MIGRATION

- ANALYSIS
  Becoming “Legal” through “Illegal” Procedures:
  The Precarious Status of Migrant Workers in Russia
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  Health Care in Migrant Moscow
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Abstract
Russia’s complex laws and elaborate procedures governing the status of migrant workers and a highly inadequate mechanism for their implementation push migrants to rely on numerous “intermediaries” who dominate the shadow economy of migration on the basis of their close connections with officials. The path to becoming “legal” require migrants to resort to a variety of semi-legal or outright illegal (“corrupt”) transactions through the intermediaries in order to “get things done.” Thus the laws and the informal or shadow mechanisms of their implementation, which have emerged to aid a “legalization” of migrant workers, thrive on keeping a sizable proportion of them in a quasi-legal status, continuously facing the threat of illegalization, criminalization and deportation.

Chaotic Policy, Poor Implementation
Despite being the second largest destination for migrants after the USA, Russia lacks a concerted policy on migration. Noted migration scholar Sergei Abashin has described the migration policy of Russia as “chaotic and unaccountable.”

Civil rights activist Svetlana Gannushkina who heads grazhdanskoe sodeistvie sees it as directionless.

Sociologist Vladimir Malakhov describes it as lacking a rationale or economic logic, with a weak and inefficient mechanism for execution, which creates propitious settings for corruption to thrive.

The Concept of the State Migration Policy of the Russian Federation, issued in June 2012 by Putin defined the broad trajectories and directions of the migration policy. It acknowledged Russia’s growing need for migrant labor and its low migration attracting potential in comparison with other states and called for the need to improve the legal-regulatory base and living and working conditions for migrants. Yet numerous laws and amendments passed since go against the directions outlined in the Concept. “The right hand signs one document and the left hand another,” commented Gannushkina on the lack of coordination between the Migration Concept and subsequent laws.

Anti-Migrant Rhetoric and Ethnoracial Profiling of Migrants
The campaign for Moscow’s mayoral elections in 2013 unleashed a most virulent rhetoric against migrants, targeted largely at Central Asian migrants who constitute nearly 60–65% of the workforce in Moscow and other major cities in Russia. They tend to be less educated and lack proficiency in Russian, which turns them into the most convenient targets of ethnoracial profiling, subjected to frequent document checks, fines, detentions and deportations. They face the greatest pressures to prove their legality in a legal framework and political economy which thrive on an illegalization of migrants.

In a climate where rule of law does not operate, and the media and several public figures flag anti-migrant, particularly anti-Muslim rhetoric, it is the police and the officials who claim the prerogative of defining who is legal, and what constitutes a violation of the migration law. Judged by the anti-migrant rhetoric and propaganda which unifies the officials, media and ordinary people and anti-migrant bias of various laws and bureaucratic procedures, Russia, and Moscow in particular, may be one of the most inhospitable and even dangerous places for migrants in Europe. Central Asian migrants are also the most lucrative source of revenues and extortions for the police and Federal Migration Service (FMS) officials.

In response to the widespread campaigns to limit the number of migrants, introduce visa regime for migrants from Central Asia, and the disinformation about high levels of criminality among them, FMS has intensified a crackdown against “illegal migration.” It issued deportation orders for 65,000 foreigners in 2013 and barred another 500,000 from entering Russia for a period of 3 years. By October 2014, a total of almost a million migrants have been barred entry into Russia for 3 years for alleged “criminal” activities, most of which pertain to the violation of rules pertaining to their legal status in

4 <http://www.fms.gov.ru/documentation/koncep_mig_pol/>
5 <http://www.raspp.ru/about/docs/tematicheskie_dokumenty/koncepca_gosudarstvennoj_migratsionnoj_politiki Rossijskoi_federacji_proekt/>
the country or for committing more than two “administrative violations” (often of petty nature such as violating traffic rules or public misdemeanors) over a three year period. About 40% of these are from Uzbekistan and 20% from Tajikistan.6

Understanding “Illegal” Migration
Konstantin Romodanovsky, the Chairman of FMS, noted with pride that the various measures adopted in the current year are reducing “mass migration from Central Asia” and “effectively deter illegal labor migration and illegal labour activity.”7

It is questionable whether the number of migrants from Central Asia has decreased or whether the deportations and entry bans have reduced “illegal” labor migration. Most deportations and entry bans have no legal basis and do not allow migrants a right to appeal. In reality, most deportation orders are not carried out, and many migrants remain in Russia without valid documents, thus increasing the share of “illegal” migrants in the labor market and the society. Some of these are able to muster resources to buy new passports on the basis of a new identity from the numerous “legalizing” firms operating in Russia. A number of Uzbek citizens without valid documents were able to buy Tajik passports through one of such firms. Similarly, a large number of those issued entry bans opt to remain in Russia as long as they are able to avoid the gaze of the officials. Thus compiling and publicly releasing such statistics on deportations and entry bans is more a case of show of strength by the FMS and law enforcement officials to prove that they are efficiently executing policies and also to assure the anti-migrant attitudes rampant in the media and among ordinary people that migration is being kept “under control.”

What precisely is illegal migration? How do migrants become “illegal”? A more pertinent question is: how can a Central Asian migrant, who enters Russia legally under the visa-free regime and is authorized to remain up to 7 days of arrival, become “illegal”? Given the high demand for “cheap and readily available” migrant labor in numerous sectors of the economy, why is it so difficult for migrants to obtain legal employment and maintain a legal status in Russia?

Russia’s complex laws and elaborate procedures governing the status of migrant workers on the one hand and the lack of a mechanism of their effective imple-

Obtaining Documentation to Become Legal
Here is a basic list of documents that a migrant entering Russia under the CIS visa-free system requires in order to live and work legally: a temporary registration at the place of arrival (registratsiya po mestu pribyvania) within 7 days of entry, labor patent which authorizes migrants to work for up to one year for an individual employer (not for a commercial firm), health certificate and copies of fingerprints required for getting the patents, work permits (for being employed by a commercial firm which has secured the quota to hire foreign workers), and a certificate of proficiency in Russian needed for a specific list of jobs. Those applying for permanent residency (also granted on the basis of quotas set annually by the FMS), long-term settlement, asylum, refugee status, citizenship and so on also have to go through a bureaucratic maze which is very challenging to navigate without paying intermediaries.

Obtaining Legal Work: Patents and Quotas
There are basically two ways whereby a migrant from the CIS region can work legally in Russia: buy a labor patent
which allows them to work only for a household or an individual entity ( chastnoe litso) or work for a company or business which has the authorization to hire foreign workers within the quota allocated by the Ministry of Labour and Social Protection. But do these two documents really allow migrants to become legal?

**Buying a Labor Patent**

Russia introduced the labor patent in July 2010 which allows migrants arriving under the CIS visa free regime to obtain legal employment without having to depend on the employer for registration and legal status which had reduced them to the status of bonded laborers earlier. Another aim of the patent was to enable the state to earn revenues by drawing migrants from the informal economy into the official one.

Migrants can directly obtain a patent by registering at the local FMS office after supplying a copy of work contract with the employer (though this requirement is often not enforced) and making a payment of 1216 rubles a month (up from 1000 a month or equivalent to $30 when it was introduced) or the corresponding payment for a quarter. Patent is initially given for a maximum of 3 months and can be renewed every month or three months depending on whether one is willing to pay for a month or for 3 months and is valid for up to 1 year. It cannot be renewed but the same migrant worker can buy a new patent. The patent only allows migrants to be employed with an individual entity (fizicheskoe litso) and not for a legal one (yuridicheskoe litso), a package of measures for introducing a more complex and variegated patent—allowing skilled migrants as well as foreign students to obtain employment with commercial firms albeit for a fee of up to 3000 rubles a month—is being debated in the Duma but it is doubtful if it will be passed and if it will constitute a “reform” of the existing system.

In theory migrants can obtain the patent on their own by following what is described as a simple legal procedure, but in reality the entire system pushes them to rely on intermediaries. Those desiring to obtain a patent on their own encounter hurdles at every step. The very first hurdle is obtaining a token to hold a place in the queue for acquiring the necessary application materials. Many migrants reported the presence of “tough Caucasians (kavkaztsy)” who stand as gatekeepers and control access to the token-dispensing machines and offer the desired place in the queue for a price. There is a deliberate ambiguity on whether the patent is to be filled by hand or typed and FMS officials frequently return the applications to migrants by pointing to petty mistakes and demand them to submit a new application. They often direct migrants to firms located nearby which “help” them with filling out the forms: needless to say, the officials have a stake in the revenues earned by such firms.

A person seeking to do all documentation on his own can spend several days in obtaining the application form, proof of registration and a copy of fingerprints. Applicants have to form a separate queue for having their fingerprint scans and for collecting the certificate. “There are a total of 38 finger-printing scanners all over Moscow and many of them do work efficiently all the time,” informed a migrants’ rights activist in late 2013. A payment of about 500 rubles to intermediaries facilitates a fast-track access for having fingerprints taken. Ready-made fingerprint copies are available through intermediaries for about 2000 rubles.

The price of a patent obtained through intermediaries ranges from 3500 to 6000 rubles: an established legal firm “Z” charges 4500 per patent, whereas some others firms may charge around 6000. “Sultan,” a Tajik
intermediary with a thriving business of offering registrations, patents and work quotas charges 3500 to those who come through known channels and 4000 to others.

From August 2014 migrants arriving in Russia in order to obtain a patent are required to write their intention to work on the migration card upon entering the country. They cannot obtain a patent otherwise. Often the border officials fill out the migration cards for migrants, frequently writing the purpose of visit as “personal”, making mistakes or often “Russianizing” their names without the knowledge of the migrants. Rahmon from Tajikistan found his name spelled as Roman by the border official and had to pay 500 rubles to correct the spelling mistakes made on the card. He was told to go to Domodedovo airport which was the only place where such corrections could be made.

Although the patent was introduced to aid a legalization of migrant workers and reduce informal and illegal employment, it has had no visible impact on reducing the number of migrants employed informally, i.e., “illegally”. About 1.8 million migrants were working on patents in early 2014 and the number is likely to have exceeded 2 million by the end of the current year as many migrants are using the patent as a means of staying legal while they informally work in other jobs which pay a higher salary. Patent holders usually earn far less as wages earned as a domestic or household worker tend to be lower than in other sectors such as construction, cleaning, catering etc., where many migrants work informally without a work permit or labor contract.

About 40% of patent holders are from Uzbekistan, 20% from Tajikistan, and 15% from Kyrgyzstan. The remaining are from Ukraine, Moldova, Azerbaijan, and Armenia. As members of the CIS Customs Union citizens of Kazakhstan and Belarus have a privileged status in Russia’s labor market. As citizens of Georgia need a visa, they are not eligible for patents but can instead obtain a work visa.

**Quotas for Work Permits**

In practice, it is very difficult for ordinary Russian employers to get the permission and the required number of quotas to hire foreign workers as big business, agencies and individuals connected with the FMS secure open a number of fictive firms (as one firm can obtain no more than 100 quota) and obtain quotas for each of these. After buying quotas wholesale, these large firms sell them to smaller firms and individuals for a much higher price.

The mechanism of setting quotas for hiring foreign workers is very complex and time-consuming, and the allocation of quotas by the Ministry of Labor and Social Protection among various businesses is non-transparent. Rather than engaging in a proper consultation with business, employers, and experts—within Russia as well as in the migrant-sending states—the officials set the quotas which do not correspond to the logic of the labor market. As one migration scholar mentioned, “the numbers are taken from the lamp-post” (tsifry berut ot fonarya’), emphasizing the lack of congruence between the quota system and the demand for labor in various sectors of the economy. FMS officials have time to time proposed annulment of quotas and a package of amendments to the quota system are being debated in lawmakers circles. However, many of these pronouncements are declaratory and there is no clear indication as yet of significant reforms to the quota system or concrete proposals for scrapping the system.

In order to obtain permissions under the quotas for hiring foreign workers, employers or firms have to file an application (podat’ zayavku) between 1 November to 1 May for the following year (thus one filing for quotas for 2015 would have filed the application between 1 November 2013 to 1 May 2014).

The practice so far shows that several large firms and influential intermediaries are able to obtain a bulk of quotas. As large firms buy quotas wholesale, a sizable number of work places for which quota was secured actually remain unfilled. Moscow was allocated 155,000 work permits for 2013 of which only 70,000 were distributed among various firms and little information on the remaining ones was available. In 2014 about 110,000 work permits issued. An Uzbek migration lawyer who has his private law firm explained: “What this means is that the various posredniki with close connections with the administration on labour and employment in the Ministry of Labor would avail of the remaining 85,000 in order to resell them for profit.”

The rules and practice of distribution of quotas disadvantage small employers and smaller legal firms as the FMS prefers to deal with “its own preferred firms,” added Ibragim. He explained that FMS officials frequently find petty faults with application forms submitted by smaller firms, thus making them re-submit the paperwork which causes further delays and some of these firms simply run out of time to submit the forms by the deadline. While the preferred firms already have the insiders’ advantage in knowing how the forms are to be filled out.

Those who are able to obtain temporary residency (razreshenie na vremennoe prozhivanie) granted by the FMS for a period of up to 3 years or work permit have to undergo a mandatory health check by undergoing the specified tests. It costs about 1500 rubles and half a day to get these tests done at a clinic whereas about 1000–1200 rubles to obtain the health certificate from
intermediaries. Migrants who are granted a work permit now have to pass a Russian language test and also exams on knowledge of Russian language, history, culture and legal system from 1 January 2015. While it costs 5200 rubles to take a Russian language proficiency test, a language proficiency certificate can be obtained for 3500 or even for 2800 rubles if bought wholesale (at least 100 certificates).

Commercial firms or enterprises can hire migrant workers only if they have obtained the relevant number of work permits and the requisite quota for foreign workers. About 70% of migrants work for commercial firms and only about 10% of these are working under the work quotas (kvoty na razreshenie na rabotu), which means that the remaining are working “illegally”.

Working Informally: a Quasi-Legal Status

Until December 2013 it was possible for migrants to cross the border (many went to Ukraine or Belarus, the nearest borders) and re-enter with a new migration card, which allowed them a new 90 day term. A new law which came into force from January 2014 allows foreigners to remain in Russia for only 90 days in one 180 days period, which means that they can re-enter Russia only after 90 days. The law is geared at limiting the number of migrants by stopping the practice of circular or shuttle migration which has allowed them to obtain unauthorized employment. It is also motivated by the pervasive perception that there are “too many” migrants and that most of them are working “illegally”, and pushing out Russian citizens from jobs due to their willingness to work for considerably lowered wages without any legal contract—a situation that suits most employers too well.

Even if the new restrictions reduce the number of migrants coming to Russia to work—which is doubtful—they are pushing more migrants into an “illegal” or quasi-legal status. Migrants who are already working in Russia have 3 options after the completion of the 90 day limit: (1) return home and wait for 90 days before they are eligible to return to Russia, which will deprive them of earnings; (2) try to work elsewhere in the CIS (Kazakhstan the most likely destination, but the wages are smaller) and then return to Russia; (3) buy a patent which will allow them to remain in Russia for up to a year but without working for an individual employer. And the fourth option is to just remain “illegally” in Russia and negotiate their illegality through bribes.

Conclusions

The labyrinth of Russia’s laws and bureaucratic procedures is not easy for even educated and informed Russian citizens to negotiate. Most migrants are not well-educated, do not speak Russian and do not have a good understanding of the prevalent rules and regulations. To go directly to FMS or the relevant authorities for documentation without help of brokers or intermediaries means encountering obstacles and delays at every stage. It is more efficient and economical to make a one off payment to an intermediary or a legal firm than to attempt to handle all documentation oneself.

In this climate, the distinction between “legal” and “illegal” migration is becoming increasingly arbitrary and untenable from a legal, normative and practical standpoint. However, officials and various government functionaries continue to exploit the arbitrary divide between the two.

Thus the numerous laws and shadow economy which have emerged to aid a “legalization” of migrants now thrive on keeping a sizable proportion of migrants in a quasi-legal status, continuously facing the threat of criminalization, illegalization and deportations.

About the Author

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Figure 2: Participants in the Russian March in Moscow on November 4, 2014 (on the official holiday of “national unity”) display various crude and primitive anti-migrant banners. This one says “Moscow does not believe in guests,” a word play on a famous movie title (the black-yellow-white flag was the official national flag of the Russian Empire from 1858 to 1883 and is currently associated with Russian nationalists and monarchists).

Photo: Bhavna Davé

Figure 3: This placard advocates introducing a visa regime for Central Asians, whose faces are caricatured (the text on the chest of the ‘dragon’ or ‘hydra’ reads “illegal migration”, the text on the red diagonal bar translates as “say yes to visas!”). Photo: Bhavna Davé
Figure 4: This placard advocates entry bans for central Asians who are represented by brooms, rakes, and shovels, suggesting that they lack the humanity of other people (the text on the right-hand side of the placard translates as follows: “nobody is needed—get yourselves gone without a trace! We hate the ‘usefulness’ of your labor / Stas Duyev, Russian poet”; the text across the figures on the left-hand side translates as “refuse [them] entry!”). 
Photo: Bhavna Dave
Health Care in Migrant Moscow
By Linda J. Cook, Providence

Abstract
Interviews and focus groups in Moscow and Dushanbe, Tajikistan, show that access to non-emergency health care is precarious for the bottom strata of Moscow’s labor force, unregistered Central Asian migrants. Medical insurance coverage for migrants who are registered and working legally has been curtailed by a recent national social insurance reform, marking a deterioration of their labor conditions. The increasing numbers of women migrants are particularly affected by limited access to health services. Overall, there is growing precariousness, fragmentation, and inequality in Eurasia’s globalized labor markets.

Labor without Rights
The end of the Cold War was a “watershed event” in the history of global migration, ending political constraints that had kept migration levels low until 1990, and increasing global economic integration. Movement of both documented and undocumented migrants has been on the rise worldwide, and Russia has become a major receiving state, with the second largest labor migrant population in the world after the United States. Over the past two decades more than six million workers have come to Russia legally and illegally, mostly for work in Moscow and other major cities. While Russia draws labor migrants from many countries, the single largest group comes from Central Asian states, and Tajikistan is a major contributor. Approximately 10% of Tajikistan’s population of 7–8 million—more than 30% of working-age men and a small but growing number of women—reportedly takes part. An estimated 1.3 million Tajiks were reportedly living and working in Russia in 2012–13. Since 2000 the Russian economy has come to rely mainly on paid health services in Moscow, including public and formal and informal market providers, and in Vakhdat City, with returned construction workers. These findings indicate the divorce of labor market participation from social rights, and have implications for growing inequalities in globalized labor markets.

My research focuses on accessibility of health care to Tajik labor migrants in Moscow, asking whether migrants have access to essential medical services, whether their status as legal/registered or illegal/unregistered matters for such access, and whether their social rights are protected by international conventions or contracts with employers. Do migrant workers use public, NGO, formal or informal market-based health services? What are their experiences with different kinds of health issues, i.e., accidents, infectious diseases, pregnancy and childbirth? What are their practices and alternatives if care is inaccessible in Moscow?

The results reported here draw on documentary research as well as approximately thirty interviews in Moscow in spring 2012 and 2014, and in the Tajik capital, Dushanbe, in spring 2013. I conducted semi-structured interviews with representatives of Moscow-based NGOs, Dushanbe-based international organizations including UNDP (United Nations Development Project); WHO (World Health Organization); IOM (International Organization for Migration); US AID (Agency for International Development), as well as government health officials and academic experts. I also draw on three focus groups conducted in Tajikistan in 2013–14: in Qurghonteppa City, Khatlon Region, with migrants who returned infected with TB; in Vakhdat City, Rasht District, with returned women migrants; and in Vakhdat City, with returned construction workers.

To preview my findings, research showed that except in medical emergencies labor migrants’ access to health care in Moscow is precarious; that the social rights even of those working legally have been curtailed; and that NGOs have very limited capacities to help. Migrants rely mainly on paid health services in Moscow, including public and formal and informal market providers, or return to Tajikistan for treatment. These findings highlight the divorce of labor market participation from social rights, and have implications for growing inequalities in globalized labor markets.

“Healthy Migrants” and Uncertain Risks of Migration
Little definitive is known about the health effects of Tajik migrants’ work in Moscow. Some research indicates that migrants generally, and Central Asian migrants to Russia in particular, exhibit a “healthy migrant effect,” — that most are in good health when they arrive, but there is no effective system of medical monitoring to provide evidence of Tajiks’ pre-departure health. In Russia migrants confront several obvious risk factors. Acci-
dent rates are high in construction, the most common area of male Tajikis’ employment; Russia’s Federal Labor Inspectorate reports that the majority of workplace accidents, and nearly 40% of deaths, occur in construction. Living conditions present risks, particularly poor, overcrowded, unsanitary, and unheated living quarters, sometimes on construction sites or in non-residential buildings and barracks. Detention and xenophobic violence also present hazards to health.

Nevertheless, there is no clear evidence that Tajik labor migrants suffer more health problems than their non-migrating counterparts. Of surveyed migrants who have returned to Tajikistan, 11% consistently cited “worsening of health” as their reason for returning. Dushanbe doctors report illnesses related to hypothermia and a rise in TB and HIV/AIDS among returnees. Most of the international health workers whom I interviewed in Dushanbe believed that migration produced negative health effects. However, the Tajik government’s health data does not include a separate category for migrants; studies by international organizations based on limited sampling have produced inconsistent results. My study is not premised on a claim that migration worsens health. Rather, it aims to understand how the health needs that develop in migration are addressed in Moscow.

**Migrants’ Access to Russia’s Public Health Sector**

The Russian Federation and Tajikistan maintain a visa-free regime that allows Tajik citizens to travel to Russia and remain as visitors for three months. However, in order to live and work legally Tajiks are required to obtain work and residence permits. In part because the Russian government holds the number of work permits well below real demand for labor, the majority of migrants remain without formal registration. While the percentages are disputed and vary somewhat over time, experts agree that a substantial majority—an estimated 70%—are unregistered. The following discussion considers the *de jure* and *de facto* rights of different categories of migrants according to their registration status. I first review the international conventions and agreements that bind the Russian government and cover all migrants, then the national legislative framework that covers those who are legally registered.

International agreements which the Russian government has approved make some provision for migrants’ social rights. The Russian government follows the provisions in the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families, which stipulates a universal right to emergency medical care regardless of legal status. As a signature to the International Convention on the Rights of the Child it guarantees education for all school-aged children living on its territory (though, as a practical matter, the need for medical certificates and proof of inoculations, which are not guaranteed, may pose obstacles to school attendance.) As a member of the WHO and other international health organizations, Russia is committed to follow international protocols on treatment of tuberculosis and its multi-drug resistant strains. On the negative side, the Russian government has not signed the ILO conventions on migrants’ social security rights, and has resisted pressure from its Tajik counterpart to agreements regulating migration and extending social rights.

My research confirms that public facilities provide emergency care to migrants regardless of their legal status, but usually little else. (It should be noted that this is the minimum standard for illegal migrants in many European and other countries.) According to a Moscow NGO representative, whose claim was confirmed by others, “Even without a passport, if there is a real emergency they will take care of you; you have to pay for other treatment.” Particularly in cases of construction-related and other accidents, unregistered migrants are poorly-protected. As one Moscow respondent stated the case, typically, “Doctors provide emergency assistance, then look for a residence permit. When there are accidents, we collect money among ourselves and send the injured person home.” Some focus group respondents recounted experiences of employers or public medical facilities providing longer-term care voluntarily, and many reported that ambulances came in cases of illness or injury, and hospitals provided urgent treatment.

The situation with regard to infectious diseases, particularly tuberculosis (TB) is different. On the basis of its international commitments, the Russian government is supposed to provide treatment to anyone diagnosed with infectious TB. But, according to interviewees in both Moscow and Dushanbe, migrants found to be infected were usually not registered for treatment, nor treated unless they could pay. According to one Moscow source: “If a migrant has TB, legally he has to be treated in Russia, but it is expensive, no one wants to deal with it, so it is resolved in an informal manner—he goes home, conditions are created for the migrant to go home, he can be treated in Moscow if has money, but often they are not treated here.” Interviewees from international health organizations in Dushanbe also claimed that the Russian government failed to follow international agreements, protocols and practices on treatment of particularly TB with migrants.

Focus groups, including one with nine migrants who had returned to Tajikistan with TB, confirmed that few sought or received treatment in Russia. Two
interviewees reported that they experienced symptoms in Russia but continued to work and did not seek medical care because they lacked either money or legal registration. Others reported being fired or evicted from apartments when they became ill, or leaving because they did not want to cause problems for co-workers. Several mentioned deportations of infected migrants.

A separate report on in-depth interviews with ten TB patients who had returned from Moscow to Tajikistan found that all left because the cost of treatment in Moscow was prohibitive. Two of the ten had spent all of the savings from their work in Moscow on medical care.

The numbers of women migrants has increased over time, to an estimated 15% of the total from Former Soviet States, and 8–10% of those from Tajikistan. Increases in the numbers of women migrants mean that some go through pregnancy and give birth in Moscow. Childbirth is treated as a medical emergency, and women who are in labor are normally accepted at hospitals. According to one Moscow NGO representative, “If they [pregnant women] are ill or in labor, the hospital will provide services whether they have money or not.” However, requirements for residence permits and/or reports of pre-natal testing may become obstacles to hospital admission. As a former Moscow NGO representative explained, “they need a stack of documents for the hospital.” Women are required to have certification of pre-natal testing and screening, for which most migrants have to pay. Those who come without certificates have sometimes been taken to a specialized infectious disease hospital; or isolated at local hospitals to prevent spread of potential infections.

Focus group respondents reported that hospitals sometimes demanded residence permits before admitting women who were in labor, though this usually seemed to slow rather than block admission. There are some reports of women giving birth at home after they were sent to retrieve documents. Disproportionate numbers of those who do give birth abandon their infants; recent research found that migrant mothers account for 7% of births but 30% of abandonments in Moscow hospitals. There is, as far as I have found, one NGO that provides transitional housing and attempted placements in such cases.

### Limiting Registered Migrants’ Rights to Medical Insurance

Russia has a system of Compulsory Medical Insurance (CMI) that covers citizens, with employers required to pay taxes into a health insurance fund. Until 2011, a minority (perhaps 30%) of Tajiks and other migrants with legal work registration had CMI coverage, which extended to their families. Children of registered migrants were treated at polyclinics and received required pre-school checks and immunizations. Women could receive gynecological and reproductive services, and newborns were registered for care.

However social security tax reform in 2010 removed the obligation for employers to issue compulsory medical insurance policies even for most migrants working legally in Russia. Now only those with long-term residence permits—mainly skilled professionals, a group estimated by a Tajik Health Ministry official at not more than 5% of Tajik migrants—have mandated coverage. Though some employers provide insurance voluntarily and labor migrants can purchase private policies, most registered migrants and their families no longer have unpaid access to the public health care system. According to a study by a prominent Russian scholar: “The situation changed drastically in 2011... after the change in the order of issuing compulsory medical insurance policies to adult migrants legally working in Russia. … regional departments of public healthcare annulled the possibility of receiving free healthcare for migrant children and pregnant women in Russia’s institutions of healthcare. Now migrants only have the possibility of paid visits.” (Florinskaya, 2012)

The author reported that health services in public schools and polyclinics that provided basic care (including inoculations) for school-aged children and pregnant women, have been curtailed in the years since the reform. While most migrants manage to have their children inoculated for school, lack of access to gynecological, reproductive and pre-natal care for migrant women has become a significant problem.

### Do NGOs Substitute for the State?

One of my central research questions concerns health-related NGOs, which have proliferated globally in recent decades. NGOs are seen by some analysts as a means of responding to the limitations or failures of national states by reaching out to marginalized populations. Recent research shows that NGOs have been effective in serving people with HIV/AIDS in some Russian regions. Social sector organizations have generally been exempted from the restrictions placed on NGOs in Russia. My research asks what role they play as advocates, mediators, or providers, in the health care of Tajik migrants to Moscow.

Fieldwork in Moscow 2012 and 2014 identified several NGOs that are engaged with issues of migrant health care, and a few that have developed creative strategies to connect migrants to willing providers. Run mainly by people from the Central Asian diaspora in Moscow, these organizations have constructed informal networks of doctors and other providers, many also from the diaspora, who will treat migrants for little or
no cost and without threat of reporting their irregular status. Connections are made through “hot lines” that migrants can call for referrals and consultations, and by outreach to their communities. One of the most active NGOs organized a network of some forty doctors of various nationalities; another sponsors a periodic “round table” with representatives of NGOs that are engaged with migrants’ health issues. Some check on the treatment of migrants in medical facilities, or sue for compensation for those hurt in accidents.

The efforts of these organizations are laudable, but very limited; most are small partnerships with temporary funding. They depend on committed individuals and volunteer providers, and their continued operation is highly-contingent. The leader of one well-regarded organization, which worked mainly to mediate health care access for migrant women and children, has now closed for lack of funding; others acknowledge the inadequacies of their resources to needs. While they have surely helped many people, these organizations are themselves precarious. It is notable that, of the twenty-five migrants who participated in focus groups, not one had sought help from an NGO; one respondent received such help through a chance encounter at a social event.

Formal and Informal Market Alternatives
While migrants appear to rely mainly on paid services at public health facilities in Moscow, there are also commercial alternatives. In the formal sector, commercial clinics have been opened by established medical professionals from Central Asia, mainly Kirghiz, that offer a broad range of medical services including gynecological and obstetrical. Their advertising and marketing is clearly oriented toward people from the region, featuring doctors who speak all major Central Asian languages, culturally-sensitive services, and an implicit understanding that there will be no questions about legal registration. Their services are reportedly more expensive than paid services in state polyclinics, but less than private Russian clinics. The scope of their activities and use by migrants remain unclear, but they have established a presence in Moscow and are widely known. Though commercial services will not be accessible to the poorest, the market has generated an effective response to the health needs of at least some strata of Central Asian migrants.

There are also informal markets in medical certificates and documents, as for other types of documents that many migrants need in order to negotiate their unregistered status. While the scale of this market is unclear, the requirement that large numbers of unregistered migrants produce medical certificates in order to work, give birth in hospitals, register their children for school, etc., has generated a market in counterfeit documents that can usually be purchased without medical examinations or testing. Advertisements for these informal services can be found at bus stops and in other public sites throughout Moscow. The potential risks for the health of migrants and their families, as well as for public health surveillance and monitoring in Russia, are obvious.

Conclusion
Access to health care is precarious for the bottom strata of Moscow’s labor force, especially for unregistered migrants who form the majority. The social rights of migrants who are registered and working legally have been curtailed by a recent national social insurance reform, and NGOs have limited capacities to help. The increasing numbers of women migrants are particularly affected by limited access to health services. In sum, the story of Tajik migrants’ access to health care in Moscow illustrates the growing precariousness, fragmentation, and inequality in globalized labor markets.

About the Author
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Recommended Reading
• International Organization for Migration (2010). Trudovaya Migratsiia i Voprosy Zdravookhraneniia (IOM, Moscow)
Figure 1: Part of a pamphlet advertising a commercial medical clinic “Maiak” in Moscow that is oriented toward serving Central Asians. The text translates as follows (from top to bottom, left to right): Maiak [light house] / multi-profile / health-care center / By shining for others, I burn up myself [i.e., by serving others, I consume myself] !!! / We will be healthy and make money !!! / Our doctors are from Tashkent, Dushanbe and Bishkek / Urologists / Surgeons / Dentists / Gynecologists / Ultrasound, analyses / General practitioner / Neurologist / Cardiologist / Endocrinologist / In-patient treatment
Figure 2: Remittance Inflows from Russia to Tajikistan for 2002–2013 (US-$ mln.)


Figure 3: Remittances as a Percent of GDP in Tajikistan for 2002–2013

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One of the core missions of the institute is the dissemination of academic knowledge to the interested public. This includes regular e-mail newsletters covering current developments in Central and Eastern Europe.

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The CSS runs the International Relations and Security Network (ISN), and in cooperation with partner institutes manages the Crisis and Risk Network (CRN), the Parallel History Project on Cooperative Security (PHS), the Swiss Foreign and Security Policy Network (SSN), and the Russian and Eurasian Security (RES) Network.

The Institute for European, Russian and Eurasian Studies, The Elliott School of International Affairs, The George Washington University

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Resource Security Institute

The Resource Security Institute (RSI) is a non-profit organization devoted to improving understanding about global energy security, particularly as it relates to Eurasia. We do this through collaborating on the publication of electronic newsletters, articles, books and public presentations.