

# Towards Realising Health Rights Among Undocumented People in Dutch Cities

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# Commitment to human right to good health

- **International Covenant on Economic, Social, and Cultural Rights (ICESCR)** establishes “right to the highest attainable standard of physical and mental health” → healthcare services should be accessible to everyone within jurisdiction of a state
- **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) & Convention on the Rights of the Child (CRC)** → grant all women & children a right to health, without regard to legal status
- **EU Charter of Fundamental Rights** → recognizes a right to preventive & medical services for “everyone”
- **Dutch legislation** → translates human right to health into fund to cover costs of healthcare services for undocumented migrants



# Commitment to human right to good health - not realised for undocumented migrants

- undocumented migrant women & men in Dutch cities suffer ill-health disproportionately:
- specific problems associated with their status  
→ mental problems & (psycho)somatic problems, such as high blood pressure, gastric diseases, headaches & back problems
- suffer more than proportionally from infectious diseases in comparison with ethnically indigenous people



# Our study

Research questions: undocumented people's

1. perceived basic health needs
2. their health-seeking behaviour &
3. key obstacles to realising healthcare in two Dutch global cities?

Starting point:

- perspectives & experiences of undocumented migrants

Participatory Ethnographic Evaluation & Research (PEER) approach: community members in the groups being studied

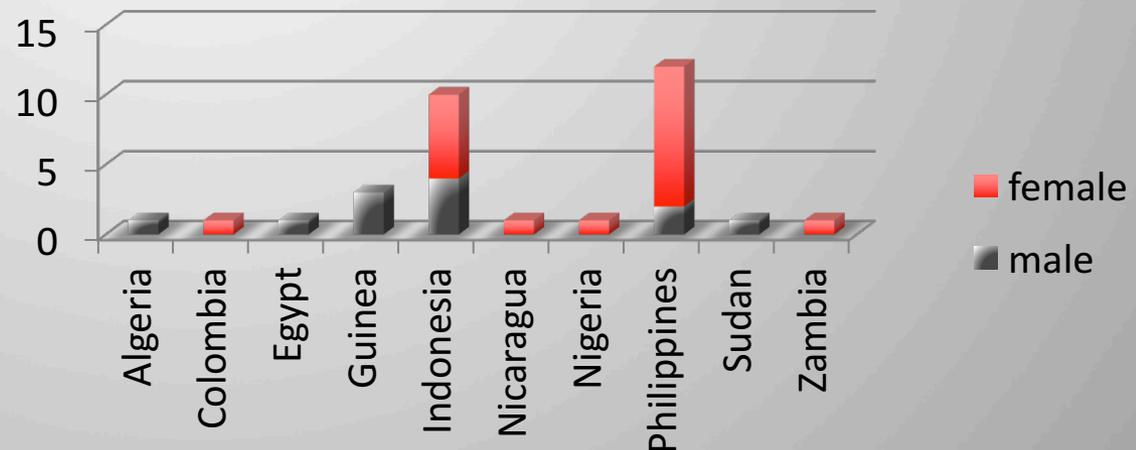
- trained to act as key informants
- become interviewers for research team & help ensure that questions are addressed that are likely to be answered
- (our 'PEER 2.0') trained to get involved in data analysis
- jointly developed policy recommendations



# Our study (continued)

- Triangulation PEER interviews with: qualitative interviews with health professionals, health policy makers at national and local level as well as with NGO staff
- ± 30 PEER researchers trained (but many drop-outs)
- 60 PEER interviews conducted
- de-briefing/analysis/policy workshops The Hague/Rotterdam, including capacity building on qualitative data analysis

*PEER interviews The Hague by gender & nationality*



# Health-seeking - or not? Role of fear

- Fear of identification & subsequent detention/deportation, but also of discriminatory, second-class treatment → paralyses efforts to seek treatment

A PEER researcher describes the experience of an undocumented person suffering from a painful Urinary Track Infection: *“She is still in doubt to go to the doctor because she scared that the doctor might be the contact of the police and they could catch her anytime. She does not easily go to the doctor because she does not have a health insurance and the check-up here is also expensive. She is scared to go to the doctor, even if she is really in pain, she just deals with it and look at any options like, drinking cranberry pills, just to lighten the pain.”*

- Strategies of undocumented for how they stay healthy include use of vitamins, healthy food, exercises, work routine
- Adjustment of own sense of illness/good health to limitations of life as undocumented person
- Self-medication, often through painkillers, also on basis of internet sources, common, but potential is limited
- Treatment is sought via internet, including tele-diagnosis from trusted physicians in country of origin

# Health-seeking - or not? Role of social networks

- Awareness-raising, encouragement, company of friends crucial to seek access to healthcare providers
- Yet, social networks shrink with lack of employment, for many, irregular status further isolates them
- Professional support organisations as double-edged sword: provide access to information about health rights, financial support ← yet, support provided according to institutional conditions

# Investment in health mentoring pays out

*“Actually, J. said to me that you don’t have to be afraid, you can go to the centre and just tell everything about... just tell everything that you need something for medication and don’t be afraid anyway [...]. Even though you are undocumented you are entitled to go to the hospital if you are ill.”*

- Awareness of health rights important to reduce undocumented persons’ fears
- Important role of trusted social networks (e.g. friends, self-help organisations) in channelling information about health rights
- ➔ **combination of information about health rights & support by trusted social networks effective antidote to undocumented people’s fear to access healthcare**
- ➔ **municipalities to strengthen collaboration with migrants organisations for awareness-raising, capacity development & other support to undocumented people**



# Investment in health mentoring pays out (continued)

- raise awareness about health rights of the undocumented → also among medical practitioners (especially GP as gatekeeper)
- awareness-raising at medical faculties (GP training)
- provide CAK card to undocumented people informing healthcare providers about their entitlement to healthcare
- e-learning module on healthcare for undocumented people developed by Johannes Wier Foundation

Image: Kerk in Actie



# Health-seeking - or not?

## Role of financial resources & employment

- Lack of financial resources (for transport, treatment, medicines) keeps people from seeking treatment

Ambiguous role of employment status in mediating this:

- ← provides financial resources
- many health problems/risks related to job
- necessity to earn leads to neglect of health



# Help ending crimes against undocumented people

- Undocumented women & men provide significant contributions to the Dutch society & economy ← yet, they have little means to report poor & unsafe working conditions, e.g. to the labour inspection, due to their fear of losing their job or being reported to the police

*R: [...] at our work, we can be sick anytime. It was at my work, we got poisoned three times. First by the gas for heating, smoke came out. And everyone suddenly fainted. My brother behind me got dizzy, he passed out first before we went upstairs. I felt so too, however, I could go upstairs and look for blankets because it was cold. Before I found a blanket, I fainted [...]. - Q: You could call 112 to get an ambulance? – R.: Well, it is not necessary if you do not really need it, we have fear of the risk at the work place, surely the police will come. I am undocumented and the factory could be closed up.*

- ➔ municipalities and/or national government to extend the guarantee of risk-free reporting to violations of labour regulation, then health risks encountered by undocumented people at their workplace can be reduced

*“The biggest wish is to get a residence permit. All misery comes from the lack thereof.” (interview B., asylum-seeker from Guinea)*

## Bolder steps towards irregular labour migrants’ social security

- voucher system for domestic services in Geneva, Switzerland also provides social security for undocumented workers → system simultaneously addresses the gaps in care provision & shrinking funds for social security, health insurance to benefit from higher contributions.
- Last but not least: irregular immigration status itself as greatest health risk for undocumented people, but also public health → regularization addresses these risks, but also acknowledges irregular migrants’ potential economic & social contributions

Thanks !