

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX **EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS** EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE **EUROPESE VERENIGING VAN STAFARTSEN** DEN EUROPÆISKE OVERLÆGEFORENING ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI **DEN EUROPEISKE OVERLEGEFORENING** ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES **EUROPEISKA ÖVERLÄKARFÖRENINGEN** EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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Few EU states provide medical care for irregular migrants, says agency

Undocumented migrants who are not allowed to work legally have to pay for medical care in most member states, sometimes putting their lives at stake, a recent report by the EU fundamental rights agency (FRA)reads.

Migrants think they will be deported if they go to hospital

With two out of four million migrants living in Europe without the proper paperwork, only five member states are offering them emergency care free of charge: Belgium, France, Germany, Italy and Spain. The same countries, except for Germany, also grant them access to treatment for chronic diseases such as diabetes or for pre- and post-natal care at no cost or at reduced rates.

This is not only a discrimination against basic human rights, but also puts medical staff in a difficult situation of having to circumvent the legal requirements or else break their Hippocratic oath of helping anyone in need, Ludovica Banfi from the EU agency for fundamental rights (FRA) told MEPs on Monday (17 October) when presenting the report.

"Healthcare professionals should not be obliged to report to authorities if people are having an irregular status in that country, because it prevents them from seeking medical help and puts their lives at risk," she said.

Carried out in 21 cities in Belgium, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Spain and Sweden, the report is based on interviews with irregular migrants, public authorities, healthcare staff and civil society organisations.

Vulnerable groups - pregnant women, unaccompanied children and people with mental problems - were given particular focus in the report. "We focused on these groups because they are entitled to special protection, as enshrined in EU law. But the reality of how this is applied on the ground varies a lot from country to country," Banfi said.

Italy, which along with Belgium, France and Spain, allows irregular migrants to seek help for free during and after pregnancy, is given as a positive example. The report mentions a hospital in Milan where staff is multilingual, exclusively female, and no reporting is required from immigration authorities, even though personal records are kept on each patient.

But in Hungary, Ireland, Poland and Sweden, migrant women in an irregular situation receive treatment only in what doctors deem "emergency cases," for instance if bleeding occurs during pregnancy. In Germany, because of police reporting requirements linked to non-emergency healthcare, only women with a "toleration permit" can go see a gynaecologist before and after birth. There are a few NGOs assisting women in getting those permits, but their status is granted only for a few weeks before and after the delivery, when the woman is considered "unfit for travel."

1

Unaccompanied children also have a hard time, despite their legal right to have free access to healthcare. With the exception of Spain, Italy and Greece, they need to be registered with a school or welfare centre in order to be covered by health insurance. In Belgium, they have to attend school for at least three months before being covered.

The most dramatic examples are those of people whose fear of being deported prevents them from even finding out what basic emergency services they are entitled to.

In Belgium, where irregular migrants can apply for a card entitling them to basic care, one woman used the card of a friend. When she was admitted into a Brussels hospital following a car crash, she received a blood transfusion that did not match her own blood group. The woman died a few hours later.

The report recommends disconnecting healthcare from immigration control policies, noting that otherwise migrants do not seek health treatment until an emergency arises.

Download the full report here

http://fra.europa.eu/fraWebsite/research/publications/publications_per_year/2011/pub_irregular-migrants-healthcare_en.htm

REMINDER: the AEMH endorsed in 2010 the "Declaration Towards non-discriminatory access to health care" AEMH 10-035.