Where Have All the Homeless Gone?

Medical Citizenship, Precarity and the Construction of the 'Health Uninsurant' in Austria

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Covid-19 and homelessness

People who are homeless face multiple risk factors in a pandemic:

- "Stay home" – but how?

- Overcrowded accommodation heightens risk of infection

- Complex health conditions exacerbate risk of severe illness

- Harmful substance use/dependency necessitates social contact

- Lack of access to health-relevant information

Edinburgh vs. Vienna: a tale of two cities

Edinburgh:

- individual accommodation in shut-down hotels

- delivery of medication/drug substitutes to the doorstep

- NHS-led, medical student volunteers

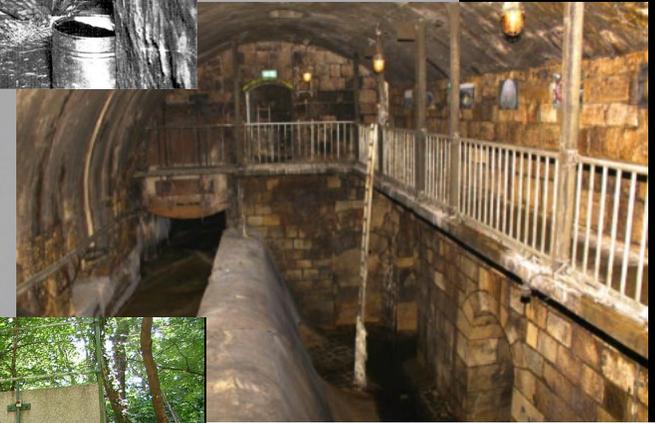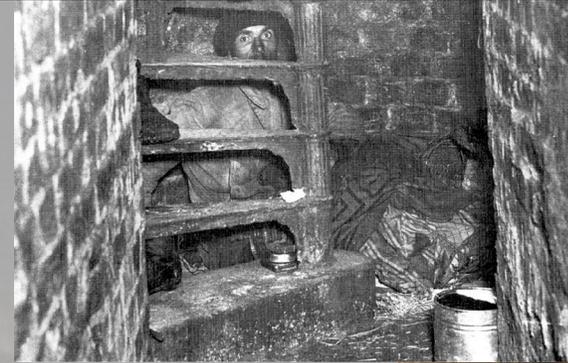- priority for homeless people at start of vaccination programme

Vienna:

- initially reduced places in regular 'Notschlafstellen' (shelters) due to social distancing, later open during the day

- medication delivery only in mandatory quarantine – complicated process for others

- lack of volunteers for food deliveries, ad-hoc mobilization

- vaccinations only from late May/early June 2021

Consequences

Whole shelters quarantined
'Riots', e.g. 120 persons in shelter Hietzing

-> Empty shelters due to fear of infection/quarantine

Where did they go?

Cultural attitudes to homelessness

Scotland:

homelessness as a social problem, result of housing shortages, exacerbated by individual vulnerabilities (adverse childhood experiences, complex health conditions)

Perceived lack of social housing, 'Housing First' approach

-> view that "homelessness can happen to anyone"

Austria:

homelessness as result of irregular migration status and individual problems/choice (debt, mental health issues, harmful substance use)

Perceived abundance of social housing, 'charity' approach

-> view that "normal people cannot become homeless"

Homelessness and medical citizenship

"Policies of entitlement that articulate what we deem to be the basic rights of a citizen, what human rights are recognized for undocumented immigrants, and who is excluded or sacrificed when health resources are rationed or restricted" (Nichter 2008:183)

-> links access to health care to residence status

In Scotland: access to NHS free at point of delivery for anyone habitually resident

In Austria: access to health care via 'Sozialversicherung' (social insurance), usually tied to (former) employment, evidenced with 'e-card'

EU-wide: access governed by EU regulations on Free Movement of People

The 'Health Uninsurant'
(Lipovec-Čebron 2010)

Austria operates 'Sozialversicherungspflicht', i.e. compulsory Social Insurance, including health-, unemployment and pension insurance

yet, up to 100.000 people in Austria are uninsured (Armutskonferenz Oesterreich)

Reasons: poverty, non-uptake of benefits due to stigma (esp. in rural areas),benefit sanctions, divorce, intimate partner violence, student status, precarity, irregular employment, (forced) self-employment

Political efforts to tie lack of medical citizenship
to migration (including from EU-countries)
– the Uninsurant as 'not one of us'.

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Possible Solutions

Two institutions providing free health care to people without insurance in Vienna: Ambermed Clinic and Gesundheitszentrum Neunerhaus

But more is needed:

- Housing First
- End to benefit sanctions
- Stop to charging uninsured people post-treatment
- Realistic debate about reasons for lack of insurance - challenging racist assumptions about 'Uninsurants'

AmberMed

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Thank You!