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**Opening speech of the Europe Academy symposium  
Mobility of Health Workers within the European Union  
Riga, 17 June, 2010**

**Helmut Müllers, CESI General-Secretary**

Minister,

Presidents,

Participants,

Dear friends,

It is a pleasure to welcome you here today to Riga for our project *Mobility of Health Workers within the European Union*.

I can already spot some of you in the crowd who have actively participated in our previous endeavours and I would like to thank each of you for being present here today. Please know that today you represent 24 CESI affiliates and 16 European Union countries.

As you know, CESI has, since 2005, been recognised as a social partner by the European Commission and contributes actively to the social dialogue process in Europe. In this capacity, it also benefits from the support of the European Commission in order to carry out its projects. I would like, on this occasion, to thank the Commission for the confidence it has shown in us time and again.

The Europe Academy seminars, which allow those present to share their experiences and high-class policy expertise, listen to recognised experts, representatives from European and national organisations as well as members of CESI, have become meetings whose quality is appreciated by all and the results of which are invaluable to our future work.

The importance of our work is clear when we consider that the Minister of Health, Mr Didzis Gavars, has given us the honour of his presence today and I would like to thank him most warmly for attending on behalf of all of our participants.

Finally; my most sincere thanks to our two Latvian affiliates L ĀADA and LVIPUFDA, represented in force today, and, in particular, to their respective Presidents Daina Brūvele and Andrejs Jirgensons. To you both my heartfelt thanks for your political support.

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Allow me to begin by casting my mind back to the start of this project on health worker mobility in Europe. In November 2008, I came, in my capacity as CESI General-Secretary, to pay a visit to our affiliates in Riga and I received the warmest of welcomes.

Several talks were set up during my visit, notably with the Minister for Employment, in order to support the social dialogue in Latvia. At a meeting with the Director of the Riga Children's Hospital and Daina Brūvele, President of the nurses' union LĀADA, I was able to fully appreciate the scale of the phenomenon that is health worker mobility. I remember in particular the stories told by a doctor who partially divided his professional life between several Member States.

This symposium demonstrates, (although it is already quite evident) that this visit and the message sent out by our affiliates, were not 'filed away and forgotten about'.

In parallel to this, in Brussels, the European Commission was at that time looking once again at the mid-term review of the Lisbon Strategy and was adopting its renewed social agenda. From the 19 measures put forward, mobility and, in particular, socioprofessional mobility, were among the priorities set out to overcome socioeconomic challenges.

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The free movement of workers, as well as the recognition of professional qualifications, have helped to facilitate the setting up, amongst other things, of health professionals in another Member State. Health worker mobility has come under the Commission's microscope, with the latter tackling the issue in the green paper on health workers in Europe, which was published in December 2008.

One of the challenges lies in determining to what extent this health worker mobility should be encouraged, or at least supported at Community level, when it comes to respecting the subsidiarity principle, given that health policies remain, as you know, the competence of each Member State.

This question is also one of import for the social partners, both at national and European level. CESI had already expressed its views on this subject, publishing several opinions on the health question and highlighting the fact that health services are not like any other. Health systems are based on the principles of solidarity, universality and fair access for all. In this field, we must take care to avoid any kind of social fracture or inequality when it comes to exercising ones right to access a high-level of affordable health care.

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At the same time, European citizens can receive health care in other Member States, as several rulings by the European Court of Justice have confirmed. Faced with this new patient mobility within the European Union and the new societal phenomenon that is 'medical tourism', the Commission would like to provide a greater level of clarity and legal security. This is why it published a directive patient rights in the field of cross-border health care on 2 July, 2008. These

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measures mean that people have to better coordinate their national health policies and step up cooperation between health systems at European level.

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This patient and health worker mobility involves another kind of mobility: that of information. By way of example, data regarding sickness insurance are already transmitted by the European sickness insurance card. Cooperation between the various national health systems is underway, starting with the harmonisation of their IT systems. Incidentally, the continuity of care encourages developments in online health (E-Health) and the interoperability of medical files. CESI, whose members include unions bringing together administrative employees in charge of sickness insurance, of course feels particularly concerned by these recent developments.

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This said, can patient mobility and telemedicine help alleviate the shortages of health care staff noted in some regions? This will be debated during this symposium, which will focus nevertheless on health worker mobility, or rather health worker **mobilities** in Europe : a mobility chosen or imposed, a mobility encouraged or prevented, short-term or long-term mobility, mobility from one new Member State to another older Member State or mobility between older Member States of the European Union?... Each experience is unique and I am very much looking forward to the contributions we will hear on this subject.

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This seminar has deliberately adopted a sectoral approach, more specific than the cross-cutting issues dealt with hitherto by the Europe Academy. Over the last two years, CESI had grown stronger in the health sector. It has welcomed a number of organisations which are active in this field, representing one worker in ten in the European Union. It has set up a professional council on 'Health', bringing together the professionals and expertise required if one wants to express oneself on these subjects. The members of the professional council will be at the forefront to follow up on the work undertaken at this symposium. Incidentally, they are here in force today and allow me to wish them a very warm welcome and say a special hello to their President Esther Reyes Diez.

The European social partners can, and, let us say it, must get involved in the field of health. Given that similar trends have been detected and given that the sharing of best practice has proven useful in a number of fields, our responsibility lies in developing together the concerted monitoring or action tools we need at European level. As with previous seminars, I am sure that each and every contribution will sweep away received ideas, just as it is true that best practice does not always come from the same quarters. It is in this spirit of openness that we decided to give the floor to speakers from all kinds of backgrounds. I thank them for accepting our invitation and I am already looking forward to listening to their speeches.

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In this time of reflection on health worker mobility in Europe, I am convinced that we can draw general political conclusions with regard to the other sectors which CESI represents and, in particular, on the important challenges of worker mobility in Europe, cross-border initiatives and administrative cooperation.

Worker mobility is a phenomenon which is very present and which will be part of our future. If it is difficult for us to react towards a changing set of events, which don't shown any signs of slowing down, we can at least work towards improving the frameworks afforded to this mobility.

These social issues have a very practical impact on the lives of European employees and citizens and are part and parcel of the realisation of the project of European integration.

This only confirms my view that this is the track down which we should embark and I harbour the ambition that our work might have an important impact in the Member States. This of course means that CESI's job is to communicate the results to the European institutions and that each of you takes on the responsibility of transmitting them to your respective bodies, your colleagues and partners once you have returned home.

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It is on this expression of faith that I wish to conclude my speech, hoping that I have convinced you that the topic we are addressing today, just like the tools which we wish to use, are absolutely relevant when it comes to making sure that Europe remains one of the areas of the world where respect for health workers and an awareness of patient needs go hand in hand.

I wish you an excellent symposium.