REFUGEE HEALTH IN GERMANY – ACCESS TO CARE AND HEALTH PROMOTION

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CASE STUDY

Background:
Germany hosts more than 1.3 million refugees, posing challenges to health care, public health and health promotion. Refugees require information, competences and access to care. The specific situation of forced migration, the burdening situation of emergency housing and the language barrier are the most important challenges.

Goal:
Identify challenges and possible solution strategies regarding access to care and health promotion measures.
Focus: health insurance card in Hamburg and offer of primary health care in initial reception centers

Methods:
Policy-analysis combined with an analysis of experiences from a peer-to-peer health promotion facilitator programme, in which the author collaborated with refugees in Hamburg, Germany, since 2015.

Topics:
Development of Applications for Asylum, Health Care Regulations for Asylum Seekers, Situation of Emergency Care Health Needs of Refugees in Germany, Suggestions for structural change.
Legal entitlement to asylum after 1953 followed the idea that refugees FROM Germany during National Socialism had needed refuge and, many had been rejected by other states.

The right to apply for asylum in Germany was based mainly on political, ethnic or religious persecution.

After the fall of the iron curtain and during the Yugoslavian wars, the number of asylum seekers rose drastically.

Germany enforced more restrictive legislation and numbers declined.

The war in Syria brought many new asylum seekers, chancellor Merkel opened the boarder in August 2015.

Data: Federal Office of Migration 2017
In 2015, Greece and Hungary received very high refugee immigration, leading to acute crisis.

People were drowning in the Mediterranean and pictures of children dead on the coast or as war victims raised empathy.

German government decided to open German boarders to support the European neighbours.

Following, more than 1,2 million refugees immigrated into Germany.

In 2016, EU and Turkey negotiated a „deal“ that Turkey would keep refugees back, currently African states negotiate with EU.
Sheer numbers…
> 1 Mio immigrants within 1 year pose a challenge to
• health care: access to adequate care
• public health: avoid outbreaks of infectious diseases, vaccinate, identify health
  needs, information and competences for health promotion and prevention.

…and specific needs…
due to forced migration (persecution, violence, war in the home country; suffering
from malnutrition, violence and lack of shelter during migration) and the
burdening situation in Germany (emergency housing, language barrier,
unfamiliarity with health system)

…lead to higher need of care and specific care which would not be usual in
Germany.
Restricted access to health care: „Asylum Seekers Benefit Act“ (1993) excludes refugees from statutory health insurance for the first 15 months of their stay in Germany. If status is unclear, restricted entitlement is maintained. Responsible: Federal Ministry of Social Affairs (Not: MoHealth)

Government agencies (local social services, department or public health) ensure refugee health care and collaborate with health care facilities. Examination and vaccination on arrival (entitlement AND obligation). Due to relocation and lack of documentation refugees were examined and vaccinated repetetively. Multilingual vaccination passport and documentation book was developed in 2016 by Bozorgmehr a.o., but is not used only in pilot projects.

Health care includes necessary treatment by a doctor/dentist, vaccinations and medically indicated preventive examinations if refugees are acutely ill, are suffering pain, are pregnant.

Children, expecting mothers, victims of torture and violence as well as people with disabilities are considered particularly vulnerable and given particular consideration in health care provision. Antiretroviral treatment for HIV-infected is NOT provided.
Refugee Health Risks from forced migration

- **Persecution**: political, ethnic, religious, sexual.
- **Experience of violence**: war, expulsion, terror, exploitation, torture, rape.
- **Further physical threat**: danger, hunger, thirst, heat, cold, exhaustion, catastrophes.
- **Social and Mental Trauma**: body and soul, loss of family, friends, social network, home, fear of deportation.
- **Diseases**: Infections, posttraumatic stress disorders.

**Ressources**

- strength, network, organisation, hope, luck
- will to be active and „make it“ in Germany: work, learn language, send money home…
EMERGENCY ACCOMMODATION: LIFE IN A FORMER HARDWARE STORE

End of 2015 in Hamburg:
39 initial reception centers + 87 secondary accommodations housing 21,000 people
- no walls
- no proper heating
- 6 toilets for 800
- 3 showers
- no hand sanitizers
- communal feeding
Plan: max 3 months

Real time of stay:
Often >1-2 years
<table>
<thead>
<tr>
<th>Year</th>
<th>Reception Centers</th>
<th>Inhabitants</th>
<th>Conditions</th>
<th>Stays</th>
<th>Goal 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 in Hamburg</td>
<td>28</td>
<td>6021</td>
<td>Communal catering, no peace and quiet, violence</td>
<td>&gt;1-2 years</td>
<td>2 facilities, both container settlements</td>
</tr>
<tr>
<td>2017 in Hamburg</td>
<td></td>
<td>5000</td>
<td></td>
<td></td>
<td>30,000 refugees</td>
</tr>
</tbody>
</table>

121 secondary temporary accommodations for 26,655 refugees with walls established and toilets outside.
HEALTH CARE IN EMERGENCY ACCOMMODATIONS WAS NOT PROVIDED 100%:
LANDER AND COMMUNAL RESTRICTIONS

• Medical consultations in reception centres in some federal states: doctors offer consultations in the reception centres during specific clinic hours.
Case: Hamburg offers GP care, but no midwifery care although midwives are not to be acquired otherwise due to shortage in staff, tele-translation available.

• Responsible: ministry of the INTERIOR.

• If refugees get secondary emergency housing or proper housing, they have to use the ordinary system, but with restricted entitlement to care. You must find your own GP etc.

Source: Susanne Pruskil, Gesundheitsamt Altona
REFUGEE HEALTH CARD

Federal system: „lander“ responsibility: Bremen, Hamburg, Berlin introduced Electronic Health Card for refugees, some like Bavaria refused, others allowed communal level to decide (Bochum has E-Health-Card, Essen does not, they are neighbouring large cities in North-Rhine Westfalia) Communal level is reimbursed for average costs only by lander level.

With this card refugees can consult doctors directly without first obtaining confirmation from government agencies
• Easy to handle for care providers
• Long duration
• Easy to carry along
• Handy in emergencies
• Personalized
• Avoids insecurity on the side of the health care providers as to which treatments will be reimbursed and additional administrative work.
• Insurance gets refund from local government.
MEDICAL TREATMENT VOUCHER

…handed out by local government agencies (e.g. social services department)

Problems
• prior to treatment,
• Valid for limited period
• decision made by administrator, not health professional
• refugees are must present this medical treatment voucher to get access to hospital or doctor.
• difficult to understand for doctors
• not available on weekends
• refugees died, even children, because no voucher was presented
• local government pays the provider directly, some cities are very restrictive practitioners are afraid they will not get a refund.
Refugees are entitled to choose their health care provider.

**Structural problems** of primary care make free access difficult.

Most refugees are used to systems of hospital/clinical care, navigating the decentralized German system is difficult.

General practitioners are gatekeepers to specialists, but many do not have the capacity to take on extra patients.

**Traumatherapists** are lacking, language capacity is lacking.

**Midwives** are not able to take on extra clients for ante- and postnatal care, women who know the system look for a midwife before conception.

Refugees are perceived as **difficult patients** by providers: language and cultural misunderstandings, unusual illnesses or health burdens, restrictions in entitlement, no ressources to pay „extra“ for care on top of statutory health insurance. „We cannot take new patients“.

**High use of ambulant care in hospitals and of emergency care.**
CONCLUSION: STRUCTURAL CHANGES ARE NECESSARY

Funding by federal level, Change federal cooperation
multilingual health information on the internet
translator and cultural mediator programmes for hospitals
intercultural competencies trainings for health professionals
offer medical care in refugee accommodations by local government, reimburse by federal government
Make ministry of health responsible, not ministry of the interior or of social affairs.

Change asylum legislation
Re-open statutory health insurance to all refugees,
at least make health card obligatory everywhere
reimburse membership costs via federal ministry of health, not local or lander government

Address primary care structural problems
enough midwives, GPs and rural care centers
SOURCES


Thank you for your attention!

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شكرا  Благодаря  Teşekkürler  благодаря  با تشكر  Thanks  Faleminderit
RESTRICTED CARE FOR THOSE MOST IN NEED: RISKS AND RESOURCES FROM FORCED MIGRATION

Risks
• Persecution: political, ethnic, religious, sexual
• Violence: War, expulsion, terror, catastrophes, exploitation
• Danger, hunger, thirst, heat, cold, exhaustion
• Trauma: body and soul, loss of family, friends, social network, home, fear
• Diseases: Infections, posttraumatic stress disorders

Ressources
• strength, network, organisation, hope, luck
• will to be active and „make it“ in Germany: work, learn language, send money home…
HEALTH NEEDS, CHALLENGES AND RESOURCES IN GERMANY

**Risks**
- Dependency: Bureaucracy, Waiting for Asylum status decision, fear of deportation, being pushed around
- Inactivity: no work permit, no own household, not even cooking, no education – only if status is decided (otherwise only NGO-support), paternalization, incapacitation
- Being an alien: language, structure, society, health system, culture…
- Mass shelters: no choice of nutrition, bad hygiene, no peace and privacy
- Stigmatisation and victimization
- Restrictions in health care.

**Resources**
Safety (dependent on situation in accommodations and status regarding deportation), shelter, food, basic health care, language courses, volunteer support, education and integration offers
HEALTH PROBLEMS WORSEN AFTER SOME MONTHS

- **Communal nutrition** is perceived as forceful and often not consumed, leading to severe under- and malnutrition
- **Hygienic situation** worsens as inhabitants do not feel responsible for shared facilities (mold, vermin, misuse of toilets etc.)
- **Violence**: inhabitants are afraid of violence by right wing assassins or fellow inhabitants
- **Isolation**: many locations of accommodations are cut off from the city (no buses in the evenings or on weekends), many refugees are very alone, cultural mixture is a challenge
- Many are **not physically active** any more, e.g. some women do not dare engage in physical activity in front of strangers
- **Mental health** declines decisively: initial euphoria or relief gives way to frustration, PTSD develops, fear of deportation prevails, experience of arbitrary administrative decisions regarding asylum (Afghanistan: Bremen declined 34%, Brandenburg 62%, Irak: Berlin declined 42%, Bremen 3%).