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European Conference:

Local Welcoming Policies for EU Mobile Citizens

18 & 19 May 2016

HEALTHCARE WORKSHOP (15:00-17:00)

The Case of Germany (presented by Ulrich Schenck, from Lawaetz Foundation in Hamburg)

- Health affairs are regulated on a national level, this is true for all of Europe.
- The political power, and the right for regulating something on a local level is restricted.
- The framework for healthcare is set on a national level.
- The European health card is not an ideal solution. European citizens are coming mainly from Eastern Europe and Central Europe for healthcare in Germany.
- Their own country of residence is insuring migrants; these people received their EU health card and use it to receive healthcare in other countries. However, if you stay longer than 1-2 months in another EU country, the EU health card creates problems based on various economic reasons.
- For example, hospitals in the Netherlands are very expensive, more expensive than in Bulgaria and Romania. For this reason, some migrants might travel away from their home country to receive necessary care, and on their return to their home country, they might now get reimbursed. The EU health card is not a solution.
- In Germany, there is a health care system financed by public bodies. The fees are calculated according to the average wages and national pensions. It pertains to a certain strict percentage of your wages, which is divided out to pay the health insurance.

<u>The background:</u>

- Public health system mainly financed by fees of the members (employees and employers) or
- Public Bodies (for unemployed and other persons receiving benefits)
- According to the wages and pensions

<u>The legal background: Code of Free Movement</u>

- EU migrants need to have health insurance and a sufficient basis of a livelihood.
- Criminal movement is subject to some exemptions; every member state has the discretional power to define what is a ‘criminal’ and a threat to public safety. Some migrants, who have been deemed as criminals in their home country, are travelling away from their home countries in order to receive medical healthcare abroad but are being deported back multiple times without receiving proper care.

<u>The reality:</u>

- 165,000 EU migrants don't have health insurance in Germany and there are approximately 80 million people living in Germany.
- When leaving their country of origin, migrants stop paying the required fees to cover their health insurance due to a low income and inability to afford it. The lowest fee for basic medical care in Germany is EUR 162 per month. Many migrants cannot afford this.
- German health insurance regulators often deny their application for local health insurance based on the fact that they are no longer paying fees in their home country, thus the medical services will not be reimbursed. In many cases, the applications for medical care are denied.
- The problematic point is the first 6 months for low-income EU migrants in Germany; they are required to wait for 6 months prior to becoming eligible to receive publicly subsidized health insurance. Naturally, those who are working illegally, will never become eligible to receive subsidize health care.

<u>The case of Hamburg</u>

- 50% of homeless people in Hamburg are originally from Eastern Europe (approx. 1000 homeless people in total)
- There are 5 medical care centers with trained doctors specifically available for the care of migrants and homeless individuals without health insurance. The facilities are run by volunteers, students and retired doctors, and financed by donations and various foundations. They have a mobile care bus, which is funded by the Catholic church.

<u>The future:</u>

- There is a proposal of a new German law submitted as a direct consequence of the new deal in UK (Brexit), excluding EU migrants from receiving social benefits during their first five years in Germany.
- There is a similar case currently in place in the Netherlands; as a migrant, you must wait five years prior to applying for social benefits (unemployment and homeless benefits). Certain conditions do apply in order for one to be eligible for these benefits. You are required to have a registered address, contract to your house, and social security number in order to be considered. Your monthly income must also be lower than EUR 650.
- Predictions for the future:
    - More illegal work?
    - More homelessness?
    - More prostitution?

<u>The case of Gothenburg (Sweden)</u>

- Healthcare is financed by taxes and devolved by city councils.
- 400-500 unregistered EU migrants are for the greater part jobless.
- Registered EU migrants in Gothenburg: 17,000
- Migrants from Roma as a special target group, mostly without EU health insurance card.
- Without an official registration, you are not included in the public health care system.
- For registration, a valid residence is required and a home address.

The case of Copenhagen (Denmark)

- All legal residents are covered by public health care, which is funded by the government

The Role of the Municipality (presented by Maaike van Groenestyn and Brian Varma, from the City of Amsterdam)

- What is human trafficking? Defined as the recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation.
- Various types of trafficking: sexual exploitation, labor exploitation, etc.
- Can be found in various situations: housekeeping, babysitting, truck drivers, etc. Many women fall victim to perceived opportunities. Forced removal or organs, forced begging, etc.
- Examples of areas where link with THB (Trafficking of Human Beings) is possible:
    - Housing inspection in relation to building permits
    - Supervision and inspection activities in relation to public order
    - Public health services: inspection on boats coming into the Dutch harbor
    - Inspection of sex clubs
    - Inspection of the prostitution industry
- Civil servant training has been recently introduced in the Netherlands as a crucial tool for prevention of THB; civil servants have very close contact with some of these individuals and can play and important role in the detection and recognition of signs for criminal behavior. They are also trained in taking actions once recognition has been made.
- 2015 marked the pilot training; 2016 marked the beginning of the regular trainings. It is still too early to say how successful the trainings are in regards to detection, but positive reactions have been noted. It was initially an EU funded project in 2011 for the purpose of conducting research, and is now being applied in the form of trainings.

Prostitution in the Netherlands

- Prostitution has been legal in the NL since 2000
- Prior to this date, there was a brothel ban in place. Currently, we work with a licensing system that is regulated on a municipal level to prevent involuntary prostitution and for the purpose of improving the social conditions of prostitutes and reducing the scale of prostitution involving illegal immigrants.
- In certain countries outside of the NL where prostitution is banned (i.e. Romania, Bulgaria) the act is not severely punished when individuals are caught. In Belgium, this act is still in the ‘grey zone’; technically it is illegal but often tolerated and individuals are never prosecuted. Pimps are more severely punished and prosecuted from time to time. There is additionally a big difference between the Belgium cities regarding their tolerance and order; Antwerp is influenced by the example of Amsterdam, however, there is total chaos in Brussels where nothing is regulated.

Licensing system for the industry in the Netherlands

- Minors under the age of 21 are forbidden to work in this field.
- Licensed (brothel) owners are required to prevent involuntary prostitution taking place in their brothel; business plans are requested with each individual sex worker.
- Windows must be rented directly to the prostitute with duty of self-reliance.
- Health advisors must have access to women working in brothels.
- There are also a number of perceived illegal prostitution locations throughout the Netherlands, including, Asian beauty parlors and private homes that are unaccounted for. These are considered to be a risk to public health. It is unfortunately impossible to summarize the precise statistics.
- Both the civil and council workers do supervision and inspection of the industry.

Every sex worker should have:

- At least 21 years of age.
- Speak Dutch, English, German or Spanish; these are considered to be the main languages within the Netherlands and it is important that the brothel owner and sex worker are able to communicate.
- Be registered at the Chamber of Commerce and the tax office.
- Dutch nationality or EU nationality or valid residency status.
- A registered address in the municipal records database.

Role of the municipality

- Prevention: most victims are identified as being Dutch, therefor there are subsidized programs offered in schools for boys and girls.
- Municipality is working together with other EU embassies in countries where majority of the trafficking cases originate.
- Leaflets are distributed to vulnerable people that might be tempted to fall to trafficking.

Administrative approach

- Picking up signals of human trafficking
- Methods of (internal) reporting
- Integrated approach
- Administrative measurements and care
- Assistance to victims of human trafficking
- Empowerment of sex workers (informing them of their rights)
- Providing information throughout multiple channels of distribution

Healthcare for sex workers

- Specialized shelter for victims of human trafficking is available for those who need it.
- The municipality financially supports these shelters.
- Certain organizations are in place and working on the improvement of the physical health for sec workers, as well as, strengthening their mental and social health, their social and legal position within society. The municipality financially supports this.
- Step-out programs are in place for those wanted to leave the trade, also subsidized by the municipality.

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Labor exploitation

- Raising awareness through trainings is an integral part for prevention and detection.
- Collecting signals and signs leading to human trafficking.
- Administrative measures i.e. municipality permits, zoning plans.
- Inspecting restaurants, bars, construction areas and housing.
- Make it clear for civil servants where they can hand over these signals, who to inform and how to take action.
- Collected method of reporting, participating with prosecution service, tax and customs, border patrol, police; monthly meetings are held to discuss these signals, bringing these groups together to find the right solution.
- All collected signals are registered in a databank.
- Certain organizations within NL are open to receiving anonymous calls from anyone.

Care centers

- Amsterdam Coordination Point for Human Trafficking (ACM)
- Specialized shelter for victims of human trafficking, financially supported by the municipality.
- FairWork (NGO) designs and provides specialized trainings for civil servants.

EU migrants that are more vulnerable to human trafficking:

- Work in prostitution.
- Unskilled work through questionable employment agencies
- Low-level of education..
- In need of financial help or otherwise.
- Travelling to destination country.
- Trouble finding work, finding a home or registering at the municipality.
- Cooperation is needed between different member states.
- Policy changes have been made due to certain doubtful employment agencies.
- Some recruitment agencies are specialized for certain EU countries; might speak to a minority and promise the ‘full package’ without following through completely and changing the deal. These migrants might arrive to NL on empty promises and face no job, no house, and a language barrier. However, it’s difficult to start a criminal case regarding this issue because many victims refuse to speak up; they might need the money, are too afraid. Therefor, it is difficult to charge the agency if the victims don’t speak up.

Matter of perspective

- Sometimes these individuals are taken advantage of; for example, salaries are much higher in NL than in their home country and the economic difference between EU countries is huge.
- Some might not see the benefit in reporting this cases and mishandling to the authorities; perhaps they don’t trust authorities based on former experiences in their home country.

- Some migrants are not prepared to be open; their behavior is restricted in their own country so they don't feel comfortable to take part in that behavior publically. For example, the public use and acceptance of 'consumption rooms' in NL.

Closing remarks and recommendations

Local level

- Providing more consultation services for vulnerable groups
- Implementing a number of medical care centers for EU migrants without insurance
- Use EU funds to develop programs; Environment and Health Action Plan (EHAP)
- Human trafficking trainings for municipality workers and ensuring that something can be done as a result of these signals

National level

- Tax-financed healthcare system without the individual needs to pay fees to support vulnerable groups; private health care insurances are denying applications – this needs to change so that no individual is denied healthcare.
- Prevention strategies and programs of human trafficking to be extended into the source countries and source school etc.
- Unemployment agencies should work together to combat these issues internationally.
- Reimbursement should be granted by home country if EU migrant receives urgent health care while travelling/working in another EU country; at present, many individuals are rejected from health facilities and fail to receive care, despite having the EU health card.

European level

- The right of free movement needs a financial backbone; for example, the right to receive health care benefits despite geographical location within the EU.
- A time restriction for healthcare restricts the right of free movement; eliminate the time restriction on travel within the EU.
- Working together with the insurance providers; if an EU migrant is unregistered, they should still be able to receive urgent medical aid.
- Recognition of intercultural differences, not on single target groups; these vulnerable individuals come from diverse backgrounds and cannot be labeled as a part of a group. For example, conducting research into 'illegal' EU migrants and providing urgent care if no other means of acquiring health care have been identified.
- Implementing a provision, which dictates that everyone has the right to a life.
- EU health card: there should be more enforcement for insurance companies to intervene when they have to. It should function as a form of urgent insurance, not applicable for all health related matters. Regulations concerning the EU health card are not shared between countries and sometimes are not accepted based on different financing plans for countries.

All levels

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- REGULATION and STANDARDIZATION at all levels.
- Specialized doctor and hospital staff trainings provided for all health care facilities to ensure needs of EU migrants are met adequately (eliminating language barriers, etc.)
- Government should not feel obligated to cover all costs, but instead, provide useful tool available to everyone' prevention through education.