

Europe's response to the refugee crisis: why relocation quotas will fail to achieve 'fairness' from a health perspective

EU refugee law is deficient—this has become obvious as thousands of refugees cross the Mediterranean and EU borders to reach a safe destination. Germany's Chancellor Angela Merkel calls for a scheme of compulsory relocation of refugees to EU member states to achieve a 'fair' distribution¹ based on 'objective, quantifiable and verifiable criteria' such as GDP, population size and unemployment rates.² While we strongly believe that providing international protection to refugees is a collective duty of EU member states, we argue that the concept of their 'fair' (but factually enforced) relocation across the EU is flawed and may ultimately be detrimental from a public health perspective.

First, if fairness is defined as the product of a quota based on a contract between EU member states, the interests of non-contractors (here refugees) remain neglected—a dilemma inherent in contractarian concepts of fairness.³ Enforced relocation across the EU based on quota will never be 'fair' from their perspective.⁴ It is at odds with human rights such as freedom of movement. Fairness cannot be achieved by considering only the perspective of receiving countries.

Second, countries in which comparable quota already exist fail to achieve the hoped-for 'fair' internal distribution. In Germany, asylum-seekers are relocated across the 16 Federal States according to a quota based on population size and tax income: larger numbers of asylum-seekers are relocated to areas with higher population size and wealth. But support requirements do not follow mere numbers of asylum-seekers. We assessed how

asylum-seekers who receive social transfers and have higher health care needs, approximated by vulnerability (children under 7 years, women and asylum-seekers aged 50 and above), were distributed across Germany in 2013, using the latest publicly available data. We calculated observed-to-expected (O/E) ratios applying the official relocation quota for each federal state to the underlying population of asylum-seekers. Six federal states, among them debt-ridden Berlin, had O/E ratios >1 for all four indicators, ranging up to 2.62. This suggests a disproportionately high allocation of vulnerable individuals to these states. Ten states, among them the richest, received disproportionately fewer vulnerable individuals relative to their population size and tax income (figure 1). As the example of Germany shows, it is unlikely that EU-wide quota applied to 'numbers of refugees' will yield 'fair' distributions.

Third, refugees' choices of destination are based on their social networks with friends and family who have migrated earlier; on their foreign language skills; and on the social conditions which they face while their asylum application is processed.⁴ From an EU-wide perspective, countries which impose restrictions on asylum claims and entitlements to existential needs including access to health care increase the pressure on refugees to migrate to more liberal countries. Without supranational frameworks, a free-riding behaviour⁵ becomes rational (a classic 'tragedy of the commons'): countries with restrictive policies benefit from the investment of less restrictive countries as fewer refugees head to their countries while

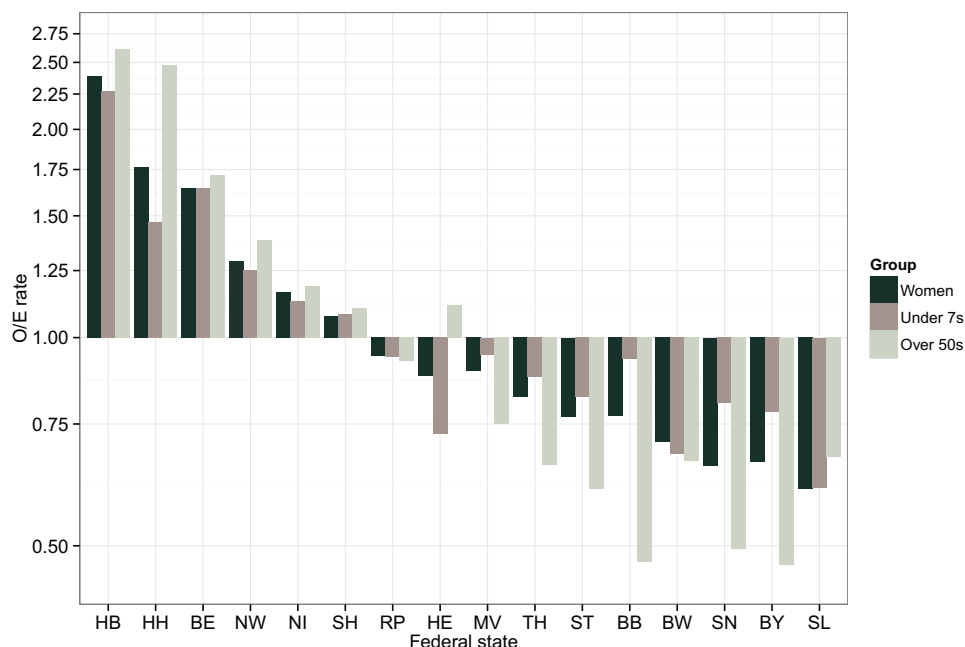


Figure 1 Standardized ratios of observed vs. expected vulnerable asylum-seekers in Germany by federal state (2013). BB: Brandenburg; BE: Berlin; BW: Baden-Württemberg; BY: Bavaria; HB: Bremen; HE: Hesse; HH: Hamburg; MV: Mecklenburg Western Pomerania; NI: Lower Saxony; NW: Northrhine-Westphalia; RP: Rhineland Palatinate; SH: Schleswig Holstein; SL: Saarland; SN: Saxony; ST: Saxony-Anhalt; TH: Thuringia. Data source: Federal Statistics Office, 2014 (own calculations). Data refer to the annual full-census among asylum-seekers in Germany on 31 December 2013. Black bars: vulnerability approximated by gender. Grey shaded bars: vulnerability approximated by age. Y-axis: log-scale.

others pay the price to uphold standards, human rights and ultimately social and political stability. Unless refugees are assured the same basic conditions wherever they arrive, movements across Europe will continue,⁴ regardless of relocation quota.

Providing existential services, like decent living conditions, access to health care and education not only require resources. They also produce positive externalities. Their effects (maintaining and improving health, preventing outbreaks and epidemics, fostering of human potentials) contains elements of a global public good serving a larger community—not only those who paid for the efforts required to ensure such existential conditions.⁵

In consequence, we must abandon ideas of *a priori* quotas and movement restrictions. They are ethically unsound, unsupportive to refugee health and will not contribute towards the challenge the EU as a whole faces. Instead, we need EU-wide structures to apply for asylum and *post hoc* mechanisms that financially recompense receiving countries based on the social and health needs of the refugees they host. This would tackle root causes of the dilemma in line with European values: respecting human rights while fostering the urgently needed integration and harmonization of EU social systems.

Conflicts of interest: None declared.

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doi:10.1093/eurpub/ckv246