

LEFT BEHIND: VOICES OF PEOPLE EXCLUDED FROM UNIVERSAL HEALTHCARE COVERAGE IN EUROPE



ACKNOWLEDGEMENTS

We would like to express our gratitude and appreciation to the service users of Médecins du Monde/Doctors of the World (MdM) and the European Federation of National Organisations Working with the Homeless (FEANTSA) member programmes that contributed their time and testimonies to this report of human stories.

We would also like to draw attention to the work of MdM volunteers and staff as well as FEANTSA staff and members that have carried out interviews and supported service users. We are grateful for your work and tireless efforts.

This project received support from the European Programme for Integration and Migration (EPIM) – a collaborative initiative of the Network of European Foundations (NEF).

The authors are solely responsible for the content of this report, which represents their views only. It is not considered to necessarily reflect the views of EPIM and NEF, or their respective partner foundations. EPIM does not take any responsibility for the use that might be made of the information contained in this report.

Front cover – *MdM Belgium*: Herstelopvang Antwerpen. Photo by Marie Monsieur. The photo has been cropped



LEFT BEHIND

INTRODUCTION

According to a well-known saying: “the healthy wish for many things, but the one who lacks health wishes only to be well.” Poor health has many components and having multiple vulnerabilities does not just worsen poor health, it causes it. In 2020, the global pandemic coronavirus disease 2019 (COVID-19) has shown clearly how vulnerable we are, not only at an individual level, but at community level, when the old and already sick lack access to measures to protect themselves. Médecins du Monde (MdM) has a longstanding history of experiencing first-hand how social injustice causes illness.

Conversely, health, and more specifically, the right to health is instrumental to fight injustice and has been an integral part of human rights. The Universal Declaration of Human Rights (1948) states in Article 25: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family.”¹

Since then, the right to health has been affirmed through the entry into force of the International Covenant on Economic, Social and Cultural Rights in 1976,² reassured through the Sustainable Development Goals (SDGs) (2015)³ and again with the promise of reaching Universal Healthcare Coverage (UHC) (2019).⁴

UHC has been defined as “ensuring that all people have access to needed health services (including prevention, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.”⁵ With its commitment to health for all the SDGs pledged to put the most marginalised and disempowered at its centre and to “leave no one behind,” reaching the furthest behind first.

MdM presented in its latest 2019 Observatory Report⁶ a mapping of access and barriers to healthcare in seven European countries (Belgium, France, Germany, Luxembourg, Sweden, Switzerland, and the United Kingdom [UK]) and concluded that healthcare exclusion in Europe disproportionately affects people already facing vulnerabilities, with the overwhelming majority of the people that MdM saw lacking healthcare coverage. The 2019 Observatory Report hence, provided evidence that the member states of the European Union (EU) are not meeting United Nations (UN) and the World Health Organization (WHO) standards on UHC, nor are they respecting the human rights frameworks that protect UHC.

The 2019 Observatory Report furthermore placed a significant focus on the EUs homeless population and the relationship between health and housing and showed that people living in insecure housing reported worse physical and psychological health. A result that is well supported in academia.

Health is a dynamic process that depends on different influencing factors. The large proportion of people in precarious housing situations within the data set (78.5% of respondents) indicates that national health policies fail to include and address the needs of people experiencing homelessness.

Although there is an important role that health services can play in responding to the needs of homeless people and ensuring that homeless people can access them, to achieve UHC and SDG 3, an holistic approach that looks beyond healthcare services and includes housing, as well as finance, employment, and education, must be taken.⁷ A first step in this direction is to ensure that the voices of people facing vulnerabilities, such as homelessness, are being heard.

On January 24 2020, the first European case of COVID-19 was reported in France. On January 30 2020, the WHO declared the first outbreak of COVID-19 a “public health emergency of international concern” and on March 11 2020, Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO, declared COVID-19 a “global pandemic.”⁸ And, whilst acknowledging the crises caused by COVID-19, Dr Ghebreyesus further declared that it must be a turning point, “a catalyst for making universal health coverage a reality.” “The only way forward is together, working in solidarity for a healthier, safer and fairer world, as if it was a matter of life and death, because it is.”⁹

The COVID-19 outbreak has turned into a deep concern for many and also provided an extraordinary challenge for the fulfilment of the Right to Health for All. Since people living in precarious situations, like homeless people, are at higher risk of being exposed to the pandemic, universal access to healthcare is now more important than ever and social determinants of health, such as housing, are key factors for combating the pandemic.

Ensuring universal access to health with marginalised groups at the centre demands visibility of these groups and knowledge of the barriers to health they face. “We must listen to the people we serve and to whom we are accountable.” “By working in solidarity, we can deploy accountability in health to transform commitments into progress and make a real difference to the most vulnerable and marginalized in our world” (Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO).¹⁰

1. United Nations. (1948). *Universal Declaration of Human Rights*. Retrieved 20 October 2020, from <https://www.un.org/en/universal-declaration-human-rights/>

2. UN General Assembly. (1966). *International Covenant on Economic, Social and Cultural Rights*. 16 December 1966. United Nations, Treaty Series, 993: 3. Retrieved 28 October 2020, from <https://www.refworld.org/docid/3ae6b36c0.html>

3. UN General Assembly. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*. 21 October 2015. A/RES/70/1. Retrieved 28 October 2020, from <https://www.refworld.org/docid/57b6e3e44.html>

4. World Health Organization. (2019). *Universal Health Coverage: 2030 Agenda for SDGs*. Retrieved 28 October 2020, from https://www.who.int/health-topics/universal-healthcoverage#tab=tab_3

5. World Health Organization. (2020). *Health systems: Universal Health Coverage*. Retrieved 16 October 2020, from http://www.who.int/healthsystems/universal_health_coverage/en/

6. Burns, R., Aldridge, R. W., Graverson, P., Miller, A. K., Bader, C., Offe, J. & Fille, F. (2019). *Left behind: the state of Universal Healthcare Coverage in Europe*. Stockholm: Médecins du Monde. Retrieved 28 October 2020, from <http://www.doctorsoftheworld.org.uk/publications>

7. World Health Organization. (2019). *Healthy, prosperous lives for all: the European Health Equity Status Report*. Copenhagen: WHO Regional Office for Europe. Licence: CC BY-NC-SA 3.0 IGO.

8. European Center for Disease Prevention and Control. (2020). *Timeline of ECDC's response to COVID-19*. Retrieved 12 October 2020, from <https://www.ecdc.europa.eu/en/covid-19/timeline-ecdc-response>

9. United Nations. (2020, October 8). *Universal Health Coverage “more urgent than ever” – UN chief*. *UN News*. Retrieved 21 October, from <https://news.un.org/en/story/2020/10/1075002>

10. The Partnership for Maternal, Newborn and Child Health. (2020). *Data collection and greater accountability can help the world build back better after COVID-19*. Retrieved 21 October 2020, from <https://www.who.int/pmnch/media/news/2020/data-collection-COVID-19/en/>

RECOMMENDATIONS

In light of the findings in the 2019 Observatory Report,¹¹ the human stories presented in this report and the global endeavour to combat the pandemic, it is imperative to reach the commitments of the UN proclamation of UHC – to first reach those who are furthest behind. In order to achieve this we strongly urge the European governments and EU institutions to:

- improve the accessibility of regular healthcare systems to include full entitlements to health for people in vulnerable situations such as homelessness, migration, and poverty, especially for children;
- improve methods to identify barriers to health for the most vulnerable by including them in data collection; and
- implement a rights-based approach as it is the only way we can make sure that no one is indeed left behind.

PURPOSE AND STRUCTURE

In 2019, MdM launched its Observatory report: *Left Behind: The State of Universal Healthcare Coverage in Europe*,¹² which presented, through mainly quantitative data, a rare insight to barriers in access to care for people facing vulnerabilities. To further provide a deeper insight into what it means to be excluded from healthcare by the people behind the statistics, a complementary report was created.

This complementary report: *Left Behind: Voices Of People Excluded From Universal Healthcare Coverage in Europe* is a compilation of human stories from people seen at MdM and the European Federation of National Organisations Working with the Homeless (FEANTSA) member programmes. It is part of a partnership between MdM, FEANTSA, and the European Citizens Action Service. It is a product within the Civic Observatory on the Rights of EU Citizens.

The purpose of this complementary report is to provide policymakers at national and EU level with evidence from the most vulnerable in our societies. By providing human stories with experiences of barriers in access to care, especially during the COVID-19 pandemic, we hope to offer a glimpse of the reality for people excluded from mainstream healthcare and also stress the importance of healthcare being universal.

This complementary report acts as:

- a presentation of qualitative data providing an in-depth complement to the statistical data presented in the 2019 Observatory Report¹³;
- a beneficial resource with regard to missing data on excluded populations' experiences of barriers in access to care, offering a greater understanding of the problem at hand; and
- an arena for people excluded from healthcare to raise their voices and tell their stories.

DATA COLLECTION

The term “human story” refers to a case study made from an interview transcript of a testimony. The human stories include not only the direct details and quotes from the informant's testimony but also case context alongside social/legal context, added by the writers.

Testimonies were collected between 2019 and 2020 through face to face interviews at MdM and FEANTSA member programmes in six European countries (Belgium, Denmark, Germany, Romania, Sweden, and UK). The interviews were semi-structured allowing the informant to speak freely with the aid of a few interview questions. In March 2020, COVID-19-specific questions were included to the interview guide in an attempt to capture the experiences of people facing vulnerabilities with regard to the pandemic.

Testimonies were collected with informed consent of the service users. The informants had the possibility of excluding information if desired, which is why some human stories lack certain information and detail such as the city of collection. The human stories have been de-personified and the names of all informants have been changed to maintain anonymity.

PARTICIPATING PROGRAMMES

Testimonies were collected at the following programmes:

MdM programmes

MdM Belgium: The MdM Jacques Brel Day Centre is a temporary shelter set up specifically during the first wave of the pandemic in Belgium, dedicated to homeless people and people in precarious situations, wishing to meet several basic needs, such as hot meals, laundry, showers, naps, and psycho-medical-social counselling. This day centre, coordinated by MdM and commissioned by the Brussels-Capital Region, was supported in particular by the rich inter-associative collaboration with Rolling Douche, Bulle, Source ASBL, and Athéna. This exceptional project would not have been possible without the valuable commitment of a hundred or so volunteer citizens. Solidarity is a driving force for action, and the need to be together in the context of a generalised pandemic.

MdM Germany: The MdM programmes in Munich, Berlin, and Hamburg offer medical treatment and social counselling. The projects' long-term aim is to (re)integrate all patients into standard medical care. The MdM clinics provide primary care as well as specialised care such as paediatric, gynaecological, and psychiatric

consultations. The project in Hamburg is run in collaboration with the organisation hoffnungsorte hamburg/Verein Stadtmission Hamburg and the project in Berlin in cooperation with Medizin Hilft e.V.

MdM Sweden: The MdM clinic in Stockholm provides primary care for, mainly, European citizens and undocumented migrants. In addition, the MdM clinic offers legal advice and psychosocial support to European citizens, undocumented migrants, and asylum seekers.

MdM UK: The MdM London clinic provides primary care and assistance to register with a doctor (general practitioner – GP), as the entry point to mainstream primary and secondary healthcare. A specialist family clinic provides services to pregnant women and children.

FEANTSA member programmes

Association Casa Ioana, Romania: A charity based in Bucharest, which specialises in victims of domestic abuse and families who become homeless. Their purpose is to address the multiple underlying issues concerning domestic violence and family, rather than providing only emergency services, to regain family stability and affordable housing.

Europa Brücke Münster, Germany: This is a project coordinated by the City of Münster and the non-governmental organisation (NGO) Bischof-Hermann-Stiftung. They offer advice to destitute mobile EU citizens, especially for families with children.

Praxis, UK: Founded in 1983, which focuses on migrants and refugees. They help migrants who are at risk or in crisis, including those experiencing homelessness and housing exclusion. They offer specialist legal advice, guidance on accommodation, or any other kind of support.

Projekt Frostschutzengel 2.0, Germany: A project managed by GEBEWO Berlin and Caritas, their services are focused on mobile EU citizens experiencing homelessness in Berlin. They offer health advice, German courses, and other kinds of support.

Projekt Udenfor, Denmark: A Copenhagen-based NGO established in 1997, its purpose is to offer help for homeless people and carry out tasks, which the social services or other NGOs will not or cannot perform.

11. Burns, R., Aldridge, R. W., Graverson, P., Miller, A. K., Bader, C., Offe, J. & Fille, F. (2019). *Left behind: the state of Universal Healthcare Coverage in Europe*. Stockholm: Médecins du Monde. Retrieved 28 October 2020, from <http://www.doctorsoftheworld.org.uk/publications>

12. *ibid.*

13. *ibid.*

HUMAN STORIES

EU CITIZENS¹⁴

MARLENE B, MUNICH,
DECEMBER 2019

Marlene B, a 57-year-old woman, came to our general medical consultation for the first time in October 2019, because she had acute respiratory problems. Marlene grew up in Germany, has German citizenship and has had no health insurance cover since 2013.

Marlene reports that she lost her health insurance cover as a result of her unemployment in 2013. After the first unemployment benefit (Arbeitslosengeld I [ALG I]) expired, she applied for the second unemployment benefit (Arbeitslosengeld II [ALG II]), which was refused due to her partner's income, with whom she was living. Marlene didn't want to become completely dependent on her partner but could not continue to pay her health insurance without her own income: *"Then I tried again and again [to apply for ALG II] and it was rejected every time."*

At that time, Marlene already had a severe cough and increasingly frequent shortness of breath. It was reasonable to assume that she had a serious respiratory disease, as her brother also suffered from a serious illness with similar symptoms. As the medicines for respiratory diseases are very expensive, Marlene wasn't able to afford the medicines without health insurance: *"The health insurance company said they couldn't take me because I have so many debts. To pay the health insurance privately was not possible, because I would have had to pay 12,000 euros of contribution debts."*

Afterwards, Marlene did not know how to deal with her deteriorating state of health: *"You are so helpless, don't know where to go. The bad thing was not to become more ill. It would not have been possible to pay the doctor. And the fear that I would need medication that I could not afford. Or if something were to happen so I would need to go to hospital, who would pay for it?"*

Another barrier for making use of medical consultation was having to explain why you are not insured:

"Going to the doctor without a health insurance card – certainly not."

The only possibility to be re-included in the statutory health insurance would be to marry her partner. But marrying just because of her health insurance was not an option for Marlene.

When the disease steadily worsened and Marlene lost 20 kg of weight within a year, it became clear that she could not continue like this. Her sister looked for alternative care options. Finally, Marlene found the services of open.med München, run by MdM Germany, where she attended a medical consultation.

The volunteer doctors diagnosed Marlene with chronic obstructive pulmonary disease (COPD) – a respiratory disease, which they treated with medication. However, long-term treatment, in accordance with the guidelines, provided by MdM Germany would not have been possible. However, with the support and advice of MdM Germany, within 1 month Marlene was assured full insurance cover by her health insurance company.¹⁵ The contribution debts could be reduced to almost 3,000 euros. As a result, the treatment for COPD could finally be started: *"At last I was helped. Here at open.med everyone was so open and without prejudices."* *"And how happy I was when my health insurance card was in the letterbox."*

The open.med München project approached the statutory health insurance company together with Marlene and asked for a debt relief. An agreement on payment by instalments was reached, and after Marlene paid the first instalment and the health insurance contribution, she is now insured since October 30 2019.

**“GOING TO
THE DOCTOR
WITHOUT
A HEALTH
INSURANCE
CARD –
CERTAINLY
NOT.”**

14. The term EU citizens refer to citizens of European Single Market states - European Union countries, European Economic Area, and Switzerland.

15. The last company a person is insured with, that insurance company is legally obliged to take back former members.

SORINA M, MUNICH,
JULY 2020

“I AM GRATEFUL TO HAVE RECEIVED MEDICAL TREATMENT. I AM NOT INSURED, ALL I ACTUALLY HAVE HERE IS AN ID-CARD.”

Sorina M, a 36-year-old woman, has returned to Germany from Romania from time to time for several years now, in order to find a job and earn money. The financial pressure has become even greater when her husband, and father of her two children, died 6 months ago. Whilst the adult son is also in Germany looking for work, the underage daughter lives in Romania with her grandparents. In the home country the family is urgently dependent on financial support by Sorina. Therefore, she last travelled to Germany in January 2020 to work, for a long time a return journey to Romania was then no longer possible because of the border closures. Once, Sorina could already take up a job, which provided her with social security cover, but she lost the job after only 1 month. Currently, her main sources of income in Munich are begging and collecting bottles with refundable deposit. Since the rents for housing are too expensive, she sleeps in the municipal overnight stay protection. Sorina cannot afford health insurance either. Yet, insurance would be particularly important for her, as she suffers from several chronic diseases, including tachycardia, an autoimmune disease, and diabetes.

The difficulties of getting treatment for her severe chronic diseases in Germany without health insurance and without a fixed income caused a lack of prospects. This was a reason for Sorina to return to Romania although she does not have health insurance there either and has to pay for medical consultation. When by chance she became aware of the open.med München project, run by MdM Germany, through the mobile clinic at the Munich emergency accommodation, she was very happy:

“I am grateful to have received medical treatment. I am not insured, all I actually have here is an ID [identification] card.”

Although Sorina is calm, optimistic, and restrained in her concerns for herself, she is particularly threatened by the pandemic because of her pre-existing illnesses: *“We wear the masks, but principally at the entrance and the*

portal, and then people take the masks off again.”

Therefore, the cramped spatial conditions of the emergency accommodation in combination with the high fluctuation of residents pose a high risk of infection especially for vulnerable persons like Sorina. She had to deal with new problems because of the pandemic also outside the mass accommodation. Due to the lockdown, there hardly were people out and about in the city, hence sources of income like collecting deposit bottles were almost completely lost. Although Sorina had learned a little German in school, she found it difficult to orientate with the new and frequently changing rules regarding COVID-19, which is why she turned to open.med München: *“I come here to open.med when I have any problem or when I have questions [...] and then I get the answer.”*

For vulnerable groups of people with chronic diseases, and especially during the lockdown, open.med München sees a priority in the assured provision of healthcare and medication. This was made possible because the medical consultation could continue under strict hygiene regulations. Due to the increased risk for Sorina in case of an infection with COVID-19 because of her pre-existing illnesses, the almost 1-hour drive from the emergency accommodation to the open.med München location was also a risk factor for her. At that time, the open.med München team decided to increase the frequency of operations in the emergency accommodation in order to improve the healthcare offer there for people like Sorina.

During the crisis, open.med München also serves as a contact point for Sorina where she can get information. The fact that interpreters attend the medical consultations and operations of the mobile clinic is an important aspect for her, which creates confidence and has a positive effect on the treatment. This allows her to communicate her problems and to receive clear advice.



MARK S, DENMARK, AUGUST 2020

Mark S, a 57-year-old man, lives in a tent he set up in a park in a Danish city. His main source of income is cash returns from bottle recycling.¹⁶ Because of this, he thinks the pandemic has not affected him as much as it has affected the newspaper sellers (the homeless newspaper Hus Forbi), but it takes him longer now to collect the same amount of money as he used to before the pandemic.

For him, having to wear a face mask on public transport is frustrating, since he cannot afford face masks and he usually collects bottles from trains. He tried to follow the government's advice for protecting himself and in the beginning, he used disinfecting gel, but as he carries all his personal possessions with him every day, at one

point he could not continue to carry them: *"It's about prioritizing, it's my sleeping bag or disinfecting gel."*

Even though he considers he might be part of a risk-group because he is homeless, Mark is not scared of catching COVID-19: *"They told everybody they had to go home, to go inside, to stay inside. I was thinking: 'Where is that for me? Where do I go?' I was all alone; I was in shock."* Mark also said: *"It is annoying that we have to wear face masks come Saturday [From Saturday, August 22 2020 all public transport users in Denmark must wear a face mask]. I mostly get bottles from the trains, and I cannot afford the face masks ... I am really scared to get kicked off the trains."*

**"IT'S ABOUT
PRIORITIZING,
IT'S MY
SLEEPING
BAG OR
DISINFECTING
GEL."**

COSTIN P, STOCKHOLM, AUGUST 2020

Costin P, a 53-year-old man, from Romania has been living in Sweden for 3 months and arrived by bike from Barcelona. Costin has been diagnosed with bipolar disease, a diagnosis he received in Italy, but claims that this is a false diagnosis. Costin is living on the streets of Stockholm and sleeps rough. He usually cooks food under a bridge and finds what he needs to feed himself on the streets but also by recycling cans. Costin does not like to go to places that hand out food but prefers to make it himself.

Costin found MdM through the Stockholm City Mission and he went

to the MdM clinic to get help for his toothache. He tells the volunteers at the MdM clinic that he cannot apply for medical treatment through the public healthcare system because he does not trust the public healthcare system: *"I have no rights, because if I go there [public healthcare facilities] I don't have documents."* Costin says that he avoids seeking care generally and that the only reason he came to MdM was because he was in so much pain: *"When I don't have to, I don't like to say please help me."*

With regard to COVID-19, Costin says: *"I'm taking care of myself. I have my bike and two masks, but I only use them*

when I go to the library." Costin says that he can find good and useful information about COVID-19 at the library where he can use free Wi-Fi. He usually goes there and looks for the information himself. He also says that social distancing is not a problem since he has no friends in Sweden. He has two daughters at home who he worries about but has told them to be careful. If Costin becomes sick with COVID-19 he says he will come to MdM and not the public healthcare system due to lack of trust. Costin says he takes care of himself as best he can on the streets: *"You know, people lived in the middle ages as well."*

Costin belongs to a group of people with very limited access to care. EU citizens lacking the European Health Insurance Card are mostly charged full price for medical treatment in Sweden. The fact that Costin resides legally in Sweden (he has only been here for a little less than 3 months) means he cannot be considered an undocumented citizen and therefore

cannot access care at the same level as undocumented citizens can. Whether Costin can access subsidised healthcare depends on the goodwill of the care provider he sees, which means access to care is arbitrary. MdM Sweden sees a lot of rightsholders that, for different reasons, do not dare visit public healthcare facilities and already

at the onset expect their rights to be violated. This could be due to previous experiences or stigma. With an ongoing pandemic, trust in public healthcare systems are more important than ever to prevent diseases from spreading and to protect vulnerable groups but for people like Costin, access to care is far from guaranteed.

**"WHEN I DON'T HAVE TO, I DON'T
LIKE TO SAY PLEASE HELP ME"**

16. Denmark has a developed recycling system and you can receive cash returns from delivering plastic or glass bottles, cans, etc. in specific recycling places. This is an important source of income for many homeless people.



MdM Belgium: Jacques Brel Day Centre. Photo by Olivier Papegnies

ANTONIO G, BRUSSELS, JULY 2020

“I CAME FROM ITALY AFTER THE CRISIS IN 2008. I HOPED LIFE WOULD BE BETTER HERE.”

Antonio G, a 59-year-old man, has been in Belgium for 11 years. Before that, he lived in Italy for 29 years. He has been coming to the Jacques Brel Day Centre for 3 months: *“I came from Italy after the crisis in 2008. I hoped life would be better here.”*

Antonio has two daughters aged 22 years and 12 years old, and a 13-year-old son. He is very proud of his children: *“My son is first in his school in mathematics, so he received a gift from the mayor of Schaerbeek.”* When Antonio first arrived in Belgium, he worked in a second hand store. Then he lost his job. He has had a lot of difficulty finding work, because he cannot write.

Today, he is a subsidised worker in parks and roads working 45 hours a month: *“I rent a little room, for which I pay 400 euros a month. There is no hot water. But I have no choice. I was homeless for 5 years and that was the worst.”*

He has been on the waiting list for social housing for 10 years.

With COVID-19, everything has had to close, the cafes, the mosques, which have made life very difficult for Antonio: *“Normally I take my shower in the public gym. But with the pandemic, they have all closed.”*

Antonio comes to the centre to use the showers, take a little nap, and have some food: *“Here, it is calm and quiet. I can stay for the day, see friends. It’s a help.”*

Antonio first got to know MdM Belgium through the Medibus, a mobile unit that goes to train and metro stations and buildings with squatters, to provide basic care, hot drinks, and referrals to care centres or other services: *“I’ve been seeing them for 5 years now as I was operated on in my heart. Now they have a new bus, it’s super nice.”*

AMALIA AND COSTEL A, ROMANIA, AUGUST 2020

Amalia and Costel A, a 41 and 45 year old couple, are the parents of two children under 4 years who are all living in a big city in Romania. Both parents used to work in the hospitality industry before the pandemic. The family was homeless for the first time in their lives in July 2020, as a consequence of both parents becoming unemployed due to COVID-19. After spending all their savings on paying rent for the studio they lived in, the whole family ended up homeless and sleeping in a park. They had faced poor living conditions before, such as lack of hot water and no heating in their studio, but this was the first time they experienced homelessness and sleeping rough.

Fortunately, it did not last long, as they were guided by the authorities to one of the few services for the homeless in the city, where they could be hosted as a family. Their other option would have been to ask help from a centre for homeless mothers with children, but that would have meant that the father would remain on the streets. Another risk they faced, if they had stayed homeless, was to have the children removed from the family, as the parents could not provide safe living

conditions for them anymore: *“It’s my first time in such a shelter. When we spent that evening in the park with the children, we simply stayed on a bench and held them in our arms, I cannot say that we were sleeping. The next day we went straight to the child protection services and they directed us here”* (Amalia).

No other help was possible, their employer refused to borrow them money for paying rent. Costel used to do seasonal work abroad in the past to support his family, but that did not help them much financially and it was not possible for him to travel during the pandemic. When the crisis started, the employer refused to pay them unemployment support as the state provided for this period. Since they were hired without legal forms, there was nothing they could do. At the restaurant where they worked, all the positions were restructured and people were called to work in turns for a maximum of 2 to 5 days per month. The tasks they received were also different from what they were usually doing: instead of working in the kitchen now they had to do deliveries, and all the orders were taken online. As they did not have a work contract to

pay for their social contributions, both parents did not have health insurance. Luckily, they could receive psychological counselling through the temporary shelter where they lived.

They heard about COVID-19 on the television and read about it on the internet, but are confused and believe that a lot of the population is being manipulated. Both parents describe themselves as being positive, with calm and strong personalities, and with no health problems. However, during the pandemic it has been very hard for them and this has especially affected their mental health. For the moment, they can remain in the shelter, but they do not know what they will do in the long term: *“I don’t have physical health problems. Mentally, however, I am pretty bad. I feel like a serious depression has taken over me and I am getting help from the shelter to see a psychotherapist. I had bad moments before, but this is too much. I am not used to not being able to work in the kitchen, this is what I know and what I like to do”* (Amalia). *“I try to stay positive, but it’s very hard. We have no life anymore. We have no house. We have nothing left. Just my health”* (Costel).

HENRY W, THE UK, AUGUST 2020

Henry W, a 70(+)-year-old man, didn’t pay much attention when the media started talking about COVID-19 – he was too busy trying to find a solution to the eviction notice he had just received. He was told that he had to leave his house by March 2020 but had nowhere else to go.

As the day of the eviction was approaching, he went to the nearest housing association to ask for some advice, but it was closed due to COVID-19 and no one could help him. Finally, with no other options left, on the day of the eviction he packed his belongings, left his house and went to his local council, where he asked for a place to stay.

He was sent to a bed and breakfast (B&B) repurposed to host homeless

people during lockdown.

Even in his worst nightmares Henry would have not imagined to end up in a similar situation: he had to spend lockdown in a small room, sharing the kitchen and toilet with people suffering from drug and alcohol addiction. The toilet was in such a terrible state that he couldn’t force himself to use it – what saved him was a big supermarket in front of the B&B, which he started visiting every day to use their toilets. An organisation was bringing food every day, but if he was not in his room they would leave a small parcel in front of his door, which regularly disappeared by the time he came back.

As he started to be more afraid of the B&B than of COVID-19, Henry

asked his local council for another accommodation. Unfortunately, the new place was even worse: the mattresses were infested with bed bugs, which gave Henry some skin problems that have not healed yet. Henry did not stop asking his council for better accommodation and, after 5 months, he was offered a studio, where he is now living.

Before the outbreak of the pandemic, the NGO Praxis helped Henry to have the “No Recourse to Public Funds” condition¹⁷ lifted, which made it possible for him to access accommodation. If he had still been under this condition during the pandemic, he would not have been able to access public housing, and which would have most likely left him rooflessness.

ALEKSI N, MUNICH, DECEMBER 2019

Aleksi N, a 53-year-old man, from Bulgaria has been living in Germany for 9 years. Since he became homeless, 5 years ago, he frequently has been sleeping in emergency accommodation in Munich, the so-called “Übernachtungsschutz” – an overnight stay protection for homeless people. As a father of three children, he looks for different opportunities to earn money. For example, he buys jewellery to resell it. However, until now he hasn’t found a stable employment, and occasional jobs do not establish financial backstop and social protection.

He succinctly describes his life situation and the access to healthcare in Germany as: *“Difficult. Not easy, no money, and regarding to the healthcare...”*

He came to the mobile clinic of the open.med München, run by MdM Germany, for the first time in October 2017. There

he receives medical care, in particular on orthopaedic problems for his knees and feet – this kind of treatment he would not have been able to afford in a regular medical consultation.

In the rather isolated surroundings of the emergency accommodation, Aleksi hasn’t had any personal experience with COVID-19, as yet. Therefore, it is difficult for him to believe in the pandemic. Nevertheless, Aleksi and his roommates try to observe the rules of hygiene, but: *“There are four of five hundred people here [...] and you touch everything, you are scruffy, you are untidy.”* He does not believe that in such a big emergency accommodation, safety from infectious diseases is possible.

The reasons why Aleksi was uninsured for so long were mainly financial. A voluntary statutory insurance in Germany would have cost about 180 euros per month. In addition, he would

have had to pay off contribution debts in Bulgaria in order to be admitted to the statutory health insurance in Germany. This was not financially feasible. The alternative would have been employment in Germany. Therefore, he would have had to either find a job to be covered by social security or, as an EU citizen working for at least 5 hours a week, he would have had to apply for additional social benefits to become insured. He was unsuccessful in both cases. The language barrier was a major problem. Aleksi was able to assert pension claims in Bulgaria, hence he has been covered by health insurance there since June 24 2020. The open.med München team now helps him to apply for the European Health Insurance Card, so that in the future he will also be entitled to outpatient or inpatient treatment in Germany, at least in emergency situations and in case of any illness.

17. This is a condition in the UK for people who are “subject to immigration control.” This category applies for non-European Economic Area nationals who have a specific immigration status (eg visa overstayers or asylum seekers who have exhausted their appeal rights). This condition bans immigrants to access certain benefits, homelessness assistance, or a local authority allocation of social housing.

“THERE ARE FOUR OF FIVE HUNDRED PEOPLE HERE [...] AND YOU TOUCH EVERYTHING, YOU ARE SCRUFFY, YOU ARE UNTIDY.”

UNDOCUMENTED MIGRANTS¹⁸

SAMIRA H, STOCKHOLM,
AUGUST 2020

Samira H, a 38-year-old woman, is originally from Iran and grew up in Hamburg, Germany. She does not have a residence permit or citizenship in Germany and lived in Albania before arriving in Sweden in November 2018. After her asylum application was rejected 2 months ago, the Swedish Migration Agency decided that she should return to Albania. Samira is not from Albania and does not have a residence permit in Albania. She tells us that she has not received any answers regarding her migration status from the Albanian authorities.

She describes her current situation as being stuck in limbo between Sweden and Albania. She tells us that she no longer gets the LMA card¹⁹ from Sweden.

Samira is 11 weeks pregnant and has been seeking maternity care. She is otherwise in good health but tells us that she is devastated, heartbroken, and stressed about her current situation.

After visiting a midwife, Samira and her boyfriend received a referral to a clinic in central Stockholm. Samira says that in the referral it was stated that they would not have to pay for prenatal care. However, at the clinic, they were informed that they had to pay if she could not show proof of being undocumented. Samira stated that the Swedish Migration Agency does not issue any documents of that sort. Instead, she showed the decision from the migration agency, but the clinic refused to accept this as evidence of being undocumented. The clinic claimed that the document does not guarantee that someone will pay for the treatment. During her appointment, the

staff at the front desk mentioned the cost six to seven times: *"I do not know if they receive the money from some sort of system if one is undocumented, but it was really important for the clinic to get the money,"* Samira says.

The clinic could not reach Samira's caseworker at the Swedish Migration Agency. Samira explained that the caseworker is often difficult to reach. When Samira spoke to the midwife who referred her to the clinic, the midwife said that the clinic had to give her prenatal care.

Samira describes her situation as devastating: *"It makes me devastated and it makes me sad. I am always feeling stressed over thinking about what I should do. I will not stop trying to find anything that can help. I have only been undocumented for 2 months. Since I want what is best for my child I will try everything."*

"I think it would be easier if all clinics had the same definition of undocumented. It would be easier both for them and for us," Samira says. She adds that it would be good if one could have an LMA card if you received a rejection on your asylum application but are still waiting for an answer from the country where you are applying for asylum: *"One should have a status. If the police arrest me now, what should I show them? I do not have any identification card."*

Samira was referred to MdM Sweden's clinic in Stockholm by the lawyer she was assigned to, and was informed by MdM Sweden that their legal clinic can assist her with free legal help and psychosocial support.

When MdM Sweden was informed about Samira's case, notification of deviation was made regarding the caregiver that on false grounds denied Samira maternity care. People residing in Sweden without valid permits have, according to the law, free access to care that cannot be deferred, including maternity care. Undocumented people are not required to show evidence of being undocumented, since no such document exists. Having an ID or a passport is not the same as having a valid document to be in

the country. It is also not allowed for health centre personnel to contact the migration authorities regarding a case with an undocumented person, even if it is the caseworker of the person seeking care. Ignorance regarding the law about healthcare for people residing in Sweden without valid permits is, unfortunately, something MdM Sweden sees a lot in their work with this group; the same goes for asking to show a document of their status as undocumented.

“ONE SHOULD HAVE A STATUS. IF THE POLICE ARREST ME NOW, WHAT SHOULD I SHOW THEM? I DO NOT HAVE ANY ID-CARD.”

18. People not having a right or permission to reside in the country they presented in due to not fulfilling conditions for entry, stay, or residence.

19. When applying for asylum in Sweden, applicants will receive an LMA (lagen om mottagande av asylsökande, or the Act on Reception of Asylum Seekers) card as proof of status. This card also grants access to medical services.

PETRA I, BERLIN, JANUARY 2020

Petra I, a young woman in her late 20s from Serbia, without a valid residence title and homeless in Germany, came to open.med Berlin, run by MdM Germany, as she was unstable when walking and did not know why. After a detailed examination she was diagnosed with highly active multiple sclerosis. The first outbreak had already caused a significant disability. Petra was immediately referred to a medical practice specialising in neurology that cooperates with open.med Berlin, which got in contact with a hospital after the

diagnosis had been confirmed.

Before Petra could be accepted in hospital, the hospital wanted confirmation for an estimated treatment cost of around 4,000 euros. The neurologist contacted the pharmaceutical company, which estimated the cost of 3 months therapy at an additional 5,000–6,000 euros.

Through a clearinghouse for people without health insurance, it was possible to obtain the cost to cover for initial treatment in hospital at short notice. Due

to the seriousness of the disease, the lack of treatment options in Petra's home country and the high costs of treatment, an application was submitted for humanitarian residence, which ensured Petra's treatment at least temporarily. Currently, Petra's state of health is stable and she has accommodation.

If the disease would have remained undiagnosed, irreversible muscle damage would have occurred, leading to paralysis and death.

LUKA R, MUNICH, JULY 2020

Luka R, now a 53-year-old man, came to Germany from Montenegro 26 years ago. Since then he temporarily has been good with his health, had a home and a job, at other times he has been not so good with his health. Currently, Luka is in Germany without a residence permit, has no regular job and no health insurance. After living on the streets for a time he started to spend the nights in the Bayern-Kaserne, an overnight stay protection in Munich. Amongst other diseases he suffers from hepatitis B and cirrhosis of the liver.

In June 2020, Luka came to the medical clinic of open.med München, run by MdM Germany, for the first time. At that time he had such severe health problems that after an ultrasonography performed at the medical clinic he had to be taken to a hospital where an emergency operation was performed. The problem: *"I had no financing at all."*

Any treatment that could not be carried out by volunteers like the doctors from open.med München, was a serious financial burden for him. The financial problems even worsened his health before he came to open.med München: *"If someone is not insured, how can you go to a doctor?"*

In hospital, Luka had to be isolated during the acute COVID-19 phase due to open tuberculosis. Because of his health situation, at the moment he is hosted in a hostel in Munich, which during the pandemic was converted into accommodation for homeless people with an increased risk of severe COVID-19. Distance and hygiene rules can be better observed there, to protect patients with an increased risk. Luka is happy about that, because he worries about the dense occupancy in the municipal emergency accommodation. Many of the facilities where he normally received support (eg where he could do laundry) were closed during lockdown or were open at limited times. Luka therefore had to throw away almost half of his unclean clothes, which he found very difficult, as he had no money for their cleaning, but hygiene had become more important to him. Also the simple living conditions on the street, without much personal possessions, Luka sees risks: *"People drink from one bottle, one after the other."*

Due to his large number of pre-existing illnesses, Luka would be at greater risk of contracting severe COVID-19, if he got infected. The open.med München

team therefore issued Luka a certificate verifying him as an increased risk of severe COVID-19, which enabled him to stay in the hostel. This is an important step to protect his health, but can also lead to subsequent problems. Every person who wants to be accommodated in the hostel must submit an application for ALG II to the Social Services Department. However, since the Social Services Department is obliged to report the personal data to the Aliens Department, this could cause problems concerning his residence permit status. In addition, people that use this alternative to the emergency accommodation are obliged to bear the costs themselves if they have adequate income. This can cost up to 500 euros per month. In addition to these costs, Luka has to pay for a long stay in hospital without health insurance. MdM Germany cannot bear these high costs either. Although in Germany people without health insurance are treated in an emergency case, this increases the problem of financing. If, as in the case of Luka, there is no money, the hospital runs the risk of ending up having to pay for the treatment.

**"IF SOMEONE IS NOT INSURED,
HOW CAN YOU GO TO A
DOCTOR?"**

ABSHIR M, BRUSSELS, JULY 2020

Abshir M, a 27-year-old man, left Somalia in 2011, alone. Rockets that destroyed his house killed his family. There was no government: *"From 1991, everything collapsed. Why would I have stayed? So I decided to leave."*

He asked for asylum in Belgium in 2019. He went to several European countries, such as Germany, the Netherlands, and Switzerland, but preferred Belgium, and stayed there.

He has been on the streets for 6 months. He was in homeless shelters

in Liège and Mons, where all of his belongings, as well as his papers were stolen. He had lost his proof of his asylum application: *"I lost everything again, from one day to the next."*

Today is his first day in the Jacques Brel Day Centre. It offers a shower, food, place to take some rest, and wash your clothes. It also offers medical support and will direct you to the right place if needed: *"You need a place to relax, let your guard down for a few hours."*

**"I LOST
EVERYTHING
AGAIN, FROM
ONE DAY TO
THE NEXT."**

MARILYN C, LONDON, AUGUST 2020

Marilyn C, a woman,²⁰ used to be a domestic worker in Saudi Arabia before coming to the UK with her employer on a working visa in 2016. Upon arrival, her passport was taken from her and she was told she was not allowed to leave the house. She experienced abuse but was very afraid to leave without documents or a valid visa. In 2019, she managed to finally escape and to seek help in a church.

Marilyn had been living without documents and without access to healthcare since arriving in the UK. A friend she met in the church told her about the MdM London clinic after she complained of constant pain in her back. She came to the clinic in January 2020 where the volunteers helped her to register with a GP and to access legal advice. As the lockdown for COVID-19 started in March 2020, Marilyn had no time to apply for asylum. She is currently living with a group of ex-

domestic workers she met through the church: *"Living with people who speak my language and understand what I went through made a huge difference in my life. I was a prisoner and a slave. Now, despite being poor and having no job, I have high hopes for the future after Covid."*

Marilyn struggled to access information on COVID-19 and the lockdown rules. As a result of the pandemic, many charities and services including churches had to close. This left Marilyn and her flatmates in a difficult position where they did not know what was happening and how to protect themselves. She finally managed to find translated information in her language on MdM UK's Facebook page. The translated and regularly updated information was helpful not only on being informed about the pandemic, but also to access local services.

**"I WAS A
PRISONER
AND A SLAVE.
NOW, DESPITE
BEING POOR
AND HAVING
NO JOB, I HAVE
HIGH HOPES
FOR THE
FUTURE AFTER
COVID."**

Everyone in the UK is entitled to register with a GP and to access primary care services. People do not need an ID, proof of address, or proof of their immigration status when registering. However, people sometimes are refused registration because of wrongly demanding these documents. This is one of the main barriers to accessing healthcare for undocumented migrants in England. The fear of data sharing and of being charged

in hospitals are both deterrent factors for people who are in need for secondary care. Recent reports exposed how the different barriers and the hostile environment against immigrants in England result in many abstaining from seeking much needed healthcare. Several cases including mothers with no access to maternity care end up in the Accident and Emergency department in a hospital, as a result.

20. The informant chose not to disclose their age.

**GERIEL D, MUNICH,
JULY 2020**

Geriel D, now a 42-year-old woman, came to Germany around 2 years ago from Mongolia with the hope of a better life. Since it was only possible for Geriel to obtain a tourist visa, valid for 3 months, she is currently here without a regular residence status. Whilst in her home country she worked as a tailor, in Germany she lives on income from undeclared occasional jobs and, since she does not have her own domicile, she alternately finds accommodation with friends.

Geriel was 3 months pregnant when she came to the medical consultation from open.med München, run by MdM Germany, for the first time in February 2020. During her stay in Germany, fortunately, she had not needed a doctor before, but now she had to seek medical help for the first time: *“I was so afraid, without papers.”*

Then, during a research on the internet with one of her friends she was living with, she found the offer of open.med München. Here she principally made use of the gynaecological help of medical specialists and midwives: *“I really wanted to know whether the pregnancy was going well.”*

Due to her age (42 years), her pregnancy is at increased risk, which has to be thoroughly examined in order to protect the mother and unborn child. Fortunately, the pregnancy proceeded without complications. In addition to

the medical care provided by open.med München, she also went to the neighbouring migration counselling centre “Café 104” to discuss her residence status.

The outbreak of the pandemic overshadows her pregnancy. Due to COVID-19, Geriel lost most of her occasional jobs. The father of her child, who has a residence permit until 2023, also lost his job due to COVID-19. The resulting serious financial problems made the already complicated residence situation even more difficult. Their marriage plans, with subsequent recognition of paternity, is also hindered. Hence, Geriel lost hope that she could give birth to her child under safe conditions in Germany. Her fear of getting into problems with the Aliens Department appeared too great where she decided to take the long flight back home despite her pregnancy: *“I feel very insecure here because I don't have an address, health insurance or an own flat.”*

At open.med München, Geriel received general medical and gynaecological care in order to monitor her pregnancy and the development of her baby. However, the open.med München would not have been able to bear the costs of the birth, and in this regard, the Clearing House of the City of Munich would have been the next contact if Geriel had remained in Germany.

In many cases in Germany, the fear of the Aliens Department is a major factor, which makes long-term care of undocumented migrants more difficult. Although in general it is possible to obtain a transitional residence permit (German Duldung) for the period of maternity protection in Germany, and depending on the respective federal state,

there are still concerns about the consequences for the period thereafter that can be an obstacle. It's not sure whether Geriel can give birth in her home country without complications. After the interview on July 22 2020, MdM Germany had no further contact with Geriel and her current whereabouts are unknown.

**“I FEEL VERY
INSECURE
HERE BECAUSE
I DON'T HAVE
AN ADDRESS,
HEALTH
INSURANCE OR
AN OWN FLAT.”**



MdM Sweden: a volunteer preparing for triage at the Stockholm medical clinic

ASYLUM SEEKERS²¹

MARIAM S, STOCKHOLM,
DECEMBER 2019

Mariam S, a 41-year-old woman, comes from Russia. She came to Sweden as a political asylum seeker in 2015. In her home country she had been pursued and raped by a government official. Before coming to Sweden she had been accepted at an educational programme in Russia and wanted to learn different languages, but she could never start due to the war.²² Both of Mariam's parents died in the war since it was difficult to access care and medicine. She was 18 years old when her brother and cousins were killed. Mariam saw the bodies of her tortured cousins and her brother's dismembered body. She no longer had a family, and as a single woman there was very little support to get in her home country. Mariam was also accused of presenting information to European authorities and for being a spy and was therefore incarcerated in Russia. Her grandparents paid a great deal of money for her to be released and to be able to travel to Sweden.

When she first arrived in Sweden she lived in a town in the south. She had a lot of hope for the future and she considered herself free. For her first whole year in Sweden she could barely believe that this was her new reality. But whenever she saw people that, in appearance, looked like they could be from her home country she became frightened. After having lived in Sweden for a while her health started deteriorating and she had gynaecological issues and hernias. Mariam had a difficult time getting to the health centre (which was far away) and she was struggling financially. When she finally managed to get to the health centre she was denied care. After this she has tried to access care several times but has never received proper help. After this she started feeling mentally ill and alone: *"After having felt this euphoria of being free, I felt more and more alone and limited. I have no friends, no social connections, no one I knew spoke the same language and I had no prospects of school or work."* Mariam started deteriorating mentally and she asked to see a psychologist but was not

granted one.

Through the internet she started looking for contacts and information on how to access care and receive help. Through these contacts she was told that it is hard to get help when you live in a small town. Mariam then decided to move to Stockholm, where she has been living now for 2 years. She is staying with a Russian speaking family. She cannot afford to pay any rent and does not have a room of her own. The family has several children and they often have many guests: *"I'm trying not to disturb them. I am a stranger, but they help me. But I always have to adjust to others. I can't even shower when I want to. I'm not living, I'm simply surviving."* Mariam wants to have a home of her own where she can have some peace and quiet.

Mariam experiences difficulties in Stockholm as well with regard to receiving help. She struggles financially. The money she has is barely enough for food and clothes and she has no prospects of getting a job.

In Stockholm, she first went to the health centre because of rashes all over her body. The doctors didn't know what caused the rash and sent her home with different ointments. She thinks the doctors are not taking her seriously. Mariam experiences language barriers when she seeks care. She suspects that the interpreters aren't always interpreting correctly. When she has been asked whether she is satisfied with her interpreter she has not responded because she doesn't know how the interpreter has translated her answer.

Since Mariam is struggling financially she has sought assistance from organisations where she can receive help with food and clothes. When she was at the Swedish church she met a woman from Kazakhstan who informed her about MdM Sweden. Mariam then turned to MdM Sweden for legal help. She has also received psychosocial support at the MdM clinic in Stockholm because

she was depressed, had suicidal thoughts, anxiety, and felt hopeless. She says she has good contact with the psychologists at MdM Sweden and that they are helping her: *"Without support it's hard to know what to do when you are all alone. The psychologists at MdM support me a lot."* Even though, she still feels she has problems with her memory and concentration and she gets distracted. She still suffers from anxiety and sometimes becomes aggressive and acts out. Through MdM Sweden she has now received a referral to the publicly funded psychiatric services where she learns, for example, how to breath when she gets upset.

Mariam has also received help from MdM Sweden's medical clinic where she has been examined for migraines and has seen the dentist. She now feels that people want to help her: *"I feel I am warmly welcomed at MdM. Without them I never would have received help. They helped me and are still helping me. I therefore feel a little bit better and a little bit safer now. Without them I would feel very bad."*

Mariam recently received her second denial for her asylum application. This hit her hard and she is still in shock and doesn't believe what happened. Mariam says that the migration court supports their decision to deny her asylum with her being a strong woman that could get by on her own in Russia: *"Just because I don't scream and cry don't make me strong. Everyone reacts differently. People don't realise what I've gone through and what I've seen, but they claim I'm strong. They say it is strange that I have not gone crazy, but I feel crazy."*

After the request for asylum was denied, MdM Sweden contacted her to offer support. She says it means a lot to know that someone cares: *"A lonely person feels like nothing. Social life is an important part of being a human being. Without it there is no life."*

"A LONELY PERSON FEELS LIKE NOTHING. SOCIAL LIFE IS AN IMPORTANT PART OF BEING A HUMAN BEING. WITHOUT IT THERE IS NO LIFE."

21. People with current or recent asylum claim.
22. Due to the wishes of the informant, no further information will be provided.

OLEG P, BRUSSELS, JULY 2020

Oleg P, a 47-year-old man, originally from the Ukraine came to Belgium in 2009 to work on a building site. He was sent from Paris: *“In order to be regularised, you had to be sick or be a political refugee or be gay. I didn’t meet any of these conditions so it was almost impossible for me to get regularised.”* Being employed he was able to find a small apartment in Brussels. In 2011, he voluntarily went back to Ukraine. Then in 2013, right before the revolution, he returned to Belgium and has been here ever since. He continues to “moonlight”²³ in construction.

COVID 19 has aggravated his situation. Before the lockdown, he lost his house, as it was being sold, and he did not have the money to find new shelter. He was also waiting for a new construction site on which to

moonlight: *“I have been on the street for a year now, but in total I have been on the street for 3 years.”*

Oleg is taking all the necessary steps in becoming regularised as a legal citizen and is at the early stages of his asylum application.

He comes to the centre to wash himself every day: *“I used to go to the community swimming to wash myself every Sunday. It costs 2.5 euros.”* He can also freshen up his clothes, there is Wi-Fi so he can play his games to pass the time, and communicate with friends and family: *“It’s really necessary to have a place where you can stay and rest during the day. It’s summer here, it’s nice, but in winter ... it’s not right. Personally, it does me a lot of good to come here, instead of spending the whole day on the bench.”*

“I HAVE BEEN ON THE STREET FOR A YEAR NOW, BUT IN TOTAL I HAVE BEEN ON THE STREET FOR 3 YEARS.”

ISSA J, THE UK, AUGUST 2020

Issa J, a male,²⁴ arrived in the UK 14 years ago from Zimbabwe. He had three refused asylum applications and he currently has an ongoing appeal in the court. He is currently residing in a shared accommodation for destitute asylum seekers, but he experienced homelessness for several years: *“It is extremely difficult to be a refused asylum seeker during a pandemic. We get almost no assistance from the government, and we are constantly being asked to move from one accommodation to another. We live in limbo.”*

Whilst hygiene is crucial for protecting against COVID-19, it is very difficult to maintain hygiene in shared accommodation whilst not being able to afford cleaning materials. Issa used to get more support from charities in his previous accommodation, but he is currently struggling to keep his surroundings as protected from COVID-19 as possible.

Issa has a chronic condition that requires regular medical care. He has also lost a lot of weight during the last year. However, he can only access the visiting GP who comes to his

accommodation only half a day a week. People in asylum accommodation are not encouraged to register with a GP due to their frequent transfer between different areas.

Similar with the majority of asylum seekers, Issa’s medical condition depends on progress made on his immigration status. Meanwhile, Issa continues to volunteer his time with MdM UK as a national health adviser and an expert with experience providing feedback on asylum-related projects.

“IT IS EXTREMELY DIFFICULT TO BE A REFUSED ASYLUM SEEKER DURING A PANDEMIC. WE GET ALMOST NO ASSISTANCE FROM THE GOVERNMENT, AND WE ARE CONSTANTLY BEING ASKED TO MOVE FROM ONE ACCOMMODATION TO ANOTHER. WE LIVE IN LIMBO.”

23. Moonlight refers to the informant working on the side without paying any taxes for the work.

24. The informant chose not to disclose their age.

KARMAN S, LONDON, JULY 2020

Karman S, a 34-year-old woman, is from Nigeria and a mother of four, with three of her children still living in Nigeria. She arrived in the UK in 2014 on a student visa. She had her fourth child through an emergency caesarean in London in 2016. She wasn’t told that she will be charged for the caesarean, and her student visa was still valid at the time. Two months later, she started receiving letters about a large bill of £4,000. Eventually the landlady asked her to leave with her newborn daughter because she didn’t want problems with the Home Office.

Karman struggled to find accommodation, and she was in between homelessness and temporary lodging at different people’s houses for almost a year. Her mental health started to deteriorate, and she attempted to take her own life. She was so scared of going back to her previous GP because she thought that she will be asked to pay the bill there.

She could not register with a new GP because she was constantly being asked for a proof of address, which she couldn’t provide.

She came to the MdM London clinic in 2017 after a friend told her about it. A volunteer doctor diagnosed her with depression and gave her a letter to register with a GP nearby where she was staying: *“With the help of DOTW [Doctors of the World/MdM UK] and the letter they gave me, I was able to register with a GP and that is why I am still alive today because if I hadn’t registered I wouldn’t know I had depression and I would have gone ahead with a second attempt to commit suicide.”*

MdM UK volunteers referred Karman to get some legal advice about her bills. She was advised to write to the National Health Service explaining her circumstances and that she will be paying in small instalments. After that, she did not receive any letters about her bills.

Karman applied for asylum in the UK and was granted refugee status in May 2020. She currently lives in a shared accommodation funded by the Home Office with three other mothers and eight children. She has been living there for the last 3 years. As a person struggling with depression, she finds it extremely difficult to live where she

is at the moment: *“As a person who struggles with depression you can be very aggressive, and people in the shared accommodation do not understand how I feel. I remember a woman calling me mad because I get angry when I do not find my stuff where I left them. Because of my previous experiences of being abused, I always try to protect myself, and this makes me aggressive sometimes.”*

The dire accommodation situation made it extremely difficult to cope during lockdown. Her daughter has nowhere to play and she keeps crying. On one occasion, the other residents in the accommodation called the police because her daughter didn’t stop crying. Karman finds it extremely difficult to cope with no activities to take part in and no places to visit. The financial assistance she gets is very limited, so she struggles to afford internet and gets most of her food from food banks. Living in such isolation without the capacity to call people is negatively affecting her and her daughter’s mental health. She also struggles to get in touch with the GP because she cannot afford paying for phone credit: *“Asylum seekers and refugees get very limited help from the government. They do not think about us, they did not even give us information about Covid on time. It took them 3 weeks after the start of the lockdown before they sent a letter telling us what to do.”*

The flow of information about COVID-19 remains poor and the only way to get updates is via the internet when she can afford it. People tell them different things including false information. One time they were told that COVID-19 is in the air and that they will catch it wherever they go and whatever they do. They became scared and one of the mothers in the accommodation started to keep her window closed all the time. It has been extremely difficult to follow the guidance whilst living in shared accommodation because people have different levels of compliance.

Karman is hopeful that her situation will change after being granted her refugee status because she can work. She is doing voluntary work and security training so that she can get a job and move out of the shared accommodation.

“ASYLUM SEEKERS AND REFUGEES GET VERY LIMITED HELP FROM THE GOVERNMENT. THEY DO NOT THINK ABOUT US, THEY DID NOT EVEN GIVE US INFORMATION ABOUT COVID ON TIME.”

CONTRIBUTORS AND ABBREVIATIONS

ABBREVIATIONS

ALG I	Arbeitslosengeld I (unemployment benefit I)
ALG II	Arbeitslosengeld II (unemployment benefit II)
B&B	bed and breakfast
COPD	chronic obstructive pulmonary disease
COVID-19	coronavirus disease 2019
EPIM	European Programme for Integration and Migration
EU	European Union
FEANTSA	European Federation of National Organisations Working with the Homeless
GP	general practitioner
ID	identification
LMA	lagen om mottagande av asylsökande/Act on Reception of Asylum Seekers
MdM	Médecins du Monde
NEF	Network of European Foundations
NGO	non-governmental organisation
SDG	Sustainable Development Goal
UHC	Universal Healthcare Coverage
UK	United Kingdom
UN	United Nations
WHO	World Health Organization

ADDITIONAL CONTRIBUTORS

Graphic Designer: Lotta Dolling

Copy Editor: Anastasia Said

AUTHORS

Pernilla Graversen, Médecins du Monde
Sweden

Carolin Bader, Médecins du Monde
Germany

Emilie Van Limbergen, Médecins du
Monde Belgium

Rita Dayoub, Doctors of the World UK

Suggested citation: Graversen, P.,
Bader, C., Van Limbergen, E., & Dayoub,
R. (2020). Left behind: voices of people
excluded from Universal Healthcare
Coverage in Europe. Stockholm:
Médecins du Monde.

©2020 Médecins du Monde.

