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Buryat State University, Ulan-Ude

Russia in general complies with international commitments and provides education for migrant children and emergency medical care for migrants. But beyond this, migrants mostly do not have an access to public services. Russian welfare state has become fragmented. Different parts of population, depending on citizenship status, have access to different levels of health and social services.

*Keywords:* migrants, public services, healthcare, policy

**R**ussia in general complies with international commitments and provides education for migrant children and emergency medical care for migrants. But beyond this, migrants mostly do not have an access to public services. A small number of NGOs provide help and advocacy to migrants. Many migrants, especially those from Central Asia, live and work under conditions of social exclusion. An increase in marginalized population undermines human security in Russia.

Migration to Russia from the former Soviet republics began in the beginning of 1990s. Majority of migrants are men, single or married (married ones usually leave their families at home). As the number of migrants increased, women also joined migrants flow. Women come to Russia with their children, single women come by themselves. Majority of migrants live and work in big cities like Moscow, St.Petersburg. Migrants come to Russia for economic reasons: job opportunities, higher salaries. They work in such spheres as construction, agriculture, trade, cleaning services, maintenance.

Push factors that cause out-migration from the former Soviet republics, especially Central Asian region, are economic and in some cases political. Extreme poverty, malnutrition, lack of job opportunities push people to migrate from this region to other places, including Russia. In the case of Tajikistan, a devastating war in 1992–1997 destroyed economic and social infrastructure and led to large-scale out-migration. Mostly rural and mountainous areas of Central Asia became a source of out-migration to Russia.

Pull-factors that attract migrants to Russia are economic and demographic. After decline in the 1990s, Russian economy began to grow rapidly in 2000s. While the demand for labour force was high, demographic situation in Russia was now favorable because of low

rate birth and pre-mature dearth among men. In such situation, migrants inflow provided additional work force and helped to fill the gap between supply and demand and partly compensated labor deficit on Russian labour market.

#### Social policy and migration

The Russian government is a signatory to the UN International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families which determines a universal right to emergency medical care regardless of legal status. Russia is also a signatory to the UN International Convention on the Rights of the Child, and in this role it guarantees education for all school-aged children who lives on its territory. Russia is also a member of the World Health Organization (WHO) and other international health organizations, and in this status it is committed to follow international protocols on treatment of tuberculosis (TB) for any diagnosed person.

Beyond these agreements, most migrants do not have an access to public social services. Russian government has not signed the International Labour Organization (ILO) conventions on social security rights of migrants.

Russia has Compulsory Medical Insurance system, which provides health insurance for all citizens and permanent residents. Firms and organizations, i.e. employers, are required to pay health insurance tax for those workers who are employed at their firms/organizations. Before 2011, legally registered labour migrants were covered by Compulsory Medical Insurance (CMI). Children of migrants were accepted by polyclinics for pre-school checks and immunization as well all school children were included in regular medical checks. Pregnant migrant women were eligible for prenatal care, new born kids were included for care up

to 1 year. However, after 2011, most of them were excluded from access to public social services.

Social security tax reform, which was held in 2011, removed obligation of employers to issue medical insurance to many migrants. Now only those migrants who have residence rights are eligible for mandatory medical coverage. Although some employers provide medical coverage voluntarily, majority of firms and organization do not (Grenfell 2011). Under mentioned reform, the Russian authorities introduced a new system, patent system, which requires migrants to buy medical insurance policy. The patent system was aimed to formalize employment of migrants. Patents can be purchased for the period up to one year, then they should be renewed. Migrants have to pay fees to the state for initial purchase of the patent and for each renewal. To buy patent, migrants must buy medical insurance, which are not expensive but have minimal coverage and do not cover migrants' families. Children to attend schools must have health insurance which are more expensive (than insurance for workers). In general, introduced patent system has relative success since it appears to be expensive for migrants. Under new system, many migrants prefer to avoid registration and work illegally.

Social reform of 2011 was accompanied by changes in federal and regional legislature which regulates access to medical care of migrants' family members. Florinskaya (2012) writes:

The situation changed drastically in 2011... after the change in the order of issuing compulsory medical insurance (CMI) policies to adult migrants legally working in Russia ... regional departments of public healthcare annulled the possibility of receiving of free healthcare for migrant children and pregnant women in Russia's institutions of healthcare. Now migrants only have the possibility of paid visits.

Since 2011 reform, health services in public schools and polyclinics which provided basic medical care for school children and pregnant women have been curtailed.

Following international obligations, Russia provides emergency medical care, including hospitalization for childbirth. As for infectious disease, situation is rather complicated. According to signed international conventions, Russian government has to provide full treatment (until negative test results) to migrants infected with TB. However, reality shows that in many cases such patients do not get adequate treatment unless they can pay for treatment.

Childbirth is considered as emergency, and women in labour are usually accepted at hospitals to give birth. But, unregistered women can be refused of prenatal care. Moreover, women who do not have prenatal screening can be delivered to specialized infectious disease hospitals.

Migrant children attendance of schools is very important since it gives an opportunity to learn Russian language, get education and integrate into Russian society. To be accepted at schools, all children need medical insurance and certificates. In big cities like

Moscow and St.Petersburg, admission to schools can be competitive. In some cases, migrant children attend schools which are located far from their homes. Younger migrant children are not provided with public childcare. Usually extended families, grandparents take care of younger kids. Unfortunately, increasing number of young migrant women leave their newborn kids at hospitals in Russia.

Migrants can also rely on private health services. For example, in Moscow there are Kirghiz clinics, which provide a range of paid health services. Services in these clinics are provided in native languages of Central Asian countries. What is also special in these clinics is cultural sensitivity and welcoming atmosphere for migrants.

To get certificates of health checks and other documents required by Russian authorities, migrants often turn to informal services that provide documents for a fee, often without performing the health checks they are confirming.

It is well-known that diaspora communities provide networks of support for migrants. When migrants face emergencies and crises, they can rely on help from their migrant ethnic communities. As for Central Asian migrants in Russia, it is a tradition to help and support each other in difficult situations.

There is a common believe that most migrants are in good health when they arrive to Russia. However, as analysis shows, there is no effective system of monitoring of migrants' pre-departure health. Moving to other country, Russia, for job and income opportunities, migrants face several risk factors. First of all, number of accidents is high in construction, sphere where many migrants work. Indeed, there are many cases of severe injuries and even deaths among migrants working in construction and road maintenance. Work in trade and markets (where many migrant women work) produce health problems caused by lifting heavy things and cold environment (especially, open and street markets). In the cases when migrants work in shadow economy, employers bear no responsibility for health and safety conditions.

Quite often migrants in Russia have poor housing conditions, unsanitary and crowded, which also present risks. Some migrants live in barracks which are located on construction sites. Such living conditions definitely contribute to health risks. Long distances from their families in fact contribute to risky sexual behavior. Some studies demonstrate that migrants have low information about prevention, transmission, diagnosis, treatment of infectious diseases (ex., TB, HIV/AIDS) (Gilpin 2012, Weine 2008).

It will be mistake to state that migration in itself worsens health. What is important is how health and social services needs of migrants are addressed in one or another country. This study tries to understand how health and social needs of migrants are addressed in Russia. Probably, it would be safe to state that Russian welfare state has become fragmented. Different parts of population, depending on ethnicity and citizenship status, have access to different levels of health and social

services. Russian citizens and legal residents have medical insurance which are paid by employers, therefore, they have an access to all public services. Though, it should be noted that even citizens might encounter obstacles to getting some social services (Cook 2014).

#### Conclusion

Russia in general complies with international commitments and provides education for migrant children and emergency medical care for migrants. But beyond this, migrants mostly do not have an access to public services. Many migrants, especially those from Central Asia, live and work under conditions of social exclusion. In general, Russian welfare state has become fragmented. Different parts of population, depending on ethnicity and citizenship status, have access to different levels of health and social services. Russian citizens and legal residents have medical insurance which are paid by employers, therefore, they have an access to all public services. On the contrary, migrants have very limited access to public social services. ■

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## **Миграция и социальная политика в России**

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Россия в целом соблюдает международные обязательства и предоставляет образование детям-мигрантам и неотложную медицинскую помощь мигрантам. Но помимо этого, мигранты в большинстве своем не имеют доступа к общественным услугам. Российское государство всеобщего благосостояния стало фрагментированным. Различные слои населения, в зависимости от статуса гражданства, имеют доступ к разным уровням медицинских и социальных услуг.

*Ключевые слова:* миграция, общественные услуги, здравоохранение, политика

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