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Access barriers to health care services of asylum seekers in Austria

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Abstract

Background: Provision of health care for asylum seekers who are in many aspects a particularly vulnerable group is a global issue. Often there are many barriers and problems facing asylum seekers due to their status in accessing health care. In this context this research intends to highlight most of these major obstacles that hinder this vulnerable group from obtaining necessary health care services and also suggest ways of addressing them. The specific aim of this study is to examine asylum seekers' access to health care in Austria especially in Vienna as well as to offer solutions/recommendations managing the inherent access difficulties.

Methods: The study is based on qualitative design and content analysis. Semi-structured in-depth interviews were conducted with eight asylum seekers of which four were from Africa and the other four were citizens of former Soviet Republics, living in Austria.

Results: In terms of health care accessibility asylum seekers not only still have difficulties in their interaction with health practitioners due to language problem and often they have lack of knowledge of healthcare system but they also complained of being discriminated due to their status. As a result they felt marginalized. Cultural differences clearly played a role too.

Conclusions: The actual barriers in accessing appropriate health care or medical treatment for many asylum seekers is still a major concern. More health related research for this vulnerable population is needed to be carried out in future.

Keywords: health care, access barriers, asylum seekers, Austria

Zusammenfassung

Hintergrund: Die Bestimmung des Gesundheitswesens für Asylbewerber, die in vielen Aspekten eine besonders vulnerable Gruppe darstellen, ist ein globales Thema. Aufgrund ihres Status stehen ihnen oft viele Hindernisse und Probleme beim Zugang zu angemessener Gesundheitsversorgung gegenüber. In diesem Zusammenhang sollen mit der vorliegenden Studie viele der Haupthindernisse dargestellt werden, die diese besonders gefährdete Gruppe vom Erhalten der erforderlichen Gesundheitsleistungen behindern und auch mögliche Lösungen dafür vorschlagen. Das spezifische Ziel dieser Studie ist es, Asylbewerber und ihren Zugang zur Gesundheitsversorgung in Österreich besonders in Wien zu untersuchen sowie mögliche Lösungen bei der Bewältigung der zugehörigen Zugangsbarrieren anzubieten.

Methoden: Die Studie basiert auf einem qualitativ explorativen Design und inhaltsanalytischer Auswertung. Dabei wurden semi-strukturierte Tiefeninterviews mit acht AsylwerberInnen, die in Österreich leben, durchgeführt. Vier davon kommen aus Afrika und die anderen vier aus ehemaligen Sowjetrepubliken.

Resultate/Ergebnisse: In Bezug auf die Zugänglichkeit zu Gesundheitsversorgung haben AsylwerberInnen immer noch Schwierigkeiten in ihrer Interaktion mit den MedizinerInnen. Die Hauptgründe sind Sprachprobleme und Unkenntnis über das Gesundheitssystem. Einige haben sich in der Befragung auch beklagt, dass sie aufgrund ihres Status diskriminiert werden. Infolgedessen fühlten sie sich marginalisiert. Kulturelle Unterschiede spielte offenbar auch eine Rolle.

Schlussfolgerung: Die tatsächlichen Barrieren im Zugang zu angemessener Gesundheitsversorgung oder medizinischer Behandlung für viele Asylbewerber ist immer noch ein wichtiges Anliegen. Es müssen weitere gesundheitsbezogene Forschungen für diese gefährdete Bevölkerung durchgeführt werden.

Stichwörter: Gesundheitsversorgung, Zugangsbarrieren, Asylwerber, Österreich

1 Introduction

According to the UN refugee agency (UNHCR) there were about 38.906 refugees or people in refugee-like situation who lived in Austria by the end of 2009. Majority of these people were predominantly asylum seekers (UNHCR Global Trends 2009). Although figures¹ from Austrian ministry of interior show that since 2005 the trend of the annual number of people gaining asylum in Austria is significantly decreasing but the number of applications is still high.

Studies have shown that asylum seekers not only represent a particular vulnerable population but they are grossly disadvantaged due to their status when it comes to adequate health care accessibility (Norredam et al. 2005: 285). The availability of information in Austria regarding the health situation of asylum seekers and their access to health care is particularly limited. Therefore it is the aim of this thesis to take a closer look at asylum seekers' access to appropriate health care.

This study intends to examine the views of asylum seekers on their overall experiences in accessing health care and to suggest solutions/recommendations on ways to improve their care.

In order to gain deep knowledge of health-related experiences of this vulnerable population, I choose the method of in-depth interviews in this qualitative research work. This method allows the asylum seekers in a conversational setting to be able narrate their story in more detailed manner.

As a participant of a symposium on asylum seekers titled, "From high hopes and harder Reality – asylum seeking Austria" I had the opportunity to listen to their narrations about the kind of experiences they went through, and their fears about the present and the future.

¹ The numbers of asylum seekers in the Republic of Austria in the period 1999-2009 are as follows: 1999 (20.129), 2000 (18.284), 2001 (30.127), 2002 (39.354), 2003 (32.359), 2004 (24.634), 2005 (22.461), 2006 (13.349), 2007 (11.921), 2008 (12.841), 2009 (15.821), 2010 (11.012).

Source: http://www.bmi.gv.at/cms/BMI_Asylwesen/statistik/files/Asylantrge_seit_1999.pdf

Thus my interest of researching about health accessibility and addressing the inherent impediments of these marginalized migrants was growing.

This thesis focuses on access barriers and problems of asylum seekers in seeking health care in Austria emphasis on impediments and challenges this vulnerable group encountered in their dealings with health care professionals.

1.1 Relevance and Objectives

As it is already said this thesis focuses on access barrier of asylum seekers in seeking health care in Austria especially in Vienna. The main goal was to examine the subjective views and opinions of this vulnerable group on the difficulties they faced in accessing health care as well as making contribution on ways by which this problem can be managed. It is hoped that the findings of this research useful coping mechanisms for dealing with the access problems will be beneficial not just to the asylum seekers but also to other migrant people. Therefore it is important while researching for this thesis, the perspectives of the respondents (asylum seekers) should be taken into consideration in order to achieve best possible solutions.

Important as well are the human rights perspectives to this study on the need to accord this target group the right to access basic health care. In the new communication Report of February 2011 titled “Human rights challenges of migration in Europe”² The Council of Europe Commissioner for Human Rights pointed out the issue of Human rights of irregular migrants, this includes asylum seekers and the need for their rights to enjoy certain human rights which involves warranty on access to basic health and education, even if the right of these irregular migrants to remain in host country is not protected.

The research will benefit mainly the asylum seekers and in wider sense all migrants who can benefit from the experiences of the respondents. It will also be beneficial for health care professionals and improve their competent and care delivery.

This study intends to look into health situation of asylum seekers and highlights most of the associated access difficulties while trying to offer a possibly solution/recommendation and thus helps the health life of every vulnerable migrants easier to manage.

² Commissioner for Human Rights - Speech by Thomas Hammarberg
Source: <https://wcd.coe.int/wcd/ViewDoc.jsp?id=1747491>

1.2 Research Question

While doing research about this master thesis it is important to look at the legal framework guiding the asylum seekers access to health care and to obtain through interviews with selected asylum seekers the lived health experiences regarding the kind of access barriers and impediments that prevent this vulnerable group from seeking health services. In analyzing these challenges that face this target group, helpful tips will be proffered and how the health sector can help will also be explored.

The following research questions constitute the framework of this thesis:

- What are the legal frameworks that regulate access to health care for asylum seekers?
- What are the obstacles and access barriers that confront the asylum seekers getting health care?
- What coping strategies can be useful in overcoming these hurdles?
- How can the health care sector address these challenges?

2 Method

The present research was carried out using qualitative research method. Desk research and in-depth interviews were used for the purpose of data collection. Subsequently, the interview respondents and data collection procedures will be described.

Choosing qualitative research was to gain the subjective worldview of the respondents. The reasoning process used in qualitative research guides the organization, reduction, and clustering of the findings and leads to the development of theoretical explanations. (Burns/Grove 2005: 52,535)

2.1 Desk research

The desk research (sometimes referred to as secondary research) combined with in-depth interviews are the two main methods selected for the collection of data for this thesis. It is a research technique that involves collating and drawing together secondary sources of information. These can be available documents, government reports, publications, studies, books etc. (survey research glossary; wiki).

The secondary analysis can be defined as a further analysis of available information that already has been collected. Such an analysis may be connected to the original goal for which the data were obtained or it may address an issue quite different from that which instigated the gathering of original data in the first place. It may require the integration of information from many sources or reanalysis of data from a single source (Stewart 1993: 2).

2.2 In-depth explorative interviews

In-depth interview is a kind of qualitative research with a special type of conversational interaction, designed for the purpose of improving knowledge. It has to be planned and prepared for like other forms of research activity but the interview have to be a deliberate half-scripted interview (semi-structured). Its questions have to be prepared in advance and should be designed to be sufficiently open so that the researcher will asked follow-up questions in form of improvisation. The in-depth interview as a whole is a joint production that involves a researcher and the respondent, and as the name implies, in-depth interviewing is to go “deep” into something to get more detailed knowledge about it (Wengraf 2002: 3-6).

The aim of the interviews is to get a general idea of health situations of asylum seekers and their access to health care in Austria (especially in Vienna), with particular emphasis on difficulties and barriers they encountered in their dealings with health institutions.

Interview Guide

My participation in migration seminars relating to refugees and asylum seekers coupled with the help of desk research which provided me with a foundation from which I construct the interview manual. Additionally the inputs from my supervisor was also of immense help in creating the manual. The interview guide addresses four major areas, which are access barriers, coping strategies, experiences with health care and health care providers. The Interview manual can be found in Appendix section.

Data Collection

The data acquisition took place in the period of December 2010 until April 2011, when I conducted interviews with eight selected asylum seekers. Four of the interviews were conducted in German language, while the other four were in English language. One of the interviews done in German was only possible with the help of an interpreter who translated from German to Russian because the respondent cannot speak enough German to do the

interview. All the interviews were recorded on tape and lasting between 30 minutes to 1 hour, and later transcribed - the ones in German language was also translated in English.

Sampling Procedures

With semi-structured in-depth interviews health situations of asylum seekers who presently reside in Austria and who have not attained the refugee status were addressed. This group includes the asylum seekers who have still not secured their long-term residence permit in Austria and who have subsidiary protection. Other criteria I adopted include that the participants should have had any sort of medical treatment in Austria and should have lived at least three months and currently resides in Austria. All the selected eight respondents met these criteria.

There were three participants from Social Center Schwechat (Sozial Zentrum der Pfarre Schwechat) and two participants each from Caritas Refugee home Vienna as well as from Diakonie Refugee home Vienna. The last participant was contacted directly by myself and interviewed at Uni-campus Vienna. Access to other seven respondents was facilitated through the Pastoral assistant Schwechat and by a caritas staffer as well as through the head of Diakonie Refugee home respectively. All eight respondents come from two regions: four from Africa and four from former Soviet republics. To preserve the anonymity of respondents, there is no use of the name of the respondents in the present work.

The respondents were at various phases of their asylum procedure when the interviews were conducted. Two of the asylum seekers were already living illegal, already got the final negative answers and were awaiting deportation. Four of the interviewees were still waiting for their (final) answer regarding their asylum status. The last two respondents were on subsidiary protection status at the time of the interview.

Their marital status is different: Three of the respondents are single, the other five are all married with children. At the time of the interviews, the age of the respondents was between 25 to 52 years. In keeping with the ethical aspect, all the names of the participants in this study will be withheld.

Finally, all the asylum seekers interviewed have stayed a different number of years in Austria, ranging from four years for the least person to 13 years in terms of their stay in Austria. All the data about the respondents were stated in details in appendage at the end of this thesis.

Data analysis

The content analysis method according to Mayring (2008) was used to analyze the interviews. The main point of this method is the analysis of text material by means of a category system and by using the methods of summary, explication and structuring of the content. Mayring describes these three methods as follows:

“Summary: The aim of the analysis is to reduce the material so as to create an easily clear corpus while preserving the substantial contents by means of abstraction which will still give an accurate idea of the basic material.

Explication: The aim of the analysis is to collect additional material to problematic text parts (terms, sentences, ...), which expands the understanding, which clarifies, explains, and interprets the part of the text.

Structuring: According to Mayring the aim of the analysis is to filter out certain aspects of the material under predetermined criteria and to make a cross-section through the material, or to assess the material on basis of certain criteria. (Mayring 2008: 58)

The interviews were analyzed by using these three analytical methods of Mayring in transcribing, translating and developing code units. In a first step, the tape recordings were transcribed and those in German were translated in English language. These transcripts were then read and the parts which are relevant for the research questions were selected. In first reduction step, the material was later paraphrased whereby some less relevant passages were deleted and in second step the paraphrases were summarized. The texts were then structured in order to interpret them based on the research questions

The category system was developed from interview manual which resulted in four major themes: Ways to seek health care, experiences with seeking health care, experiences with service and coping strategies.

Ethical Consideration

According to the American Sociological Association's (ASA) code of ethics (which has Integrity, Professional competence and responsibility, Respect for People's right, and Social responsibility as its principles), the aims and objectives of the study was explained to all the asylum seekers that took part in the inter-views. Each of them was assured that their names and the information will be made anonymous and all the information will be kept confidential and that the interviews are completely voluntary. Also their rights of privacy will be assured. Subsequently, voluntary participations and consents were freely obtained from all respondents agreeing to take part in the research.

2.3 Methodological challenges

One of biggest concern is the fear of making public details of the conducted interviews and such fears that granting of interviews might lead to their discovery was also confirmed in a study of undocumented migrants (Kratzmann, 2007. 49). Some of the asylum seekers who are interviewed in this research still have fears and suspicions that the information they will provide might appear in pages of newspaper and be used against them, despite my repeated assurances that any information provided will be kept secret and is strictly only for research project. As a result they tend to withhold some information and in some cases refuse to talk about it altogether.

Another obvious factor during the interviews is the language which also confirmed in the literature (Mckay/Snyder, 2009. 45). Three of the interviews conducted in German language, some of the key questions which are asked were misunderstood by the respondents because of difficulties concerning the language. In some cases it also hinders the interviewee in giving a detailed elaboration of their lived health care experiences.

Right to Privacy is another significant factor used by the interviewee to withhold their story. They often point to this fact when they don't want to talk about a particular aspect of their life experiences relating to health care.

Finally, apart from publications of Austrian interior ministry regarding asylum seekers legal framework, there are hardly no available relevant information concerning access barrier to health care from these particular group in Austria.

3 Results

The findings consist of the legal frameworks and the results of interviews with the asylum seekers. While the legal regulations deal with the asylum laws that govern asylum seekers' health care accessibility in general, in Austrian and in a further effect in European context, the results of interviews with eight of the asylum seekers focuses on the emerging practical experiences from this vulnerable group regarding access to health care.

Subsequently, the legal background of asylum seeking will be explained and the kind of experiences the asylum seekers went through in accessing health care in Austria as told by them in the interviews will be analyzed.

3.1 Legal regulations/Background

In this section of desk research analysis, the relevant European Union asylum policies and Austrian immigration and asylum laws regarding asylum seekers will be looked into, and in particular, an analysis of policies and other available documents will present the evolution of legal framework of asylum laws and policies.

3.1.1 European asylum Politics

EU asylum policy was based mainly on Geneva Refugee Convention of July 28th 1951 and extended in the Protocol of January 31st 1967 relating the status of Refugee. The document in its first article defines a refugee as:

“a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there for fear of persecution.”

(The Refugee Convention 1951: 6)

The Convention which was approved by a special UN conference not only defines what refugee status is and the obligations (which are to respect the laws and regulations of their country of asylum) that individual need to meet in order to qualify as a refugee but also the rights attached to that status.

If a person fulfilled these criteria, then he/she should not be returned to the country where he/she faces persecution (principle of non-refoulement) and should enjoy a series of rights such as the right to work, education and accessibility to travel documents as well as freedom of religion and movement (Schumacher/Peyrl 2007: 163).

The Refugee Convention which was enacted after the Second World War was the first truly international agreement covering the most fundamental aspects of refugee's life. It recognizes the international scope of refugee crises and the need for international cooperation, including burden sharing among states in dealing with the problem. And because of the adoption of the 1967 Protocol, the geographical and time limitation were removed and as a result, it gave the Convention a universal coverage that could benefit refugees all over the world. In September 2007, the Convention and the Protocol have been ratified by 147 states and Austria was one of them (The Refugee Convention 1951: 7,17).

Under the Convention and Protocol, there is a particular role for the Office of the United Nations High Commissioner which was created in 1950 by the United National General Assembly with a mandate to assist refugees and find solutions to their problems and, in particular, to promoting international instruments for the protection of refugees and supervising their application (Convention and Protocol: 6).

The principle of non-refoulement principle which was stated in article 33 of the Convention - the idea that refugees should not be expelled or forced to return to countries where they fear persecution - is a part of customary international law and is binding on all states and therefore no government should expel a person under those conditions. But there are exceptions to that article, if a refugee constitutes a danger to the host country it can be considered a reason to return or expelled that person. The granting of asylum has not been incorporated into the refugee instruments and continues to be at the discretion of the individual state (The Refugee Convention, 13,18).

Other important changes in EU asylum policies are as follows:

Dublin II Regulation 2003: This Regulation of February 18th 2003 replaced earlier agreement (the Dublin Convention) and is designed to ensure that asylum seekers have to make their application for asylum in one EU state. The main objectives of the Dublin II Regulation are:

- to ensure that asylum seekers have effective access to procedures for determining refugee status,
- to prevent abuse of asylum procedures in form of multiple applications for asylum submitted simultaneously or successively to the same person in several Member States
- and to determine as quickly as possible the Member States responsible for the examination of an asylum claim (The Dublin II Regulation).

Council Directive 2003/ 9/EC on Reception Conditions of Asylum Seekers:³

The aim of the directive is to lay down minimum standards on the reception of asylum seekers in Member States. The minimum standards covered such areas like access to work and vocational training, the provision of housing, food, clothing, education, healthcare and services for those with special needs. It includes the provision of documents and information to asylum seekers, maintaining family unity, the reception unaccompanied children, and limitations on freedom of movement (refugee council 2004: 6)

Council Directive 2004/83/EC on Qualification and the Right to be granted Asylum:⁴

The Directive sets minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted. The purpose of the Directive is to ensure that Member States apply common criteria for the identification of persons genuinely in need of international protection and to ensure that a minimum level of benefits available for these people in all Member States.

³ COUNCIL DIRECTIVE 2003/9/EC of 27 January 2003

Source: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:EN:PDF>

⁴ COUNCIL DIRECTIVE 2004/83/EC of 29 April 2004

Source: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:304:0012:0023:EN:PDF>

- It also covers both Convention refugees and others who are in need of protection. Its definition of a refugee is reasonably full and inclusive and based mainly on the 1951 Refugee Convention definition.
- It proposes that people persecuted by non-state actors be recognized as refugees.
- As well as the recognition of gender- and child-specific forms of persecution.

(Gil-bazo 2009: 229-230; refugee council 2004: 11-12).

Council Directive 2005/85/EC on minimum standards for Asylum Procedures:⁵

The Directive aims to establish minimum standards on procedures in Member States for granting and withdrawing refugee status. It includes the following:

- “Access to the asylum procedure, to a personal interview, information, legal assistance, advice and representation
- The right to remain in a country until a final decision has been made on a claim
- The use of detention
- Accelerated (fast-track) procedures for people whose claims are deemed inadmissible or unfounded
- Guarantees for unaccompanied minors
- Definitions of safe third country and safe country of origin concepts and
- Appeal procedures.” (Refugee Council 2004: 14)

⁵ COUNCIL DIRECTIVE 2005/85/EC of 1 December 2005

Source: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:326:0013:0034:EN:PDF>

3.1.2 Austria asylum regulations/laws

The granting of refugee status to asylum seeker in Austria is based on the Geneva Refugee Convention. This means that the asylum applicant will be granted asylum status if it is satisfactory established that he/she would in the country of origin be at risk of persecution as defined in Art. 1A (2) of the Geneva Convention on Refugees. Among these persecutions are political persecution, persecution due to religion, race, nationality and persecution because of affiliation to a particular social group. (UNHCR - Asylum Act 2005. 5)

To get asylum as a refugee in Austria, it is absolutely essential for the person to enter Austria and attain an asylum application inside the country. Many refugees have no other choice than to come to Austria without a visa and therefore illegal. Any refugee, who chooses this illegal entry, takes a lot of personal risks and the expensive services of a facilitator in order to overcome the strictly guarded Schengen external border. Further there are difficulties in crossing other EU states to enter Austria: In Austria refugees are not allowed for asylum procedures, if another “Dublin” country is responsible for examining their application for asylum, or if they could have been able to find protection against persecution in a safe third country. In practice the majority of the refugees conceals its travel route in order to be admitted to the asylum proceeding. (Schumacher/Peyrl, 2007. 191-192)

An asylum applicant is considered to be filed, if an alien reports to a security service agency or a security authority or at an initial reception center, that he/she is seeking protection from persecution in Austria. There are three initial reception centers where asylum application can be make - Traiskirchen, Thalham and at the Airport. An application for asylum can also be deemed submitted, if it is filed in by the asylum seeker at an initial reception center. It is then finally examined whether Austria is responsible for the treatment of the asylum request. If the asylum seeker could have been protected from persecution in another State (third safe country) or another state within, EU is responsible for the request for asylum (Dublin II regulation) the request for asylum will be rejected. The asylum proceeding then begins, if Austria has to work on the asylum application. (Schumacher/Peyrl, 2007.192-193)

After filing in the application for asylum in the initial reception center, the applicant will be issued a procedure card. The procedure card is not a residence permit, but documents the procedures the applicant will undergo and serves as entitlement to accommodation and board in initial reception center. Within 48 to 72 hours after submission of the asylum, the first interview by security agency will take place. This first interview serves to determine the identity and the travel route of asylum seeker, but not the reason for asylum. The circumstances and reasons for asylum will be determined during interrogation by the authorities of the Federal Asylum Office. The interrogation situation is the center and pivotal point of any asylum procedure. (Schumacher/Peyrl, 2007. 201)

There are several types of protection that can be granted to asylum applicant in Austria: „permanent residence permit is given only to persons who has been given refugee status; temporary residence permit for persons whose deportation, forcible return or rejection is declared inadmissible; temporary protection during times of heightened international tension, armed conflict or other circumstances that endanger the safety of entire population groups; residence permit on humanitarian grounds is granted in cases of special considerations contain in the non-refoulment provision“. (Serban, 2006. 20)

Basic Welfare Support

The Basic Welfare Agreement (Grundversorgungsvereinbarung BGBl 80/2004) regulates the basic welfare support to aliens in need of assistance and protection, which includes asylum seekers. The aim of the agreement is the coordination between federal government and federal provinces regarding joint measures for the temporary granting of basic welfare support to vulnerable asylum seekers and other migrants. The responsibility and costs for the basic welfare support shall be divided in six to four ratios between federal government and federal provinces.

The Federal Government is responsible for welfare support to asylum-seekers undergoing admission procedures at a care facility operated by the Federal Government. The Federal Government shall also provide support to the same extent for aliens whose applications for asylum in admission procedures have been rejected or dismissed as long as they are ac-

commodated at a care facility operated by the Federal Government until they leave the country.

When the asylum application is approved, the asylum seeker will be send to any regional care center and this will be the responsibility of the federal province concerned. The asylum seeker shall be notified without formality of the care center at which he is to be granted basic welfare support and shall be provided with free-of-charge travel to such care center.

The 60% - 40% division of costs between federal government and federal provinces for the basic welfare support for asylum seekers applies only during the first 12 months. There after the federal government will bear the entire costs. (Schumacher/Peyrl, 2007. 217-218)

Target groups for Basic Welfare Support

The Basic Welfare Support Agreement is aimed at granting temporary basic welfare support to those vulnerable aliens in Austria, who are in need of assistance and protection.

The target groups include:

- asylum seekers,
- persons having entitlement to asylum,
- displaced persons,
- persons with subsidiary protection,
- persons with humanitarian residence permit,
- asylum seekers awaiting deportation due to their entry from safe third country/
Dublin II regulations (responsibility of another country)
- and other persons who may not be deported for legal or practical reasons. (Schumacher/Peyrl, 2007. 218)

Scope of services in Basic Welfare Support

Asylum seekers are basically accommodated in suitable lodgings with respect for human dignity and consideration of family unity. There are two forms of welfare assistance to asylum seekers, namely the organized accommodation and in the form of support assis-

tance to persons, who take private accommodation. In both cases the basic welfare support covers the following services:

- For the accommodation and boarding assistance in an organized accommodation, the asylum seekers will receive per day and per person 17 euros. For unaccompanied minor, depending on the type of accommodation higher daily assistance rates applies, residential home 60 euros, group home 75 euro, assisted living 37 euros.
- In individual accommodation those will receive maximum monthly rental assistance of 110 euros per person while those with family will get 220 euros. Asylum seekers in an organized accommodation will get 40 euros as pocket money per month. (No pocket money for those living privately).
- For boarding assistance in case of an individual accommodation, the monthly rate per person for adults is 180 euros, for underage person is 80 euros and for unaccompanied minor 180 euros. Boarding assistance under organized accommodation has already being taken care of, but those that cook by themselves will receive 150 euros for self-catering.
- Provision for necessary clothing assistance annually per person is 150 euros.
- Asylum seekers are covered under the framework of basic welfare support from the first day in the respective district health insurance scheme. Asylum seekers are not entitled to an e-card, instead they will be using e-card replacement voucher.
- Granting of health services beyond the scope of health insurance will be address on individual basis. The assumption of cost for dentures, prostheses, eyeglasses, hearing aid must be granted in each individual case by the appropriate regional coordination center. (Schumacher/Peyrl, 2007. 218-219)

Employment of asylum seekers

Within the first three months of the asylum request, the asylum seekers are prohibited from working in self-employed capacity as well as in non-self-employed capacity. If an asylum seeker within this period still works in self-employed capacity, he will be punished by a fine of up to 300 euros.

If after three months he has still not got final decision on the asylum application, the asylum seeker may work in non-self-employed capacity, if he is granted a work permit or he may work in self-employed capacity, if he fulfills the legal conditions attached to such work. But in practice it is very difficult for asylum seekers to obtain a work permit. Most likely work permit to be granted for asylum seekers is for seasonal work. The granting of employment authorization shall be communicated to the authority by the competent office of the employment market service. The income will be deducted from basic welfare services.

Asylum seekers living in care facilities may with their consent do some auxiliary activities (for example cleaning job, kitchen work, transport, maintenance) or work in public places (taking care of landscape, park and sports facilities). These activities require no permission, and shall not establish a service relationship or employment contract. (Schumacher/Peyrl, 2007. 222-223)

New Austrian Asylum Legislation 2010 – 2011

From the July 1st 2011 the new Asylum Law relating to compulsory presence of asylum seekers for their asylum process will come into effect. Due to this asylum seekers have to be kept continuously in the initial reception center until the completion of the stipulated procedural and investigative steps for a period not exceeding 120 hours. This period can be further extended for another 48 hours, if interrogations are arranged by an organ of the Federal Asylum Office. This means that under cooperation obligation from asylum seekers in Austria, it is mandatory for the asylum seekers to stay between 5 to maximum 7 days in reception center at the beginning of their asylum process in Austria. So as from first July 2011 asylum applicant will be receiving the so called red card (procedure card) at the beginning of the asylum process, which helps, for instance in case of apprehension by the police to immediately determine the residence status. (diepresse.com/ots.at)

This new asylum regulation attracted a lot of criticisms both within and outside Austria that the new law was in violation of human right of asylum seekers and accused Austrian government of anti-integration program of migrants especially asylum seekers.

In the position paper of March 2011 titled “Analysis of the (Austrian) Government Bill for the Migration law Amendment Act 2011”, The UN Refugee Agency (UNHCR) criticize the new changes in asylum law especially regarding the introduction of compulsory stay of asylum seekers in initial reception center at the beginning of asylum process. The report noted that an important aspect of asylum seekers compulsory stay requirement is the fact that this is unfair deprivation of the right to personal liberty of asylum seekers, and that UNHCR rejects the detention of asylum seekers in detention or detention-like circumstances on principle. The report emphasized that the admission policy of a country for asylum seekers should rather be designed that the isolation and separation from the host community will be kept as low as possible and that detention, even if only of short duration, can have lasting effects on people and on their ability to approach and subsequent integrate into the host society - especially in the case of children and traumatized persons. The report concede that even though the Initial reception center covers the immediate needs of asylum seekers to accommodation, that such a stay can also promote their isolation from the host

society - in particular, if through such a measure the asylum seekers develop the impression that they seem to pose a threat to the local population, because they are detained indiscriminately for a certain time. In its report the UN Refugee Agency is warning that an indiscriminate detention of asylum seekers, apart from legal consideration, sends to asylum seekers just like to the society a precarious signal. (UNHCR Positionspapiere 2011. 3-6)

Anny Knapp of “Asylkoordination Österreich” criticizes the new law as unfair and expensive. She stated that it is not comprehensible why the newly arrived asylum seekers should be imprisoned for days in the reception center. Further she noted that this law affected family members who have already positive preliminary tests on the granting of asylum and those travelled with a legal visa to Austria and this complicates the admission procedure and will probably incur additional costs if journal services, including interpreters and legal advisors will also perform on the extended period including weekends during asylum hearings. (Asylkoordination Österreich)

But the current Austria interior minister Johanna Mikl-Leitner defended and justified the new asylum law as an important security measure in media advertisement campaign, thus: Any person, who is coming to Austria and wants asylum, needs a reason for asylum. It is our duty to check this reason conscientiously. The duty of asylum seekers is to be present in this period continuously for several days. In this way the verification will be more efficient and will bring the asylum seekers quickly certain awareness of their status. This guarantees maximum security for all. (diepresse.com)

Also a Member of Parliament from ÖVP Hermann Gahr contributed to the new asylum law debate. From his perspective, he sees this law as beneficial to both asylum seekers and federal asylum agency, in the sense that the asylum seekers quickly get clarity about their status, as the authorities who handled the process much faster as well. (ots.at)

3.2 Experiences of asylum seekers

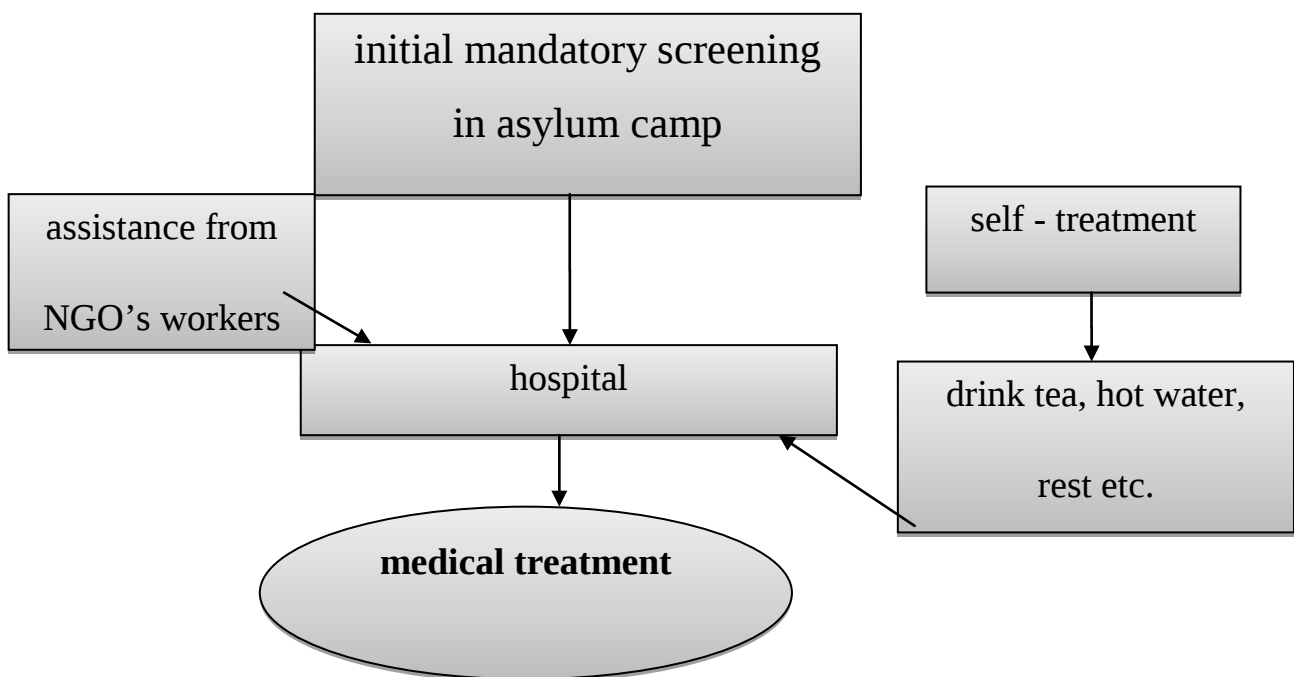
The interviews were focused on lived health experiences of asylum seekers as well as their views and perspectives in accessing health care in Austria. The main purpose of the interviews is to explore the barriers and the hindrances that make it difficult for this vulnerable population to seek proper health care and to gain insight into their coping strategies in face of these challenges. The Interviews are worked out and analysed in categories. The major themes or categories were derived from the interview manual.

The analysis deals with the following themes:

- a) ways the asylum seekers used to seek health care and or accessing services in Austria,
- b) experiences of the asylum seekers with seeking or getting access to services and health care providers,
- c) experiences of the asylum seekers with services,
- d) reactions and coping strategies.

3.2.1 Ways to seek health care

The Interviews included the description of different ways the asylum seekers used in seeking health care services. The following conceptual map shows how I create illustration of what is worked out below using the data:



Map 1: Graphic presentation of ways of accessing health care by asylum seekers

As the above illustration shows, in the interviews the respondents noted that their first contact in accessing health care in Austria was through the mandatory initial screening after filling their asylum application, which usually took place at various asylum camps (reception and federal care centers) such as the ones in Traiskirchen, Thalham, Bad Kreuzen and Reichenau. Their initial medical check-up consists of Tuberculosis screening, provisional vaccination against such diseases like pertussis, diphtheria, measles, tetanus etc. and check-up of psychological conditions/diagnosis of traumatization. (Karl-Trummer/Metzler, 2010. 6-8)

According to the information provided by the asylum seekers, most of them tend to enlist the help of workers of the various non-governmental organizations where they lived (i.e. Caritas, Diakonie etc.) to help in process of obtaining the health insurance certificate in order for them to get to the hospital where they will either be treated or be referred to medical expert, where they also get treatment as well.

Interestingly, one of the asylum seekers talked about self-treatment using traditional means, like drinking tea and hot water, taking a rest by lying in bed as well as avoiding any cold drinks during this illness period.

The interviews show that the accessibility of health care for asylum seekers in Austria starts through the first screening in asylum camps after their arrival. The information from the Austrian interior ministry stated there are four initial reception centers and federal care centers for asylum seekers in Austria, namely the centers in Traiskirchen and Reichenau which are situated in Lower Austria and the ones in Thalham and Bad Kreuzen which are located in Upper Austria. However, the one in Traiskirchen serves as the main reception center. The asylum seekers are made to undergo initial medical health check-up at these centers after arrival and consequently medical treatments at hospital as the case may be. Most of the respondents stated these in the interviews: (R means respondent, 1 to 8 means the number of first to last interviewee)

“I only went for the first time for x-ray which they directed that we should do, which is normal for asylum x-ray which they directed to a specific doctor who does it, and I went to the doctor and he did it in camp.” (R6)

“The first time when I came, I had psychological problems. I made x-ray in asylum center Traiskirchen.” (R5)

The Interviews indicated in some ways the asylum seekers accessed medical treatment, which are by the assistance of NGO’s workers at the place where they lived, such as Caritas, Diakonie etc. These NGO workers help them in locating the nearest doctor and guiding them through obtaining the health insurance certificate at District Health Insurance Institution (also known as Gebietskrankenkasse).

„ (...) I have the doctor which caritas (people) gave me, and the doctor is not far from here. They (caritas people) give me health insurance certificate every three months, after three months they give me new one.“ (R1)

“Okay - it was like this, at first, our pastoral assistant Thomas organized everything and we went to the general practitioner, and that was the first doctor, and Thomas has said I need a medical insurance certificate and we have to go to the area health insurance institution and there we get a medical insurance certificate so that we consult the doctor, (...).”(R4)

“After my operation, you know, I was living in tenth district, so the house I mean the people that are working there, the social workers search for a nearby hospital, I mean a nearby doctor that I will be going, so I’ve been using that doctor until I change (residence), so when I came here (Diakonie refugee home) they (Diakonie people) have to search for another nearby doctor for me.“ (R8)

“If I need something, I go to Diakonie people and I get everything - medical cards or address or anything else.“ (R7)

The interviews show that the respondents do not have e-cards which are electronic health insurance usually issued by District Health Insurance Institution. Instead they get a replacement copy card made of paper which also known as “Krankenschein” from the same District Health Insurance Institution.

“I have medical insurance certificate, I don’t have e-card and I go to Area Health Insurance Institution every three months and get this medical insurance certificate.”(R7)

“I don’t have medical card but I have some paper, it is something like e-card. They send me this paper every three months. With this paper I can call any hospital when I have any problems.“ (R1)

Interestingly, one of the interviewed asylum seeker claimed that he used to indulge in self-treatment by using the traditional means to cure himself of any illness. That he is not used to been sick but whenever he noticed any sign of illness in his body, he will drink tea or hot water continuously for two days and if the illness persist, he will rest his body for few more days by using blanket to cover himself in bed - and his health condition will improve:

“Yes I treat myself - how do I treat myself, I drink a lot of tea and if I see, you know, most of time I work too much and now I feel that my body needed rest. I just take a day of needed rest any time I notice cold in me. I don’t drink anything cold, I don’t drink cold water, because if you drink cold water the whole body will now collapse but immediately I notice it I will drink hot water, I will be drinking the hot water until within two days it will go and if it’s too heavy (if the sickness persist), I will lay down and use blanket to cover myself after two days it’s gone.“ (R6)

This “traditional healing methods” could be a result of cultural heritage and conventional etiquette from the asylum seeker’s background. It was obvious that cultural differences play a major role in the way the asylum seekers seek health care. Maclachlan (1997:180) in his book ‘Culture and Health’ pointed out that cultural differences, the experience of migration or the experience of being a member of a minority group can make a migrant produce psychosocial stressors which have been shown to influence physical health. The author went further to emphasis that such experiences should therefore be regarded as risk factors in themselves. The respondent reported this cultural assumption in the interviews:

„ (...) from time to time you should go to doctor and check (do a medical check-up) is not part of our culture. In our culture, it is a sick person that need a doctor, so if you are not sick you don’t go to doctor, even myself, is not that somebody doesn’t feel cold or catarrh or this and that, but the white people will start running to pharmacy or start going to doctor or whatever, but that is the last thing I will do.”(R6)

This asylum seeker said further that he have not been to hospital on his own volition, because “I was healthy for many years, I didn’t have any cause of looking for a doctor”(R6). His experiences with medical treatments are mostly through emergency circumstances and also by mandatory directives:

“I only went to do the first time for x-ray which they directed that we should do (.....), so since then I lived my life normal, I don’t know whether it is 2007 or 2006 when I was attacked by some mobs on the way, they gave me injury which resulted in calling ambulance

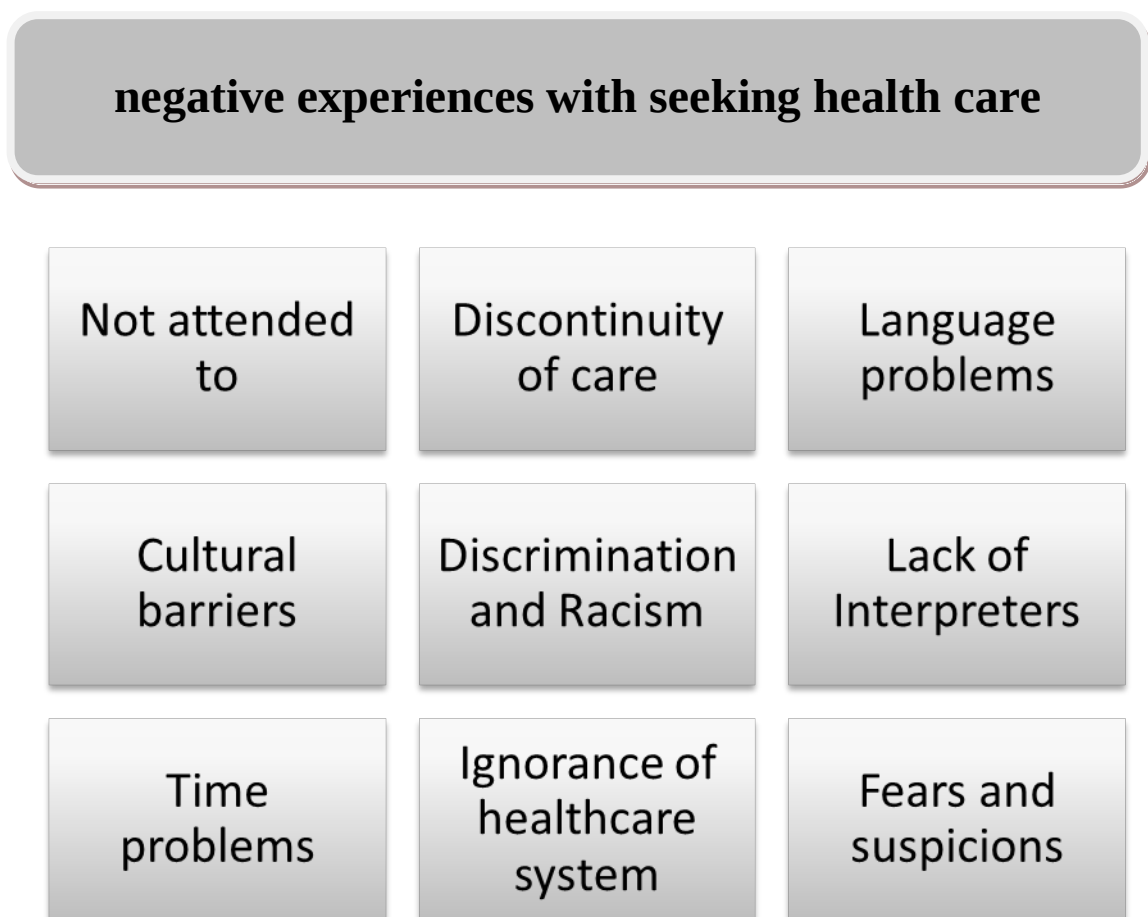
and taking me to hospital (...), in 2004 I had an (car) accident which also resulted in going to hospital.“ (R6)

Finally, the number of ways the asylum seekers utilized in seeking health care or even some of the processes they undergo in health care accessibility are highly imperative in knowing the kind of medical treatments this minority group received - in hospital or through referral to any medical specialist or even self-treatment.

3.2.2 Experiences in seeking health care

All the interviewed asylum seekers have had one kind of lived health experience or another. The interviews show that they have encountered different kinds of difficulties or barriers in their dealings with health providers in Austria. However, while most of them have had one bad experience or another, some have told of their positive experiences of accessing health care. Since the main focus of this master thesis is to research about those obstacles and impediments that make it difficult for the respondents to access appropriate health care, the study concentrates on the asylum seekers negative experiences.

In order for the theme “experiences with seeking health care” easy to understand, I will make use of the following map for simple clarification to capture the negative experience with seeking:



Map 2: Experiences with seeking health care by asylum seekers.

As the graphic above shows the asylum seekers in Austria experienced all sorts of barriers and problems in their quest to access proper health care. Such problems and impediments in getting health care may be caused by personal and cultural factors as well as structural and legal considerations. As also shown in the map, the respondents stated the problem of denied access and discontinuity of care in the hospital as some of the bad experiences they encountered. Other negative experiences faced by the asylum seekers in getting health care include language problems, lack of translators, cultural barriers as well as discrimination and racism. Other problems are ignorance of Austrian healthcare system and appointment problem, longer waiting hours as well as suspicion of doctors and fears owing to lack of insurance.

Not attended to

According to the information provided in the interviews one of the respondent experienced health care access denial due to structural healthcare system. For him it was a very bad experience because his condition was an emergency case, he was rushed to the hospital by the ambulance rescue crew and yet he was denied medical treatment. He claimed that after the attack by a mob he was not attended to when he was in hospital:

„ (...) in 2007 or so, I was attacked by some mobs on the way, they give me injury which resulted in calling ambulance and they took me to hospital. – they (mobs) hit me with what I believe is the ring one of the guy is having in his hand and hit me in the eye here, and there was bleeding, so my eye was bleeding, it was Saturday morning, they brought me there, that was the very first time I needed hospital attention, but that was very disappointing experience because one, I was having that pain from this attack and I was sitting on a bench (in the hospital) for what I think is more than 30 good minutes nobody attended to me in the hospital in second district in *Unfallkrankenhaus* (...)”(R6)

He said he needed immediate medical treatment on his damaged eye but instead the medical personnel in the hospital told him to consult his general practitioner and he was very bitter about it because the whole thing looks strange to him:

„ (...) later they called me and I went, the doctor looks at it like this (he demonstrated), looking at it from very far and he used tissue to touch it and say I should go and look for *praktischer Arzt* (general practitioner), I say *praktischer Arzt*? That I am having pain you said I should go and look for *praktischer Arzt*. The doctor say that he has finish, that I should go to receptionist, and I went to receptionist, they served me paper that I should go, not even the blood was cleaned, I carried the blood like that from hospital I could not reach home with legs, I was taken to hospital by *Rettung* (rescue team), I was breaking down on the way closing my eyes after walking I sit down and I get myself again I was trying to walk home I took *Schnellbahn* (high speed train) and went home“ (R6)

The respondent went on to disclose that his injured left eye had a permanent defect as result of lack of immediate medical treatment when the incident happened – as he said. Although, later he got medical treatment after two days by another doctor, his injured left eye already has infection due to the delay in treatment, as result he now experience reoccurring eye problem if he does not sleep well:

„ (...), the eye doctor send me to x-ray and started treating it and he treated it to some extent, I will used the word to some extent because for the first time in my life I begin to notice that if I don't sleep well, I will start having problem in this eye, my left eye“ (R6)

Discontinuity of care

The issue of discontinuity of care is one of the negative experiences that can happen to any vulnerable group in the society - not just the asylum seekers. Again this can be seen as structural problem, where the healthcare system can be blamed.

One of the respondent who have had multiple operations in one leg because of fatal train accident he sustained shortly after he came to Austria, claimed in the interview that he had suffered this discontinuation of medical treatment in the hospital without any prior information from the hospital authority informing him, why he has been abruptly discharged. This sudden unexpected discharge from the hospital was a result of the expiration of his

medical insurance – which is renewable every three months. The supervisor in charge of him, where he is living helps renew his medical insurance and he was back to hospital and resumes medical treatment:

“I remember when I was in the hospital, you know, I was been treated normal, all of a sudden I was discharged, you know, and my *Betreuerin* (supervisor) – somebody that take care of me – was like mad, you know, no information no this no that and then she asked them they said that my insurance is close so she have to run around, run around that day and they open it again so I was brought back to the hospital”(R8)

Language problems

Almost all the asylum seekers interviewed admitted that language barriers were the core hindrance in accessing proper health care in Austria. Information from the interviews shows that the respondents experienced these communication difficulties in their dealings with health institutions on a more personal level. The language problems are the biggest obstacle in accessing health care for many asylum seekers. Most of them had these initial language problems in their interactions with a doctor:

“So at first I had much problem with language. I do not know German at that time. I asked the doctor without grammar.”(R3)

“I have big problem because of the language, when I speak with a doctor, I normally speak English or French the first time I came here.”(R2)

“For two years I cannot speak German, and this is a big problem. The language problem is my major problem” (R5)

“If one is sick, he (the person) goes to the hospital and gets medication, but there is a problem, and that is again the language. When one is alone and might not understand (the language), he could not say what he need, e.g. I do not have that or I need this medicine or one need assistance, he has no one to translate it. It is very difficult (...)” (R4)

“I think it is the foreign language, if you can’t communicate with a doctor it is a problem, you can’t express yourself the way you want, to me this is the main problem, but if you have luck you can get a doctor that speaks English” (R8)

Some of the respondents not only narrated about the difficulties they encountered in their interactions with health personnel, but they noted about their suspicions that the health workers might be able to communicate with them in English but pretend not to. They believe that unless one is actually in critical condition, the nurses or the doctors will not accept to speak in English language:

“When you meet difficult people because some people they will pretend not to speak English especially when they don’t see you in a critical condition, they don’t see you in a critical condition then you will have problem of communicating with them until they see you in a critical condition then they will accept to hearing anything you are saying, so language is a barrier, you go and want to talk someone, and you are making ähm ähm so you are finding it difficult to really express what you want to say, somebody is still waiting for you to talk and you cannot talk and he is not ready for you to say ok speak English because he feel that you are not in critical condition, so it is a problem” (R6)

“You know - the language is really a big problem because there are some places you can go even if they are hearing English they will pretend as if they are not hearing so it depends on you now to maybe look for somebody that can help you communicate (...)” (R8)

Lack of interpreters

In the interviews almost all the respondents pointed out the problem of lack of professional Interpreters in their dealings with health institutions was a major obstacle they faced whilst accessing health care services in Austria. Most of the asylum seekers complained bitterly about their inability because there is hardly any chance of using services of professional interpreters in hospital. So they tend to look for someone (friends, colleagues etc.) themselves who helps them in language translating:

„ (...) I could remember when I had my first experience I had problem, you know, I can’t speak German, so I have to look for somebody that would help me, you know, when you cannot speak the language, I mean communicate, you know, you can’t be able to express

exactly what you want or able to speak what they will understand then it is really a problem.” (R8)

“Yes, I have much language problem, because I do not understand a word (in German), and someone did not help me, no interpreter, nothing. I was alone and many people that came like me didn’t understand a word also. We didn’t had any interpreters. So I thought it would be better, if I learn the language as quickly as possible.” (R4)

“No, I do not have interpreters when I consult a doctor, earlier I usually go with my husband and he will explained everything to doctor” (R3)

“No, I have not used a professional interpreter, but the only professional interpreter I used was only during my asylum process.” (R8)

Some of the respondents shared their experiences about helping each other or friends as interpreter. In order to lessen the effects of the language barrier they found themselves in accessing appropriate health care services:

“Back then if I had a small problem (with the language), someone always helped me, but he was not an interpreter, he was also an asylum seeker like me, but he had stayed 3 to 4 years longer than me and he has helped me with language very much” (R4)

“When it comes to friends as interpreters, for example my Georgian friend has had an experience as interpreter in the hospital, he has worked several hours in hospital as interpreters, not only for me but also for many Russia people, but he is not a professional interpreter. And in Diakonie there are also no special interpreters for asylum seekers” (R7)

“I have helped many people a lot here as interpreter. Many people were from Georgia, Chechenia, Russia or other countries that speak Russian and I have helped many, many people” (R4)

“He (my neighbor interpreter) cannot also speak well in German. This is also a problem. My neighbor speaks a little German, we understood about 30 percent what the doctor said, and only talked about 20 percent, and then we take the prescription to the pharmacy and get medication and how we should take this drug.” (R5)

Due to the interviews it is clear that the kind of treatments the asylum seekers received are affected by the language barrier and most importantly by lack of Interpreters in the health

institutions. One of the respondents recounted his experience of an arachnid attack he had, but because of the language problem on his part or lack of interpreter in the hospital he went to, he did not get proper medications and his injury got worse before he was eventually treated:

“Look, once that was in 2003, at that time I speak very little German, but still it is about tick (arachnid attack). Back then my foot was so completely red. I could not go anywhere properly. I do not know how to say that it is tick. I found a word in dictionary, and I go to the doctor, I showed him my foot. He wrote for me a drug for 2 weeks, but that was the only time I'm in hospital that doctor has written me a drug without proper check-up. But you know what happened, two days later I could not get up because this tick was a poisonous tick. My girlfriend at that time, she was a doctor, she was in Germany for 10 days and I have called her because of this problem. She came and saw that, and says it was tick. She immediately gave me medication and syringe. And the third day it was okay. It was because of the language and I could not say what happened.” (R4)

Cultural barriers

The interviews show that culture as a barrier is very important issue for respondents accessing health care services. Some of the asylum seekers admitted in the interviews that the differences in culture have an adverse effect on them due to seeking health care services. The necessity to seek healthcare attention is one of the cultural problems affecting the asylum seekers. For example, going for normal medical check-up was for one of the respondents not part of their culture, because according to him only when someone becomes ill the person should need to consult a doctor:

„ (...) from time to time you should go to doctor and check (do a medical check-up) is not part of our culture, in our culture it is a sick person that need a doctor, so if you are not sick you don't go to doctor (...)” (R6)

“One problem in seeking health care to me is the idea that I don't even feel it is necessary, that is one problem, so if you don't know that something is necessary you may not do it,

that lack of knowledge of necessity of seeking health care attention is number one problem” (R6)

Some of the interviewee stated that they have a problem adapting to the Austrian culture and that this adaptation problem affected their healthcare service accessibility as a result they felt lonely and isolated:

“Of course at the beginning I have a problem with Austrian culture, you know, me as a foreigner that just came in another man’s land, I mean nobody help me (to adapt) (...)” (R8)

Discrimination and racism

According to the interviews the issue of discrimination and racism is one of the negative experiences affecting the asylum seekers getting healthcare services. For some of the respondents in most cases the discrimination or racism is not done openly, but through behaviour of the health care providers they know that they have been discriminated against maybe mainly due to their colour of the skin or their status as an asylum seekers and being a foreigner. The respondents told about their hurt and helplessness in such situations whilst receiving medical treatment and this has adverse psychological effect on them:

“There are some cases, I don’t know how to explain it, but you within you, you know that maybe what they are doing to you is not okay but you don’t have other option (because) your health is more important to you.” (R8)

„ (...) you cannot speak with every white people, some white people are racist and some are not. If you want to greet some people, they will not answer you. If people are sitting here and when you come to sit with them, they will all leave the place, maybe they don’t like to sit with you, you see, something like that, maybe because I am black. The discrimination is there, they have discrimination (...)” (R2)

Asylum seeker's ignorance of healthcare system

One of the main barriers of accessing health care by the respondents was the fact of the lack of knowledge of Austrian healthcare system. According to the interviews all the asylum seekers said, that they did not know about the Austrian healthcare system or how it works. And here is what some of the respondents said about their knowledge of Austrian healthcare system:

“I once read through advertisement about the Austrian healthcare system, but I do not know about it and I cannot tell anything about it.” (R3)

“No, I don't really know about their healthcare system.” (R1, R2, R5, R6, R7)

“Well, from experience as I was only at doctors and I don't know this system because I have not sat down and read how Austria health system looks like.” (R4)

“No, I don't know about the Austrian healthcare system or how it works.” (R8)

Even though the interviews show, that none of the respondents were conversant with Austrian healthcare system, they admitted that the Austria healthcare system is one of the best because from their experiences, that even if someone does not have health insurance and his/her health condition is life threatening, the person will be treated:

“I think their healthcare system is very okay, it is very nice, it is very okay, even as an asylum seeker maybe your case is close because when your case is close, your insurance automatically close, but when anything happen to you that is serious, they will forget about your insurance and treat you. Or maybe for example you don't have asylum and you are sick and collapse on the floor, they will treat you, they will take you to hospital.” (R8)

“I will say even if you don't have health insurance they will still treat you in emergency situations before they will start writing you a letter, so I feel that the health insurance system is a very good one, the only thing is when you go there it now depends on wickedness or goodness of the people that you meet.” (R6)

Problems concerning time

Another negative experience the respondents mentioned is the time problems in securing appointments with doctor and the long waiting periods during doctor consultation. According to the interviews this problems of time were one of the difficulties facing the asylum seekers when it comes to dealing with doctors. Although some of them admitted that the issue of time problems is common in every other country not just to Austria alone that it is the same everywhere:

“The only problem I can say is the time problem, for example securing doctor’s appointment and waiting for too long in hospital to see doctor.” (R7)

“When I go to the doctor, I see many people waiting, and I think the problem of waiting too long during doctor’s visit is the same everywhere and perhaps not only in Austria.” (R3)

“Delay in accessing healthcare, it has happened to me once, but I think that is normal. I have had eye problem, I can’t remember how it happened, but I needed a doctor immediately because one eye, the left eye was so bad. I go to the eye specialist and that was like that, I’ve been waiting. I think it’s true everywhere, not only in Austria. For an eye specialist one must wait for a long time. I’ve waited a long time, and the initial check-up lasted about 15 minutes. The next (doctor) appointment I received, the correct appointment was for three months. It is normal everywhere in Austria. The only problem was I had to wait for a long time” (R4)

One of the respondents noted that he suffered deteriorating health condition as a result of the difficulty he face in getting appointments with the doctor and that he have to wait like three or four months before another subsequent doctor’s appointments:

„ (...) my knee problem has got worse due to time problem in getting (doctor’s) appointment, at that time I have had something like water in my knee and it had worsened during this waiting period.” (R7)

Fears and suspicions

The interviewees described that fears and suspicions contribute to their negative experiences in accessing appropriate health care. Their fears are rooted mostly in not having up-to-date health insurance, hence they get panic and will not go to hospital even when they are ill because of fear of interacting with civil authorities who may refer them to police. And their suspicions are based on doctors prescribing cheap medicine for them or having outside pressure in doing the same because of their status as asylum seekers. One of the respondents in the interviews is suspecting the caritas workers where he lived of influencing or pressuring the doctor that treats him into recommending cheap medicine prescription for him because his medical bills are becoming too expensive:

„ (...), one thing I will tell you is, if (caritas) people are calling the hospital, they will tell them that the boy who is coming don't give him medicine or check him, but don't prescribe medicine for him. So the doctor will probably do as they told him. Because as I am asylum seeker if I go to see doctor, it will cost too much money so they (caritas people) will tell the doctor to check him but don't check everything because they don't want the hospital bills to be too expensive, you see, and the doctor will do this.” (R2)

Another respondent told about his experience he had with his own doctor that kept giving him cheap medicine prescription because he is an asylum seeker and he think he is been treated differently due to his unemployment as well as his asylum status. This respondent said that as a result of this sometimes he does not rely on his doctors' prescriptions, he will privately request strong medicine from the pharmacy shop and paid for the drugs himself and in two to three days he will become healthy again:

“if they know you are asylum seeker, everything they are doing (for you) is free, you are not working, I mean the country is not taking anything from you, for example when you complain of having cough, I think the kind of medication they will write for you may not be the kind of medication they will write for somebody that is working, there is a difference. I have such experiences from my doctor here, every time he will, in fact the man is

somebody that will never write as far as you are asylum seeker, he will never prescribe for you medication that is above five euro no matter (the kind of illness?)” (R8)

Fear of not having health insurance or having expired health insurance was cited by another respondent as militating against seeking health care because in such situations the person will be worry about not having proper health insurance and will not risk going to the hospital:

“If you are an asylum seeker, your health insurance is not okay, it will form a very big barrier because you will be afraid in the first place of even going to any hospital, so you may in fact be sick but you will be afraid to go to hospital because you are not insured.” (R6)

3.2.3 Experience with services

Appropriateness of service

Generally all the asylum seekers were more or less satisfied with the kind of services they received in hospitals. The interviews indicated that all the respondents agree that the services rendered to them at hospitals were appropriate and that the problem they face is not the services per se, but the ways and the manners in which they are delivered:

“Of course I am satisfied with the service” (R2, R3, R4, R5, R6, R8)

“Everything is great, I am satisfied.” (R1)

“I am pleased with the service, it is nice and wonderful (because) I have had this knee surgery for the third time in the same hospital, so I know why it is so.” (R7)

Mistrust of health providers

Despite being contented with the services rendered most of the respondents still have rooted distrust about the health care providers. This gets more because of the many bad experiences they have faced while seeking health care. When someone continually have the impression that his/her doctor always recommend cheap medicine prescriptions for them maybe due to their asylum status, then it is hard not to have misgivings toward that doctor:

“Well, it depends on the hospital you go. There are some hospitals you will go yourself, you been a foreigner or as a black - let me use the word - there must be a difference you can't expect them to treat you or to attend to you the way they attend to their people, when you are not working for them so everything they did they see it as they are doing it as if a kind of free or whatever and the treatment or the service, you know, are a bit different.” (R8)

Unfriendliness of healthcare providers

Most of the respondents have one or more stories of experience in unfriendliness by health workers during their visit in hospital. The interviewees suggested that this unfavorable manner often displayed by health providers towards the asylum seekers is one of the main problems faced by the respondents in seeking appropriate health care:

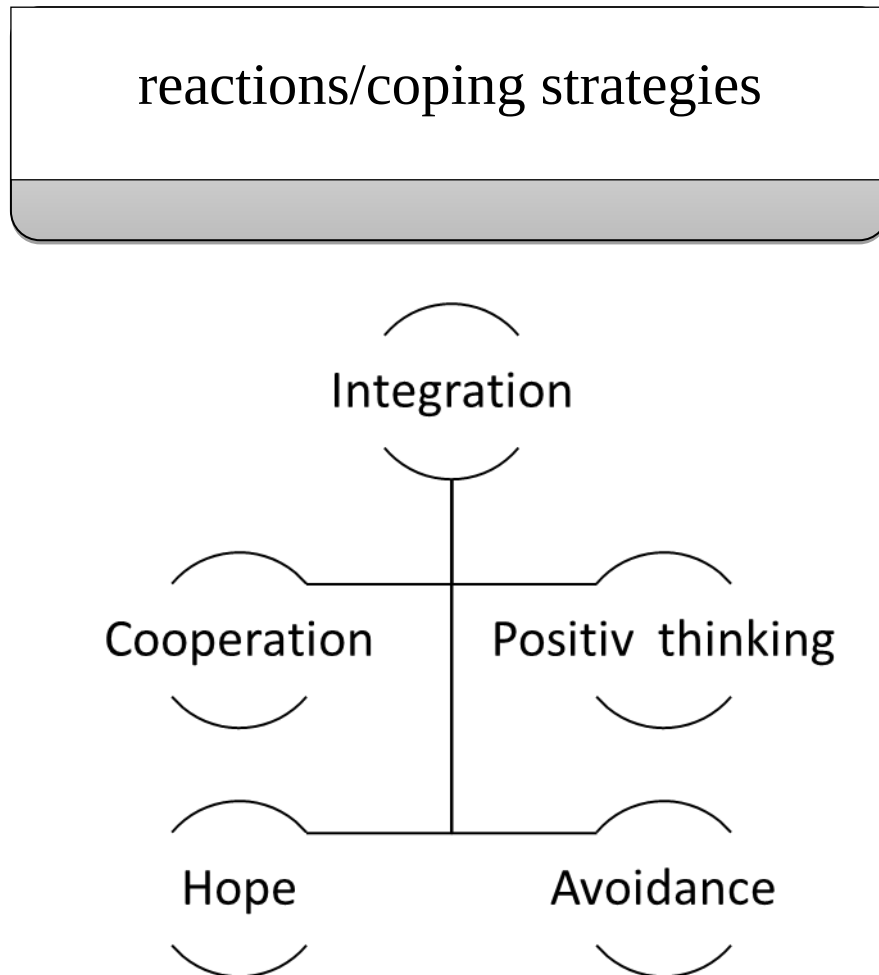
“It depends on individual on whom you meet, some are friendly some are not friendly, you know, it depends on individual.” (R2, R6)

“Other problem except language is for example some of the doctors are not so friendly, thank God I have a few of such incidents in my years in Austria. The doctor was not so friendly because maybe I am a foreigner, and in addition I was an asylum seeker.” (R4)

“Of course in Wilhelminenspital when I had this (leg) operation, I can remember, when I woke up from the coma, you know, I couldn’t even talk, it takes me about a week before I start to say something, you know, I could remember a nurse that I called, please I need water, and she, the way she looked at me or (use her eye to) harass me or whatever, and then somebody else came and start asking me how I feel, and I say I need water and the person didn’t waste time in giving me water, you know.” (R8)

“Once it has happened to me, it was in Rudolfspital, it was a head problems and I wanted to do an x-ray. My doctor has given me referral sheet so that I can go to Rudolfspital. I come and there were three women sitting, they get this referral paper and I need an appointment date. One woman takes a look on this paper and she asks me: Why you come to Rudolfspital, is there no doctor in your district? She throws away this paper. I don’t know what I should say, why has this woman reacted this way. God saw this, three seconds after it happened, came senior consultant and he saw it and asked the woman why she did this. She said: Because of the district doctor. Normally one gets an appointment two weeks later but the senior consultant has told me: Sorry. And he has given me an appointment and the next day I get the medical check-up. This has happened once.” (R5)

3.2.4 Reactions and coping strategies



Map 3: Asylum seekers Reactions and coping strategies

Reactions of the respondents to difficulties and barriers relating to healthcare accessibility as shown in the interviews are because of frustrations, anger and despair. Consequently they have been employing a number of coping techniques to variously deal with these access problems. Most of the asylum seekers who are interviewed admitted that they have developed many coping strategies in order to minimize, and in some cases overcome some of the challenges they faced in getting appropriate health care in Austrian society. The re-

spondents strongly believed that these coping strategies have been of immense help in their quest to seek health care.

The main factor among these coping strategies is **Integration**. According to the statements, the respondents see integrating in Austrian society as an important aspect of overcoming some of the barriers and problems associated with seeking health care. They developed many ways of integrating themselves in Austrian society by learning the Austrian/German language and culture as well as associating with Austrians. The integration approach was the coping technique they developed to change or adapt their behaviors in order to overcome some of these healthcare access problems:

“I try to adapt by communicating with Austrians, because I went to school here, I also have Austrian friends, you know, so I shared views with them” (R8)

“I try to integrate into Austrian society, e.g. Viennese, or someone from Lower Austria or Upper Austria, everyone has their own traditional ways how to interact best or talk with these people. If you somehow understand these people, understand how they live together, then you will have no problems. If you work all day for example for five years with Austrians e.g. Viennese, if you know how to talk to these people then you will not get any problem, you understand, that's all, you're well integrated, everything comes from integration.” (R4)

Some of the respondents see learning the foreign language (i.e. German language) as an easy way to adapt to Austrian society:

„ (...) for example, if you want to express something properly and you do not know these words in German, or you want to make sentences and you cannot do that. Therefore I would like to learn the language the correct way. So I can say what I want. Language is the first, in Austria or anywhere, and you must always trust yourself, this is the first thing I do.” (R4)

“I think I have to learn German, if I have health problem, I need to learn German. I have to learn Russian - German book. I will try myself to find an answer to what I need and on

other hand you have to get help if you didn't succeed. One - two - three days trying to learn German and if it does not work and it takes a long time, you must get an interpreter." (R5)

"At the beginning I do not understand the German language, and my psychologist tries to learn my Russian language. Later I have had many contacts that can speak good German and I have learned with these people for three years only German language." (R5)

"I can speak two - three words in German, but I could somehow combined words together by myself, such as before I go to the doctor, I do not understand a word in German, but I could open the dictionary and look what these words means and quickly read and save in the head 20 to 30 words. Then I can say everything." (R4)

Another important coping strategy for asylum seekers is **Cooperation**. According to the interviews the respondents tend to help themselves by offering help to each other, especially in the area of language translating:

"it was like that for six, seven years at that time, many people from USSR, all of them must speak Russian then because that is the language that was very important, Russian language is the first, because of that many people speaks Russian here, I did the translation, I could explain to these people what they need." (R4)

"When it comes to friends as interpreters, for example my Georgian friend has had an experience as interpreter in the hospital, he has worked several hours in hospital as interpreters, not only for me but also for many Russia people, but he is not a professional interpreter." (R7)

Positive thinking is also one of the personal strategies adopted by a few respondents in order to comfort themselves and to minimize the effect of problems arising from healthcare accessibility:

"I'm taking everything as a foreigner and I think the problem with doctor is the same everywhere and not only in Austria. It is like that everywhere. Foreigners always have big problems in other nation and I know I am a foreigner, but I see everything positive." (R3)

The interviews show that some of the respondents believe that by avoiding the unfriendly healthcare providers, they would overcome access impediments relating to health care. Hence they see **Avoidance** methods as one of significant coping strategy:

“The thing is that in any hospital, you know, I have been in several, you know, many hospitals, so if I found out that you, you are not friendly, I will have to avoid you because, you know, in (hospital) stations there are many nurses, if I found out that you are not good to me, I will just, you know, I will never ask you anything again. If I need anything I will look for somebody else. I try to ignore the person.” (R8)

“It has happened twice to me, I think: _Okay I will not go to this doctor again. I thought it is better this way, I no longer go to this (particular) doctor and I go to another doctor and it's over. For example I once went to a doctor, I have kind of a dental problem. The doctor has said: Give me your e-card. And I have no e-card. Do you have medical insurance card? And I gave him my medical insurance card, he looked it and says awww asylum seeker, awww asylum seeker and then he did not do a nice work, it was like that. I have noticed that he was not so friendly, and that was it. I no longer go to this doctor, I go to another doctor.” (R4)

Some of the respondents base their strategy on **Hope**, they think that the healthcare providers will change their behaviors towards them, if they will travel more to other countries and experience different culture and life style of other countries. Basically these asylum seekers hope that with more travelling exposure in part of the health care workers, their situation will tremendously improve:

„ (...) if they (hospital workers) go outside this country, all those that have travelled to other countries like Africa continent or Asia or America continent, the have good taste. But I'm not talking about those who go for only one day holidays or maybe few days and come back, I'm speaking about those who go for one month or more, and have a nice time there and see how people were relating. They speak with people and experience life, another culture and fashion there and when they come back they will change.” (R2)

“I hope that what he (the doctor) did to me when he goes abroad, he gets it all right back, then he feels it like me here, e.g. if he goes to Spain or somewhere on vacation, I hope that

he will get everything back and then he will understand everything he has done to us. I don't need to tell him why you did this to me because it is like that everywhere, there are people that are good and there are those that are bad. If someone does things in such a way and goes to the foreign country, he will understand better.” (R4)

3.3 Summary of Findings

The issue of access barriers and problems to health care services by asylum seekers in Austria is a very serious case. This is particularly so when one considers some of the impediments and obstacles this vulnerable group highlighted in the interviews in their dealing with health care providers as well as their own shortcomings. In many ways, the results of this research coincide with results in existing literature, in other cases differences are also noticeable. However, there should be no need to create group comparisons since the design of this research may be different with previous conducted studies as well as the aspect of national asylum laws.

In these research findings the main obstacles and issues concerning asylum seekers health care access are language problems, lack of interpreters and cultural differences. Most of the respondent stated these in the interviews as their major problems accessing health care. This phenomenon could also be confirmed in several conducted studies (Bragg/Feldman, 2011. 153; Özcan/Seifert, 2006. 61; Lambert/Taylor 1990. 103; Tolsdorf 2008. 110-112), which dealt with health care of migrants, particularly asylum seekers and minority groups. Again, the main negative experiences with seeking health care by the interviewed asylum seekers are the issue of discrimination and hidden racism, especially the unfriendliness of health care providers, when it comes to service. These can also be confirmed in some of the literature (Fronek, 1996. 44-49; Lueger-Schuster, 1996. 28-30).

There are peculiar experiences in these research findings as reported by the respondents in the interviews. One of such experience was the issue of discontinuity of care. A respondent who was probably on a long term treatment was abruptly discharged from the hospital without any prior notice because of expiration of his (three months) insurance as he said. Another peculiar case is the issue of suspicion of doctors by the respondents. Some asylum seekers claimed that their doctors always prescribed cheap medicine for them because of their status as asylum seeker and as a result they became frustrated and feel treated differently.

One of the effective strategies adopted by the respondents to cope with the access problems are the increase in their integrating efforts especially concerning to learn German language and to associate with native population. By using these strategies, asylum seekers stand a better chance of improving their health access situations and breaking also some of access issues they encounter while seeking appropriate health care. These suspicions also constitute the mistrust of the health care providers by the respondents.

The positive aspects of experiences this vulnerable group has are quality of the rendered health care services. All the respondents were not only satisfied with the rendered health services, they even noted that Austrian health system is one of the best in the world.

Legal angle: The 1951 Refugee Convention – especially the non-refoulement aspect – is meant to protect asylum applicants. Others European Union asylum policies particularly 2003 Council Directive on Reception Conditions of asylum seekers stated the minimum standards on reception of asylum seekers which covered many areas among them are the provision of health care and health services for asylum seekers. Austrian government was a party to all these refugee policies, in fact the Austrian asylum laws is also based on Geneva Refugee Convention. Under Basic Welfare Agreement, the asylum seekers in Austria enjoy a series of welfare benefits which includes the provision of accommodation, food and access to health care services. All these legal frameworks point one thing – asylum seekers have legal right to access health care in Austria. This study finds out that although asylum applicants in Austria are granted right to access health care, they are still confronted with major obstacles and problems in accessing it.

In conclusion, the findings show that asylum seekers have real problems and barriers in health care accessibility in Austria, in spite of the coping strategies they adopted to overcome these access challenges.

Overall, although this research findings adds to the limited knowledge base of access barriers to health care services by asylum seekers in Austria, further research shall consider the limitation of this study - the small number of participants who took part in this research and the lack of diversity among the participant, especially regarding country spread, the

study sampling concentrated only on citizens of two regions – Africa and former Soviet Republics. Another limitation is the issue of bias on part of the researcher. I deliberately eliminate some accounts of positive health seeking experiences of the respondents and focused only in the actual access barriers and impediments.

The barriers and problems confronting majority of asylum seekers in accessing adequate health care in Austria is still a major issue.

4 Discussion and Conclusion

This thesis provides an overview of the access barriers to health care services by asylum seekers in Austria especially in Vienna. In this study the access right of asylum seekers to health care services, the access problems and obstacles in seeking these services as well as their coping strategies are described. Also useful recommendations about minimalizing these challenges are suggested.

Asylum seekers are generally vulnerable group of migrants who are mainly in need of support and care due to suffering strain and other risk factors they might have undergone in their home country and their current unstable situation in the host country. Many asylum seekers in Austria are exposed to poor social conditions because of their status which imply risk of affecting their health conditions. In the context of this study and because of the asymmetric relationship that exists between this target group and the health care professionals in Austria there is a need to analyse this empirical study which deals with the health care access barriers from the view of interviewed asylum seekers.

Accessing health care services by asylum seekers is often **impeded by variety of factors**. The major complaints described by the respondents are language and cultural differences, lack of interpreters which clearly exacerbate the problem of health service delivery as well as their ignorance of Austrian health care system. Other contributing factors include problems concerning time in securing appointments with doctor and the issue of discrimination and hidden racism, which in part leads to mistrust of health care professionals by asylum seekers.

The research shows that asylum seekers in Austria are **entitled to health care and health services** due to basic welfare support of Austrian state. Although having the right of accessing health care and actually getting care are two different things because of the difficulties asylum seekers could encounter while seeking the needed care.

Health care sector in Austria have the duty to support asylum seekers in their quest to access health care services not just because of their vulnerable status but also because of inherent access barriers associated with this group of migrants (such as differences in language, culture etc.). Because the health care professionals are trained to be humane and empathic to their clients/patients, this minority group expect them to show more understanding due to their background in any given clinical setting. Therefore further cultural competence training by health care professionals as suggested in the **recommendations** below is needed to enable them improve their awareness about this migrant group. Also development of hospitals that treat migrants in a friendly way by health service sector and making use of competent interpreters will be of immense help in tackling these access barriers.

In addition as **coping strategies** it is absolutely imperative for the asylum seekers to learn the German language and Austrian culture as well as get informed about Austrian health care system in order to overcome these care accessibility problems. According to the proposal of Berry et al. (2002. 354) the health accessibility barriers of migrants, especially asylum seekers in Austria, which stems from cultural differences, could be minimized through acculturation strategies. These acculturation strategies which also have been described in recommendation section have four elements – integration, separation, assimilation and marginalization. The integration strategy can be used when an individual identify with and exhibit the attributes of both, the original culture and the new host culture is the best recommended of these four.

A limitation of this research could be seen as small amount of respondents (most of them were male – 7 males and 1 female) who participated in this study. Although the study concentrated mainly on the obstacles and problems encountered by asylum seekers in accessing health care, one might sense the element of bias on part of the researcher for intentionally eliminating positive experiences of respondents. Therefore further research with larger dimension is needed to provide more information about these access problems especially to investigate whether the issue of discontinuity of care is more prevalent among this target group.

In conclusion I hope that in the course of this profound insight into the health experiences of asylum seekers and their access to health care in Austria, the barriers and difficulties they encountered in their dealings with health institutions will be minimized and the challenges, these accessibility problems posed to health care professionals, will be eventually tackled.

5 Recommendations

To address the health care accessibility of the vulnerable migrant population, there should be concerted efforts from part of health sector and this migrant population to work towards minimalizing the barriers associated with health care delivery. These barriers ranging from the differences in language, culture or religion to lack of knowledge of healthcare system, discrimination and racism etc. often make the health care transactions between the asylum seekers and care providers more difficult.

Solution proposals for asylum seekers include the following:

- **Learning the language of the host country**

Language barrier is often cited as the main stumbling block for immigrants and particularly for asylum seekers to adapt to the host nation. Learning the foreign language will not only help these migrant population to improve their health situation through bridging the communication gap in their dealing with health professionals but also by overcoming this linguistic problem, it will give this target group sense of belonging as it helps them integrate well into host native society. Also the ability to communicate in another language with clarity helps in care accessibility, easier interaction with care providers and has shown to improve patient understanding for compliance, clinical and public health outcome (Gushulak & Macpherson 2006, 403)

- **Acculturation – adapting to culture of the host country**

Acculturation has been described as a process in which individuals learn or adapt (or both) certain aspects of the mainstream culture (native culture) while retaining most or some aspects of their culture of origin and may move comfortably between cultures (Elder et. al. 1998, 576). Adapting to the host culture can help the immigrants, especially asylum seekers, in accessing health care services and in effect smoothens the work of health care professionals in their dealings with this target group. According to Berry et al. (2002. 354-355) acculturation model which has four strategies of intercultural relations namely integration – when there is an interest in both maintaining one's original culture and the culture of the host country, separation – when individuals retains their original cultural identi-

ty and at the same time wish to avoid interaction with host nation's culture, assimilation – when individuals disown their original cultural identity and wish to interact with the new culture, and finally marginalization – when there is little possibility or interest in cultural maintenance of either the original culture and the *new* culture. It is important to note that the integration strategy is the most preferred of all other strategies because of its effectiveness in bridging the differences between two cultures.

- **Education about the health care system**

Asylum seekers should upgrade their knowledge of health system of the host country by making use of health information leaflets, bulletins, magazines etc. that are often available in hospitals, insurance offices and other health institutions. The medical check-up of asylum seekers should be connected with information about the health care system as well as their rights and obligations (Gröschel, 2006. 12). Gaining information about health care system of the host country and understanding how this health system works will help eliminate access problems and difficulties the asylum seekers encounter in their interactions with health care providers.

Role of health care Providers in addressing access challenges

Health institutions and health care providers have an important role to play in bridging the gaps because of barriers faced by vulnerable migrant population to issues of health care services accessibility. Addressing barriers to accessibility in health care services delivery through monitoring, education and training of the health professionals in clinical setting is one way of eliminating these challenges.

The recommendation for health sector includes:

- **Making use of linguistically and culturally competent interpreters**

The complexity of patient – provider communication is amplified in the clinical assessment of migrants population especially asylum seekers. Interpretation services are often needed in any linguistically challenging situations between patient (with migrant background) and health care professional in order to convey in clear terms diagnoses, prognosis and other messages in the clinical setting. The use of asylum seekers' family members, relatives,

friends or children particularly highlights some of these challenges in obtaining accurate interpretation. “Patient satisfaction is improved when client (such as asylum seeker) feel that their concerns and wishes are being effectively communicated across linguistic and cultural barriers” (Gushulak/MacPherson, 2006. 443-444). Linguistic and cultural mediation should be an integral part of health care. This service should be firmly established in the health services (Gröschel, 2006. 12). Professional assistance can only be guaranteed to the non- German speaking clients through the use of linguistic and cultural competent interpreters (Leitner, 2009. 210).

- Development of Migrant - friendly hospitals

Development of cultural-sensitive health care or migrant friendly hospitals for migrants such as refugees and asylum seekers by health service sector is one way to improve health care access for this target group. These migrant friendly hospitals can be establish and funded by governmental health service sector or through nongovernmental organisations (NGOs) for the availability and accessibility of health care services for migrant population. “Migrant-friendly Hospital”⁶ is originally a European initiative to improve health of migrants and ethnic minorities by improving the quality of hospital services. The need to improve interpreting services and staff training toward cultural competence in health institutions are two of the three intervention areas of the European project “Migrant-Friendly Hospitals”. The first intervention is to ensure good communication between non-local language speakers (migrants) and clinical staff by making available the professional interpreter services whenever necessary to inform patients about these interpreting services to empower hospital staff to work competently with interpreters to overcome language problems and obtain better outcomes and to make available educational materials for patients in non-local languages to assist with communication as well. The second intervention which is staff training toward cultural competence aims at training courses to hospital staff to enable them better handle cross-cultural encounters by improving their awareness, knowledge, skills and comfort level relating to the care of a diverse patient community.

⁶ Migrant-friendly Hospitals Project.

Source: <http://www.mfh-eu.net/public/files/mfh-summary.pdf>

- **Trans-cultural competent in health care**

For health care providers, the need to be trans-culturally competent in their health care delivery services with migrant population such as asylum seekers and refugees will be beneficial to these categories of migrants in care accessibility. Domenig (2007) described transcultural competence as the ability to recognize and understand individual life-worlds in the particular situation, in different contexts and to deduce appropriate, adapted ways of conduct from it. Transcultural competent professional persons should reflect their own life world and prejudices and should have the ability to capture and interpret the perspective of others and avoid stereotyping of certain target groups (Adam/Stülb in: Räskey, 2009. 92). Health care personnel required knowledge about the influence of migration on health and life perspectives or over socio-cultural beliefs about health, disease, nutrition, religion, sexuality etc. and knowing as well as understanding these different influencing factors is an important development of transcultural competence (Pfabigan in: Räskey, 2009. 77).

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Appendix

Interview Manual

What are your ways you used to seek health care?

What are your experiences with seeking health care?

What are your experiences with using professional interpreters with a doctor?

In your opinion what are access barriers in seeking health care?

- Language
- Culture
- Ignorance of healthcare system
- Fears etc.

What strategies are you using to cope with some of these barriers?

What are your experiences with service?

- Appropriateness of services
- Friendliness of providers
- Mistrust of providers
- Satisfaction/dissatisfaction with services etc.

What kind of negative experiences you have had with health care providers?

- Discrimination
- Racism
- Delayed access
- Difficulties in interaction
- Frustration, anger etc.

Have you ever been denied healthcare or and experience discontinuity of care?

What are main problems when dealing with doctors?

Overall what are your views on Austrian healthcare system?

Attributes of Respondents

Names and countries of respondents were omitted for confidential reasons.

r	Sex	age	civil status	asylum status	benefit status	housing status	employment status	duration in Austria
1	M	44	married, two children	negative (told to leave)	social support	caritas house	unemployed (no work permit)	13 years
2	M	34	single	negative (told to leave)	social support	caritas house	unemployed (no work permit)	4 years
3	F	39	married, one child	subsidiary protection	none	social center Schwechat	employed (part time job)	8 years
4	M	28	single	subsidiary protection	social support	social center Schwechat	unemployed (no work permit)	9 years
5	M	38	married, two children	awaiting answer	social support	social center Schwechat	unemployed (no work permit)	6 years
6	M	36	married, two children	awaiting answer	none	private	employed (private job)	8 years
7	M	52	married, one child	awaiting final answer	social support	Diakonie house	employed (part time job)	8 years
8	M	25	single	awaiting final answer	social support	Diakonie house	unemployed (no work permit)	8 years

Curriculum Vitae

Personal Information

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Education

Since Oct. 2006 Nursing Science, University of Vienna
09/2004 - 06/2006 German/Preliminary Courses, University of Vienna
03/2002 - 08/2004 Theatre Arts, University of Nigeria Nsukka
09/1985 - 06/1995 Primary/Secondary school, Nigeria

Work Experience

Since Sept. 2009 Visiting service, Jugend am Werk Vienna
10/2008 - 01/2010 Part-time, Müller Geschäft Krems
07/2009 - 08/2009 Trainee, Caritas Schwechat
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