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Brief statement, 15 Oct. 2015

# Healthcare for Asylum Seekers


## Summary

**The foremost priority of the German healthcare system is to protect the health of every person living in the country, which includes those seeking humanitarian protection in Germany (asylum seekers). Providing asylum seekers with healthcare is presenting new challenges for the German healthcare system. The academies have identified the following key areas for action: (I) providing medical examinations and care in the initial reception centres, (II) care and treatment of people suffering from mental illnesses and trauma, (III) meeting the demand for qualified personnel, (IV) taking linguistic and cultural needs into consideration, (V) expanding the scope of available data and research. The academies recommend that specialized polyclinics provide medical care in the initial reception centres. The tasks of these clinics should include: ensuring medical expertise that is sensitive to cultural and religious needs; providing (specialist) interpreters; actively engaging with the structuring and organisation of reception centres; networking with hospitals, on-site doctors, and social welfare organisations.**


## Background

The last few weeks have seen a rapid increase in the number of asylum seekers[1] coming to Germany in search of refuge as a result of war and/or persecution[2] in their home countries (primarily Syria, Iraq, Afghanistan, Eritrea, and countries in West Africa), and this number is expected to rise even further.[3] These people have a long-term perspective of remaining in Germany. People are also arriving from the West Balkan states who, although unlikely to be granted asylum status, will also be staying in Germany for a certain length of time.

Taking in such an influx of people over a short period of time and providing them with healthcare is posing significant challenges for the public healthcare system in Germany and throughout Europe. People seeking asylum in Germany are arriving mostly from countries that have inadequate healthcare systems. They are likely to have been exposed to additional health hazards and poor hygiene conditions during their flight.

[1] The term “asylum seeker” denotes any person who is seeking humanitarian protection in Germany. Any reference to “people” or “persons” in this text includes both men and women as equals.

[2] Persecution on the grounds of ethnicity, religion, nationality, political beliefs, or membership of a particular social group

[3] The proportion of asylum seekers from the West Balkan states has decreased.

In Germany in particular, these healthcare responsibilities fall under the administration of public health structures that are unprepared for the magnitude and extent of the present situation. Additionally many Public Health institutions have had to accept cuts in their budgets and staff over the past few years. Only the high level of commitment of numerous on-the-spot volunteers has enabled medical care for asylum seekers within the shortest possible time.

In response to the situation, the German government passed the Asylum Process Acceleration Act, which will take effect on 1 November 2015 and which addresses a number of issues related to healthcare provision.

## Objective of this statement

The primary objective of Germany's public healthcare system is to protect the health of every person living in Germany. This can only be achieved through barrier-free access to adequate medical care. It is important to consider the special needs of vulnerable persons.[4]

This statement attempts to highlight existing problems in the provision of healthcare for asylum seekers, as well as to offer guidance towards potential solutions. The statement does not claim to be comprehensive, especially given that it is difficult to gauge how the current situation will develop.

The focus of the statement is the provision of healthcare to asylum seekers from the moment of their arrival in Germany to the time when a decision is made on their status.

Another relevant group are those persons whose asylum application has been rejected. They should be provided with basic medical care during their remaining time in Germany, and this care must be financed. Unregistered asylum seekers and persons without official identification documents should also be granted access to publicly funded acute care. In such cases, it must be ensured that patients are not subject to legal repercussions as a result of receiving treatment.

The following pages outline the key areas for action concerning healthcare provision for asylum seekers following their arrival in Germany.[5] The statements are based on discussions with experts who have knowledge and experience in this area; up to now there have been very few studies on the health status and health-related needs (of asylum seekers), or on the prospects of related healthcare measures. Please note that healthcare provision for permanent residents is not addressed in this statement.

[4] In Article 21 of Directive 2013/33/EU of the European Parliament and of the Council (of 26 June 2013), which stipulates standards for the reception of applicants for international protection, vulnerable persons are defined as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders, and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.

[5] The present statement cannot draw any conclusions on financing issues/options.

## Key areas for action

### (I) Medical examinations and care in reception centres

Asylum seekers must have a possibility of accessing adequate medical care.[6] The health authority of each respective German state is responsible for conducting initial medical examinations (Section 62 Asylum Procedure Act [*Asylverfahrensgesetz AsylVfG*]). The scope of the examination is decided by each state and varies from state to state. Any treatment and billing for medical services after the initial medical examination are to be carried out in accordance with the Act on Benefits for Asylum Seekers.

The Asylum Process Acceleration Act aims to ensure that asylum applications are processed within six months. The length of time an asylum seeker may remain in a reception centre has been extended to six months.[7] Consequently, more initial reception centres with a greater capacity have to be established. In this context, these centres will take on even more significance in terms of providing healthcare and preventing infection.

It is likely that a large number of asylum applications will be approved. It is therefore in the interest of public welfare that these persons receive good medical care at an early stage, not least in order to avoid long-term health problems and secondary diseases.

- **It is urgent and imperative that national standards are developed for performing the initial medical examination and registering the health status of asylum seekers**. These should include a protocol for diagnosing and identifying infectious diseases (including those contracted during their flight or in the home country).
- **Standardized vaccinations** should be ensured as part of the initial medical examination.[8]
- **Standardisation** of **documentation** for all the relevant health and treatment data is also necessary – in electronic form where possible.
- **Acute and chronic illnesses** diagnosed during the initial medical examination should **continue to be treated** in all cases to a reasonable extent.
- An **effective chain of communication** between SHI-accredited physicians[9] and hospitals allows information received about diagnoses and treatment to be relayed, thereby ensuring appropriate further treatment and/or avoiding multiple courses of treatment. The development of suitable **IT infrastructures** is urgently required (at least for gathering basic information).

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[6] Cf. also Directive 2013/33/EU of the European Parliament and of the Council, Article 19, http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:180:0096:0116:DE:PDF (Accessed: 7 October 2015).

[7] Persons from safe countries must continue to live in the reception centre until their case is determined or until their residency expires.

[8] See also http://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2015/Ausgaben/41_15.pdf?__blob=publicationFile (Accessed: 14 October 2015).

[9] Physicians accredited by the Statutory Health Insurance.

- To master the challenge of the initial medical examinations, **coordination** and agreement – under governmental responsibility – between all the parties involved (responsible health authorities, voluntary services, local doctors and hospitals) is imperative. It is helpful to keep records of procedures – especially when working with volunteers – for example by creating checklists.
- Knowledge about the diagnosis and treatment of diseases in asylum seekers' home countries is essential for the work in initial reception centres. **Medical personnel** should receive the appropriate training**.**
- The above-mentioned requirements could be met adequately in an **on-site polyclinic**. Every initial reception centre should have access to a polyclinic under public ownership. These clinics should have the following criteria:
  - Basic medical equipment for diagnostics and treatment
  - Medical care provided by a core team of general practitioners, supported temporarily by specialist physicians and healthcare professionals
  - (Medical) interpreters and a budget for these services
  - Where possible, additional assistance provided by asylum seekers who are medical professionals (see Section III)
  - A manager with acknowledged competence in public health, who is responsible for coordination and external networking, i.e. cooperating with hospitals that have the necessary diagnostic resources (e.g. university hospitals); networking with local doctors; liaising with other centres and institutions (e.g. social services). The clinic manager should also be involved in the structural and conceptual planning of the initial reception centres, as well as in ongoing decision-making processes.
  - Clinic employees with in-depth knowledge of the specific problems faced by the patients; familiarity with typical diseases in asylum seekers' home countries; cultural and religious sensitivity; and experience working with traumatised persons
- **Women and children** should be protected from possible physical, sexual and psychological violence through the provision of **separate areas** in the initial reception centres.
- To reduce administrative workload and costs we recommend **introducing an electronic health card** for asylum seekers nationwide. Some of the federal states have already implemented these measures.

**Once an asylum application has been approved and/or a person has left the initial reception centre**, medical care could be carried out at **specialist regional clinics**, for example, or during specified hours and at out-patient clinics. These can function as a first point of contact for medical care and are competent in treating people with migrant

backgrounds.[10] Specialist (paid) interpreters are involved in the work at these clinics. Specialized medical practices cooperate with the medical professionals in the initial reception centres (e.g. on-site polyclinics) as well as with other (specialist) doctors and social welfare institutions.

### (II) Care and treatment of people suffering from mental illnesses and trauma

Identifying and treating mental illnesses and trauma are important components of medical healthcare provision for asylum seekers. Providing the appropriate kind of psychological/psychotherapeutic treatment for these illnesses as soon as possible is a prerequisite for a person's integration.

There is currently a supply shortfall in the care of traumatised asylum seekers. As a result, among these people there is likely to be a medium-term increase in secondary diseases resulting from trauma, such as depression, addiction and somatoform disorders. When deciding what measures to take, it is necessary to differentiate between the diagnosis of mental illnesses, their acute treatment, and suitable long-term psychotherapy.

- **Reception centre staff** should be **sensitised** to the psychological situation of asylum seekers and equipped with the appropriate screening tools.
- If there are signs of symptoms requiring urgent treatment, an initial appointment should be made with a specialist doctor as soon as possible. During this initial appointment it should be determined whether additional counselling and treatment is necessary.
- Wherever possible, **culturally sensitive interaction** with the affected person and a **competent interpreter** are important.
- **Disseminators** with similar experiences and/or a similar cultural background may be **identified** from among the asylum seekers and **trained**. Their task in the reception centres would be to offer an initial opportunity to speak within a protected space, and to talk about the options for psychological counselling and psychotherapeutic treatment for those affected. These disseminators would work in close contact with those responsible for the reception centres. This service would not, however, replace psychotherapeutic treatment.
- Special care must be taken with **minors** who have been traumatised by war and their experiences during their flight. Alongside the loss of their home and the physical and psychological burden of fleeing, **unaccompanied minors** are additionally affected by the loss of their parents and other family members.
- In many of the asylum seekers' home countries, psychotherapy is rarely practised and/or is stigmatised. This, and the different ways that psychological illnesses are

[10] For information about healthcare provision for migrants, please also refer to the position paper issued by the national working group on migration and public health: http://www.bundesregierung.de/Webs/Breg/DE/Bundesregierung/BeauftragtefuerIntegration/weitereschwerpunkte/gesundheitundsoziales/_node.html (Accessed: 7 October 2015) (only available in German).

handled in asylum seekers' home countries play an influential role in the **choice of treatment** (group therapy, individual therapy, etc.). Local care providers should take this into account.

- Initial reception centres should be **spatially structured and organised** to ensure that the asylum seekers stay healthy. This includes providing possibilities for exercise and sport. To give asylum seekers a sense of responsibility and to strengthen their feeling of self-worth and self-efficacy, they should be integrated into daily routines. Participation in regular educational and language programmes is also beneficial – perhaps via Internet, for example.

### (III) Meeting the demand for qualified personnel

Medical staff with specific expertise is needed to provide medical care for asylum seekers:

- The official German **public health services** play a prominent role in the reception centres. Staff with public health skills is particularly important. In order to perform the tasks required of them, the public health services should be strengthened and expanded through more staff and financial resources.
- **Among the asylum seekers** there are people with **expertise** and experience **in healthcare services** (doctors, psychotherapists, healthcare professionals), whose competences are extremely valuable. We therefore recommend that such individuals be integrated into the healthcare services in an appropriate capacity as soon as possible and on a voluntary basis (e.g. as medical assistants, interpreters). If necessary, specific areas of activity may be defined by those responsible for providing medical care at the centres.
- From a demographic perspective, it is desirable that asylum seekers with suitable qualifications **enter the job market** as soon as possible, not least because of the high demand for personnel in medical professions.
- Healthcare provision for asylum seekers is supported by a large number of highly motivated and competent volunteers. **Civic involvement and private initiatives** should be promoted, strengthened and officially recognised. Legal framework conditions could help to enable and establish voluntary work (e.g. time off from regular work, clarification of insurance coverage, reimbursement of costs incurred). In order to sustain such voluntary support, we must create opportunities for sharing experiences and make expert assistance available (e.g. from social workers). Close contact should be ensured between volunteers, the responsible public authorities, and full-time employees at the centres.

### (IV) Taking linguistic and cultural needs into consideration

Overcoming language barriers and ensuring that culture-specific particularities are taken into account present special challenges.

- It is essential that the language skills of **medical staff are improved** and that **medical staff who already speak other languages** are employed. English plays a significant

role as a lingua franca. Doctors, psychotherapists and healthcare professionals among the asylum seekers themselves can help to overcome linguistic and cultural challenges (see Section III).

- Where possible, interpreters should be employed who possess cultural and religious sensitivity and medical training.
- It would be beneficial to provide **information leaflets about illnesses and their treatment in different languages** which could be laid out at various contact points, e.g. doctors' surgeries and local authority offices. The languages that are currently most in demand are Arabic, Dari, Farsi, French, Hindi, Pashto, Portuguese and Tigrinya. Since the internet is an important resource for asylum seekers, multilingual healthcare information should also be made available online as quickly as possible.
- Asylum seekers should be treated in a culturally and religiously sensitive manner. Therefore, **medical staff** should be given an understanding of this.

### (V) Expanding the scope of available data and research

In order to improve the healthcare provided to asylum seekers, **concrete and comprehensive information about the state of their health is needed**. In addition to acute conditions, this includes chronic illness, disorders, traumas, secondary diseases, and social and environmental factors.

The data and research currently available on this topic are insufficient, which makes it e.g. very difficult to make a sound cost assessment. A survey of health data is required, alongside the development of adequate research capacities.

The most important research components include:

- **Establishing a routine data system for research use** that keeps a record of the services provided to asylum seekers (anonymously) and which can be conveyed nationwide.
- **Incorporating** asylum seekers **in primary data sources for public health** in Germany, such as the health monitoring programme at the Robert Koch Institute.
- **Monitoring the health** of asylum seekers over several years in order to gauge healthcare needs during the integration period of those staying in Germany for a longer time or on a permanent basis (**cohort studies**).
- **Involving migrants** in the monitoring of health-related issues in order to facilitate a differentiated analysis of the healthcare situation.
- **Expanding and supporting networks** between scientists, researchers and practitioners.
- **Rapidly initiating** research into: the quality of psychotherapeutic treatment; the use of therapy services; ways of improving professional healthcare competence; the effectiveness of prevention measures; social and economic impacts.

- **Strengthening research, education and training** in the fields of **public health and global health.**[11] The flight and migration of large groups of people are a recurring global phenomenon. Specific topics must be systematically addressed from the perspective of public and global health: the numbers of people on the move; their reasons for fleeing their homelands; what needs to be done to stop mass migration; tackling the consequences.

This research will facilitate **evidence-based public health recommendations** and interventions. It will enable assessment of the effectiveness of implemented measures, and allow modifications to be made if necessary. Interdisciplinary research structures will also lead to effective integration approaches. Finally, the research efforts will lead to the creation of a reliable database that can be used to realistically describe the health situation of asylum seekers.

## Method

This brief statement was approved on 14 October 2015 by the presidents of the academies involved: Prof Jörg Hacker (Leopoldina), Prof Reinhard F. Hüttl (acatech) and Prof Hanns Hatt (Union of the German Academies of Sciences and Humanities). The academies would like to thank the following individuals as well as numerous members of the presidiums for their constructive comments and suggestions for improvement, which were taken into consideration wherever possible in the final version of the statement. The following individuals contributed to the preparation of the statement:

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- Prof Peter Scriba, LMU Munich
- Prof Lothar H. Wieler, President of the Robert Koch Institute

[11] Cf. the statement on "Public Health in Germany: Structures, Developments and Global Challenges" issued by Leopoldina, the National Academy of Science and Engineering (acatech), and the Union of the German Academies of Sciences and Humanities.
http://www.leopoldina.org/uploads/tx_leopublication/2015_Public_Health_LF_EN_01.pdf (Accessed: 30 September 2015).

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- Dr Walter Bruchhausen (PD), Institute for the History, Theory and Ethics of Medicine, RWTH Aachen University
- Dr Andreas Gilsdorf, Robert Koch Institute
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