

## HEALTH CARE IN DETENTION FACILITIES FOR FOREIGNERS IN THE CZECH REPUBLIC – CHANGES IN LAST YEARS

Anton PELIKÁN<sup>1,2,3</sup> – Michal PTÁČEK<sup>1,4,5\*</sup> – Zlatica DORKOVÁ<sup>3</sup>

<sup>1</sup> *The Czech Refugee Facilities, Medical Centre, Vyšní Lhoty 234, 739 51, Czech Republic*

<sup>2</sup> *Clinic of Surgery, University Hospital Ostrava, 17. listopadu 1790, 708 52, Ostrava - Poruba, Czech Republic*

<sup>3</sup> *Department of Health Care Sciences, Faculty of Humanities, Tomas Bata University in Zlín, Náměstí T. G. Masaryka 5555, 760 01 Zlín., Czech Republic*

<sup>4</sup> *Clinic of Infectious Medicine, University Hospital Ostrava, 17. listopadu 1790, 708 52, Ostrava - Poruba, Czech Republic*

<sup>5</sup> *Faculty of Safety Engineering - Technical University of Ostrava, Lumírova 13, 700 30 Ostrava – Výchkovice, Czech Republic*

\*Corresponding author E-mail address: *michal.ptacek@fno.cz*

### Abstract

Changes were introduced in the work at Czech refugee facilities in 2015 as a reaction to a large increase of foreigners - migrants in Europe. It was necessary to manage some arrangements to improve way of working the respective places, where foreign people with no or invalid personnel documents stay until their documents and their status is ascertained. This article focuses on the specific aspects of the system of common and acute medical care in the camps for foreigners, mainly for refugees and migrants in the Czech Republic. Big progress has been achieved since 2015 at the migrant facilities. The capacity was modified, initial shortcomings were solved and nowadays the whole general and medical care given to foreign people in the Czech Republic generally seems to be fluent, meaningful and effective.

**Keywords:** Czech refugee facilities. Medical care for foreigners. Infectious diseases

### 1 Introduction

Despite the fact that all human beings are equal in their rights, from the view of law there are some differences among persons stipulated by the international law. Every country has its citizens, people who live there. The citizens were born in the country or became residents there. The rest of people are foreigners. As foreigners people can travel to other countries under international agreements provided they hold valid documents. All this is anchored in the international law and in documents dealing with the human rights [1-3].

There has to be some institution in every country to deal with those people, who are in the country with no valid authorization. The Czech Republic (through its Ministry of Interior) solves this problem by means of Devices for alien detention. Other countries do it in a similar way and some countries by means of police, other particular institutions or prisons.

Such facilities in the Czech Republic are established by Ministry of Interior. The foreign people with no or invalid documents are retained there – simply – until their documents are obtained. All this is done in according to the international and national law, in cooperation with other institutions and councils and, of course, as soon as possible. All this procedure is closely watched by some human rights organizations and by media. There is much information about the devices on web, including the menu in the canteens for foreigners [4].

This short article brings a brief information about the run of such establishments and focuses on the medical operation, in which the authors hereof have some experience.

### 2 Migrant Camps in the Czech Republic

The existence of institutions for foreign people with invalid or none-existing documents is definitely not a new thing. There have always been people with problematic or unknown identity in every country, in which some form of evidence of people exists [5]. Facilities for foreigners (under several names) have existed in the Czech Republic for many years and there are similar facilities in other countries in the entire civilized world. No country wants foreign people with uncertain identity staying within its area. The existence of these facilities or “migrant camps” is anchored in both the Czech and international law.

Foreign people with no or invalid documents found by the police anywhere in the country are delivered by the police to the facilities, where they are accommodated and fully treated until their identity is checked by their council or until they receive an asylum in the Czech Republic, or until they are deported back into their own country. Persons in the centres stay there for a period of a few days up to maximum 545 days in very rare cases – depending on many aspects. The speed of acting of their home council is very important [6]. Their file and the life quality are checked by the Ombudsman.

The facilities provide people with a number of free services if they have no money. Social workers help migrants deal with the government institutions; available are translators, psychologists, lawyers, teachers, and people responsible for helping deal with accommodation, medical staff and others.

Every person staying at migrants centres is a unique human being and the rate of his/her education, knowledge, skills, upbringing and behaviour varies significantly [7].

The large increase of migrants from the Middle East and other areas during the year 2015 lead to some changes in camp facilities in general and in providing the medical care in camps in particular. The main change was the number of persons who werestaying in camps. There was a requirement to increase the capacities. The Czech Ministry of Interior responded by moving into new spaces and by hiring new employees. The centre where the authors hereof worked grew very quickly from the capacity of 40 beds into a large facility providing up to 600 beds. This situation – the rapid increase of people accepted in migrant camps - was nothing new. A similar situation in the Czech Republic.

### 3 Medical care in migrant camps in the Czech Republic

There are two main chapters of medical needs in migrant camps – statutory inspections and routine medical care.

*The statutory inspections* are obligatory by law. Every person coming into the camp is examined by a doctor. Provided is screening for tuberculosis, venereal diseases and other infectious diseases, and persons are physically examined, asked for problems, diseases, pain, special needs and habits. The obligatory question is about addictions, which is very often seen in some specific communities.

The other statutory inspection takes place when a person is leaving the camp.

*The routine medical care* means dealing with common problems similar to those in general practitioner's practice. The most common troubles which lead foreigners into the consulting room cover common cold, dyspepsia or minor injuries from sports. More serious troubles noticed by the authors hereof were scabies, lues, gonorrhoea, gout, self-harm dealing and - the most extreme – some suicidal attempts.

If there appears a problem which the medical staff in the migrant camp is not able to deal with, there is a network of contracted specialists in the near surroundings and, on top of it, of hospitals, laboratories, and a contractually bound pharmacy.

The system of medical care had to be changed recently because of the number of accommodated persons in the centre. Until there was up to 20 or 40 people, the medical care was provided by contractually bound general practitioner who came into the foreign facility in contracted situations. Because of the number of foreigners nowadays, a small health centre was established right in the facility. There are two fully qualified nurses in a non-stop service, and two physicians present for 8 hours every day and then available on the telephone, ready to come without delay. The equipment is comparable to that of a good GP practice. There are temporarily available spaces and possibilities for isolation and quarantine for sick migrant people with separated sanitary facilities. In some cases the medical staff visit migrant people in their rooms - medical visits are available. The medical centre in the camp is not a hospital and all serious conditions requiring hospitalization are moved into hospitals (the doctor indicates hospitalization; transport is a task for the Police). The medical care there is provided separately to foreigners and is funded from the budget of the Ministry [8, 9].

### 4 Main changes since the increase of persons in facilities

Since the amount of people in facilities increased, there had to be done some arrangements for a better run of the medical facilities in camps. There is a good cooperation among the headquarters of the facilities, the medical staff directory and the Police management, so the main changes in the last two years are:

- X-ray machine right in the facility – there are now much fewer transports of clients into hospitals because of examination of lungs and skeleton [10].
- Separated rooms were built in the medical centres where it is necessary to isolate someone. There are adequate facilities with its own toilets, showers and others, well prepared for quarantines.
- The medical staff is now available 24/ 7, so the occasion for calling for the ambulance decreased greatly.
- A medical doctor is available outside working hours for the increased number of patients – either on telephone or ready to reach the centre soon.
- In cooperation with the headquarters of centre, a translator in most languages is available when necessary – the medical care is better and more personal then.

### 5 Conclusion

The short article briefly summarized the care provided to foreigners in the Czech Republic after the number of those people increased in 2015 because of large migration in Europe. The authors hereof work with foreigners in the medical centre in one of the establishments for foreigner people and have seen changes done for better operation in “refugee camps”. All the issues changed over the last two years have led to more fluent run of the medical centres. The number of transports to hospitals decreased. The number of calls for emergency medical service into the facilities decreased after the medical doctors' telephone services outside working hours was introduced and the arrival of an emergency ambulance car became rare.

All what happens in the facilities is transparent and available for the information of the general public on the web of the Ministry of Interior.

### References

- [1] United nations. Universal Declaration of Human Rights. Paris: 1948.
- [2] OHCHR. United Nations High Commissioner for Human Rights [online]. Geneva: OHCHR, 2017 [cit. 2017-06-14]. From: <http://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx>
- [3] The Constitution of the Czech Republic. In: Collection of Laws, Prague: 1992
- [4] Czech refugee facilities [online]. Prague: 2017 [cit. 2017-06-17]. From: <http://www.suz.cz/>
- [5] Lazaridis, G. Security, insecurity, and migration in Europe. Burlington, Vt.: Ashgate, 2011, xv, 307 p. Research in migration and ethnic relations series.
- [6] CZECH REPUBLIC. Act on the Residence of Foreign People in the Czech Republic. In: Prague: 1999, 326/1999 Sb., 106/1999,
- [7] Smith, D.P. Internal migration: geographical perspectives and processes. Burlington, VT: Ashgate, 2015, xiv, 234 p. ISBN 9781472452467.
- [8] Medical Care for Persons and security in Migrant Camps in the Czech Republic. Ostrava: SPBI - VSB-TUO, 2017. ISBN 978-80-7385-171-2. ISSN 1803-7372.
- [9] Scurek, R., et al. Emergency and Common Medical Care and Security Measures for Persons in Migrant Camps in the Czech Republic. Journal of Advanced Practices in Nursing [online]. 2016, 111-113 [cit. 2017-06-17]. DOI: 10.4172/2573-0347.1000111. From: <https://www.omicsonline.org/open-access/emergency-and-common-medical-care-and-security-measures-for-personsin-migrant-camps-in-the-czech-republic-APN-1000111.php?aid=73148&view=mobile>
- [10] Systematic screening for active tuberculosis: principles and recommendations. ISBN 9789241548601.