

## **Illeana Herrell**

First of all, on behalf of our Director General, Mr. Juan Somavia, I bring his best wishes for a successful conference. He has also asked me to convey his appreciation to the European Commission and the Austrian Ministry for Education which made this project a reality and for their vision in looking at this so very important issue. The ILO is a specialised agency within the United Nations' system. It is unique in that it is a tripartite organisation. Our constituents are workers groups, employers and governments. With that introduction I would like to very, very quickly go through some of the issues I have put together in preparation for this meeting. As the Senior Health Advisor to the Social Protection Sector health is very dear to me as well as are migrant issues, since one of the units we think the Social Protection Sector is migrant. Help an access to health care for all migrants are fundamental issues for migration policy. All persons have rights and needs for health care and wellbeing. This fundamental principle not only relates to human rights and the rule of law but it is also an issue of decent work which is an agenda that is foremost in the mind of our Director General. Notably in assuring safety and health at the workplace which in turn is necessary to reduce the high economic and social costs of accidents, injuries and sickness deriving from poor conditions of work, often found where migrants are employed. It is also an issue of productivity and a fundamental public health policy challenge. The Amsterdam Declaration has met those very unique elements in its recommendations and as we all know disease has no boundaries. Excluding anyone present in a given population or locality from access to preventative or curative health services is, very simply put, a disaster recipe or a recipe for a disaster. The protection of the public's health requires access for the entire community and restrictions, whether deliberate or not, on access to services placed on migrants substantially limit the effectiveness of outreach, case finding and prevention. Although health issues for migrant populations have long been acknowledged as public health concerns they have been rarely addressed with adequate resources and with adequate attention. Increase in international mobility and growing political and media attention to migration have spotlighted health dilemmas facing migrants. All the references to this situation can go back as far as the Holy Year of 1725. Pope Benedict XIII. decided in 1725 to build San Gallicano Hospital in Rome to provide assistance and care to the poor, the rejected and to all pilgrims arriving and affected by skin disorders,

especially leprosy and scabies. A few centuries later, this hospital still remains although with a different name. Today many, if not most of the world's 175 million persons living temporarily or permanently outside their countries of nationality have restricted access. The Amsterdam Declaration is an ethno-cultural initiative that presents a remarkable advance in the effort to overcome the many functional and structural barriers on discrimination facing migrants in their attempt to access health services. It is unfortunate that increasingly public health risks posed by migrants have been making the front news. Although these issues have been used by people who are bent and intent on limiting immigration to their countries using a fear campaign. Less visible, however, are the multiple problems faced by migrant workers and families exposed to toxic substances, high risk of workplace injuries and unhealthy working conditions, with little or no access to help care. The Amsterdam Declaration presents a unique opportunity to help shape the future of initiatives, directed towards the successful development and implementation of migrant friendly hospital and health policies, programmes and activities. Implemented, it is my belief that the recommendations could lead to beneficial outcomes for the individual migrants, the whole societies as well as their countries of origin. Very quickly from the ILO's perspective these are some of the issues that we can help the Amsterdam Declaration to deal with. One of them is, for example, the conventions. Given its unique tripartite nature, ILO provides an opportunity for the active engagement and participation of its constituents in the realisation of the Amsterdam Declaration. The recommendations contained present best practices in health which can inspire improvements in services delivery. Social partners play a key role in the promotion of best practices and their networks provide an effective mechanism for the mobilisation of all the social partners and concerned agencies.

The ILO recognises that the extension of health protection to migrants requires particular and urgent action. So within the ILO framework in addition instruments relevant to migrant workers can be used to propose the recommendations. I would like to close with a personal anecdote that puts across three of the elements that were presented earlier in this session. In my previous life –prior to coming into the ILO - I was the director of a national office of minority health. My office had responsibility for all minority health programmes from Alaska and the Pacific across the continental United States to the Caribbean. In preparing for a visit to one of our community and migrant health centres I was looking at the epidemiological data and

noticed that in one of our work newly established community health centres there had been a spike in the number of gastro-, enteritis and gastric problems within the client population of migrants in addition to all of the other illnesses and diseases that were present. Upon my visit I asked for reasons as to why this spike was there, had anybody looked at it, had they given it any consideration. People had treated it as just another disease that needed to be recorded. I went out to the field and spoke to the migrant workers and discovered that one of the primary reasons was that the community health centre was very effective in diagnosing and treating conditions and was giving people medication. However, these migrant workers out in the field had no access to potable water, so they were using the irrigation water in order to take their medications. My recommendation immediately was followed by giving them additional resources so that they could also provide a bottle of water whenever they made their treatment available to these migrants. So, often very simple issues require very simple responses that are related to cultural competence.