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SITUATIONAL BRIEF: COVID-19 & MIGRATION IN GERMANY

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CONTEXT: MIGRATION & GERMANY'S RESPONSE TO COVID-19

1.1 Germany's overall response to COVID-19 has been evaluated as reasoned and sound. Nonetheless, it has exposed weaknesses and blindspots in the German healthcare system regarding the inclusion of migrant groups. For instance, marginalised groups such as labour migrants and asylum-seekers are not considered for tailored measures in the government's response to COVID-19. On the other hand, certain efforts to include migrant groups, such as the provision of information in numerous languages, are unprecedented in the German context. They may point to increasing accommodation for diversity.

1.2 **Country context:** Federal structures and the powers of local authorities in Germany have proven a two-sided coin during the pandemic, preventing a general approach on the one hand, and enabling locally tailored responses on the other hand. As late as March 22nd, the German states agreed on a general contact ban and temporary closure of schools and non-essential businesses and services. On March 25th and 27th, parliament gave the federal Ministry of Health legislative powers, invoking population protection in an epidemic emergency on a national scale.[4] This enabled the expansion of health care system capacities and relief for the pandemic's socioeconomic consequences.[5] Germany has been lauded for its comprehensive testing and tracking strategy and its strong public health care system.[6] At the time of writing (15 May, 2020), restrictions are eased at varying pace across the German states.

1.3 **Migration context:** Among the various migrant groups in Germany, this document focuses on two groups that face high vulnerability created by complex legal categories: a) precariously employed migrants and b) asylum-seekers:

- Among precariously employed migrants in Germany, EU citizens make up the largest share.[7] While statutory health insurance (SHI) in theory applies to EU citizens, many of those who are employed precariously, in the shadow economy, or within the framework of seasonal and subcontracted work often remain without effective coverage. Migrants who cannot prove previous legal employment in Germany are excluded from social and health benefits in case that they become unable to sustain themselves. They are eligible for a minimum interim allowance; yet claiming this allowance triggers expulsion.[8]
- Among seasonal and subcontracted workers, substandard living and working conditions including cramped, dilapidate housing and inadequate kitchen and sanitary facilities have been reported. Among precariously employed/destitute EU citizens generally, homelessness is widespread. Among all homelessness persons in Germany, up to 50% are EU citizens.[9]
- Approx. 413,000 persons are registered in Germany as asylum-seekers.[10] They are entitled to a restricted scope of health services; access to health care varies across Germany.[11] More than half of the asylum-seeking population in Germany lives in shared accommodation centres.[12] Many accommodation centres are makeshift solutions such as refurbished office buildings or trailer parks. Spatial capacities are often limited; many residents must share rooms; kitchens, bathrooms and showers, too, are often shared by many residents.[13]

RESPONSE TO COVID-19 BY GOVERNMENT AND ORGANIZED CIVIL SOCIETY

2.1 **Preparedness for COVID-19 in migrant populations:** The national pandemic preparedness plan[14] and its COVID-19-related extension[15] describe the need for special "protection of vulnerable groups" without further specifications. The specific situation of asylum-seekers in large accommodation centres is not addressed, except for instructions on isolation and

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[4] https://www.cambridge.org/core/blog/2020/04/08/germanys-response-to-the-coronavirus-pandemic/,
[5] https://www.bundesregierung.de/breg-de/themen/coronavirus/COVID-19-krankenhaus-gesetz-1733614
[6] https://www.nytimes.com/2020/04/04/world/europe/germany-coronavirus-death-rate.html
[7] Médecins du Monde/UCL. Left behind: the state of universal health care coverage in Europe. Observatory Report 2019. Available: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2018/11/DOTW_2019_lowress_alt.pdf
[8] German government. Exclusion of EU citizens from health care services in Germany. 14.09.2017, 18/13576. Available: http://dip21.bundestag.de/dip21/btd/18/135/1813576.pdf
[9] BAG Wohnungslosenhilfe e.V. Zahl der Wohnungslosen 2018. Available: https://www.bagw.de/de/themen/zahl_der_wohnungslosen/index.html
[10] https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Soziales/Asylbewerberleistungen/Tabellen/liste-emfaenger-bl.html
[11] Gottlieb N & Schülle M. Overview of health policies for asylum-seekers in Germany. Health Policy (forthcoming); Bozorgmehr K & Razum O (2019). Negotiating access to health care for asylum seekers in Germany. In S Severoni, M Kosinska, P Immordino, M Kökény & M Told (Eds.), Health diplomacy: spotlight on refugees and migrants (pp. 163-170). Copenhagen: WHO Regional Office for Europe.
[12] https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Soziales/Asylbewerberleistungen/Tabellen/liste-emfaenger-bl.html
[13] Baier A, Siegert M. Die Wohnsituation Geflüchteter. Nürnberg: BAMF; 2018; Razum O, Penning V, Mohsenpour A, Bozorgmehr K. 2020. COVID-19 in refugee shelters: the German public health service needs strengthening now. Gesundheitswesen; 82:1-5.
[14] Robert Koch-Institut. Nationaler Pandemieplan Teil I - Strukturen und Maßnahmen. Berlin; 2017.
[15] Robert Koch-Institut. Ergänzung zum Nationalen Pandemieplan – COVID-19 – neuartige Coronavirus-erkrankung (4.3.2020). Berlin; 2020.

disinfection measures (COVID-19-related extension, p.12). While the pandemic preparedness plan (ethno-centristically) warns of potential "culture-related non-compliance" (p.28) with containment measures, no specific strategies or recommendations are presented for containment, outbreak management, or disease prevention.

2.2 NGOs, political actors and scholars have been advocating for an improvement of asylum-seekers' housing conditions, including demands to abolish the legal obligation to reside in a shared accommodation centre, the reduction of occupancy in accommodation centres, and the evacuation of inadequate facilities.[16] Notably, a German court has accepted the legal claim of an asylum-seeker for immediate evacuation from a crowded reception centre. The court judged that the mandatory measures of physical distancing introduced by the federal government must be complied with also in reception centres, and that the asylum-seeker's obligation to reside in the camp must therefore be temporarily suspended.[17] This highlights the role and power of law in enforcing synergies between human rights and infection control.

2.3 A coalition of NGOs, welfare organizations and professional associations has been advocating for a comprehensive solution for ensuring uninsured migrants' access to testing and treatment during the COVID-19 pandemic, including an open letter to the German government on April 13th.[18]

2.4 On April 15th, the Berlin government established a temporary arrangement for anonymous and free of charge access to ambulatory care for uninsured migrants. No other German state has taken similar steps so far.[19]

2.5 The Berlin Senate Office and the portal 'GoVolunteer' have started a joint campaign highlighting the volunteer engagement of migrants and refugees during the COVID-19 outbreak. The goal of the campaign is twofold: to enhance the visibility and appreciation of migrants' contribution to COVID-19 containment and to a strong civil society in general; and to acquire further volunteers. By April 16th, 500 migrant volunteers were registered with the platform.[20]

RISKS AND IMPACTS OF COVID-19 FOR MIGRANT POPULATIONS

Crowded housing, socio-economic and/or legal precarity, and barriers to information and services put both migrant groups discussed here at greater risk of COVID-19 and related consequences:

HEALTH INFORMATION:

3.1 Governmental and non-governmental institutions have been posting COVID-19-related information in up to 16 languages online.[21] This includes updated legal provisions on federal and state level, information and assistance on social protection and labour rights, and a help line in case of domestic violence.[22] Recommendations on hygiene and health protection are presented also in video and graphic formats.[23] Information is spread by integration commissioners directly and via migrant organizations and networks.

3.2 Yet, the above described materials may be difficult to access for the migrant groups in question. Their access to the internet is often sporadic. Moreover, a lot of the materials are text-based; whereas infographics or explanatory videos may be more apt to convey the respective information.

PREVENTION & PHYSICAL DISTANCING:

4.1 Many precariously employed migrants are unable to adhere to COVID-19-related prevention measures, as they continue to work for fear of losing their livelihood and shelter.[24] Living conditions often do not allow for the implementation of preventive measures among the migrant groups discussed here. Crowded housing limits the possibilities for self-isolation

[16] Razum et al. 2020, https://jule.linxxnet.de/index.php/2020/04/dezentrale-unterbringung-jetzt-erfolgreiche-rechtsmittel-gegen-unterbringung-in-erstaufnahmeeinrichtungen/#more-21037
[17] https://www.medienservice.sachsen.de/medien/news/235559
[18] https://medibuero.de/wp-content/uploads/sites/10/2017/05/2020-04-13-Offener_Brief_Medibueros_CORONA.pdf
[19] https://www.berlin.de/sen/gpg/service/presse/2020/pressemitteilung.921479.php
[20] https://www.berlin.de/rbmskzl/aktuelles/pressemitteilungen/2020/pressemitteilung.920740.php
[21] https://www.bundesgesundheitsministerium.de/en/press/2020/coronavirus.html
[22] https://www.integrationsbeauftragte.de/ib-de/amt-und-person/informationen-zum-coronavirus#tar-7, https://www.dgb.de/themen/++co++73e8fffa-6aca-11ea-8f86-52540088cada
[23] https://www.infektionsschutz.de/coronavirus/informationen-in-anderen-sprachen.html
[24] https://www.spiegel.de/wirtschaft/soziales/schwarzarbeiter-und-corona-reportage-ueber-tageloehner-in-gefahr-a-44e141af-6ccd-436a-8220-f3cced1513fc

and physical distancing; shared use of cooking and sanitary facilities sets limits to effective hygiene. In as much as 85% of COVID-19 infections take place on household level, these conditions raise the risk of infection and rapid dissemination.[25]

4.2 An example of precarious employment is seasonal agricultural work and subcontracted work in abattoir companies. Both sectors heavily rely on EU citizens; both have been criticized for putting people at risk due to crowded, dilapidated accommodation, cramped transportation, and inadequate working conditions, including lack of protective gear, and the omission of complete health checks. One case in point is a meat processing plant in South Germany, where one third of the 900 - mostly East European - staff became infected with SARS-CoV-2;[26] several similar cases ensued.[27]

4.3 In agriculture, usually, around 300,000 EU citizens are employed as seasonal workers each year. This year, COVID-19-related border closures halted the ongoing recruitment. To prevent crop shortfall, on April 2nd, the German government permitted the entry of 80,000 workers.[28] Specific hygiene regulations apply to those who arrived after April 2nd to reduce health risks. These regulations foresee a health check upon arrival; an initial 14-day period, during which the new arrivals must live and work separately from other workers and during which they must not leave the farm's area; rooms are to be occupied at half their capacity; laundry and dishes must be washed at 60° Celsius.[29] Media reports suggest that employers do not always conform with regulations.[30]

4.4 As for asylum-seekers, the conditions in shared accommodation centres have long been criticized for their social and health implications. The imminent risk of COVID-19-outbreaks has amplified these concerns.[31] Over 740 COVID-19 cases have been confirmed among asylum-seekers in accommodation centres in Germany.[32] In one location, 40 residents were infected with COVID-19 within a short time; [33] in another centre 406 out of 567 residents were infected.[34] A systematic overview of infection dynamics in refugee centres is being prepared by the Competence-Network Public Health COVID-19.

4.5 Several accommodation centres have been put under collective quarantine (with infected persons being brought to a separate area), following the identification of positive COVID-19 cases.[29] This includes the erection of fences around the centre and the delivery of prepared food portions. Residents of some shelters claimed there was a lack of food and hygiene products, and insufficient sanitary facilities. In a few locations, collective quarantine measures led to riots among the asylum-seekers, which, in one case, prompted a large-scale police operation. A lack of appropriate communication seemed to be one of the main causes for tensions and resistance. Considering that many asylum-seekers have experienced imprisonment, a collective quarantine also poses a severe psychological strain.[35]

TESTING:

5.1 The SARS-CoV-2 test is covered (either by health insurance, by the welfare office for asylum-seekers, or by the local public health office for uninsured persons) if it has been recommended by the physician or health officer in charge.[36] Lack of knowledge, communication barriers and/or fear of contact with the authorities may nonetheless hinder access to SARS-CoV-2 testing among migrants.

5.2 SARS-CoV-2 testing results are centrally registered with the National Public Health Institute. Analyses of testing results are stratified by age and gender, but not by migration status.[37] A stronger role of Public Health Offices in local level prevention, management, and monitoring of Sars-CoV-2 in vulnerable populations would help to overcome such limitations. However, substantial underfunding and lack of mandates and capacities limit such activities.[38]

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[25] Bedford J, Enria D, Giesecke J et al. COVID-19: towards controlling of a pandemic. The Lancet 2020; 395: 1015–1018.
[26] https://www.spiegel.de/wirtschaft/unternehmen/mueller-fleisch-in-pforzheim-die-fabrik-der-corona-infizierten-a-fd3985b2-1191-479a-b2fa-063bd7192f05
[27] https://www.tagesschau.de/wirtschaft/coronavirus-fleischbetrieb-103.html
[28] https://taz.de/Erste-Fluege-fuer-Erntehelfer-aus-Rumaenien/!5675420/
[29] https://www.bmi.bund.de/SharedDocs/downloads/DE/veroeffentlichungen/2020/corona/konzeptpapier-saisonarbeiter.pdf?__blob=publicationFile&v=7, https://www.dw.com/de/erntehelfer-aus-rum%C3%A4nien-deutschland-kann-auf-mich-z%C3%A4hlen/a-53052905
[30] https://www.tagesschau.de/investigativ/panorama/corona-erntehelfer-103.html; https://www.zeit.de/arbeit/2020-04/erntehelfer-coronavirus-infektion-rumaenien-deutschland
[31] Razum et al. 2020; Baier A, Siegert M. Die Wohnsituation Geflüchteter. BAMF-Kurzanalyse. Nuremberg: Federal Office for Migration and Refugees; 2018.
[32] https://www.welt.de/politik/deutschland/article207663829/Corona-Asylunterkuenfte-Wenn-Abstand-halten-unmoeglich-ist.html
[33] https://www.spiegel.de/panorama/coronavirus-im-fluechtlingsheim-keiner-rein-keiner-raus-a-5b0663f1-a352-4e50-b62f-62caeb3de1a3)
[34] https://www.schwaebische.de/landkreis/ostalbkreis/ellwangen_artikel,-inzwischen-sind-406-lea-bewohner-infiziert-_arid,11216512.html
[35] https://www.sueddeutsche.de/politik/corona-fluechtlinge-sammelunterkuenfte-1.4878985; https://taz.de/Polizeieinsatz-gegen-Gefluechtete-in-Suhl/!5668971/
[36] https://www.aerztederwelt.org/presse-und-publikationen/presseinformationen/2020/03/13/COVID-19-versorgung-fuer-alle-sicherstellen
[37] https://www.ecdc.europa.eu/sites/default/files/documents/RRA-seventh-update-Outbreak-of-coronavirus-disease-COVID-19.pdf
[38] Razum O, Penning V, Mohsenpour A, Bozorgmehr K. 2020. COVID-19 in refugee shelters: the German public health service needs strengthening now. Gesundheitswesen; 82:1-5.

TREATMENT:

6.1 Asylum-seekers need to apply for a treatment voucher from their local welfare office in order to access health care in most German states (while, in a few states, they obtain an electronic health insurance card like statutory-insured persons, which enables the holder to directly seek healthcare in case of need).[39] This barrier may critically delay diagnosis, treatment, and protective measures[40] – especially at times when welfare offices operate limited hours – and thus increase health risks to individual patients and their environment.

6.2 Information on the healthcare access of uninsured migrants is scarce. NGOs, welfare organizations and professional associations have warned that health care seeking may be delayed or avoided out of fear of costs and/or deportation.[41] (In reality, deportations within the EU and to third countries are currently suspended.[42])

6.3 Some organizations offer humanitarian medical care, or they broker access to medical volunteers. However, these services have been operating under restricted conditions due to COVID-19-related risks, thus inevitably limiting the services available for marginalized and uninsured migrants.

SOCIO-ECONOMIC IMPACTS OF LOCKDOWN:

7.1 It must be assumed that the lockdown has left many precariously employed migrants (e.g. in the domestic work and gastronomy sector) without income. Many labour migrants in domestic care, agriculture and the construction economy are affected by travel restrictions. Facing a 14-day-quarantine, many people might avoiding working in Germany, thus losing their livelihood. Others are stranded in Germany, especially within the (formal and informal) care sector, which heavily relies on female workers from Eastern E.U. states.[43] The German government has considered filling gaps on the labour market with asylum-seekers among other potential groups.[44]

PROPOSED SOLUTIONS TO URGENT HEALTH & HUMANITARIAN NEEDS IN RESPONSE TO COVID-19

Integrate different migrant groups appropriately in pandemic preparedness plans, including development of evidence-based guidance for prevention, containment, and management of COVID-19 in shared accommodation and work sites:

R1. Improve living conditions of asylum-seekers already in the country, especially at-risk persons and families in line with the EU directive on the reception of applicants for international protection.[45]

R2. Abolish the duty to live in shared accommodation and improve conditions in accommodation centres. Consider early evacuation instead of collective quarantine in affected centres.

R3. Improve communication of containment measures to asylum-seekers, in particular vulnerable sub-groups, in accommodation centres, to facilitate trust and support.

Improve language and cultural accessibility of health services and of welfare services generally, including family support services and help in case of domestic violence:

R1. Collaborate with community organizations and religious institutions to offer low-threshold services.

R2. Improve migrants' access to information on how they can benefit from the governments' measures to cushion economic impacts of the lockdown, including special support programs for unemployed, for self-employed, and for small businesses.

Dismantle formal barriers to health care for asylum-seekers, for example through comprehensive introduction of the health insurance card for asylum-seekers:

R1. Ensure the protection of medical information for marginalized migrant patients; prohibit data sharing for the purpose of immigration law enforcement and disseminate the respective information among migrant communities.

R2. Improve social protection and labour rights of seasonal and subcontracted workers; targeted enforcement in well-known sectors.

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[39] Gottlieb N & Schülle M (forthcoming); Bozorgmehr K & Razum O. 2019; Wächter-Raquet M. Einführung der elektronischen Gesundheitskarte für Asylsuchende und Flüchtlinge. Bertelsmann Stiftung; 2016.

[40] Bozorgmehr K & Razum O. (2015). Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 1994-2013. *PLoS One, 10*(7), e0131483.

[41] https://www.aerztederwelt.org/sites/default/files/23_M%C3%A4rz_2020_%20Offener%20Brief_Krisenstab%20Corona.pdf

[42] https://www.nds-fluerat.org/42520/aktuelles/abschiebungen-faktisch-ausgesetzt/

[43] https://www.tagesschau.de/wirtschaft/pfleger-coronavirus-101.html

[44] https://www.tagesschau.de/wirtschaft/coronavirus-erntehelfer-101.html

[45] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0033

R3. Improve data on migrants' health, healthcare and social conditions.
R4. Develop a general approach to the protection of marginalized migrant groups, to be adapted and implemented on local levels.

Strengthen the mandate, capacities and public health engagement of local public health offices, beyond reactive outbreak control:

R1. Following decades of underfunding, resources of public health offices are stretched, limiting the system capacities to respond effectively across all societal groups. The pandemic highlights that public health services are not "subsidiary" services but an essential component of well-functioning health systems.
R2. Following this wake-up call, urgent but sustainable investments and nation-wide strategies are required to strengthen public health offices for the current and future pandemics.

Organisations and acknowledgements

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