

welcome europe:

Local Welcome Policies for EU Migrants

Workshop „Health-Affairs“

European Conference Amsterdam – May 18th and 19th

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The Governance:

Health Affairs- to be regulated on the national level, not the
european, not the local!

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The Governance:

The European Health Card – not a solution:

- Migrants have to be insured at the member-state of their origin
- EHC only practicable for tourists, ex-pats and other stays not longer than two months

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The Case of Germany:

The background:

- 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

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The Case of Germany:

The legal background: § 4 Code of Free Movement
(Freizügigkeitsgesetz)

- EU Migrants need to have a health-insurance - and
- a sufficient basis of a livelihood

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The Case of Germany:

The legal background: § 7 Code of Free Movement
(Freizügigkeitsgesetz)

- Stay of criminal EU Migrants at Germany can be finalized

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The Case of Germany:

The reality:

- 165.000 EU Migrants don't have a health-insurance
- While leaving their countries of origin they stop paying their fees to the health-insurance
- German Health Insurances denie the application to become member,
- If the application is approved:

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The Case of Germany:

The reality:

- Many EU Migrants can't pay the fees: 162 € per month as minimum
- Main problem: the first six month – without Social Benefits and a publicly subsidized Health-Insurance

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Hamburg:

The reality:

- 50% of the homeless people are coming from Eastern Europe
- Consulting Services for EU migrants without a health-insurance
- Goal: Admission to the Health-Insurance

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Hamburg:

The reality:

- Five medical care-center with doctors for migrants and homeless without health-insurance
- Runned by volunteers (eg. retired doctors)
- Financed by donations and Foundations

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Hamburg: The reality:



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The Case of Germany:

The Future?:

- As result of the Deal with the UK („Brexit“)
- New bill (proposal of a new law):
- No Social Benefits for EU Migrants during the first five years
- Do you face a similiar development ???

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The Case of Germany:

The Future?:

- More illegal work?
- More homelessness?
- More prostitution?

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The Case of Amsterdam:

The challenge:

- Prostitution?

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The Case of Gothenburg*:

The swedish Public Health System:

- financed by taxes
- devolved to the county councils
- Objective of the swedish policy: every county must provide residents with good quality health- and medical care
- For the entire population

* many thanks to Jan Svensson, Teresa Woodall & Suvi Hänninen

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The Case of Gothenburg*:

Gothenburg:

- 400-500 unregistered EU migrants, mostly jobless
- Registered EU migrants: 17.000
- Roma as special target-group, mostly without EU health insurance card

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The Case of Copenhagen*:

- All legal residents in Denmark are covered by public health care
- right to free treatment at hospitals and at general practitioner
- All is financed by taxes

* many thanks to Michael Ryan Andersen, Anders Poppenböll Hansen & Julie Munck-Ewert (International House Copenhagen)

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The Case of Copenhagen*:

- The public health care system is run by the regions
- funding from the national government.

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Recommendations:

The local level:

- Consulting Services (eg for prostitutes and vulnerable groups) are helpful
- Implement Medical Care-Center
- Use EU Funds, eg. program EHAP

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Recommendations:

The national level:

- Tax financed health-care systems without the individual need to pay fees are much more supporting vulnerable groups

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Recommendations:

The European level:

- The Right of Free Movement needs a financial background – for example the equal right to receive benefits.
- A timewise restriction restricts the Right of Free Movement

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