

“Sharing my experiences is one thing, but nothing is changing”:
A kaleidoscope of migrant experiences within the German healthcare system

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As Germany gains momentum towards status as an immigrant nation, it is critical to understand the experiences migrants and refugees have with the German healthcare system, to reflect on the ongoing challenges with healthcare access and to call for a new era of migrant healthcare.

Taking a look at healthcare available to refugees and migrants in our own backyard is crucial as Germany becomes the largest host country to refugees in Europe with a total of 1.24 million refugees recorded in 2021 (half of whom are originally from Syria) and an additional 750,000 women and children in 2022, fleeing the Russian invasion of the Ukraine (1-5). To highlight the experiences of and perceptions surrounding healthcare for migrants, we share the stories of persons with migrant/refugee backgrounds residing in Germany. Individuals interviewed for this article are from the Ukraine, Syria, Ghana, Nigeria, Palestine/Lebanon, and Iran/Afghanistan- we thank each of them for sharing their stories.



Photo: Markus Spiske (unsplash.com)

The seven interviews were conducted by author Maureen McGowan in-person or online between August and December 2022. More than half of the interviewees (5/7) work within the healthcare sector either as health professionals, in health advocacy, or as medical translators, which allows them to share unique perspectives both as healthcare providers and healthcare recipients. We also interviewed both adult men (4) and women (3) for this piece to capture gender perspectives.

The challenges the interviewees raise and want to call immediate attention to are:

1. Language barriers: All interviewees highlighted that limited available translation services and few translated medical documents are the number one barrier to accessing healthcare services and adhering to treatment plans. This is particularly challenging for patients who speak languages for whom there are few available translators (Kurdish and Eritrean patients). A woman from Iran/Afghanistan reflects on this challenge in which she recounts a traumatic experience in which she was pushed to translate a C-Section surgery to an acquaintance, although she only maintained limited German skills herself because Farsi-speaking health professionals were not

available. In this case, she felt liable for the outcomes of the surgery in case she misunderstood one of the procedures.

Some interviewees also described that their patients bring their children (or other trusted family members) as interpreters to cope with this barrier. However, this raises ethical concerns and may be embarrassing to the patient, especially when discussing infectious diseases such as HIV and TB. Conversely, one interviewee (woman from Syria) was denied bringing her children as a translator - which has deterred her from accessing primary healthcare thereafter.

2. Common health conditions: Based on the interviews, it is also essential to understand common health conditions and social determinants of health among migrants and to train health personnel accordingly. These conditions include (but are not limited to) psychosomatic conditions, psychological disorders (PTSD, anxiety, depression, substance use), infectious diseases, and non-communicable diseases (diabetes, hypertension etc.). These conditions and co-morbidities must be considered and treated with trauma-informed and holistic care. The interviewees also highlighted that refugees may have limited or missing medical records, and/or incomplete vaccination cards. These documents may not have been provided in their home country or lost en route.

3. Sensitivity to experiences & cultural backgrounds: Interviewees flagged the importance of sensitivity surrounding refugees' different socio-cultural backgrounds affecting healthcare access. Based on the interviewees, this is especially important when discussing sexual and reproductive health issues with migrants. For example, one interviewee (Palestine/Lebanon, male) describes that some women have received little sexual education and/or do not feel comfortable discussing sexual health in front of a male gynecologist or male translator.

Generally, displaced women are a vulnerable group that require specific attention to sexual health. This includes special attention to sexually-transmitted disease prevention/care, family planning services, female cancer prevention, and pre-/ postnatal care as raised by the female interviewees. For example, a young pregnant woman (Ghana, female) who has been residing in Germany since last year, describes that her doctors did not properly explain the type and dosage of prenatal care vitamins she required. She also describes that she did not feel adequately supervised by her doctors and had to ask for each test individually:

“The doctor doesn’t take time to explain things to us. The doctors always say everything is okay until I one day asked her about my BP and Hb level, then she said, it is a bit lower and your iron has dropped from 47 to 15” (Ghana, female)

Additionally, some interviewees describe special attention needed for persons who have fled war-torn countries and/or might have served as soldiers in these countries. Such patients are likely challenged with emotional trauma and require intense attention and intervention. Similarly, other interviewees highlight trauma-informed care needed for unaccompanied children and youth.

4. Navigating the German Healthcare System: Many interviewees highlighted that patients have challenges understanding how to register for or utilize German health insurance or where to access appropriate healthcare appointments. For example, patients are often uncertain about when to visit a general practitioner (*“Hausarzt”*) and how referral slips (or healthcare vouchers) should be used. This often leads to increased use of emergency care services, which is more costly than primary care. For example, one woman from Syria describes the immense challenges she has encountered trying to access mental healthcare services as well as non-emergent surgeries. She describes suffering from depression as well as chronic neck pain, both of which severely impact her wellbeing and quality of life.

5. Racism & Discrimination: Finally, numerous interviewees describe experiencing racism and discrimination within and outside of the healthcare sector. Below are three examples of encountered discrimination. One interviewee, a doctor originally from Nigeria treated a patient who said to him:

“You are too black to be in the same room as me!” (Nigeria, male).

Another interviewee described that upon multiple visits to the gynecologist for her prenatal care appointments, she was not provided with the appropriate documents (*“Mutterpass”*) until she was accompanied by a friend who requested the documents for her in German (Ghana, female).

Similarly, a woman who works at a medical translator had been yelled at when she had trouble translating a specific medical term from German into Farsi and was told:

“You are a translator! You should know everything!” (Iran/Afghanistan, female).

Above we listed only the top five challenges brought forth by the individuals we interviewed for this story. While we recognize that this is only the tip of the iceberg, we want to call attention to these five points and specifically call actions to address these challenges:

- **Addressing language barriers: revision of the law (Asylbewerberleistungsgesetz [AsylbLG] 4 & 6) stating that patients are responsible for organizing translation and cultural mediation during healthcare encounters**
- **Training on common health concerns & cultural sensitivity: (1) systematically include migrant healthcare in medical & health education (2) make cultural sensitivity training mandatory for all healthcare professionals**
- **Navigating the German healthcare sector: (1) provide workshops for refugees/migrants to give them opportunity to learn about the German healthcare system (2) simplify the healthcare voucher process (3) simplify referral systems, particularly for critical mental health services**

- **Addressing racism & discrimination in the healthcare sector: provide workshops and trainings among healthcare workers to better sensitize them to intercultural communication, addressing discrimination/racism in the healthcare sector (by healthcare professionals and/or patients), and decolonization of the healthcare sector.**

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For more information about the individual stories of our interviewees, please visit the Global Health & Migration Hub webpage on the Global Health Hub Germany (GHHG) website.

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