

UNDOCUMENTED MIGRANTS AND ACCESS TO HEALTH: The Role of the
Finnish Refugee Advice Centre

Stella Nkafu

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Diaconia University of Applied Sciences

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ABSTRACT

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In recent times, undocumented migrants have continued to gain increasing attention around the globe and EU as a vulnerable group subjected to higher health risks. Unlike, France, Britain and others who provide at least access to non-emergency services to undocumented migrants, and most recently Sweden who provides full coverage health care to certain groups of undocumented migrants, Finland is yet to develop a specific legislation with regards to health care for undocumented migrants till date.

Finland has ratified and is bound by the Convention for the Protection of Human Rights and Fundamental Freedoms. Based on these, the Finnish Refugee Advice Center through its paperless project, is calling on Finland to respect its commitment to human rights by extending health care benefits to undocumented migrants.

This research oriented thesis seeks to examine the role of the Finnish Refugees Advice Center as a lead advocate of the right to access to health care for undocumented migrants. It is an advocative research aimed at creating awareness by sensitizing the undocumented migrants on their rights and the extent of access to health care available at their disposal. The study is mainly qualitative, based on desk review and analyzes of the current body of literature on undocumented migrants, as well as review of primary data from the administration of interviews.

Findings indicate that the Finnish Refugee Advice Center plays three key roles; (i) Customer service and case by case counselling; (ii) local influence lobbying with local officials; (iii) lobbying within parliament to improve on some aspects of the legislation such as, the most recent law proposal to grant undocumented migrants access to not just emergency care but full access to health care at their own cost. Also to extent free health care to undocumented pregnant women and children.

Finland is therefore in need of a new legislation because that is the only way to ensure that everyone has access to health services which off course is part of their human right. Specific and clear directions on how to implement this new legislation should be given in all local offices for practitioners to have information on what to do. Undocumented migrants should also endeavor to know their rights.

Key words: Migration, undocumented migrants, access to healthcare, human rights

CONTENTS

ABSTRACT	2
1. INTRODUCTION	5
1.1 Problem Statement	7
1.2 Purpose of Study and Research Question	10
1.3 Delimitation of the Study	10
2. DEFINITION OF CONCEPTS AND LITERATURE REVIEW	11
2.1. Migration	11
2.1.1. Migration in Finland	11
2.2. Migration and Health	13
2.2.1. Why Focus on Migrants' Access to Health Care Services	15
2.2.2. Undocumented Migrants and Health	18
2.3. The Finnish Health Care Policy and Migrants' Health	21
2.3.1. Health Care Policies Regarding Undocumented Migrants	21
2.3.2. Health Care for Undocumented Migrants	23
2.3. The Ethical Theory of Health Care Provision	25
3. METHODOLOGY	30
3.1. The Research Process	30
3.1.1. Research Design	31
3.1.2. Categories of Respondents	31
3.1.3. Open Ended Questions	32
3.2. Data Analysis	32
3.3. Case Study	32
3.3.1. The Finnish Refugee Advice Center	33
3.3.2. The Paperless Project	34
3.4. Ethical Issues	35
4. FINDINGS	37
4.1. The Finnish Refugee Advice Center and the Need for the Paperless Project	37
4.2. Activities of the Paperless Project and Role as an Advocate to the Right of Access to Health Care for Undocumented Migrants	38
4.2.1 Micro-level Customer Service and Case by Case Counselling	38
4.2.2 Meso-level Local Influence Lobbying with Local Officials	39
4.2.3 Macro-level Lobbying within the Parliament	40
4.4 Challenges within the Paperless Project	42
4.5. How Beneficial is the Paperless Project to its Target Audience?	43

4.6. To What Extent has the Project Achieved its Goals?	43
4.7. Contributions of the Study Towards the Finnish Refugee Advice Center and the Paperless Project.....	44
5. DISCUSSION.....	45
5.1. Limitations of the Study.....	46
5.2. Professional Development	47
5.3. Conclusion	47
5.4. Recommendations	50
REFERENCES.....	52
APPENDIX 1. Questionnaire.....	57

1. INTRODUCTION

In recent times, undocumented migrants have continued to gain increasing attention around the globe and EU as a vulnerable group subjected to higher health risks which pose a challenge to the enforcement of the law on the universal access to health care for all and public health in general (Cuadra 2010). As Cuadra (2010) further articulates, undocumented migrants face considerable obstacles in accessing services in general. Moreover, undocumented migrants' health is at great risk often as a result of the difficult working and living conditions, characterized by exploitation, dependency and uncertainty. As Stanciole and Huber (2009) further note, Epidemiological verifications from several countries including the UK, the Netherlands and Germany assert that, the health status of undocumented migrant populations is poorer than that of legal immigrants and the natives. Their health issues in general, often extend along poor living conditions and deprivation, to stress on the relationship between poor health, poverty, and the absence of access to health care.

In some cases of undocumented migrants, specific problems such as torture and physical after-effects of war, which are likely to prompt stress related health issues such as mental health problems, high blood pressure, depression, digestive problems, back pains and headaches to name a few further complicate the situation. And they might also be at high risk of infectious diseases such as hepatitis, HIV/AIDS, TB and malnutrition depending on their living conditions (Stanciole & Huber 2009.) In the same vein, Bradford and Ewout (2012) note that, the United States has an even greater number of undocumented migrants than European Countries but nevertheless, these individuals have extensive needs for healthcare and poses demanding healthcare challenges. Researching on the same issue, Platform for International Cooperation on Undocumented Migrants PICUM (2006) further confirms that, undocumented migrants in Europe face serious difficulties in having access to health care services. In the same light, Pace (2011) articulates that, denials or limitations of basic rights are daily occurrences encountered by undocumented migrants in Europe. There is therefore, a high

probability of a deterioration of undocumented migrant's physical and mental health, mainly as a result of insufficient access to health care services and/or the continuous fear of being exposed and deported. As the International Organization for Migration IOM (2006) also notes, access to excellent healthcare is an important aspect of the social exclusion and inclusion of immigrants.

These problems are further compounded by National regulations which often, place severe restrictions on access to healthcare for undocumented migrants thereby also placing them at a higher risk of marginalization and social exclusion (Agudelo-Suarez et al. 2009.) For instance, recent studies on European countries show that, policies in most of these countries for example Sweden and Denmark, provide undocumented migrants with no more than emergency healthcare services (Bradford & Ewout 2012; Bogumil 2013.) Simultaneously, several European Countries including Finland, have ratified several international instruments recognizing the right to health care as a human right (PICUM 2007; Pace 2007; Cuadra 2010). In the same light, ROMÁN (2004,5) notes that, every single EU Member States has acknowledged every one's rights to the 'highest attainable standard of physical and mental health' and to be given medical care in the case of sickness and pregnancy quoting from Article 25 of the Universal Declaration of Human Rights (UN 1948), Article 12 of the International Covenant on Economic, Social and Cultural Rights (UN 1966), Article 5 of the International Convention on the Elimination of All Forms of Racial Discrimination (UN 1965), Article 24 of the Convention on the Rights of the Child (UN 1989) and Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (UN 1979)".

However, as he further articulates, the absence of implementation of standards, combined with obvious disinterest in complying with new available instruments, especially the Convention on the Protection of the Rights of All Migrant Workers and Member of Their Families (UN 1990), implies, "a broader general resistance to the recognition of application of human rights standards to migrants, particularly undocumented migrants."

According to PICUM (2013), undocumented immigrants constitute 10 to 15% of the world's 2,14 million international migrants in 2010 and since then, the number has been on the rise. Estimates of undocumented migrants in the United States stood at 11.1 million, while the most recent estimates of undocumented migrants in the EU which dates to 2007 indicates that, undocumented migrants constitute about 10 to 15% of Europe's 56million migrants. As the Organization for Economic Cooperation and Development (OECD) further notes, approximately half a million undocumented migrants immigrate into the European union each year (PICUM 2013.) In Finland, reports from PICUM (2011) confirmed an estimate of undocumented migrants to vary approximated between 4000 to 10 000 (YLE, 7.9.2011). Accordingly, sources from the police indicates that, undocumented migrants make up about 2000 to 3000 of the migrant population (Ministry of Social Affairs and Health 2013.) However, like the Finnish country report (2010) rightly states, there seems to be no agreed upon official fixed estimate of undocumented migrants in Finland. Nevertheless, the number has been on the rise.

1.1 Problem Statement

Until lately, Finland has not paid much attention on the issue of undocumented migrants. The common conception has been that; undocumented migration is an issue that has little to do with Finland. Thus, no public discussions have been held about the social inclusion or exclusion of this category of persons or the special needs that people in such situations are in dire need of. Moreover, no public services were set up to cater for such needs until 2011, when the first Global Clinic was established to provide just basic healthcare to undocumented migrants (Simola 2011.)

Unlike, France, Spain, the Netherlands, Switzerland who provide full range healthcare to undocumented migrants as provided in the public system, and Italy, England, Germany and most recently Sweden who provide undocumented migrants with at least access to non-emergency services, and full coverage healthcare to certain groups of undocumented migrants especially children,

pregnant women and those with chronic and communicable diseases under different national healthcare act, (Gray, & Ewout 2012.), Finland has no specific legislation with regards to health care for undocumented migrants up till date. Undocumented migrants current access to health care is still defined by the general legal frame work, contained in the Act on the Implementation of Social Security Legislation (1573/1993) which limits undocumented migrants´ rights to access to emergency care only. Undocumented migrants per this Act, are free to have access to healthcare from specialist care, primary, public and private clinic provided they can afford the relevant cost (Country report 2010.) The problem is further compounded by the Finnish centralized social security system which makes it difficult for individuals to maneuver without a Finnish social security number, which is required for instance at hospitals. Moreover, undocumented migrants without a social security number are required to pay an emergency consultation fees of 160 euros, an amount which in most cases cannot be afforded by undocumented migrants (Simola 2011.)

As stated by the Ministry of Social Affairs and Health (2013, 2), “Finland has ratified and is bound by the Convention for the Protection of Human Rights and Fundamental Freedoms”. Per this convention, all individuals are entitled to the right to health as a fundamental human right on which everyone is entitled to the best achievable psychological and physical health. Moreover, this broad concept goes a long way in addition to access to health care and medicines, to include other rights. The UN Committee on Economic, Social and Cultural Rights further defines core responsibilities for governments with regards to access to healthcare for all. It is an obligation for the government to ensure that everyone has access to the necessary medicines and healthcare services as spelled out by the World Health Organization (WHO). It also stressed on the need to guarantee this access to everyone without discrimination while paying specific attention to vulnerable groups.

However, although this right to health is secured by many European and international legal instruments, the right has very little practical meaning for most

migrants. This is because in most European countries like the case of Finland for instance, full equality of access to health care services is limited to legal and or permanent third-country nationals residing in the country, while on the other hand, undocumented migrants are often restricted in terms of access to care services. As a result, poor migrants might be out rightly deterred from seeking care even in emergency care when user fees are a precondition. They may also face administrative hindrances, may not have a mastery of the national language, may be unfamiliar with the healthcare system, may be afraid of being caught as well as may be subject to direct and indirect discrimination (Mladovsky, Ingleby, McKee & Bernd 2012.)

Per the ethics of health care, it is an obligation for health care personnel and physicians to treat their patients as equal, regardless of religion, ethnic background, social status of the person or political opinions of the society. Society does not therefore have the right to restrict patients from sufficient care, nor intervene in the duty of health care professionals to carter for patients based on medical needs alone (Ministry of Social Affairs and Health 2013).

Based on these, some municipalities in Finland such as Helsinki city council have since 2013, extended its access to free healthcare services and provision to include undocumented mothers, pregnant women and children. However, the Finnish Refugees Advice Center through its paperless project, is calling on Finland to respect its commitment to human rights by extending healthcare benefits to undocumented migrants (Hofverberg 2014). As noted by the Ministry of Social Affairs and Health (2013), inadequate treatment of undocumented migrants is not an appropriate alternative from the standpoint of the ethics of medical care. Undocumented migrants' rights to healthcare under current legislation is therefore, in crucial need of specification also because the operating methods of different municipalities are different from one another.

It is for these reasons that this study examines the role of the Finnish Refugee Advice center as a leading advocate of the right to access to healthcare for undocumented migrants in Finland. As already stated, Finnish legislation only

guarantees necessary emergency health care for undocumented immigrants and at their own cost. It thus implies that; undocumented migrants must afford to pay for the actual cost of their treatment and it is likely that it may not be possible for an undocumented immigrant to receive necessary treatment due to its costs. However, the Finnish Refugee Advice Center through its Paperless Project States that, “Equal access to healthcare services is a fundamental human right”. The following chapters will further review the role of the Finnish Refugee Advice Center as the leading advocate of access to health care for undocumented migrants.

1.2 Purpose of Study and Research Question

Objectively, this study seeks to examine the role of the Finnish Refugee Advice Center as the leading advocate of access to health care for undocumented migrants. The aim is further to create awareness by sensitizing the undocumented migrants on their rights and the extent of access to health care available at their disposal. Most importantly, it is also to create awareness amongst the target audience, on the Finnish health care system and the services available at their disposal at the Finnish Refugee Center. Thus, the research question is; What role does the Finnish Refugee Advice Center play as a leading advocate of access to health care for undocumented migrants?

1.3 Delimitation of the Study

This study is limited to the Finnish Refugee Advice Center and its target audience who are undocumented migrants residing within Finland. These include; those migrants whose asylum applications have received a negative decision and or have been rejected; those immigrants who have breached the terms of their visas and those who are within the asylum process.

2.DEFINITION OF CONCEPTS AND LITERATURE REVIEW

This section defines the major concepts used in the study as well as review the main theory in the study in relation to the objectives of the study.

2.1. Migration

The national geography society (2005), defines human migration as a process whereby, people and or individuals move from one place in the world to another with the aim of taking up semi-permanent or permanent residence often across political boundaries. Human migration can either be voluntary or involuntary, in which case voluntary migration will refer to a process whereby, individuals take personal decisions to migrate in search of greener pastures while involuntary migration occurs because of natural disasters, wars and political unrest. Migration could also either be emigration (people moving out of a country or region) and immigration whereby people move into a country or region. Migration remains a familiar occurrence throughout human history and could be traced as far back to the movement of the first human groups in East Africa from their origins to their present location in the world.

2.1.1. Migration in Finland

As articulated by Finnish immigration service (2016), the beginning of Finnish independence in the early 18th century was marked by mass migration. The Central Government of the Grand Duchy of Finland by then passed a legal statute related to foreign national was passed because of the mass migration even though, a national immigration administration was set up under the security police's 'passport office' only later in 1918 after independence.

However, decision making on Finnish emigration and immigration between 1800 and 1939 was made at provincial levels. Residence permits were approved and granted by Governors and pledges of loyalty from those who became Finnish citizens were made to them. Therefore, local district registrars, rural police, the police department in cities and immigration police were those responsible for the supervision of foreigners residing in Finland (Finnish immigration service 2016.)

Within the period WWI and WWII, Finland had more foreigners than its neighbors. Within a short period in March 1921, thousands of Soviet sailors and their families from Kronstadt moved into Finland. This was preceded by a huge inflow of refugees that escaped from the Eastern Karelia revolution. Thereafter, Finland served as a home to approximately 100,000 foreign nationals by the end of the war, and until 1990s, the number of immigrants in Finland was still on the rise (Finnish immigration service 2016.)

Conversely, during the reconstruction period after the war, a huge number of Finns emigrated to Sweden and other countries, even though the process was interrupted by the Helsinki Olympics in 1952 during which everyone who wished to travel to Finland was exempted from visa requirements. Since then, the passport-exemption scheme of the Nordic countries, the return of Finnish Swedes, and the internationalization of Finnish universities, as well as integration of migrants on humanitarian reasons have kept immigration to Finland and the Finnish immigration services busy (Finnish immigration service 2016.)

In most Western Countries including Finland, the legality or illegality of an immigrant determines his or her access to right to public services and health care to be specific. In Finland, the legality or illegality of a migrant is defined in terms of who has the required visa and or residence permit. What makes a difference between an illegal migrant and a legal migrant is the legal status that is well-spelled out by the rules approved by international organizations and national governments

(Väyrynen 2003.) As such, the illegal status of migrants has consequences for their personal positions as migrants within Finland.

As described by Yle news (30.04.2015), the number of undocumented migrants in Finland has been on the rise. Finland presently accommodates more than 4000 undocumented migrants. These undocumented migrants consist of a diverse group and include those who immigrated by evading immigration controls, those who used false documents to move to Finland; those with overstayed visas such as; labor migrants, visitors who came in legally but made a decision to stay even after their permission to live has expired and asylum seekers who have received negative decisions on their applications, those running from so-called 'honour' crime as well as victims of human trafficking (Spencer 2011).

A good number of these undocumented migrants live with a disproportionate burden of undiagnosed diseases. Some of which are infectious diseases such as HIV and tuberculosis and most often basic preventive care and immunization is not available. These health problems are further compounded by the unpleasant circumstances through which some undocumented migrants move into the country and the substandard conditions under which most of them live given that they squat mostly with friends and spend the night around train stations and parks. As noted by Kullgrenn (2003), these health challenges are sustained and overblown by the migrant's inadequate knowledge about the Finnish health care system and their inability as undocumented migrants to access health care services in Finland. It is on this note that we look at migration and health.

2.2. Migration and Health

According to WHO reports (2016), migrants' population around the globe stands at approximately one billion. They comprise of a wide range of populations which includes; students, refugees, workers, undocumented migrants to name a few, with each of these categories having different health needs, determinants, as well as

different levels of vulnerability. The health needs and implications of this considerable population are therefore extensive.

As WHO further articulates, migration flow is inevitable in a globalized world demarcated by profound disparities, demographic imbalances, skill shortages, natural as well as man-made disasters, climate change as well as economic and political crises. It also argues that migration flow is also necessary for certain societies to compensate for skill shortages and demographic trends and to support home communities with remittances. In this respect, migrants' health and health issues associated with migration are critical public health challenges that need to be tackled by governments and societies.

As noted by Bernd et al. (2011), the growing diversity of Europe's population is creating new challenges for healthcare systems, which have to devise strategies to adapt in order to remain responsive. These challenges are increasingly acknowledged with regards to migrants, who constitute an increasing share of European population.

Although migrants are often considered to be relatively healthy, a phenomenon referred to as the "healthy migrant effect", the reality is far fetch as they are often constraint by certain health challenges which exposed them to a number of threats to their mental and physical health. Moreover, often times, inadequate attention is paid to the specific health needs of migrants and consequently their health needs are poorly understood. Health systems are often inadequately prepared to respond to migrants' health needs and communication between the migrants and healthcare providers remains poor. The situation is further worsen by the difficulties faced by migrants' in recognizing their human rights, particularly with regards to access to health and other basic services. Notwithstanding the fact that they are being relocated to often dangerous and under paid jobs, with the most severe challenges faced by undocumented migrants (Bernd et al. 2011.)

However, whereas lots of human rights treaties speak of the right to health, Article 12 of the ICESCR offers the most all-inclusive articulation by ascertaining “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”. Most importantly, it recognizes two key aspects; ‘freedoms’ and ‘entitlements.’ Whereas, freedom refers for instance to, the right to be free from uninformed and non-consensual medical treatment, forced HIV testing or medical experiment, freedom from inhumane, cruel, degrading treatment and torture yet another vital component of the awareness and safeguarding of the right to health, entitlements emanates from the obligation of the state to offer adequate health services essential for the recognition of health to the highest attainable standards. Entitlements.

consist of the right to a system of protection. That is, a structure of prevention, treatment and control of diseases based on equality for all and access to education and information about health, indispensable medicines, sexual and reproductive health-care services.

Consequently, to meet the terms of these entitlements and freedoms, states are obliged to ensure that health facilities, services and goods are available, acceptable, accessible and of good quality and are applicable to all residents, as well as migrants (IOM 2013.)

2..2.1. Why Focus on Migrants’ Access to Health Care Services

Several reasons account for the necessity to focus on migrants’ access to healthcare services in in host countries in general. As articulated by Nørredam and Krasnik (2011), migrants make up an increasing percentage of most host country’s population, and as such, more knowledge on migrants’ health and ability to access care is required by health practitioners, managers, politicians and professionals to make informed decisions. Also, the integration process of migrants’ in host countries may be interrupted by illness as ill health affects the ability of sick

migrants to participate in work, education and activities in society at large, which may further lead to marginalization and social exclusion, which again have a negative effect on an individual's health.

Nørredam and Krasnik (2011) further state a moral and legal argument, based on the view of "the right to the highest attainable health" which was first defined in the WHO Constitution of 1946 (WHO 1946) and further reiterated in the 1978 Alma Ata Declaration (WHO 1978) and in the World Health Declaration of 1998 (WHO 1998). Moreover, quite a lot of international human rights documents acknowledge the right to health. Besides, the 2008 Resolution of the World Health Assembly on the "Health of migrants" introduced a number of steps to reinforce migrant health, which include safeguarding equitable access to health services (World Health Assembly 2008).

More so, equity in access to health services is a fundamental objective for several European health systems. Equity refers to fairness, which is different from equality, and can either be horizontal; implying equal treatment for equal needs or vertical; implying specific treatment for specific needs (Oliver & Mossialos 2004). Equitable health care demands that access to health care and resource allocation are determined by health need, regardless of factors such as ethnicity or migrant's status.

However, as they further articulate, there are both formal and informal barriers to access to health care by migrants. They identify some formal barriers as those factors related to health policies and the organization of health systems. These comprise of financial barriers as well as legal restrictions on entitlement to health services for some groups of migrants. For instance, most countries within European Union (EU) have legal restrictions on entitlement to health services especially for undocumented migrants and asylum seekers. Undocumented migrants in most European countries have access only to emergency services

even though some EU members even go to the extent of restricting emergency care (Björngren-Cuadra & Cattacin 2010).

Formal barriers might occasionally include special requests for referral of asylum seekers to professional care. Often user fees are introduced and can also be regarded as a general formal barrier, which in turn creates inequity in access for most migrant groups due to their commonly lower socioeconomic status in relation to non-migrants (Scheppers et al. 2006).

Conversely, informal barriers to access include questions of communication, language, `newness` and socio cultural factors. So far communication is very important and goes even beyond language. Sometimes, doctor's psychological, biological, social approaches couple with stigmatization present further barriers which hampers staff-patient communication. Moreover, the absence of effective communication with migrant patients can lead to misunderstanding and hence non-adherence to treatment (van Wieringen et al. 2002; Harmsen et al.2003.)

Notwithstanding, language barriers which include the absence of comprehensible information with regards to entitlements, what services are available and the extend of access available at their disposal as well as difficulties in reserving appointments with doctors is also a major issue. The absence of skilled interpreters may lead to poor communication and thus poor diagnosis of health problems (Bischoff et al.2003; Bischoff & Hudelson 2010).

The social exclusion and loss of social capital, which are often factors affecting migrants also constitute barriers to seeking healthcare as well as racism based on ethnicity or religion, institutional and personal discrimination (Bhopal 2007; Worth et al. 2009.)

Lastly, newly arrived migrants might also face difficulties in accessing healthcare service in their host countries especially those who have not received prior orientation to the healthcare system of their new recipient country (Worth et al. 2009.)

2.2.2. Undocumented Migrants and Health

The increase influx of migrants into the EU, which includes both economic as well as forced migrants, most of whom fleeing war in Syria, and many from Afghanistan, Iraq, Eritrea, Pakistan, Nigeria and other conflict zone countries has led to public debates and many challenges for recipient countries. For instance, Member States are facing many challenges which range from timely registration of migrants and suitable accommodations, to geographical allocation and then integration into the job market. In addition, political compromise on the response, in terms of policy as well as from an economic, sociocultural and health perspective is still pending (European Health Parliament 2016).

Among other issues, it is imperative for recipient countries to address the health needs of migrants. Even though access to healthcare is a human right, access to healthcare for migrants are restricted by most Member States to reduce incentives for further immigration and to avoid related costs to national health systems. Although most migrant's report health needs like most EU citizens, the poor conditions for travel, hygiene and sanitation, couple with deplorable housing conditions pose additional threats and can increase healthcare needs of migrants.

While the right to access healthcare is protected in various international human rights instruments including the EU law, access to healthcare is not guaranteed for everyone in practice. Access to healthcare is regulated in different ways amongst Member States and for migrants, legal status can constitute a formal barrier, along with economic, cultural and language barriers (European Health Parliament 2016.)

For undocumented migrants, which were estimated to be approximately 1% of the EU population in 2004, and has been on the rise (Romero-Ortuno 2004), most Member States limit access to emergency treatment (Spencer & Highes 2015).

As earlier stated, the term “undocumented migrants” is used in this study with regards to what Cuadra (2010) defines as “third-country nationals without a required permit authorizing them to regularly stay in the EU member states” and Finland for this study. As she further notes, there are several ways to become undocumented. However, the categories of undocumented immigrants in this study go a long way to include only; those whose asylum applications have received a negative decision and or have been rejected; those immigrants who have breached the terms of their visas and those who are within the asylum process. According to Baldwin-Edwards and Kraler (2009:41) the asylum process plays an important role in “producing” undocumented migrants in the Finnish context. Notwithstanding, irregular entry may constitute the main pathways into irregular stays. Sources from the National Bureau of Investigation (Police organization) suggest that, those who apply for asylum and receive a negative reply after arriving in the country make up the largest group of undocumented migrants (Cuadra, country report 2010).

Though, Belgium, Spain, Portugal, France, offer better access to medical care for undocumented migrants, most undocumented migrants access healthcare as a last option, usually through emergency care, when they cannot be denied treatment because life would be endangered. Emergency care costs are then absorbed by national health budgets (PICUM 2014). Some national laws even go to the extent of obliging healthcare professionals to disapprove illegal migrants that access healthcare which further discourage undocumented migrants from seeking treatment (European Union Agency for Fundamental Rights. 2012.)

However, as noted by the European Health Parliament (2016), Member States are reluctant to offer more than emergency healthcare to undocumented migrants for fear of attracting more undocumented migrants and because it might serve as

incentives for undocumented migrants to seek regular status (European Health Parliament 2016.)

However, studies by the European Fundamental Rights Agency and others have argued that, withholding treatment until a health situation becomes an emergency does not only put undocumented migrant mental and physical health at risk but also inflict serious damages on the public health as whole. As such, ignoring early treatments on mental health is predominantly harmful to national budgets, expressly in the long-term (European Agency for Fundamental Rights. 2016.) Studies have shown that early treatment especially with regards to mental health prevent the occurrence of other diseases and the lesser the spillover effect (OECD 2014.) Moreover, the European Fundamental Rights Agency study further argues that, emergency care is considerably more expensive than primary care and the cost of excluding migrants from healthcare is eventually higher than granting regular access to care (Bozorgmehr & Razum 2015.) To them, delaying treatment results to more economic burden on healthcare systems, specifically when health care services are provided through emergency care. Moreover, Art. 80 of the Treaty of the Functioning of the European Union with regards to asylum policy, oblige Member States to share the responsibility in financial burden accruing from undocumented migrants within Member States. In this regard, the financial burden posed by migration, should be split among Member States (European health parliament 2016.)

On the other end, others have argued based on ethical and humanitarian issues that, the ratification of the International Covenant on Economic, Social and Cultural Rights by most countries compel these countries to grant access to healthcare for undocumented migrants as a human right that should and ought to be available to all within that jurisdiction without discrimination (Gray & Ewout 2012.)

Proponent of these views also argue with regards to public health concerns which trigger policy decisions in certain countries to provide services such prenatal care

and vaccination, as well as treatment for communicable diseases. To them, the provision of such services to undocumented migrants would also benefit population at large (Gray & Ewout 2012.)

Conversely, others have argued against the provision of access to healthcare for undocumented migrants in relation to health systems. For instance, fears have arisen that providing care to undocumented migrants will lessen access for others especially in some countries like England, that have queues for service (Gray & Ewout 2012.)

2.3. The Finnish Health Care Policy and Migrants' Health

Finland had a population of about 5 518 962 as of 1 January 2016, compared to 5, 350 475 which was estimated to be the population of Finland by 1 January 2010 (Eurostat). Statistics shows that Finland population has been on the rise since 1951. Future projections per the United Nations Department of Economic and Social Affairs: population division indicates that; the Finnish population will increase by 21 800 in 2016 as a result of immigration. This means that immigration to settle as permanent residents in the country will exceed emigration. Statistics from Eurostat further indicates that, there were over 133 000 foreigners by 1 January 2008 and equals 2.5 % of the population (Eurostat 94/2009). Even though the official estimates of undocumented migrants are unknown and not available, the number of undocumented migrants is assumed to be low but steadily on the rise as Tessieri notes that, the number of undocumented migrants will increase by their thousands in 2016, considering that the asylum process produce the highest number of undocumented migrants in the country and there were over 32,476 asylum seekers in 2015 and an estimates of over 10,000 asylum seekers to arrive the country in 2016. (Baldwin-Edwards & Kraler 2009:41, Tessieri E2016.)

2.3.1. Health Care Policies Regarding Undocumented Migrants

This section elaborates on health care policies with regards to undocumented migrants in Finland. This is necessary for this study because, one of the aims of the study is to give the target audience who off course are undocumented migrants, the opportunity to be informed about the Finnish health care system and policies that affect their lives as presented below;

Main Characteristics of the Health System

In terms of Financing, Services and Providers, the Finnish constitution defines the state's responsibility to promote welfare, health and security. It states that public authorities shall promote the health of the population and ensure adequate health, medical and social services for everyone. The Ministry of Social Affairs and Health is responsible for overall functioning of social and health services. It defines the course of national health and social policy in its strategy, and implements these policies by way of legislation, programs, projects and quality recommendations. The system is grounded on comprehensive health services and preventive health care. All residents are covered by the public financed healthcare system for a comprehensive range of benefits (Thomson et al. 2009,134) State driven bodies such as municipalities are the main providers of public healthcare services. These are sub divided into primary health care, specialized medical and hospital care and are organized respectively by municipal health centers and hospital districts with each municipality belonging to a hospital district (Vuorenkoski 2008).

With regards to the basis of entitlement, the basis of right to health care is based entirely on the legal residence of individuals. Migrants are subject to special requirements. All permanent residents in Finland are covered by the National Healthcare Insurance. The SII card (Social Insurance Institution or, a KELA card in Finnish) is issued to permanent residents which serves as prove of eligibility for social security as well as health insurance. The Sickness Insurance Act defines residency. In this respect, a person must have their primary residence in Finland and must spend most of their time in Finland continually to be recognized as being resident in Finland. Immigrants who wish to live in Finland on a permanent basis and have a residence permit valid for a year if necessary are then considered to

be permanent residents. However, migrants purpose of entry into Finland determines whether residence would be permanent or not. The move is regarded as permanent if the migrant full-time student or refugee, or if the move to Finland is based on family ties or the immigrant has either an employment contract for a period of at least two years or a permanent employment contract. Asylum seekers in Finland are not regarded as residents whilst their cases are being processed. Since August 2004, self-employed persons and workers who move to Finland from Switzerland or a member state of the EU/EEA and have been employed in Finland for a period of at least four months consecutively, are eligible for social security coverage by SII (Cuadra 2010.)

On the other end, the reception centers may offer health examination services to Asylum seekers. In this case, medical doctors can make referrals for special care when need arises but the asylum seeker is then liable to cover the costs provided he/she has the necessary financial resources. Primary nursing care and the services of social workers are other services available at the reception centers (Cuadra 2010.)

2.3.2. Health Care for Undocumented Migrants

With respect to relevant laws and regulations, there is no precise legislation with regards to access to health care for undocumented migrants, and thus, the present access to health care can only be deduced from the general legal framework contained in The Act on the Implementation of Social Security Legislation (1573/1993), which indirectly applies to undocumented migrants.

In terms of access to different types of health care and in accordance with The Act on the Implementation of the Social Security Legislation (1573/1993), undocumented migrants may access emergency care which applies if a foreign person is from a “third country” (Switzerland, non-EU/EEA country, a country without a social security agreement with Finland) and needs urgent medical

attention in Finland. The purposed of such emergency care is to sustain such persons sufficiently enough to enable them to return to their country of origin.

Additionally, health care from public, primary and specialist care as well as private clinics is accessible to undocumented migrants provided they can afford to pay all the relevant costs. Nevertheless, with the permission of the head physician, some public health nurses provide maternity care to undocumented migrants (Cuadra 2010.) In this regard, access to care rest on the provider's desire to offer care despite the absence of personal identity documents. Even in the case of emergency care patients are required to register at the reception desk using a social security number provided by KELA or an identification.

Costs of Care

As is the case with all uninsured persons, undocumented migrants are required to pay for the cost of care, as it is the right of the provider to charge uninsured patients. Still, the extent of payment is uncertain and different official documents have different information. For instance, according to the document, "Foreign citizen's hospital care in Finland" *Ulkomailla asuvien sairaanhoidosta Suomessa* (2006) uninsured persons ought to pay the full treatment costs, whereas, a second document states that, patients should pay just the normal patient fee. However, it is likely that undocumented migrants do not even have any money, and are unable to afford the cost of treatment. Others have argued that it is vital to unanimously agree that constitutional rights should apply equally to all people in Finland, and not limited to persons with legal residency or citizenship. Hence, human rights, the rights of health care, basic income, housing and provisions with respect to non-discrimination should be applied to all persons in Finland. More so, it is the responsibility of Finland to protect the human rights of those most vulnerable, especially children and women even though the extent to which these principles include undocumented migrants is unknown. Finland has ratified many international human rights covenants and conventions such as ICESCR, CEDAW and CRC (Cuadra 2010.)

Regional and Local Variations

As of 2010, there were no local or regional differences in entitlements to care in terms of legislation. However, the municipality of Helsinki offers healthcare to children and pregnant women

Obligation to Report

Health care staff have no obligations to actively report an undocumented migrant to immigration authorities. Nevertheless, there is a passive requirement which involves providing answers to direct questions from authorities.

Providers and Actors

Health care providers to undocumented migrants are found amongst the emergency units in the general hospitals and privately paid general practitioners. Additionally, both nongovernmental religious and international organizations provide mainly preventive care to undocumented migrants. The situation is subject to the provider's decision in private clinics whereas in the case of public doctors and nurses, health care provision depends on their desire to offer care and their innovative thoughts with respect to how and who to direct the cost thereof (Cuadra 2010.) This takes us to the ethical theory of healthcare provision.

2.3. The Ethical Theory of Health Care Provision

Karen (2012, 4-5) defines Ethics as “a systematic approach to analyzing, understanding and distinguishing matters of rights and wrong, good and bad, admirable and deplorable as they relate to the wellbeing of and the relationship amongst sentient beings”. Ethics is different from morals in that “morals are specific beliefs, behaviors and ways of being, derived from doing ethics. One's morals are judged to be good or bad through a systematic ethical analysis”. Ethics aims at

placing the human at the center of our care and trying to act for his greatest good. As Coleman and Reis (2008) note, public-health ethics goes beyond health care to take into consideration the structural conditions that encourage or hinder the development of healthy societies. Ethics is very essential in public healthcare because often, public healthcare laws are broadly framed, thereby creating much room for administrative discretion on when to apply public health authority and which intervention is more ethically suitable when the law permits more than one alternative course of action (Bernheim, Nieburg & Bonnie 2005.) Ethics in public health therefore provides deliberations about ongoing analysis, and justifications with regards to public health action and policy especially when law is indeterminate. It takes into consideration moral norms, values, previous cases, professional codes. It justifies public healthcare decisions based on ethical reasoning. In this regards, Ethics in public healthcare oblige public health care practitioners to take decisions on whether and how to use or apply a legal decision on a case.

Public health ethics therefore offers an approach to making decisions within public health care. It clarifies reasons and serves as justification for decisions. Such categories of reasons and major models include;

Utilitarianism, formulated by Jeremy Bentham in the 19th Century (Harrison & Bentham 2005). and Mill (Skorupski & Mill 2005). According to utilitarianism, decisions should be determined by the consequences. In this respect, right policies and actions are those that serve for the good of all and achieve the greatest happiness possible. It states that, actions are accurate if they tend to promote the greatest happiness for the majority, and wrong as they tend to promote the contrary (Lyon 2001).

Even though many contemporary philosophers and ethicists and philosophers are in accord with the utilitarian theories, others have argued that, the utilitarian theories seem like an effective approach of maximizing benefits for the largest number of people but, there are several cases in which the maximization of happiness could conflict with other values such as; fairness, justice, and honesty.

Oppositions to the utilitarian approach have pointed to its intrinsic injustice, considering that the theory only takes into consideration, the amount of good and not the way it is distributed. Additionally, it is argued that, a single standard cannot be used as measurement of all benefits especially where it has to do with money (Petrini 2010.)

Liberalism: The predominant values of the liberal approach are respect of individual interest and human rights. It emphasizes equal access to rights and free-market based. According to its proponents, the role of public authorities is to ensure the protection of individual rights, and the state to maintain an impartial position with regards to the various understandings of good (Steiner 2001). Liberalists hold that human well-being demands a certain amount of positive rights and corresponding duties. However, its critiques stress that, health care and economics are not the same and moreover, healthcare cannot support the conditions for market allocation (Steiner 2001).

A) Personalism: The personalist approach places the individual at the center and endeavors to achieve the common good by enhancing and promoting the good of the individual. Its values include respect for life, sociality and solidarity and responsibility. Respect for life entails that, the purpose of public health actions is directed towards protecting and promoting human life and health, while Social solidarity implies and includes a commitment to bridging the gap between the diverse sectors of society and integrating them into a community. and responsibility refers to prevention and protection against avoidable diseases, the responsibility not to create irresponsible and unnecessary burdens for the society, and concern for people in need (Taboada & Cuddeback 2002; Durand 2005.) However, opponents of Personalism have criticized the approach on the claim that, the terms “person” and “personalism” have innumerable uses. For instance, there are Christians, atheistic, idealistic and other personalisms (Yandell 2005).

It is based on these ethical principles that the International Covenant on Economic, Social, and Cultural Rights, which has been approved by most countries stress that, health care is a human right that ought to be available to all within the jurisdiction of a state, without exclusion. In this respect, society is expected to treat the poor and the vulnerable without discrimination.

However, in Finland individuals must be residing in the country and identified with a social security number to receive health care. These starting points are challenging in the case of undocumented migrants and lead to discrimination in healthcare provision. From the public health perspective, it is a matter of concern that undocumented migrants are left on treated with diseases such as HIV, tuberculosis and other chronic illnesses unless they need urgent treatment. According to health care ethics, other health care personnel and physicians must guarantee equal treatment to their patients regardless of their ethnic background, social status, religion and political opinions. As such, Society is not expected to deny patients sufficient care, or intervene in the responsibility of health care professionals to provide treatment to patients based solely on clinical need (Ministry of Social Affairs and Health, 2013.)

Notwithstanding, some form of health care provision is available for undocumented migrants in Finland. It is however solely non-governmental and is provided by Global Clinic which is supported by the Helsinki Deaconess Institute. It was setup in Helsinki in 2011, grounded on the principle of equality for all as well as medical and Christian ethics. The primary purpose of the clinic is reducing human suffering and providing humanitarian assistance to persons in a vulnerable state. Services provided are based on the contributions of volunteering healthcare professionals and other physicians. Women, children, expectant mothers, people with disabilities and long term illnesses as well as the elderly remain the most vulnerable amongst these undocumented migrants (Ministry of Social Affairs and Health, 2013.)

Nevertheless, the fact that undocumented migrants are often unaware of their rights and have no knowledge of where they can receive treatment made access to treatment even more difficult. They have often been faced with several kinds of anguish and have more often become targets of pointless accusations because of intolerance in society. As Tuomola, notes, undocumented migrants fear being caught and oftentimes find it tough to talk about their situation without the assistance of an interpreter. Also, several reasons make it challenging for the building of trust necessary for the provision of help (Ministry of Social Affairs and Health, 2013.)

It is for these reasons that; this study seeks to examine the role of the Finnish Refugee Advice Center as the leading advocate of the right of access to health for undocumented migrants. The target audience are undocumented migrants. The study will serve to disseminate information to undocumented migrants on the extent of rights available at their disposal and who to contact in case they need some form of assistance. In this respect, the Finnish Refugee Advice Center and the Paperless project and its activities and findings will be presented further in chapter 4 after the presentation of methodology of the study.

3.METHODOLOGY

The study is mainly qualitative, based on desk review and analyzes of the current body of literature and scholarly works on undocumented migrants, as well as review of primary data from the administration of interviews. Qualitative research method is suitable for this study because the study is subjective, aimed at explaining social phenomena. Here, data are sorted and categorized to comprehend and describe situations and behaviors (Quimbe 2011).

3.1. The Research Process

The study is consisting of 3 phases; phase 1 consists of survey of existing relevant literature such as journals and books that deal with the theme and objectives of this research, phase 2 consists of interviews using open-ended questionnaires, recording and transcription while phase 3 is the case study.

Phase 1 consists of survey of existing relevant literature such as journals and books with emphasis on undocumented migrants' rights and access to health. As noted by Yang and Gerald (2008) books constitute an excellent source of information but they are generally more dated than journals. However, the greatest strength of books lie in the coverage it can provide over older subjects. In this study, both books and journals provide a qualitative sight and a broader understanding of the subject under study. As noted by Hutton (1990), a survey of such existing relevant literature is necessary as it gives a qualitative in-sight and boosts the understanding and level of knowledge of the research theme. In this regard, the review of literature in this study provides an excellent knowledge and understanding of the critical situation of undocumented migrants with regards to access to health care in contradiction to human rights and international conventions and the Finnish view point with regards to migrants and access to health.

3.1.1. Research Design

Phase 2 consists of interviews. As noted by Fontana and Prokos (2007), interviewing is one of the easiest and powerful means in which we endeavor to comprehend humans. It includes a wide range of forms and array of uses. Most common forms involve individuals, and includes face to face verbal interviews, mail or self-administered close or open ended questionnaires, telephone surveys to name a few. They can be unstructured, semi structured or structured and it can be used for a wide variety of research and academic analysis as in the case of this study. According to Yin (1994), interview constitutes a very vital source of information in research. In this study, semi-structured open-ended questions were administered through face to face interview and recording.

3.1.2. Categories of Respondents

The interviewees consist of two staff of the Finnish Refugee Advice Center. These two staff who are none other than the Project Coordinator of the Paperless Project and the lawyer were carefully selected because they work directly with the service users. They are the main executors of the Paperless Project which is the focus of this study. I scheduled an appointment through e-mail and we met in their main office in the city. The Project Coordinator of the Paperless Project spoke on the purpose of the project, its activities and how far it has gone in advocating for access to health for undocumented migrants. On the other end, the lawyer who oversees legal advice for undocumented migrants spoke on the extent to which they have lobbied for a parliamentary bill to be passed to grant undocumented migrants especially pregnant women and children full rights to access to health care. She also spoke on the extent of rights of access to health available at the disposal of undocumented migrants. Both interviews lasted for close to fifty minutes each.

It was my wish from the initial stage of this study to interview some beneficiaries of the project to shared their experiences on how they have benefited from the Paperless Project. Also, to give feedback on how the organization can improve on its service. However, I had a meeting with my supervisors and the project

coordinator, and we decided that, it would be best to just focus on the project and its activities due to the sensitive nature of the topic and category of persons involved.

3.1.3. Open Ended Questions

The open-ended questions allow the respondents to freely air out their views and or share their perceptions on the issue at stake (Silverman 1993). It also allows the researcher to compare their responses to early research findings on the same subject as well as provide information on the current situation of undocumented migrants and access to health in Finland. The interviews were further used in the subsequent chapter to make a critically analysis of the issue at stake.

3.2. Data Analysis

This study seeks to examine the role of the Finnish Refugee Advice Center as the lead advocate of access to health for undocumented migrants through the Paperless project. The data analysis is therefore largely descriptive, based on the elaborated activities of the Paperless Project. Descriptive analysis here refers to “the transformation of raw data into a form that will make them easy to understand and interpret; rearranging, ordering, and manipulating data to generate descriptive information” (Zikmund 2003,1.) This is in a bit to portray the role of this organization as the lead advocate of access to health care for undocumented migrants. The descriptive data is aimed at communicating the understanding of the findings. To an extent, part of the data analysis is also comparative. Primary data is compared with theoretical literature to either confirm or refute theoretical assumptions.

3.3. Case Study

Phase 3 is based on selected case studies. According to Stake (1995), case study remains one of the most commonly used and the most excellent and well known

approaches in qualitative research. He further notes that, it is very receptive to research questions of why and how, and provides the world of academia or the academic community with a flexible framework for investigating a holistic occurrence in its novel state. In the same vein, Yin (1994) further articulates that, a case study can also be qualified as a realistic investigation into an accessible event that happens or take place in actual life situations. It is in this respect that this research uses life findings from an ongoing project (The Paperless Project) within the Finnish Refugee Advice Center to examine the current situation of undocumented migrants in Finland with regards to access to health.

3.3.1. The Finnish Refugee Advice Center

The Finnish Refugee Advice Centre is a non-governmental organization created by other Finnish NGOs in 1988. The Refugee Advice Centre offers legal assistance and advice to refugees, asylum seekers, and other migrants in Finland.

Lawyers of the Refugee Advice Centre offer legal assistance to asylum seekers in different phases of the asylum procedure. It aims at promoting the legal rights of refugees, asylum seekers, and other migrants. Finland recognizes the organization as an expert in refugee and alien's affairs. Thus, "it is thereby heard by officials and the Parliament when new laws concerning foreigners are drafted" (pakolaisneuvonta ry 2017)

It works in close collaborations with the United Nations High Commissioner for Refugees (UNHCR) and the European Refugee Organizations. It is a member of the European Council on Refugees and Exiles (ECRE) which stands for 70 refugee organizations throughout Europe. Amongst other activities, it carries out projects aimed at promoting the rights of migrants. One of which, is the Paperless Project which is examined within this study to portray the role of the Finnish Refugee Advice Center in advocating for access to health for undocumented migrants. (pakolaisneuvonta ry 2017)

3.3.2. The Paperless Project

The Paperless Project is a project which focuses mainly on Undocumented Migrants. It offers advice on the legal rights of Undocumented Migrants and on other related legal questions to Undocumented Migrants and those who come across them. The project collects information with regards to the position of undocumented migrants in Finland and “promotes respect for the human rights of undocumented migrants” (paperittomat 2017). The project started in 2012. It is coordinated by the Refugee Advice Center and funded by Finland’s Slot Machine Association (RAY) (paperittomat 2017).

It argues that, undocumented migrants like every other person residing in Finland has the right to health care too. It further states that “the right to health is a human right”, which entails that, everyone has the right to the enjoyment of the highest attainable standard of mental and physical health. It justifies its argument on grounds that, this right to health is ratified in international agreements and the Finnish national legislation as well. Governments therefore has as a special duty to care towards vulnerable persons (paperittomat 2017)

In Finland, the right to health of undocumented person is contained in Section 19 of the constitution which states that those who are unable to have the means necessary for a life of dignity, have as rights, to receive indispensable care and subsistence. Even though this right is exemplified for instance in the emergency care that must be available to all according to the Act on Specialized Medical Care and Health Care Act, it is worthy to note that, Undocumented migrants will have to pay for the actual cost of the emergency care and the full price for any medication as well(paperittomat)

It further argues that, maternity and child services and even the treatment of serious chronic illnesses require more than just emergency care. To them, given just emergency care in cases of serious chronic illness is inadequate. It is regarded as a lower level legislation which does not confirm with the requirements of

constitutional and human rights legislation which stipulate that, even undocumented migrants are entitled to the right to have access to at least necessary treatment. Also, that extensive care services should be given to children and pregnant women (paperittomat ry 2017.)

Moreover, the project also argues that the present situation is in sharp contradiction to the ethical guidelines of health care professionals, various human rights treaties and the Finnish constitution. To them, just like any other humanitarian assistance, it is not a crime to provide health care to persons residing in Finland without documentation. On the contrary, negligence is a criminal offense punishable by law (paperittomat ry 2017.)

It is not the right of health care professionals to inform authorities about a person residing illegally in the country. As such undocumented persons does not have to be reported just because they do not have valid documents. Except from a few exceptions, “health care professionals are bound by a very comprehensive duty of confidentiality” (paperittomat ry 2017.)

Findings on its role towards advocating for the rights of undocumented migrants to access to health will be presented in chapter 4.

3.4. Ethical Issues

“Qualitative research is especially useful for the discovery and explanation of phenomena” (Shuval et al., 2011, 1). As noted by Freeman and Altekruise (2004, 164), “The need for a moral perspective that provides professionals with the means to deal with practical problems results in the establishment of codes of ethics”. Ethics remains a very important factor in qualitative research because research participants constitute an important part of the research process. It is therefore the

responsibility of the researcher to adhere to certain ethical principles to ensure that the research procedure does not expose the participants to risk.

In this regard, it was imperative that I respect these ethical principles during the collection of data and information from my collaborators as well as presentation of findings. As Merriam (2009, 15) notes, “the validity, and reliability of a study depend upon the ethics of the investigator”. The participants were well informed about the purpose of the research. The project coordinator of the Paperless Project and the Lawyer who were both interviewees were excited and pleased to be part of the research, as it serves as an opportunity for them to disseminate information about the project and the activities of the organization to its target audience. Data collection and information on the study is based on facts of ongoing deliberations and activities of the Paperless project which started in 2012 with the main purpose to advocate for the right of access to health for undocumented migrants in Finland. The final report on the study have been read and approved for publication by the project coordinator of the Paperless Project who was the main interviewee in the study.

4. FINDINGS

The procedures used in conducting this research have been provided in the previous chapter. Emphasis was placed on tools used to carry out the research and the research process in general. This section therefore presents the results and findings with an effort to analyze them. The section further focuses on providing answers to the objectives and research question which was to examine the role of the Finnish Refugee Advice Center as the lead advocate of access to health care for undocumented migrants through the Paperless Project. These findings are based on the case study and interviews as shown below.

4.1. The Finnish Refugee Advice Center and the Need for the Paperless Project

I had the opportunity to conduct an interview with the Project Coordinator of the Paperless Project in 2015. She started working on the project in 2012 and has been on it for three years. We met in her office at the Finnish Refugee Advice Center, where she gave me an insight into the Paperless Project.

She revealed that, the Paperless Project was initiated at a time when discussions on undocumented migrants and health were making headlines on the media. It was also at that time in 2011 when Global Clinic which was the first ever non-governmental Volunteer Clinique was created to cater for the health needs of undocumented migrants. The Refugee Advice Center at that time already had the experience and expertise and have been in contact with refugees in different situations. The center had also offered other sorts of general counselling to many foreigners in vulnerable situations. These greatly inspired the staff who had a feeling that there is a need for this kind of project where free and confidential legal counselling could be given to those migrants who do not belong to any sort of category such as refugees or asylum seekers. As such the project was largely inspired by the knowledge they had and experience and because they have legal expertise.

The Paperless Project is the first of its kind in Finland says the project coordinator. The project lays emphasis on three main issues which are; legal counselling, the right to children education and the right to health. To them these issues are important because there are the most basic rights that everyone is entitled to. It was also easier for them to focus on health because they had a kind of cooperation with Global Clinic which serves as a foundation and facilitate the smooth execution of the activities of the project. The project aims at promoting respect for the human rights of undocumented migrants and advocating for access to health care for undocumented migrants.

4.2. Activities of the Paperless Project and Role as an Advocate to the Right of Access to Health Care for Undocumented Migrants

As revealed by the Project Coordinator of the Paperless Project, the activities of the Project can be summarized in three levels. These include customer service and case by case counselling; (ii) local influence lobbying with local officials; (iii) lobbying in the parliament by influencing decision makers to improve on some aspects of the legislation and spreading information about the situation of undocumented migrants in Finland through the social media.

4.2.1 Micro-level Customer Service and Case by Case Counselling

In terms of customer service and case by case counselling, the Project Coordinator revealed that, they do case by case counselling. They deal with people's personal issues and endeavor to figure out how best they can assist a client and what could be the possible steps to follow. On the other end, the lawyer who is also working on the project and has been working on migrant's issues in the Refugees Advice Center for 15 years said, customer service and counselling is carried out in three ways. It could either be through a phone call. And it is possible to call them on Mondays. Secondly, counselling could also be through face to face contact in which case, the lawyer and the client meets at Global Clinic which is a secret

location where people can safely come if they are undocumented, or are hiding or do not know where and how to get help. During such contacts, the lawyer clarifies them on what it means to be undocumented and their position within the society. She also clarifies them on their rights, the options available and the possibilities to secure a legal permit.

The project coordinator also cited that they repeatedly receive customers who are pregnant women and this poses a problem because pregnant women are most vulnerable and often, they cannot receive the necessary treatment required by their conditions. In this case, they are often redirected and referred to Global Clinic or other health units in Helsinki, Espoo and Turku who have extended free health care benefits to undocumented children and pregnant women.

4.2.2 Meso-level Local Influence Lobbying with Local Officials

On another level, the Paperless Project does local influence lobbying with local officials. The Project Coordinator notes that, the local lobbying work is like the customer service. For instance, if they find out that their client is having difficulties in accessing certain services, they get in contact with the local officials and try to figure a way out.

The local lobby work is almost like the customer service. If we find that there are some challenges for our customers to get the customer service for example as we think there should have, then off course we try to figure out what the challenge is and what is the problem and solve it together with the officials and other actors. That kind of lobbying work is at the practical level and it is important because our organization is human rights based and we have this kind of legal point of view said the Project Coordinator.

Still on local lobbying, the lawyer cited that, Helsinki gives full health care for instance to pregnant women but there are difficulties in that, those who do the work

in practice are not well informed about the law or are not aware of the law. Also, the rules of who has the right to benefit is not clear because the definition of undocumented migrants itself is complicated. This is because, you ceased to be an undocumented migrant once you apply for a residence permit but still you do not belong to any category of migrants because you still do not have a residence permit. This therefore means that, those who belong to this unknown category and are in a very vulnerable situation and cannot have access to such services.

Like for example when you call to the hospital to reserve an appointment then they ask what your situation is and if you say you just applied for a residence permit then they tell you no, you cannot get the appointment. Go and wait until your decision is out. For undocumented migrants, it is very important that the rules are clear and it is very important that when the undocumented migrants go in practice to get these services, there do not start interrogating them about status said the lawyer.

In such cases, the lawyer must call to intervene and make it possible for the client to have access to health care. This is because in “practice they have applied for the residence permit but the reality is that, they are the same like undocumented migrants because they still do not have legal status said the Lawyer”. They have had to intervene in many cases of pregnant women in urgent need of health care.

However, in situations where the client is not a pregnant woman, the lawyer must negotiate and make it possible for the client to have access to full treatment at their own cost. The lawyer cited cases in this project where they have received about ten thousand euros bills because they have been some complications when they gave birth. People who are undocumented must pay full cost which can be very expensive. In most cases, they advise cases that can gradually degenerate to go to private clinics

4.2.3 Macro-level Lobbying within the Parliament

On another dimension, the project also seeks to lobby within the parliament by influencing decision makers to improve on some aspects of the legislation. As revealed by the lawyer, a law proposal was presented to the parliament during the period 2012 to 2014 to negotiate for not just emergence but full medical care for undocumented migrants at their own cost and to extent free health care service to pregnant women and children in Finland. Pregnant women per this proposal would be able to also receive free pre-and post-natal care. This bill went through the normal procedure successfully but when it gets to the last stage where the parliament was supposed to vote, it was postponed for some reasons to a later date. Unfortunately, elections were fast approaching and the parliament could not sit to deliberate and vote on this proposal before the end of the parliamentary session.

This was largely criticized by the media and some parliamentary members because accordingly, that is not how the parliament works. As cited by the lawyer, it would not have been a problem if they voted and the majority rejected the proposal but rather, the voting did not even take place at all. As a rule, all proposals which did not go through during the previous parliamentary session before new elections are discarded and as such, such proposals must be made at fresh. The lawyer expresses fear that, the new government might not be so receptive to the proposal as they are not aware of migrant issues and may not be so willing to affect such legislative changes.

The lawyer however notes that, they are heard by the government when they prepare the laws and in the parliament. They normally go to the parliament and they ask their opinion on migrant issues. The problem is that, they do not always listen to the lawyers but the lawyers at least always have the possibility to talk especially about human rights issues, why they should guarantee it and why the government must respect these rights. They always work to make the laws and rules better. They endeavor to ensure that the government does what is necessary to fulfil migrants' rights so that practitioners in the field are aware of the rights of migrants. For instance, the government should ensure that health care practitioners in health centers are aware of everyone's right and how to treat undocumented migrants. As a lawyer, we do work with these people to ensure that they know about their rights and clarify their situations said the lawyer

4.4 Challenges within the Paperless Project

The Project Coordinator revealed that, their biggest challenge is the political situation, the partially insufficient legislation, and the attitude and political climate. For instance, a lot of issues with regards to health care for undocumented migrants are not right from the stand point of International treaties on human rights. The government seems to be thwarting our efforts. The situation would have been different by now if the parliament decided on the law proposal that was presented to them. But as it is, they must start afresh. But it is not discouraging because, lately, there has been a lot of discussion and talks on the media with regards to migrants' health in Finland and so many people are now aware of it. It is no longer something new.

The Project Coordinator also cited some practical challenges and notes that, undocumented migrants are a new kind of customer group in Finland. Most professionals are yet to be aware of such a customer group. In Finland, the basic service system is based on your home municipality. Undocumented migrants usually do not have an address which makes it even more difficult for them to access emergency health care. She cited examples of pregnant women who do not live in Helsinki. They tried their possible best to direct people to the service but then there is a problem if you do not live in Helsinki. As such, there are some practices that are not best for undocumented migrants and poses a great challenge to our work.

So there are some practices that are not best for undocumented migrants and we have to find a way on how best to direct people to the services but there is a problem if you are not live in Helsinki because for example if you are in some other place in Finland then you cannot have access because it is not in the Law. This is the decision of the city of Helsinki so that is the key challenge but that is one health issue I want to underline because if you think about the basic rights of human being, pregnant women are the most vulnerable group said the Project Coordinator.

The lawyer further cited other challenges. For instance, there are difficult situations when there is for example a family, father and children, single parent for example single mother with a child and when it is difficult to find or nearly impossible to find a place to live or to stay and there are not willing to go. When it happens that, there is a child who has need for medical treatment and they are afraid to seek medical care. These are the difficulties and when there is no solution then you must endeavor to discuss and find the best option in that situation. Also, only the urgent health care is guaranteed now and you must pay the full cost. There are people who have serious health care issues and need health care and they cannot afford and they do not have money to pay and if they do not get this treatment the consequences can be very severe on their health and their life. And off course one of our greatest challenge is how to reach our target audience.

4.5. How Beneficial is the Paperless Project to its Target Audience?

The Project Coordinator revealed that they offer legal counselling and to her, this goes a long way to influence people's lives. Even though, they cannot offer someone a key to paradise, they have succeeded in some cases to find a way for people to apply for residence permit. They also assist their clients by given them information on their own legal status and rights which makes it easier for a person to make a decision that is best for him or her and this is very important.

Through the lobbying work, they create awareness and people can understand the true definition of undocumented migrants. They deconstruct the myth that undocumented migrants are criminals. At the end, they find solutions that are in harmony with human rights and some vulnerable clients who are denied access to health care at the end can have access like the case of most pregnant women.

4.6. To What Extent has the Project Achieved its Goals?

The Project Coordinator noted that, even though, this project is very challenging, they have been able to get in contact with undocumented migrants and they have

been able to establish trust relationships which to her is fulfilling. They have also been very active at the political level as they have had the opportunity to state their views. Moreover, they are very visible in the media.

The lawyer also added that many of their client's express appreciation and are happy that they can at least have someone to confide in and that they also have a choice not to disclose their identity. All you need do is to call.

Many of them say thanks a lot, because they can do it confidentially, they can do it anonymously, off course many of them give me their names says the lawyer

4.7. Contributions of the Study Towards the Finnish Refugee Advice Center and the Paperless Project

This study has enormous contributions towards the Paperless Project. As noted by the Project Coordinator, one of their major challenge is how to reach their targets audience. This study is conducted by a student from an immigrant back ground within an international bachelor's degree programme comprise of students from different immigrant backgrounds. This study has been presented over and over within this international milieu. It is believed that, these diverse group of international students know people who know people who are undocumented migrants as well as belong to many international associations.

This study is an advocative project which will go a long way to disseminate information about the Finnish Refugee Advice Center and the Paperless Project. It will also help to spread information which will trickle down to the target audience of the Paperless Project considering that it will be presented in an environment with people from diverse immigrant back grounds.

5. DISCUSSION

The previous chapter has been on the presentation of findings and activities of the Paperless Project. This section therefore analyzes and compare findings with literature review.

The Project Coordinator revealed that, the exact number of undocumented migrants in Finland is unknown. She added that, this is because, why some undocumented migrants find a way and legalize their status, other undocumented migrants are moving in. Moreover, most undocumented migrants are always in hidden places. This goes a long way to confirm with the reviews of literature which has it that, the number of undocumented migrants in Finland is unknown. The findings also suggest that; Finland has a lesser number of undocumented migrants compared to other countries like for instance Sweden in Europe. This might justify the reason why the Project Coordinator describes undocumented migrants as a new type of customer group in Finland. This may also justify why Finland has no specific legislation with regards to health care for undocumented migrants till date. It could also account for the low level of awareness amongst medical practitioners on the right to access to health care for undocumented migrants.

As stated in the reviews, Finland has endorsed and is subject to the Convention for the Protection of Human Rights and Fundamental Freedoms. The constitution of Finland grants those who cannot obtain the means for a life of dignity, the right to receive indispensable subsistence and care. In this regards, public authorities are required to guarantee for everyone, as stated details in an Act, satisfactory social, health and medical services as well as promote the health of the population (Ministry of Social Affairs and Health 2013.) This is why, the Paperless Project through its activities is calling on the Finnish government to respect its commitments to these treaties by extending full access to health care for

undocumented migrants at their own cost. And, to follow the footsteps of its neighboring countries like Sweden and grant free access to health care for children and pregnant women.

As stated in the reviews, Section 50(1) of the Health Care Act (1326/2010) states that, "Urgent medical care, including urgent oral health care, mental health care, substance abuse care, and psychosocial support shall be provided for patients regardless of their place of residence (Ministry of Social Affairs and Health 2013.) On the contrary, findings prove that, the basic system of service delivery in Finland is based on your place of residence. For these reasons, pregnant undocumented women who are resident out of Helsinki and need medical care are deprived of access to medical care in their place of residence. Also, undocumented migrants per this legislation have the right to urgent medical care. But as shown on the findings, the legislation currently does not give them access to non-emergency care.

The reviews also revealed that a new proposal on a new act on cross-border health care has been submitted to the Parliament by the Government (HE 103/2013). Additionally, proposals have been made for the state compensation to be extended to situations in which a person without a home municipality can receive urgent treatment in accordance with the Health Care Act, even if the patient cannot afford the cost (Ministry of Social Affairs and Health 2013.) However, as revealed from the findings, these laws may exist but practitioners in the field are not informed and are not aware of it. That is why, part of the activities of the Paperless Project is to carry out local level lobbying to intervene at the practical level. The purpose is to sensitize local and field practitioners on the new laws regarding access to health care for undocumented migrants and to facilitate undocumented migrants access to services.

5.1. Limitations of the Study

As stated earlier, it was my wish from the initial stage of this study to interview some beneficiaries of the project to share their experiences on how they have benefited from the Paperless Project. Also, to give feedback on how the organization can improve on its service. However, I had a meeting with my supervisors and the project coordinator, and we decided that, it would be best to just focus on the project and its activities due to the sensitive nature of the topic and category of persons involved.

5.2. Professional Development

This study has molded me professionally as I could develop and conduct a face to face interview with field professionals working on the Paperless Project. That act of being able to compose myself professionally while carrying out the interviews was something I found very challenging but fulfilling.

The study has also helped to build my confidence. I was very nervous during my presentations from the beginning of the study but as time goes on, I have become more confident and more eloquent in the way I give my presentation on the study.

5.3. Conclusion

This study has been on Undocumented Migrants and Access to Health; the Role of the Finnish Refugee Advice Center. The introduction has been made on the study and emphasis was placed on the fact that in recent times, undocumented migrants have continued to gain increasing attention around the globe and EU as a vulnerable group subjected to higher health risks, which pose a challenge to the enforcement of the law on the universal access to health care for all and public health in general. The point of ponder in the study has been the fact that unlike, France, Spain, and others who provide full range health care to undocumented migrants as provided in the public system, and England, Germany and most

recently Sweden who provide undocumented migrants with at least access to non-emergency services, and full coverage health care to certain groups of undocumented migrants especially children, pregnant women and those with chronic and communicable diseases under different national healthcare act, Finland has no specific legislation with regards to health care for undocumented migrants till date. Finnish legislation only guarantees necessary emergency healthcare to undocumented immigrants and at their own cost. The problem is further compounded by the Finnish centralized social security system which makes it difficult for individuals to maneuver without a Finnish social security number, which is required for instance at hospitals.

The research problem illustrates that; Finland has ratified and is bound by the Convention for the Protection of Human Rights and Fundamental Freedoms. Per this act, all individuals are entitled to the right to health as a fundamental human right on which everyone is entitled to the best achievable psychological and physical health. Moreover, inadequate treatment of undocumented migrants is not an appropriate alternative from the standpoint of the ethics of medical care. Based on these, the Finnish Refugee Advice Center through its paperless project, is calling on Finland to respect its commitment to human rights by extending health care benefits to undocumented migrants.

Based on these preliminary notes, the focus of the study has been to examine the role of the Finnish Refugee Advice Center as the leading advocate of access to health care for undocumented migrants. The aim has been further to create awareness by sensitizing the undocumented migrants on their rights and the extent of access to health care available at their disposal. Most importantly, it is also to create awareness amongst the target audience, on the Finnish health care system and the services available at their disposal at the Finnish Refugee Advice Center.

Major concepts such as migration and migration in Finland has been defined and described. A detailed review has also been made on migration and health, why

focus on migrant's access to health care, undocumented migrants and health, the Finnish Health care policy and migrants' health. This was in a bit to share more light on the issue at stake and to sensitize and create awareness amongst the target audience on the extent of right of access to health care available at their disposal and the Finnish health care policy with respect to undocumented migrants.

The ethical theory which constitute the framework of analysis in this study has also been reviewed from different dimensions. It holds that the unsatisfactory treatment of undocumented migrants is not an acceptable substitute from the standpoint of the ethics of medical care. Which therefore calls for an urgent need of specification with respect to the rights of undocumented migrants to health services under current legislation.

Furthermore, the procedures used in conducting this research have been provided with major emphasis on tools used to carry out the research and the research process in general. The case study has also been presented with an effort to analyze the findings and with focus on providing answers to the objectives and research questions which seeks to examine the role of the Finnish Refugee Advice Center as the leading advocate of access to health care for undocumented migrants. Information on the case study has been intended to give the researcher the opportunity to triangulate with the reviews in section 2 to provide sufficient information on the inadequacy of the Finnish legislation with respect to undocumented migrants.

Findings suggest that, the Finnish Refugee Advice Center play three key roles to advocate for access to health care for undocumented migrants. These include; customer service and case by case counselling; local influence lobbying with local officials; lobbying in the parliament by influencing decision makers to improve on some aspects of its legislation such as, the most recent law proposal which they submitted to the parliament to influence them to grant undocumented migrants access to not just to emergency care but full access to health care at their own cost. Also to extent free health care to undocumented pregnant women and children.

The debate on undocumented migrants and access to health is something that is caught in between the Finnish immigration policy and human rights. On the one hand, the state has rights to control its immigration and on the other hand, people still have rights and these rights are not based on what your legal status is or where you come from or your background. These are basic inalienable rights for everyone and this may be the biggest difference.

However, undocumented migrants and or irregular migration is not something that is just going to disappear because it is a reality and a fact. As such, the government must face this challenge in a manner that is in harmony or in accordance with human rights. I strongly believe that it is possible to develop different strategies on how to legalize one's status. For instance, if one has a tangible reason such as work to stay, then the government should not have any reasons not to legalize one's status. This should be made possible to enable people to have the possibilities to build their lives notwithstanding the fact that the State has the legal right to control its immigration. Never the less, it is also important to have a distinction between immigration policies and basic human rights, as rights to health services are somewhat different from immigration policies.

5.4. Recommendations

This author therefor, suggests the following recommendations aimed at improving on the status of undocumented migrants.

Firstly, Finland needs a new legislation because as it seems, that is the only way to ensure that everyone in Finland has access to health services which off course is part of their human right. This should be followed by specific and clear directions on how to implement it. The new legislation should be made available in all local officials for everyone to be informed.

Undocumented migrants should also endeavor to know their rights.

There is also the need to build trust within the system such that undocumented migrants have the feeling that they are free and safe and this can only be achieved through the introduction of a new legislation and clear directions under which they are protected.

REFERENCES

- Agudelo-Suarez A, Gil-Gonzalez D, Ronda-Perez E, Porthe V, Paramio-Perez G, Garcia AM, Gari A. 2009. Discrimination, work and health in immigrant populations in Spain. *Soc Sci Med* 68 (10), 1866-1874.
- Baldwin-Edwards, M. & Kraler, A. 2009). REGINE, Regularizations in Europe. Vienna: ICMPD. Accessed 20.6.2015
http://ec.europa.eu/justice_home/doc_centre/immigration/studies/docs/regine_report_january_2009_en.pdf.
- Bernheim RG, Nieburg P, & Bonnie RJ. 2005. Ethics and the Practice of Public Health, in Goodman RA 2005. (ed.), *LAW IN PUBLIC HEALTH PRACTICE*, 2nd ed., Oxford, New York, Oxford University Press.
- Bozorgmehr K, Razum O. 2015. Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 20(7), 1994–2013.
- Coleman, C H, Bouëssau M C, Reis A. 2008. The contribution of ethics to public health. *Bull WHO* 86, 578–579.
- Cuadra C. B. 2010. Policies on health care for undocumented migrants in EU27. Country report: Finland. Malmö Malmö University. Accessed 20.6.2015.
- Durand G. 2005. Introduction générale à la bioéthique. Histoire, concepts et outils. Fides; Montréal, Canada, 295–347.
- European Agency for Fundamental Rights. 2016. Cost of exclusion from healthcare: the case of migrants in irregular situation. Luxembourg Publication Office of the European Union. Retrieved 16 May 2016 from FRA: http://fra.europa.eu/sites/default/files/fra_uploads/fra-2015-cost-healthcare_en.pdf.
- European Approaches. The Commonwealth Fund. Accessed 20.6.2015
http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2012/Dec/1650_Gray_hlt_care_undocumented_migrants_intl_brief.pdf
- European Commission Clandestino Research Project 2009. Undocumented Migration: Counting the Uncountable: Data and Trends Across Europe.
- European Health Parliament 2016. Healthcare Access for Undocumented Migrants: Why it is in Member States' Interest to Share Cost and Work Early on Mental Health Issues. Accessed 21.6.2015
http://www.healthparliament.eu/documents/10184/0/EHP_PAPERS_2016_MigrationAndHealthChallenges_SCHERM.pdf/71688c4c-5ec9-44a1-a329-88cfbd41058.
- European Union Agency for Fundamental Rights 2012. Apprehension of migrants in an irregular situation – fundamental rights considerations. Luxembourg Publication Office of the European Union.

- Eurostat 2009b. Statistics in Focus 94/2009. Populations and Social Conditions. European Commission. http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-09-094/EN/KS-SF-09-094-EN.PDF (2010-03-09).
- Eurostat 2009c. Asylum Decisions in the EU in 2008. Eurostat Newsrelease 175/2009. http://epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/3-08122009-AP/EN/3-08122009-AP-EN.PDF (2010-03-09).
- Finnish Immigration Service 2016. Accessed 21.6.2015 http://www.migri.fi/about_us/history_of_immigration/history_nutshell/1/0/the_beginning_of_independence_heavy_migration_59162
- Finnish Refugees Advice Center. Accessed 15.6.2015 <http://www.pakolaisneuvonta.fi/?lang=eng>
- Fontana, Andrea & Prokos, Anastasia H (2007). Interview: From Formal to Postmodern. Walnut Creek, California, Left Coast Press.
- Global Clinic. Accessed 3.3.2017 <http://www.globalclinic.fi/en/etusivu>
- Gray, Bradford H., & Ewout van Ginneken 2012. Health Care for Undocumented Migrants: Harmsen, H., Meeuwesen, L., van Wieringen, J., Bernsen, R. and Bruijnzeels, M. (2003) When cultures meet in general practice: intercultural differences between GPs and parents of child patients. *Patient Education and Counseling*, 51(2): 99–106.
- Harrison R. Bentham, Jeremy 2005. In: Craig E, editor. *The Shorter Routledge Encyclopedia of Philosophy*. Routledge; London, UK, 92–93.
- Hofverberg, Elin 2014. Immigration Universal Health Care for Undocumented Immigrants. Accessed 20.6.2015 <http://www.loc.gov/law/foreign-news/article/finland-universal-health-care-for-undocumented-immigrants/>.
- Institute of Medicine 1988. *The Future of Public Health*. National Academy Press; Washington, DC, USA.
- International Organization for Migration (IOM) 2009. Migration and the Right to Health In Europe. Accessed 15.6.2016 http://www.migrant-health-europe.org/files/Right%20to%20Health_Background%20Paper.pdf
- International Organization for Migration (IOM) 2013. International Migration, Health and Human Rights. Accessed 20.6.2016 http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf
- Lyon D. 2001. Utilitarianism. In: Becker L, Becker C, editors. *Encyclopedia of Ethics*. Vol. 3. Routledge—Taylor & Francis; New York, NY, USA, 1737–1744.
- Merriam, S. B. 2009. *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
- Migrants' health 2016. Accessed 18.6.2015 http://www.who.int/hac/techguidance/health_of_migrants/en/
- Ministry of Social Affairs and Health 2013. Position on the Status and Treatment of Undocumented Immigrants. Accessed 20.6.2015 <http://etene.fi/documents/1429646/1561478/2013+Position+on+the+status+and+t>

reatment+of+undocumented+immigrants.pdf/d51b13be-5faa-4da9-8d31-d04f866ba8e4

- National Geographic Society 2005. Human Migration Guide (6-8). Accessed 20.6.2015
<http://www.nationalgeographic.com/xpeditions/lessons/09/g68/migrationguidestudent.pdf>.
- Nørredam, M., Mygind, A. & Krasnik, A. 2011. Access to healthcare for asylum seekers in the European Union – a comparative study of country policies. *European Journal of Public Health* 16(3), 285–9.
- Oliver, A. & Mossialos, E. 2004. Equity of access to health care: outlining the foundations for action. *Journal of Epidemiology & Community Health*, 58(8), 655–8.
- Organization for Economic Co-operation and Development 2014. Making Mental Health Count. The social and economic costs of neglecting mental health care. OECD Health Policy Studies from 30 October 2014. Retrieved 16 May 2016 from OECD:
<http://www.oecd-ilibrary.org/docserver/download/8114031e.pdf?expires=1463399169&id=id&accname=ocid177584&checksum=F069921EE2F315CB1E0093B400796400>.
- Petrini Carlo 2010. Theoretical models and operational frameworks in public health ethics. *Int J Environ Res Public Health* 7(1), 189–202.
- Platform for the International Cooperation for Undocumented Migrants (PICUM) 2014. Access to Health Care for Undocumented Migrants in Europe: The Key Role of Local and Regional Authorities, Policy Brief. Retrieved 15 May 2016
http://picum.org/picum.org/uploads/publication/PolicyBrief_Local%20and%20Regional%20Authorities_AccessHealthCare_UndocumentedMigrants_Oct.2014.pdf.
- Platform for the International Cooperation on Undocumented Migrants (PICUM) 2007. Access to Health Care for Undocumented Migrants in Europe. Cordaid, Brussels: Belgium. Accessed 20.7.2015
http://picum.org/picum.org/uploads/file_/Access_to_Health_Care_for_Undocumented_Migrants.pdf.
- Platform for the International Cooperation on Undocumented Migrants (PICUM) 2013. PICUM Submission to the UN Committee on the Protection of the Rights of All Migrant Workers and Members of their Families. Accessed 15.6.2015.
http://picum.org/picum.org/uploads/publication/PICUM%20Submissions%20CMW%20-%207%20April%202013%20-%20FINAL_2.pdf
- Romero-Ortuno Roman 2004. Access to health care for illegal immigrants in the EU: should we be concerned? *European Journal of Health Law* 11, 245-272.
- Scheppers, E., Van Dongen, E., Dekker, J., Geertzen, J. and Dekker, J. 2006. Potential barriers to the use of health services among ethnic minorities: a review. *Family Practice* 23, 325–48.
- Shuval, K.; Harker, K.; Roudsari, B.; Groce, N.E.; Mills, B.; Siddiqi, Z. & Shachak, A. 2011. Is qualitative research second class science? A quantitative longitudinal examination of qualitative research. *Medical journals* 6 (2), 1932-6203.

- Silverman, D. 1993. *Interpreting Qualitative Data: Methods for Analyzing Talk, Text and Interaction*. London, Sage.
- Skorupski, J., Mill J S. 2005. In: *The Shorter Routledge Encyclopedia of Philosophy*. Craig E, editor. Routledge; London, UK, 659–674.
- Spencer, S. & Highes, V. 2015. *Outside and In: Legal Entitlements to Health Care and Education for Migrants with Irregular Status in Europe*. Report, Compas, University of Oxford.
- Stake, R. E. 1995. *The art of case study research*. Thousand Oaks, Sage Publications.
- Stanciole A. E, Huber M. 2009. *Access to health care for migrants, ethnic minorities, and asylum seekers in Europe*. Policy Brief. European Centre. 1-8.
- Steiner H. Libertarianism. In: Becker L, Becker C, 2001. editors. *Encyclopedia of Ethics*. Routledge—Taylor & Francis 2, 976–978.
- Steiner H. Libertarisme. In: Canto-Sperber M, 2001. editor. *Dictionnaire d'éthique et de philosophie morale*. Presses Universitaires de France; Paris, France, 887–889.
- Taboada P, Cuddeback K. 2002. Introduction. In: Taboada P, Cuddeback K, Donhoue-White P, editors. *Person, Society and Value Towards a Personalist Concept of Health*. Kluwer Academy Publishers; Dordrecht, The Netherlands, 1–15.
- Tessieri Enrique 2016. *Migrant Tales*. Accessed 20 May 2015 at <http://www.migranttales.net/the-number-of-undocumented-migrants-in-finland-will-soar-by-the-thousands/>
- The Paperless Project. Accessed 15.6.2015 <http://www.paperittomat.fi/>
- The population of Finland .2016. Available online at: <http://countrymeters.info/en/Finland>
- Thomson, S., Foubister T. and Mossialos, E. 2009. *Financing Health Care in the European Union*. Regional Office for Europe. http://www.euro.who.int/observatory/Publications/20090615_1 (2010-02-17).
- Undocumented Migrants in Finland. Accessed 15.6.2015 <http://picum.org/en/news/blog/30080/>
- Van Wieringen, J.C., Harmsen, J.A. and Bruijnzeels, M.A. (2002) *Intercultural communication in general practice*. *European Journal of Public Health*, 12(1): 63–8.
- World Health Organization 1946. *WHO Constitution*. Geneva: World Health Organization.
- World Health Organization 1946. *WHO Constitution*. Geneva: World Health Organization.
- World Health Organization 1978. *The Alma Ata Declaration*. Geneva: World Health Organization.
- World Health Organization 1999. *World Health Declaration*. Geneva: World Health Organization
- World Health Organization 2008. *The Tallinn Charter: Health Systems for Health and Wealth*. Copenhagen: WHO Regional Office for Europe Ministerial Conference on Health Systems.

- World Health Organization 2010. Health of Migrants – The Way Forward. Report of a global consultation, Madrid, Spain, 3–5 Geneva.
- World Health Assembly 2008. Health of Migrants, Resolution 61.17. Geneva: World Health Organization
- World Health Assembly 2008. Health of migrants, Resolution of the 61st World Health Assembly. Geneva: World Health Organization.
- Worth, A., Irshad, T., Bhopal, R., et al. 2009. Vulnerability and access to care for South Asian Sikh and Muslim patients with life limiting illness in Scotland: prospective longitudinal qualitative study. *BMJ*, 338: b183
- Yandell KE. 2005. Personalism. In: Craig E, editor. *The Shorter Routledge Encyclopedia of Philosophy*. Routledge; London, UK, 789–790.
- Yang, Kaifeng & Gerald J Miller (2008). (ed) *Hand Book of Research Methods in Public Administration*. 2nd Edition. Boca Raton, CRC Press.
- Yin, R. K. 1994. *Case Study Research, Design and Methods*. 2nd Edition. Newbury Park, Sage Publications
- YLE, News 7.9.2011
- Zikmund, W. G. 2003. *Business research methods (7th ed.)*. Mason, OH: South Western Pub.

APPENDIX 1. Questionnaire

Interview guide

- 1) How long have you been working with this organization?
- 2) How many undocumented migrants have you met or work with for the length of time you have been working with this organization?
- 3) How can you describe them in terms of their sex, age category and religion?
- 4) How did you meet them? And for what purpose?
- 5) What inspired the organization to come up with the Paperless projects?
- 6) What are the aims of the project?
- 7) What have been the main activities within this project?
- 8) What sort of difficult situations have you come across? And how did you deal with it?
- 9) What do you think about the role of the organization as an advocate for rights and access to health care services for undocumented migrants?
- 10) In what ways have your activities influence the life of undocumented immigrants in Finland?
- 11) What kind of challenges do you encounter in the cause of executing your job?
- 12) How do you overcome these challenges?
- 13) How is the relationship between the organization and undocumented migrants' access to health and the State, if one views access to health as a universal right on the one hand, and undocumented migrants as criminals in the eyes of the State?
- 14) What have been the main challenges within the project so far?
- 25) How does the organization deal with it?
- 16) What do you think needs to be done in terms of undocumented migrants' access to health?
- 17) Can you give any recommendations?
- 18) Most of what is written about this project on your website is in Finnish, so how do you intent to reach out to the target audience considering that most if not all undocumented migrants are from a foreign background and do not have any knowledge in Finnish?

Thank you for your time and patience.