

Health Care for Undocumented Migrants in the EU.

Concepts and Cases

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NOWHERELAND at the Center for Health and Migration/DUK.

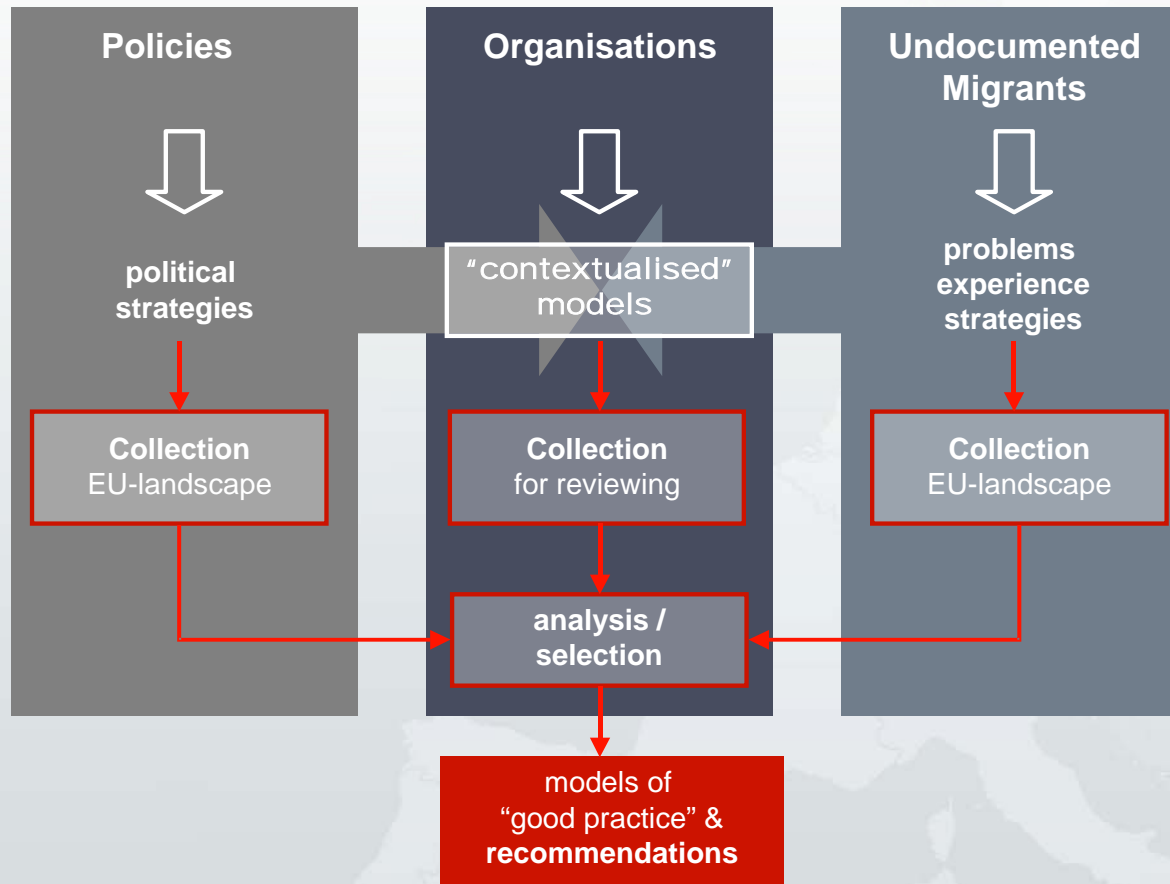
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Roadmap

- Health Care Services for Undocumented Migrants – a journey to NowHereland
- A conceptual framework to describe and develop practice approaches
 - » NowHereland is paradox
- Examples from practice
 - » How paradox is managed



Main data source: the EU-project www.nowhereland.info





Undocumented Migrants as Inhabitants of a European NowHereland

- Weak empirical basis both on numbers and on characteristics
- Estimated number of inhabitants: between 1 and 4% of the total population (PPR 2007)
- Stocks and flows linked to grey/black labour market
- Impact of the economic crisis
 - » increased xenophobic attitudes
 - » shaping flows within countries between the formal and informal labour market and between stocks of legal and irregular migrants: „the crisis is likely to overall increase the share of irregular migrants among the total immigrant population“ (Clandestino, 2008)



Definiton of Undocumented Migrants in the NowHereland - Project

- “Undocumented Migrants are third-country nationals without a required permit authorising them to regularly stay in Europe. There are many routes to becoming undocumented, the category includes those who have been unsuccessful in the asylum procedure or violated terms of their visa. The group does not include EU Citizens from new member states or migrants who are within the asylum seeking process (unless they have exhausted their asylum process and are thus considered rejected asylum seekers but are not returned to their country of origin).”



Concept: NowHereland is Paradox (Bateson, 1969, 1981)

- **On policy level: discrepancies between obligations to human rights and state control logics**
 - » Right to health care has been recognized as a fundamental human right by various international instruments ratified by European Countries (PICUM 20071, Pace 2007)
 - » national laws and policies restrict access
- **In practice: act for inclusion and exclusion at the same time**
 - » if health care organisations give care, they (may) act against legal and financial regulations
 - » if they don't give care they violate human rights and exclude the most vulnerable
- **For people: access to health care may threaten your life**
 - » Health services may be seen as possible catchment area



The Paradox in NowHereland

	NOW HERE	NO WHERE
Policy	HUMAN RIGHTS*	NATIONAL STATE
Practice	Access to good care should be assured	No or strictly limited access should be provided
People	Get care to remain UDM – but where?	Remain healthy or get severely ill (illness clause#)

* PICUM 2007, Pace 2007; # Mbaye, Maury, COST 06/2009





Strategies to manage the paradox

Policy	<p>Functional ignorance: refer to NO WHERE</p> <p>Partial acceptance: allow a limited NOW HERE</p> <p>Structural compensation: support NGOs</p>
Practice	<p>Structural compensation: provide organisational structure, organise volunteers and donations</p> <p>Functional ignorance: don't ask about legal status</p>
People – Health Care professionals	<p>Informal solidarity: work as volunteers for NGO, don't ask/talk about legal status of clients</p>
People – Undocumented Migrants	<p>Survival: wait as long as possible before you seek care, get access to services you can trust</p>





Functional ignorance: example Austria

- No specific regulations in place
- Access to services either through health insurance or on a fee for service basis
- Exceptions: emergency care, maternity care, HIV-tests
- Structural compensation through NGOs that provide services for marginalised people





Austrian Practice Example: NGO „Marienambulanz“ (1)

- Opened in 1999; located in Graz, Austria
- Legal Status: Low threshold primary health care centre
- Responsible body: **Caritas Austria / NGO**
- Close co-operation with health authorities and institutions
- Target group: people without insurance coverage and other marginalized groups
- Services provided free of charge:
 - » outpatient department: general medicine care as well as target group oriented care (e.g. diabetes, hypertension, psychiatric disorders).
 - » mobile unit: once a week, visiting different places in the city to provide medical and psycho-social care and counselling
- Staff: 36 Members (5 employees/ **31 volunteers**)



Marienambulanz (2)

- Patient Statistics 2007: 7.954 documented contacts; 1.250 patients from altogether 72 nations in the outpatient department; 1/3 local people, **2/3 foreigners**; 57% insured patients, 42% no insurance; of 1% the social welfare covered costs for treatment
- **No official information about UDM available**
- Staff Statistics 2007: **1.578 hours voluntary work**

- Financing: Austrian Federal Ministry for Health, Family and Youth; “Land Steiermark - Gesundheitsfonds Steiermark und Sozialressort”; Municipal Health Authority Graz; Caritas
 - Since 2006: contract with the Styrian Health Insurance Company
 - 2007: nominated as a measure that disburdens hospitals (= possibility for further funding)





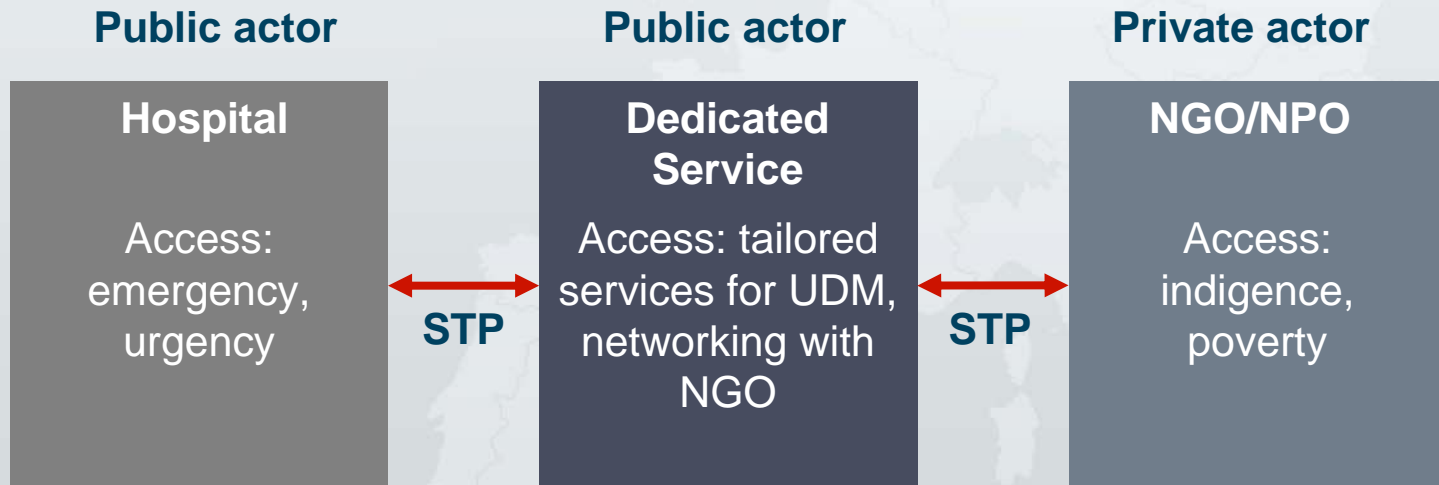
Partial Acceptance: example Italy

- Italian legislation on “health care for foreign nationals who are not registered with the National Healthcare System” (Legislative Decree no.286 dated 25th July 1998 Art. 35)
- access to emergency/urgency care, prenatal and maternity care, vaccinations, preventive medicine programs, prevention/diagnosis/treatment of infectious diseases.
- Access for specific groups: minors up to 18 years, pregnant women up to 6 month after birth and patients with diagnosed infectious diseases
- 2 central administrative instruments:
 - » STP – **S**traniere **T**emporaneamente **P**resente (foreign national temporarily present)
 - » DI – **D**ichiarazione di **I**ndigenza (self-declaration of indigence)



Italian practice example: Reggio Emilia

- Cooperation of public dedicated services and NGO
- STP and DI entitle to access to dedicated public services and NGOs without costs
- STP is used for coordination and documentation of health status and provided services





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ORARI VISITE:

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- **Martedì e Venerdì** dalle ore 9.30 alle ore 11.30
per informazioni, odontoiatria e terapie.

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- **Mercoledì** dalle ore 14.00 alle ore 16.00
- **Sabato** dalle ore 8.00 alle ore 13.00

COGNOME

NOME

NUMERO DI CARTELLA

STP

NOTE / APPUNTAMENTI





Italian Practice Example: NGO Caritas Surgery “Querce di Mamre”

- outpatient clinic
 - » run by the Caritas in cooperation with the Local Health Authority of Reggio Emilia (AUSL).
- AUSL provides
 - » pharmaceuticals, dental materials, and covers costs for cultural mediators and general infrastructure
 - » 2 surgeries for general medicine, gynaecological surgery, dental surgery and emergency surgery
 - » mediators and written information material for supporting communication and information
- **60 volunteering doctors** (GPs and specialists) and **15 volunteering nurses + 2 chemists, 1 psychologist and 5 informatics assistants.**
- Target group: undocumented migrants without access to the NHS and people with a declared status of indigence
- Patient statistics:
 - » 1411 visits in 2008 (437 in 2003)
 - » more than half of the patients aged between 20 and 40
 - » 3 largest groups: Chinese (approx. 20%), Morocco (approx. 16%) and Moldavia (approx. 12%)



Common logic in a continuum from functional ignorance to partial acceptance

- Structural compensation from NGOs based on informal solidarity plays a decisive role in service provision





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