LEARNING TO LIVE WITH MENTAL TRAUMA
PAKISTAN’S EARTHQUAKE SURVIVORS
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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and uphold the human dignity and well-being of migrants.

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International Organization for Migration (IOM)
PO Box 71
CH-1211 Genève 20
Switzerland
Tel: +41 22 717 91 11
Fax: +41 22 798 61 50
E-mail: info@iom.int

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“...thought I was going to die,” recalls Mehwish Bibi. “I was exhausted, confused, half-naked and bloody...”

By Darren Boisvert, IOM Islamabad

“Two months after the earthquake, I briefly interviewed Mehwish and it was clear she was clinically depressed,” says IOM Islamabad psychiatrist, Dr Rafiullah. “I called the Pakistan Institute of Medical Sciences (PIMS) to immediately admit Mehwish to the psychiatry ward, prescribed her some anti-depressants and scheduled her for cognitive therapy.”

“Healing the Silent Agonies of the Earthquake”

Early in the morning on 8 October in Muzaffarabad, 33-year-old Mehwish Bibi gave birth to her fourth child. Her attendant had just cut the umbilical cord and was gently cleaning the little girl when the walls began to shake and the ceiling began to fall. Panic gripped Mehwish as her midwife ran out of the house with baby Mariam in her arms.

“I was worried about my future. If my husband were to leave me, I’d have four children and no house,” says Mehwish. “I couldn’t return to my father. All I could think about was – what was I going to do?”

When the shaking subsided, the entire family, including baby Mariam, gathered together at their destroyed home. Everyone was safe, but not sound. Mehwish began to contemplate killing herself.

The next two months were hard on everybody. Her husband had no work, their home was destroyed, and the family had moved into a tent in the H-11 camp in Islamabad.

Two months after the earthquake, I briefly interviewed Mehwish and it was clear she was clinically depressed,” says IOM Islamabad psychiatrist, Dr Rafiullah. “I called the Pakistan Institute of Medical Sciences (PIMS) to immediately admit Mehwish to the psychiatry ward, prescribed her some anti-depressants and scheduled her for cognitive therapy.”
While destroyed houses and buildings are easy to see in the North West Frontier Province (NWFP) and Pakistan-administered Kashmir, the silent agony of mental illnesses is harder to spot. In addition to the trauma caused by the earthquake itself, each aftershock reinforces the idea that there will be another earthquake, and for many, the belief that the disaster was spiritual retribution for sins and transgressions. While children refuse to enter buildings with rooftops, it is the daunting, Herculean task of rebuilding their lives and livelihoods that make men and women consider suicide or taking drugs.

For this reason, IOM has hired 25 professionals including psychiatrists, psychologists, sociologists, and social workers to work across camps, villages, towns, and cities in earthquake-affected Pakistan.

The World Health Organization (WHO) estimates up to 190,000 earthquake survivors have serious mental disorders, including post-traumatic stress disorder (PTSD), severe depression, psychosis, and anxiety. Women are the most affected.

After a disaster on the scale of the Pakistani earthquake that left 80,000 dead and more than 3 million affected, experts say the number of people with depression and anxiety will double.

By the end of January this year, IOM mental health teams had interviewed more than 7,600 survivors in camps and communities across the earthquake-affected areas and in Islamabad. More than 18.3 per cent were found to have various degrees of mental problems and were subsequently offered either counselling or medical intervention.

The most common problem was anxiety disorders which accounted for nearly 48 per cent of the caseloads. Mood disorders followed second with more than 37.5 per cent.

“The impact is hard to see, but it is there. Left untreated, teachers may not be able to teach, doctors and nurses may not be able to heal, and some people may end up in hospital for life. It can be a huge drain on society,” says IOM health coordinator, Dr Bernard Kofi Opare in Islamabad.

Such a large-scale problem requires a societ solution. IOM is working with the Pakistan Ministry of Health to fund a psychiatry wing at PIMS in Islamabad and has begun training doctors, nurses and teachers to recognize mental illnesses and to give basic psychosocial support. It has also set up two 20-bed clinics in Muzaffarabad to serve as referral points for severe mental illness cases with another one planned in Mardan. In addition, IOM has established an information system to compile data and track mental illness cases throughout the earthquake region.

Helping to create an infrastructure that recognizes and treats mental illness is critical to any long-term recovery. But so is the day-to-day work among the survivors. In Maira Camp near Batagram, where over 16,000 people now live in a newly erected tent city, IOM mental health workers provide counselling 24 hours a day, seven days a week—regardless of holidays or religious days.

“Holidays are a problem after a disaster,” says IOM Batagram psychologist, Falk Niaz. “I saw many people in the hospital wards weeping during Eid ul Fitr a month after the earthquake. Eid ul Adha in January was a bit better for people, but depression is common when families gather together and many members are noticeably missing.”

The loss of family members is especially acute for children. Niaz adds that the youngest patient he has seen is an 11-year-old boy in a large camp.

Nasim was depressed. He had little interest in games or sports, would cry throughout the night and complained of continual headaches. Sitting with his parents and the counsellor, Nasim talked about that someone is willing to listen to their problems, they come and talk to our team members about the disaster, and they gradually get over their fears,” says Dr Kofi Opare.

But it will take many months to reach everyone and springtime will be another mentally challenging time for the survivors. The battle to survive through the winter will be behind them but a more long-term challenge awaits them.

To reach more children like Nasim, IOM has held youth marches, play days, and gatherings in Bagh and Batagram. The children painted signs that said: “We are not afraid” and IOM teams created ones that support, the “being there,” is something that is available for everyone, not just holidays or religious days.

People in the camps find out a month after the earthquake. In January was a bit better for people, but depression is common when families gather together and many members are noticeably missing.”

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That support, the “being there”, is something that is available for everyone, not just children. “Once people in the camps find out that someone is willing to listen to their problems, they come and talk to our team members about the disaster, and they gradually get over their fears,” says Dr Kofi Opare.

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Isabelle’s Diary

IOM’s Isabelle Giasson and husband Daniel Desmarais decided to spend winter high up in the Neelum valley in Pakistan-administered Kashmir providing essential shelter material to remote earthquake-affected villages. Here is a summary of a diary Isabelle was keeping for the BBC website of their work and the communities’ struggle to survive.

December 2005

The last helicopter of the day takes off from the impromptu helipad we’ve built at Kot about 5,000 ft high up in the Neelum valley. After several days of freezing rain, the sunshine today has been welcome for more reasons than one. From dawn to dusk, the helicopters largely grounded by the weather until today, have been ploughing the skies. The delivery of blankets and plastic sheeting is almost frenetic. As is their unloading.

The men from villages above have been coming down the mountains to collect whatever assistance they can. Every day, the list of villages asking for help from IOM has been getting longer. Tonight, like every night, more men are walking up the mountains laden with the shelter kits.

We’ve been here ten days now. From our base camp at Kundla, we’ve been assessing the situation – who needs what where – and then calling in the helicopters to drop off supplies so people can rebuild a shelter. In Kundla, not a single house remains standing. There is just an entangled mess of wooden beams, stones and earth lying scattered on the mountainside.

There has been a sort of lethargy among the people here. It’s the shock of the earthquake. But the freezing temperatures and the snow they can see just a few hundred metres higher up the mountain have at last galvanized them into action. They’re beginning to salvage what they can from the debris and with the metal sheet roofing, working fast to prepare for the winter. They know it is just days away now.

For some, the priority is to shelter their few surviving animals. They are their only remaining possessions and the milk the animals provide, a vital source of nourishment. Especially for the children whose hands and faces are cracked from the cold.

Yesterday, we returned to some of the villages we visited a few days ago to ensure the kits we had provided had been put to good use and that they had been salvaged. The delivery of blankets and plastic sheeting is almost frenetic. As is their unloading.

For me, these are emotional moments. I am normally the only woman around in our daily activities. But here, I am able to get closer to the women who would otherwise collect the kits and build the shelter.

For me, these are emotional moments. I am normally the only woman around in our daily activities. But here, I am able to get closer to the women who would otherwise shy away from our group. Talking to them, I realize they have almost run out of food. Yet they are ready to offer me what little they have and it humbles me.

The last two days the helicopters stopped coming. There are just the two of us from IOM covering 13 villages but the Pakistan army and the Red Crescent are also working in the vicinity. Coordinating our efforts is crucial to success. But it involves a lot of walking.

The military have agreed to provide us with 14 soldiers for the distribution of the shelter kits. It’s very welcome news. This will give Daniel and myself more time to ensure the distributions have been fair.

A model shelter will be built in each village to show the villagers how they can make one for themselves. I want these model shelters to be given to widows with children or to orphans. This way, I know there’ll be one less family to be worried about in these villages.

In some ways, life is trying to get back to normal. A few days ago, there was a wedding in Kot. As we took delivery of aid at the helipad, we would watch whenever we were. It’s painful for us to say no, but we have to most of the time, otherwise we wouldn’t get any work done. The villagers laugh at us because we’re always looking at our watches, always in a hurry to get somewhere. It’s hard for people to understand that this is not a job but a mission – to help as many people as we can in the limited amount of time we have.

At night, the temperature now drops to about -5. Tonight at dinner, I sit in thick cotton clothing only for children high up in the mountains, Neelum valley. (Photo: © IOM, 2005)
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a warm down jacket. But our host, Mr Nassim, is dressed just in thin cotton clothes with a thin sweater. His little daughter Sara, who hasn’t stopped clinging to his legs since her grandfather was killed in the earthquake, is wearing nothing but a skirt with trousers underneath and a top.

I ask them if they are cold and they shrug. They are used to it. Cold is relative to everyone. But still, blankets are a treasured commodity and there aren’t enough of them here.

This dinner is special to us as it is our last one in Kundla. Tomorrow, we are relocating to Kot. We need to be nearer to the helipad.

Last night we were woken up by another earthquake. We often feel tremors but this one was the strongest yet. Although no one was hurt, everyone was outside talking about it this morning. We forget sometimes just how much the people here are still affected by the tremors.

We hear a lot of coughing at night, particularly among the children. Night temperatures are now below -10 and more and more people are coming to us with health problems. Particularly women coming to see me.

If people are too sick or can’t walk, they are taken to Muzzafarabad by the helicopters that bring the shelter material. An IOM person meets them there and takes them to the hospital. But sometimes, I can help. Some days ago, a woman came to see me with an injury to her leg from the earthquake. The wound hadn’t healed. I cleaned it, put some antibiotic cream on it and made a new dressing.

Where we were, there were shelters everywhere. Where we weren’t, there were tents. Even if the tents were winterized, spending a winter in them was going to be very tough. There is still so much to do here.

January 2006

Today is the first time that I feel a sense of hopelessness for the people here. The weather is really a major problem now. One can cope with cold temperatures and snow. But for three unbearable days, there has been constant, heavy rain and very strong winds. It’s an ongoing battle for people to keep dry and to maintain morale.

With so much wind and rain, the helicopters have not been able to come for several days. And more bad weather is forecast. In a day or so, our warehouse will be empty of shelter supplies but the need for them still continues to grow.

We’ve had another five villages asking us for help in addition to the 13 we’ve been working in. People who we’ve already distributed material to are coming back for more plastic sheets and tarpaulins – either because the others had blown away or because they needed more help to stay dry.

This morning the rain was so heavy we didn’t want to do a distribution because we didn’t want people to be waiting around in the rain. But people came anyway, so desperate was their need, dressed in thin cotton clothes, hands red and shivering and with barely any footwear. One man had sandals made of straw. They had all walked two hours in the rain to get here and when they left with their supplies, they would have another difficult walk back.

People are now in a complete survival mode. The earthquake is behind them – they don’t talk about it anymore. The single-minded focus is on getting through each day. The only time I have seen them happy was at Eid. But the celebration lasted only one day. The day after, the rains brought a despairing reality.

We are leaving Kot this week as the shelter needs are largely accounted for around here and moving to Datura. It has a good helipad, but it is more remote than Kot. At 6,000 ft high, there is no electricity or road and there is snow. Nevertheless, people from the five villages will have to walk far less to get to an aid distribution.

We had been hoping to start a clinic in Kot, but it’s not easy getting a doctor to come here. In Datura, we will try again. Respiratory infections are common. Even Daniel and I with our warm clothing have colds. Although people have no medical support, they know they can come to us in an emergency and if needed they can be airlifted out. But it’s not ideal. No one has died from exposure to the elements that we know of here. We have to keep it that way.

Villagers on the hillside. (Photo: © Daniel Desmarais, 2005)
Thai-Burmese Border Communities Brace for Bird Flu

By Chris Lom, IOM Bangkok

D

Sapakit Sirilat, described by colleagues as “Mr Bird Flu,” is the public health official responsible for preparing Thailand’s Tak province for the next outbreak of deadly H5N1 avian influenza.

With the disease endemic among poultry in northern Thailand, recorded outbreaks in every Thai province bordering Myanmar, and 22 confirmed cases of human infection nationwide (of which 14 were deadly), he is under no illusion that Tak is on the front line.

“At a workshop held in late January in the provincial capital to improve multi-sectoral collaboration in the fight against avian flu, jointly organized by IOM’s Migrant Health Project, UNICEF, and the World Health Organization (WHO), he admitted that while Thailand has already adopted many of the controls needed to limit the spread of the disease, the situation across Tak’s porous 560 km border with Myanmar is very different. ‘Myanmar’s health system may not be able to either detect or contain an outbreak,’ he says.

The province hosts more than 200,000 mobile Burmese migrants, often living illegally in crowded settlements or in three refugee camps in the area. Largely outside the Thai disease control system, they present a risk not only to themselves, but also to the population at large, according to health workers attending the Tak workshop.

“The point is, if there’s an outbreak anywhere, it’s a problem everywhere,” says

The WHO believes that the H5N1 virus, which has already been transmitted from migrating wild waterfowl to domestic poultry and from domestic poultry to at least 170 humans since 2003, mostly in Asia, may soon mutate to become easily transmissible between humans. It will then trigger a global pandemic.

Type A influenza viruses, originally transmitted from birds to humans, have been the source of past pandemics. In 1918, the H1N1 Spanish flu virus killed 20 million people, spreading around the world in just four months, well before the age of mass air travel. In 1957 the H2N2 Asian flu virus killed between 1 and 4 million and in 1968 the H3N2 Hong Kong flu virus killed a similar number.

But Dr Gregory Armstrong of the Centre for Disease Control (CDC) in Atlanta, USA, warns that while many scientists think that they are looking at a process that could lead to a new pandemic, comparisons with the lead up to earlier pandemics are difficult because science has advanced so far. “What we are looking at is completely new and has never been studied before,” he says.

In January, UN Secretary-General Kofi Annan called for a global push to prepare for the possibility of an avian flu pandemic. At a donor meeting in Beijing, the international community pledged US$ 1.9 billion to combat the disease worldwide.

In Thailand, where avian flu has already cost the economy an estimated US$ 631 million, and where over 120 million birds have been culled or died from the disease since 2003, the government currently plans to rely on basic control measures to fight the virus in poultry before it effectively jumps from the species to humans.

These include pre-emptive culling of poultry flocks, a national surveillance system to detect possible outbreaks, and a system to encourage farm workers and volunteers to report sick or dead poultry.

Public awareness campaigns and mass disinfection of slaughterhouses and markets have also been introduced.

WHO recommends a three-pronged strategy that includes strengthening animal disease surveillance and laboratory facilities, raising public awareness, and preparing an emergency plan in case of an outbreak.

But Aree Moungsookjareoun, who coordinates IOM’s migrant health project in Tak and who organized the workshop, knows that co-opting poor, uneducated Burmese migrants into any surveillance system won’t be easy without inter-agency coordination and a major public awareness effort in the migrant community.

“Unregistered Burmese migrants in Thai-land steer clear of the authorities and are often so poor that they might hesitate to report a sick bird,” she says. “Everyone knows that involvement in providing health services to the migrant community needs to be coordinated through the provincial health office to deliver a unified avian flu prevention message to the migrants in their own language,” she adds.

IOM’s migrant health project works closely with the Thai Ministry of Public Health to improve migrants’ access to primary health care, reproductive health services and communicable disease control in six Thai provinces.

Alison Quarto, who works for the programme and is helping to develop a community-based bird flu awareness campaign, including educational material such as cartoon books, says that changing the way that rural migrants think about and interact with domestic poultry presents a major challenge.

“In this region, domestic poultry are really part of the family. They live under the house, eat the scraps, provide the main source of dietary protein, and if you’re looking for entertainment in a village, the chances are it will be a cockfight. Reducing exposure to contaminated poultry, particularly when ducks can be infected with no sign of illness, presents a huge challenge,” she explains.

The recommendations developed during the Tak workshop, which may be followed by similar events in other Thai border provinces, included improved communication and information sharing between agencies, greater involvement of migrant and Thai community leaders, better community health education, special training for community health workers and the use of existing malaria monitoring infrastructure to identify avian flu cases.

Also called for was the setting up of a technical working group led by the provincial health authorities to draw up guidelines for the referral and clinical management of avian flu cases, the use of existing infrastructure to identify avian flu cases.
Chipping Away at Roma Discrimination

Daily life for Miro and fellow Roma in Slovakia is particularly hard as so few of them have paid jobs. Access to good housing and opportunities that would help to lift the Roma out of poverty and which many Europeans take for granted, is but a distant dream.

By IOM Slovakia and IOM Geneva

In a forest near the village of Svinia in eastern Slovakia, 35-year-old Miro is clearing storm-felled timber from the forest undergrowth.

At the peak of his life, Miro, a Roma or "gypsy", has already experienced a lifetime’s worth of burdens and worries. From the age of 20 he has cared for his four siblings. Now he also has a wife and four children of his own to support.

Several Slovakian towns have given IOM and a local NGO partner access to municipal forests to clear storm-felled timber. (Photo: © Marian Vlasaty, 2006)

Properly feeding, clothing, housing, and schooling a family of ten is tough for anyone these days. But for a Roma family in Central Europe, it’s a virtually impossible task. Many Roma, the continent’s largest transnational ethnic minority, are today in the 21st century, living in the kind of poverty easily seen across the third world.

Daily life for Miro and fellow Roma in Svinia is particularly hard as so few of them have paid jobs. Access to good housing and opportunities that would help to lift the Roma out of poverty and which many Europeans take for granted, is but a distant dream. The story is the same for other Roma elsewhere in Slovakia and in the region, many of whom also don’t have access to basic education – the one right that could empower them to help themselves.

IOM estimates there are 6.2 million Roma in Europe, nearly 75 per cent in Central and Eastern Europe. As well as being the largest ethnic minority on the continent, the Roma are also the oldest minority group and for several centuries, the most discriminated.

No longer nomadic as their ancestors were, many Roma now live in squalid tabors, remote often, illegal settlements not often found on any map. Their isolation further entrenched by poverty and racism.

Miro may not live in a tabor, but life has been no less difficult for him in Svinia. Unable to find work to feed his family, he was first arrested at the age of 15 for stealing potatoes. Since then, he’s spent eight years of his life in jail – almost always, he says, because he needed to provide food for his family.

Although it has been many years now that Miro has stopped breaking the law – a conscious decision to set a good example to his children – putting bread and potatoes on the table has not been any easier. Nor has it been easy to keep his family warm during the bitter cold winters in the European heartland in a home without heating and no legal means to collect wood from either private or municipal forests.

This winter has been particularly difficult for Roma everywhere. The sub-zero temperatures and heavy snows have already taken a heavy toll on the elderly, with some Roma in communities known to IOM having literally frozen to death.

IOM at work. This job is proving to be a life-changing opportunity. (Photo: © Marian Vlasaty, 2006)

The poverty evident in this Roma settlement in eastern Slovakia is typical of Roma settlements in much of Central and Eastern Europe. (Photo: © Delbert Field, 2006)

SMiro at work. This job is proving to be a life-changing opportunity. (Photo: © Marian Vlasaty, 2006)
For Miro, however, the task of providing for his family has now been made a bit easier. As part of a Belgian government-funded IOM programme to stabilize Roma communities suffering badly from socio-economic exclusion, Miro and 11 other Roma men have been given jobs that open up new horizons for them and a brighter future for their families.

Several towns in Slovakia have given IOM and its local partner, a non-governmental organization (NGO) the ETP Centre for Sustainable Development, access to municipal forests to collect storm-felled timber that would have otherwise rotted away. Miro and his colleagues either chip the timber on the spot or haul the logs away for splitting and bundling.

These wood chips or split logs are then sold to another IOM Roma programme which provides humanitarian assistance to Roma Holocaust victims. Through this programme, funded in Slovakia by the US District Court for the Eastern District of New York, IOM provides essential items such as fuel, food, and medicines to poor Roma who are now old and frail.

The wood processed by Miro and his colleagues and given to one elderly Roma can often heat a home where ten other family members also live. Families are large because many younger Roma depend on the elderly to look after their children as they migrate to other parts of Europe in desperate search of work. Grandparents are left to care for entire households on monthly state pensions incapable of sustaining one person.

Sixty-two-year-old Mikulas who lives in the Roma settlement of Rozkovce in the Spis region of Slovakia, is one of the people who benefits directly from the work of Miro and his colleagues.

Increasingly deaf, Mikulas lives in a small one-room house on the boundaries of the settlement with his wife and son. There is no running water or toilet here nor anywhere else in Rozkovce. And, of course, without money to pay for fuel, there is no heating. "To stay warm and to play, children in the settlement burn what they can – including an abandoned Skoda car and its rubber tyres."

Wood supplied to Mikulas by IOM in December 2005 lasted his family more than a month – a period when temperatures were relatively mild.

"This allowed us to buy more wood to help us get through the worst of the winter," says Mikulas.

"It’s a win-win situation," says Marian Vlasaty, IOM’s humanitarian and social programmes coordinator in Slovakia, "both for the elderly Roma who could not survive without this assistance and for the younger Roma who have been given a chance in life."

Miro couldn’t agree more. Despite many attempts to change the economic situation in his community, nothing has worked before.

"I used to say ‘please give me work or I will not be able to bear it any longer’," he says. But now, with this IOM programme, Miro feels more upbeat about life. "A day I go to work feels really different to a day when I sit at home doing nothing. It’s a day when you know you are useful for yourself and others," he explains.

The extra motivation and sense of satisfaction for Miro and his colleagues come from knowing the product of their work is helping elderly Roma and the value they could now attach to the things they could buy from their own wages.

And for Miro, that purchasing power now includes being able to afford a mortgage to buy a house for his family.

It’s an act that not only gives him hope that inclusion into society cannot happen without it and that inclusion is what IOM is trying to achieve for Roma through income generating activities, employment, and counselling.

But while Miro’s future is more stable and hence brighter, that of the elderly Roma is much more bleak. In March 2006, funding for IOM programmes that assist Roma Holocaust survivors such as Mikulas, runs out. Nearly 70,000 elderly Roma in Central and Eastern Europe have been able to make it through four winters with the assistance IOM has been able to provide. Next winter, Miro’s wood will not be helping to keep Mikulas and his family warm and alive. It’s a grim realization for Mikulas’ generation that some of them will end a lifetime of struggle – hungry and cold.

The migration of health care workers is not a new phenomenon. What is new are the increasing numbers of health professionals moving abroad – moving in defiance of old patterns of migration linked to colonial and linguistic roots to embrace new global market forces.

Every country needs health care workers. But demographics are playing a key role in the supply and demand of health care. An ageing and shrinking population in many industrialized countries, where access to sophisticated health care is considered a basic right and where nationals are loath to work the long hours for low pay associated with nursing the sick and elderly, has radicalized the health care labour market.

Attracted by jobs with potential for personal development and growth in their professions they are unable to find in their poorly developed and under-funded health infrastructures, health professionals from developing countries are on the move.
The effect of losing its health professionals, however, depends on the number of workers a country has in comparison to its health needs, and the percentage of health workers leave, and how many of them in the end remain for good. Developed countries have the financial clout that will continue to attract health workers from developing countries in order to solve their labour shortage.

Another aspect of health care migration not really examined is the impact migration has on the individual. The majority of health professionals who migrate do so in their productive years. Many of the nurses who move from the developing to developed world leave families behind and, in so doing, create all sorts of personal problems. For those who do take their families along, the long hours and night shifts often mean they see little of their partners or children. The unpredictable hours also mean they become isolated from other members of their own community.

Migrants, whether health workers or not, are often not welcomed in host communities for fear of taking jobs and cutting salaries. Regardless of their qualifications or skills because they are largely unrecognized in host countries, migrant health workers of all kinds often take up jobs not wanted by others. This under-utilization of their skills leads to job dissatisfaction and, in the long run, the degradation or loss of their skills. If or when they return home, they may be unable to practice without significant retraining.

So what is the solution? Should health workers be forbidden to migrate? Obviously, this is not feasible or legal. Their migration should, however, be better regulated and monitored so that it can better serve the needs of both developed and developing countries.

Searching for Greener Pastures – A Caribbean Perspective

Errol and Francisca, now US citizens, are fine examples of the thousands of Caribbean nurses who have “made it” and who show no regrets about having left their home country for greener, albeit colder, pastures abroad.

Ethical international agreements and codes of practice that meet the needs of governments, employers, employees, and professional organizations, should address the migration of health workers and the provision of adequate health services in both developed and developing countries. The success of any initiative cannot be guaranteed without the engagement of the private sector in partnerships that develop and implement innovative strategies to meet the global demands for health care.

Currently, the recruitment of health professionals from developing countries left to cope best they can, to developed countries with increasingly ageing populations in need of labour intensive care, is a short-term fix for one part of the world. It is a disaster for another. A disaster unless the majority of professionals return home with better skills and training to use among populations in great need - something that is clearly not happening.

Long-term solutions are clearly needed. Each country needs to identify what health services are in demand and what health care needs are. One way forward could be a global investment in developing relevant training and retraining of health professionals so these needs can be met. The onus should also be on developed countries with greater financial resources to support developing countries in building and strengthening adequate health systems.

And let’s not ignore the contribution that can be made by the health care diaspora that appreciates the importance of strengthening the health services back home. Some diaspora organizations are already working with governments in developed and developing countries on programmes that aim to strengthen health services in their home countries. Given the chance, many migrant health workers would go home – back to families, communities, and a culture they belong to. But for that, they need a stable, healthy, environment; a health infrastructure that works and is adequate and which provides personal growth and development as well as a job that will allow them to live comfortably. Factors which were clearly lacking when they made their decision to leave in the first place.

By Karoline Schmid, Population Affairs Officer of the UN’s Economic Commission for Latin America and the Caribbean (ECLAC), Sub-regional Headquarters for the Caribbean

Looking for a better benefits package and superior working conditions, Errol Ambrose, a Registered Nurse from Trinidad and Tobago (T&T), left his country almost 17 years ago to find greener pastures in New Jersey, USA.

As in many cases, the story of Errol and his wife Francisca began when both were attracted to attractive job offers made by a US-based recruiter who had travelled to T&T in search of health care professionals to fill nursing positions in private hospitals in New Jersey.

Although the recruiter did not live up to his promises, Errol soon managed to get a job as a psychiatric nurse in a private hospital. A few months later, Francisca also found employment as a nursing assistant.

“The way to retain nurses in the Caribbean is simple and straightforward: enhance the remuneration package, provide more advanced training and career opportunities, and improve the working approach to public health care service provision,” he says.

Errol Ambrose speaks from experience when he gives advice to health officials in the Caribbean region.

As the case of the Ambrose couple illustrates, overseas employment has become a vital part of almost all Caribbean economies. Remittances and in-kind contributions to the families back home have
be a substantive part of the socio-economic development of the Caribbean region.

However, while cash and in-kind contributions might boost the GDP at the national level, the losses due to the brain drain, particularly in the health and education sectors, are enormous. According to recently published International Monetary Fund report, the majority of Caribbean countries have lost 30 per cent or more of their nationals with education beyond the secondary level. This puts Caribbean countries amongst the top 20 nations worldwide with the highest rates of tertiary education migration.

The departure of the skilled is having a severe impact upon the health and education sectors despite the fact that the absolute numbers of nurses from Caribbean countries is small if compared to those from Asia or Africa. In the health sector, the migration of health care professionals can translate into a 35 per cent vacancy rate in the nursing profession in many of the countries in the region, even though the average vacancy rate for the region as a whole is 25 per cent. Recent graduates and older nurses do the work, while the highly trained, experienced, and specialized take jobs overseas.

According to the most recent figures published in 2003 by the Pan American Health Organization (PAHO), of the 13,046 nursing positions in the region, approximately 3,332 were vacant. With the public sector covering training costs for nurses, the losses due to migration reached about US$ 16.7 million, according to PAHO estimates for 1999/2000.

Edward Green, Assistant Secretary General of the Caribbean Community (CARICOM), estimates that it would take 35 years of remittances from a single nurse for the public investment in her/his education to be repaid.

Informal recruiters, private recruitment agencies, and personal contacts in the destination country facilitate the move to the United States, Canada, and the United Kingdom, the preferred destinations for Caribbean nurses. While financial incentives abroad might be the most important factor, socio-economic security, general working conditions and geographical proximity, along with personal and family ties, are also major pull factors.

**Estimates of shortages**

To cope quickly with the domestic shortage, the T&T Ministry of Health recruits nurses from Cuba and the Philippines and at the same time is enhancing its national training capacities. St. Lucia has established a national committee on nurse migration with a mandate to outline the key problems experienced by nurses and to come up with recommendations on how to respond. St. Kitts and Nevis has taken another approach with the recent establishment of the private American-owned International University of Nursing that is enhancing nursing training capacities to bridge the gap between supply and demand in nursing education in the United States. The St. Kitts Minister of Health, Rupert Herbert, says that training more nurses to work in the United States “will be a small drop in the bucket” to allay the pressure on the public health sector in the Caribbean.

While global efforts, such as the adoption of ethical codes of conduct on international recruitment as adopted by the International Council of Nurses (ICN) and the Commonwealth Secretariat, appear to have rather limited impact, regional approaches tailored to the specific needs of a certain region or country seem to be more promising. Such approaches were among the subjects of a panel discussion led by IOM during its annual Caribbean seminar held in Trinidad and Tobago last October.

As part of stepped-up efforts to strengthen nursing in the Caribbean, the Managed Migration Programme was launched in 2002 by the Regional Nursing Body (RNB) and CARICOM, with support from PAHO, Johnson & Johnson, the Lillian Carter Centre for International Nursing, and the Department of Advanced Nursing Education of the University of the West Indies. This programme is defined as a regional strategy for retaining adequate numbers of competent nursing personnel that can deliver services of the highest quality by addressing recruitment, retention, deployment, and succession-planning issues.

Funded by many countries from May 2003 to August 2004, an initiative aimed at increasing recruitment and retention and strengthening nursing and midwifery services.

These initiatives are laudable, but without strong and long-term commitment from professional and political leaders from sending and receiving countries to jointly address the driving forces for out-migration, the region will continue to suffer the consequences of losing their best to attractive offers from abroad.

To respond to new challenges such as ageing populations, epidemiological transition, along with the looming HIV/AIDS crisis in many parts of the developing world, the need for health care workers is growing worldwide.

According to recent estimates published by the US Department of Labor, the country is facing an estimated deficit of 125,000 nurses with the shortage expected to reach more than 1 million in the next ten years. In Canada, the shortfall of registered nurses is estimated to reach 195,000 by 2011 and 282,500 by 2016.

As the developed countries seem able to easily recruit nurses from less-developed countries, the latter find it more and more difficult to come up with sustainable solutions to address the nursing shortage within their own borders. IOM is working with countries to find solutions to these challenges within the broader context of migration management.

Transnational Migration is here to Stay

By Peggy Levitt, Wellesley College and Harvard University

The suburb of expensive homes with neatly trimmed lawns and SUVs seems like any other well-to-do American community. But the mailboxes reveal a twist: almost all are labeled “Patel” or “Bhagat”. Over the past 20 years, these Indian immigrants have moved from the villages and small towns of Gujrat State on the west coast of India, initially to rental apartment complexes in northeastern Massachusetts, and then to their own homes in subdivisions outside Boston.

Watching these suburban dwellers work, attend school, and build religious congregations here, casual observers might conclude that yet another wave of immigrants is successfully pursuing the American dream. A closer look, however, reveals they are pursuing Gujratian dreams as well. They send money back to India to open businesses or improve family homes and farms. They work closely with religious leaders to establish Hindu communities in the United States and to strengthen religious life in their homeland. Indian politicians at the state and national level actively court their contributions to Indian political and economic life.

The Gujarati experience illustrates a growing trend among immigrants to the United States and Europe. In the 21st century, many people will belong to more than one society at the same time. They will maintain strong, regular ties to their homelands at the same time that they put down roots in the countries where they are living. Incorporation and transnational relations are not mutually exclusive; they happen simultaneously and influence each other. More and more, people earn their living, raise their families, participate in religious communities and express their political views across national borders. The host-country experiences of some migrants are strongly influenced by their continuing ties to their country of origin and the fate of sending communities is inextricably linked to its immigrant members.
Transnational Perspectives on Migration

Seeing these dynamics clearly requires trading in our national optic for a transnational one. We assume that social life automatically takes place inside national borders but this is not true, nor has it ever entirely been the case. What do we see when we use a transnational lens to understand the migration experience? For one thing, we see the many layers and sites that make up the social spaces where they live. The relationship between Salvadoran villagers and their migrant family members in urban Los Angeles is not just a product of these narrow, local-to-local connections. It is also strongly influenced by ties between the Salvadoran and the US governments and between the US Salvadoran Catholic Churches. Similarly, the religious lives of Brazilian immigrants in Massachusetts are not just a question of the connections between specific congregations in Boston and Brazil but of the thick, multi-layered web of connections between their national denominations.

Furthermore, seeing migrants and non-migrants as occupying the same social space also drives home the point that migration is often as much about the people who stay behind as it is about those who move. In some cases, the ties between migrants and non-migrants are so strong and widespread that migration radically transforms the lives of individuals who remain at home. At home. Actual movement is not required to participate across borders. People, money, and social remittances – or the ideas, practices, identities, and social capital that migrants send home, permeate the daily lives of those who remain behind, altering their behavior, and transforming notions about gender relations, democracy, and what states should and should not do. In such cases, migrants and non-migrants, though separated by physical distance, still occupy the same social space. Although laws and political borders limit movement and formal citizenship within it, their lives are strongly connected by a range of other ties and policies outside the nation-state box. Since the socio-cultural, and geographic spaces migrants and non-migrants occupy are not nationally bound, so policy needs to reflect the actual areas where money, people, symbolic goods, and meanings actually circulate. It also means recognizing that migrants measure themselves against some combination of two cultural and economic yardsticks. How should class be defined when migrants receive government assistance to meet their housing costs at the same time that they are building homes in the homeland? And how do we evaluate how well relatives at home? Class, race, and gender are increasingly transnational problems requiring transnational solutions.

Development as a Transnational Project

Many criticize migrants’ transnational lifestyles, saying that the income, skills, and charitable donations they accumulate where they live should remain there. Source-country critics claim that emigrants deserve no voice because they abandoned ship and are out-of-touch with everyday life. These are valid concerns. We are entering new territory and there are no easy answers. But rather than seeing transnational migration as a drain on the host-country bank account, we can see it as re-dressing years of uneven, inequitable development. Rather than seeing transnational political groups as suspect for their dual agendas, we can see them as strengthening democracy at home and fostering host-country political integration. Instead of seeing transnational entrepreneurs as contributing to the homeland brain drain, we can seek them as a brain gain. The question is not whether transnational lives are good or bad but, given that they are here to stay, how can the people who lead them best be protected and represented and what should we expect of them in return?

Answering it requires acknowledging widespread global interdependence and learning to solve problems outside the nation-state box. Since the socio-cultural, and geographic spaces migrants and non-migrants occupy are not nationally bound, so policy needs to reflect the actual areas where money, people, symbolic goods, and meanings actually circulate. It also means recognizing that migrants measure themselves against some combination of two cultural and economic yardsticks. How should class be defined when migrants receive government assistance to meet their housing costs at the same time that they are building homes in their sending communities? What about those who can’t pay their rent because they are sending so much money back to support relatives at home? Class, race, and gender are increasingly transnational problems requiring transnational solutions.

An Interview with Ricky Martin

Q: Why did you get involved in the fight to stop human trafficking?
A: I got involved in the subject, after I witnessed first-hand the crude reality of human trafficking in India. I was able to talk to survivors, among them children, and I couldn’t ignore the atrocity. Their stories mirror the lives of millions of miners, women and men that have fallen victim to this modern day slavery. I decided to learn more about the subject and we later created “People for Children”, the flagship programme of the Foundation, to educate, denounce and condemn child exploitation. Human trafficking is a deplorable crime that generates about US$10 billion, and many people choose to ignore it.

Q: What does it mean for Ricky Martin, as a person and an artist, to help the many children worldwide that are confronting this trauma?
A: It means growth and gratefulness towards life. Each visit moves me. As an international artist and humanitarian, I feel very fortunate to lend my voice to the most vulnerable population. Taking a stand on behalf of them is our way of promoting social welfare and security for children worldwide.

Q: What does this new alliance with IOM mean for you and for your Foundation?
A: The alliance with IOM is who we are as a non-profit organization. Our mission as facilitators is to advocate for children’s rights and to enforce them by means of educational campaigns, lobbying efforts and partnering with other organizations like yours. Our final goal is to change human behaviour.

Q: Why did you decide to work in Colombia with IOM?
A: We understand that IOM Colombia is an unparalleled partner in action. Your reputation and your commitment attest to your global leadership. The fact that the campaign has indicators by which we can later measure the social impact is vital. The crusade to end human trafficking has no boundaries. We trust that this campaign will be successful. Hopefully it will come a pilot programme worldwide.

Peggy Levitt is Associate Professor and Chair of Sociology at Wellesley College and a Research Fellow at the Hauzer Center for Nonprofit Organizations at Harvard University. She published The Transnational Villagers (2003) and The Changing Face of Home: The Transnational Lives of the Second Generation (co-edited with Mary Waters, 2003). Her forthcoming book, God Needs No Passport, is about religion and migration.
Don’t Let Anyone Shatter Your Dreams

By Rocio Sanz, IOM Colombia

It is estimated that some 35,000 boys and girls are victims of sexual exploitation in Colombia. According to UNICEF, some 16,000 are between the ages of eight and 12 while the Colombian Institute for Family Welfare says that in 2004 more than 2,000 cases of sexual abuse against children were reported. In 2005 the figures rose to more than 2,500 cases, an increase of 25 per cent.

As part of its efforts to combat human trafficking, an IOM Programme for Prevention, Assistance and Reintegration for Victims of Trafficking, funded by the Dutch government, developed a mass information campaign with support from the Ricky Martin Foundation (RMF) and the Inter-institutional Committee against Trafficking in Persons led by the Colombian government.

The campaign is being launched in March 2006 under the theme: Don’t Let Anyone Shatter Your Dreams.

It is based on recent research conducted by IOM designed to document and understand the circumstances that can lead to a person becoming a victim of trafficking.

The research confirmed that there are three characteristics that influence the profile of a potential victim of trafficking: tendency to assume high-risk in order to fulfill their goals, willingness to take short-term risks in exchange for short-term rewards, and negative influence from the family and social networks that push individuals to accept high-risk offers. It also established that a potential victim of trafficking might not always be a passive actor, but a person with full knowledge and concrete plans when making decisions to fulfill their personal goals.

The results of the survey allowed for a more effective and direct way to reach the target population of the campaign. Drafting a clear message will provide victims and potential victims with up-to-date and objective information on the realities of trafficking for the purposes of begging, forced labour, domestic servitude, and sexual exploitation.

Don’t Let Anyone Shatter Your Dreams follows a series of activities carried out since 2002 by IOM Colombia aimed at combating human trafficking.

The 2002 campaign, “We all have value, what we don’t have is a price”, was aimed at raising awareness amongst the general population about human trafficking inside the country and outside its borders.

The information tools designed for the new campaign include: Public Service Announcements (PSA) for television with Ricky Martin’s message condemning labour and sexual exploitation of boys and girls, a short film, radio spots, a set of posters, an information package for minors and a press kit for journalists. All PSAs will include the numbers for the IOM hotlines which provide free information and assistance.

The free and anonymous hotlines 01 8800 522020 (national) and 57 16001015 (international), have been an essential tool for the information campaign. Since it began receiving calls in 2003, the hotlines have received more than 14,000 calls from people in need of information, or people reporting a case of human trafficking. Fourteen per cent of the cases reported were about the sexual exploitation of children.

“In order to combat (human trafficking), one of the cruelest crimes in the world today, we must create alliances. Signing an agreement with IOM Colombia to fight child trafficking strengthens our mission. We believe in partners and hope to establish a call to action in more countries.” – Ricky Martin

Ample and Urgent Reasons for Combating Human Trafficking in Southern Africa

By Karen Blackman and Jonathan Martens, IOM Pretoria

Francisca is 18 and lives in Maputo, Mozambique. She wants to escape the poverty of her community by going to South Africa to make something of her life. Her boyfriend and her mother do not want her to go, but Francisca is a strong-willed young woman. Her boyfriend, therefore, introduces her to a man who promises to find her a job as a waitress in Johannesburg. However, Francisca does not end up working in a restaurant in Johannesburg. Instead, the mini-bus taxi driver, who transports her, takes her to an apartment complex in the city centre. There, she is locked up in flat number 5106 and is forced into prostitution. When she finally escapes, Francisca finds herself lost and alone in a big, unfamiliar city, and is ultimately forced to return to her trafficker just to survive.

This is the storyline of a 30-minute film, 5106, written and directed by Wolfgang Müller, and produced by Lucia Meyer. They are both film students at the African Film and Drama Academy (AFDA), South Africa’s leading film and drama school in Johannesburg. For their final project, the team approached IOM Pretoria for insight on human trafficking, and produced a drama on the trafficking of Mozambican women into South Africa.

5106 premiered at the film school’s year-end award ceremony, where it was nominated for six awards, and won three for best screenplay, best actress, and best producer. This year, it will be aired on South Africa’s national subscription television station Mnet as well as the DSTV Movie Magic Channel and ABNet Africa.

Tip of the Iceberg

Francisca’s story is not unlike those of many of the women and children whom IOM has assisted in Southern Africa over the past two years through its Southern Africa Counter-Trafficking Assistance Programme (SACTAP). Many of them are recruited and transported to South Africa, often by friends and family, with promises of well-paying jobs that will enable them to send money home. Once in South Africa, they are forced into sexual exploitation, used for commercial or domestic forced labour, or sold to work in South Africa’s mining communities.

“It is common, and everyone knows it.” reported a mine worker interviewed by an IOM researcher at a nightclub in the mining community of Carltonville, Gauteng Province. “If you bring a woman here, people will buy. They know that the men are always looking for women. Five hundred rands, six hundred rands – they sell them.”

A taxi driver at the town’s central taxi rank, who claimed to have experience in recruiting and transporting women on demand from Mozambique, claims: “It will happen again as long as there’s money.” The recruiters say that they do not tell the women the type of work they will be doing.

South Africa is the hub for human trafficking in the region because of its burgeoning economy and huge sex industry. However, the country itself is not only a destination and transit country, but also a source for victims of trafficking. Issue 2 of the EYE on Human Trafficking, SACTAP’s quarterly bulletin on human trafficking, revealed that South African women were being trafficked to Macau, where they were sold into sexual exploitation in saunas.

This is only one of many trends that exist. Angola, Botswana, the Demo-
The Democratic Republic of Congo, Lesotho, Mozambique, Malawi, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe are source countries for victims trafficked within the region.

IOM has estimated that at least 1,000 Mozambican victims are trafficked to South Africa for sexual exploitation every year, earning traffickers approximately 1 million rands annually (US$162,000).

Child trafficking has also recently come under the spotlight in the region. In May 2005, a Congolese woman was arrested by Zambian immigration officials at the Chirundu border post with Zimbabwe for attempting to traffick 14 children across the frontier. Later in August, a Zambian man was arrested as he attempted to cross the border with 15 children from Zambia, destined to work on Malawian farms.

By October 2005, IOM had assisted 22 children trafficked within the region for labour or sexual exploitation.

Hans-Peter Boe, IOM's regional representative for Southern Africa, points out that in addition to intra-regional trafficking, the region also sees women and children trafficked to the European Union for sexual exploitation, and women continue to be trafficked from Asia and Eastern Europe into the sex industry in South Africa.

Thailand, China, and Eastern Europe are notable extra-regional sources of victims trafficked to Southern Africa. An estimated 1,100 Thai women are trafficked every year into South Africa for this reason.

“A lot of progress has been made in Southern Africa over the past two years in countering human trafficking. There are, nevertheless, ample and urgent reasons for continuing to combat this modern slave trade at the global, regional and national levels,” adds Boe. “In fact, efforts should be stepped up further.”
Playwright Dumitru Crudu discussing the opening night with Olga Colomeet and Martin Wyss, IOM’s Chief of Mission in Moldova (on the right).

Scenes from “Abandoned People”.

Social drama is the inspiration behind much of award-winning Moldovan playwright, Dumitru Crudu’s work. The 39-year-old has focused much of his recent work on human trafficking and irregular migration. As part of its awareness-raising work on the dangers of the two issues, IOM has teamed up with Crudu by supporting the production of two of his plays, the seventh Cafana, which has toured widely across Eastern Europe, and the “Abandoned People”. Here, he talks to IOM about his latest production, “Abandoned People” and why he is interested in these issues.

Dumitru Crudu
Author of the “Abandoned People”
Play (Oameni ai Nimanui)

IOM: You tackled a very painful social problem in your play, “Abandoned People” with the issue of irregular migration. It’s something that concerns every Moldovan citizen, teachers, engineers, doctors to actors. Why did you decide to touch upon such a delicate issue?

Dumitru Crudu: I am fond of the breaking points of our reality and world that we live in. I am also interested in manipulation as a political, social and moral tool, for example, when people try to make someone who lives by a dump believe he actually lives in a paradise and he ends up believing them.

I try to describe the current reality. Besides my play “The Seventh Cafana”, which is about the trafficking of women, I wrote a play about refugees. I also have a play about the war on the Dniester River from 1992. “Abandoned People” is a continuation of that work. It allows me to speak up about the reality.

I also tackled this topic because I consider it the most relevant issue in our society today. You cannot ignore migration knowing that more than a quarter of the population has gone abroad. I wrote this play because I was personally affected by this phenomenon. Several of my relatives, university and school friends left to work abroad illegally. Even my literature teacher from high school, who encouraged me to begin writing, now works as a babysitter in Italy. How could I not write about this topic, knowing that most of my friends or colleagues who dreamt about changing the world, now work as porters or plaster the walls in Portugal?

IOM: Why call your play “Abandoned People” – Who has been abandoned?

Dumitru Crudu: “Abandoned People” is more a reference to a desperate state, a collective deception, rather than specific groups of people. When the Soviet Union collapsed, the majority of Moldovans were cheering, thinking that having got rid of the red evil, they were going to build a new and wonderful world for them to live in. But as time passed, they felt disappointed and started leaving the country, thinking that migration was the way to individual rescue.

Dumitru Crudu: When I was personally affected by this phenomenon. Several of my relatives, university and school friends left to work abroad illegally. Even my literature teacher from high school, who encouraged me to begin writing, now works as a babysitter in Italy. How could I not write about this topic, knowing that most of my friends or colleagues who dreamt about changing the world, now work as porters or plaster the walls in Portugal?
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International Dialogue on Migration N°8 – Mainstreaming Migration into Development Policy Agendas

This publication includes the materials of the two-day workshop on migration and development, held in Geneva in February 2005. The workshop examined why migration should be considered a development issue, considered the synergies between migration and development agendas and how migration can be mainstreamed into development policy agendas.

New Titles!

Derecho Internacional sobre Migración N°7 – Glosario sobre Migración

Migration is increasingly being acknowledged as an issue that needs a global approach and coordinated responses. States are not only discussing migration issues at the bilateral level, but also regionally and lately in global arenas. A commonly understood language is indispensable for such coordination and international cooperation to be successful. This glossary attempts to serve as a guide to the maze of terms and concepts in the migration field, in an effort to provide a useful tool to the furthereance of such international cooperation and the common understanding of migration issues.

2006/Softcover – 88 pages
ISSN 1816-1014 (Spanish)
US$ 10.00

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