

The Right to Health is a Human Right: Ensuring Access to Health for Homeless People

Initially it is appropriate to mention that a good and well-functioning healthcare system with free access for all citizens does not necessarily secure a higher level of health for the homeless people. We must be aware that several conditions may cause that an otherwise good healthcare treatment does not always contribute to improving the health of the individual citizen.

It may be a question of inadequate schooling and none or poor education and also low income, which are some of the factors that regardless of homelessness result in a shorter mean life and long-lasting poor health.

It is not only a question of moving a person from homelessness to a home.

1.1.

The health, mentally, physically and as far as substance abuse is concerned among the homeless in Denmark can be described in figures as follows:

50 % suffer from chronic hepatitis
30 % suffer from long-term consequences of untreated fractures and wounds
60 % show signs of depression
50 % suffer from anxiety
60 % suffer from alcoholic liver damage
60 % have great dental problems
30 % have lung problems

1.2.

Unlike in many other countries tuberculosis is not very widespread among the homeless in Denmark. The most common disease is, however, hepatitis.

1.3.

Denmark has a very liberal psychiatric legislation which means that many homeless, who are psychotic, are often left to themselves as there is no immediate possibility of compulsory admission. For this group it might be feasible to consider compulsory, ambulatory treatment.

2.1.

The Danish healthcare system is 100 % financed out of tax revenues, which means that all Danes regardless of status have equal and free access to treatment by a doctor and also at a hospital. However, when attending a dentist the individual has to pay a certain part him/herself. There might still be a risk that homeless people with less serious ailments are neglected as the healthcare system might overlook the fact that the person is also homeless and therefore in an especially vulnerable situation.

As to non-nationals they may be helped free of charge in emergency cases. Subsequent actual treatment is not granted.

Persons without papers (illegal immigrants) are not a known problem in Denmark.

There is an increasing number of homeless people with problems relating to drug abuse from Sweden, Norway and Finland, who are coming to Denmark; one of the reasons being that access to methadone is somewhat easier in Denmark than in the other Nordic countries. However, they find themselves in a difficult situation in Denmark, as they cannot be helped directly with actual treatment, but are referred to their home countries.

Asylum seekers have the same access to the healthcare system as Danes while their case is being processed.

Where a problem may arise for a homeless person is when it is a question of a person with a double diagnosis who has been admitted to a psychiatric hospital. The person in question will often be diagnosed primarily as a drug abuser and secondarily as psychically ill.

Often the psychiatric hospital will require that the person becomes "clean" before the psychiatric treatment can start.

Another problem may be when a homeless person is admitted at a somatic ward. In such a case there might be problems of a behavioural nature, which may cause that the homeless person is perceived as noisy and unsettling both by the staff and other patients, which is why the hospital often approaches the homeless institutions asking them to take over the patient as the individual does not fit into the hospital environment.

3.1.

Attached to the 4 largest homeless institutions in Denmark there is a special sick ward where the homeless can be treated for their illnesses. These wards are supplied with both physicians and nurses.

Particularly in Copenhagen there have previously been special health offers to homeless people. A private project called "Health Service on Wheels", which was a mobile unit for homeless people, was operating for a couple of years. This offer has now ceased, as the Copenhagen Municipality no longer wanted to support the project financially.

The only special offer for the homeless today is in Copenhagen where there is a dental clinic in connection with "The House of the Homeless" which offers dental care to the homeless in Copenhagen free of charge.

3.2.

In Denmark there are no special initiatives for the homeless, as the homeless have the same access to the healthcare system as everybody else.

4.

In connection with "Health Care on Wheels" in Copenhagen, a training system for healthcare professionals was organised, first and foremost for students of healthcare.

5.

The council for socially vulnerable persons has entered into an agreement with the National Institute of Public Health about the implementation of a study of personal data on health and social vulnerability, including homelessness.

The study is planned to be implemented in the autumn of 2006.

6.

In Denmark we have no immediate data giving specific information on the health of the homeless. One report from 2005 describes public health in Copenhagen including a statistics on the health of the homeless in Copenhagen.

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There are no known examples of court cases or campaigns. The health conditions and health problems of the homeless are not a big political issue in its own right in Denmark. For persons with problems with alcohol and substance abuse there is a differentiated offer for treatments both out-patient treatment, day care and 24 hours care. In principle there is no limit to how many time the individual can request to get into treatment for his/her substance abuse problem. There is not necessarily a natural relationship between the addiction treatment and the problem of being homeless.

From a social point of view it would be especially welcome and useful with a strong focus on the health status of the homeless, but homelessness is not a big political agenda in Denmark, i. a. because there are no political votes in the topic.