



PLATFORM FOR INTERNATIONAL COOPERATION ON UNDOCUMENTED MIGRANTS

## Access to Health Care for Undocumented Migrant Women in Europe

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The exclusion of vulnerable groups from health care brings along major risks like individual suffering and exploitation, a risk for public health in general, demand for emergency services which are far more expensive, the creation of backstreet services, ethical dilemmas, problems for the administration and discrimination against the concerned migrants.”<sup>2</sup>

### Introduction

Undocumented migrants have rights recognized and protected under international human rights treaties but which are systematically abused and neglected. Despite the feminization of international migratory patterns, migration policy has remained staunchly male biased leaving women with considerably fewer opportunities for legal migration, thus increasing the number of undocumented migrant women. Due to their residence status, the group are without those elements which constitute a basic standard of living. They are denied health care, face exploitation in the workplace and are disproportionately vulnerable to gender-based discrimination. Living in abject deprivation, the precarious administrative status of undocumented women makes them highly susceptible to systematic abuse within both public and private domains.

This paper seeks to highlight PICUM's key concerns and findings regarding the urgent situation of undocumented women in Europe following our two-year project titled “Access to Health Care for Undocumented Migrants in Europe”. Aiming to give visibility to various problems associated with this lack of or insufficient access to health care for undocumented migrants residing in Europe, PICUM's project was co-funded by the European Commission DG Employment and Social Affairs. The project involved 19 partner organizations, oversaw field trips to 11 EU member states, held 7 network meetings and 92 interviews involving a total of 250 people. The findings were disseminated at an international conference held in June 2007 and in the project report released in November of that year.

PICUM's research identified the legal and practical barriers encountered by undocumented migrants when trying to access health care within eleven EU Member states. Expert meetings and field trips enabled a unique insight into the current situation in Austria, Belgium, France, Germany, Hungary, Italy, the Netherlands, Portugal, Spain, Sweden and the United Kingdom. The project partners represented a variety of interests; local authorities, responsible for public health and implementing legislation at the local level; NGOs, witnessing barriers and working hard to fill the gaps in state health services; and health care professionals, struggling to fulfill their ethical obligation of providing care to those in need. This overall approach resulted in a thorough and objective account of the situation facing undocumented migrants attempting to exercise one of the most basic human rights; the right to health.

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<sup>1</sup> PICUM was established by a number of grassroots organisations in 2001 to fill a gap in the development of European migration policy and represent the human rights concerns of undocumented migrants at EU level. PICUM's network provides a direct link between the grassroots level, where the crisis facing undocumented migrants is most visible, and the EU level, where policies affecting them are developed. PICUM promotes respect for the basic social rights of undocumented migrants, such as the right to health care, the right to shelter, the right to education and training and the right to fair labor conditions.

<sup>2</sup> PICUM, Access to Health Care to Undocumented Migrants in Europe”, PICUM: Brussels, 2007, p.5.

Guaranteeing the right to health for undocumented women is a key element in breaking the cycles of abuse, fear, poverty and violence against them. By monitoring and reporting their situation regarding health care, PICUM will highlight the link between human rights and social empowerment of undocumented women

## 1. The Right to Health

Nobody would suggest that an asylum seeker or undocumented person, who is charged with a criminal offence, should be denied their human right to a fair trial. Equally, a sick asylum seeker or undocumented person should not be denied their human right to medical care without discrimination.<sup>3</sup>

The right to the highest attainable standard of health is a fundamental human right. Adopted by the United Nations in 1948, the Universal Declaration of Human Rights proclaimed that “everyone has the right to a standard of living adequate for the health and well-being of oneself and one’s family, including food, clothing, housing, and medical care.”<sup>4</sup> The right to the highest attainable standard of physical and mental health may be described as a fundamental human right as it is indispensable for the realization of all other rights. It is a right which includes both the right to health care and the right to those other essential conditions for health.<sup>5</sup>

Codified and protected by international law, human rights guarantee individual dignity. Article 12(1) of the International Covenant on Economic, Social and Cultural Rights, a text ratified by all EU member countries, confirms that state parties recognise: “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.<sup>6</sup> The independent Committee responsible for monitoring implementation and adherence to this Covenant have clarified that “States are under the obligation to respect the right to health by, *inter alia*, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal migrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy”.<sup>7</sup>

Non-discrimination is a core guiding principle of human rights protection. Everyone is entitled to human rights without discrimination of any kind. This means that human rights are for all human beings, regardless of “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”.<sup>8</sup> Non-discrimination protects vulnerable individuals and groups against the denial and violation of their human rights.

Despite their responsibility to guarantee the right to health in accordance with human rights principles, European Union member states increasingly limit or deny health care services to undocumented migrants on the basis of their administrative status. The violation of this fundamental right serves to heighten the vulnerability of undocumented women suffering a triple bias on the basis of their gender, foreign origin and irregular status. As a result, they are arguably the most marginalized and unprotected group in Europe today.

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<sup>3</sup> UN Special Rapporteur Paul Hunt, Press Statement on country visit to Sweden 17 January 2006. Available online at: [2.essex.ac.uk/human\\_rights\\_centre/rth/docs/Sweden%20press%20conference%20remarks%2021Janaury%202006.doc](http://2.essex.ac.uk/human_rights_centre/rth/docs/Sweden%20press%20conference%20remarks%2021Janaury%202006.doc)

<sup>4</sup> Universal Declaration of Human Rights, Article 25.

<sup>5</sup> International Federation of Health and Human Rights Organisations, ‘Our Right to the Highest attainable standard of health’, (2006) available online at [www2.essex.ac.uk/human\\_rights\\_centre/rth/docs/REVISED\\_MAY07\\_RtH\\_8pager\\_v2.pdf](http://www2.essex.ac.uk/human_rights_centre/rth/docs/REVISED_MAY07_RtH_8pager_v2.pdf)

<sup>6</sup> UN International Covenant on Economic, Social and Cultural Rights, Article 12(1).

<sup>7</sup> Committee on Economic, Social and Cultural Rights, General Comment 14.

<sup>8</sup> Universal Declaration of Human Rights, Article 2.

## 2. Health Care for Undocumented Migrant Women: Needs vs. Provisions

Undocumented migrant women do not have a residence permit authorising them to regularly stay in the country of destination. Perception of undocumented migrant women as an 'illegal' population facilitates tolerance of violations against them and a lack of protection for their fundamental rights.

While there are many positive experiences of female migration, women have significantly fewer paths available for legal migration and more frequently resort to alternative routes, increasing their dependence on scrupulous intermediaries and thus the likelihood of becoming trapped in exploitative and coercive conditions. Once in an undocumented status, these women are disproportionately exposed to systematic violence, abuse and discrimination. European governments, while recognising health and education as fundamental standards to improve the situation of vulnerable women abroad,<sup>9</sup> implement policies which effectively strip these same women of their innate rights and entitlements should they become undocumented within EU borders.

Improving access to health care for undocumented migrants continues to be an urgent priority in Europe. Undocumented women are a particularly vulnerable group due to their specific health care needs. PICUM's research found that despite the tremendous efforts made by civil society to fill the gaps and guarantee the minimum respect for human dignity, many undocumented women do not access any kind of health care or access it at a very late and dangerous stage

The right to health requires that a states healthcare legislation and policies do not cause hardship to any individual or group and resources are fairly distributed on the basis of need.<sup>10</sup> Undocumented women are disadvantaged on the basis of their gender and administrative status and this vulnerability is amplified by discriminative health care and immigration policies. PICUM's project found that across Europe, undocumented women are giving birth at home alone, or putting their lives at risk to obtain abortions as they lack entitlements or are too fearful to avail of treatment in hospitals and from doctors' clinics. Those suffering abuse and health-related crisis often have no idea of what their rights are, and may face repercussions if they contact the police or seek assistance.

Women's health is inexorably linked to accessibility of preventative care, immunization, health education, family planning, pre and post-natal care. Yet the basic entitlements taken for granted in Europe are systematically denied to undocumented women.<sup>11</sup> They have no access to medical services and support programmes focusing on *psychological trauma* caused by sexual violence. While they have priority needs in the area of reproductive health and rights, there are significant legal and practical barriers preventing their access to information and services.

### 2.1. Mental Health

Irregular migration is a traumatic process with numerous mental health implications for those involved. Many undocumented migrants have experienced multiple and chronic stress; it may have caused them to migrate, occurred during their often dangerous voyage or developed while living a marginalised and impoverished existence as undocumented migrants in their country of destination. Contributing factors of this extreme stress include *loneliness* due to forced separations and being unable to return home;

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<sup>9</sup> Gender equality has been identified as a 'cross-cutting issue' by the European Commissions development policy. Related communications and conclusions available at: [http://ec.europa.eu/development/policies/crosscutting/genderequ\\_en.cfm](http://ec.europa.eu/development/policies/crosscutting/genderequ_en.cfm)

<sup>10</sup> International Federation of Health and Human Rights Organisations, 'Our Right to the Highest attainable standard of health', (2006) available online at [www2.essex.ac.uk/human\\_rights\\_centre/rth/docs/REVISED\\_MAY07\\_RtH\\_8pager\\_v2.pdf](http://www2.essex.ac.uk/human_rights_centre/rth/docs/REVISED_MAY07_RtH_8pager_v2.pdf)

<sup>11</sup> PICUM was a keynote speaker in the January 2007 European Women Lobby's Seminar 'Equal Rights, Equal Voices Campaign: Migrant Women in the European Union' and made an intervention on undocumented women, addressing their lack of access to health care, situation in the workplace and gender-based violence.

*frustration* and difficulties with administrative barriers; the *struggle to survive* (where to eat or sleep, difficult access to health services), *fear and terror* due to dangers in the migratory journey (makeshift boats, lorries, etc), *control and threats* from criminal organisations. Facing a treble-discrimination, undocumented women are over exposed to exploitative conditions which augment their susceptibility to systematic ill-treatment, sexual abuse and psychological trauma.

Held in June 2007, PICUM's International Conference on "Access to Health Care for Undocumented Migrants" included a contribution by Joseba Achotegui, a psychiatrist and professor at University of Barcelona who made a presentation on the "Ulysses Syndrome" to participants. This syndrome occurs among immigrants, particularly undocumented, who experience extreme stresses during the process of migration. Professor Achotegui reported that the health service fail to diagnose or treat these migrants appropriately, there was in fact a trivialisation or disinterest regarding their plight. They are treated as depressives or psychotics or psychosomatic patients. The psychological situation of undocumented women is characterised by fear, violence, poverty and a lack of knowledge regarding their rights serves to compound this stress disorder.

The adversities, dangers and isolation facing migrants are significantly heightened in the case of undocumented women. Dramatically overrepresented in gender-defined jobs with precarious working conditions, low pay and exposure to violence, they are more commonly found working in the sex industry than migrant men or women from the national population. The lack of knowledge about their rights as victims of abuse and of services that might be offered by support organisations in some countries and the double fear of reporting abuse due the fear of deportation, force numerous undocumented women to remain silent victims of frequent maltreatment and sexual abuse. Human Rights Watch have reported a high rate of depression and despondency among female domestic workers caused by poor working conditions, anxiety about debts owed to employment agencies and social isolation.<sup>12</sup> These problems lead to severe consequences such as suicide due to the lack of access to psychological and social support.

PICUM's research on health care showed that most EU member states do not grant access to mental health services for undocumented women while the majority of interviewed medical professionals stressed the urgency of such care. Until now, limited mental health services are either provided under the "emergency care" scheme (e.g. Italy) or just cover psychological disturbances that may threaten third parties, such as consequent aggressive behaviour (e.g. The Netherlands).

## **2.2. Sexually Transmitted Diseases and HIV.**

Sexually transmitted diseases and HIV are present in all countries and spread among different groups of the population. However, it is the precarious living conditions and de-facto powerlessness of undocumented migrant women that threatens their sexual and reproductive autonomy and makes them more vulnerable to infections, and consequently, urgently in need of improved access to preventative and curative sexual health care. The authorities' treatment of undocumented women both compounds their susceptibility to serious infection and transmission and hinders their access to medical services as well as their referral to support agencies when in need of care.

Undocumented women's innate right to education is frequently denied by EU member states, one consequence of which is they rarely receive instruction, and lack the capacities to inform themselves, about protection against sexually transmitted diseases and HIV. Undocumented women's status makes them susceptible to a disproportionate power balance and the lack of access to their sexual and

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<sup>12</sup> Human Rights Watch, "Maid to Order: Ending Abuses against Migrant Domestic Workers in Singapore". New York: HRW, 2005. Available online: <http://hrw.org/reports/2005/singapore1205/singapore1205wcover.pdf>

reproductive health rights increases their gender-vulnerabilities. Dramatically overrepresented in gender-defined jobs they experience precarious working conditions, low pay and exposure to violence. It is indeed a fact that they are disproportionately subject to coercion by employers and partners and more commonly found working in the sex industry than migrant men or women from the national population.

A survey in the Netherlands which was presented at PICUM's Health Care conference by Dr. Maria van de Muijsenbergh found that 58% of undocumented women interviewed cited problems in accessing and using contraceptive methods and 50% had experienced an unintended pregnancy.<sup>13</sup> Medical research on pregnancy care and prevention in Geneva released earlier this year showed that undocumented women have more unintended pregnancies, use preventative measures less frequently, delayed prenatal care more, and were exposed to more violence during pregnancy.<sup>14</sup> This lack of control over their reproductive rights and norms alerts us to the increased exposure of undocumented women to sexually transmitted diseases and HIV.

### 2.3. Maternal Health

The UN World Health Organisation defines reproductive health "as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life".<sup>15</sup> Reproductive health implies that individuals are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Undocumented women are excluded from affordable and accessible maternal care services during this vital period. These restrictive policies lead to further segregation of the undocumented women and jeopardize their life and that of their baby. Due to the increased cross-over of immigration controls within health care services, many undocumented women do not seek health care during pregnancy. PICUM's Dutch partner organisation *Lampion* reported that one third of the total number of undocumented women and social workers contracting its "e-help desk" service in 2006 (150 callers) were asking questions about pre-natal care.<sup>16</sup> Undocumented women frequently give birth without any gynaecological supervision or medical facilities that could help reverse a high-risk delivery. The provision of universal and maternal care free of fear is an essential part undocumented women's human right to life. Discriminatory exposure of their gender vulnerabilities is subjecting them to preventable maternal deaths in a region with the best health services in the world. The needs of undocumented women during pregnancy and birth should not be exploited by governments for immigration control purposes.

## 3. An Investigation of Health Care Access for Undocumented Migrants in Europe

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<sup>13</sup> Maria van de Muijsenbergh, 'Like a Gazelle among Lions: Health and Maternity Care Among Female Undocumented Migrants', Presentation available online at [www.picum.org](http://www.picum.org).

<sup>14</sup> Hans Wolff et al, '*Undocumented migrants lack access to pregnancy care and prevention*', BMC Public Health 2008, 8:93.

<sup>15</sup> *Source: Progress 45 (1998)*. Available online: [www.who.int/reproductive-health/hrp/progress/45/prog45.pdf](http://www.who.int/reproductive-health/hrp/progress/45/prog45.pdf).

<sup>16</sup> *Lampion Report 2006*. Available at <http://www.lampion.info>

While no EU member state's legislation specifically forbids access to health care for undocumented women, access to publicly subsidized health care, either partially or fully, is not entirely guaranteed in Europe. In some countries, all health care (even emergency care) is provided only on a payment basis and treatments are generally unaffordable for undocumented women. The most restrictive member states shield themselves from criticism by asserting that emergency care is not denied, undocumented migrants simply need to pay the costs. However, it is impossible to seriously speak about "accessibility" to health care when undocumented women continue to be asked to pay high and unaffordable sums in return, even in situations where their life is at severe risk or when they seek to give birth, as is occurring in some EU member states. In addition, access to health care is being used as an instrument of immigration control policies and has become increasingly restrictive in recent years. For example, entitlements have been significantly reduced in the United Kingdom and France has introduced more conditions to access publicly subsidized health care.

There is a growing tendency in Europe to restrict access to health care for undocumented migrants and to reinforce the link between access to health services and immigration control policies. Such policies not only undermine fundamental human rights but also overburden migrant communities who may already be marginalized and living in precarious situations. "Disputes over immigration status frequently cut across the provision of care and treatment, leaving sick people untreated, supported only by others in the migrant communities who themselves subsist at a minimum wage and minimum social amenity standards."<sup>17</sup>

The applicable laws and procedures are generally complicated and need more publicity. Many relevant actors are unfamiliar with the legislation in force and have difficulties to accurately describe undocumented women's entitlements to health care. In addition, it has been observed that having ambiguous laws with a high degree of uncertainty can be politically motivated. When regulating this issue, EU member states use different concepts and generally do not provide clear-cut definitions. There are many terms in use: emergency care, urgent medical care, essential medical care, immediate care, immediate necessary treatment, medically necessary care, etc. The absence of clear definitions has brought confusion and failures at the level of implementation but may also allowed wide interpretations of the law (as has happened in the Netherlands where the lack of definition of the concept of "medically necessary care" has allowed concerned doctors to increasingly expand health coverage for undocumented migrants). In many countries, there is no specific legislation on access to health care for undocumented women. There are only very indirect laws and regulations applying.

Neither the health care legislation, nor the immigration controls which frequently supersede them, take account of the particular gender vulnerabilities and healthcare needs of undocumented women. Thus, access for these women is not only limited on account of their residence status, but failure to take account of their specific gender needs means that this disadvantaged group receive the lowest possible standard of available care.

### 3.1. Country Models, Arising Problems and Civil Society's Solutions

PICUM's research and the experience of organizations in its network have shown a wide disparity amongst EU member states concerning legal entitlements of undocumented women to health care services. Given the different systems existing in Europe regarding health care access for undocumented migrants, a straightforward categorization has been very difficult. However, we have delineated five different models in which the eleven countries of this study may be categorized. This

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<sup>17</sup> AIDS and Mobility Europe, "You can speak! How HIV-positive people with an uncertain residence status survive in Europe", September 2006, Amsterdam: AIDS and Mobility publications, 2006.  
Available online : <http://ws5.e-vision.nl/systeem3/images/WG%20IV%20-%20You%20can%20speak.pdf>

next section will briefly describe the care available to undocumented migrants, the implications it has upon women's right to health and finally provide an example of an innovative civil society practice which seeks to overcome these barriers, gaps and failures of state services.

**i. Countries where all care is provided only on a payment basis, such as Austria and Sweden.**

While there are exceptions for particularly vulnerable groups (such as children of those denied refugee status in Sweden) or specific medical conditions (such as contagious diseases in Austria) no allowance is made for the specific health needs and circumstances of undocumented women.

While exceptions are granted 'for particularly vulnerable groups' in both of these countries, women are not afforded any 'specific medical conditions' despite their heightened vulnerability and needs. In Sweden, undocumented women are unfairly disadvantaged by costs of €52 for midwife consultations and baby delivery charges of €2,197 – both services which Swedish nationals receive free of charge. It is PICUM's experience that undocumented women are disproportionately prone to poverty and face increased difficulties to pay for treatment. They often experience hazardous working conditions and salaries well below the minimum wage, so extreme in certain cases that it can only be referred to as modern-day slavery.

NGOs in Austria and Sweden have devised many innovative practices to bridge the financial barriers stacked against vulnerable undocumented women by running drug dispensaries and providing services of volunteer medical professionals. Swedish medical professionals frequently experience a conflict between the restrictive legislation and their medical ethics. PICUM was told of cases in which doctors and nurses helped undocumented migrants to give birth secretly inside of the hospital free of charge. Stockholm's Ersta Hospital has developed a practice whereby they issue undocumented migrants with a card containing a personal number on the basis of which the county council will reimburse medical costs following treatment.

**ii. Other countries offer free health care in very limited cases, such as Hungary and Germany.**

In Germany, low level entitlements are overridden by the duty to denounce imposed on public officials dealing with undocumented migrant's health care files. The Social Welfare Office is obliged by law to inform the Foreigners' Office about the presence of a patient in an irregular situation each time they go to a consultation or when health care providers ask for reimbursement of medical costs. Consequently, undocumented migrants refrain from exercising their already limited entitlements.

Undocumented women live a shadowed existence characterized by isolation, stigma, and fear. Occupying appalling living and working situations, they live under the constant threat of deportation and frequently have the added stress of caring and providing for their children. This combination of factors has severe effects on their mental health and their inability to access supportive mental care services risks leading to more serious implications. PICUM's report documents the account of an undocumented woman who had collapsed on the street in Munich as a result of complete physical and mental exhaustion instigated by her irregular status and had to get treated in a psychiatric hospital. While doctors tried to provide adequate treatment, the hospital administration informed the registration office about the uncertain residence status of the

woman. During the long therapy in the hospital, the police stopped in almost every week to ascertain if she was fit enough for deportation.<sup>18</sup>

The restrictive and fearful climate facing those in an irregular status in Germany has compelled a number of public health services to hold anonymous consultation hours to enable undocumented migrants to make use of their services. For example, the Gesundheitsamt der Stadt Frankfurt (Department of Health of the City of Frankfurt) offers anonymous medical consultation and treatment, justifying these services due to the risk of epidemics. Five days a week they offer consultation hours to prevent the spreading of sexually transmittable diseases, mainly directed at those working in prostitution. Every Thursday there hold Afrikasprechstunde (Africa consulting hours) in which medical and psycho-social consultation is offered and on Wednesdays the Roma-Sprechstunde (Roma consulting hours).

- iii. **Countries with wider coverage but whose legislation is rather restrictive, ambiguous and with a high degree of uncertainty. Good examples of countries in this situation are the United Kingdom and Portugal.**

In the United Kingdom, undocumented migrant women seeking maternity care are charged but guidelines state services should not be withheld if they are unable to pay in advance. After receiving care, undocumented women are liable for charges and the debt can be pursued aggressively if they are unable to pay, hospitals have the option of selling the balance to a private debt recovery agency. PICUM found that pregnant undocumented women can rarely afford additional treatment for abnormalities identified in the screening process. The fear of accumulating debts forms a major barrier against seeking natal care and results in many giving birth at home alone. There is a consistent failure to notify them that, under National Health Service (NHS) regulations, care is free at the point of delivery. Regarding abortion, charges must be paid in advance. If their life is at risk, a termination may be administered but the undocumented woman remains liable for charges. Undocumented women diagnosed with HIV/AIDS are not eligible for subsidized care which can reduce the chance of mother to baby transmission from 33% to 1%.

A main concern of NGOs in the UK is to enable access to mainstream services. To this end, Médecins du Monde *Project:London* advocates on behalf of undocumented migrants to ensure they have access to a GP; they contact individual surgeries, organize interpretation services and accompany patients on appointments. Patients are greeted by a "support worker" who will inform them of their entitlements under the NHS and provide support in accessing these services. Support workers will communicate with reception staff of NHS practices and inform them of undocumented migrants' rights to access services. If registration still proves problematic, they can request the local health authority to allocate a GP directly. In order to overcome administrative barriers, walk-in clinics have been established which do not require identification or residency documents. Attracting many undocumented migrants and those in precarious residency status, *Project:London* offers free and confidential support "whatever your status and wherever you live."

**Other countries, such as France, Belgium and the Netherlands, have put a "parallel" administrative and/or payment system in place concerning health care services for undocumented migrants. However, undocumented women are still treated in the mainstream health system.**

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<sup>18</sup> PICUM, "Access to Health Care for Undocumented Migrants in Europe", (PICUM: Brussels, 2007), p. 36

In its country report on France, PICUM referenced the case of an undocumented second wife of an immigrant (in cases of polygamy in France, only the first wife is considered the wife by law of the husband) who became ill and went to the hospital with the social security card of the first wife who had died. Many other undocumented women are not aware about their rights to access publicly subsidized health care. Sometimes, particularly when they are pregnant, they go to doctors who charge them disproportionate fees.

French organizations Comède and Médecins du Monde run medical centers to provide assistance to undocumented migrants free of charge. Their main objective of these organizations is to make the common law system work; they always try first to help their patients to access the mainstream health system through the state medical assistance or AME (Aide Médicale de l'Etat). Practice shows that in most cases the intervention of organizations helps to solve problems arising during the administrative process. By making telephone calls to social security centers or the national insurance office, NGOs manage to overcome many of the problems faced by undocumented migrants when trying to go through the necessary procedure to get the AME. As explained by the Paris-based organization Comède, "without such help it is most of the time impossible for applicants to tackle the obstacles encountered."<sup>19</sup>

**iv. Finally, Italy and Spain provide the widest health coverage to undocumented migrants. The spirit of the law, particularly in Spain, is to provide universal access to health care.**

Despite the wide range of legal entitlements available to undocumented migrants wishing to access health care in Italy and Spain, numerous barriers still exist in practice. In Spain for example, many practical obstacles prevent undocumented migrants from gaining access to the health system in Spain. Contrary to legal provisions, the public health system does not cover the medical needs of undocumented migrants residing in Spain, particularly women. Therefore, the right to access publicly subsidized health care regardless of administrative status is limited.

Considering the wide coverage of the Spanish health care system, the insufficient access to reproductive health care in Spain by undocumented migrant women is striking. The Ministry of Health recently published that 40 to 50% of abortions in Spain are undertaken by migrant women, elsewhere reports claim that more than 50% of those women are undocumented.<sup>20</sup> Most women refer to their precarious economic situation as the reason behind their decisions and half do not use any contraceptive method.

Salud y Familia is a Catalanian based non-profit organization aimed at improving the health and the quality of life for vulnerable migrant women. The organisation has developed innovative services and projects to bridge the gap in services and supports for undocumented women including referrals to the health care system, mediation and direct assistance. Their project 'From Compatriot to Compatriot' aims to improve access for women and immigrant families in Catalonia to health services and reproductive and child health options, they provide direct medical services as well as information, mediation and help to access the public health care system.

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<sup>19</sup> PICUM, p. 33.

<sup>20</sup> <http://www.acaive.com/pdf/boletin%200.pdf>. See also El País, 28.07.2006 and El Mundo, 28.11.2006.

## Conclusion

International human rights instruments underline the right of every person to receive health care as a basic human right, despite their gender or administrative status. Despite their obligations under international human rights law, the national laws and practices in many EU member states differ from these obligations. As a result a high percentage of undocumented migrant women do not access health care services.

It is vital that, in accordance with international human rights law and national legislations, fundamental human rights are not limited or denied to the most vulnerable on the basis of administrative status. The vulnerability and exploitability of undocumented women may be significantly decreased if the normal systems of support, protections and means of redress are guaranteed to them on the same basis as the national population.

PICUM's focus on health care access, adequate housing standards, fair working conditions and education are inextricably linked to the empowerment and emancipation of undocumented women. By consolidating its expertise on promoting social inclusion, tackling labour exploitation and facilitating paths to social justice, PICUM is now beginning its development of a specific gender focus of its work and rights based approach for undocumented migrants to enable real social change and guarantee basic social rights for this most vulnerable group of women in Europe.

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