



# **Providing and promoting health care for undocumented migrants - experiences from Sweden**

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# The Rosengrenska Foundation

Rosengrenska was founded in 1998 with three initial goals:

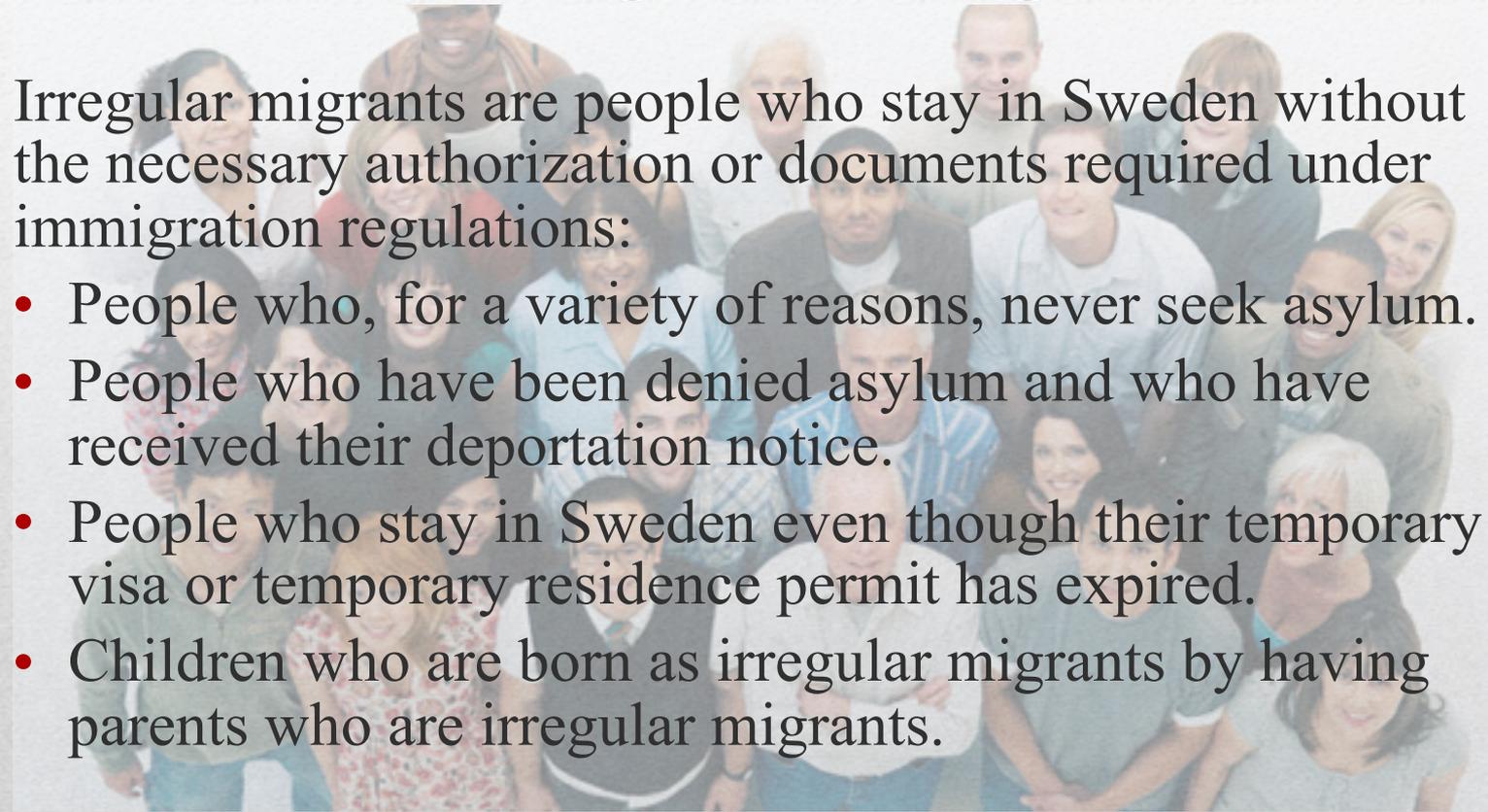
- To abolish ourselves
  - To spread knowledge about irregular migrants needs and access to health care
  - To provide health care to irregular migrants
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# Background:

## Who are irregular migrants?

Irregular migrants are people who stay in Sweden without the necessary authorization or documents required under immigration regulations:

- People who, for a variety of reasons, never seek asylum.
- People who have been denied asylum and who have received their deportation notice.
- People who stay in Sweden even though their temporary visa or temporary residence permit has expired.
- Children who are born as irregular migrants by having parents who are irregular migrants.



# The Rosengrenska Foundation

- From 1998 - 2004/2005: network of voluntary health care professionals coordinated by telephone.
  - In 2004/2005: Rosengrenska opened the clinic that still exists today, one evening per week.
  - In the years 2008 – 2015: the clinic was run in cooperation with the Swedish Red Cross.
  - September, 2015: the clinic is once again run solely on a voluntary basis.
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# The Rosengrenska Foundation

- Success factors:
    - low threshold to health care services
    - width of professions/resources in one place
    - constantly adapted to needs of the group
    - part of a larger meeting place for the group
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# The Rosengrenska Foundation

- Waiting room Group
- Nurse Group
- Archive Group
- Physician Group
- Psychiatric team
- Student Group
- Interpretation Group
- Dental Group
- Cash Group
- Midwives
- Physiotherapists

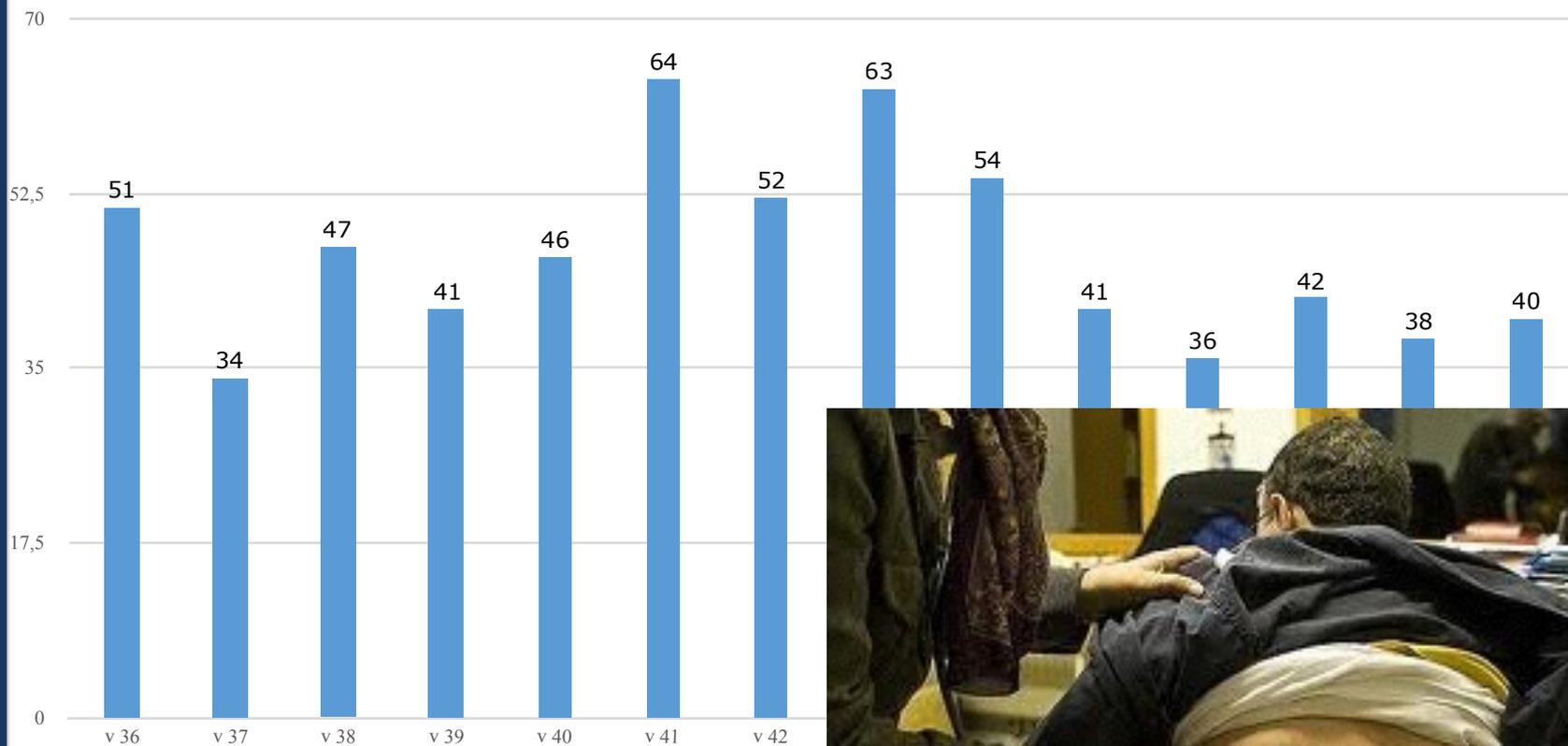
## Activities by others at the venue:

- Legal advice
  - Children's Activities
  - "Vision for all"
  - Cafe
  - Food distribution
  - Second hand clothes shop
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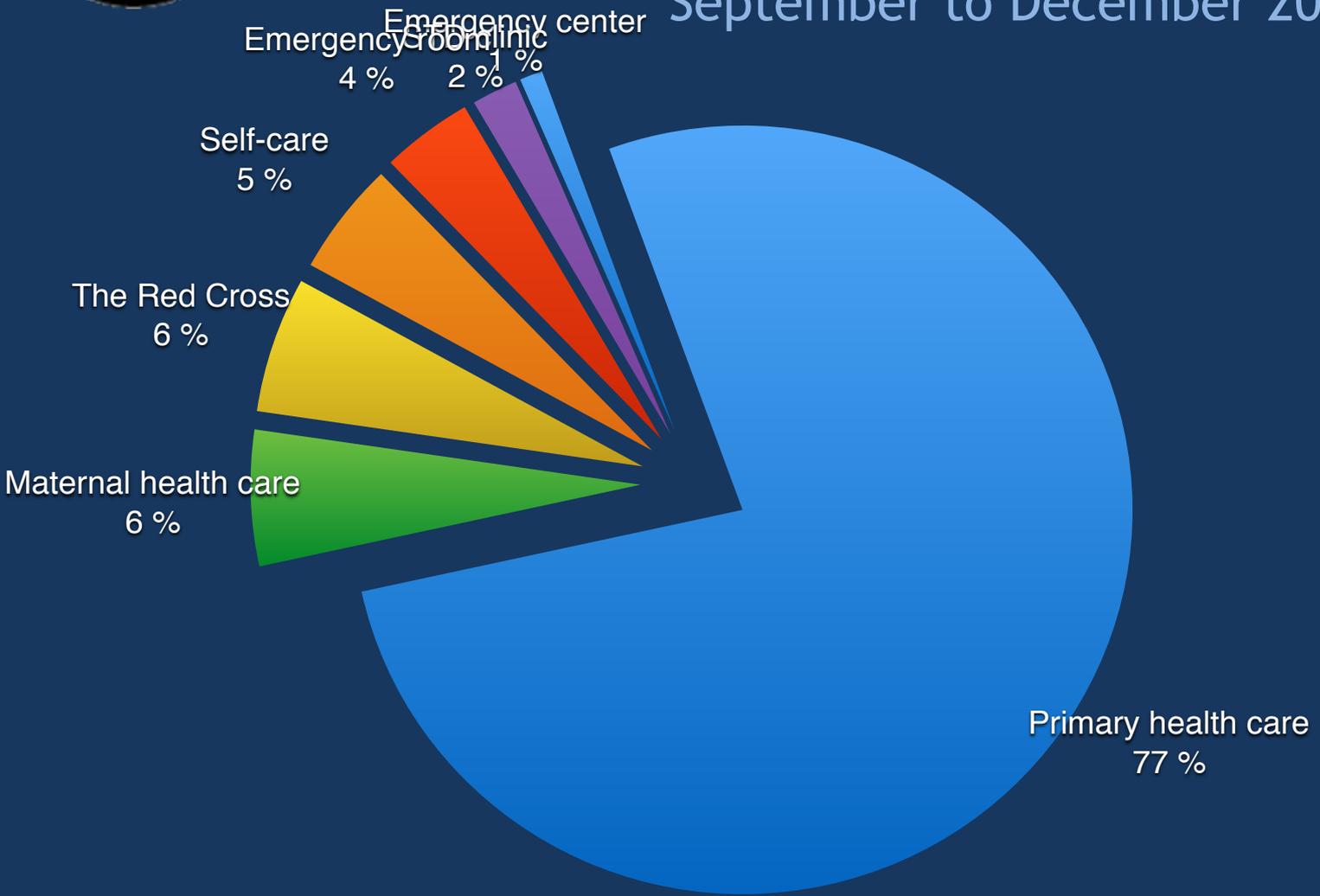
# The Rosengrenska Clinic

Number of consultations per evening September to December 2015





# Referrals from nurse at The Rosengrenska Clinic September to December 2015



# The basis for work in health care

1. Science and clinical experience
2. Laws and regulations
3. The medical professional ethics
4. Human rights

*What happens when these foundations are not consistent with each other?*

*When they pull in different directions?*

# The Patient Security Law (2010:659)

## Chapter 6. Duties of health care professionals and others

### General obligations

#### 1 §

Health care personnel to perform their work **in accordance with evidence based science and clinical experience**. A patient must be given competent and diligent care that meets these requirements. Care should as far as possible, be **designed and implemented in consultation with the patient**. The patient should be **shown consideration and respect**.



# Access to health care for irregular migrants before 2013

Irregular migrants not mentioned in the legislation

Everybody has the right to receive "immediate health care"

The patient pays for the full unsubsidized cost for health care

Irregular immigrant children had the same right to health care as children officially residing in Sweden, but those children who never applied for asylum were left out.



(Paul Hunt, UN Rapporteur on the Right to Health, Mission to Sweden, 2007)

*”Swedish law and practice regarding the health care accessible to asylum-seekers and undocumented foreign nationals is not consistent with international human rights law.”*

*”The Special Rapporteur notes that under international human rights law, some rights, notably the right to participate in elections, to vote and to stand for election, may be confined to citizens. However, human rights are, in principle, to be enjoyed by all persons.”*





*”A fundamental human right, the right to the highest attainable standard of health is to be enjoyed by all without discrimination. It is especially important for vulnerable individuals and groups.”*

*”Asylum-seekers and undocumented people are among the most vulnerable in Sweden. They are precisely the sort of disadvantaged group that international human rights law is designed to protect.”*





*”Accordingly, the Special Rapporteur encourages the Government to reconsider its position with a view to offering all asylum-seekers and undocumented persons the same health care, on the same basis, as Swedish residents. By doing so, Sweden will bring itself into conformity with its international human rights obligations.”*





# Campaign for irregular migrants access to health care in 2008







# Campaign access

**Vård för gömda.** Trycket ökar på regeringen att utöka gömdas och asylsökandes rätt till sjukvård. Bakom kravet fackförbund, organisationer, politiska partier och Socialstyrelsen.

TEXT: ELDARÉF ÖHLIN OCH FOTO: URBAN ÖZDÖLER

## Hårt tryck på regeringen ge gömda rätt till vård

### Många kom till hearing i riksdagen

Sveiga bryter mot de mångåriga riktlinjerna genom att inte utöskade engelskänande och gömda full rätt till sjukvård. FN:s rapportör om rätt till hälsa, FN:s rapportör om rätt till hälsa.

**P**å Helt Helt öppnade sig sedan 2006. FN:s rapportör om rätt till hälsa, FN:s rapportör om rätt till hälsa.



Det svenska begäran vänta till vänta till gömda med flera år sen tid, gömd och utövning vänta som svarar tillstånd och förklarar, av Bengt Erik Gustavsson, tidigare överläkare vid Tryckskivnings AB.

AKTUELLT



**»Detta lagförslaget tvingar oss att bryta avtalen mot vår yrkeskår eller mot lagen.**



Michael Holmlund, till vänster, och Johan Månster är båda politiskt aktiva medlemmar i Svenska läkarsällskapet.

**Bengt Erik Gustavsson**, tidigare överläkare vid Tryckskivnings AB, väntar på svar från regeringen om att bryta avtalen mot yrkeskåren eller mot lagen. Han har varit medlem i Svenska läkarsällskapet sedan 1980. Han har varit medlem i Svenska läkarsällskapet sedan 1980. Han har varit medlem i Svenska läkarsällskapet sedan 1980.

SVERIGE

## Fler sjukhus tar emot papperslösa



## papperslösa

Österns ströcker sig till södra kusten genom ett stort antal sjukhus. FN:s rapportör om rätt till hälsa, FN:s rapportör om rätt till hälsa.



## Regering och

## opposition splittrade

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# The right to health care for asylum seekers and undocumented:

Joint statement from the health care professions

(...) the following should be used as starting points in the care by health care staff of all humans, including asylum seekers and undocumented.

- The duty of health care staff is to provide care, treatment and rehabilitation.
- The assessments of health care staff should be based on the needs of the patient, science and experience.
- The legal status of the patient should not influence the decision of the health care staff to give or refrain from giving health care.
- The patient's ability to pay should not be a condition for health care staff to offer the patient necessary health care and acute dental care.

The health professions are urged to protest and act when humans are denied health care on the basis of their legal status and support the right to health for all human beings.



# The Right to Health Care-initiative

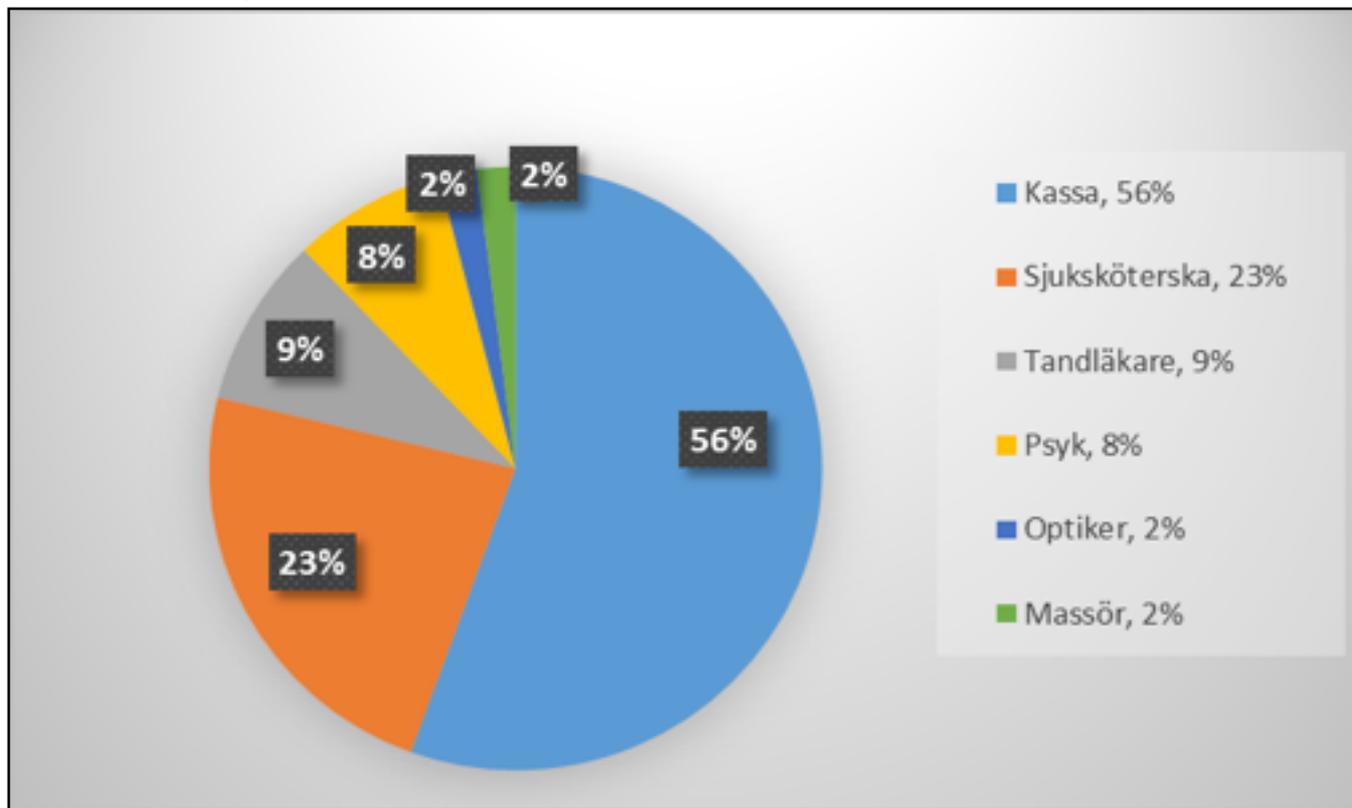
- Humanitarian organizations – e.g. Amnesty, Save the Children, Red Cross, The Swedish Helsinki Committee, UNICEF Sweden
- Religious organizations – e.g. the Arch Bishop and the Association of Swedish Churches, Caritas
- Trade Unions— e.g. The Trade Union Confederation, The Swedish Confederation of Professional Employees, Swedish Confederation of Professional Associations
- Health Care Professional Organizations

# New legislation facilitates access to health care

- Since July 2013 irregular migrants who are 18 years and older have the same right to health care as asylum seekers.
  - “Health care that cannot be postponed”
  - The bulk of the cost is paid for by the state. Patient fees mostly varies between 5-30€.
  - All children in Sweden have the same right to health care
  - Can we close down the voluntary clinics now?
-



## Distribution of types of consultations September to December 2015



# Important obstacles to health care still exist



## Economical barriers

- Even 5€ can be too much
- Transportation to and from health care can be too expensive

## Structural barriers

- Unclear policy ("care that cannot be postponed") opens for arbitrariness
- Discriminating policy

## Lack of knowledge

- ... about law giving irregular migrants right to health care
- ... about special administrative procedures to make medication prescribed to irregular migrants subsidized
- Administrative personnel requiring proof that the patient is an irregular migrant

## Lack of access to

- mental care
- dental care

## Fear and lack of knowledge about rights among irregular migrants

## Groups that fall outside of the scope of the law

- EU-migrants?
- Refugees in transit?

# Social needs

As access to health care for irregular migrants is improving in Sweden, other social needs become more evident:

- Poverty
- Homelessness
- Famine
- Swedish-language-education
- Access to preschools for the younger children



# HR - Useful basis for effective advocacy in the Swedish case.

Human rights with support of Medical ethics, Public health and Humanism forms a useful basis for advocacy for the right to health for undocumented migrants.



## World Medical Association Declaration of Lisbon on the Rights of the Patient

*“Every person is entitled without discrimination to appropriate medical care. The patient shall always be treated in accordance with his/her best interests. The treatment applied shall be in accordance with generally approved medical principles.”*

*“Whenever legislation, government action or any other administration or institution denies patients these rights, physicians should pursue appropriate means to assure or to restore them.”*

*"A fundamental principle in medical ethics is that health care should be given according to medical needs. No circumstances, i.e. social status, ethnicity, sex, age, skin color, judicial status, may restrict the right to health care according to medical needs. To discriminate/prioritize on the any other basis that medical needs is unethical."*

*(The view of the health care professions on the concept of "care that*

*"The concept "care that cannot be postponed" is not consistent with medical ethics, is not medically applicable in health care and risks jeopardizing patient safety."*

*(The National Board of Health and Welfare, Health Care for Irregular Migrants, 24th February 2014)*