



IOM's International Dialogue on Migration Co-sponsored by WHO and CDC

HEALTH AND RETURN MIGRATION

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Jamaica - Country Profile

- Largest of the English-speaking Caribbean islands
 10,991 square kilometres
- Population 2.7 million
- Population created by the transatlantic slave trade which began in the 1600s, from Africa to the British, French and Dutch territories in the Caribbean (migration of labour force)
- Gained independence from Britain 1962
 has parliamentary democracy, based on Westminster-Whitehall model
- 14 administrative areas (parishes) clustered into 4 Regional Health Authorities



This presentation will focus briefly on three aspects of immigration flows:

- 1. Returning Residents
- 2. Deportees
- 3. Refugees

.....in to Jamaica

NB: Data and information for this presentation obtained from: Ministry of Foreign Affairs and Trade; Ministry of Security, Special Branch – Jamaica Constabulary Force; Office of Disaster Preparedness and Emergency Management; Ministry of Health



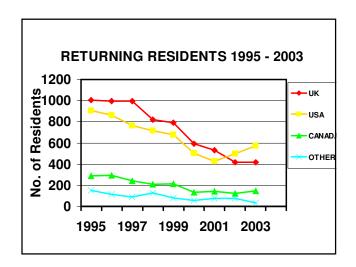




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Returning residents by main countries of origin

Year	Country returned from					
	UK	USA	CANADA	OTHER	1	
1995	1,007	905	288	153	2,353	
1996	995	863	296	114	2,268	
1997	995	762	244	91	2,092	
1998	821	715	211	128	1,875	
1999	793	677	212	83	1,765	
2000	594	501	132	55	1,282	
2001	531	427	144	75	1,177	
2002	417	500	121	75	1,113	
2003	417	573	147	33	1,170	
2004 April.	124	181	34	11	350	



WHERE ARE JAMAICANS RETURNING FROM?

- United Kingdom
- United States of America
- Canada
- Bahamas
- St. Martin
- Cayman Islands
- Bermuda
- Barbados
- Puerto Rico
- Japan
- Aruba Antigua
- **Turks Caicos** Panama
- Dominica
- Switzerland

Issues Related to Returning Residents

- Many returning residents are retirees suffering from chronic diseases cardiovascular, diabetes, disabilities, arthritis etc.
- Appears to be a policy of some developed countries to encourage persons to return to Caribbean when they develop chronic illness.
- Many receive pension from the country they are leaving
- Social welfare/health benefits not transferable from developed countries to country of birth
- Culture shock affecting returning residents
- ?Increased prevalence of mental illness- schizophrenia in returning residents
- How much concession and facilitation should be given to returning residents? What should they be entitled to?







Number of Persons Deported to Jamaica 1994 - 2003 **YEAR NUMBER DEPORTED** 1994 1434 1995 1582 2000 1500 1996 1765 1997 1699 1998 2161 2000 1999 2071 Year 2000 1672 2001 2529 2002 3331

Main Countries From Which persons are Deported								
	C							
Year	USA	UK	CANADA	OTHERS	Total			
1999	1533	242	227	69	2071			
2000	1268	235	146	44	1693			
2001	1410	765	203	151	2529			
2002	1581	1467	141	164	3353			
2003	1674	1960	161	118	3913			
Total	7466	4669	878	546	13559			

Reasons given for Deporting Persons

Possession of drugs

3913

- · Possession of firearms
- · Illegal Alien
- Fraud/ False documents
- Crime/ violence
- Others

2003

Issues Relating to Deportees

- Where did many deportees learn their criminal and sociopathic/ psychopathic behaviour? Is it fair to deport those who left their birth country as infants?
- Whose responsibility should it be to rehabilitate these persons?
- When deportees have diseases requiring very expensive interventions which they cannot afford, who should pay? E.g. renal failure.
- Full information on deportees should be sent to relevant authorities in Jamaica prior to deporting individuals.
- How much follow-up and what should be done with deportees, within the context of human rights balanced with the potential risks and public good?.





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Year	MAIN COL	JNTRIES OF				
	Cuba	Haiti	Other	Remarks		
1996	-	18		Persons involved in various illegal and		
1997	-	7		economic activities e.g fishing, drug dealing – enter territorial waters		
1998	14	42		and the country from time to time		
2003	18	6	4	Asylum granted to some Hatians, none to Cubans		
2004	-	511	2	6 pregnant women among group, 110 malaria and 11 TB cases among refugees		

Issues Related to Refugees

- Funding for housing, nutrition, diagnostic tests and medical care of refugees.
- Level of care required for refugees in the context of socio-economic situation and level of social welfare provided to citizens in host country
- Risk to host countries of spread of communicable diseases – malaria, HIV/AIDS, TB (some resistant strains) etc.
- Status of children of refugees born in host country
- · Level of interaction with local citizens

Through travel and communications technology the world has become a smaller space in which people move at will. We cannot stop this movement, we can only plan for it and manage it appropriately.

THE END



THANK YOU.