Weighing competing commitments to disadvantaged populations within and outside national borders

Theory and practice in a polarised Germany

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PRIORITIES 2016
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1. Theory
   • Ethics of migrant health

2. Clashes with reality:
   • Pragmatism in politics
   • Populism, xenophobia & the role of media
   • Practical impediments

3. Open questions
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The Right to Health: Why It Should Apply to Immigrants

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Wendy E. Farmer*, Northeastern University

Although the right to health is universal, many nations that honor it fail to do so in the immigrants. In this essay, we argue that the reasons typically given for not extending the immigrants are without merit and that there are good reasons for nations to protect, respect, and even extend rights to all immigrants. Contrary to the standard view, we argue that health can be understood as a basic human right, which is necessary to leading a healthy and productive life. Immigrants are entitled to the same rights to health as the native-born. It is important to recognize that the right to health is a human right and is not limited to citizens. The right to health is a fundamental right and should be respected and protected.

A Global Public Goods Approach to the Health of Migrants

Heather Widdows and Heejung Marway*, University of Birmingham

This paper explores a global public goods approach to the health of migrants. It suggests that this approach establishes that there are a number of health goods which must be provided to migrants not because they are by nature a public good, but because of the interests of the global community. The rights of individuals must be respected, and the interests of the global community must be protected.

Universal Access to Health Care for Migrants: Applying Cosmopolitanism to the Domestic Realm

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This article discusses cosmopolitanism as the moral foundation for access to health care for migrants. The focus is on countries with sufficiently adequate universal health care for their citizens. The article argues for equal access to this kind of health care for citizens and migrants alike— including migrants at special risk such as equal access are lacked, such as the consequences being undesirable. But in equal access to health care might be a case of a migrant or refugee who will...
Chapter 12

Asylum seekers and public health ethics

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Abstract  I discuss the case of asylum seekers in Germany and hence identify ethical questions that are relevant from a public health perspective. First, I describe the situation asylum seekers face currently in Germany. Next, I assess this particular case by explaining and applying Powers and Faden’s theory of social justice in public health and health policy. At the core of their sufficientarian approach lies the assumption that social justice is the foundational moral justification of public health. Finally, I identify and briefly comment on a central question that remains open, namely, what moral obligations governments have towards citizens and non-citizens.
Theoretical foundations

• **Cosmopolitanism**: Equal moral worth of every human being, regardless of social standing, ethnicity, etc. Opposes the statist / particularist approach to be concerned with citizens only.

• **Global justice**: Highly privileged states bear higher responsibility for cosmopolitan approach within own borders

• **Social and relational justice in health**: Includes also social standing, non-discrimination, non-domination, non-stigmatization, adequate housing, access to work.
Central claim

• Health is a universal primary good, resulting in a duty to meet health needs universally for everyone on the territory (similar to Segall 2010, Illingworth & Parmet 2015). Countries that can practically fulfil this are morally obliged to do so.

• Limitations:
  – Practicability (technically impossible to provide care)
  – Other country can take care (division of labor)
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Clash 1:
Pragmatism in politics
Germany is once again the leading destination of Europe’s asylum seekers

Number of asylum applications in selected European countries by year

Germany is once again the leading destination of Europe’s asylum seekers

Number of asylum applications in selected European countries by year

New restrictive law on social services for asylum seekers

Health services covered by state

- Acute Illness
- Pain
- Pregnancy / Child birth
- Vaccination
Result: Delay and omission of health care

- Decision on costs cumbersome and can take up to months
- Problems especially with devices, drugs and interventions (glasses, hearing devices, prosthetics, drugs, contraception, surgery, psychotherapy)
- Evidence weak (no lobby, little research)
Refugee camps as a pathogen

“Asylum seekers in Germany have no future, they are not allowed to work, they cannot train as anything, they always have to sit at home … and they are not allowed to do anything. …Our souls are never satisfied. For that we would have to be able to work, love, be in contact with others, that is food for our soul. Without this food the soul gets ill.”

Other interviews show the sense of not feeling acknowledged, respected, feelings as not being treated as humans, being bored, frustrated and depressed.

- Restrictive law was a pragmatically installed migration policy tool
- No other explanation (legal, public health, medical, economic, ethical)

➢ Pragmatic politics of deterrence
Clash 2:
Populism, xenophobia & the role of media
On the one hand: Steady civil support for refugees

- Culture of welcome (“Willkommenskultur”)
- From clapping hands over massive support in September 2015 to lasting initiatives in 2016
- Support shown to be steady but difficult (bureaucracy, overworking, shortage in coordinating staff, restricted resources)
On the other hand: Collective xenophobia

- Right wing “Alternative for Germany” (AfD) on the rise (founded in 2013, in some areas now at 25%, more than CDU)
- Motivation for voters: To be heard, dissatisfaction with established parties, more restrictive immigration politics
- Foundation of xenophobic Pegida in 2014, with ongoing demonstrations
- Altogether: Xenophobic, islamophobic and antisemitic views are more and more normalized.
Increase of xenophobic violence

• “Exorbitant” increase of 41% from 2014 to 2015
• Anti-Asyl-Agitation
• Acceptance of violence and militancy among regular citizen (not only violent right-wing extremists)
• Violence also against police, politicians, journalists, refugee supporters

Interrelation with social media

- Increasing interrelation of politics and populist media
- AfD popular on Facebook and Youtube
- Facebook filters help to create two bubbles:
  - Helpers: individual stories, people in need > compassion
  - Racists: threats, violence > fear, anger, hate
  - Different perception of reality
- Hate mail on social media has increased
Clash 3:
Practical impediments
Defining the numbers

• Distribution of refugees should / can not be tied to an absolute or static upper limit
  – Absolute or static upper limit of refugees is not compatible with international law
  – To sustain an upper limit, more politics of deterrence and exclusion (e.g. building of walls), and ultimately inhumane decisions necessary
Defining the numbers

• How to practically determine a dynamic number of refugees to be taken in by each country? What if more refugees enter the country? What if more refugees want to enter the country? What if one or more countries do not participate?
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Open questions

• How to merge good ethical reasoning (which already tries to take complexities into account) better with real world messiness?
• What approach do we, as academic ethicists, need in order to provide something useful?
• Is our ethical reasoning enough the way we are doing it?

I am not claiming here that I find it insufficient or that we should all be activists or politicians. Maybe the division of labor is fine the way it is. But I am stating my open questions here, as academic questions, as they never, in my 10 year long life as an academic, struck me so relevant and so difficult.
Thank you!

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