

2015

# ADVOCACY PLAN

**CLINICIANS** are called to care for people of all walks of life; in fact, it is their ethical duty. Many migrant clinicians choose their line of work out of a sense of moral responsibility to a population that is often overlooked. We at Migrant Clinicians Network, in representing these clinicians, are tasked to speak up for the health and well-being of mobile underserved populations, who are often voiceless and marginalized -- but whose health matters. We understand that it is a moral imperative to speak out in the face of injustice; it is our ethical duty to serve the underserved.

**THE MOBILE POOR**, who are moving in search of work and a better life, need a voice. When federal policy is being considered, when a pattern of disease of unknown origin appears in underserved populations, when important programs are being undercut, MCN steps in to provide a strong voice for the mobile poor, to ensure that their health needs are heard. To this end, MCN is committed to effectively advancing health justice for the mobile poor.

**OUR ADVOCACY** and education priority is for all people to access high quality, affordable health care and a safe and healthy workplace. We endeavor to assure the human rights of people as they move, whether moving across borders or within borders. Advancement in these areas address the social determinants of health and improve health outcomes for the mobile poor of this country and around the world.

**WE RECOGNIZE** that, every year, there are many advocacy efforts aimed at achieving the very goals to which we at MCN are committed. Each calendar year, our team reviews MCN's top advocacy priorities for the coming year, to ensure that we dedicate our time and resources to the most urgent, effective, and/or impactful advocacy works. The following outlines MCN's advocacy priorities.





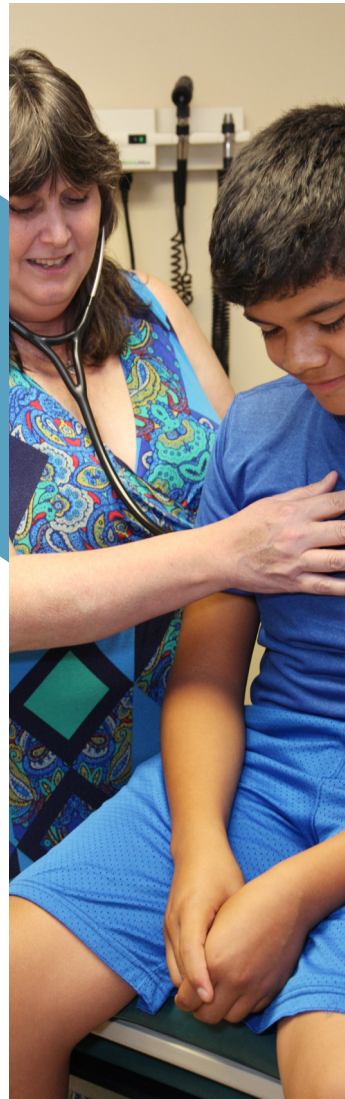
### **Border Surge Health**

MCN is dedicated to the health and well-being of all immigrants, including those who have recently crossed the border. Through our blog and other publications, we will publish updates on policies and clinical recommendations for the health needs of the mothers with children and unaccompanied minors who crossed into the US last year during the “border surge” as well as the thousands who continue to arrive this year.



### **Worker Protection Standard**

In 2015, MCN will continue to collaborate with clinicians and partner organizations to ensure the revisions to the Environmental Protection Agency’s Worker Protection Standard (WPS) are finalized and published by August 18, one year after the initial comment period on the revisions ended. MCN will continue to urge the EPA to provide the strongest level of protections to ensure that farmworkers and their families are protected from pesticide exposure.



### **Chronic Kidney Disease of Unknown Etiology**

MCN has received a number of anecdotal reports about an increase in the number of cases of Chronic Kidney Disease with no known risk factors (CKDnt) among young migrant workers. Our work has uncovered a growing concern in Mexico and Central America regarding CKDnt as well. MCN has established a working group with partners from universities, research institutes, and not-for-profit worker rights and health organizations to develop targeted research.



### **Pesticide Drift**

MCN is partnering with Dan Ford at Columbia Legal Services and other organizations to educate the Washington State Legislature on the hazards of pesticide drift exposure. MCN will participate in an educational session on April 14 to explain the physiological effects of exposure to pesticides. These educational efforts are aimed towards legislation requiring that neighboring communities be notified when there is potential pesticide drift exposure. This legislation would mirror the California state law. More info [HERE](#).



## **Paid Rest Breaks for Piece Workers**

MCN participated in an amicus brief to the Washington State Supreme Court in January 2015, which requested that farmworkers who get paid per piece rather than per hour have legally sanctioned, paid rest breaks. This would align them with workers that are paid hourly and is important because piece work requires as much if not more physical exertion than hourly work. Additionally, studies show that workers will not take rest breaks if it compromises their work and wages.



## **Anencephaly**

MCN's Jennie McLaurin, MD, MPH is a member of the Washington State Department of Health Anencephaly Advisory Committee. The committee is working to examine the root causes of the increased rate of anencephaly recently observed in eastern Washington State, where some counties saw four times the expected number of cases. The women most at risk in these cases live in rural, farm-dense communities with well water, large Hispanic communities, regular aerial spraying of pesticides, and inadequate preventive health education. More info [HERE](#).



## **Women's Human Rights**

MCN's chief medical officer was one of seven experts who heard and responded to testimonies of Latina women struggling to access reproductive health care in the Lower Rio Grande Valley of Texas bordering Mexico. The Women's Human Rights hearing was held in March conjunction with International Women's Day. The testimonies detailed barriers to care for obstetric and perinatal care, and cervical cancer. The testimony will be conveyed to legislators as they consider competing bills to increase and slash funding for reproductive health. More info [HERE](#).



## **Immigration Policy**

MCN applauds President Obama's Immigration Accountability Executive Actions, which address several key weaknesses in our US immigration policy and provide humanitarian relief for many immigrant families. Now, from the voices of clinicians, health care organizations, and social justice advocates, we call for the President and Congress to take decisive action to provide for the essential health care needs of our immigrants, including by providing to health care through the Affordable Care Act (ACA) for DAPA's 5 million newly protected immigrants. More info [HERE](#).