Appendix 7

How Economic and Security Concerns Lead to Expulsion of Migrants: Some Asian Examples

Mr. William Gois
Migrant Forum in Asia

Economic Globalization – Yet to Deliver!

In this age of globalization, most countries of the world in varying degrees are engaged in processes of substantial economic reform. These include the adoption of market economies, trade liberalization, privatization, new rules of international investment and new labour regimes, as well as new forms of international cooperation and trade agreements.

Ruben Ricupero, Secretary-General of UNCTAD, has said that “international migration is the missing link between globalization and development.” At the 92nd Session (June 2004) of the International Labour Conference, the ILO Director General Mr. Juan Somavia, in relation to the report on the World Commission on the Social Dimension of Globalization stated that, “if you look at the global economy from the perspective of people, its biggest structural failure is the inability to create enough jobs where people live.” The World Confederation of Labour in its preparatory document for the 92nd ILC reported that “Migration is indeed the direct consequence of financial and commercial policies and of structural adjustment programmes in many countries, which have resulted in privatization, unemployment and poverty. Thus, migration has become a structural component of the global economy.”

The importance of migration to development is evident in the fact that it has now become a part of the agenda of multi-lateral institutions such as the World Bank. The US $100 billion sent home every year by migrant workers is a larger sum than all overseas development assistance, and is second only to the value of global petroleum exports in international commodity trade.

At the international level while there has been some GDP growth the ILO Global Employment Trend report of January 2004 warns that there had been no overall growth in employment in 2003. This is a grim prospect if we are to believe that the MDG goal of halving poverty in the world is to be achieved
by the year 2015.

How well GDP growth will translate into employment growth is the challenge most developing countries will have to face up to if migration is not going to be the only option of its citizens who seek to improve their lives.

At the global and regional level there are powerful market pressures that are the driving factors of migration. There is a continuing demand in host countries for cheap, low-skilled labour in the agricultural, food processing, construction, domestic help, labour-intensive manufacturing, home health care, and other sectors, often involving the 3D dimension (dirty, dangerous, and degrading) of the work environment. From a sending country perspective this aspect of globalization is cited for the increasing ‘crisis of security’ in the loss or disappearance of traditional industry, loss of agricultural competitiveness, elimination of jobs and subsidies by structural adjustment programmes, which results in increased poverty and the need to migrate in the hope of securing ‘better’ employment prospects.

However in order to ensure that economic activity remains competitive in global markets requires that the labour supply be cheap and docile. Migrant workers are therefore targeted to fill that profile. Their vulnerable situation, especially those who are undocumented soon find themselves in exploitative conditions and very soon the myth of migrating for work to greener pastures evaporates.

According to ILO estimates of the 175 million people living outside their country around 86 million are economically active. 25 million of these are to be found in the Asia and the Middle East region. Women now constitute 49% of migrants worldwide and more than 50% in Asia, Europe, Latin America, North America, and Oceania.

The phenomenon of migration, particularly its downside, will continue to increase as long as the labour imbalances in a globalized market economy continue to exist and are not addressed through the creation of regular and transparent mechanisms that facilitate the flow of labour, and policies that addresses the push factors in sending countries.

Another significant factor that calls for further research and substantiation is that there is an increasing amount of evidence that the absorption of foreign labour is associated with growth of the informal economy in many countries.

In its second annual report on world labour markets ‘Global Employment Trends 2004’ the ILO noted that ‘parallel to the deteriorating employment situation, the size of the informal economy increased in the developing regions with low GDP growth rates. Workers in the informal economy carry a high risk of becoming working poor. This is especially true in economies with a lack of extensive unemployment insurance systems or other forms of social protection.’

On the 1st of May 2004, 10 new states joined the EU. However, France, Germany, Italy, and Austria all placed restrictions on labour movement for citizens of the new EU members which may last until 2011. Denmark, the Netherlands, Greece, and Sweden had originally intended to allow free movement of labour, but later introduced restrictions. The question here is will it be any different in this region where we have at least 3 major regional groupings, the ASEAN, SAARC, APEC, and now the Greater Mekong Sub-region?

In September 2002 the Asian Development Bank came out with an overview of the Economic Cooperation in the Greater Mekong Subregion. This subregion comprises approximately 250 million people with an overall GDP of about US $190 billion. It is now the hottest subregion for international investors and for highlighting the success of economic reforms. The GMS development programme began in 1992 concentrating on infrastructure and energy projects. It has since expanded to human resource development, tourism, the environment, investment and
trade. US $ 58 million alone has been inducted into the GMS programme by the ADB in the form of technical assistance since 1992. The loan portfolio would run in the billions.

Over the past decade or more, much of the Mekong Sub-region has been experiencing a double transition: from subsistence farming to more diversified economies, and from command economies to more open market-based economies. This double transition, spurred by foreign direct investment and donor assistance, has led to rapid expansion of commercial relations among the six Mekong countries. Peace in the subregion has encouraged the process of economic integration including cross-border trade, investment, and labour mobility.

According to the ILO Global Employment Trends report the Mekong economies, particularly Cambodia, Lao PDR, and Viet Nam, has outperformed the rest of the South East Asian region in economic growth since 2001. World Bank data indicates that 8 million people were lifted out of US $ 1 a day poverty in Viet Nam between 1993 and 2003. 39.9 percent of its population lived below the poverty line in 1993, but only 12 percent did so in 2003. However despite ten years of successful employment growth and poverty reduction in urban areas, success in rural areas has been far less impressive. To reduce poverty further, rural areas cannot and must not be ignored.

Despite the economic activity being generated in the subregion the trickle down effect has yet to reach those who cross borders within the subregion and / or outside of it. Our coming here together today bears this out and looks at the atrocities that are a fallout of the current economic policy that drives the global economy.

The Security Dimension – Get out, Stay out, and Come Back When We Need You.

From 1970 to 1990 the number of countries employing foreign labour had more than doubled from 42 to 90. More and more governments are recognizing the need to establish, modernize and improve their laws, policies, practices and administrative structures for ensuring orderly migration.”

Despite the market driven nature of the migration phenomenon however current experience of migrants reveals that immigration restrictions in many situations have inhibited regular labour migration to meet measurable labour demands. Increased migration control and restrictions contributes to making circumventing restrictions a lucrative field of activity in respond to market pressures, thereby making trafficking and smuggling of migrant labour very profitable.

The competitiveness of the global economy driven by market pressures has also revealed the benign tolerance by some states of the poor working conditions and the irregular situation of migrant workers. Crackdown and mass deportations in these countries occur only when a political advantage is to be gained or in response to a clamour of misguided natives who construe the myth of migrant workers taking their jobs when in fact these might be the very same jobs that they disdain.

“Competition for capital also requires reducing state expenditure and thus taxes – especially in periods of economic stagnation. Making this cheap labour supply expendable and removable when not needed by denying legal status effectively reduces costs for the state and for private social welfare.”

The phenomenon of labour migration becomes even more complex when states rush to put in control measures to ‘manage migration’ from a perspective that tries to respond to the issue of trafficking and smuggling. On the other hand however, the fear of deportation as an irregular migrant, or of reprisals from traffickers, makes it difficult to get a testimony from the victim for a trafficking case to be substantiated.

The concern to address the issue of national
security in relation to migration must begin with adequate measures to arrest the growth of irregular migration through a joint approach and close collaboration between states of origin and destination. At the macro level policies need to be based on an understanding of the multi-faceted nature of migration within and between developing countries, while recognizing at the micro level that migrants are people trying to improve their lives.

In an increasing number of states the responsibility for managing migration is gradually being shifted from labour ministries to interior or home affair ministries, thus transforming the context for policy elaboration and implementation from that of labour market regulation to that of policing and national security. I believe this is the case with Thailand as well.

Health as an issue of national security is also beginning to play out in the migration phenomenon. This was evident in the measures taken by many host countries in the East and South East Asian region during the outbreak of SARS. “Given that SARS appeared to spread principally through droplet transmission and face-to-face interaction, the worst-affected industries were the service industries (tourism, restaurants and hotels, retail sales, business travel and transportation) with face-to-face interaction between service providers and customers. Many migrant workers found their jobs at risk, contracts terminated, and exploited given the stay in conditions and measures, that were adopted by employers in the domestic work sector.

Similar links have been drawn with Bird Flu, and HIV/AIDS and mobility, thus further serving to fuel discriminatory and xenophobic practice against migrants, leading to stereotyping and social exclusion in both home and host countries.

Another security issue that has been blown out of proportion is the Bush framework of fighting terrorism. “A global architecture of repressive laws has created a system which:

- aligns legislation in major regions of the world to the perceived security agenda of the US unilateralism.
- Undermines universal standards of civil, political activism
- Criminalizes communities by labeling them terrorist
- Intensifies all forms of racism and discrimination against migrants and refugees.”

Ever since September 11 we have seen a continuous onslaught on the UN human rights system, and all the gains of civil society through years of struggle have practically been withdrawn in the name of national and global security. In Asia many leaders have revamped their national security laws to repress political dissidents and silence opponents while at the same time being in favor with the US coalition against terrorism.

Fundamental to the new global security regime is United Nations Security Council Resolution 1373 (UNSCR 1373). Passed on 30 September 2001, UNSCR 1373 effectively establishes UN jurisdiction over national security laws. It imposes, for the first time an obligation on states to take a broad range of measures to prevent suppress the financing of terrorists acts, to assist one another in related criminal investigations and to enhance the coordination of efforts, nationally and internationally, to strengthen the global response over threats to international security.

In practice, measures such as the UN Security Resolution 1373 undermine the existing international human rights framework, the only internationally established instrument for the protection of individual rights in the face of state repression.

In this context it would be interesting to see how money laundering laws will play off against the need for remittances of migrant workers to
pass through formal channels when a sizable bulk of it flows through informal channels, and a considerable amount of it coming from the earnings of undocumented workers.

Some Situations of How the Economic and Security Dimension Plays Out

At the Regional Hearing for Asia and the Pacific of the Global Commission on Migration, the Deputy Director General of Multilateral Cooperation Department, Ministry of Foreign Affairs Japan, Mr Shigeki Sumi, while recognizing the need for ‘foreigners’ in Japan who currently constitute around 1.5% of its total population, cautioned that the other side of the coin is that “more and serious crimes have been committed by foreigners in Japan and perceived as one of the serious social problems due to much attention by the mass media. The Japanese government has set a target of 5 years to halve illegal immigrants, and has proceeded to strengthen control and revision of related legislations. Furthermore, in collaboration with countries concerned, the Japanese government has set to work with smooth deportation.”

The Malaysian Government plans to deport around 600,000 irregular Indonesian workers in the oil plantations and construction sites in Malaysia. Unlike in the 1980’s and 1990’s the number of infrastructure development projects in Malaysia that require unskilled labour has been gradually declining. Maltreatment of irregular workers who have been arrested and deported by the Malaysian police are being regularly reported, while many of the irregular migrant workers have not been paid for months for their work at the oil plantations. Caning is meted out for several crimes in Malaysia and was introduced for irregular immigrants in August 2002 after a crackdown which saw nearly a million people repatriated during a four-month amnesty period. There is an estimated 1.2 million irregular immigrants in Malaysia mostly from Indonesia and the Philippines.

Under the new laws, illegal immigrants and those who harbour or employ them face fines of up to RM 10,000 per offence, a jail sentence of up to 5 years, or both with whipping. Local prisons are now overcrowded with foreigners who constitute around 40% of the prison population. The largest numbers of foreigners in prisons are the Indonesians, followed by Burmese/Myanmar nationals, followed by the Filipinos, Thais and Indians.

According to a report in the Irrawaddy August 17th issue, Migrant workers in Thailand are working more overtime for less pay, despite the Thai government’s recent efforts to grant them legal status.

The Employment Permit System introduced by law in Korea last August while according migrant workers the same rights as locals exists together with the trainee system, where migrant workers would still be brought into the country as cheap form of labour, without enjoying labour rights and easily prone to find themselves in exploitative situations. If this scenario continues to exist we might see the development of an official migrant labour force and a reserve migrant labour force which can be quickly repatriated when market conditions are not favorable.

In Conclusion the global scenario then is one of market forces driving demand in an environment of instability and confusion. Migrant workers will continue to find themselves in vulnerable and exploitative situations, where crackdowns, arrests, deportations, restrictions on mobility, xenophobia and racism become the order of the day. The gains of the past decades in the struggle for the upholding of the rights and dignity of every human being must find new energy, inspiration, and courage in order to roll back the current world order and to believe that another world is possible, and that we are in the process of shaping it.
Appendix 8

Providing Sustainable Health Care

Mr. Sutat Kongkhuntod
Ministry of Public Health, Thailand

Providing Sustainable Health Care

1. Current Situation
1.1 Political Issue on Movement of Migrants
   - Number
   - Management

1.2 Close Collaboration
   - Managing improvement
   - Implementing Long-Term health Service
1.3 Major Concern of MOPH
   - Communicable Diseases Control
   - Reproductive Health
   - Environmental Health and Sanitation
   - Demand / Burden to Services

2. Policy on Undocumented Migrants
2.1 Guidelines for Migrant Workers Management by Ministry of Labor
   - Identify migrants
   - Registration
     - Migrants
     - Employers
2.2 **Expectation**

- Well improve their access to service
- The Right of Migrants
- Protect from exploitation

3. **Impact of Undocumented Migration to Public Health**

3.1 **Health Personnel**

3.1.1 Workload of the health service provider
3.1.2 Higher risk of acquiring communicable diseases
3.2 Local People in Communities

3.2.1 Higher risk of exposure to communicable diseases and to-emerging disease.

3.2.2 The Limited resources of the Public Health Sector

3.3 Public Health Service

3.3.1 Transmission of communicable diseases
   - The challenges
     - in effective providing treatment
     - in preventing transmission of communicable diseases

3.3.2 Environmental health and sanitation
   - Lack access of safe water sources of drinking and household consumption
3.3.3 Maternal and Child
Health/Reproductive Health
- Migrant Children
- Number
- Providing Vaccination
- Family Planning is not well accepted

3.4 Health Information System and Surveillance
- Lack of the efficient online database

3.5 Spread of Drug Use

4. Financial Impact of Undocumented Migration
- The right to access public health services
- Humanitarian reason
- Increasing the cost burden
- Health Insurance System
  - Control the diseases
  - Provide curative treatment
  - Health Promotion by decreasing the cost burden
5. Policy and Strategy on Migration Health

- MOPH strengthened the policy
  - Health Prevention
  - Communicable Diseases control
- Decentralize plan and implementation

6. National Health Policy on Migrants

- Develop a National Policy
  - Address the health needs of migrants
- Require global attention
- Health Care Service Delivery
- Generate experiences and lessons learned
- Bridge health to meet the needs of migrant populations
Appendix 9

Health Issues Faced by Migrants on Return

Ms. Chou Bun Eng
Cambodian Women for Peace and Development

What are health issues?

- Exhausted by hard work, poor nutrition
- Mental health issue
- Transmitted diseases (HIV/AIDS, tuberculosis, malaria, acute diarrhea)
- Accident at work, injuries, disability, died
- Reproductive health: pregnancy, abortion, new born baby’s health and identity (maternal and child health)
- Drug addicted......
Why concern?

 Practically, before returning:
- No work, no money, no shelter
- Scared of arrested (undocumented)
- Language barrier
- Come back with infected disease (eg. HIV/AIDS), do not know the stage, risk to infect family member, and too late to rescue.

Constraint

- Lack of referral system from the border to home (Who responsible for traveling and health service at the transit place)
- Poor health infrastructure at source community
- Discontinuous treatment process /Lack of health service available at home community
- No money to pay for treatment
- Lack of family support
- Do not now were to go (homeless/landless)
Why poor support from family?

- Extremely poor
- Families are left behind during migration for many years: debt, take care of children/old parents, farm works
- Finally bring back diseases to take care
- Busy in work to survive
- Lack of knowledge, skills and capacity to handle the problems

What efforts we try to improve the situation?

Through PROMDAN Project (2004-2007)
Promoting Migrant Health & Development at Destination (in Thailand) and Source Community (in Cambodia) (since 2001)
Funded by Rockefeller Foundation

- Implement by CWPD-PATH-and collaborating with PHAMIT project in Thailand
Goal

- To strengthen multi-level linkages between the source communities of migrants and their destinations in order to examine contributions to improving the health status of migrant populations.

Objectives:

Individual level:

- **Objective 1:** To increase knowledge to Potential Cambodia migrants on fact about migration and know how to seek service in Thailand
Objectives con’t

Family Level
- **Objective 2:** To strengthen communication between migrant families and Cambodian migrants in Thailand to reduce health risk behaviours.

Objectives con’t

Community level:
- **Objective 3:** To promote community awareness and cross-cultural understandings to contribute to migration and health care support for all stages of migration.
Objectives con’t

Organization and System level:

- **Objective 4:** To strengthen intra- and inter-country health referral and service systems to enhance health of Cambodian migrants in pre-migration, migration and reintegration stages.

Objectives con’t

Regional Level

- **Objective 5:** To disseminate cross-border model and lessons learned in regional forums.
Pre-migration stage

Migration stage

Re-integration stage

Strengthen intra & inter-country health /social support /labor system

Promote cross-cultural understanding

Strengthening family connections

Reduce migration and health risks

MOU between Thailand and Cambodia on cooperation in the employment of workers

Labor System:
- Ensure of labor supply
- Recruitment and registration
- Work orientation

Health System:
- Physical check up and screening
- Health orientation

Social support system:
- Establish life plan
- Facilitate cultural event

Health System:
- Responding to the referral
- Treatment care and support

Social support system:
- Financial receiving and saving
- Income generation

Multi-level linkages between source communities and destinations model
Suggestions

- Should create health support system intra and inter country by making harmonization between both countries
- Employer should take care of employee and responsible for health treatment fee,
- Host country should provide appropriate treatment covered by health insurance they paid (eg. TB, ARV,… )
- Will learn more from the implementation
Appendix 10

Health Concerns, Needs & Services for Migrants: Strategies and Partnerships

Mr. Greg Irving
International Organization for Migration

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IOM Human Rights Approach to Migration Health

- IOM/UNAIDS Migrants’ Right to Health (February 2001)
  - Based on international instruments (and clauses)
  - Not limited to HIV, but to all health programming

- IOM Position Paper on Mobility and HIV (October 2002)

- WHO Statute Preamble:

  “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social conditions.”

  ... or immigration status.

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Examples of IOM Health Initiatives in the GMS

Philippines:
- Improving pre-departure orientation with the NGO ACHIEVE and Government partners

Lao PDR:
- Trafficking & HIV resilience-building (Proposed): a community-based approach in partnership with NGOs

Cambodia:
- Demobilization of Cambodian soldiers (2002)
- Establishing minimum health standards in IOM-assisted shelters

Global / Regional:
- Travel health assessments for migrants and refugees
- Regional Task Force on Mobility and HIV Vulnerability Reduction

Thailand:
- Migrant Health Programme – CDC/RH/PC, migrant CHW

UNAIDS/IOM Statement on HIV-related Travel Restrictions
(June 2004)

- Review of international law and human rights principles, and discussion of humanitarian and ethical concerns.

- Reinforces previous conclusions that HIV/AIDS-related travel restrictions have no public health justification.

- Any HIV testing related to entry should be voluntary, with proper informed consent, and involve adequate and strictly confidential pre-and post-test counseling.

- Restrictions against entry based on health conditions, including HIV/AIDS, should be implemented in such a way that human rights obligations are met.
Health-related Concerns of Returning Migrants

- Tuberculosis transmission and treatment
- STIs/HIV
- Maternal-child health
- Reproductive health
- Environmental health
- Physical disability / occupational injury
- Psychosocial concerns
- Trafficking in persons
- Sexual and gender-based violence

Suan Plu Immigration Detention Centre Project
Phase I (2001-2004)

- Originally grew from concern about disease transmission
- Semi-annual Tuberculosis (TB) mass screening with DDC/JRS
- 28 treated for TB through completion of DOTS
- TB/HIV life-skills training with NGO partners
- HIV and TB life-skills for immigration police
- Stress reduction / exercise / intercultural awareness
- Hygiene (haircuts) and environmental health (fans)
- Vocational training
RTG Immigration Bureau and IOM
Other Collaboration

- Daycare center – IOM implements with UNICEF funding
- *Return and Reintegration of Trafficking Victims in Selected Countries of the GMS*
  - Identification of trafficking victims – IOM / DSDW / Immigration
  - Facilitated return to host country – DSDW / IOM / NGO
  - Capacity building – NGO / Government
- *Capacity-Building on the Protection of Victims of Trafficking: Development of Procedures and Manuals, Training and Monitoring Mechanisms* – training to Immigration Bureau in implementing bilateral MOUs
- *Regional Ministerial Conference on People Smuggling, Trafficking in Persons and Related Transnational Crime (Bali Process)*

Collaboration in Immigration Detention Centres
Challenges

- Chaotic and stressful nature of the setting
- Differences in priorities among the various government / NGOs
  - Difficulty building multisectoral collaboration
  - Difficulty in expanding service delivery beyond Suan Plu
- Time commitment of agencies concerned
- Referral for healthcare within country of destination and cross-border
Collaboration in Immigration Detention Centres
Opportunities

- IDC network offers the chance to reach marginalized irregular families with much needed health and social services
- Potential to bridge key NGOs to the Immigration Bureau
- Funds are probably available for expanding programmes
- Existing NGO / RTG / Immigration Bureau partnerships
- Benefit from existing IOM resources / partnerships:
  - Migrant Health Project + MOPH departments, NGOs
  - Counter-trafficking + DSDW, NGOs, other governments
  - Advocacy, programme development, donor liaison
  - Daycare Center + UNICEF and others
  - SEA HIV Taskforce
  - Engagement of Immigration Bureau in bilateral and regional forums

Towards Sustainable Provision of Health and Social Services in Immigration Detention Centres of Thailand
Phase II (2005-2006)

Overall Objective

Assist RTG to establish sustainable means to improve overall health and social conditions in IDCs

Purposes

- Phase-out of direct IOM provision / management of services
- Mobilize stakeholders to partner in improving service provision
- Facilitate expansion of health & social services beyond Suan Plu
- Promote ownership role of Immigration Bureau
- Support capacity of RTG to rely on own resources
- Support capacity of RTG and partners to mobilize resources
Immigration Bureau Health and Social Services Project  
Phase II (2005-2006)

Strategies

- Capacity building - Immigration Bureau, related agencies
- Enhance coordination & collaboration across the RTG
- Advocacy and engagement at all levels
- Build linkages with programmes targeting migrants in Thailand

Immigration Bureau Health and Social Services Project  
Phase II (2005-2006)

Some main activities

- Suan Plu regular Health & Social Services Committee meetings
- ID Trafficking victims, daycare center, TB treatment, referral, health promotion, trafficking prevention, etc.
- Invite Immigration Bureau to engage with agencies in the region
- NGO / Donor / DSDW / provincial health meetings / Regional TF
- Develop human resources – modules and training
- Convene stakeholders to explore means to expand partnerships
- Delivery of health and social services
- Resource mobilization for improved environmental health
Resources

- *Migrants’ Right to Health* (UNAIDS/IOM February 2001)

→ available at www.iom.int

- *Population Mobility and HIV/AIDS* (UNAIDS March 2001)
- *Statement on HIV-related Travel Restrictions* (UNAIDS/IOM June 2004)

→ available at www.iom.int & www.unaids.org

Programmatic Challenges – Returning Migrants

- Referral (within and between countries)
- Coordination / collaboration
- Improving access to care
- Language barriers across-borders & within countries
- Different levels of health system development
- Trust and marginalization
- Intentional / unintentional misuse of data
- Identification of People of Concern & trafficking victims
Approaches for Assisting Returning Migrants

- Trans-border Programming
  - NGOs and governments work together across borders
  - Governments facilitate the policy framework
  - Joint planning and joint budgets
  - Multisectoral committees responsible for implementation

- Learn from existing failures and best practices
  - Document models and disseminate them to the region
  - Multilingual health & referral cards

Approaches for Assisting Returning Migrants

- Address differences in health system development
  - Referral of returning migrants infers that services are available at the return site

- Capacity-building / Health system development
  - Medics, medical assistants and health workers who worked in refugee camps along the Thai-Cambodian Border were given the opportunity to study and become doctors, nurses or midwives when they came back to Cambodia
Approaches for Assisting Returning Migrants

- Linking source/return communities to destination sites
  - NGOs in Thailand and Cambodia piloting innovative models
  - Action research through migrant networks – local NGOs

- Multisectoral collaboration
  - Resource mobilization and collaboration
  - Income generation and community development
  - Transport, agriculture, construction, fisheries, other sectors
  - Developing health service infrastructure
  - Developing community-based health service delivery (CHV)

Approaches for Assisting Returning Migrants

- Transferring bilateral and international agreements into action at the local level
  - e.g. MOU for Joint Action to Reduce HIV Vulnerability Related to Population Movement between the GMS Countries
  - Some IGOs, INGOs, and NGOs are providing technical assistance to governments
Appendix 11

Screening for Trafficking Victims

Mr. Phil Robertson
United Nations Inter-Agency Project on Human Trafficking

Main Points of Presentation

➢ Importance of putting Human Trafficking in a Migration context (it’s about forced labor, the worst forms of migration, and not just sex!)

➢ Political commitment to protect those identified as “victims of trafficking” exists in the Mekong sub-region, and is increasing but...
Main Points of Presentation

> There are BIG problems in identifying victims (lack of knowledge, resources, institutionalization of policy, corruption)

> And finally…is there a role (and interest) from migrant support organizations to do more to help?

Trafficking – A Working Definition

> At its core, trafficking is movement, either internally or cross-border, in which

(2) use of deception, threat, or violence force, is used to

(3) exploit a person’s labor in forced or slave-like conditions.
Trafficking must be understood as:

- An abuse that affects a relative small percentage of migrants...
- ...which must be understood in the context of migration, and the vulnerability of migrants...
- ...and for which sustainable solutions are connected closely to empowerment of migrants

Mekong Government Commitments to Assist Victims of Trafficking

- Victim of trafficking to be treated as a victim, and not a criminal offender or illegal migrant
  - Victim not to be held in immigration detention or police facility
  - Victim not to be immediately deported
  - Victim to be sheltered, protected, and provided with assistance.
Cambodia-Thai MOU on Trafficking

➢ “Trafficked children and women shall be considered victims, and not violators and offenders of the Immigration Law.”

➢ “Trafficked children and women shall not be prosecuted for illegal entry to the country.”

Cambodia-Thai MOU on Trafficking

• “Trafficked children and women shall not be detained in immigration detention centers during the time awaiting the official repatriation process...shelter and protection shall be provided to the victims according to the policy of each state.”

• “The relevant authorities shall ensure the security of trafficked children and women, victims shall be treated humanely throughout the process of protection, repatriation, and the judicial proceedings.”
Coordinated Mekong Ministerial Initiative against Trafficking (COMMIT)

- Six countries of GMS (China, Cambodia, Burma/Myanmar, Thailand, Lao PDR, Vietnam to sign MOU on Trafficking
- Agreement to not jail victims
- Agreement to provide assistance to victims: legal, education, health, psycho-social recovery

COMMIT

- Agreement to adopt government policies that protect and support victims
- Policies on cross-border protection to ensure safe return of victims to home country, and reintegration assistance/services
Problems: Screening for Trafficking Victims

➢ Beyond the extreme cases, there is a lack of clarity on ‘who is a victim of trafficking’
➢ Clear guidelines and policies do not exist, or are still in development
➢ Laws are in some cases not clear or are incomplete – trafficking in ‘women and children’ but what about men?

Trafficking Victim?

➢ 17 year old foreign female in Thailand
➢ Living on own – not controlled by anyone
➢ Has own mobile phone
➢ Commercial sex worker – on the street

❖ Trafficking victim?
Trafficking Victim?

- 23 year old fish-factory worker foreign
- No migrant worker registration
- 2500 baht a month......but paid 5000 baht broker fee to get to Bangkok
- Employer stops paying him after 3rd month - leave or stay, up to you!

❖ Trafficking victim?

Some Basic ID Questions

✓ Is the person free to leave the work site?
✓ Is the person physically, sexually or psychologically abused?
✓ Does the person have a passport or valid I.D. card and is he/she in possession of such documents?
✓ What is the pay and conditions of employment?
✓ Does the person live at home or at/near the work site?
✓ How did the individual arrive to this destination if the suspected victim is a foreign national?
✓ Has the person or a family member of this person been threatened?
✓ Does the person fear that something bad will happen to him or her, or to a family member, if he/she leaves the job?
Problems in Screening for Trafficking Victims

- Limited number of specialist/experts (trained social workers, officers)
- Failure to institutionalize screening, and lack of regular access to potential victims
- Screening check-list/guide, materials still in development phase
- Lack of financial resources
- Official corruption

Deportations of “APEC Khmer”

- October 2003 – decision to clean up Bangkok before APEC meeting – Khmer women and children beggars crackdown
- Deported without screening, in violation of Thai-Cambodia MOU and international principles – second time, March 2004
- Tied to US Government decision to downgrade Thailand rating in global TIP report
Next Steps

- Human trafficking as rapidly growing concern in international community
- High level of commitment of governments to address
- But lack of good information on who, where, and how people are being trafficked – because conversations are not with the migrants!

The Big Questions

- Can the political will that supports interventions on trafficking be harnessed to increase overall concern for migrants, and improve policies that increase respect for their human rights?
Appendix 12

Repatriation Procedure and Services Provided for Deported Laotian Migrants

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Contents

• Repatriation Procedure to Laos
• Services for Deported Laotian Migrants
• Government’s Resolution
Today’s Situation

- An increase in number of Lao girl and women at Ban Kredtakarn;

- Total of 272 trafficked victims returned to date through orderly repatriation process in past 3 years; more than half from Savannakhet Province;

- Anecdotal evidence of some of the 272 returned trafficked victims having left their home.
Process for Repatriation, Thailand to Lao

- IOM BKK, Thai NGOs, and Thai DSDW identify trafficked victims; transfer from IDC to Ban Kredtrakarn or other shelters;

- Case report completed by DSDW;

- Family Assessment requested by Thai DSDW, Ban Kredtrakarn or other shelter to Lao SWD;
Process for Repatriation, Thailand to Lao (continued)

- Case report sent to SWD;

- Thai DSDW works with Lao PDR Embassy for approval of national and issuance of official return document;

- Thai DSDW informs Thai Immigration of Repatriation dates and coordinates with Lao SWD for the repatriation;

Process for Repatriation, Thailand to Lao (continued)

- Cross-border assistance coordinated by Lao Immigration, border guard and SWD;

- Signing of official letter of return by Thai DSDW, Lao PDR SWD, border police and IOM.
Transit Center in Vientiane

- Currently 7 days at transit center and the shelter will provide accommodation and make the case feel safe;

- DSW will introduce daily activities:
  - Interview by police
  - Minimal medical check
  - Activities with PADETC
  - Optional sight-seeing;

Reunification with Family

- On 8th day, SWD staff travel with RTVs to provincial capital

- Provincial staff meet with RTVs, escort them to their villages

- Lao provincial will provide training to the case’s family as a preventive measure so that she/he will not return to Thailand

- District staff takes girls to the village and follow up the case for one year
Return and Reintegration in Lao PDR: Collaboration between SWD, LWU and IOM

**Role of SWD**
- Conduct return, in collaboration with IOM and Thai Department of Social Development and Welfare.
- Operate transit center in Vientiane and facilitate the implementation of center activities.
- Facilitate reintegration assistance at district level after returnee comes home.
- Participate in training and workshops.
- Serve as co-trainers when necessary in regular training for SWD & LWU district staff.
- Monitor implementation of project.
- Serve on Reintegration Committee at national and provincial levels.

**Role of IOM**
- Monitor implementation of project.
- Develop training plan with partner agencies and implement trainings and workshops to support professional development for SWD and LWU staff.
- Provide technical assistance as needed.
- Provide financial assistance to the project.
- Serve on Reintegration Committee at national level.
Challenges/considerations for the program

- Degree of shame involved for returnee; stigma
- Sensitivity of singling out returnees within the village
- Assessment actual needs of returnees; when to provide assistance and when assistance may not be needed.
- Assistance in creating choices for the returnee and ability to make informed decisions.
- Access to village difficult due to road conditions and rainy season (implementing family assessment and tracing, assisting with reintegration process after returnee goes home)
- Staff capacity (plans to implement Professional Development program for Phase 2)