



European Parliament

Hearing on Challenges for European Society and Policy Makers: Increasing Costs for Labour Markets and Health Care

**Hosted by Vice President MEP Othmar Karas (EPP Group)
and MEP Ulrike Lunacek (the Greens)**

31 January 2012

The main highlights of the hearing:

Labor Market Access

Vice President of the EP and host, Mr. Othmar Karas, opened the conference. He acknowledges the absence of a migration policy in the EU, which is cause to a number of problems related to immigration. It nurtures extreme political positions, which are unjust given the rather low number of only 6% of migrants present in the EU. Schengen, security, labor market, education, health are all topics that would call for a horizontal approach. He pointed to the need to have a comprehensive EU policy based on an interdisciplinary approach.

Josef Weidenholzer, MEP, calls for a non-biased, fair and pragmatic position towards migration challenges. Migration should be seen as an added value for the societies, especially in view of an ageing society. In LIBE, where he is a member, the issue is discussed controversially but with a view to come to pragmatic

solutions, to the benefit of all, the EU and its Member States, as nobody can handle it alone.

Simon Busuttil, MEP, mentioned the EU's target to achieve a common migration policy by the end of 2012. The deadline approaches, but the EU is still discussion whether it should have a common policy or not. The field is controversial, because it affects people; those that move and those that reside equally. 18,000 people reached MT over the past 10 years. That might seem small, but in relative numbers, i.e. compared to Germany it is still huge. Busuttil distinguishes legal migration (for those migrants who are still in third countries and want to move) and the others (those residing already in the EU for whatever reason, be it to obtain asylum or to change the status from undocumented to documented and want to have access to labor market). The EU has at present two legal migration instruments in the pipeline: the Intercorporate transfer Directive and the Seasonal workers directive. However, the Member States are eventually to decide on a number of people to be allowed to accede the labour market.

Prof Gudrun Biffl explained the social construction of irregular migration vs. regular migrant and the irregular vs. the regular labor market as well as their connections. 1.9 – 3.8 million irregular migrants are estimated to reside in the EU, of which 90% in the 15 EU Member States. This, against the number of residing foreign citizens and foreign born EU citizens is an incredible low number. The current issue is how to find a proper political solution for their integration, based on facts and figures. They are a structural asset to the EU labor market, their number varies from time to time, however a credible policy for them is still needed. The rule is, that irregular migration follows regular migration, the reason why the policies towards these groups should to be integrated.

Director Georg Fischer, DG EMP, claims that Europe loses skills by employing migrants (40%) well below their qualifications. This does not bode well with the aims of the EU migration policy

specifically, the EU Blue Card for highly qualified immigrants. In the present recession migrants are more or less equally affected as the nationals although the poverty among the third country nationals is twice as big as among the EU nationals. About half a million € from the EU Social fund are yearly allocated to migrants. Xavier Alonso Calderon, Head of Immigration and Labor Law, Catalonia, reported that the struggle for fundamental rights in Catalonia was one for everyone, including the immigrants. Later on Catalonia recognized the need for integrated policy from integration to return. At the moment 20% of the population is consisting of irregular residents. The key elements of the Catalonian system are the market needs and integration. Spain only started to manage migration, when the inflow was the highest. Since 1995 9 mass regularizations took place and as of now, Spain wants to do it only case-by-case.

Access to Health

Prof Biffl opened the session reaffirming the connections between formal and informal migration/labor markets. The populations of both groups are thus similar in terms of their profiles. Geographic vicinity is the next factor (in addition to push and pull factors) for migration flows, as it is the proportion of the ever growing informal economy. Again, entry of most of the populations happens due to regular immigration and irregular overstaying or in connection to family reunification schemes(i.e. 10% of all migrants in France were once irregular) Legal changes can make migrants irregular or regular, in the latter case, EU East enlargement was the largest regularization programme that ever occurred. Access to healthcare is a means to social cohesion of a society. As such it has to be guaranteed to regular and irregular migrants equally – apart from being a fundamental right. A recent study found out that in Austria, health care providers for irregular migrants also care for a large number of (poor, uncovered) Austrians. FR, PT, ES are

best practice countries in terms of universal access to their health care systems.

Isabella de la Mata, Advisor, DG SANCO, states that there is a legal basis for asylum seekers and refugees to access the national healthcare systems the same way that citizens of that country would do. This is not the case for undocumented migrants – their access remains up to the national decisions. But, the health of migrants also for irregular ones is important to the whole society. Access to the healthcare systems for irregular migrants is thus also argued by DG SANCO, but is conditioned by each Member States' national law.

Alev Korun, AT MP, welcomes the fact that 3 different political parties were invited for the event – something impossible in AT but also in other European countries. In AT 11% of the residents are TCN, however persons with TCN roots account of 18% of the total population. Discussions on the national level are limited to undocumented migrants and the costs of integration. There is no discussion about the costs of non-integration to the society. Absence of access to preventive healthcare simply raises the costs for emergency healthcare at a later stage. The AT health system is insurance based – meaning that irregular migrants without any insurance would not have access. As long as there is no access granted to irregular migrants to the healthcare systems, cooperation with NGOs, and legal counseling organizations has to be strengthened, because those have access to the irregular migrants and would know about their problems. In the 90's the network of doctors and some religious organizations was established to provide emergency care to irregular migrants. Excluding undocumented migrants from health care benefits increases the risk (of diseases spread) for the whole society.

Carin Björngren-Cuadra, advisor to the SE government on health issues, said that in 10 MS access for irregular migrants to healthcare is less than meeting the minimum standards (CoE), in

12 MS it allows for access to emergency healthcare only. In general, countries with a larger shadow economy witness greater social inclusion of irregular migrants. Only 5 MS offer access to a wider healthcare, although with some restrictions. There are economic, public health, ethic and fundamental rights grounds to extent the access for undocumented migrants to healthcare systems in all 27 MS. The UN Committee for Economic and Social Rights promotes the principle of universal access to urgency care.

Ulrike Lunacek, MEP and co-host of the conference, wrapped the day up and concluded that she was thinking about posing parliamentary questions to the EC in order to speed up the process of providing for a universal access to the national healthcare systems for all migrants. Eventually the EP could draft a resolution on the topic in order to support and also to implement what was said during this conference.