

Access to health care (Germany) – MediBüro Berlin/ Medinetz Mainz e.V.

In Germany, hundreds of thousands of people live without health insurance and thus without access to regular health care. The reason for this is a discriminatory legal situation.

1. Asylum seekers

Health care for asylum seekers is inadequate. Only after 18 months of uninterrupted stay in Germany, they can be accepted into a normal health insurance, § 2 Abs. 1 AsylbLG. Until then, according to § 4 AsylbLG, treatment is only paid for if the illness is acute or painful, or if there is a threat of secondary diseases, deterioration or permanent health impairment. Even in these cases, according to our experience, the social welfare offices often refuse or delay the assumption of costs without sufficient medical expertise.

2. People without residence status

The situation is even more precarious for people without residential status. According to § 1 para. 1 no. 5 AsylbLG, they are in principle also entitled to make use of the limited health care services defined in § 4 AsylbLG. In practice, however, they are prevented from applying to the social welfare office by the obligation to register with the public authorities as stipulated in § 87 Para. 2. As a result, the social office is obliged to report persons without legal residence status directly to the immigration office. This puts people in an undignified predicament, as they would risk being deported. Diseases are thus often carried off until a severe course is unavoidable.

In emergencies, doctors/hospitals must provide emergency aid and the so-called "extended secrecy protection" applies. In these cases the medical confidentiality extends to the social welfare office and the hospital administration does not pass on data to the immigration office. However, the social welfare offices require the hospitals to provide proof of the need of the treated person, which is hardly possible if a person does not have a bank account, a permanent home or a legal job.

The resulting problems with reimbursement lead to people without insurance being turned away at the reception of a hospital, having to make large advance payments or being discharged prematurely. In addition, there are many diseases whose treatment is not clearly or comprehensively considered emergency treatment. For example, if an arm is broken, only painkillers are prescribed, and the necessary surgery should be performed in the days following the decongestion of the injury. The affected person should come back with a cost absorption of the social welfare office. It is not possible to get this because of the obligation to register and the person must continue to live with an injury that has not been operated on.

3. EU citizens

Last but not least, EU citizens who live legally in Germany often do not have access to health care because they do not have sufficient health insurance either here or in their country of origin.

Voluntary initiatives like ours try to support people with donations and volunteer work. However, voluntary structures cannot provide health care that meets human rights standards. This often leads to chronicity, complications and even disability or death.

Besides structural discrimination, refugees and migrants often encounter racism. Due to the different access to the health care system, refugees and migrants appear to be second-class patients and their bodies less worth protecting.

This state of affairs is contrary to human rights: It contradicts Art. 12 of the UN Covenant on Economic, Social and Cultural Rights; Art. 35, 21 and 3 of the EU-GRC and the European Social Charter, as well as in Germany Art. 2 para. 2 sentence 1 in connection with Art. 1 para. 1.

We demand equal rights for all and access to health care for all people in Germany!