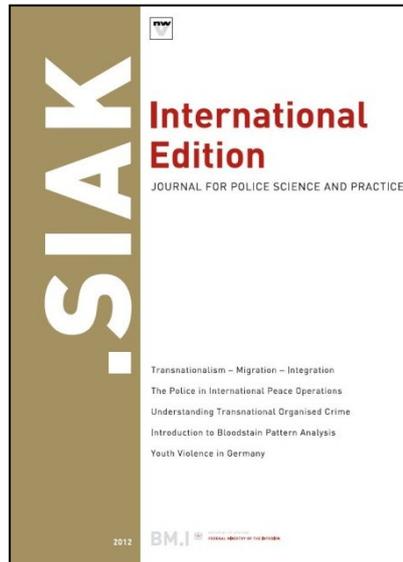


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Undocumented Immigrants: Health Needs in Sweden and Austria



MONIKA POTKANSKI,
*Sociologist and currently
conducting her research
independently.*

Undocumented immigrants represent a particularly vulnerable group within the migrant community. Approximately 1.9 to 3.8 million undocumented persons were estimated to be staying within the European Union in 2008. Since 2002, the number of unauthorized people within the Union has been declining due to the expansion of EU borders, increased border enforcement as well as changes regarding laws and regulations within the European countries (Morehouse/Blomfield 2011, 6). There is a general lack of knowledge regarding the specific health problems of undocumented migrants and their strategies for dealing with these problems. Their access to health care is influenced by a variety of factors, ranging from formal barriers (legislation and economic barriers such as low income), to informal barriers like lack of knowledge about the health and care system of the country they are staying in, as well as access to said system. Illegal immigrants often fear being reported to the police or immigration office by health workers. Illegal children are one of the most disadvantaged groups when it comes to irregular migration as they are in a position of triple vulnerability: being children; being migrants; and being undocumented migrants. Although their right to access to healthcare is protected by international and European law, on a national level the access varies depending on country and types of access. In Sweden, undocumented people under the age of 18 are entitled to full care including regular comprehensive dental care. Furthermore, all children between 6 and 18 years old are legally entitled to attend school, even if undocumented children are not subject to compulsory school attendance. In contrast to Sweden, Austria has no specific regulation regarding the legislation for health care of undocumented migrants. However, public hospitals are advised to give medical assistance to anyone in case of an emergency (Karl-Trummer et al. 2009, 4).

UNDOCUMENTED IMMIGRANTS: HEALTH NEEDS AND EQUAL RIGHTS

Migration is a life event which shapes the individual biography and the development of family over several generations. Migration involves both risks and opportunities, not only in social and economic context but also in terms of health. Living conditions including the prevailing risk of infectious

diseases, genetic background as well as cultural background in the home country already have an impact on the health situation on immigrants and their families. Migration-related psychosocial stressors such as family separation and an unclear legal situation present serious health risks. The social life situation of a large number of immigrants is characterized by numerous disadvantages in the target country of

migration: firstly, health risks combined to low social status (low income, low level of education or professional status) increase of the frequency of illness, morbidity and mortality (Lampert et al. 2005). This is attributed to risk factors such as shift work, unemployment and a high smoking rate (Lampert et al. 2005). Secondly, immigrants often have difficulties getting access to health care due to language barriers, lack of information and cultural differences in understanding health and disease. Finally, especially in cases where the immigrants differ in appearance and language from the majority population, they can be exposed to discrimination as well as hidden or even overt racism.

Undocumented immigrants are a particularly vulnerable group within the migrant community as their residence in the country is illegal, and therefore they have no claim to health care benefits and social assistance. Within the European Union, approximately 1.9 to 3.8 million undocumented persons were estimated in 2008 (Morehouse/Blomfield 2011, 6). Since 2002, the number of unauthorized people within the European Union has been estimated to be declining due to the expansion of EU borders, increased border enforcement as well as some changes regarding laws and regulations within the European countries (Morehouse/Blomfield 2011, 6). Their exact number is difficult to estimate as they are not registered anywhere in the country they are staying in, and their fear of deportation makes them keep their distance from the authorities. Thus, knowledge about the specific health problems of undocumented migrants and their strategies for dealing with these is poor.

UNDOCUMENTED IMMIGRANTS IN EUROPE – SOFT FACTS

Illegal immigration in the European Union

is restricted by border controls, requirements for admission and identification documents, as well as through cooperation with developing countries in order to deport those who have crossed the border illegally. However, many illegal immigrants still manage to remain in Europe, trying to carve out a life and make a living without civil rights. Highlighted by human rights organizations, it is vital that those already living without legal status and in need of protection can receive help when a return to their home countries is impossible (European Union 2010). Carta et al. (Carta et al. 2005) emphasizes that the European Union's current policy of closed borders against the outside world creates a new underclass in Europe which is identified by two to three million undocumented migrants (Carta et al. 2005).

The humane treatment of undocumented persons should be regarded as a human right and established as a responsibility of each state. Human rights should stand above the rules of ordinary law. However, the legal framework governing access to health care is often unclear. One reason is the anchoring at different levels: access to health care is defined as a basic human right, regardless of legal status or financial assets (Karl-Trummer et al. 2009, 1). The right to health as a human right has found recognition in recent decades worldwide. A plurality of countries has approved the right to health in several human rights

Source: Morehouse/Blomfield 2011, 6

	Absolute population (in mill)		% of population		% of foreign population	
	min	max	min	max	min	max
EU-15						
2002	3.1	5.3	0.8	1.4	14	25
2005	2.2	4.8	0.6	1.2	8	18
2008	1.8	3.3	0.5	0.8	7	12
EU-27						
2008	1.9	3.8	0.4	0.8	7	13

Unauthorized Migrant Population estimates in the European Union (2002–2008)

conventions, supported substantially by the International Covenant on Economic, Social and Cultural Rights (ICESCR). In addition to the ICESCR, the Committee on the Elimination of Discrimination against Women (CEDAW), which has the goal to bring about legal equality between men and women, should be named. The CEDAW works not only in the context of discrimination against women in the field of health care; it also constitutes positive obligations of the state to protect women in periods before and after the child birth. Furthermore, the right to public health is explicitly protected by the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). Even in the contexts of Europe and the European Union, the right to health has found a corresponding anchor, for example in the European Social Charter of 1961 and the EU Charter of Fundamental Rights.

The right to health does not mean primarily the right to be healthy but the right of access to the social infrastructure of health care. The right to health includes prophylactic, diagnostic and therapeutic measures of health care as well as the right to non-discriminatory access to existing medical facilities and medical care for every person. However, this access is only available if the medical services can be financially afforded by the persons involved.

Facilities and services must be accessible to all, especially for people marginalized by society. Among these groups, undocumented immigrants represent a vulnerable group. The state's responsibility can be defined as being the leading actor who creates conditions which provide access to the health care system and guarantees that the system is used by people who really need help. The responsibility of each European state is to supply a solution to the prob-

lem of deficient health care. According to the ICESCR, any contracting state is responsible to provide a health care system which offers the right of access to it to anyone, including undocumented migrants. However, the ICESCR does not address any specific solution for this realization, only justifies the commitment to solve the problem of restricted access to the health care system for undocumented migrants.

CASE SWEDEN

Sweden has been a world leader when it comes to certain types of public health interventions. This is particularly true in areas such as children's accidents, tooth decay and the abolition of corporal punishment. Sometimes the differences in health condition between Sweden-born and foreign-born persons may be explained by a successful Swedish public health work.

People who live in Sweden without a residence permit and without being asylum seekers have very limited access to health care. According to calculations from 2010, between 10.000 and 50.000 undocumented persons dwell in Sweden every year; of these, approximately 2.000 to 3.000 are children (Socialstyrelsen 2010). Individual counties and nonprofit organizations have taken the initiative to improve the situation. However, studies reveal that the health care needs within the group of undocumented immigrants remain substantial.

Immigrants may need a specially adapted introduction to public health programs. As they often live in low-status neighborhoods and are employed in low-paid jobs, they continue to be disadvantaged, which can be identified as one of the main reasons for immigrants being discriminated in Sweden (Socialstyrelsen 2010). This migrant group reports having poor or very poor health, three to four times more often

than Sweden-born persons (Socialstyrelsen 2010). According to the Swedish Aliens Act, the main principle states aliens – unless they are EU citizens under the EEA agreement – are required to have a residence permit in order to be able to stay in Sweden longer than three months. Undocumented migrants may thus have entered the country legally, with or without a visa, but became illegal if they stay longer than the time their visa allows. According to the labor law it is also illegal to work without a work permit, meaning that undocumented immigrants are often unable to support themselves.

As for health care, a new regulatory framework concerning undocumented migrants entitled to benefits came into force in July 2013. The core of this new regulation gives people who are avoiding the execution of an expulsion or deportation order (gömda [hidden]) and people residing in the country without having applied for a license (papperslösa [undocumented]) the legal right to subsidized health care to the same extent as asylum seekers in Sweden. Undocumented people under the age of 18 years are entitled to full care including regular comprehensive dental care and medicine. Undocumented adults are entitled to care which cannot be deferred, contraceptive counseling and abortion care, health assessment and dentistry which cannot be deferred. Furthermore, they have access to medicine in connection with such care as mentioned in the first point. Before its entry into force, underage undocumented persons have already been offered care at the same level as residents in the county but now their entitlement to benefits is established by law. In addition, since July 2013, undocumented children have the right to attend school (see below).

CASE AUSTRIA

According to estimates, the number of illegal migrants in Austria amounts to 17.000 to 100.000 persons (IOM 2005). Taking these numbers into consideration, one can get a vague idea about the actual number of illegal immigrants.

Austria has no specific regulation regarding the legislation for health care of undocumented migrants. However, according to the Austrian Krankenanstalten- und Kuranstaltengesetz [Medical institutions and Sanatoria Act], public hospitals should give medical assistance to anyone in case of an emergency (Karl-Trummer et al. 2009, 4). In these cases, undocumented migrants are required to cover the treatment costs themselves as they are excluded from the social assistance system. In cases where the treatment cannot be paid by the patient, the hospitals have to cover the expenses from their own budget (IOM 2005). In practice, two main actors can be named in the context of the Austrian health care system and undocumented migrants: hospitals and NGOs.

For undocumented migrants, Austrian hospitals are accessible under several conditions, whereas in most cases the patients are unable to pay the costs for the medical treatment. Religious institutions such as the Hospital of the Merciful Brothers in Vienna (founded in 1614) are the main entry point for undocumented migrants. Every year around 20.000 to 30.000 uninsured patients receive medical care, 1.000 to 5.000 of them stationary treatment (Karl-Trummer et al. 2009, 5). NGOs act as exchanges and direct providers for undocumented migrants in the context of their access to health care. “Asyl in Not” for instance, an NGO struggling for the respect of human rights and the restoration of the right to asylum, offers advice and practical assistance on access to health services.

UNDOCUMENTED IMMIGRANTS AS A SPECIAL RISK GROUP

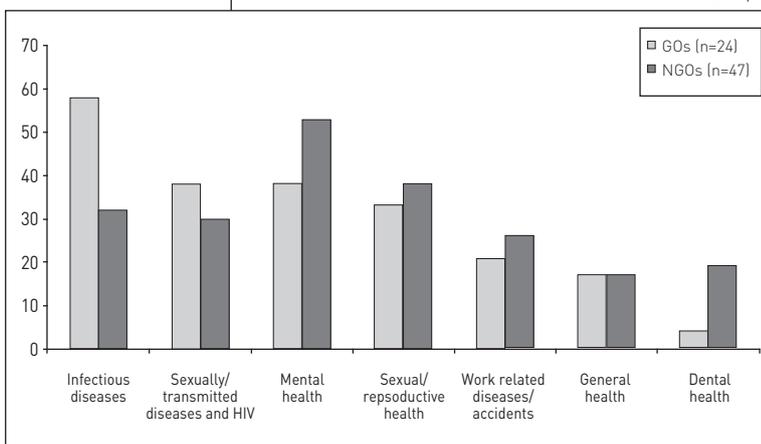
Undocumented immigrants’ access to health care is influenced by a variety of factors which can be divided into formal and informal barriers. Apart from legislation, formal barriers may include for example economic barriers. In countries where the patients themselves pay for their treatment, undocumented immigrants are usually affected more than other patients as they generally live in a worse financial situation (Norredam et al. 2007). Informal barriers can be lack of knowledge about the health and care system as well as access to it. Illegal immigrants often fear being reported to the police or immigration office by health workers. Medical professionals have no right to make such notifications to other agencies. However, they have a duty to answer police questions about particular individuals and their personal circumstances if they are asked (Norredam et al. 2007). Afraid of being caught and sent back to their home countries, illegal immigrants tend to avoid contact with social and health workers. Other obstacles faced by undocumented persons are poor language skills resulting in communication difficulties, lack of interpreters as well as

lack of insight and understanding regarding how health care is organized in the country (Norredam et al. 2007). In cases where immigrants feel obliged to seek medical care because of an acute illness, they rarely are denied treatment when they come to public hospitals.

The right to access to the health care system includes a range of health-promoting factors such as nutrition, housing, good working conditions and a healthy environment. Social determinants are of great importance in the context of health: health and survival might be adversely affected by lack of money, inadequate housing, unsafe working conditions as well as limited access to health care. People who do not get proper and early treatment can suffer from long term illnesses and health complaints.

Similar to asylum seekers, it is challenging to study the health of undocumented immigrants due to the lack of information. A number of studies show to which extent undocumented immigrants’ vulnerability increases the risk of somatic and psychological diseases (Carta et al. 2005). Undocumented people rate their health lower than natives related to fear of being sent home, poverty, fear of not being able to pay for treatment, and social isolation. Among undocumented migrants in Sweden an increased risk of developing mental illnesses such as schizophrenia, post-traumatic stress disorder, alcohol and drug abuse can be expected (Carta et al. 2005). Living without legal status in a country can lead to increased risky behavior, as the example of undocumented women shows who are forced into prostitution. These women are also at a greater risk of being infected with sexually transmitted diseases (STDs), having to perform illegal abortions, or being exposed to violence (Alexander 2010).

Source: Karl-Trummer et al. 2009, 36



Most common health care needs of undocumented migrants

Furthermore, they are also at a greater risk of being abused during pregnancy (Wolff et al. 2008), and of unplanned pregnancies compared to control groups (Wolff et al. 2008). Many chronic and severe illnesses such as diabetes, asthma and HIV/AIDS are exacerbated when undocumented immigrants do not seek treatment.

CHILDREN AS THE MOST VULNERABLE GROUP

Children are one of the most disadvantaged groups when it comes to irregular migration as they are in a position of triple vulnerability: being children; being migrants; and being undocumented migrants. Although undocumented children's right to access healthcare is protected by international and European law, on a national level the access varies depending on country and types of access.

Notwithstanding the many legal protections in international and regional human rights instruments guaranteeing all children access to civil, economic, social and cultural rights, undocumented children still face countless barriers to exercising their fundamental rights to access healthcare, housing and education. National legislation often falls short of these standards, and even where legal entitlements do exist, practical barriers prevent the full realization of these legal rights. As a result there is wide-spread destitution and social exclusion of irregular migrant families. Undocumented children and families face higher risks of poverty, exploitation, social exclusion and violence. Their access to social rights is crucial, both to safeguard their own wellbeing, and for society at large. Educated young undocumented children in good health have better cognitive, social and physical development and are able to contribute more to society in later life than disengaged, disempowered

young migrant children living in inescapable destitution. A lack of clear legal protection creates a strong discretionary power at local level, where undocumented parents rely on the will of medics to grant them access to healthcare. Such discretion amounts to discrimination. Doctors can use discretion to positively treat undocumented children beyond the remit of urgent care, or can apply discretion to exclude undocumented patients from their care. Those undocumented children who fall into the gap between discretion and ambiguous legal protection rely solely on civil society to treat their healthcare needs (Skolverket 2013).

Children seeking asylum in Sweden and who are in the asylum process are entitled to health care as well as dental care. They are allowed to attend pre-school, primary and secondary education. All those seeking asylum in Sweden are entitled to an individual examination of their asylum application. This also applies to children who belong to a family seeking asylum in Sweden. Unaccompanied asylum seeking children are accompanied by a person who takes advantage of the child's interests when the parents cannot do it. Furthermore, these children are entitled to a public counsel, and the right to an individual examination of their asylum application.

In Sweden, there have been some changes in the context of health care system and school of undocumented children. Since July, 1st 2013, undocumented people under the age of 18 years are entitled to full care including regular comprehensive dental care and medicine. Furthermore, all children between six and 18 years old are now legally entitled to attend school, even if undocumented children are not subject to compulsory school attendance. School and social welfare have also from now

on no obligation to notify police when it comes to undocumented families. In order to protect these families' anonymity, the school can decide to keep confidential information about a student. Such a decision may be revoked if it is subject to judicial review.

CONCLUSIO AND PROSPECTS

Health care is an existential asset, the prerequisite for the development of other fundamental abilities. However, individuals may not have access to this asset if they do not meet certain requirements. The crucial question is what level of health care can be granted to the individual. This question is especially essential for undocumented migrants. Health has an individual ethical perspective: as health is closely connected to a person's own understanding of its body, it is related to its subjective well-being. In the subjectivity, a person is confronted with its own physical limitations. However, health care is an asset that requires solidarity. Individuals by themselves cannot ensure it. From this perspective, it is even more important that (European) governments increasingly take concrete policies into action, and improve especially the efficiency and sustainability of their health systems as well as the international cooperation to develop a cross-country health system. Since both the public and the media attach great importance to improving transparency and accountability, the control function of health ministries and governments has shifted into the focus of attention. In particular, the ministries of health are expected to take responsibility and ensure that governments implement public health policies to better achieve health outcomes. The prerequisite for improving health systems is mainly an analysis of the relative importance of factors affecting the performance of the health system, and the provision of as

appropriate as possible methods for the effective exercise of the control function (WHO 2009, 158).

One project that should be named in this context is the EU-27 project Health Care in NowHereland. Experts within the research area identify and assess contextualized models of good practice within healthcare for illegal immigrants within the European Union. The aim is to improve the level of health protection for the people by addressing migrants' and immigrants' access, quality and appropriateness of health and social services as important wider determinants for health. The project focuses on health care services for undocumented migrants as they are seen as a vulnerable group and increasing public health risk and a group providing difficulties for health care providers and health policy. The project's results show that mental health care and infectious diseases care are the most common health care needs of undocumented migrants, followed by sexual health. Furthermore, it is highlighted that 50 % of NGOs report increasing numbers of illegal migrant clients (Karl-Trummer/Novak-Zezula 2010, 3). This group of immigrants cannot be defined as a homogenous group as their health needs may differ depending on their cultural background and country of origin. Moreover, working and living conditions as well as social networks have a great impact on these differences. This means there is no unique way how to treat undocumented migrants, and to give them the needed health care.

Problematic doctor-patient relationships, communication hitches, lack of understanding and supply shortages are not phenomena that apply only to immigrants but may also be found in many other groups of patients. The problems are particularly

pronounced in social settings with a low level of education. A better, more targeted provision of information could lead to an improvement. Health offers must be de-

signed in a way they are understandable and acceptable for people from disadvantaged social backgrounds, with or without foreign heritage.

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