which has placed a large part of the population in extreme poverty. The prolonged political crisis in which the country lives, climate change and the devastating 2010 earthquake that killed more than 200,000 people, contributed to this situation. Thus, the possible ways out include, of course, immigration, and the permanence of Haitians in Brazil is justified by humanitarian reasons [22].

Final considerations

According to the Haitian migrants and refugees in this study, not understanding the language is the greatest difficulty in accessing healthcare. However,

there are still other economic and cultural barriers that generate vulnerability, and identifying them is necessary to renew public health practices based on realizing that caring for people is the responsibility of the whole society. For this purpose, health professionals must be aware of cultural differences, migrants' vulnerability and the fight against xenophobia and racism. Only then it will be possible to implement SUS ideals of universality, integrality and equity.

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Participation of the authors

Anna Silvia Penteado Setti da Rocha designed the study, performed the bibliographic research and data analysis, and wrote the article. Thiago Rocha da Cunha, Sandra Guiotoku and Simone Tetu Moysés collaborated to the study design and revised the manuscript. Sandra Guiotoku also contributed to data analysis.

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