

# Report of PICUM International Conference on Access to Health Care for Undocumented Migrants in Europe

June 28-29, 2007



PLATFORM FOR INTERNATIONAL COOPERATION ON UNDOCUMENTED MIGRANTS

The **Platform for International Cooperation on Undocumented Migrants (PICUM)**, with the support of Eurocities, held a two-day conference on 28-29 June 2007 in Brussels, Belgium, on access to health care for undocumented migrants in Europe. The conference brought together nearly 200 participants which included representatives of NGOs, local authorities, health care providers, policy makers, researchers, undocumented migrants, and other actors to share experiences and discuss ways to address the problems associated with insufficient access to health care services for undocumented migrants.

This report provides an overview of the contributions of the speakers as well as the main themes of discussion in the plenary and workshop sessions.

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**PICUM, the Platform for International Cooperation on Undocumented Migrants**, is a non-governmental organization that aims to promote respect for the human rights of undocumented migrants within Europe. PICUM also seeks dialogue with organizations and networks with similar concerns in other parts of the world.

PICUM promotes respect for the basic social rights of undocumented migrants, such as the right to health care, the right to shelter, the right to education and training, the right to a minimum subsistence, the right to family life, the right to moral and physical integrity, the right to legal aid, and the right to fair labor conditions.

PICUM's activities are focused in five main areas:

- 1. Monitoring and reporting:** improving the understanding of issues related to the protection of the human rights of undocumented migrants through improved knowledge of problems, policies and practice.
- 2. Capacity-building:** developing the capacities of NGOs and all other actors involved in effectively preventing and addressing discrimination against undocumented migrants.
- 3. Advocacy:** influencing policy makers to include undocumented migrants in social and integration policies on the national and European levels.
- 4. Awareness-raising:** promoting and disseminating the values and practices underlying the protection of the human rights of undocumented migrants among relevant partners and the wider public.
- 5. Global actors on international migration:** developing and contributing to the international dialogue on international migration within the different UN agencies, international organizations, and civil society organizations.

PICUM has nearly 90 affiliated members and 90 ordinary members in approximately 20 countries in Europe and beyond. PICUM's monthly newsletter on issues concerning the human rights of undocumented migrants is produced in seven languages and circulates to PICUM's network of more than 2,400 civil society organizations and individuals and further.

### **Acknowledgments**

*PICUM would like to thank Roxanne Paisible for preparing this report, and all of the speakers for sharing their experience and insight on health care for undocumented migrants.*

*PICUM would especially like to recognize those undocumented migrants who actively participated in the conference by sharing their own personal stories and thus providing concrete examples of the many effects that lack of access to health care can have on individuals and families. We hope that the conference and report will contribute to advancing access for some of the most excluded people in Europe today.*

## Opening Remarks

**Don Flynn**, Chair of the **Platform for International Cooperation on Undocumented Migrants** (PICUM), opened the conference by stating that this conference was part of a wider research project that had started in September 2005. PICUM along with nineteen partners from eleven member states, which included local authorities, NGOs, and health care professionals, have carried out this project in order to advance access to health care services for undocumented migrants who are a socially excluded group in Europe.

**Orhan Kaya**, Vice Mayor of Rotterdam, opened the conference on behalf of **Eurocities**, by describing the need for common standards of health care for undocumented migrants across Europe. Mr. Kaya explained that the different challenges that cities confront and the dire consequences of exclusion demand new solutions on the local level as opposed to the national level. He went on to explain how the influx of an unskilled labor force in the 1990s, and the increase in the number of asylum seekers from Asia and Africa have transformed cities such as Rotterdam. These transformations have restructured the economy as well as the social demography of this city's population. For instance, he stated that the 600,000 inhabitants of Rotterdam represent about 168 nationalities. Some of these

**“Everyone should have access to health care regardless of one’s legal status.”**

ORHAN KAYA, Vice Mayor of Rotterdam

migrants are ethnic minorities and “I am one of them too,” he declared.

With the emergence of migrant communities, the main issue is to prevent these communities from facing social exclusion

and isolation. He stressed that undocumented migrants must not confront barriers when they try to access basic social services, such as education and health care. “Everyone should have access to health care regardless of one’s legal status,” he affirmed. Mr. Kaya declared that health care

providers must adhere to this universal principle that is grounded not only in medical ethical standards, but also is pronounced in the 1950 Rome Treaty on Human Rights. He went on to further demonstrate how the severe acute medical problems that some undocumented migrants experience must not be ignored: “It is unacceptable that undocumented migrants die of deliberate exclusion.”

Mr. Kaya ended his presentation by highlighting that the main focus of the conference was to provide recommendations for improving access to health care for undocumented migrants. As a medical practitioner and a politician, he asserted that he strongly believes in equal access to education and health care for everyone whether documented or undocumented.

**Mónica**, an **undocumented migrant from Ecuador**, provided

a general overview of her experiences in Brussels, describing how most undocumented migrants encounter problems with the health care system. Mónica explained how bureaucracy within the health care system along with the fact that some medical cases are treated too late and the high cost of medicine and medical exams represent some of the many challenges that undocumented migrants face. Language barriers prevent many from exercising their right to health care. In addition, she stated how some social workers do not always act properly and in some cases are racist, thereby making it more difficult for undocumented migrants to receive access to medical care. This can lead to situations in which many migrants are in a constant state of stress and suffer from depression. With the lack of documentation, their children suffer from these difficult circumstances and are subject to similar problems. Most undocumented migrants

**“Access to health care is a priority and a right that we should not give up – that is not asking for too much.”**

MÓNICA, undocumented migrant from Ecuador

confront difficult situations when they do not receive help and many face expulsion. She affirmed: “access to health care is a priority and a right that we should not give up – that is not asking for too much.”

To further demonstrate the reasons why access to medical care ought to be a right for undocumented migrants, she provided a personal account of one of her friends from Ecuador who was an undocumented migrant. Her friend went to the doctor and was notified that she was suffering from terminal cancer. Since she could not afford health care services in Europe, Mónica’s friend decided to return to Ecuador, where she later died. Mónica then stated: “[Undocumented migrants] must not fear deportation and should get access to care. They should be able to go to a doctor and not have to wait until it is too late to get help.” In her concluding remarks, she thanked the project partners, for finding a space for migrants to live in dignity.

**Sara Collantes**, PICUM project officer, presented the results of her research on access to health care for undocumented migrants in the following EU member states: Austria, Belgium, France, Germany, Hungary, Italy, Netherlands, Portugal, Spain, Sweden, and the United Kingdom. The main questions that were explored in this research project were divided into two main sections:

1. Identification of the legal structures that undocumented migrants must navigate within the health care system, the barriers they face when seeking medical services, and instances of good practices relating to access to health care.
2. The extent to which the European Social Inclusion-Social Protection Process addresses the health care needs of undocumented migrants within a national as well as European framework.

The preliminary observations of her research demonstrate that access to health care for undocumented migrants in Europe is one of national competence. Ms. Collantes described how states exercise the utmost discretion when deciding

to grant or prevent undocumented migrants from gaining access to publicly financed medical care services. Human rights instruments such as the International Covenant on Economic, Social, and Cultural Rights guarantee the right to health care for all irrespective of one’s status. However states do not abide by international human rights laws.

Although, as Ms. Collantes stated, there exists no law stipulating the exclusion of undocumented migrants from gaining access to health care services, publicly financed health care is not entirely made available to them. The health care situation for undocumented migrants in the 11 member states covered in this project can be explained using five main categories:

1. Member states like Austria and Sweden provide health care on a payment basis only. Sweden, however, will cover the cost of health care services to the children of rejected asylum seekers.
2. Health care systems in Hungary and Germany generally do not provide care free of charge. Public officials handling the medical files of undocumented migrants are required to report their status to the Foreign Office, thereby preventing many undocumented migrants from seeking medical treatment out of fear that their irregular status may be denounced.
3. In comparison to the first and second types of health care systems, some countries, such as Portugal and the United Kingdom, have less restrictive policies on access to health care for undocumented migrants. However the entitlements to health care remain at times very unclear.
4. France, Belgium, and the Netherlands are among the EU member states that have adopted a parallel administrative system in order to address the payment of health care services for undocumented migrants. However the services themselves are within the mainstream health care system.

5. Out of all the health care systems in countries that were included as part of this study, Spain and Italy offer the most entitlements to undocumented migrants. Despite some issues and problems within their health care systems, they generally offer universal access to health care.

Ms. Collantes described how each member state interprets and implements laws differently. The wide variability of the health care system is in part a result of the roles that various actors including the police, health care providers, administrative staff working in hospitals, and NGOs, play in controlling access to medical services for undocumented migrants.

In France and Sweden, the police are allowed to visit health clinics and hospitals and clinics, but this does not occur frequently. The decision of the police to not enter a particular health facility that provides medical care to migrants is based on informal agreements with NGOs. Based on interviews with doctors and nurses, Ms. Collantes indicated that most doctors and nurses generally did not directly deny undocumented migrants the right to seek medical services. However, she stated that before seeing a medical doctor undocumented migrants must first speak with the administrative staff. Ms. Collantes then outlined the main obstacles that undocumented migrants confront when seeking medical care.

1. In general, undocumented migrants are required to provide documentation that they are able to cover the expenses of hospital bills. Most of the members of the hospital staff perceive them as being unable to pay. As a result, many are denied care.
2. In cases where hospitals do provide care, the hospital then sends the bill to the address that the undocumented migrant provides. Either the bill is left unpaid because they are not able to generate enough capital to cover the high costs or sometimes NGOs may assist them in paying for medical bills.

3. There exists little information on entitlements for undocumented migrants in the health care system.

4. Hospital administrators in some countries report the irregular status of undocumented migrants to immigration officials.

5. There is a lack of translators and cultural mediators in the hospitals.

6. Most hospitals do have information on the difficult working and living conditions of undocumented migrants, but they do not perform data collection on a periodic basis.

After outlining the barriers that may exist in some hospitals, she then described the important roles of NGOs in facilitating access to health care for undocumented migrants. In addition to helping cover the cost of unpaid bills, many NGOs engage in advocacy work and promote a universal health care system for all as opposed to creating a “parallel charity-based system.” NGOs provide services ranging from referrals to “undocumented migrant friendly hospitals,” distribution of medication they receive as donations, or direct medical service through the establishment of health clinics.

She then explained how the high percentage of undocumented migrants that obtain their health care through NGOs and the lack of funding and support from local governments further makes it challenging for these organizations to engage in advocacy and carry out specific projects that help undocumented migrants gain access to medical services. The obstacles that NGOs face have given rise to many informal partnerships that build cooperation among actors like NGOs, health care providers and hospitals at the local level.

As her research results show, most undocumented migrants frequent clinics that NGOs establish and emergency care units. However, many do not exercise their right to health care out of fear they may be deported or some may not be informed

about their entitlements. They have difficulties in confronting the different administrative levels and are unable to pay for medical treatment. She stressed that health becomes an utmost concern when undocumented migrants become severely ill. She further stressed that health is not their main concern only because all their energies are exhausted in getting minimum subsistence for survival.

The next part of her presentation examined the European Social Inclusion-Social Protection Process and access to health care for undocumented migrants. As Ms. Collantes stated, the main objective of the European strategy is to fight social exclusion. Thus, member states have agreed to implement social inclusion policies, which are sent to the Commission for evaluation and recommendations. The Commission tries to set uniform guidelines on social inclusion among the different European Union member states. European institutions are able to set guidelines, but they cannot force member states to adopt particular laws on access to medical exams and treatment for undocumented migrants.

Given the limitations of the European Social Inclusion-Social Protection Process, she affirmed that undocumented migrants “constitute one of the most excluded groups in Europe and surprisingly neither the Commission nor the member states talk too much about them or take specific actions to address their very basic social needs (housing, health, fair working conditions, education for children).” Ms. Collantes then asserted the importance of including undocumented migrants in

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SARA COLLANTES, PICUM

discussions on European social inclusion strategies and policies: “How could we successfully implement policies and strategies to tackle poverty and exclusion in Europe without considering undocumented migrants? Is this an illusion given the obvious links between undocumented migrants and poverty, homelessness, labour exploitation and marginalisation?” She then reminded the audience that one way for NGOs to inform local authorities of the social exclusion of undocumented migrants concerning access to health care and other services is to utilize the reporting instruments that PICUM has developed within the scope of this project, which were provided to conference participants in nine different languages.

Her concluding remarks focused on the importance of mobilizing different actors: NGOs, researchers, policy makers, health care providers, and others to develop new ways and strategies to address the lack of access to health care for undocumented migrants.

# Part I: Social Inclusion: Conceptual and Policy Framework

## Keynote Speakers - Plenary Session

**Walter Wolf, DG Employment, Social Affairs, and Equal Opportunities** of the **European Commission**, referred to the 2006 National Strategy Reports on fighting poverty and social exclusion which provide only limited evidence for major progress on improving access to health services for undocumented migrants. He praised this transnational project for bringing together the relevant key partners: researchers, providing evidence based analyses of the problems; health care providers, who have practical experiences in social service delivery; local and regional decision makers; NGOs; and advocacy groups.

“Given the heterogeneity of the Member States, we should not expect a one size fits all solution,” Mr. Wolf stated. He further explained that each country in the European Union has a particular economic, social and political situation. Consequently, one approach may not be efficient in one

country/region/local situation, but work in another. Because of the diversity in the EU member states, the mutual learning promoted by the Community Action Programme seems potentially an important tool for fostering health care for undocumented migrants. He stated that he hoped the conference would result in policy recommendations and proposals aimed at addressing the need for undocumented migrants to obtain adequate access to health care.



## Discussants

**Peter Verhaeghe**, Migration officer of **Caritas Europe**, began his presentation by demonstrating how access to health care is a right guaranteed by international human rights treaties. The preamble of the Universal Declaration of Human Rights (UDHR) guarantees the “recognition of the inherent dignity and foundation of freedom, justice, and peace in the world.” More specifically, the right to health care for all is included in article 25 of the UDHR.

Mr. Verhaeghe explained that Caritas Europa, which is part of a network of 48 organizations in 44 states in Europe, conducted a study on poverty and social exclusion of migrants in Europe. The results were

published in *Migration, a Journey into Poverty?* in 2006. This study as well as those carried by other organizations show that migrants are vulnerable to poverty and poor health conditions. He cited page 72 from *Migration, a Journey into Poverty?* to further highlight some conditions that migrants encounter when they arrive in Europe:

“The close link between health and poverty is the most obvious among undocumented migrants. Lack of access to health care leads to otherwise avoidable complications of disease or illness, sometimes even to disability and the frustration of the person’s migration project.”

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PETER VERHAEGHE, Caritas Europe

Given the vulnerability of undocumented migrants and the poor living, working, and health conditions they may experience, it is important to grant them access to health care services. He noted that their status is irrelevant and should not be the basis for denying access to health care. The right to health care is a human right that is protected and guaranteed by international human rights conventions.

He then evaluated the effectiveness of the European Social Inclusion-Social Protection Process in responding to the particular health care needs of undocumented migrants. To determine what role this European strategy has played in improving access to social services, he described the conclusions of another study that Caritas conducted, which will be published in November 2007. The Caritas Europa Study is entitled CONCEPT (Caritas Organizations Network to Challenge the Exclusion and Poverty Trap) and co-funded by the European Union's 2002-2006 Community Action Programme to combat social exclusion. The findings of the project note that only 11 out of the 27 National Strategy Reports make reference to undocumented migrants as a priority group.

At the end of his presentation he provided some recommendations to the European Commission for combating poverty and exclusion:

1. National Action Plans should provide coherent and structured strategies.
2. Priorities should be more focused to provide a correct assessment of problems, issues, or risks associated with the implementation of a particular policy.

3. Policies that need to be addressed should be based on which areas should be viewed as a priority as opposed to how much funding is available to address that issue.
4. National targets should be included in the National Action Plan Strategy to allow for evaluation and assessment of priorities.

In outlining his recommendations to the Commission, he argued against the very fact that the national reports of four member states did not even include a discussion on the social exclusion of migrants. He characterized this as “an appalling omission.” Mr. Verhaeghe affirmed that the Commission must increase its efforts in order to ensure that member states comply with the social inclusion policy and that they place the pressing needs of migrants on their political and social agendas.

**Jane Pillinger, independent researcher and policy advisor** from Ireland, opened her presentation with an explanation of the main barriers and risks that undocumented migrants face. These barriers include marginalisation from the labor market, economic exclusion, and lack of access to basic services. The status of these migrants “has a key impact on health status and access to health services,” affirmed Ms. Pillinger. Thus, she maintained that addressing marginalisation requires three key approaches:

1. Strong focus on rights, access to services, and risks associated with social exclusion.
2. Empowerment of undocumented migrants provides a space for undocumented migrants to exert their own agency.
3. Examination and evaluation of current migration policy and its impact on undocumented migrants.

Despite the fact that there is a lack of data on undocumented migrants, she advised that there still are other ways of analyzing their needs and problems. One approach is to use qualitative interviews or to rely on anecdotal evidence. Her qualitative research provides a description of the different experiences of undocumented migrants. They face difficulties when accessing services, including employment and health care. Many confront dangerous working and living conditions. Since they lack the financial means or support from family members and friends, they often live in poverty and social exclusion.

In reference to the Irish National Intercultural Strategy in Health, Ms. Pillinger described the issues that were raised in consultations. Undocumented migrants do not access health care services. Unaccompanied minors as well as “aged out” minors (persons who are between the ages of 18 to 21) face critical health problems. “Aged out” minors particularly do not have any family members or guardians to help them and although they are considered as adults, they need social assistance to support themselves.

These specific medical services represent some of the key services to which undocumented migrants should have access: maternity, mental health, primary care, and emergency care. In addition, there are some specific issues that women and children face such as sexual exploitation, which result in particular health problems.

After discussing some of the key issues that undocumented migrants face in accessing medical services, she laid out some key recommendations for improving health care. She advocated for a community-oriented approach that would aim to cultivate partnerships with minority and ethnic communities. In addition, she noted that there must be development and improvement in these main areas:

- Organizational structure of hospitals.
- Interactions between patients, administrative staff and health care professionals.

- Access to health care services.
- Health care professionals should examine the role of gender issues to understand the different issues women face within the health care setting.
- Data collection and assessment of health care services for undocumented migrants.

Ms. Pillinger closed her presentation by stressing how access to health care can and must improve. One way to address the lack of access to health care services for undocumented migrants is to “ensure health care is not dependent on legal status.” There must be a high level of confidentiality among administrative staff and health care service providers in order to encourage undocumented migrants to seek medical treatment. Finally, she stated that a combination of partnerships with NGOs working on migrant issues and human rights instruments are crucial to improving access of health care services for undocumented migrants.

**Camila Rodrigues** of the **Jesuit Refugee Service Portugal**, focused her presentation on the reasons why access to health care for undocumented migrants should be a priority for social inclusion policies. The legislation in Portugal stipulates that undocumented migrants can have access to health care, but such laws are not effective due to bureaucracy, administrative barriers, and discrimination. Undocumented migrants in Portugal face labor exploitation and homelessness. Many suffer from poor physical and mental health conditions. Thus, for these reasons undocumented migrants are an extremely vulnerable group.

Ms. Rodrigues explained that organizations providing assistance to undocumented migrants face difficult funding issues and are overloaded with many cases of undocumented migrants. These organizations may not be informed about European policies and strategies that aim to promote and fight against poverty. Furthermore, there are few organizations working on migrant issues that are part of National Action Plans or serve in a consulting capacity to European institutions that draft and implement policies to promote social inclusion.

Given this situation, she described how the Jesuit Refugee Service Portugal made an attempt to influence the Portuguese plan on social inclusion from 2006 to 2008. After writing up a report with another NGO on the situation of health care for undocumented migrants in Portugal, they submitted the document to the Portuguese authority responsible for the National Action Plans (NAP) inclusion plan. Then, Ms. Rodrigues stated that the Jesuit Refugee Service became part of FNGIS, a nongovernmental forum focusing on social inclusion.



The **discussion following the plenary session** opened with a powerful testimony from an undocumented migrant living in Belgium. He stated that he is seriously ill and has to face the Belgian state each time he goes to the hospital for treatment.

Since he is undocumented, he must go to the CPAS (Centre Public d'Aide Sociale), which is a public social welfare center in Brussels. Although this public facility provides social services, he mentioned that he encountered racist social

In response to the report, Portuguese authorities initially rejected the document on the grounds that it was a subversion of the objectives of the forum. They eventually accepted the document.

The Portuguese NAP includes “no reference to access to health care for undocumented migrants in the Portuguese Plan on Social Inclusion.” She underlined that a discussion on undocumented migrants is only included in one paragraph, which focuses on the lack of rights and difficult working conditions. She concluded her presentation with a list of current or past projects in which she took part as a way to illustrate some of the steps forward in promoting access to basic social services:

- Provided recommendations and served as a consultant for a report on integration of immigrants.
- Member of a group known as Migration and Health.
- Drafting a report for a national conference on the “Right to Prevention, Treatment, Health Care, and Support to Migrants with HIV in Europe: The Community Perspective.”

workers who did not provide adequate assistance and sent him on the street to live. “Because of government bureaucracy, I have to wait one month for medicine. The Belgian government recently changed the law, but I am being treated under the old law.” The law to which he makes reference stipulates that applications for regularization made prior to 1 June 2007 will be treated under the old law. This means that in order to be granted a permit for medical reasons one had to file the application after the date mentioned above. Thus, he is unable

**“In this conference we talk about undocumented migrants, but we have to deal with many institutions that close their doors. I am a trained philosopher but I have to struggle with the government and I have to wait for charity.”** JUAN, undocumented migrant living in Belgium

to expedite his application for residency to obtain a documented status. "Because I am not seen as being sick, I come under the old law. In this conference we talk about undocumented migrants, but we have to deal with many institutions that close their doors. I am a trained philosopher but I have to struggle with the government and I have to wait for charity."

He explained that he could not leave Belgium and felt like a prisoner because the controlling of borders in the Schengen zone has prevented him from leaving. Although his friends in France had invited him to come and visit, he fears that if he leaves he may face deportation.

As a trained philosopher, he explained that he is able to understand the law. However, other undocumented migrants may not have access to the law and are not able to understand the different policies. In expressing his fear that he may not be granted documentation to allow him to gain easier access to health care, he stated: "I am afraid I may get a *carte de séjour* (residence permit) when I am dead. It may be granted to me posthumously." He described that he goes to a GP (general practitioner) and then has to go to get papers at the hospital. Furthermore, he expressed his interest in attending conferences such as this one because they address how Europe must uphold human rights principles for all and expose the problems in the health care system that undocumented migrants must confront.



Another member from the audience described his experience as an undocumented migrant living in France. While residing in France for about five years as an undocumented migrant, he feared being deported and detained until he received his *carte d'identité* (ID card) about three years ago.

**"I am afraid I may get a *carte de séjour* (residence permit) when I am dead. It may be granted to me posthumously."**

JUAN, undocumented migrant living in Belgium

Then, another participant stated that he advocated for the immediate regularization of all migrants who cannot receive health care in their country of origin. He stated that it is impossible to fight a disease when one constantly lives in a state of fear and is afraid to go to the hospital.

Other comments focused on the fact that undocumented but also documented migrants experience difficulties when attempting to have access to basic health services. For instance, a participant noted that many employers do not provide migrants with access to health care. In many instances, they are prevented from going to the hospital due to long working hours. In addition, many audience members raised the issue that undocumented migrants may not access health services because they are not informed about their entitlements.

Besides the issue of the lack of information on the rights of undocumented migrants to health, members of the audience discussed the contradictions of human rights in Europe and the lack of rights granted to undocumented migrants. One person noted: "In this new Europe we are building, it is very interesting to see how security represents a barrier to social rights. We have major contradictions in this European model. Immigrant policies illustrate these discrepancies and we must try to eliminate them."

## Part II: Human rights and public health strategies

### Keynote Speakers - Plenary Session

**Mariette Grange** of the **International Council on Human Rights Policy** explained why it is the duty of states to promote the health and wellbeing of all individuals whether documented or undocumented. Ms. Grange outlined three main principles that states should abide by:

1. States must respect the rights of all individuals.
2. States should provide for the protection of these rights.
3. States should allow individuals to exercise their rights.

Therefore, the right to health is a fundamental right guaranteed by states and international conventions, which include the constitution of the World Health Organization, Article 25 of the Universal Declaration of Human Rights, and Article 12 of the International Covenant on Economic, Social, and Cultural Rights. In addition to these international legal treaties she listed other treaties, which protect the right to health for persons in a vulnerable or marginalized position. These treaties include the International Convention on the Elimination of Racial Discrimination, Convention on the Elimination of all Forms of Discrimination against Women, Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families.

Once states ratify these treaties they are obligated to enforce and implement the principles outlined in the treaties. The government must submit a report that evaluates the implementation of particular human rights treaties. A committee reviews this report along with other documents produced by UN agencies, NGOs and other institutions on the human rights in a particular country. After reviewing the report, the committee publishes its recommendations and suggestions in a report entitled general comments, which describes how states could better implement human rights treaties.

Besides the human rights monitoring procedure, the committee performs other duties, which include an inquiry procedure, and an assessment of inter state and personal complaints. For instance, the committee evaluating the implementation of the International Covenant on Economic, Social, and Cultural Rights noted that few states mentioned the right to health for undocumented migrants as a fundamental right that this treaty guarantees. Furthermore, governments do not put a mechanism in place to allow for individuals to file complaints on the grounds that their rights as stipulated in the covenant were not protected and upheld by the government.

To ensure implementation of these human rights treaties and access to health for undocumented migrants, Ms. Grange recommended that migrant organizations submit reports to Paul Hunt, UN Special Rapporteur on the Right to Health. Her other recommendations include:

- Provide information on access to health care for undocumented migrants to UN human rights treaty monitoring groups.
- Assist with the filing of individual complaints to the committee monitoring the International Covenant on Economic, Social, and Cultural Rights.
- Support the periodic visits of Special Rapporteurs to your country.
- Utilize international tribunals as opposed to a national legal system for combating human rights violations.

**Ike Anya**, specialist registrar in public health medicine at **University College London**, began his presentation by highlighting the available evidence on the health of undocumented migrants. They face poor health conditions because of experiences in their countries of origin, and difficult and dangerous migratory journeys, living and working conditions in countries of destination. Mr. Anya then described the potential role of public health in improving access to health care and the provision of basic social services for undocumented migrants.

However, he noted that in spite of the marginalization and vulnerability of undocumented migrants they remain largely ignored by the health care system. Mr. Anya provided several recommendations to respond to problems of access to health care, which include forming partnerships with civil society, health providers, individuals in the field of public health, academics, human rights organizations, and policy makers.

In addition, he advocated for the importance of highlighting health inequalities of undocumented migrants in public health strategies and among health professionals. He mentioned that he was involved in the public health initiative on planning for pandemic flu, and highlighted the challenges the health situation of undocumented migrants presented to such planning. Thus, he further explained

that it was important to raise awareness among health professionals on the health situation of undocumented migrants. At a recent meeting of the British Medical Association, he noted that few doctors he spoke to were aware of recent changes in UK policy that would have an impact on the health needs and concerns of undocumented migrants.



## Discussants - Plenary Session

**Henry Ascher** of **Rosengrenska** in Sweden, health care professional and chairman of a working group on refugee children of the Swedish Pediatric Association outlined the health care situation for undocumented migrants. In Sweden, asylum seekers are entitled to emergency care and “care that cannot wait.” However, the lack of a clear definition regarding “care that cannot wait” results in the interpretation of this regulation, thereby allowing medical professionals and administrative staff to decide when and when not to provide care to asylum seekers. Undocumented migrants are only entitled to emergency care, but are responsible for covering the costs of medical exams and treatment. Children of asylum seekers who are younger than 18 years of age are allowed to have access to the same medical, preventive and dental services as other Swedish nationals.

Mr. Ascher described some of the issues that undocumented migrants face within the health care

system. The high cost of medical care causes many undocumented migrants to not seek medical care and to be refused treatment. He described that there are cases in which they are denied medical care if they are not able to provide the full payment in cash. Sometimes when medical treatment is provided, the type of care does not meet the full standards. Children may have access to care, but their parents do not have the same entitlements. In addition, patient confidentiality remains one of the main problems that undocumented migrants confront when trying to access basic medical services.

After describing the health care situation for undocumented migrants in Sweden, Mr. Ascher quoted a recent report on Sweden of general and principle interest by Paul Hunt, UN Special Rapporteur on the Right to Health, describing the situation of health care for undocumented migrants

and asylum seekers: “A fundamental human right, the right to the highest attainable standard of health is to be enjoyed by all without discrimination. It is especially important for asylum seekers and undocumented people. They are among the most vulnerable in Sweden. They are precisely the sort of disadvantaged group that international human rights law is designed to protect.”

Mr. Ascher then described two main strategies to improving access to health care for undocumented migrants:

- Utilize UN reports and international human rights conventions to advocate for equal access to health care.
- Form partnerships with NGOs, professionals, and health care providers to promote equal rights of undocumented migrants to health.

**Henk Vis**, a civil servant for **Gemeentelijke Gezondheidsdienst Rotterdam**, a health organization in Netherlands, began by describing the importance of providing universal health care. Mr. Vis explained that to protect society, medical treatment should be made available to



undocumented migrants.

In Rotterdam, he stated that migrants do have the right to health. He further went on to describe the importance of access to the judicial system to allow migrants to make rights based claims and protect their entitlements. Although he advocated for access to health care and the legal system, Mr. Vis affirmed that states could not provide such rights to all undocumented migrants. He stated that to be an undocumented migrant can be a choice that one decides to make. According to him, states have to protect their borders and are thus not able to provide provisions for undocumented migrants.

## Discussion

The discussion centered on public health issues that undocumented migrants face. One participant described that her work with migrants in Belgium involved helping them develop good eating habits. She noted that some of the health problems migrants experience include obesity and high blood pressure. In addition, she noted that undocumented migrants are fearful of providing health information so her organization provides help on an anonymous basis. Thus, due to anonymity her work does not allow her to schedule follow up appointments for migrants who come in to seek help.

In response to her comment, a participant stated that the first World Congress on Health Nutrition was held in Barcelona in September of 2006. He stated that this event signified that Spain recognized

that right to health care was tied to its economic growth. He then went on to describe how pregnant women who are undocumented migrants face specific health needs that should be addressed.

Then, a participant commented that the UN Special Rapporteur is a useful tool and provides a space where NGOs can issue reports on the right to health for undocumented migrants. She acknowledged that international human rights treaties are not perfect, but nevertheless enforce human rights like the right to housing, the right to life, and the right to fair labor conditions.

Another comment focused on how Paul Hunt, UN Special Rapporteur on the Right to Health, listens to the concerns of NGOs and speaks about the

conditions of undocumented migrants. This participant expressed that Mr. Hunt is committed to public health and humanitarian issues. He ended by affirming that the right to health is a deep question of civilization and that it is beneficial to discuss contagious diseases.

Other comments focused on the central role of alliances and partnerships among NGOs in order to advance the right to health for undocumented migrants. One person spoke about the importance of alliances among undocumented migrants themselves and argued that the right to health is not an economic issue. Another participant stated, “undocumented migrants and their families have paid with their lives. They came from countries that have been raped by slavery and colonialism.” Furthermore, this participant underlined the economic contributions of migrants in the countries in which they settled.

Then, someone discussed the expulsion of undocumented migrants who suffer from a severe illness. He expressed his commitment to advocating for the regularization of migrants who cannot obtain adequate health care in their country of origin. Similarly, a participant raised the issue of the personal responsibility of receiving countries to secure the health and

well being of undocumented migrants. He argued that Europe must not externalize health costs and the financial burden on the country of origin.

The final comment during the discussion session focused on how to address racism and discrimination that prevent migrants from obtaining adequate access to health care. This participant stated that one way to address the different barriers they face is through human rights instruments and alliances. She explained that international human rights treaties are important, but not a “sufficient basis to confront the issues that [NGOs] must face.” In closing, she described how forming partnerships between NGOs, migrants and health care providers can provide a way to address the prevalence of discrimination, racism and bureaucracy in the medical system in different EU member states.



## Part III: Health Care Needs of Undocumented Migrants: Some Urgent Priorities

### Keynote Speakers - Plenary Session

**Rita Kabra** of the **International Centre for Migration and Health (ICMH)** presented a speech prepared by **Manuel Carballo, Director of ICMH**. In the beginning of the speech, Mr. Carballo provided the context to explain why an increasing number of people are migrating from poor countries and becoming irregular or undocumented migrants. While economic development is booming in wealthy countries, poorer countries are facing poverty and other socioeconomic issues. Thus, in this global economic system, economic development is quite uneven because it has not produced the same effects in the different regions of the world.

The transmission of global culture and media from rich countries to poor countries have produced idealized images of what life could be like if people migrated abroad. However, migrants face dangerous conditions once they embark on their migratory journey. Mr. Carballo described how pre-migratory health conditions expose migrants to severe health conditions that are in some cases fatal: “A few years ago, in a tragically mediatized incident, 58 Chinese attempting to enter the UK irregularly suffocated in the back of a sealed truck...But in getting to the coast of England, they had crossed vast territories under difficult circumstances and had probably already been exposed to a variety of health insults.” These conditions that migrants face before they reach their country of destination place them in a vulnerable position. In addition to the health risks and problems associated with the migratory experience, they experience trauma and other psychological problems.

Mr. Carballo stressed the relationships between the health situation of migrants during the migratory journey to when they arrive in their country of settlement. They face difficult health conditions because of their work conditions. An increase in the number of irregular migrants has led to the emergence of new industries and sectors that are

becoming dominated by migrants. Some of the jobs that migrants perform include caring for the elderly, working in factories, and cleaning office buildings, hospitals, and schools. In asserting that such positions provide undocumented migrants with few protections and no legal recourse, he demonstrated the extent to which their exploitation and vulnerability lead to poor living and working conditions.

Current research points out that the overcrowded spaces in which undocumented migrants live may increase their chances of contracting communicable diseases like tuberculosis. However, he noted that it is not entirely clear if communicable diseases are necessarily linked to the experiences of undocumented migrants, but that the risk of contracting an illness or facing an unwanted pregnancy are certainly high. Nevertheless, he noted that they do have poor health conditions because of the pressure they have to send money home to family and friends in their home countries. For instance, female undocumented migrants face unplanned pregnancies and difficulties in accessing natal care.

The children of undocumented migrants face similar circumstances in accessing adequate health care. Since they are undocumented, they do not have access to the same health treatment as documented minors. To receive immunization, children are required to provide documentation and must therefore be kept on file as part of hospital

**“A few years ago, in a tragically mediatized incident, 58 Chinese attempting to enter the UK irregularly suffocated in the back of a sealed truck...But in getting to the coast of England, they had crossed vast territories under difficult circumstances and had probably already been exposed to a variety of health insults.”**

MANUEL CARBALLO, International Center for Migration and Health

records. This administrative process necessarily reduces the likelihood that undocumented children have access to health. The lack of facilities that provide health care on an anonymous basis to irregular children results in their exclusion and marginalization.

**"The difficult migratory journeys that they (undocumented migrants) face are one of the main reasons the term 'Ulysses syndrome' is employed. The journey of the immigrant from Cameroon is perfectly comparable - and it is not an exaggeration - to an odyssey. But today it isn't just a lone man like Ulysses but hundreds and thousands of men and women who end up stranded in the same shores of the Mediterranean where Ulysses wound up."**

JOSEBA ACHOTEGUI, University of Barcelona

Mr. Carballo noted that laws in Geneva are attempts to allow undocumented children to gain access to education and medical care. These laws stipulate that once the children of undocumented migrants register for school, they are eligible for health insurance which the state covers. However, he demonstrated that these laws do not necessarily eradicate the psychological and physical problems that these children may face: "There is growing evidence that these children find themselves in a no mans land between their parents' culture and traditions and that of the host society. It is no coincidence that one of our earlier studies on substance abuse in migrant populations in general in six European cities found that children of migrants often adopt high-risk behaviors such as the use of illegal substances as a way of demonstrating their rejection of a host society they feel they do not belong to and their parents who they feel put them in this situation. Marginalization of irregular migrants is probably the most evident in children of irregular migrants."

**Joseba Achotegui**, a psychiatrist and professor from the **University of Barcelona** in Spain, made his presentation on the "Ulysses syndrome." According to Mr. Achotegui, an understanding of the Ulysses syndrome helps to facilitate an understanding of the difficult migratory journeys and the experiences of migrants when they arrive in their country of settlement. He explained that undocumented migrants are largely marginalized in psychological analyses.

Ulysses syndrome refers to a combination of stressors and symptoms that undocumented migrants exhibit in response to the working and living conditions and traumatic experiences. Some of the stressors include:

- Loneliness and separation from loved ones : some migrate alone leaving behind family and friends
- The struggle to survive: Difficulties in accessing health care services, and finding shelter and food
- Fear and terror: fear of deportation and detention

Most health care professionals do not understand these stressors and in most cases misdiagnose migrants. Undocumented migrants are treated as depressed or psychotic patients when they come to seek medical treatment. Mr. Achotegui explained that one of the main reasons for this misdiagnosis is because of racism and discrimination.

In recent years, Spain has become a destination country for migrants. In 2005, the United Nations listed Spain as the 10<sup>th</sup> receiving country for migrants. Then in 2006, Spain was listed as the second destination country for migrants. In explaining the context in which migrants are leaving their home countries to come to Spain, he placed these migratory flows within a global context. He spoke about the militarization of borders between Mexico and the United States, Thailand and Malaysia, India and Bangladesh. The electric border fences along the Mediterranean have claimed the lives of many undocumented migrants who risk dangerous situations in their attempts to enter Spain.

The difficult migratory journeys that they face are one of the main reasons the term “Ulysses syndrome” is employed. “The journey of the immigrant from Cameroon is perfectly comparable, it is not an exaggeration to speak of an odyssey. But today it isn’t just a lone man like Ulysses but hundreds and thousands of men and women who end up stranded in the same shores of the Mediterranean where Ulysses wound up.”

Those who survive these migration journeys show signs that are associated with the stressors of the Ulysses syndrome. Mr. Achotegui made a clear distinction between symptoms of Ulysses syndrome, such as loneliness and fear, and symptoms of depression and other mental disorders. He noted that while people who suffer depression have suicidal thoughts, migrants who have the Ulysses syndrome do have the capacity to perform the same daily routines.

At the end of his presentation, he stressed the importance of understanding the problems that undocumented migrants confront. They face racism and discrimination and represent a vulnerable group of people. Furthermore, he advocated that undocumented migrants should be granted more visibility, protection, and rights in their destination country.

**Thomas Hilbert** of **Gesundheitsamt Bremen** in Germany first explained the mission of his organization. Gesundheitsamt is a public health office that started in 1993 in Bremen. They provide health programs for asylum seekers, refugees, undocumented migrants, and other migrants seeking medical care. The services offered by this facility include medical exams, consultations, and primary care.

After giving an overview of the general objectives of the organization, Mr. Hilbert described the fears of Germans in reference to undocumented migrants. Some of the common held beliefs among the German population include:

- Documented and undocumented migrants bring with them contagious diseases posing a danger to the population.

- They do not take preventive measures or make use of medical care during the early stages of their illness.
- When medicine is prescribed, they refuse to take it on a daily basis.

Mr. Hilbert then discussed the facts pertaining to the health situation of both undocumented and documented migrants in Bremen. Bremen has a population of about 544,000 residents and about 120,000 are migrants. A large percentage of these migrants come from Russia, the former Yugoslavia, and Turkey. The number of undocumented migrants is unknown.

He then discussed the results of a study conducted from 2001 to 2006 with refugees and asylum seekers in the Bremen health program. The conclusions of his study show that only 10% of the participants had a communicable illness. Given this low percentage of transmittable illnesses, he explained that there were only two cases of tuberculosis within a 5-year period in his organization. However, he did note that multi-resistant and drug resistant tuberculosis does remain a problem, but most often migrants who contract it are documented, not undocumented.

Thus, his study helps to dispel the myth that undocumented migrants pose a serious health risk to the population. In affirming that migrants do not pose a public health risk, he demonstrated that in fact Germans who travel abroad represent an even greater risk: “More than 5 million Germans travel abroad as tourists to tropical and subtropical countries each year. Each year approximately 1,000 cases of malaria are imported to Germany.”

Therefore, he concluded by highlighting the fact that undocumented migrants should not be viewed as the bearers of contagious illnesses. He further noted that due to their marginalization and exclusion in their countries of settlement they do confront health risks. Improving their access to health and eliminating some of the barriers they face would help to dispel such fears and stereotypes about undocumented migrants.

**Maria van den Muijsenbergh** of the **University of Nijmegen** began her presentation with a general overview of the health care systems in Europe. Her presentation focused primarily on the health care situation for undocumented women in the Netherlands. For these women, they are not granted medical insurance. However, they have access to medical care if it is deemed as necessary medical care.

Ms. van den Muijsenbergh described the results of her study that examined the medical problems for undocumented women and barriers in access to health care. There were about 82 women included in the study and the primary method used was semi-structured interviews. The ages of women interviewed in the study ranged from 19 to 69. The women spent more than five years in the Netherlands. Out of the 82 female participants, 34 were pregnant and 11 were receiving maternity care.

The women reported health problems ranging from difficulties in covering the cost of medical services, problems with contraception, and fear of being denounced if medical care was sought. In addition, the women were not aware of their entitlements in the health care system and were not informed of how the health care system functioned.

She stressed that maternity care is not only an issue in the Netherlands but also in other EU member states where undocumented women have insufficient access to medical services. In her conclusions, she stressed that a combination of factors including fear, violence, poverty, and lack of information

result in negative health outcomes for undocumented women. The health problems that the mother faces have an adverse effect on the child. The child suffers from emotional and psychological stress.

Ms. van den Muijsenbergh provided some recommendations to address some of the medical problems that undocumented women and their children face which include:

- Need for more studies focused on access to maternity care for undocumented women.
- Build strong partnerships among migrant organizations, women's rights groups, and midwives, and health care professionals in order to advocate the right to health for undocumented women.
- Inform migrants of their right to health care and inform health care workers of the health care situation for undocumented women.
- Develop ways to provide financial resources to allow undocumented women to obtain access to care.



## Discussion

The discussion centered on issues such as the health care situation for undocumented women, the Ulysses syndrome, and other issues. One participant, an undocumented migrant living in Belgium, noted that a migrant is one who is able to meet challenges. Thus, for him the Ulysses syndrome undermines the agency of migrants who are able to find ways to deal with difficult situations. In response, Mr. Achotegui stated that the Ulysses syndrome in no way undermines the agency of undocumented migrants. They are able to survive under difficult circumstances, but they are not psychotic or ill. However, he stressed that it is important to act as if they did not undergo traumatic experiences.

Another participant asked why there is a need to create a new term (Ulysses syndrome) to characterize the experiences of migrants. He did not see the clear distinction between depression and post-traumatic stress disorder and Ulysses syndrome. Mr. Achotegui responded by affirming that those with Ulysses syndrome function normally with stress. However, those with depression have the inability to perform normal routines. In addition those with post traumatic stress and depression have suicidal thoughts, but people with Ulysses syndrome do have the desire to live.

The final comment addressed to Mr. Achotegui raised the issue that the Ulysses syndrome overlooks the fact that many migrants are victims of torture and have suffered traumatic experiences. Mr. Achotegui agreed that migrants do face traumatic experiences that have long lasting effects, but he stressed that they should not be treated as other patients. Rather, there is a need for health care professionals to understand the experiences of migrants when treating them.

The following questions focused on the health of undocumented children. One person inquired about the issue of birth certificates to undocumented children. Maria van den Muijsenbergh stated that in the Netherlands a midwife or parent could obtain a birth certificate for a child. She acknowledged the lack of



knowledge about the entitlement of the child to a birth certificate among local government officials, health care professionals, and midwives. She advocated for stronger alliances among health care professionals, local authorities, and general practitioners to improve access to health care for undocumented children and adults. Mr. Ascher then added that undocumented children are a vulnerable group. Therefore, they are at risk of being abused and trafficked.

The other comment focused on the dilemma that many NGOs face in their work with undocumented migrants. She noted that in acknowledging something is wrong, there is a risk of pathologizing migrants. On the hand, if there is no acknowledgement of the problem then there can be nothing done to address the issue. Ms. van den Muijsenbergh affirmed that many of the problems that undocumented migrants face are not internal pathologies. She explained how socio-economic factors could have an adverse effect on one's health. Then, Rita Kabra stated that one of the main ways to address the specific health concerns of undocumented migrants is to incorporate language and cultural mediators in the hospitals. One audience member described the importance of contacting professional health care associations and urging them to address access to health for undocumented migrants.

One of the final comments focused on the fact that migrants come from different socioeconomic levels and educational backgrounds. Thus, strategies must take in account these differences within the migrant populations.

## Part IV: Workshop Sessions

### Workshop I: Advocacy campaigns and strategies throughout Europe

**Didier Maille** of **Comède (France)** served as the moderator for this workshop session. The session began with presentations from **Nathalie Simonnot** and **Nadège Drouot** of **Médecins du Monde (France)**, **Pier Franco Olivani** of **Società italiana di Medicina delle Migrazioni** and **NAGA (Italy)**, and **Cheikh Traoré** of **Greater London Authority (UK)**.

Following the presentations, participants were invited to focus on these main issues:

- The main strategies and challenges they faced in addressing access to health care for undocumented migrants in their cities, countries, or regional areas.
- The most and least effective strategies and advocacy campaigns, and or methods.
- Partnerships at the local, national, and or European levels.
- Building alliances among different civil society actors.
- Use of media to bring visibility to the issue of health care access for undocumented migrants.
- Recommendations for improving advocacy campaigns and methods



### Contributions

**Pierre Franco Olivani** of **NAGA** noted that Italian law was the first to explicitly recognize that everyone has the right to health. In 1995, a new law that included preventive treatment made explicit mention of vulnerable groups, and prohibited health care staff from informing police. However, this law was not implemented in all regions. In 1998, a more general law replaced the 1995 legislation. Mr. Olivani pointed out that French law prohibits the deportation of people with serious illnesses. These elements of the Italian and French laws have been combined in the proposition for a resolution at the European Parliament and Commission.

**Nadège Drouot** and **Nathalie Simonnot** of **Médecins du Monde (France)** described the main objectives of their organization. Médecins du Monde has a European Observatory on access to health care for undocumented migrants. The main projects carried out in the European Observatory include conducting surveys in European countries, collecting quantitative data, and anecdotal evidence on health care issues. These surveys show that more than one third of undocumented migrants have no information on the right to health. In addition, more than two thirds do not know that HIV treatment is free, and just over one half are aware that vaccination of children is free. While only one third of undocumented migrants with chronic illnesses receive regular treatment, one tenth have been refused treatment by a health professional because of their status.

Ms. Drouot then discussed the draft EU directive on return (expulsion). She noted that it makes no reference to the state of health of the individual beyond danger of death during deportation. As a result, Médecins du Monde met with 66 deputies at the Council of Ministers. Médecins du Monde managed to have more precise language included in the European directive on return. The right to stay for migrants who are seriously ill has been recognized as one of 25 principles in the area of health and migration by the Portuguese presidency of the European Union. Finally, Ms. Simonnot

stressed the importance of building partnerships with NGOs working on similar issues.

**Cheikh Traoré**, health policy officer at the **Greater London Authority** noted that immigration policy changes frequently in the UK: in the last ten years, there have been six reforms. These changes contribute to the difficulty for migrants to be aware of their rights and for health professionals to be aware of specific roles, obligations and rules about entitlements to services. In addition, rules within health and other public services are changing. In 2004, following a period of consultation the British government introduced new legislation and rules about entitlements to free health care. The new regulations introduced the notion of 'lawfully residing in the UK'...

This change means that long stay visitors, anyone in the UK without documentation, and anyone refused asylum or leave to remain, (but not removed from the UK), are liable to be charged for any NHS (National Health Services) services other than those provided in an emergency or those outlined in the 1989 exemptions. Many campaigning groups argue that these changes were introduced after the creation of the category of "health tourists" by the media.

Asylum seekers whose applications have been rejected are now not entitled to secondary care (i.e. hospital or specialist care). In 2004, the government proposed another consultation with proposals to expand this charging system to primary care (i.e. general practitioners). The Mayor of London and many advocacy groups have campaigned and submitted evidence against this proposal. Mr. Traoré noted the importance of countering media stereotypes. He noted that undocumented migrants generally arrive in the UK in good health, but their living conditions and social exclusion cause their health to deteriorate. He outlined some of the priority areas in which several campaigning groups are currently working on in London, these include:

- Documenting cases.

- Reinstating full entitlements to health care for people living with HIV and those needing maternity services.
- Ensuring the involvement of affected communities in campaigning.

## Discussion

A participant from the UK pointed out that laws are not the same throughout the EU. Ms. Simonnot stated that the European Observatory also studies legislation across the EU. She explained that the UK is the only member state with no access to HIV treatment for refused asylum seekers. Another participant from the UK noted that while the UK government does use health care as a means of exclusion, problems of access are not entirely legal. Even citizens of the new European Union member states who are legally entitled to care are facing difficulties in accessing medical services.

A number of participants described the problems NGOs experience in helping undocumented migrants in places of detention, where access to health care is often limited. It was further noted that detention itself has a detrimental effect on mental health. Problems specific to homeless undocumented migrants were also raised, as was the general lack of data collection or availability.

The following section highlights the challenges and recommendations in improving access to health care for undocumented migrants.

## Challenges

- **Equal treatment - access to health care:** National legislation on access to health care is often unclear and complex. Health care providers and member states do not implement national legislation on access to health care uniformly. Undocumented migrants are not aware of their entitlements. Administrative staff and health care providers lack information on the right of undocumented migrants to access medical

treatment and exams. There is a pressing need to address the health concerns of homeless and migrants in prisons and detention centers.

- **Non-expulsion of severely ill people:** Improve the access to stay permits issued on medical grounds.
- **Target and diversity in advocacy campaigns:** Lobby at different levels – national, regional and local. The European level alone is not sufficient due to wide varieties in national legislation. Advocacy campaigns should focus on policy development, media, and facts and evidence pertaining to health conditions of undocumented migrants.

## Recommendations

- Litigation and inclusion of national agencies or NGOs when approaching members of the European Parliament.
- The use of films documenting the living conditions of undocumented migrants.
- Establishing networks of NGOs and civil society groups working on the issue.
- Combining quantitative data with individual stories to produce emotional impact.
- Using Médecins Sans Frontière's Ithaca website for information on access to health care in countries of origin (<http://www.ithaca-eu.org/>).
- Raising awareness among doctors on the *de facto* gatekeepers, and involving them in campaigns.
- Transmitting information to the UN Committee Against Torture, which has

indicated that deporting the seriously ill may breach the international legal obligation of *non-refoulement* binding all European member states.

- Using health economists to advocate that ensuring universal access to primary care is cost effective in the long-term.
- Creating standard letters to send to members of the European Parliament.
- Establishment of an award by the Mayor of London for good reporting on asylum seekers.
- Equal treatment and non-expulsion of the severely ill: Resolution by the European Parliament, EU-wide petition, includes both quantitative data and testimonies, and target doctors.
- Legal action: Litigate at the local, national and international levels, using the UN and European human rights framework, including the Convention Against Torture.
- "Mind the gap": the European Observatory could be strengthened, and there is a need for interdisciplinary cooperation.



## Workshop II: Challenges and ethical dilemmas in providing health care-related assistance to undocumented migrants

**George Joseph of Caritas Sweden** served as the moderator for this workshop session. The session began with presentations by **Reinhard Pichler** of the **Hospital St. John of God (Austria)** and **Jerôme Pfaffmann** of **Médecins du Monde (UK)**. Following the presentations, participants were invited to focus on these main issues:

- The main challenges faced when providing assistance to undocumented migrants, such as ethical dilemmas, limited financial and human resources, pressure from public authorities (e.g. police).
- The most and least effective strategies and advocacy campaigns, and/or methods.
- The role that volunteer organizations should and should not play in access to health for undocumented migrants.
- How to mobilize civil society.
- Experiences with using media in advocacy campaigns.
- Recommendations for improving strategies and priority action areas.

**Reinhard Pichler**, of **Hospital St. John of God** in Austria, made a presentation on the day wards system implemented in his hospital. The system, available 365 days per year, is based on a wide range of care providing assistance to 80,000 patients. Patients that come to the wards range from women who are trafficked, prisoners, and persons with a disability. The services that his hospital provides include specialized services like urology, gynaecology, and neurology. There are 800



employees that speak nearly 50 languages. The hospital aims to help those that are vulnerable and seriously ill who tend not to be insured. Hence, he affirmed the mission of his hospital is “to protect the weak, old, ill, and dying and to uphold their right to be healthy.” His hospital receives donations allowing them to provide free medical treatment and exams to those that need treatment but do not have the financial resources to pay for it. Furthermore, he stated that everyone must have the right to universal high-quality medical care.

**Jerôme Pfaffmann** of **Médecins du Monde (UK)** made a presentation about “Project: London,” which aims to help vulnerable groups to reach health services and provide support, advocacy and information. He described the differences between having access to primary and secondary care physicians. Undocumented migrants are only entitled to receive primary care. Secondary care is only provided if the general practitioner considers that the person requires “immediate and necessary treatment.” Given the uncertainties of the term “immediate and necessary treatment” the timeframe in which undocumented migrants receive care can range from six hours to one week. Médecins du Monde tries to work with general practitioners and lawyers to advocate for access to medical and secondary care for undocumented migrants.

## Discussion

A crucial issue of discussion focused on the health care issues facing undocumented women. A participant inquired if undocumented women are allowed to receive pre-natal care. In response to her question, Mr. Pfaffmann stated that according to the law undocumented women cannot be prevented from receiving care even if they do not have the financial resources to pay for treatment. He affirmed that no one can be asked to pay before having received medical assistance. Nevertheless, in practice administrative staff in hospitals require undocumented migrants to pay for treatment before assistance is provided.

A participant made a similar comment and stated that access to health care for undocumented migrants is very much regulated by the general practitioner. He stated that there is a gap between the law and what actually happens. To illustrate the situation of pregnant women, she cited a case involving a hospital, which has been investigated for causing the death of a pregnant woman who was undocumented.

Participants from different member states shared their experiences and reflected on the main challenges they confront in advocating the right to health for undocumented migrants in their countries. A participant pointed out that in Sweden there is no law concerning access to health care for undocumented migrants. She highlighted the necessity to provide training in human rights to the staff who deal with health issues. In addition, she asserted the need to give more information to undocumented migrants on their entitlements.

Another participant stated that it is very difficult to explain the situation in Spain concerning health care issues because every region is competent on this matter. She asked about the causes of discrimination when an undocumented migrant is prevented from exercising their right to care. In response Mr. Pichler asserted that undocumented migrants should not be prevented from accessing care because they cannot receive medical care in their own countries.

Other comments focused on the inability of hospital staff to communicate with undocumented migrants. Thus, he advocated for cultural mediators to facilitate communication between hospital staff and undocumented migrants.

One person stated that in Geneva, undocumented minors have access to health care. There are university hospitals that are created particularly for people who find themselves in an irregular situation. However, these parallel systems have been criticised by nationals who argue that the health care system should not address the needs of undocumented migrants.

In the Netherlands, they have created help desk services in order to inform undocumented migrants of their entitlements to health care. Concerning the availability of the funds in the Netherlands, he explained that only first line of care is covered by the system. The coverage of the second line depends on specific arrangements. At the present moment, they are currently deciding whether to open the system to all those who cannot afford health insurance. The debate that is taking place centers on the role of private insurance companies in an open health system where assistance is provided for everyone.

One person stated that the implementation of access to medical assistance can be different from one country to another. However, he stressed that the principle of *universal access* must be a European competence and medical attention should be provided regardless if one is undocumented.

Then, one participant commented on the very definition of the term "health." According to her, access to health care may be avoided if an effective preventive measure is implemented. On this point, a participant stated that the World Health Organization defines health in a much broader way. He concluded by stating that it is important to keep in mind that access to care is just one step and that universalism is the final goal. In addition, another participant from Belgium stated that everyone has the right to preventive treatment and mediation to

alleviate symptoms of a particular illness. He stated that there are facilities that are supported by the government that provide services to undocumented migrants.

This participant stated that there is a major problem with undocumented migrants that work and do not have access to health care. He stated that the aim of his organisation is to facilitate stronger partnerships between the trade unions providing assistance to undocumented migrants and public authorities. Furthermore, his organisation proposes such a partnership in order to allow for the creation of a special document to allow undocumented migrants to have access to health care.

The following section highlights the challenges and recommendations in improving access to health care for undocumented migrants.

## Challenges

- **Lack of information on the rights and entitlements of undocumented migrants:** Among health care professionals, undocumented migrants, and administrative staff in hospitals.
- **Defining and developing the role of NGOs:** In providing care and reaching out to vulnerable groups, building strong partnerships, and developing innovative ways of working with public health care systems.
- **Building a sustainable financial framework:** There is a need to find financial models that will provide a sustainable framework for improving access to health for undocumented migrants.

## Recommendations

Provision of information through trainings at all levels for medical and administrative staff.

Formation of centers for care and advocacy where undocumented migrants can retrieve information on their rights and entitlements. NGOs have to look at

new ways of working better and more closely with the medical system to make improvements and to find compromise solutions. They also have a vital role to play in policy and advocacy. It is worth looking at how different financial systems have developed funding systems. The Dutch model of an earmarked linking fund might be a useful one that could be used elsewhere.

There must be an examination of the role of the European Union in setting the standards of access to health for undocumented migrants.

## Workshop III: Challenges and ethical dilemmas in providing health care-related assistance to undocumented migrants

**Charlotta Arwidson**, of **Red Cross Sweden**, served as the moderator for this workshop session. The session began with presentations by **Fabienne Caruwels** of the **Association of Flemish cities and municipalities** in Belgium, and **Klaus Golhahn** of **Buro für Medizinische Flüchtlingshilfe** in Germany. Following the presentations, participants were invited to focus on these main issues:

- The main challenges faced when providing assistance to undocumented migrants, such as ethical dilemmas, limited financial and human resources, pressure from public authorities (ex. police).



- The most and least effective strategies and advocacy campaigns, and/or methods.
- The role that volunteer organizations should and should not play in access to health care for undocumented migrants.
- How to mobilize civil society.
- Experiences with using media in advocacy campaigns.
- Recommendations for improving strategies and priority action areas.

## Presentations

**Fabienne Crauwels** of the **Association of Flemish Cities and Municipalities** described the health care situation for undocumented migrants in Belgium. Under the Belgian legislation at the federal level, undocumented migrants are entitled to the same medical care as nationals. The problem is with putting this legislation into practice. The local authorities provide “urgent medical care” to which everybody is entitled. For local authorities to be refunded for their expenses at the federal level, three conditions must be met which include: 1) The person must be undocumented; 2) She/he has no means of financial subsistence; 3) There is no other third party to pay the bill.

She described that many practical problems arise when providing medical care to undocumented migrants. Undocumented migrants are given access to health care, yet not to medication like painkillers.

Ms. Crauwels stated that the question that must be asked is why not simply give access to the national health care system? She ended by advocating that the federal government needs to give clear instructions to all 589 local authorities in Belgium to help improve the coherence of the system.

**Klaus Goldhahn** of **Buro für Medizinische Flüchtlingshilfe** explained that access to the German health care system is not legally provided to undocumented migrants due to the “denunciation” paragraph, which is a provision obliging doctors to give personal details on undocumented migrants to the authorities. He then gave some background information on his organization, which was established in 1996. Its purpose is to help provide non-bureaucratic access to medical care, and to ask for equal and free access to medical care for all. Furthermore, providing organized aid to undocumented migrants can be punished under German law.

He stated that the practical dilemmas in providing health care for undocumented migrants include providing adequate medical supplies, hiring new doctors and financial insecurity (for NGOs). Mr. Goldhahn then stated that the ethical dilemmas for health care professionals and NGOs providing aid are that only a small number of undocumented migrants can be helped. In addition, he noted that his organization creates a parallel system of health care, but the problems lie in integrating undocumented migrants into the general health system.

In terms of NGO cooperation, there is also the conflict between their own political orientation and cooperation with other groups.



## Discussion

The discussion began with cases in Germany where doctors were suspended for their work with undocumented migrants. Mr. Goldhahn stated that there have been no incidents where doctors have been punished for helping undocumented migrants. In reference to the situation in Germany, one participant advocated for the regularization of all undocumented migrants so that they would be able to have access to health care and the establishment of a universal health care system.

One participant stated that German NGOs have many undocumented migrants that need assistance. In spite of dealing with many cases, he stated that these organizations are reluctant to grow bigger.

In response to this comment, Mr. Goldhahn noted that his organization does not reject people but is unable to perform treatment such as chemotherapy. He stated that doctors are recruited through private contacts and they agree to provide treatment to undocumented migrants. In conclusion, he noted that his organization has formed a lobby group in Germany for undocumented migrants.

Another participant said that there are medical and political debates in Germany about access to treatment of undocumented migrants. There are proposals to change the situation but they have been difficult to implement with the ongoing political conflict between the politicians responsible for the Interior Minister and those for the Health Minister.

Participants began to discuss some challenges faced by NGOs in the EU member states. One person pointed out the ethical dilemmas that doctors or NGOs face when helping undocumented migrants. In helping undocumented migrants, they accept the system of exclusion and encourage the parallel system. Another person mentioned that such ethical dilemmas are present throughout the European Union. He advocated for a closer examination of ethical codes of conduct for doctors

of the World Medical Association as well as the Geneva, Tokyo and Lisbon Declarations, which are all intended to provide the same kind of treatment to all persons.

One participant noted that bringing undocumented migrants under the regular health care system is more cost-effective than keeping them in a parallel system. In reference to the cost of providing health care coverage to undocumented migrants, one participant stated that it is important to ask the extent to which it is viable to talk about the economics of public health. In any case, it is proven that if there is no preventative care, in the long term it would be a very counter-productive fiscal strategy for the authorities.

Participants put forth suggestions and recommendations for improving the system. One participant suggested a multidisciplinary approach centered on the forging of alliances with others to prove why undocumented migrants should be entitled to health care. She stated that undocumented migrants make significant contributions to the places in which they settle. Therefore, they should be compensated by the state. Her final comment stressed that if undocumented migrants were regularized, they would have to pay for health care.

One person stated that regularization is not a goal in itself. After that wave of undocumented migrants is regularized, there will come other ones and the problem will persist because these newcomers will be excluded.

Another person proposed that another strategy for improving care is to address the problem of cultural barriers and language. It is essential for doctors and social workers to be informed about the culture and language of undocumented migrants.

In using the media to bring visibility to the issue of access to health care for undocumented migrants, a participant provided Sweden as an example. Some politicians are afraid to take actions they think will encourage xenophobic movements. In Sweden,

there are not as many labor immigrants like in the 1970s. At present, there are more asylum seekers and they encounter quite a few problems in getting their applications approved. In 2005, only 8% of asylum applications were approved. Thus, we need to get contacts in the media to make the health situation of undocumented migrants more visible.

In terms of public opinion, a participant stated the need to overcome the influence that the local right-wing press has on the perception that people have about the situations of undocumented migrants. Many scary stories are presented in the newspapers, and they all lead to misinformation. All this creates resentment and fear for their jobs with local workers, and we need to work against such trends by offering success stories.

On the importance of using the media for advocacy campaigns, one person stated that in the early 1990s there was little data available on undocumented migrants, but now there is plenty. The question is therefore how to connect and create links to share it. There is also a need to work on public opinion. Migration is often used as ammunition during election times, therefore rightly informing the public is all the more important.

One person provided the example of a Belgian NGO that tried to raise public awareness on the unfairness of the regularization process. This particular NGO placed four migrants in a cage in a public area. They then shared the stories of these migrants with people that were passing by. People were quite shocked to see this. Then, there was an online vote concerning who should and would be regularized in the end. This project challenged the ways that people had previously viewed the regularization process. Even those from the far right had agreed that migrants should be regularized in most cases. The aim of this project was to highlight that decisions made about which migrants get to stay and which are deported is an unfair process and not based on any concrete evidence or facts.

A participant then remarked that indeed there is the dilemma that other types of help are included but medical is excluded. She remarked that the courts in Belgium have sometimes showed a different point of view, namely that one's health also includes housing, food, etc. The highest court in Belgium has said that in cases of *force majeure*, when one cannot return to his/her country of origin, they should have total access to the health care system. She then stated that NGOs need to inform the general public with good material because the fear of the "other" will always be there. She mentioned that it was possible to overcome such fears with concrete and sound facts and figures.

Another participant made the point that access to health care is neither a push nor a pull for migrants. He expressed the need to point to health as a human right and to use all international instruments like the 1948 Universal Declaration on Human Rights.

Other comments focused on the importance of including specific undocumented migrant health problems into the medical curricula. Many stated that there must be more campaigns to raise awareness and also encourage governments to comply with international legislation and medical ethics. The last recommendation raised the point that the harmonization of the medical system at the European level should be the main objective.

The following is a list of the main challenges and recommendations that participants had discussed:

## Challenges

- Lack of legal provisions to access health care for undocumented migrants.
- Risks of creating a parallel system.
- Stereotypes about undocumented migrants.
- Fear among migrants to seek health care.

## Recommendations

- States should comply with their obligations under international human rights law.
- NGOs should be encouraged to build alliances with researchers in order to fight stereotypes.
- Undocumented migrants should be informed of their entitlements to health care.
- Health professionals and administrators should be informed of their duty to provide care according to these entitlements.

## Workshop IV: Building partnerships at the local level

**Henk Vis** of **Eurocities** in Rotterdam served as the moderator for this workshop session. The session began with presentations by **Margarete Spohn** of **Stelle fuer interkulturelle Arbeit Muenchen** in Germany, **Antonio Salceda** of **Hospital Punta de Europa** in Spain, and **Ellen Druyts** of **Medimmigrant** in Belgium. Following the presentations, participants were invited to focus on these main issues:

- Experiences in working in partnerships that promote cooperation between NGOs, health care providers, and local-regional authorities in the field of access to health care for undocumented migrants
- Challenges NGOs face in building partnerships
- Strategies, activities and methods that were most and least effective
- Difficulties in reaching out to undocumented migrant population and other vulnerable groups like children; elderly
- Building networks at the local and regional levels
- Difficulties encountered by local authorities and civil servants when trying to implement programs

seeking to improve access to health care for undocumented migrants

- Extent to which local actors feel supported by regional and central governments



## Presentations

**Margarete Spohn** of **Stelle fuer interkulturelle Arbeit Muenchen** began her presentation with a description of her organization and the health care situation in Munich. She explained that in Munich, there are first, second, and third generation migrants. The city of Munich decided to raise public awareness about undocumented migrants. Consequently, there was research done on the living and working conditions of undocumented migrants. Dr. Philip Anderson conducted research and then established a round table. The round table included already existing networks of organizations providing assistance to undocumented migrants, police, and other local authorities.

Ms. Spohn provided the results of the study. The study received its name from a statement made by one of the participants - "So that they don't forget us". She noted that most undocumented migrants in Munich are from South America, Eastern Europe, and most do not have access to care. She stated that her organization established a fund for covering the cost of health care for children. In establishing a health care facility for undocumented migrants, she described that she faced difficulties with the police.

She mentioned that the police do not interfere with the objectives of the center and do not prevent undocumented migrants from utilizing the services of such a facility. In addition, she noted that if someone comes to one of the care centers and seeks information on the regularization process there is a number that they can call.

She concluded her presentation with a list of some recommendations for strengthening advocacy campaigns on access to health care for undocumented migrants. Ms. Spohn stressed the effectiveness of advocacy campaigns based on human rights and ethical standards.

**Antonio Salceda of Hospital Punta de Europa**

discussed his work at the hospital in Spain. He stated that migration has been a recent issue in Spain. In the latter part of the 1990s and in 2000, there has been an increase in the number of undocumented migrants in Spain. He described the importance of understanding cultural differences and language in order to provide adequate medical care to undocumented migrants.

He explained that the lack of information on undocumented migrants represents one of the main challenges to providing health care to undocumented migrants. Mr. Salceda pointed out that these main aspects served as obstacles:

- Language
- Culture
- Knowledge
- Organization.

He then provided some recommendations for NGOs working on the health care needs of undocumented migrants:

- Evaluate and assess advocacy campaigns.
- Utilize migrant friendly questionnaires to measure the quality of service.

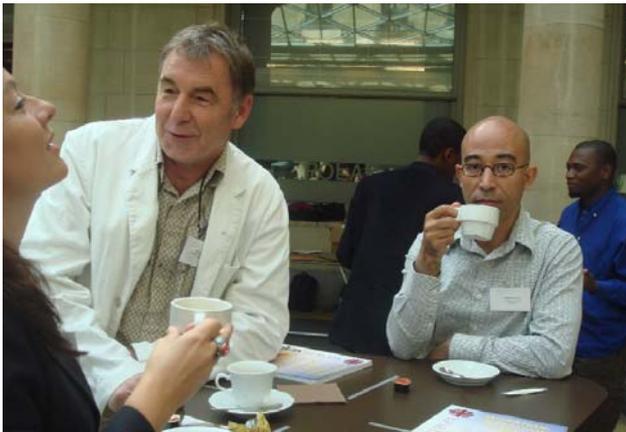
- Learn from other organizations doing similar work. Cultural diversity in health care setting must be a priority.
- Overcome barriers between hospitals and social networks (e.g. cultural mediators).
- Look for organizational change.
- Incorporate board members in strategies and advocacy campaigns.
- Develop partnership strategies not only in the health sector but with undocumented migrants and their families.
- Marketing tool - tell people what you are doing, what you have done and what you plan on doing.

**Ellen Druyts of Medimmigrant** began her presentation with a discussion on access to health care for undocumented migrants in Belgium. She stated that in Belgium undocumented migrants have access to urgent medical care, which is defined as “preventive and curative medical care.” Despite this definition, she mentioned that the term is not clearly defined. In Belgium, the CPAS/OCMW, a municipal public welfare center, determines that such care is needed. Then a physician issues a certificate for urgent medical care. The CPAS/OCMW covers the cost of the medical treatment and is reimbursed by the federal authorities.

After outlining the legislation on health care for undocumented migrants, she described strategies and advocacy campaigns of NGOs. There is a working group focusing on improving the right to health, which includes NGOs in the field of health, association of towns and municipalities, and the CPAS/OCMW. The main aims of this group are to document a list of problems associated with the health care system and to send these issues to the Minister of Social Integration. Some of these proposals include the creation of a medical card, draft law and Royal decree stipulating that hospitals providing psychiatric care and other health facilities must provide care to undocumented migrants.

At the municipal level, a working group on health developed a manual for the CPAS/OCMW. This manual includes regulations, good practices, and recommendations. As a result of this manual, CPAS/OCMWs have implemented some of these recommendations and others have begun working in consultation with health care providers. In addition, she mentioned that Medimmigrant supports the projects and initiatives of the various CPAS/OCMWs.

In conclusion, Ms. Druyts noted that organizations must have working groups that discuss and develop ways to address a particular issue. She stressed the importance of providing detailed accounts of such and problems to authorities at the federal, municipal, and other levels.



## Discussion

The first few questions focused on the main themes of discussion raised during Margaret Spohn's presentation. Many participants inquired how local authorities came to support this project. Ms. Spohn stated that the support came from one of the political parties, who provided the financial means to carry out the study on the health care situation for undocumented migrants. She then highlighted the importance of utilizing the media as a marketing and publicity tool to raise public support on the research study.

Ellen Druyts provided another example on the effective partnerships formed between NGOs and local authorities. She stated that she was able to

meet with the cabinet of the minister of health because of her involvement with the Association of Cities and Municipalities. In addition, she affirmed the importance of writing clear and constructive proposals and presenting petitions with many signatures.

The discussion then focused on the issue of undocumented migrants having to pay for medical care. One person noted that undocumented migrants already contributed enough to the economy as workers and should be entitled to free health care. Another participant noted that it is unethical to put a bill on health care or a human's life. Also, many pointed out the vulnerability of undocumented migrants due to exploitation in order to show that it was essential for them to get access to adequate medical care.

A representative from one of the local authorities noted that the health care situation for undocumented migrants in EU member states has not been a topic widely discussed among local authorities. She made a point that she would bring up the main themes of discussion at a meeting with other local authorities, and stressed the importance of local authorities' promotion of the health and well being of undocumented migrants and improvement of their access to health care in the member states.

In reference to how the health situation should be improved, one person stated that health care must be organized on the city/regional level but funded at the European level. He mentioned that he does not think that a charity-based system is the most efficient and that more organization is needed to incorporate undocumented migrants within the mainstream health care system.

Similar to the previous comment, one person asked participants to think about the responsibility of the state in providing universal health care. Given the difficulties that NGOs like Médecins Sans Frontières and the Red Cross face in meeting the needs of undocumented migrants, she stressed that the state must play a much greater role in addressing these challenges.

The following section describes some of the main challenges and recommendations discussed in the workshop session.

## Challenges

- Developing sustainable funding for health care services.
- Is access to health care a human right, national charity matter, or national issue?
- Persons from countries that have been recently entered the European Union are not being integrated into the social welfare system.
- Drawing public support for and raising awareness on the right to health for undocumented migrants.
- Forming alliances with the police and other local authorities so that undocumented migrants will not be fearful of seeking medical treatment.

## Recommendations

- Networking with political organizations and religious organizations and trade unions.
- Organize annual seminars with health care providers, and researchers to discuss issue of access to health care for undocumented migrants.
- Utilize working groups.
- Work with NGOs like PICUM that promote the human rights of undocumented migrants.
- Form alliances with members of the European Parliament.
- Collaborate on local, national, and regional levels.



## Part V: Closing Speeches

**Jean Lambert, Member of the European Parliament**, began her speech by examining migration as a global process. She explained that more people are risking their lives to leave their countries of origin and settle in Europe. People embark on these migration journeys to secure a better future for themselves and their families. Once they arrive in their country of settlement, they face labor exploitation. They do the jobs that are characterized as dirty, dangerous, and degrading. Their working and living conditions make them vulnerable. Fear of deportation leads many to not access certain social services or assert their rights. Given their low wages and few entitlements, Ms. Lambert advocates for the implementation of stronger labor laws and the creation of more effective trade unions.

The marginalization and vulnerability of undocumented migrants forces many to experience negative health outcomes. Ms. Lambert illustrated some examples of the health conditions faced by undocumented migrants such as poor diet, dangerous housing and working conditions. One example that she discussed involved women who were exposed to hazardous chemicals such as pesticides. In affirming the lack of rights for undocumented workers in Europe, she stated:

**"In many EU countries, we profit as a society from undocumented migrants' work, connive at their poor living conditions, then refuse access to health care or make it impossible to access what undocumented workers are entitled to. Access to health care is a human right guaranteed by international conventions. Thus, these rights are 'supposed to be an expression of European values.'"**

JEAN LAMBERT, Member of the European Parliament



"In many EU countries [we] profit as a society from their work, connive at their poor living conditions then refuse access to health care or make it impossible to access what undocumented workers are entitled to." Ms. Lambert then argued that access to health is a human right guaranteed by international conventions. Thus, these rights are "supposed to be an expression of European values," she added.

She then addressed some of the specific barriers to health care for undocumented migrants. Ms. Lambert argued against health care professionals serving as migration officials and reporting the status of their patients. She affirmed that their role is to provide care and not to check one's passport or visa. Also, there was a discussion on the right to health for undocumented women and children in Europe.

Ms. Lambert concluded her speech by asserting that access to health care must be taken seriously and that "health care is not a weapon, it is an essential. We have to treat it as a universal human right, starting here in the EU."

Juan, an undocumented migrant in Belgium, made the final remarks at the conference. He reinforced the main messages, thanked the project partners and stated that European institutions are where the issues of undocumented migrants can be addressed. In addition, he expressed the hope that the discussions that took place during the conference would lead to effective advocacy campaigns that would improve access to health care for undocumented migrants.

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PLATFORM FOR INTERNATIONAL COOPERATION ON UNDOCUMENTED MIGRANTS