

Urbanization, Migrant Labor and Health Care



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more than two to one.

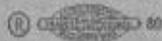
The turnout in the primary election in Seattle was higher than expected reaching 38%

eral election turnout will probably exceed the usual 50% mark.

Licata attributes the 26% lead over his nearest

fighting for the greater common good over special interests. That confidence is an honor that

Licata takes seriously.



MAIL IN YOUR GENERAL ELECTION BALLOT BY NOV 3RD

Final Edition - Fall 2009

The Seattle Planet

www.seattleplanet.org

IN THE TIME OF A GREAT INFLUENZA

In 1918 my grandparents stood in front of my grandfather's barber shop in Cleveland, Ohio with a faint image of a horse-drawn cart reflected in the window. It was the year of a great influenza pandemic, where over 50 million people died worldwide, largely due to bacterial pneumonia.

As this flu season begins we face the H1N1 virus, also known as swine flu, which has proven far less deadly than the H1N1 virus of 1918; less than 5,000 have died worldwide so far in 2009. While we do face an uncertain future, through the Seattle/King County Board of Health we

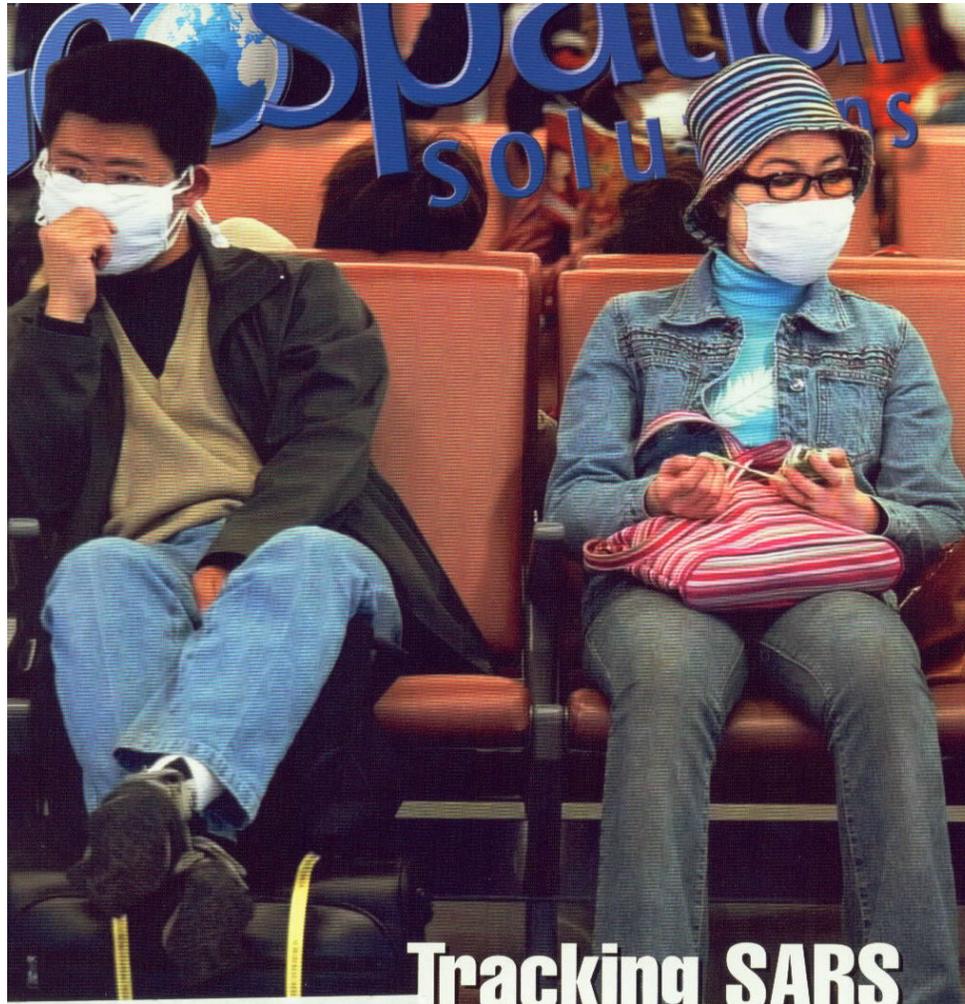


Back to the Flu Season Swine Flu 2009

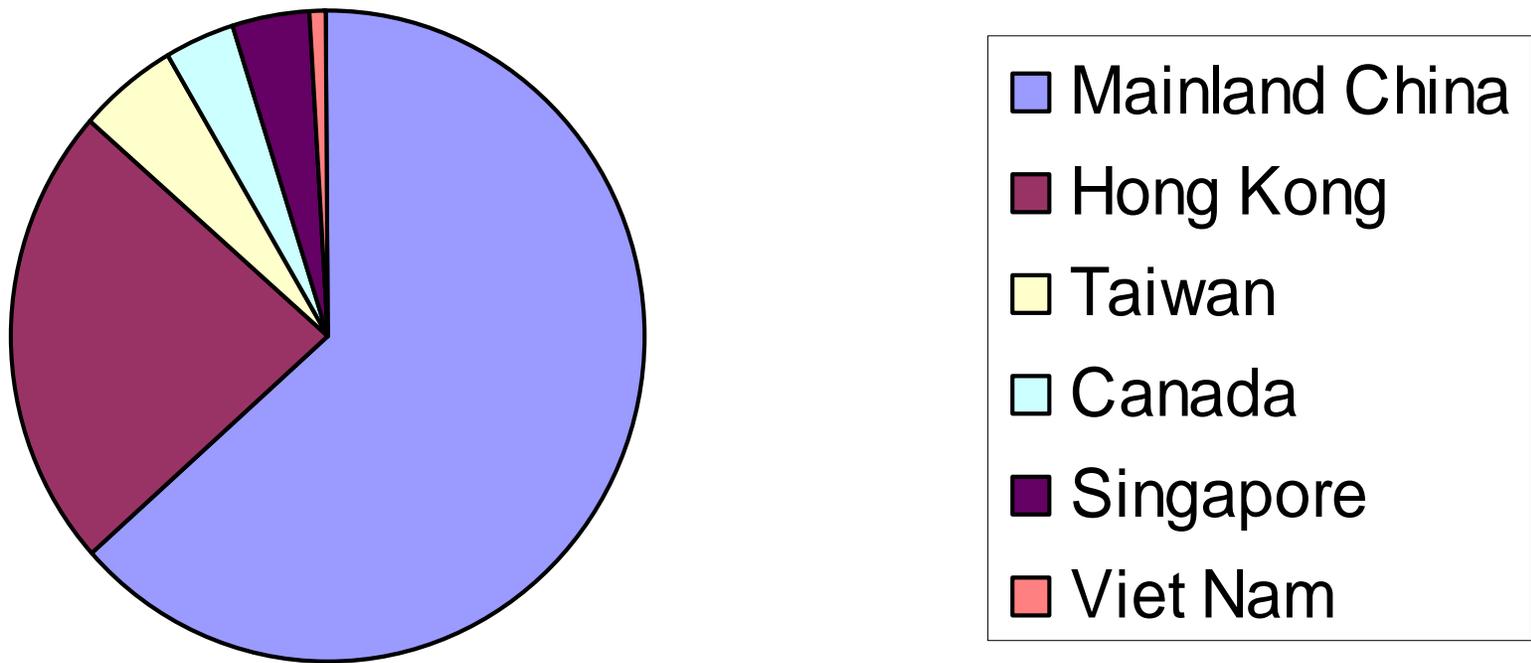


Back to the Flu Season

SARS 2003



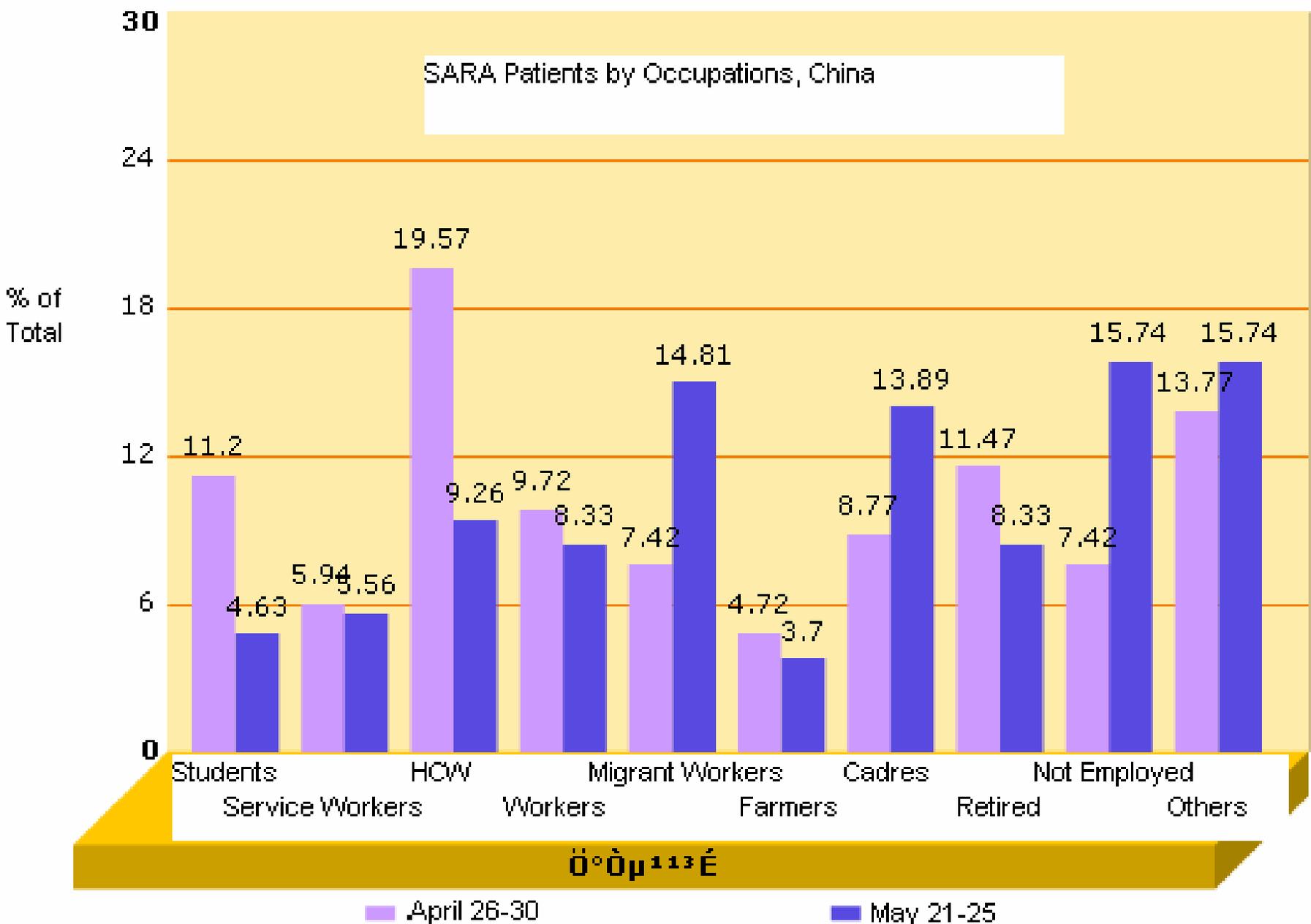
Distribution of SARS by Country/Region, 2003



SARS and Migrants?



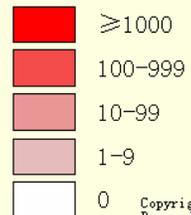
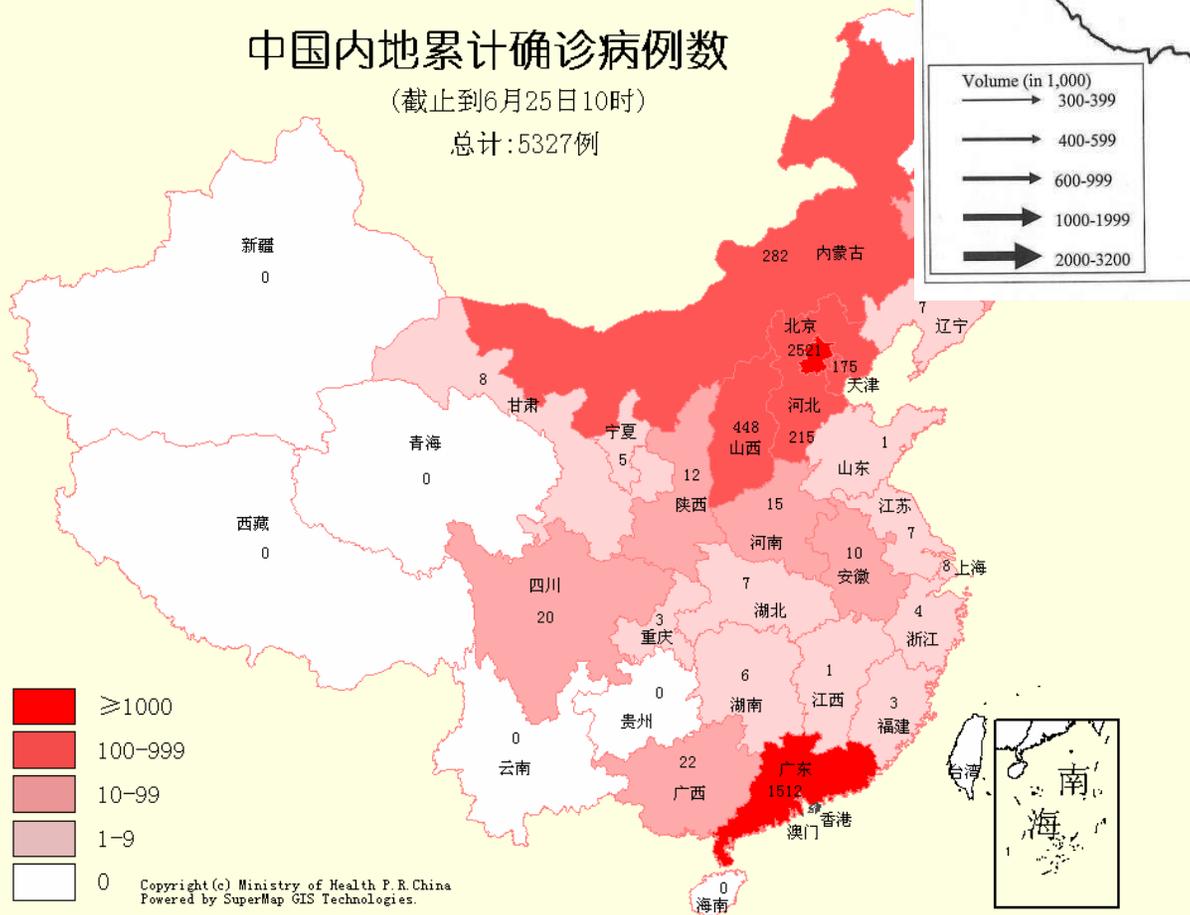
SARA Patients by Occupations, China



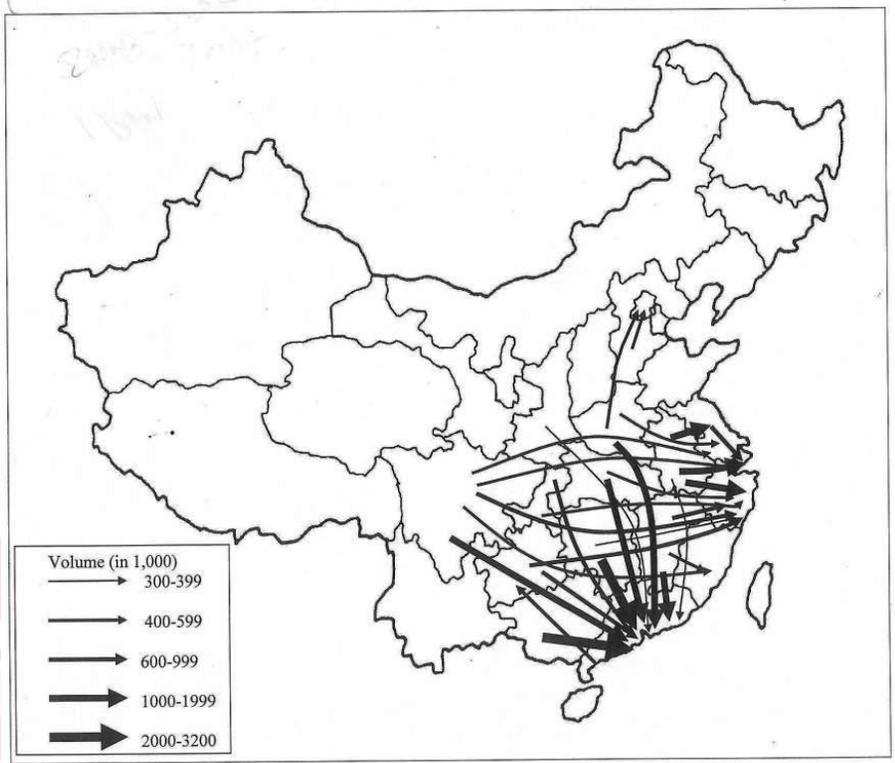
中国内地累计确诊病例数

(截止到6月25日10时)

总计: 5327例



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Powered by SuperMap GIS Technologies.



劳动保障部发布报告：疫区应

http://www.sina.com.cn 2003年06月10日

本报北京6月9日电(记者刘声) 劳动和社会保障部“

流動人口大增疫情回升 全國每年25萬人死於肺炎

本月二十四日是世界衛生組織發起的「世界防治結核病日」，衛生部準備在全國發放十萬冊結核病防治知識手冊和十萬張宣傳畫，並開展全國性的知識競賽，提高公眾的防病意識。

研究表明，作為結核病的唯一傳染源，傳染性肺結核病人如果能在發病後六至八個月內規律服藥，就有百分之九十五的治癒機會，並不再傳染他人，否則就會發展成難以治癒的多種耐藥病人，使具有耐藥能力的病菌廣泛傳播，造成更大的危害。

世界衛生組織推薦「直接督導短程化療」為控制結核病的唯一方法。

中國防癆協會的張立興教授說，中國還有近一半人口和地區沒有被「直接督導短程化療」方案覆蓋，特別是在邊遠貧困地區，患病與貧困形成一種惡性循環。而即使採用了這一方案的地區，也面臨資金短缺、防治力量不足、結核病人不能進入專業防治機構接受規範治療等問題。

據悉，中國一些高層領導人十分關注結核病在國內的流行，並指出要加強對防治工作的財政支援。衛生部準備於明年開展一次全國結核病流行病學抽樣調查，並在此基礎上採取更科學的防治措施。

深圳愛滋病者逾二百 中招暗娼散播病毒防不勝防

(中新社深圳電) 深圳今年已查出愛滋病病毒感染者超過五十餘宗，其中有十餘宗愛滋病人。

從一九九二年發現首宗愛滋病感染者至今，深圳已發現二百餘名愛滋病感染者。

據有關專家介紹，深圳愛滋病病毒感染者的感染途徑以性傳播為主要途徑，此類感染者佔四成七。其次是吸毒人員通過靜脈注射毒品傳播，這兩個途徑佔所有感染者的九成以上。

深圳市慢性病防治醫院一直對暗娼嫖客以及吸毒人員進行性病和愛滋病的監測，結果顯示，從一九九五年以來，梅毒的感染率上升很快，超過一成以上。

梅毒可引起生殖器潰瘍，這使通過性接觸感染愛滋病的風險增加了十倍以上。

對發現感染愛滋病的暗娼，有關部門通常把她們送回原籍。但由於感染者無法支付每月高達數千元的治療費用，在家又受到歧視，許多暗娼被送回原籍後，又悄悄回到深圳，重新出入髮廊和歌舞廳。還有許多暗娼愛滋病感染者懷有一種強烈的變態心理，瘋狂地對社會進行報復，結果導致愛滋病感染者大幅上升。

有關專家推測，像深圳這樣一個流動性極大，出國人員及外籍人員極多的城市，各種人群混居現象十分普遍，絕大部分愛滋病感染者都沒法查出。

中國現有結核病人約六百萬人，其中二百多萬是具有傳染性的肺結核病人，全國每年有至少一百一十三萬新發病例。

衛生部副部長殷大奎在此間的「世界防治結核病日」座談會上指出，中國的結核病流行一直十分嚴重，而近年來結核病與愛滋病病毒的雙重感染以及多重耐藥結核病的流行又給結核病防治帶來新的挑戰。

他說，由於沒有得到有效控制，結核病患病率在新疆、貴州、寧夏、內蒙古、河北、雲南等省區出現不同程度的上升。流動人口增加，特別是農村人口大量湧入城市，導致上海、北京等地結核病疫情回升。

Table 1. County-Level Correlation Coefficients between the Number of Temporary Migrants Per 1,000 Permanent Residents and STD/HIV Risk-Taking Indices, 1996-2000

STD/HIV Risk-Taking Indices	Number of Temporary Migrants Per 1,000 Permanent Residents				
	1996	1997	1998	1999	2000
Drug Use Index	0.2176* (132)	0.2341** (132)	0.2742** (132)	0.2765** (132)	0.2789** (132)
Injecting Drug Use Index	0.3292**	0.3260**	0.3700**	0.3022**	0.3420**

Table 3. County-Level Correlation Coefficients between the Number of Temporary Migrants Per 1,000 Permanent Residents and STD and HIV Indices, 1996-2000

Comm Work Entert Establ Note:	STD/ HIV Index	Number of Temporary Migrants Per 1,000 Permanent Residents				
		1996	1997	1998	1999	2000
	STD Index	-0.0324 (101)	0.0246 (97)	0.2000* (105)	0.5259** (106)	0.4077** (113)
	HIV Index	0.1436 (105)	0.1667 (109)	0.2788** (108)	0.3195** (109)	0.2260** (108)

Note: Numbers in parentheses are numbers of valid observations.

* $p < 0.05$; ** $p < 0.01$

XS Yang (2002)

China's Economic Success

Migrant Labor

World's Factory



The Hukou System

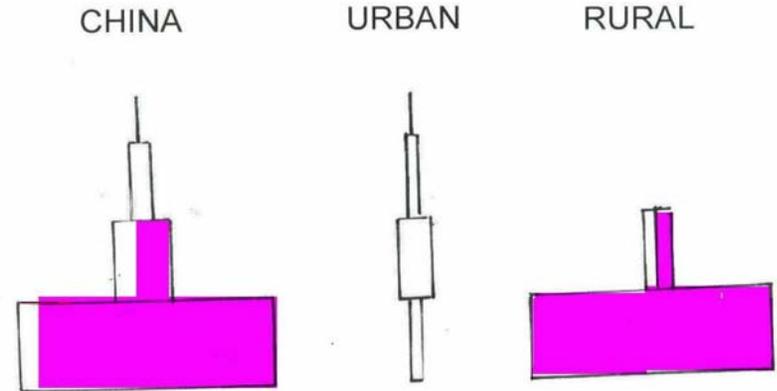


(The Household Registration System, 户口制度)

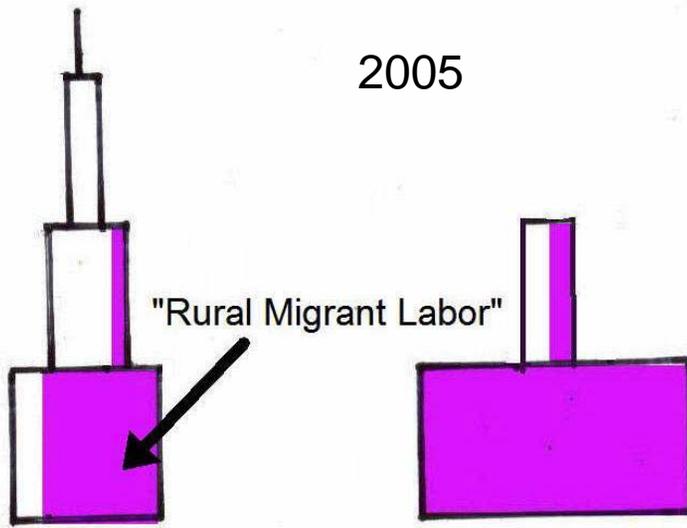
- Set up in 1958 to serve China's industrialization
- 1979-present, serves as a system for determining **social welfare benefit eligibility system**: “rural” labor in cities does not have state-provided welfare, permanent residency rights, access to social services, etc.
- **Institutional discrimination**
- This makes rural labor (mobile or not) very cheap and vulnerable

Social Pyramids

1965

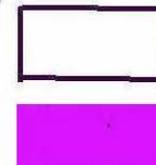


2005



Urban Areas

Rural Areas



Population with urban hukou

Population with rural hukou

Urbanization with Chinese Characteristics

- Rapid industrialization
- “Urbanization” has been kept low
 - Currently, a significant % of de facto urban residents and workers (ie. migrant workers) are kept out of the urban social security and welfare system
 - “incomplete urbanization”
- Permanent “temporary” migrants
 - not “uprooting” rural-urban migrants, unlike other countries

Non-agricultural *Hukou* Population, Urban Population and GDP, 1949-2007 (% of the National Total)

	A	B	C	D	E
Year	Non-agricultural <i>Hukou</i> Population (NHP) ^a	Urban Population ^b	GDP of Non- agricultural Sectors	=A-C	=A-B
1949	17.4	10.6			6.8
1955	15.2	13.5	53.7	-38.5	1.7
1958	18.5	16.2	65.9	-47.4	2.3
1965	16.7	18.0	62.1	-45.4	-1.3
1970	15.3	17.4	64.8	-49.5	-2.1
1975	15.4	17.3	67.6	-52.2	-1.9
1978	15.8	17.9	71.8	-56.0	-2.1
1980	17.0	19.4	69.8	-52.8	-2.4
1985	20.1	23.7	71.6	-51.5	-3.6
1990	21.1	26.4	72.9	-51.8	-5.3
1995	23.8	31.7	80.1	-56.3	-7.9
2000	26.1	36.2	84.9	-58.8	-10.1
2005	32.0	43.0	87.5	-55.5	-11.0
2006	32.5	43.9	88.3	-55.8	-11.4
2007	32.9	44.9	88.7	-55.8	-12.0

Rural Migrant Labor and Urban-*hukou* Workers, 2002-2009

(in millions)

Year-end	Rural migrant labor	Urban- <i>hukou</i> workers	Ratio (in %)
2002	104.7	247.8	42.3
2003	113.9	256.4	44.4
2004	118.2	264.8	44.7
2005	125.8	273.3	46.0
2006	132.1	283.1	46.7
2007	137.0	293.5	46.7
2008	140.4	300.0	46.8
2009 (mid-year)	150.1		

事息錢墊政府 示威員工後合

金融風暴

變激防牆人築警暴防東莞 失業突7000人

難貸款債重背

港上市
公司合
位於廣東的
廠15日突然
逾7000工人
頭16日有逾
及到鎮政府
。鎮政府後
00萬，全額
日晨，仍有
等候消息。



要聞 CHINA MAIN NEWS

2008年12月26日 星期五 星島日報 SINGTAO DAILY

浙350老闆潛逃 欠薪近億

政府被逼埋單 春節前後情況恐惡化

中國經濟大省浙江，受全球金融海嘯衝擊，官方統計，至上月中該省產、破產企業逾1200家，企業老闆選擇攜款外逃(人民幣，下同)的欠薪預計這些企業欠供貨、文數字。有官員坦承情況惡化。



貧富懸殊

遊法國 豪擲五萬歐元買紅酒

雖然經濟不景氣，但還是有人一擲千金。聖誕節前夕，一位中國旅客在巴黎戴高樂機場商店一口氣購買了近5萬歐元的法國紅酒。而在海南，24名鄂爾多斯業主領取他們在海南別墅區購買的每套平均售價近160萬元的別墅，其中最貴的一套380萬元。

據中新網引述《巴黎人報》的報道指，巴黎戴高樂機場商店的售貨員幾乎無法相信：一個中國富翁24日到戴高樂機場乘飛機回中國北京，在進了海關後他在免稅店逗留了一會兒，並一口氣買了價值達46423歐元的法國紅酒。

報道說，這位「中國大亨」先買了一瓶價值19900歐元的酒。接著他又往他的手推車加了幾瓶共計三千多歐元的酒。中國旅客的「豪遊」舉止給寒凍成軟的法國市場增添了一條花色新聞，令法國人喜不自禁。

《本報訊》《經濟參考報》報道，以外向為支柱的浙江省，受到金融海嘯衝擊，停產、破產企業逾1200家，企業家投資欲望已降至多年

十萬打工仔

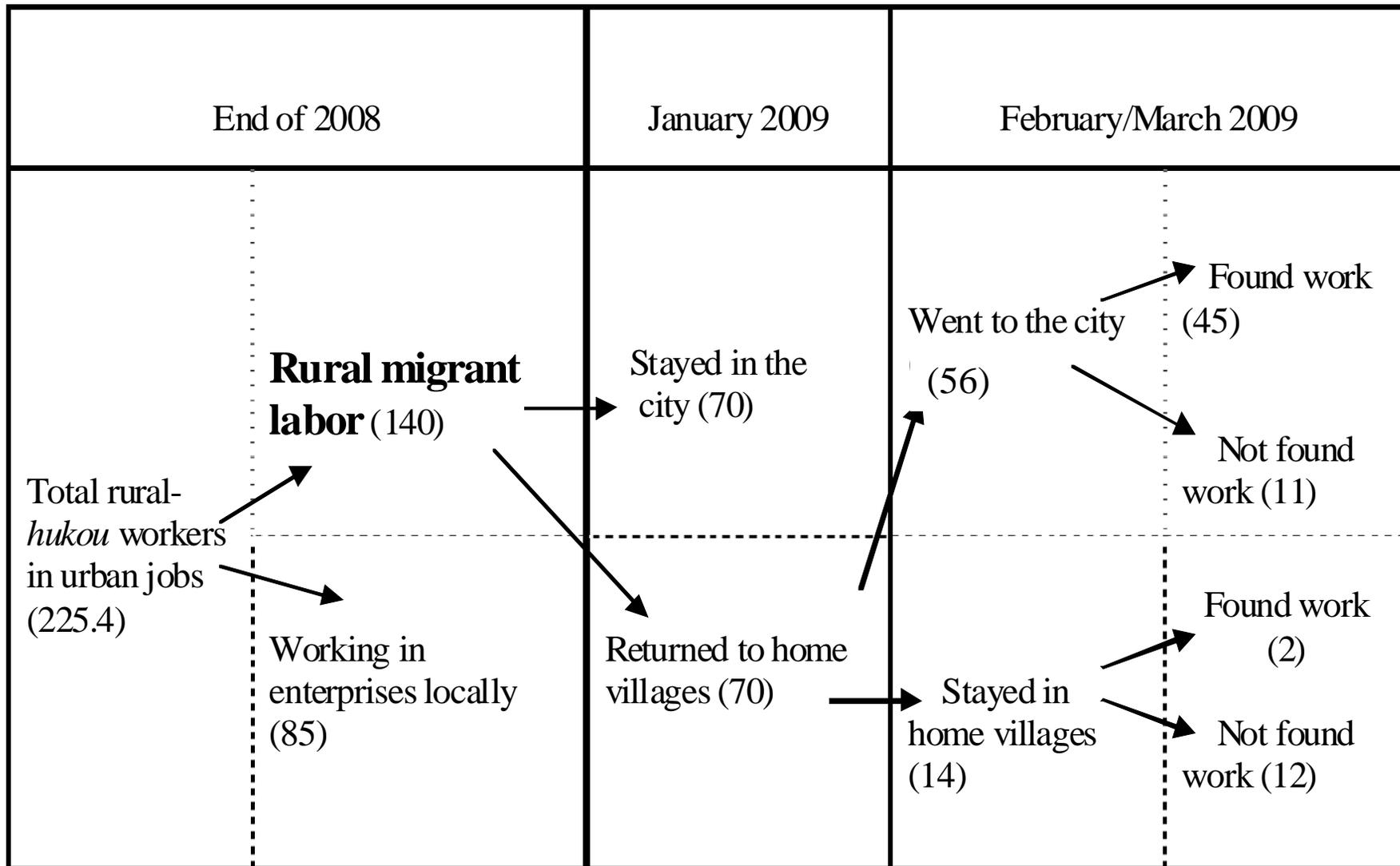
有350多家企業停產、或破產，即平均每天就至少有一個老欠薪8000萬元的欠薪關係，讓政達十多萬。
是過去10年的總和。」浙江

圖在浙江之前，廣東早在上個月就出現了企業老闆攜款外逃潮。圖為東莞大批討薪工人与警察對峙。 法新社資料圖片

本報訊
木頭的兩家玩
聚集示威。工
溫情地」感謝
為改善家庭生
鎮政府表示表
謝詞對民工而

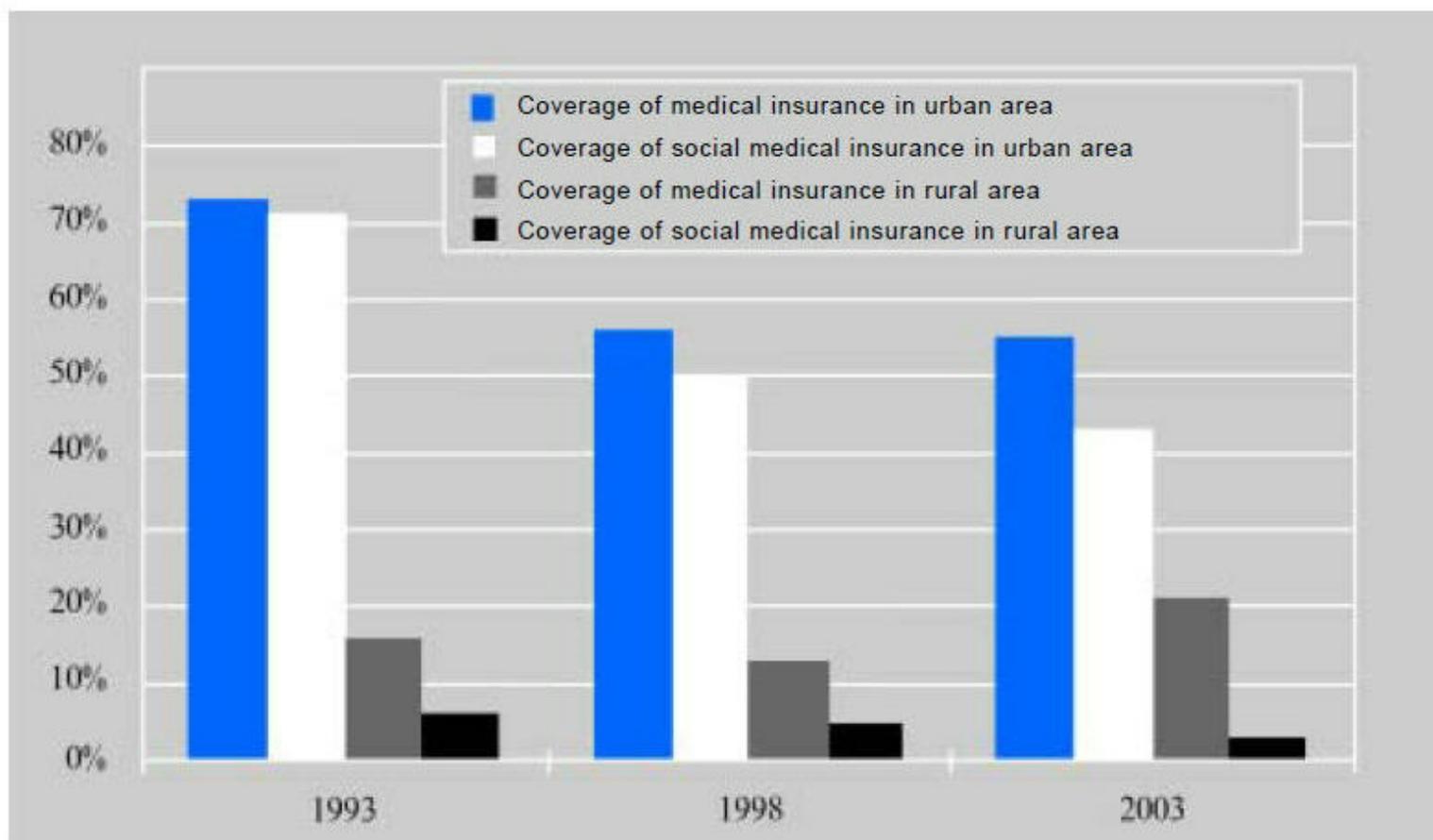
Employment Status of Rural Migrant Labor: Before and After Spring Festival (January 26, 2009)

(in millions)



R/U Medical Care Insurance Systems

Figure 4.1 Coverage of All Kinds of Medical Insurance among Rural and Urban Residents



Source: Statistics and Information Center of the Ministry of Health, 2004a.

UN (2005)

Medical Care for Migrants

Sample survey of Migrant Labor in Changsha, 2007

ACTION TAKEN WHEN ILL:	Person (人)	%
Consult a regular doctor 生病后立即去正规医院检查	42	24.56
Consult an “informal” doctor 到街头小医院、私人诊所检查、治疗	48	28.07
Find some medicine from a drug store 自己到药店买药	71	41.25
Wait till it is unbearable to see a doctor 能忍则忍，能拖则拖，不到万不得已不去医院	9	5.26
WHO PAID THE MEDICAL BILLS?		
Personal (and family) 医疗费用全部由个人或家庭承担	158	89.28
Medical bills are too high 认为医疗费用非常或比较贵	127	74.72

(Deng 2008)

A System for Migrants?

- State Council (2006) Document
- Different regional (city) models:
 - Chengdu and Shenzhen
 - Beijing
- Issues
 - Mobility (requiring a national system)
 - Inadequate coverage
 - Latest developments

Shenzhen Model

时间	医疗保险内容	缴费额	缴费主体	参保人数
1992.5—1996.6	综合医疗保险 (既保住院又保门诊)	本人工资的 8%	企业承担 6%，个人承担 2%	2 万
1996.7—2003.6	住院医疗保险	社平工资的 2%	企业	70 万
2003.7—2005.2	住院医疗保险 地方补充医疗保险 综合医疗保险	社平工资的 1% 社平工资的 0.2% 本人工资的 8%	企业 企业 企业负担 6%，个人负担 2%	142 万
2005.3—2005.12	住院医疗保险 地方补充医疗保险 综合医疗保险	同上	同上	163 万
	劳务工合作医疗	12 元	企业 8 元， 个人 4 元	124 万

Issues

- Inadequate coverage
 - Low coverage of the migrant workers
 - Not attractive - still high self payments
 - Not covering what is really needed
 - More costly with delayed treatments
 - Significant surplus of the funds
- Long-distance mobility

Issues

- Migration is inter-provincial, some seasonal
 - Requires a national potable system
 - A national public service, like education
 - Latest developments
 - Signs of moving in that direction

Implications - *Hukou* Reforms

- Incomplete urbanization is not paying the “full bill” of industrialization (by denying migrants many urban benefits)
 - Give rise to a huge urban underclass → public health problems
 - Need more *hukou* reforms and to *uproot* the peasantry by allowing them to settle and assimilate in cities.
 - But how to start, how to proceed forward?
 - Lessons from USA’s current health care reform?

USA Health Care Reform, 2009

- Universal coverage
 - Especially to protect the “weak” (30-40 M)
- National system
 - Mobility of pop (not just labor) and must be portable (also economies of scale)
- Health care as a public service, like education
- Cannot be totally privatized and left to the market
 - to rein in costs and “greed,” prevent scams, etc

2009 Reform

详解 8500 亿元医改投入 “方程式”

根据新近公布的医改实施方案

未来3年

医改 **5项重点改革** 各级政府需要投入

8500
亿元

- 建立基本医疗保障体系
- 健全基本医疗卫生服务体系
- 建立基本药物制度
- 健全均等化的基本公共卫生服务体系
- 探索公立医院改革的基本路子



中央和地方投入
比例大体为 4:6

2/3用于需方

1/3用于供方

绝大部分或主要
部分用于基层

Trade-Urbanization-Environment Nexus

- Trade → “world’s factory” → “China price”
- Migrant labor is the critical factor
- Rural-urban migration and urbanization
- High GDP growth = high “happiness” growth?
- As Fineberg reminded us: Happiness must include environment, distribution, and more.
- Health services of the rural migrant labor.



China's costs

China Economic
Success

China Price

Thank you!

