

Undocumented Migration, Human Trafficking, and the Roma:

Manifestations of Irregular Migration and Exclusion in Norway,
Shortcomings in Governance, and Implications for
Health, Well-Being and Dignity

A Report Prepared by the Oslo Church City Mission, in Collaboration with the Lancet –
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Introduction

In recent years, increasing attention has been directed toward global governance challenges and their impact on public health. While such attention has typically focused on the global health system, further consideration of actors and forces beyond the health policy domain and their impact on health is warranted. In pursuit of such, the Lancet – University of Oslo Commission on Global Governance for Health seeks an understanding of how public health can be better promoted and protected in a variety of policy arenas. In doing so, the Commission explores the social determinants of health, the ways in which health circumstances and systems are impacted by a variety of economic, social and political forces, and the health inequities that result. Considerations of foreign and fiscal policy, trade agreements and food security, and global responses to conflict and poverty are thus undertaken, and matters of health, well-being, and dignity examined.¹

This report, which results from a project developed in collaboration with the Lancet – University of Oslo Commission on Global Governance for Health, describes prevailing health and life conditions amongst particular migrant groups in Norway – a nation commonly regarded as one of the world’s best functioning welfare states and one in which matters related to irregular migration have recently gained attention within political and public discourses of migration, crime, health, and human rights. This case study, situated within the Oslo Church City Mission’s own experiences and accumulated knowledge, explores the health and life conditions of three migrant groups – undocumented migrants, victims of human trafficking, and poverty-driven Roma migrants. We consider these groups jointly and in relation to the driving migration forces, pre-migration conditions of vulnerability and disadvantage, and exclusionary life conditions in Norway that the otherwise diverse migrants within them have in common.

Doing so motivates a consideration of the national, transnational, and global policies and governance processes that impact the lives of these migrants and of the ways in which threats to their health, well-being and dignity have common and apparent links to contemporary challenges within the judiciary and political processes involved in regulating, regularizing, and irregularizing the movement of people across borders and attributing rights and distributing services to the populations within them. In particular, we maintain that, despite migrating for reasons similar to those of other migrants, these migrants are, via these governance processes and with regard to a certain set of legal policies, procedures and categories, *actively produced as irregular, stripped of the ability to exercise their human rights, and pushed into spaces of social exclusion*. A variety of governance shortcomings appear to be present throughout this process and we consider the following: legal entitlements that fail to translate into practice or correspond with realities of service organization and provision, spaces of legal ambiguity and exclusionary specificity, the discrepancies that exist between systems of international, transnational and national governance, and the apparent contradiction between national commitments to upholding international rights conventions

and transnational forms of cooperation intended to limit migration and harmonize restrictive policies in the European Union.

We go on to suggest that, together, these governance shortcomings result in an *arbitrary distribution of services* and *compromised service provision*, and that they produce both *rights deprivations* and “empty”, *un-exercisable rights*, the distinction between which is, though ideologically significant, of little practical utility as both situations result in a lack of service provision. Furthermore, we suggest that these governance shortcomings lead to a *displacement of responsibility* for irregular migrants, rendering them particularly vulnerable to shifting transnational, national, and sub-national delegations of responsibility and service provision. This results in a situation in which, while certain persons and institutions are responsible for denying rights, they are able to do so in accordance with an implicit understanding that these migrants should have rights and access to services, though elsewhere and ensured by others. Thus, no one assumes responsibility for the entirety of the rights or needs situation and, because there are no global or transnational systems in place to ensure the human rights or meet the needs of irregular migrants excluded from nation state protection, undocumented migrants, victims of human trafficking, and poverty-driven Roma migrants are vulnerable to this ongoing displacement of responsibility and to the human rights and basic needs deprivations that accompany it. Such a situation, together with exclusionary life conditions and combined with pre-migration vulnerabilities, has important repercussions for the health, well-being, and dignity of irregular migrants.

Importantly, the analysis just described does not constitute a comprehensive legal or political analysis of governance systems and shortcomings. Rather, we offer this analysis suggestively and reflectively, as our way of exploring some of the most salient ways in which our experiences relate to matters of governance. We will thus now describe ourselves and the Oslo Church City Mission projects involved in this case study, and we will also present more fully our case study methodologies. We will then describe these three migrant groups, the driving migration forces and pre-migration situations of vulnerability and disadvantage that they tend to share, the legal categorizations that they encounter upon arrival in Norway, and the common conditions of exclusion that they experience. The remainder of the report will consider the production of irregularity and the governance shortcomings just described.

The Oslo Church City Mission and Involved Projects

This case study has been carried out and this report written by selected persons and projects within the Oslo Church City Mission (SKBO), under the leadership of the SKBO Research and Development Unit. SKBO is a diaconal, non-governmental social and welfare services organization working to expose and alleviate social exclusion and welfare challenges in Norway, to promote equity, justice and dignity for all through social, health and welfare policy advocacy, and to provide services to a variety of disadvantaged, vulnerable, and marginalized groups. To these ends, SKBO, independently and in partnership with other civil society actors and local and national governments, operates a wide range of programs and projects. These include, amongst others, child welfare and family support services, nursing homes for the elderly, health, welfare and legal support services for street-based injecting

drug users, chemical dependency treatment and psychiatric rehabilitation facilities, recruitment and qualification programs for people outside or on the margins of the labor market, anti-poverty and self-organization programs, a welfare and support center for people involved in prostitution, and a primary care health clinic for undocumented migrants. Because this report is situated within SKBO's work amongst undocumented migrants, victims of human trafficking and Roma migrants, it presents the accumulated experience and knowledge of three particular SKBO projects – the *Health Center for Undocumented Migrants*, the *Nadheim Center for Women and Men involved in Prostitution*, and *Møtestedet* (“The Meeting Place”).

The *Health Center for Undocumented Migrants* is a primary health clinic in Oslo where persons without legal residency in Norway receive confidential and free health services. It is operated jointly by SKBO and the Oslo Red Cross, has been in operation since October 2009, and is the only clinic of this kind in Norway. The *Nadheim Center for Women and Men involved in Prostitution* is one of Norway's longest-standing service providers for women and men with prostitution experience and provides low-threshold services and outreach work within the local prostitution and human trafficking environment, offers a range of activities, courses and services to persons with prostitution experience and trafficking victims, operates the only “safe housing” program for victims of human trafficking in the country (*Laura's House*), and is committed to documenting and systematizing the organization's work, knowledge, and experience in ways that can expose system weaknesses and contribute to improvements in the situation of persons with prostitution experience in Norway. *Møtestedet* is a café in central Oslo where persons from the drug and street environment can relax and socialize, receive information about and help accessing services, eat warm meals, and receive jackets, sleeping bags, and other equipment needed to survive living on the street during the Norwegian winter. *Møtestedet's* personnel also conduct outreach work.

The Case Study Methodologies

As indicated, this case study and report result from a project developed in collaboration with the Lancet – University of Oslo Commission on Global Governance for Health. Specifically, we were invited to conduct a case study on the life and health conditions of irregular migrants in Norway, to maintain a broad conceptualization of health and a focus on health, well-being and dignity throughout, and to reflect upon the ways in which our experiences enable a consideration of governance shortcomings.

With regard to our methodological approach, we pursued this project via an internal case study and in relation to our own organizational experience and knowledge. Thus, while the topic of irregular migration has recently received a great deal of academic and research-oriented attention in Norway, this case study was not designed as a research project or this report written with specific reference to this larger research field. Rather, we situate this report entirely within our own knowledge and experience, and within that which we have come to understand about our service users' experiences. While we cannot represent these populations in their entirety or all of the important differences within them, we operate in

accordance with the methodological understanding that singular observations of governance shortcomings can, by logical necessity, be expected to apply to others who fall within the relevant legal categorizations. This case study has thus been conducted as a three month process of investigation and inquiry into our own work, knowledge and experience.

We first identified, compiled, and analyzed all relevant and existing reports and documentation from the involved SKBO projects. These materials included annual reports, project reports, correspondence with service providers and government branches, media involvement, policy papers, presentations, and other non-published materials. An inventory of these documentary materials is provided in the Appendix.

We then organized and conducted a series of three, all-day workshops in which the persons and projects involved in this case study met to present and discuss their work and experiences jointly. During the first workshop, we reflected upon the case study objectives and conceptual foundations. We explored individual cases and the themes exemplified by each case in the second. And, in the third, we focused on matters of governance and reviewed the preliminary report draft. We also engaged in on-going correspondence and arranged additional meetings as needed. For example, we arranged a meeting with the *Health Center* and a representative from the Norwegian Medical Association (*Den Norske Legeforening*) for the purpose of reviewing and interpreting rejected specialty health care referrals and examining systematic patterns throughout.

All of these activities were carried out with the goal of achieving a better understanding of our perspectives, experiences and knowledge, thoroughly examining that which we understand about our service user's experiences, developing a description of the local manifestations of undocumented migration, human trafficking and Roma migration in Norway, identifying and analyzing important themes and patterns throughout, and, once enough material had been collected and the draft writing begun, reviewing the report content and editing the report draft. We also, upon submitting a preliminary report draft, engaged in a series of collaborative reviews with the Lancet – University of Oslo Commission on Global Governance for Health.

This text is thus the final result of the case study project and Lancet – University of Oslo Commission on Global Governance for Health collaboration. It presents a consolidated account and analysis of SKBO's knowledge and experience, as represented by the *Health Center for Undocumented Migrants*, the *Nadheim Center for Women and Men Involved in Prostitution*, and *Møtestedet* ("The Meeting Place") – and with regard to three irregular migrant groups – undocumented migrants, victims of human trafficking, and Roma migrants.

Undocumented Migrants, Human Trafficking Victims, and Roma Migrants: Who are these Migrants and who are our Service Users?

There are countless ways to describe, categorize, and label the migration phenomena that we discuss here and, in this report, we have chosen to discuss undocumented migrants, victims of human trafficking, and Roma migrants.² We consider these three migrant groups jointly because they share important driving migration forces and pre-migration conditions of vulnerability, because the migrants within them are typically subjected to a process of irregularization and exclusionary life conditions in Norway, and because they are commonly affected by governance shortcomings that jeopardize their health, well-being, and dignity.

Furthermore, this report focuses on adult populations specifically because the vast majority of our service users are adults. Yet, many adults migrate with children, have children in their home countries, and give birth to children while in Norway. The *Health Center* has, since opening in October 2009, treated 61 undocumented children. Of the victims of human trafficking that *Nadheim* has worked with, most have children in their home countries and twenty have had children with them in Norway while receiving services, the majority of whom were born in Norway. And, though the Roma often travel to Norway without their children, *Møtestedet* experiences that they typically do so in an attempt to earn money that can be sent home and used to house, clothe and feed their children, to send their children to school, and to purchase necessary medications for their children. Thus, though our experience with matters related to children is limited, these experiences are important and will be included when possible.

Undocumented Migrants

Undocumented migrants, often referred to as “irregular”, “illegal”, “unauthorized”, or “clandestine” migrants are, by legal definition, persons present in a country without legal residency or permission. These can be former asylum seekers who remain in the country despite having received a final rejection on their asylum applications, persons who have received residency permission on fraudulent grounds, persons who formerly possessed residency permission and remain in the country even though they no longer do, or persons who have arrived and stayed in a country without registering or seeking residency permission. Throughout Europe, it is estimated that there are approximately 4 to 8 million undocumented migrants. While we lack precise figures for Norway, it was estimated in 2006 that there are approximately 18,000 undocumented migrants residing within Norway’s borders, the majority of whom are understood to be former asylum seekers.³

Since opening in October 2009 and as of January 2013, the *Health Center for Undocumented Migrants* has treated 1577 patients and completed more than 6000 consultations. Of these patients, 61 are children, 29% are female, and 71% are male. In total, the *Health Center* patients represent over 100 different nationalities and, amongst them, are differing patterns of age and gender, diverse migration motivations, and varied post-migration experiences in Norway.⁴ Nonetheless, they all share a common undocumented migration status, experience the rights limitations and service restrictions that accompany this

status, and are affected, in important ways, by the exclusionary conditions of life as undocumented in Norway.

Victims of Human Trafficking

Human trafficking is understood as a form of exploitation in which men, women, and children are treated as purchasable goods and forced, via the use of violence, threats, or other control mechanisms, to work and perform services such as prostitution or begging.⁵ Human trafficking is often referred to as modern-day slavery, is understood to be a profit-motivated crime that exploits poverty and vulnerability, and is regarded as a violation of freedom, integrity, and the most basic of human rights. It is difficult to gauge the extent of human trafficking, particularly due to its international organization, but the United Nations estimates that, globally, several million people become human trafficking victims each year and that human trafficking constitutes one of the world's largest illegal economies.

In Norway, the Coordination Unit for Victims of Human Trafficking (KOM) identified, in 2011 and based on figures from service agencies and organizations, 274 likely victims of human trafficking. Of these, 191 were adult women, 18 were adult men, 32 were female minors, and 33 were male minors. The majority of the female victims, both adults and minors, were involved in forced prostitution and the majority of the male victims, both adults and minors, were involved in forced labor. Amongst these victims, 52 nationalities were represented, with the largest numbers coming from Nigeria, Romania, and Lithuania.⁶

Nadheim is amongst Norway's most established service providers for persons involved in prostitution and an important part of *Nadheim's* work is carried out amongst victims of human trafficking. In 2012, *Nadheim* was in contact with 99 suspected victims of human trafficking.⁷ The corresponding figures for 2011 and 2010 were 86 and 56, respectively. The vast majority of these persons are adult females, though there have been some male and underage female victims, as well. And, while the majority of *Nadheim's* trafficking victims have been involved in forced prostitution, *Nadheim* has also had experience with some persons engaged in other forms of forced labor or services like, for example, forced stealing. Nigerians constitute the largest group of *Nadheim's* human trafficking victims, followed by Romanians, many of whom are of Roma ethnicity. Other victims are from Lithuania, Bulgaria, Eritrea, the Philippines, Congo, Sierra Leone, Ghana, the Czech Republic, and Estonia. Additionally, some are stateless. *Nadheim* most often establishes contact with these persons through outreach work and the provision of low threshold services and via referrals from other service providers or the police.

Roma Migrants

In addition to human trafficking victims and undocumented migrants, we also consider Roma migrants who, despite residing legally and being entitled to certain legal rights, experience irregularized, exclusionary life conditions in Norway and barriers to exercising their rights. When we decided to include the Roma in our case study and this report, we did so based on our understanding of the Roma as, though not necessarily undocumented or trafficked, representative of a third, irregularized category of migrants who SKBO has important

experience working with and who share certain driving migration forces and pre-migration conditions of vulnerability with undocumented migrants and victims of human trafficking. They also experience similar processes of irregularization and comparable exclusionary life conditions in Norway, and their health, well-being, and dignity are significantly impacted by the same effects of governance shortcomings that we are concerned with here. Roma migrants might also be regarded as representative, in some ways, of the contemporary phenomenon of impoverished European migration and important parallels might thus be drawn between these migrants and, for example, labor migrants from the formerly communist East European countries. Because we have experience with the Roma, specifically, and because they are often extreme in their exemplifications of the issues discussed here, we include them in this report as a third group of irregular migrants.

The Roma, with a population of 10-12 million, are Europe's largest ethnic minority and a group that has faced centuries of persecution, oppression, discrimination, and marginalization.⁸ The Roma migrants discussed in this report travel mostly from Romania, where they leave behind poverty and discrimination in the hopes of earning money in Norway that can be used to support their families in Romania. This particular group of Roma began to arrive in Norway between 2005 and 2007.

Møtestedet was originally conceived of as a café for persons in the local drug environment but, in recent years, has experienced an increase in café visitors of Roma ethnicity. In an attempt to accommodate this population, *Møtestedet* has worked to increase its cultural and language competence with regard to this group and its knowledge about the rights that these persons have in Norway. Now, *Møtestedet* receives between 10 and 30 Roma guests daily and has acquired knowledge and experience with regard to this population.

Diversity and the Concept of "Migrants"

This overview would be incomplete without a recognition of the fact that these migrants are, both within and across these groups, tremendously diverse, both in terms of their ethnic, national, cultural, religious, educational, and professional backgrounds and with regard to their pre-, mid-, and post-migration experiences. Therefore, despite maintaining a focus on common conditions and shared experiences, we recognize differences amongst these migrants and distinguish between these migrant groups when there are important distinctions to be made. Often, these distinctions relate to differences in legal categorizations and entitlements, migration timelines and future trajectories, options and choices, and degrees of social exclusion.

It is also important to point out that these migrants might occupy positions in more than one category simultaneously, such as *Nadheim* service users and trafficking victims who are often Romanians of Roma ethnicity, and they might move between or in and out of these categories over time, such as victims of trafficking who remain in the country after their temporary residency periods expire and Roma migrants who overstay their legal permission, both of whom become undocumented. Furthermore, these migration categories do not meaningfully capture the complexity of these migrants' experiences and may or may not

resonate with their own perceptions and self-identifications. For example, we will later discuss the fact that victims of human trafficking seldom identify as such.

Finally, when we refer to these diverse persons as “migrants,” we do so with recognition of the fact that this term does little to describe the actual characteristics of these persons or their movement. Some of these “migrants” have been born in Norway, some have lived in Norway for several years, some have arrived recently, and some move in and out of Norway frequently. We do not wish to contribute to the problematic reinforcement of this term as a meaningful description in and of itself, to perpetuate an idea of movement or settlement in situations in which it really is not there, or to contribute to the stigmatizing and discriminatory rhetoric that confines non-ethnic Norwegians to migrant status and excludes them from occupying equal positions in the Norwegian population. Rather, we use this term only as a general reference to these large and diverse populations and without any other intended meanings.

Thus, having clarified who these migrants and our service users are, as well as some important matters related to diversity and the concept of “migrants”, we now move on to a discussion of the driving migration forces and pre-migration conditions of vulnerability that these migrants tend to share.

Shared Driving Migration Forces and Conditions of Pre-Migration Vulnerability

When referring to shared driving migration forces and common pre-migration conditions, we describe the ways in which our service users from these groups typically share common conditions of pre-migration disadvantage and vulnerability and often migrate for similar reasons. This tends to be the case despite the fact that some of these migrants are particularly disadvantaged in relation to their local societies, such as asylum seekers who have experienced persecution on the basis of marginalized religious or political identifications, while others are particularly resourceful, such as those who manage to escape from situations of conflict or abject poverty. Thus, while we recognize these important differences, all of these migrants are discussed here in relation to their shared conditions of disadvantage and vulnerability and with regard to the driving migration forces that they often have in common.

The majority of undocumented migrants in Norway and many of the *Health Center's* patients, such as those from Afghanistan, Iran, Iraq, Palestine, Somalia, Ethiopia and Eritrea, to name some of the largest groups, are former asylum seekers.⁹ These migrants therefore constitute a group of persons who have been forced to flee on the basis of war and organized violence, persecution, and/or poverty, and typically after experiencing violence, and often gender-based violence and torture, oppression, human rights violations, and basic needs deprivations. Families are often separated and homes destroyed, cultural values are typically undermined, and community support structures and infrastructure are commonly destroyed.

Their escapes are difficult and dangerous and many of our service users have encountered violence, rape, and life-threatening situations under flight.

The effects of such experiences on their health, both physical and mental, and well-being are considerable. When the *Health Center* meets these undocumented migrants as patients, symptoms of chronic pain stemming from past abuse and torture are common, as are symptoms of poor mental health, such as sleeping problems and symptoms of anxiety, depression, and post-traumatic stress. Often, these patients have been without access to health care for a long time, have lacked important preventative health care or follow-up, and have a variety of untreated and worsening health problems and chronic diseases.

Furthermore, it is also generally the case that these patients come from countries with high poverty rates, limited educational and occupational opportunities, low life expectancies, high disability rates, and poor health – all of which further contribute to a common condition of pre-migration disadvantage and vulnerability, and one that is shared by undocumented migrants who are not former asylum seekers as well. Indeed, many *Health Center* patients are not former asylum seekers and have not fled from conflict areas or war-torn countries. Mongolians, for example, who comprise one of the *Health Center's* largest patient groups, are economically motivated migrants who travel to Norway for the sake of earning money that can be used to support themselves and their families in Mongolia.

Nadheim's trafficking victims also share common pre-migration and pre-trafficking conditions of vulnerability and disadvantage, both amongst themselves and with undocumented and Roma migrants as well. The majority of *Nadheim's* service users come from Nigeria and, particularly, from Edo State and the Benin City area.¹⁰ The second largest group comes from Romania and includes many Romanians of Roma ethnicity. Others come from other Eastern European and African countries or the Philippines, and some are stateless as well. Most of these victims share a common pre-migration condition of poverty and limited educational and professional opportunity, as well as a collection of disadvantages that accompany this poverty, such as disability, poor health, and limited health service access.

In Edo State, Nigeria, for example, these conditions provide ample grounds for exploitation at the same time that high levels of violence, corruption, and organized crime supply the foundations of a successful trafficking industry.¹¹ Desperate for improved life opportunities and convinced that the only way to support themselves and their families in Nigeria is by working in the developed West, many of *Nadheim's* Nigerian services users and their families found themselves easily enticed by offers of assisted travel to Europe, where, as they were often told, they would be offered educational opportunities and provided with work, such as housekeeping or nanny duties, while re-paying the travel debt.¹²

Given the high prevalence of trafficking in Edo State and based on the accounts of *Nadheim* service users, it is possible that many of these women and their families suspected the trafficking arrangements, though it is unlikely that any were in a position to fully comprehend the severity of the working conditions or the enormity of the debt that they would incur. What is clear is that, at this stage in the trafficking process, an important

“surface story” is set in motion when the trafficker introduces the trafficking arrangement as something that it is not and the family accepts the offer on these grounds. Importantly, then, we need to understand that trafficking is a way of migrating, and especially for women who have few opportunities to migrate otherwise. Thus, to say that these women “choose” to enter into forced prostitution grossly misrepresents the complexity of the situation and “choice” taking place. At the same time, the fact that a narrative of choice emerges at this point in the trafficking process has important implications for the ways in which these women identify (as victims or not), the ways in which they characterize their relationships with their traffickers (who they often do not regard as such), and the ways in which they relate to the services and rehabilitation programs that they encounter upon being identified as victims of trafficking in Norway and by means of international conventions – all of which are matters further explored at later points in this report.

These same goals of escaping poverty and pursuing better life opportunities characterize the background stories of *Nadheim* service users from Eastern Europe.¹³ Similar to the Nigerian situation, and as many observers have noted, rising rates of corruption and organized crime in Eastern Europe have likely contributed to the expansion of the human trafficking industry, as has Eastern Europe’s close proximity to Western Europe and easily-crossed borders, which make transporting trafficking victims, both within Eastern Europe and throughout Western Europe, fairly cheap and easy. Thus, many of *Nadheim*’s East European trafficking victims experience pre-trafficking conditions of relative poverty, in addition to other forms of disadvantage that may increase their vulnerability to exploitation, like for example, disability and histories of abuse.

The Roma, as explained previously, constitute Europe’s largest and most marginalized ethnic minority. According to a report issued by the European Union Agency for Fundamental Rights and the United Nations Development Program, and based on a survey conducted throughout a collection of European countries, the Roma live in poverty and lack employment and educational opportunities, adequate housing, proper nutrition, and health care. Less than one in three Roma persons is employed, only 15% of Roma young adults complete upper secondary school or any form of vocational training, and 90% of the Roma live below the poverty line and in underprivileged socio-economic conditions. Roma children face considerable discrimination as well – over 20% of Roma children in Romania do not attend elementary school and, of those who do, few go on to complete upper secondary school or vocational training.¹⁴

The majority of Roma migrants in Norway and who *Møtestedet* encounters have, as mentioned, traveled from Romania, where they lack adequate housing, nutrition and basic needs. They explain that they have, since the collapse of communism in 1989, experienced intensified discrimination and have been without work, without access to government services or health care, and subject to poverty. These migrants are thus impoverished and many have health problems and disabilities as well. They travel to Norway with intentions of earning money that can support their families in Romania and, as experienced by *Møtestedet*,

often do so with specific medical needs, particular home repairs, or clear intentions to house, clothe, feed, and educate their children or grandchildren in mind.

In conclusion, all of these migrants, whether undocumented migrants, victims of human trafficking or Roma migrants, experience pre-migration conditions of disadvantage and vulnerability and arrive in Norway with expectations of improving their life conditions. Thus, it is important to point out that these migrants appear to migrate for essentially the same reasons as many other migrants. They become irregular only when they meet certain migration policies and categories. Therefore, we now move on to a brief clarification of the legal situation and entitlements that these migrants do possess in Norway.

The Legal Situation and Rights of Undocumented Migrants, Victims of Human Trafficking, and Roma Migrants in Norway

In principle and as established by means of international convention, everyone possesses human rights. Thus, we do not suggest that these particular migrant groups lack human rights. Rather, in this section, we consider the ways in which national legislation recognizes and attempts to preserve human rights by establishing the extent to which these migrants are entitled to rights, such as those to health care and social services, in Norway. In later sections, we also consider what we perceive to be a situation in which the human rights that these migrants do possess are disregarded, compromised, and emptied of value.

Undocumented migrants, due to their lack of legal residency status, possess very few legal rights in Norway. As adults, they are denied rights to education or work, housing beyond the asylum reception centers, and social and financial services.¹⁵ Their health care rights are restricted to emergency health care and “essential health care that cannot wait,” with the latter being assessed in accordance with a two to three week time frame, as this is the amount of time the government deems reasonable for giving these migrants the opportunity to leave Norway and seek health care in their home country or elsewhere.¹⁶ Though they are not legally obliged to pay for such care in advance, they do assume full financial responsibility for the cost. Certain persons – children, pregnant women, and persons with some contagious diseases – are legally entitled to a greater range of health care rights.

All pregnant women in Norway are, regardless of residency status, entitled to abortion and prenatal, birthing, and postnatal care in accordance with the national recommendations. Undocumented children are, by law, entitled to “approximately the same” health rights as other children residing in Norway.¹⁷ Nonetheless, they are still denied the right to primary care medical doctors (*fastlege*), which is a central component of the Norwegian health system and, as will be discussed later, limits their ability to exercise their right to health care. And, their health rights are, like the health rights of adults, limited to health care that can be completed with reference to a certain time period, though in a manner vaguely less severe than the time frame applied to adults.¹⁸ Finally, in the interest of public health and safety, all

persons are entitled to the diagnosis and treatment of contagious diseases and psychiatric instability that poses a risk to oneself or others.¹⁹

Importantly, undocumented migrants, of all three of the migrant groups discussed here, experience the most severely restricted rights situation in Norway. This is closely related to the fact that these migrants are regarded as having the option to voluntary leave despite the fact that many, such as the majority of the *Health Center* patients, do not recognize themselves as capable of doing so. We will return to this discussion at a later point in this report and will explore, in particular, the displacement of responsibility that takes place when the task of providing services to ensure realization of the minimal rights that these persons are entitled to by means of national legislation and international conventions is constantly shifted between various governance systems without being fully claimed by any.

Victims of human trafficking and Roma migrants are in slightly different situations and tend to possess, by law, a greater range of rights. Victims of human trafficking typically have the right to temporary residency, either by applying for asylum or by opting to enter into the “reflection period” – a six month period of temporary residency, support, and protection implemented via national legislation as Norway’s means of enacting the international and transnational provisions contained within the *United Nations Convention against Transnational Organized Crime* and its *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* (often referred to as the “*Palermo Protocol*”) and the European Council’s *Convention on Action against Trafficking in Human Beings*.²⁰ During this reflection period, trafficking victims are expected to break contact with the trafficking environment and reflect upon the extent to which they want to cooperate with the police in filing and pursuing a criminal case against their trafficker(s). Under it, they are legally entitled to health services, permission to seek employment, and social and financial support.²¹ As will be discussed, however, their ability to exercise these rights or access these services is dependent upon a number of conditions that, in reality, trafficking victims often cannot meet.

After the six month reflection period, trafficking victims may have the option of entering into another temporary residency period, though this is entirely dependent upon their ability and willingness to file a report with the police and whether or not the police determine that their presence in the country is necessary for the case investigation and court prosecution. Without being recognized as a victim or witness whose presence in Norway is necessary for an investigation and prosecution, these women will lose the residency status that they had received under the reflection period and all of the rights that accompanied it.²²

At any point, trafficking victims, like anybody else, have the right to apply for asylum. And, as experienced by *Nadheim*, many trafficking victims do seek asylum at some point. While these asylum cases are being processed, trafficking victims have the same temporary residency rights as other asylum seekers.²³ As experienced by *Nadheim*, the chances of actually being granted residency are much greater when a trafficking victim has filed a case with the police and served as a witness in the investigation and court proceedings, as well as in cases in which the victim has a close connection to Norway, such as, for

example, if the trafficking victim has given birth to a child who has become connected to Norway and, especially, if the child's father is a Norwegian resident or national.

Those trafficking victims who do not file a case with the police following the reflection period or who file a case that the police do not investigate, as well as those who apply for asylum and receive a final asylum rejection, will be expected to voluntarily leave the country. They are entitled, via an agreement between the Norwegian government and the International Organization for Migration, as are all migrants who lack residency permission, to apply for financial return support and rehabilitation in their home country or another country of residency.²⁴

Under the European Economic Area's free movement right, the Roma have the legal right to travel to Norway, stay for up to three months, and remain for longer if they are registered as job seekers or employed.²⁵ They do not require any form of visa or permission, though they are expected to meet Norway's subsistence requirement of 500 NOK per day and are not entitled to financial, social, or health rights beyond those described previously with regard to acute situations and persons who qualify for extended health rights. If Roma migrants are caught breaking the law, either because they have stayed longer than three months or because they do not meet the subsistence requirement, the police can expel them from the country and prevent them from returning to Norway for a certain period of time.²⁶

Local police statutes are also important when considering the legal situation of Roma migrants, as these are the rules that regulate their everyday lives and activities in Norway. While these regulations apply to all persons, certain statutes and statute provisions are of particular relevance for Roma migrants, such as those that regulate order in public spaces and, there within, sleeping, begging, playing music or performing, and selling items in public places. Certain activities currently require registration and permission, such as performance and sales, and others, like begging and sleeping, are restricted in certain spaces.²⁷

In Oslo, for example, unauthorized sleeping in public parks, green spaces, and open urban spaces is currently prohibited. Roma migrants without shelter in Norway thus struggle to find places to sleep and are frequently woken up by the police and forced to go elsewhere when they do try to settle down for the night. Currently, and because the police experience that this law is not clear or broad enough to be applied to other spaces commonly used by "seasonal migrants without shelter in Norway", a provision has recently been proposed that, if passed, will further prohibit sleeping under bridges or other structures, in motor vehicles and tents, and under tarpaulins or in other makeshift structures. It is also suggested, in the same proposed provisions, that all persons who intend to beg or engage in other forms of fundraising in public spaces be required to register with the police.²⁸

Finally, while these are just a few examples of the local statutes and provisions that regulate the lives of Roma migrants, these migrants also encounter ambiguous and arbitrary restrictions like, for example, security guards who prohibit them from collecting recyclables from garbage bins in public buildings, businesses that refuse them the right to exchange their recyclables at their recycling stations or use their bathrooms, and service providers who

exclude them on arbitrary grounds. Often, such restrictions are enacted with vague or implicit reference to local regulations and ordinances – typically local police statutes that regulate peace and order in public places or their rights as private institutions – but, in many of these instances, the actual legality of the situation is unclear and difficult to predict or understand by the migrants and *Møtestedet* alike. A discussion about the discriminatory adoption and application of police statutes and other regulations will be had at a later point in this report.

Thus, depending upon their legal status, all of these migrants do maintain certain rights and all experience certain rights restrictions. As will be shown, however, despite the different rights entitlements that the migrants in these categories possess, all of these migrants struggle to exercise their rights and access services. The systems of governance that attribute rights and distribute services to them fail to materialize in ways that meet their needs and often further perpetuate their exclusionary life situations and vulnerabilities. The implications of this for the health, well-being, and dignity of these migrants are considerable. The remainder of this report will therefore explore the exclusionary life conditions shared by these migrant groups and the gaps and shortcomings in governance that perpetuate this exclusion and impact these migrants' lives, health, well-being, and dignity.

The Manifestation of Irregularity in Norway, Shared Conditions of Exclusion, and the Potential Effects on Health, Well-Being, and Dignity

When we speak about shared conditions of exclusion, we refer to the exclusionary life conditions common to certain migrants, such as undocumented migrants who are legally restricted from accessing services and exercising rights due to undocumented residency status and other migrants, such as victims of human trafficking and the Roma who are, despite legal entitlements to certain services and rights, prevented from accessing these services or exercising these rights. Such conditions of exclusion typically entail a lack of factors commonly understood as necessary preconditions for health, well-being and dignity and a presence of factors that are known to compromise health, well-being, and, potentially, dignity. These life conditions often involve poverty, inability to work or pursue education, limited access to social and health services, discrimination and criminalization, lack of shelter and other basic needs such as clean drinking water and toilet or bath facilities, insufficient nutrition, unpredictable and precarious life situations, and lack of control.

Poverty and Basic Needs Deprivations

With regard to poverty, meeting basic needs and exercising rights, all of these migrant groups face substantial challenges and are significantly affected by the exclusionary life conditions that they experience in Norway. Undocumented migrants lack, as mentioned formerly, health care rights beyond the right to emergency health care and “essential health care that cannot wait”, which certainly compromises their health, and they are denied permission to seek work, study, or pursue other self-improvement and income-generating opportunities, which has direct consequences for, not only health, but also well-being and dignity.

Furthermore, if they do not live in the asylum reception centers, undocumented migrants lack the right to shelter and other forms of social and financial support. Yet, many *Health Center* patients explain that they experience the asylum reception centers as degrading and depressing, describing this in relation to the low living standards of the reception centers, the hostile communities that often surround the centers and treat the center residents as dangerous and unwanted, and the experience of being segregated and housed together with numerous other persons who lack acceptance or have yet to be accepted into the Norwegian society. They are also unable to control where, geographically, they are placed in Norway and, because many have established important networks upon which they are often dependent, both in practical ways and for coping with their situations, they are unable and unwilling to accept placement in distant locations.

Thus, as experienced by the *Health Center*, it is not uncommon for undocumented migrants to choose life on the streets and other undesirable alternatives over the reception centers in an effort to preserve their autonomy, avoid degradation, and maintain their dignity. Homelessness and poor living conditions, however, have direct consequences for health. This is the case during the cold Norwegian winters, when frostbite, hypothermia and other sicknesses become important concerns, and it was the case when, for example, the *Health Center* recently treated many members of one particular patient group for an outbreak of scabies – a contagious infection spread easily amongst persons living in overcrowded conditions and without the possibility for maintaining healthy hygiene.

These undocumented migrants thus live under extremely difficult and impoverished life conditions in Norway. Because they need to survive somehow and are denied the opportunity to generate income legally, they are especially vulnerable to exploitation in the un-regulated labor market. *Health Center* patients often report working long hours, working under dangerous and health-compromising conditions, being denied breaks and other basic work rights, and being paid poorly, inconsistently, or not at all. The *Health Center* commonly treats work injuries and health problems that result from poor working conditions. Furthermore, women are particularly vulnerable to sexual exploitation and are often coerced into offering sexual services in exchange for housing or other basic needs. It is not uncommon for female *Health Center* patients to have left behind numerous, traumatic experiences of rape and sexual violence in their homelands only to experience more of the same when they become dependent upon abusive men for shelter, basic needs, and survival in Norway. For these reasons, inadequate shelter and homelessness are common amongst these migrants and accessing proper nutrition, medication, and basic needs is often impossible.

At the same time, *Health Center* patients also lack, due to limited health service access and rights that are restricted to acute health need, preventative care and treatment for common health conditions. Pre-existing health conditions are thus exacerbated and new health problems quickly develop and worsen. Mental health, in particular, tends to decline, as difficult life situations and high levels of stress worsen pre-existing mental health problems and create new ones. The social dependency that these migrants experience, the limited

control that they have over their own lives, and the challenges and exploitations that they face while struggling to survive from day to day all compromise well-being and dignity as well.

Victims of human trafficking and *Nadheim's* service users find themselves in similar situations of exclusion, both while possessing temporary residency permission and the rights that accompany it and after losing these rights and becoming undocumented. While they do, under the reflection period, possess temporary residency, work permission, and legal rights to health care, many *Nadheim* service users are unable to exercise these rights due to the exclusionary manner in which services are organized in the Norwegian welfare state. In particular, the requirement of population registry enrollment is an insurmountable obstacle for many since this demands the presentation of valid identification documents that the majority of *Nadheim's* Nigerian trafficking victims do not possess. They have either been trafficked with fraudulent travel and identification documents or they have had these documents confiscated by traffickers or while crossing borders illegally.

The consequent lack of health care access is particularly problematic with regard to mental health and recovery, as *Nadheim* regards the majority of its trafficking victims to be in need of psychological treatment and rehabilitation. But, due to their inability to access specialist health services in Norway, they are deprived of this treatment and often experience worsening mental health during this period. Similarly, these women tend to have poor sexual health – they have experienced sexually transmitted infections, abortions, and forced sexual encounters of traumatizing and disturbing natures – and they thus struggle to recover and establish healthy understandings of their own sexuality or intimate relationships with others.

Furthermore, while they do have, under the reflection period, the right to shelter and financial support, their ability to receive this support is conditional and the support itself is often inadequate. For example, in order to receive the financial benefits that they are entitled to, victims of human trafficking are required to comply with some form of mandatory activity – working in a store or attending a skills lab, for example. Yet, because there is no practice of individualized assessment and recovery planning, these women often experience the activities as irrelevant to their needs and, therefore, as potentially degrading. More importantly, the activity assignments do not account for the condition of poor health that many of these women find themselves in. Many have experienced a variety of traumas in their recent pasts and from which they have not yet recovered. They often suffer from severe symptoms of traumatic stress, such as nightmares, flashbacks and inability to sleep at night, and therefore do not have the capacity to actually comply with the mandatory activity, especially considering that it often begins early in the morning and lasts all day.

The shelter that they are provided with might be inadequate as well, as trafficking victims are often housed together with other persons, typically from the street and drug environment, in need of temporary housing. Living in such settings is uncomfortable at best and dangerous at worst. When receiving this shelter support, they are also subject to a variety of regulations and surveillance mechanisms that are often experienced as invasive and humiliating. The apartments are equipped with surveillance cameras and they are prohibited from having boyfriends or others spend the night. This, together with the forced activity and

lack of individualized services relevant to their needs, often results in a reflection period experience that is more akin to internment than to recovery or reflection.

Finally, and perhaps most importantly, because the reflection period lasts for only six months, when trafficking victims exit this status and are, as is the case for many, unable to obtain another form of residency, they lose this support and these rights. For this reason they become vulnerable to re-trafficking. Many also become undocumented and subject to the life conditions and rights deprivations described just prior.

Poverty and basic needs deprivations are also common amongst Roma migrants. Like victims of trafficking in the reflection period, these migrants do, by law, possess the right to seek employment in Norway. Due to practical barriers, like language limitations, illiteracy and factors of discrimination, however, exercising their legal permission to work is largely impossible. Instead, *Møtestedet's* Roma guests struggle to support themselves and their families at home by begging, recycling bottles, obtaining items from waste bins, playing music in public places, and selling small items, such as flowers, on the streets. The money generated by these activities is insignificant when compared to the cost of living in Norway. This money does, however, have value in Romania and is thus typically sent home and used to house, clothe, feed, and support their families. They therefore live in accordance with the most minimal and impoverished of standards while in Norway.

Many live and sleep outdoors, relying upon the winter clothing and equipment provided by *Møtestedet* and other local organizations to survive the winter days and nights. When these supplies are inadequate or become wet, they become sick, frostbitten, and experience hypothermia. Some sleep together with many others, typically outdoors or on the floor of a small flat that is rented from day to day, and most depend upon meals and food from places like *Møtestedet* for nutrition and sustenance. Like undocumented migrants, the Roma lack access to health services beyond emergency health care and “essential health care that cannot wait”. They also, when living on the streets, lack access to toilet and bath facilities and therefore struggle to maintain basic standards of hygiene and sanitation. Thus, challenges meeting basic needs, such as those of shelter, food, water, sanitation, health services and medication, are particularly common amongst *Møtestedet's* Roma guests.

Certainly, all of these conditions, as experienced by all of these migrants, have important implications for health, well-being, and dignity. Poor health is likely to result from a combination of the pre-existing health conditions that these migrants arrive in Norway with and those that they develop in Norway due to a presence of health-compromising life conditions, such as living outdoors during the cold winter months and working under exploitative circumstances, and a lack of health-promoting factors, such as an absence of preventative and basic health care and inadequate nutrition and sanitation. The *Health Center*, *Nadheim*, and *Møtestedet* also all experience that poor mental health is common amongst their service users, both in relation to the traumatic and difficult circumstances of their pasts and as closely linked to the extreme stress, insecurity, and fear experienced while living under and struggling to survive such difficult life conditions in Norway. Thus, pre-existing

health conditions are often exacerbated by these difficult life conditions in Norway and new health problems develop and quickly worsen.

Well-being, if considered in relation to happiness, security, and life quality, is clearly compromised by life circumstances that demand such an intense focus on simply surviving from day to day and the manners in which these exclusionary life conditions and basic needs deprivations limit spaces of participation, contribution and social engagement, provide few opportunities for choice or achievement, complicate relationships, create situations of unhealthy social dependency, and might impact feelings of self-worth, autonomy, and dignity are also important to consider.

Furthermore, many of these migrants experience an uncomfortable and potentially exploitative dependency on social networks and often feel that they are unable to fulfill their parental, familial, or social roles and obligations. It is also important to consider that being forced to accept degrading or exploitative work arrangements in the unregulated sector as one's only means of survival or exchanging sexual services for the shelter, basic needs, and protection that the state refuses to provide is likely to affect one's sense of self-worth and dignity, as is being denied the rights, opportunities, and life quality standards that are guaranteed to others and experiencing conditions of such severe deprivation and hardship within the borders of a wealthy nation that otherwise champions human rights and prides itself on providing a high standard of life quality to all.

Discrimination, Criminalization, and Social Exclusion

There are also important realities of discrimination that contribute to the exclusionary life conditions experienced by these migrants, that impact their health, well-being and dignity, and that thus warrant attention here. As is evidenced in the media and experienced by *Møtestedet*, *Nadheim* and the *Health Center*, the migrants who fall within these categories are widely stereotyped, stigmatized, and discriminated against throughout Norwegian society. These realities of discrimination tend to intersect with various dimensions of criminality, as simply occupying these irregular migrant categories tends to entail a certain amount of illegality and due to the common, discriminatory perception of these migrants as criminals. Furthermore, these migrants are often victims of criminal acts themselves but have few possibilities for seeking help or justice. Thus, for these migrants, the police and other public security figures are often experienced as sources of fear and harassment rather than protection and justice, and service providers as arenas of exclusion rather than help. Such discriminatory conditions, as well as their intersections with notions of criminality, create and perpetuate conditions of exclusion and have important consequences for health, well-being, and dignity.

Møtestedet's Roma guests, for example, describe the ridicule and harassment that they experience in Norway. They explain that, while begging in the streets of Oslo, they are spit upon and called names, that their children's photos are torn to pieces, and that persons passing by set fire to their begging cups and knock them over or fill them with trash. Roma women typically avoid begging at night and when intoxicated persons are around in an effort to evade sexual harassment. And, in the Norwegian media, notions of the Roma as dirty and

unsanitary circulate and there exists a degrading preoccupation with their excrement and where and how they relieve themselves. They are also accused, on entirely unfounded bases, of grilling and eating of animals like dogs, rats and pigeons, and Roma migrants are generalized and inaccurately portrayed as a criminally organized group with vague but nonetheless taken for granted links to illegal acts of stealing and pick-pocketing.

Møtestedet's Roma guests also feel that they are subject to discrimination and harassment from the police, and they provide the fines that they receive for things like begging in improper ways as evidence. They further explain that the police sometimes destroy or confiscate their belongings when prohibiting them from sleeping in public places at night and that security guards often forbid them from collecting recyclable bottles from public waste bins or confiscate the bottles that they have already collected. When *Møtestedet*, on one occasion, accompanied a Roma service user to the central train station to confront the security guards about this situation, the Roma migrant was too frightened to enter the station or confront the guards. When *Møtestedet* did so alone, the security guards admitted that they do not have the legal right to prohibit Roma migrants from collecting bottles from the waste bins and that they had done so without legal justification.

Møtestedet's Roma guests also report experiencing illegal forms of exclusion and discrimination from local establishments, like, for example, when restaurants refuse paying Roma customers the right to use their bathrooms and stores deny the Roma the right to recycle their bottles at their recycling stations. And, some of the local service providers for persons on the streets tend to exclude the Roma, by, for example, making decisions to re-define their target groups and making their services accessible to only Norwegian speakers, Oslo residents, or drug users. They then justify their exclusion of the Roma on the grounds that they lack proof of residency in Oslo, that they cannot speak Norwegian, and/or that they are difficult to integrate with other groups because they lack proper etiquette.

Møtestedet also experiences that Roma migrants are, in contrast to the media's portrayal and the public's perception of them as criminals, particularly vulnerable to violence and other criminal acts. But, they lack fair means for seeking justice and are often told that, because they are Roma, no one will believe them. For example, *Møtestedet* is currently involved in a situation in which a Roma migrant, upon arriving in tears at *Møtestedet*, explained that he was violently attacked by local security guards who then, on the way to the police station, informed him that they would tell the police that he had attacked them first and that the police would never believe him, as a Roma person, over them. When *Møtestedet* accompanied this man to the police to report the incident, the police were reluctant to assist and suggested that they should simply write a note in the log. Upon accompanying this man to the emergency health services and learning that he had experienced serious skull injuries, *Møtestedet* assisted him in filing a report with the police, despite their suggestion otherwise. In these ways, the police and other public security officials become, rather than the sources of protection, safety, and justice that they should be for all, sources of harassment, fear, and injustice for the Roma.

Thus, Roma migrants face certain discrimination throughout Norwegian society and, ironically, discrimination that parallels the discrimination that the Norwegian government is quick to recognize and condemn in Romania. They are described in humiliating ways in the media and treated with hatred and disgust by the public. And, because they experience harassment and discrimination at the hands of service providers, security guards, and the police, they have few places or persons to turn to for help when victimized themselves and are generally unable to defend themselves against the injustice that they experience in Norway. They are, furthermore, forced to walk a fine line between legality and illegality, as they are routinely perceived as earning money in the wrong ways, sleeping in the wrong places and, in general, living and surviving in problematic manners.

Nigerian women engaged in prostitution, commonly referred to as “whores” in the Norwegian media, also experience a fair amount of public ridicule and discrimination. (“Whore” is normally not considered an acceptable term when referring, in Norwegian discourse, to women involved in prostitution.) They are typically highly visible, both because the media often exposes images of them that can be easily recognized by others and because stereotypical associations of women from certain countries – Nigeria, in particular, and some of the Eastern European countries as well – with prostitution are prevalent throughout Norwegian society. *Nadheim* service users report being yelled at and called degrading names while present on the streets, and they are also subject to violence and aggressive intimidation. For example, a group of Nigerian women was recently pelted with eggs in central Oslo. Local establishments also discriminate against these women, like, for example, when bars refuse them entry or when hotels deny them the right to purchase vacant rooms under false claims that there are no vacancies.

Similar to the situation of Roma migrants and, as will be discussed, undocumented migrants, these women find themselves in complicated borderlands between legality and criminality as well, like, for example, when they are unable to demonstrate subsistence proof for the police or when they are asked about where they reside but are unable to provide information about their living arrangements for fear of jeopardizing others who stay with them. Like Roma migrants, they are vulnerable to crime and are often victims of crimes such as violence and rape, but, because they fear and experience poor treatment and accusations of incredibility from the police, they rarely report these crimes.

In principle, however, trafficking victims have an option that Roma and undocumented migrants do not – namely, the possibility of being recognized as suspected trafficking victims and, on these grounds, receiving certain rights entitlements, service access, and the altered social classification and recognition that accompanies the status shift from prostitute to victim. Yet, many of these women are unaware of this possibility, are prevented from utilizing it because they are so strictly controlled by their traffickers, or have already been previously granted a reflection period and have thus “used up” their rights.

Furthermore, while claiming victim status and thereby excusing or absolving oneself of the shame otherwise associated with prostitution is easily regarded, within the Norwegian system, as the proper route to re-claiming dignity, many of these women do not, themselves,

identify as victims. Rather, they often, as was mentioned previously and as will be further discussed shortly, relate to their trafficking situation as something that they, themselves, consciously and autonomously chose and to their traffickers as persons – and often women who were formerly in situations of forced prostitution themselves – who have simply done what was necessary to help them migrate to Europe. Thus, we might want to question what kind of a negotiation is demanded of trafficked women who wish to access rights and services, be relieved of the discrimination associated with prostitution, and be recognized as dignified persons in Norway. To do so, these women may have to abandon the previously described surface story established in their family and village and to which their social standing may be intimately connected, and they thus risk compromising their own sense of dignity and self-identification.

Finally, undocumented migrants and the *Health Center's* patients also encounter discrimination in Norway. They are criminalized by the public and media, have few options for meeting their needs in legal ways, live in constant fear of discovery and the police, and are excluded by the majority of local service providers. They also experience illegal forms of exclusionary discrimination and are refused services that they are legally entitled to. Consider, for example, two *Health Center* patients who were refused initial consultations at the emergency health services despite the fact that all persons, regardless of residency status, are legally entitled to initial consultations and an assessment of potentially acute health need. When they do experience injustice, such as when they are denied the possibility of exercising their rights or when they are exploited in the unregulated labor market, undocumented migrants experience limited ability to defend their rights or seek justice.

Thus, as has been discussed here, all of these migrant groups experience important forms of exclusionary discrimination. This discrimination often intersects with criminalization in important ways and contributes to the rights and service restrictions that directly impact these migrants' health. It also, as has been discussed here, has important implications for matters of well-being and dignity, such as, for example, when trafficking victims are forced to negotiate contradictory logics of dignity and compromise their self-definitions for the sake of classifying themselves in manners that secure rights, services, and social status within the Norwegian system. And, when discriminated against, illegally excluded, or victimized by others, all of these migrant groups have little ability to insist upon their rights or seek justice, are deprived of inclusion by the majority of local service providers, and relate to the police and other public security officials with fear and mistrust.

Unpredictability, Marginality, and Liminality

Finally, when referring to shared conditions of exclusion, we also refer to the limited control and unpredictability that these migrants commonly experience throughout their lives in Norway, as well as to the unique and fractured ways in which they experience time. Such situations have important effects on health, well-being and dignity, and they tend to compromise autonomy and decrease opportunities for choice in the present moment while also depriving these migrants of meaningful future timelines.

Undocumented migrants, for example, often leave behind dangerous, life-threatening situations and invest everything – all of their efforts and hopes – into their asylum applications and attempts to establish new lives in Norway. They commit themselves, as is demanded by the asylum system and regardless of how difficult doing so is or what the implications for their feelings of self-worth and dignity might be, to occupying victim positions, exposing their most vulnerable of moments and frightening of encounters to the authorities, and asking for protection. When they are denied protection, either because they are disbelieved or disqualified due to false or missing documents or fragmented and incompatible stories, or because their protection needs are assessed as unfounded or within the scope of what their home countries could provide, these migrants are personally and socially discounted and left without many options. Though the Norwegian government regards all undocumented migrants as capable of voluntary return, few migrants themselves actually experience this to be the case. Many fear for their lives in their home countries and many are stateless as well – they have either been born in a territory that has never recognized their residency, like Iranian Kurds born in Iraq, are no longer recognized as legal inhabitants in their geographic home locations, such as Palestinians from formerly Palestinian and currently Israeli territories, or have lost their residency permission in countries of former residency due to having lived outside of the country for a certain length of time. Thus, they typically perceive themselves to be without opportunities for safe return at the same time that they are without possibilities for legal protection or residency in Norway and, due to the Dublin Regulation, without options for seeking legal residency via asylum in many other European countries.²⁹

They thus become victims of the system and are effectively demobilized and subjected to a perpetual period of limbo, simultaneously existent within the Norwegian nation state borders and excluded from the Norwegian society. The hopes and aspirations that they had arrived with in Norway are shattered and whatever commitments they had made to establishing lives and engagements within the Norwegian society become, regardless of how dignified or noble they had been, meaningless. They are deemed unworthy and undeserving of social recognition or inclusion despite their efforts to live in the most respectable and dignified ways possible – despite, for example, their commitments to learning Norwegian, their attempts to embrace Norwegian culture, and their aspirations to study, work and contribute to the Norwegian society in meaningful ways. They thus live from day to day, without alternatives and with declining hope. They are deprived of the ability to plan for the future and are confined to precarious situations of permanent insecurity and immobility. In this way, they are forced to step out of time – out of a personal and social history – and into a situation of suspended biographical time and a potentially perpetual state of limbo. This situation is accentuated by the fact that, while being present in the country, they belong to no clearly defined social space, neither here nor there. Thus, they are caught betwixt and between, in a state of liminality, both temporally and spatially.

Victims of human trafficking also tend to experience a certain amount of unpredictability and lack of control, and they are also subject to what we are describing here as fragmented time situations. Victims of human trafficking are, by definition, controlled by

their traffickers via debt and by means of manipulation and threats. For example, *Nadheim's* East European trafficking victims are typically controlled via violent threats against themselves and their families and *Nadheim's* Nigerian victims are routinely engaged in pre-migration rituals in which promises are made to repay the travel debt and contracts of simultaneously financial, social, and spiritual natures established. None of these victims, however, are typically able to fully comprehend the debt amount or circumstances under which they will repay it, nor do they usually have ways of controlling or tracking this debt themselves. Thus, they often experience that their debt persists as long as they are young and attractive enough to engage in prostitution.

Furthermore, victims of human trafficking, unlike the undocumented migrants suspended in a state of limbo, can be regarded as possessing certain timelines, even though these timelines do not necessarily entail satisfactory options or life qualities. For example, *Nadheim's* service users seldom gain asylum and are left to choose between future trajectories that involve travelling to other European countries, returning to their homelands, gaining legal residency in Norway by marrying Norwegian men, or remaining in Norway as undocumented migrants. Importantly, many have children at home and, despite plans to travel only temporarily, have been forced to remain away for much longer than intended. Over the time spent in Norway and within trafficking situations, they lose important time with their children and experience the sadness, stress, and guilt associated with this. *Nadheim*, for example, often witnesses the conversations, tears, and painful interactions that take place between trafficking victims in Norway and their children at home.

Roma migrants, on the other hand, might experience future trajectories that are more dependable than those of both trafficking victims and undocumented migrants alike due to the fact that they tend to maintain patterns of movement between situations of temporary migration and residency at home. They, however, may not regard the options available to them as particularly satisfactory and *Møtestedet* has reason to believe that many Roma migrants have resigned themselves to the realities of a marginalized life with severely limited potential, though hope that their children and grandchildren may experience a wider range of options. Roma migrants also experience a great deal of unpredictability during their stays in Norway, and this is very much related to arbitrary implementations of regulations.

Furthermore, lack of control might also be understood as closely linked to incongruence between the information presupposed by regulatory institutions and the knowledge upon which people build. For example, many of these migrants are exposed to rumors and inaccurate information about the opportunities available to them in Norway and, as will be discussed shortly, many service providers are unfamiliar with or have insufficient knowledge of the actual regulations. *Nadheim's* Nigerian trafficking victims, for example, are often exposed to inaccurate rumors about the possibilities for receiving permanent residency in Norway and undocumented migrants, and particularly those who have not been through the asylum system, often lack important information about migration policies and procedures. Even those who have been through the asylum system lack access to information in languages other than Norwegian and experience great variation in the extent and quality of

legal representation and assistance that they receive.³⁰ Without adequate information, all of these migrants are prevented from successfully negotiating the Norwegian system, experience decreased ability to make proactive and informed choices, and might struggle to direct their lives in potentially less problematic ways.

Finally, the *Health Center, Nadheim*, and *Møtstedet* all have reason to believe that well-being and control decrease as length of stay in Norway increases. This relates to the fact that the conditions of exclusion experienced by victims of trafficking, undocumented migrants, and the Roma often create and exacerbate health problems and render these migrants, over the course of time, increasingly less capable of recognizing or assessing the range of options available to them and less likely to negotiate their lives in productive ways.

Thus, throughout this entire report section, it has been made clear that these migrants all share important conditions of exclusion and irregular life circumstances in Norway and that these exclusionary life conditions typically manifest in the form of poverty and basic needs deprivations, discrimination, criminalization and social exclusion, and unpredictability, marginality, and spatial-temporal liminality. These phenomena all have important consequences for health, well-being and dignity, whether considered in relation to the ways in which these migrants are denied health care beyond acute need in the present moment or in terms of the manners in which they are deprived of the ability to maintain autonomy and control over their lives, to live with a certain amount of security or predictability, or to aspire to real and desirable futures. Certainly, the reality that these migrants, due to their irregular migration status in Norway, possess limited rights to begin with contributes substantially to this exclusion. But, what also becomes clear when we take a closer look at these situations are the ways in which shortcomings in governance perpetuate these exclusionary life conditions and further compromise the health, well-being, and dignity of undocumented migrants, victims of human trafficking, and Roma migrants. This matter, specifically, will thus constitute the next and final topic of this report.

Governance Shortcomings and Consequences for Health, Well-Being, and Dignity

When we speak about systems of governance, we refer to the national, transnational, and global systems of legislation that regulate the movement of people across nation state borders and attribute rights and deliver services to the populations within them. Here, we are particularly concerned with shortcomings in governance as related to the irregularization of these migrant groups, the role that these shortcomings play in producing and maintaining exclusionary life conditions, and the ways that they impact health, well-being, and dignity. In our experience, the most salient ways in which these governance shortcomings manifest are as follows: legal entitlements that fail to translate into practice and the situation of empty rights that is produced, spaces of legal ambiguity and exclusionary specificity that result in an arbitrary distribution of services and compromised service provision, and the discrepancies

that exist between governance systems which, when combined with efforts towards limiting migration and harmonizing restrictive policies in the European Union, results in a displacement of responsibility for ensuring the rights and needs of irregular migrants. These governance shortcomings and their consequences will be explored in what follows.

Legal Entitlements that Fail to Materialize

One of the most prominent ways in which we relate our experiences and the experiences of our service users to matters of governance shortcomings is with regard to legal entitlements that fail to translate into practice or correspond with Norwegian realities of service organization and provision. An important consequence of this governance shortcoming is that the rights that undocumented migrants, victims of human trafficking, and Roma migrants possess are rendered un-exercisable and emptied of value and that the services provided to these groups are compromised.

One of the ways in which we have previously referred to this process is with regard to the exclusionary organization of services in the Norwegian welfare state. What we attempt to articulate here are the ways in which the social welfare state structure and its organization of services excludes certain migrants within these irregular groups, preventing them from exercising their formal legal entitlements and creating a situation of “empty” and un-exercisable rights. This relates to the manner in which all service systems in Norway are interlinked and dependent upon an initial entry via the population registry and, as described previously, the reality that, though certain migrants do have legal rights and service entitlements in Norway, they are often, due to this organization of services, prevented from exercising their rights or accessing services.

This is the case, as was previously described, for victims of trafficking who are in a reflection period but are unable to present the identity documents necessary for enrollment in the population registry. It is also the case for undocumented children who are, by law, entitled to “approximately the same” health rights as Norwegian children but who, because they lack enrollment in the population registry do not, in reality, tend to benefit from this right as much as they should and cannot, as long as they are excluded from the primary health care system (“*fastlege*”), be said to experience health rights “approximately equivalent” to those of Norwegian children.³¹ This interlinked organization of services and entry via the population registry thus results in an exclusionary domino effect and a common condition of empty, un-exercisable rights amongst these migrants.

This situation of empty rights also relates to the ways in which discrimination prevents certain irregular migrants from exercising or utilizing their rights, such as Roma migrants whose right to seek employment is rendered empty in the discriminatory Norwegian labor market. And, it also relates to the government’s failure to enact the provisions necessary to ensure that legal rights entitlements translate properly into practice. Consider how undocumented migrants, for example, are entitled to emergency health care and “essential health care that cannot wait”, but, at the same time, are excluded from the national insurance scheme and expected to assume the full treatment costs themselves. In reality, most

undocumented migrants are unable to cover such costs. Because the government does not reimburse the health personnel or institutions that provide emergency and necessary treatment to non-paying undocumented migrants, this creates a general disincentive for providing the health services that undocumented migrants are otherwise legally entitled to.

The government has also failed to ensure that its laws are known and understood by health personnel and a great deal of confusion regarding the legality or illegality of providing health care to irregular migrants thus exists amongst health personnel and service providers, many of whom are entirely unaware of the current legislation regarding these matters. Take, for example, the case of an undocumented *Health Center* patient who was, when eight weeks pregnant and despite clear legal entitlements to abortion within the first 12 weeks of pregnancy, denied an abortion on the grounds that she lacked legal residency and could not pay for the procedure in advance. Luckily, this patient informed the *Health Center* of her situation and the *Health Center* was able to secure the procedure at a different hospital. Also, recall the *Health Center* patients referred to previously who were denied, despite their legal right to an initial consultation and evaluation of potential acute health need, the opportunity to speak with the registration and assessment nurse at the emergency health services.³²

Finally, these situations also entail a consideration of the ways in which the welfare state structure and its assumed inclusiveness has resulted in a less-developed informal and non-governmental sector compared to that which we see in other countries. And, we might ask whether service providers in Norway have become accustomed to taking the benevolence and inclusiveness of the welfare state for granted, making them less likely to recognize, question, or oppose contemporary manifestations of exclusion.

Spaces of Legal Ambiguity and Exclusionary Specificity

When we refer to spaces of legal ambiguity and exclusionary specificity, we refer to the spaces beyond, within, and between legal categories and regulations in which the ambiguity of the law might result in an arbitrary distribution of services, for which the specificity of regulatory provisions might fail to account, and in which informal or alternative arrangements might be more important than the legal entitlements or restrictions themselves.

One of the most obvious manifestations of ambiguity and arbitrary service distribution relates to the health rights of undocumented migrants. In Norway, undocumented migrants' rights to health care are predominantly regulated by the 1999 Act on Patient Rights (*Pasientrettighetsloven*), which grants undocumented migrants the right to emergency health care (“*øyeblikkelig hjelp*”), and its recent 2011 provisions, which increase undocumented migrants' health rights to include “health care that is essential and cannot wait” (“*helsehjelp som er helt nødvendig og som ikke kan vente*”). Additionally, and as mentioned previously, certain persons – such as children, pregnant women, and persons with contagious diseases – are entitled to additional health rights.³³

There is, however, and as evidenced by *Health Center* referrals of patients with acute health needs, some of which were accepted by the specialty health services and some of

which were rejected, a certain amount of ambiguity invoked by this legislation and a lack of clarity about what, specifically, constitutes emergency and “essential health care that cannot wait”, and about what the distinction between the two might be. This is an ambiguity that provides opportunities for both inclusion and exclusion and, importantly, there is a discernible pattern throughout *Health Center* referrals. Specifically, patients who are referred on the basis of acute physical health needs often receive treatment from the specialty health services whereas patients referred on the basis of acute mental health needs almost never do.

Primarily, this relates to the fact that the *Health Center* has established a written agreement with one particular hospital for the provision of specialty treatment for *Health Center* patients and that this hospital, not un-coincidentally, handles the vast majority of the physical health referrals. This is thus an important space of arbitrary inclusion and an example of the ways in which informal or alternative arrangements might be more important than legal entitlements or restrictions. At the same time, the *Health Center* lacks such an arrangement with the specialty mental health services. Additionally, we suspect that certain health domains, such as that of mental health, might be positioned even more problematically with regard to the legal provisions and perhaps warrant attention in their own right.

A review of the *Health Center*’s psychiatric referral rejections, for example, reveals that these rejections are typically justified in terms of a lack of acute treatment need and the fact that patients without legal residency in Norway are not entitled to specialty health services beyond this. That which constitutes acute psychiatric need, however, is not at all clear. While it seems that acute psychiatric need is, or at least should be, assessed in accordance with danger to oneself or others, there is no standard for doing so and the extent to and conditions under which suicidal ideation is considered acute vary significantly.

For example, some rejections specify that, even though the referred patients suffer from psychiatric illnesses, such as post-traumatic stress disorder and depression, and are considered suicidal, because they do not present concrete suicide plans, their health needs are not considered acute. The health center has even received one rejection that fully explains the severity of the patient’s psychiatric instability, the fact that the patient is suicidal and has planned how to commit suicide, and the patient’s motivation and intention. But, because it is not clear that the intention is immediate, the situation is not considered acute. Furthermore, despite the fact that undocumented patients who are assessed as acutely suicidal are entitled to treatment from an acute psychiatric ward, the treatment that they are offered varies considerably. Often, at the point of acute psychiatric ward discharge, these patients are discharged without further treatment or follow-up plans despite the reality that it is quite unlikely that a transition from acute suicidality to psychiatric stability occurs in such a short amount of time.

Based on these rejections, we have no reason to believe that the distinction between emergency health care and “essential health care that cannot wait” has any clear meaning with regard to the assessment of psychiatric referrals. And, as is confirmed by many *Health Center* doctors, this distinction does not correspond to any medially established practice or mode of assessment and lacks relevance for physical health problems as well. This relates to

the fact that medical systems are made to collaborate and that isolating acute care from preventative and follow-up care is, from a medical perspective, practically impossible. Thus, in the case of undocumented migrants, Roma migrants, and victims of trafficking who have only acute health care rights, routine health problems that could have been managed immediately and non-invasively become treatable only when they worsen to the state of emergency and the ability to receive proper treatment for acute health needs is complicated by the fact that acute care often requires, both medically and ethically, proper follow-up and rehabilitation, both of which these patients are denied. Consider, for example, one *Health Center* patient who recently received emergency treatment following an accident. Upon completion of the emergency treatment, he required follow-up health care and monitoring, pain management and medications, and physical therapy, without which he would become severely disabled. But, he was discharged with only a prescription for medication that he could not afford and without access to follow-up health care or rehabilitation.

Another legislative matter that creates ambiguity is the suggestion that “essential health care that cannot wait” be assessed in accordance with a two to three week time frame.³⁴ Such legislation situates health personnel in a complicated position of treating irregular migrants based on, not only matters of health as their code of ethics would demand, but in accordance with an assessment of immigration status and time frames, as well.³⁵ Given the reality that few undocumented migrants will leave the country within two to three weeks, this legislation is entirely irrelevant to the service provision practices of health personnel, to the reality of the health and migration situation, and, perhaps most importantly, to the health needs of these migrants. This accentuates a conflict between legal provisions and health professionals’ code of ethics, in addition to compromising the health of these migrants. We are aware of cases in which, with reference to immigration status and time frames, radically more invasive procedures (amputation, for example) have been recommended and treatment that is not in accordance with the best standards available provided.

Finally, the specificity of the law often results in a series of “black and white,” or seemingly clear-cut and distinct, categorizations and understandings that render all that which exceeds these circumscribed categories to unrecognized “gray zones”. In these ways, the law fails to correspond with the actual experiences or needs of the persons who, legally, fall within its categories or to account for the very relevant experiences of the persons who fall just beyond. For example, recall how *Nadheim* experiences that many trafficking victims do not recognize themselves as such or regard their traffickers as criminals. Rather, and as explained previously, many trafficking victims, and particularly those from Nigeria, understand themselves as having made conscious and autonomous choices to enter into these arrangements – a rationale than can be traced back to the pre-trafficking “surface story” introduced by the traffickers and endorsed by the families, as well as to the reality that these women typically experience tremendous pressures to migrate but have few opportunities for doing so – and relate to their traffickers as persons, often boyfriends in the case of East European victims and formerly trafficked women who were previously engaged in forced prostitution themselves in the case of Nigerian victims, who have helped them migrate.

Trafficking victims therefore may not necessarily see themselves as such. Indeed, when they are expected to assume victim status, this is perceived as potentially compromising the network upon which they depend, incriminating persons who they relate to in intimate ways, and disregarding the important social dimensions of their migration arrangements as related to, for instance, the expectation that they help their families. Thus, there are contradictory logics of dignity at play. The law and the helping programs that it creates operate upon an understanding that a reflection period in which one is provided with basic material needs and temporary rights provides a meaningful space for recovery and reflection and that voluntary return and rehabilitation supply the foundations for re-establishing a decent life. Trafficking victims, however, experience the reflection period as an undignified period of internment that disregards their needs and exacerbates their vulnerability and, as many of *Nadheim's* Nigerian service users suggest, would rather return home in handcuffs than voluntarily and without money for their families or anything to show for their time spent in Europe.

Yet, there is no space within the law for accommodating these types of complexities and the law's two primary goals – to help the victims and punish the traffickers – appear to be at odds with one another. Moreover, in these cases, the law fails to correspond to the global realities of poverty that drive migration-based exploitation, to the gendered nature of trafficking that exploits the limited migration potential experienced by poor women around the world, and to the complexities of the trafficking industry and the networks upon which it depends. Because the law operates upon a naïve and incomplete understanding of the trafficking phenomenon and in accordance with black and white distinctions – such as those that it establishes between legality and criminality, victims and perpetrators, and choice and control – it renders everything in excess of these categories to un-recognized “gray zones” and fails to accommodate victim experiences or meet victim needs.

Furthermore, at that same time that the law fails to correspond to the experiences of those who legally fall within its categories, it also fails to account for the very relevant experiences of those who fall beyond. Consider, for example, the Mongolian *Health Center* patients and economically motivated migrants who often travel to Norway via purchased package deals that bind them to organized labor arrangements and the Roma migrants who, as *Møtestedet* and *Nadheim* have reason to believe, are sometimes subject to organized and controlled migration and work arrangements and who often acquire debt as a necessary means of travel to or survival in Norway – both groups of migrants who are not, despite these circumstances, typically understood to be victims of trafficking.

Roma migrants, like newlywed women with newborn babies, for example, might face pressure from elders to travel for the sake of the family. In order to purchase the bus fare from Romania to Norway, Roma migrants might have to borrow money from the local village and, upon arrival in Norway, might be forced to enter into costly arrangements or incur debt for the sake of meeting basic needs. For example, *Møtestedet* is aware of the fact that certain migrants earn money to support themselves and their families by exploiting the lack of information and poor understanding of the Norwegian system that exists amongst

other Roma migrants. A Roma migrant who is familiar with *Møtestedet* might, for example, offer to escort a newly arrived Roma migrant in desperate need of warmth and food to *Møtestedet* for a base fee. Additional fees will then be added if the newly arrived migrant receives, in addition to the warmth and food initially promised, a sleeping bag or jacket, for example, from *Møtestedet* as well.

Other Roma migrants may find themselves in simultaneously victimized and criminalized positions when, for example, they experience threats from persons in Romania who are still awaiting repayment for the initial bus fare, like one *Møtestedet* guest whose family's home in Romania was burned down when he failed to repay his travel debt upon arrival in Norway. Such migrants might thus be coerced into illegal situations of, for example, selling drugs or connecting persons who want to buy sex with persons who are selling sex, for the sake paying the debt and supporting or protecting their families at home.

Therefore, regardless of the circumstances, what becomes clear is that all of these persons are indeed victims of global realities of poverty and the systems of exploitation that result. They thus have compelling concerns and needs at the same time that they have limited options for resolution, and this combination results in nuanced situations of simultaneous criminality, vulnerability, and victimization.³⁶ Thus, at that same time that the law fails to correspond to the experiences of those who legally fall within its categorizations, its specificity also fails to account for the very relevant experiences of those who fall beyond. In the following section, we will build upon these observations, considering, in particular, the discrepancies that exist between various systems of national, transnational, and global governance and the manners in which these governance systems may interact in ways that further victimize vulnerable migrants.

Discrepant Systems of Governance and the Harmonization of Restrictive Policies in the European Union

A consideration of legislation that fails to translate into practice was previously discussed with regard to the production of empty rights and further developed in relation to the ambiguities that surround certain laws and the arbitrary distribution of services and compromised service provisions that result. Similarly, the topic of contradictions and discrepancies was initiated in relation to the ways in which the law may not correspond with the realities of migrant experiences and needs or account for the relevant experiences of migrants who exceed its categorizations, and in terms of how the intentions of particular political agendas may be at odds with each other. Yet, just under the surface of all of these discussions lurks a more comprehensive analysis of national, transnational, and international governance and of the discrepancies that are produced when international conventions are ratified and adopted via national policy, when national policy is implemented in government action plans, and when action plans are translated into practice via government-funded helping programs. As will be shown, these transitions are not seamless and their inconsistencies sometimes result in governance intersections that further victimize vulnerable migrants. A discussion of this topic thus constitutes the final section of this report.

To begin, let us consider a relevant example from the human trafficking field. In 2004, the United Nations Office on Drugs and Crime issued the *United Nations Convention against Transnational Organized Crime* and its *Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children* (often referred to as the “*Palermo Protocol*”). In this convention and, particularly, in this protocol, the United Nations recognizes the transnational nature of the human trafficking industry and the need for a comprehensive approach to combating human trafficking that involves the countries of origin, transit and destination and emphasizes the importance of a simultaneous focus on prosecuting traffickers and protecting their victims. To ensure the latter – that victims are protected – individual nations are obliged to uphold the internationally recognized human rights of trafficking victims and are expected to implement measures for ensuring their “physical, psychological, and social recovery”. They are also encouraged to provide temporary or permanent residency to trafficking victims.³⁷

In 2005, the Council of Europe issued the *Council of Europe Convention on Action against Trafficking in Human Beings*, in which similar principles of prevention, prosecution, and victim protection are emphasized and further operationalized. Again, individual nations are expected to promote the “physical, psychological, and social recovery” of victims and a variety of measures regarding things like accommodation and subsistence, legal counsel, and psychological support are provided as components of what this entails. Furthermore, each individual nation is obliged to provide a period of “recovery and reflection” of at least 30 days and that can be considered sufficient for allowing the trafficking victim to escape from the trafficker, recover, and arrive at an informed decision as to whether she wishes to cooperate with the authorities in filing and pursuing a criminal case.

Norway has ratified both of these conventions and has established a government action plan that articulates a political agenda of both punishing traffickers and protecting victims and which includes provisions for a six month reflection period and certain rights accompaniments. But, in Norway, it is the Department of Justice and not, for example, the Department of Health that implements and regulates these provisions and, in the actual implementation of the action plan, a focus on prosecuting traffickers and penalizing customers emerges that, in practice, undermines the protection and health, well-being, and dignity of victims. This process of translating international conventions into national law, action plans, and helping programs thus has unintended consequences for victims, often creating new problems and exacerbating pre-existing vulnerabilities.

For example, the reflection period is, as intended by the United Nations and European Council’s conventions, required to uphold certain rights and provide a space for both reflection and recovery. Yet, as has been thoroughly described throughout this report, the rights granted to victims of trafficking under the reflection period in Norway are often rights that they cannot utilize in practice and provide entitlements to services that they cannot actually access. Furthermore, while their material needs are provided for, these provisions are, as described previously, often inadequate and involve contingencies that disregard individual health status, capabilities, and needs. The barriers to individualized services and

psychological treatment options are especially conspicuous given the emphasis on recovery that is found in the rationale for instituting a reflection period.

Thus, when attempting to discuss post-reflection period options with victims of trafficking under the reflection period, *Nadheim* experiences that, due to poor mental health and an inability to focus on anything beyond day-to-day survival, these women are unable to comprehend the legal foundations of their residency and rights or the reality that the reflection period will soon end. They are thus unable to “reflect” upon the decision of whether or not to cooperate with the authorities in filing and pursuing a criminal case.

The reflection period thereby functions, as experienced by *Nadheim* and *Nadheim’s* service users alike, as a period of internment rather than recovery or reflection. When it ends, the victim’s legal status depends entirely upon whether or not she files a report that the police choose to investigate and whether or not they consider her presence in the country necessary for the investigation. This is not an option for Nigerian victims of trafficking, as the Norwegian police do not, as a general rule, investigate Nigerian cases and typically justify this in terms of the complexity of the Nigerian trafficking situations – the fact that Nigerian victims may not call themselves victims or regard their traffickers as criminals, that their stories tend to be fragmented and inconsistent, and that the majority of the Nigerian trafficking arrangements take place beyond Norway’s borders. Thus, when the reflection period ends, these women become vulnerable to re-trafficking and may return to their traffickers and negotiate a new deal. Such a situation results in a double dependency for victims of trafficking – they are at the mercy of both the trafficker and the systems of legislation in Norway that do not, in practice, prioritize or meet victim needs and that therefore fail to uphold the foundational provisions of the international conventions that Norway has ratified.

Yet another example of the ways in which Norway relates to transnational and international levels of governance, and of the discrepancies that exist between the international, transnational and national governance systems, relates to the legislation that regulates the health and social service rights of undocumented migrants and the fact that, despite their lack of legal status within Norway’s nation state borders, undocumented migrants are legally entitled, under international conventions, to certain human rights in ratifying nation states.

It is important to recognize then, that Norway has indeed ratified both the 1950 European Convention on Human rights and the 1966 United Nations Covenant on Economic, Social, and Cultural Rights. And, in the 1999 Human Rights Act, Norway has granted such conventions precedence over national law.³⁸ As declared in these covenants, health is an irrefutable human right.³⁹ Furthermore, Article 1 of the European Convention on Human Rights compels each member state to protect the human rights of all migrants and Article 2 of the United Nations Covenant on Economic, Social, and Cultural Rights requires that such rights be upheld regardless of legal or national status.⁴⁰ Yet, and as has remained a consistent point throughout our entire report, legal rights provisions do not necessarily translate into practice and there have been few clear or lasting provisions for a systematic and thorough

implementation of such. Thus, despite both national *and* international attributions of certain human rights, irregular migrants experience little ability to actually exercise these rights.

Furthermore, governance systems actually intersect in manners that further victimize vulnerable migrants. For example, and as has been brought to *Nadheim's* attention, many traffickers register their victims as asylum seekers in certain countries subject to the Dublin Regulations of Norway, Iceland, and the European Union states.⁴¹ These regulations typically ensure that asylum applications are processed and assessed in the first country of registration, finger-printing, and/or entry. Yet, trafficking victims often become aware of these previous registrations only when applying for asylum in Norway, at which point they risk being sent back to the nation in which their trafficker has previously registered them. While exceptions can and sometimes are granted for human trafficking victims, it is not always the case that they are. Thus, traffickers successfully restrict and control victims' movement by exploiting this inconsistency. By failing to dependably accommodate trafficking victims, the transnational Dublin Regulations increase their vulnerability and further victimize them.

Finally, in addition to the discrepancies that exist between national, transnational, and international levels of governance and their consequences for vulnerable migrants, and though an analysis of migration politics is beyond the scope of this report, it is necessary to recognize that the functioning of a welfare state such as Norway depends upon principles of both inclusion and exclusion. Because few options for exclusion exist, limiting migration may be perceived as a vested national interest. At the same time, there exists a certain amount of international and transnational collaboration with regard to migration politics and, particularly, in terms of transnational principles of and efforts towards limiting migration and harmonizing restrictive policies in the European Union.

Specifically, our service providers recognize this harmonization discourse as present throughout regional and transnational engagements, the focus on restrictive policies that it entails, and the ways in which it often establishes a rhetoric of "not setting precedent" within Norway's borders. For example, the idea that ensuring rights and providing services in accordance with the most minimal of standards possible will discourage irregular migrants from travelling to or remaining in Norway has circulated throughout public discourse and apparently motivated legislation and its practical implementations. The importance of maintaining policies that are either equally restrictive or more restrictive than those of other European countries is thus established and the expectation that European nations uphold international rights conventions seems to contradict what we understand to be transnational forms of cooperation intended to limit rights and harmonize restrictive national policies throughout the European Union.

Ultimately, we suggest that this emphasis on harmonized policies of restriction, coupled with the discrepancies and inconsistencies that exist between various governance levels, results in a displacement of responsibility for ensuring that the rights of irregular migrants, however minimal they might be, are realized in practice. As previously explained, the migrants discussed in this report share pre-migration conditions of disadvantage and migrate with compelling needs and intentions of escaping conflict or improving their life

conditions – in other words, they operate according to a migration rationale that has motivated travel from poorer and conflict-ridden countries to wealthier, more peaceful countries throughout modern history. Yet, as just described, this migration trend is not easily welcomed by destination countries. It generates a certain amount of anxiety and motivates transnational forms of cooperation intended to limit migration and harmonize restrictive policies. Thus, considerable debate over the assignment and assumption of responsibility for irregular migrants persists. For these migrants, who are typically regarded as unjustified or undeserving in their pursuits, a rhetoric of choice is frequently invoked and they are often regarded as having chosen to come and as having the choice to leave.

Thus, while certain persons and institutions are responsible for denying these migrants rights and services, this appears to be done in accordance with an unstated, implicit moral understanding that these migrants should have these rights and access to these services, though elsewhere and ensured by others. The responsibility for ensuring the human rights of irregular migrants is thus avoided and passed on but, because there are no transnational or global systems in place to intervene and ensure these rights and services, no one assumes responsibility for doing so. Subsequently, irregular migrants are entitled to only minimal rights while in Norway and, similarly, though these rights are upheld by national policy, few safeguards for ensuring their realization exist and the responsibility for doing so is claimed fully by none. Thus, the rights guaranteed by means of international convention and those implemented via national legislation are compromised throughout shifting transnational, national, and sub-national delegations of responsibility and service provision, and irregular migrants are vulnerable to this on-going displacement of responsibility.

Thus, throughout this entire section, it has become clear that important governance shortcomings do exist in areas relevant to the health, well-being, and dignity of irregular migrants. These governance shortcomings intersect, overlap, and manifest in a variety of ways, amongst the most prominent of which are legal entitlements that fail to translate into practice and the situation of empty rights that is produced, spaces of legal ambiguity and exclusionary specificity that result in an arbitrary distribution of services and compromised service provision, and the discrepancies that exist between governance systems which, when combined with efforts towards limiting migration and harmonizing restrictive policies in the European Union, results in a displacement of responsibility for ensuring the rights and needs of irregular migrants. These governance shortcomings perpetuate the pre-migration vulnerabilities that these migrant groups tend to share, are intimately linked to and productive of the exclusionary life conditions that they experience in Norway, and, ultimately, have serious repercussions for the health, well-being, and dignity of undocumented migrants, human trafficking victims, and Roma migrants.

Conclusion

In conclusion, this report has presented a case study on three irregular migrant groups – undocumented migrants, victims of human trafficking, and poverty-driven Roma migrants.

These three migrant groups have been examined jointly and in relation to the driving migration forces, pre-migration conditions of vulnerability and disadvantage, and exclusionary life conditions in Norway that the otherwise diverse migrants within these groups have in common. We have also examined a variety of national, transnational, and global policies and governance processes, lending particular attention to the ways in which threats to the health, well-being and dignity of these migrants have common and apparent links to contemporary challenges within the judiciary and political processes involved in regulating, regularizing, and irregularizing the movement of people across borders and attributing rights and distributing services to the populations within them.

Specifically, and with regard to driving migration forces, we have described the ways in which all of these migrant groups share certain conditions of pre-migration vulnerability and disadvantage – pre-migration conditions that might entail poverty and basic needs deprivations, violence and persecution, poor health and disability, and limited opportunities for improvement of life conditions – and thus the reality that these migrants typically migrate for many of the same reasons that other migrants migrate. They flee from conflict-ridden areas with intentions of finding safety and protection, they leave behind poverty in search of work or income, they travel in the hopes of finding better educational or work opportunities than those available to them in their homelands, and they attempt to secure certain provisions for their families and children. Yet, despite their fairly typical migration motivations, upon arrival in Norway, these migrants meet a certain set of policies, procedures, legal categorizations, and exclusionary life conditions through which they become irregularized.

With regard to these exclusionary life conditions, we explained that such conditions of exclusion typically entail a lack of factors commonly understood as necessary preconditions for health, well-being and dignity and a presence of factors that are known to compromise health, well-being, and, potentially, dignity – namely, conditions of poverty, inability to work or pursue education, limited access to social and health services, lack of shelter, and other basic needs deprivations, such as lack of clean drinking water, toilet and bath facilities, and sufficient nutrition. We also considered the discrimination that these migrants encounter in Norway, the manner in which this discrimination intersects with notions of criminality, and the lack of options that irregular migrants have for seeking help or justice when victimized themselves. Finally, we described the precarious conditions, unpredictability, and limited control that these migrants commonly experience throughout their lives in Norway, the unique and fractured ways in which they experience time, and the ways in which this situation compromises autonomy, decreases opportunities for choice in the present moment, and deprives these migrants of meaningful future timelines.

We then considered, in the final report section, the ways in which a description of these exclusionary life conditions and situations of deprivation motivates an analysis of governance shortcomings. First, we described these governance shortcomings in terms of legal entitlements that fail to translate into practice, considering the ways in which the minimal rights that these irregular migrants are legally entitled to are often rendered “empty” of value and un-exercisable by the exclusionary organization of services in the Norwegian

welfare state, Norwegian realities of discrimination, and the government's failure to ensure that its laws are known and understood or to provide the foundations necessary for realizing these laws in practice. We explained that disincentives for ensuring the rights and providing the services otherwise legally guaranteed for irregular migrants are thus produced and questioned whether service providers in Norway might have become accustomed to taking the benevolence and inclusiveness of the Norwegian welfare state for granted, making them less likely to recognize, question, or oppose contemporary manifestations of exclusion and deprivation.

We then explored spaces of legal ambiguity and exclusionary specificity in which the ambiguity of the law might result in an arbitrary distribution of services, for which the specificity of regulatory provisions might fail to account, and in which informal or alternative arrangements might be more important than the legal entitlements or restrictions themselves. We described the ambiguity invoked by the legislation that regulates the health rights of irregular migrants, the spaces of both inclusion and exclusion that it creates, and the arbitrary service distributions and compromised service provisions that result. With regard to the latter, we suggested that this legislation directly contradicts the medical ethics of health professionals by demanding an evaluation of migration status and time, which may result in unnecessarily invasive procedures and the provision of sub-optimal treatment. We also explained that this legislation fails to correspond with the realities of health service provision because it requires an isolation of acute care in a medical system in which preventative, acute and follow-up care are interconnected. Perhaps most importantly, we suggested that this legislation fails to account for the reality of the health and migration situation of irregular migrants, neglects their health needs, and deprives them of access to basic standards of health and health care access. We also suggested that the specificity of the law produces a series of distinct categorizations of complex migration phenomena that fail to correspond with the actual experiences or needs of the persons who legally fall within its categories or to account for the very relevant experiences of those who fall just beyond.

Finally, we considered the discrepancies that exist between systems of international, transnational and national governance and the ways in which these systems might intersect in manners that further victimize vulnerable migrants. We also explored the apparent contradiction between national commitments to upholding international rights conventions and transnational forms of cooperation intended to limit rights and harmonize restrictive policies in the European Union, with particular attention to the ways in which this produces a situation of displaced responsibility for ensuring the rights and needs of irregular migrants, rendering them particularly vulnerable to shifting transnational, national, and sub-national delegations of responsibility and service provision, and to a situation in which, because there are no global or transnational systems in place to ensure the human rights or meet the needs of irregular migrants excluded from nation state protection, undocumented migrants, victims of human trafficking, and poverty-driven Roma migrants are vulnerable to an ongoing displacement of responsibility and to the human rights and basic needs deprivations that accompany it. Ultimately, this situation, together with exclusionary life conditions and

combined with pre-migration vulnerabilities, has important repercussions for the health, well-being, and dignity of irregular migrants.

It is thus that this report has responded to the request that the Oslo Church City Mission, via a case study situated within our accumulated experiences and knowledge, describe the manifestation of irregular migration in the Norwegian context, reflect upon the ways in which our experiences might motivate an analysis of governance systems and shortcomings, and explore the implications for the health, well-being and dignity of irregular migrants. Though we are not, based on this material and presentation alone, in a position to articulate global policy recommendations or suggest potential solutions, that which we have described is a situation of basic needs deprivations and severely compromised human rights. Thus, the need for resolution is urgent and, because this situation results from a complex collection of global, transnational, and national forces, it demands a response of global and transnational magnitude.

Endnotes

¹ Ottersen, Frenk, and Horton 2011

² Each of these migrant groups is described here in accordance with the formal definitions of these migration phenomena and the legal means by which persons are placed in these categories. Despite the fact that we utilize labels such as “undocumented” and “human trafficking victim” in this report, we do problematize these categories and the legal processes of irregularization that they are linked to.

³ Presently, only limited knowledge of the extent of undocumented migration in Norway exists. Though since debated, the only formal calculation of the number of undocumented migrants estimates the figure to have been approximately 18,000 as of January 2006. Of these 18,000, 12,325 were believed to be former asylum seekers and the rest, 5871, persons who had no history of asylum application (Zhang 2008).

⁴ The top ten nations from which these patients originate are Afghanistan, Mongolia, Ethiopia, Iran, Iraq, Somalia, Nigeria, Romania, Palestine, and Eritrea.

⁵ United Nations Office on Drugs and Crime 2012

⁶ Koordineringsenheten for Ofre for Menneskehandel 2011

⁷ As will be discussed, relatively few cases result in a court decision that establishes these persons as victims of human trafficking. Identification of *suspected* victims of human trafficking, however, is established merely by means of claiming to have had experiences that fall under the definition of human trafficking. Suspected victims of human trafficking are thus granted rights on these grounds.

⁸ European Union Agency for Fundamental Rights and the United Nations Development Program 2012

⁹ Zhang 2008

¹⁰ This is the case, not only in Norway, but throughout Europe and it is estimated that one in three women in Edo State’s capital, Benin City, receive offers of assisted travel to Europe. Though it is not entirely clear why Nigeria and, specifically, Edo State, are over-represented as trafficking breeding grounds, several theories have been suggested. Poverty, unemployment and difficult life conditions are not unique to Nigeria, but peacetime levels of violence, corruption and organized crime in Nigeria far exceed those of other African countries. Historical conditions and cultural dynamics, such as the disadvantaged state of women, the importance ascribed to wealth, status and material goods, and local slavery traditions, have also been suspected of contributing to this geographic concentration of trafficking. And, despite whatever origin this geographic trafficking concentration is attributed to, it prevails mainly due to the self-reinforcing and reproductive mechanisms of the trafficking

cycle. The “success” of trafficked women is prevalent and visible throughout Edo State, as the women and their traffickers send home remittances that are used to purchase property, homes, and luxury items. The idea that working abroad is the best way to escape the poverty of Nigeria and support one’s family in Nigeria is thus reinforced and perpetuated (Carling 2005).

¹¹ It is important to point out that Edo State is actually amongst the richest states in Nigeria and that Nigeria is one of the richest countries in Africa. This wealth is, nonetheless, not distributed equally, and poverty is thus common. And, as explained in the previous endnote, the fact that trafficking is so prevalent in Edo State likely results from a combination of factors, of which poverty is only one.

¹² Many Nigerians have also, in an attempt to escape the corruption and violence of Nigeria, applied for asylum in Europe, though few of these applications are ever approved (Carling 2005). Furthermore, the migration routes traveled by these trafficking victims are often difficult and dangerous, as many Nigerian women are trafficked over land and by foot across the Sahara Desert. This is a long journey and, when made with without adequate nutrition and fluid intake, is life-threatening. Typically, the Nigerian trafficking victims who *Nadheim* works with have first been trafficked to Italy or other European countries, where they have spent time engaged in forced prostitution before arriving in Norway. Italy, where there may be as many as 10,000 Nigerian women involved in prostitution, is the most common destination for Nigerian trafficking victims (Carling 2005).

¹³ Other Eastern European trafficking victims are relatively better off, with education and work qualifications, but are tricked into trafficking situations by, for example, fake modeling agencies, film production studios, and other fraudulent employment or study abroad agencies that take advantage of the dreams of a better life that often accompany the relative poverty experienced by these populations (Shelley 2010).

¹⁴ European Union Agency for Fundamental Rights and the United Nations Development Program 2012

¹⁵ According to the 2009 Act on Social Services in NAV, all persons living in Norway are entitled to social services (Arbeidsdepartementet 2009). However, according to the act provisions regarding the entitlements of persons without permanent residency in Norway, which went into effect in 2012, persons who are not residing legally in Norway do not have the right to individual services under this act, with the exception of information, advice, and guidance (Arbeidsdepartementet 2011). Acute emergencies are generally regarded as constituting exceptions to legal provisions, but there are no clear regulations for determining acute need for social services or addressing it. In an attempt to enact some form of emergency social services provisions, Oslo, for example, has established that all persons are legally entitled to emergency shelter at night when it is -10 degrees Celsius or below, with entry into these shelters being regulated by the emergency health services.

¹⁶ Helse- Og Omsorgsdepartementet 2010

¹⁷ Op.cit.

¹⁸ Op.cit.

¹⁹ Helse- Og Omsorgsdepartementet 1995 and 2010

²⁰ In the United Nations Convention against Transnational Organized Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, all member nations are encouraged to adopt national legislation that allows victims of trafficking to remain in their territory either temporarily or permanently (United Nations Office on Drugs and Crime 2004). In the Council of Europe Convention on Action against Trafficking in Human Beings, all member nations are obliged to provide a “recovery and reflection period” of at least 30 days for suspected victims of trafficking (Council of Europe 2005). Both conventions maintain that trafficking victims be entitled to housing, legal support and information, certain health and social services, and employment, educational, or training opportunities. Norway has ratified both conventions.

²¹ Arbeids- og Inkluderingsdepartementet 2006, Justis- og Politidepartementet 2006

²² Justis- og Politidepartementet 2006

²³ Arbeids- og Inkluderingsdepartementet 2006, 2008, and 2010

²⁴ Justis- og Politidepartementet 2006

²⁵ European Parliament and Council 2004

²⁶ Brattvåg 2007

²⁷ Politidirektoratet 2007

²⁸ Oslo Kommune, Byrådslederens Kontor 2012

²⁹ Council of the European Union 2003

³⁰ We might also keep in mind the fact that some migrants have been pursuing applications and appeals within the asylum system for many years, and that, for these migrants, a “lack of information” is not so much a matter of lacking knowledge of the actual policies and procedures, but, rather, is perhaps one of failing to understand, on a human or humanitarian level, what they perceive as bureaucratic injustice.

³¹ Helse- Og Omsorgsdepartementet 2010

³² The Health Center did, in both of these cases, appeal the initial rejections. In both cases, the Health center received an apology and promise of changed procedures. Nonetheless, this does not change the unsettling reality that these patients were denied access to the rights that they are entitled to. The abortion patient would have, had she not been in contact with the *Health Center*, been forced to carry her unwanted pregnancy to term or, even worse, attempt abortion on her own. The patients with potential acute need received no attention, even when it could have been warranted and necessary.

³³ Helse- Og Omsorgsdepartementet 1995, 1999, and 2010

³⁴ Helse- Og Omsorgsdepartementet 2010

³⁵ Prioritization guidelines, in which various illnesses and diagnoses are described with reference to the time frame within which they should be treated, do exist. Though there are no prioritization guidelines for the law concerning the health rights of undocumented migrants, those which already exist for all patients should be relevant for undocumented migrants, as well, in that they specify which medical conditions should be treated within two to three weeks. There are no attempts within psychiatry to establish any regulations for evaluating what constitutes psychiatric health care that cannot wait, as far as we are aware of.

³⁶ Our intention here has been to consider the ways in which there are important parallels between the situation of certain migrants, like economically-motivated Mongolian or Roma migrants and those migrants who are considered to be victims of trafficking, and the similar dimensions of control, exploitation, criminality, and victimization at play. However, there are many examples of the ways in which the media exploits the idea of organization amongst the Roma by suggesting that what Roma migrants experience to be the important familial and social networks upon which they depend for survival are actually highly successful, organized begging or stealing networks that the public should be wary of. And, there are several examples of the ways in which the idea of trafficking of Roma migrants is exploited by politicians who, in an effort to restrict the migration of Roma migrants by, for example, outlawing begging, justify their proposals on the basis of fighting crime and opposing human trafficking. Thus, *Møtestedet* and others who work in the field are hesitant to promote the idea of “organization” or potential “trafficking” amongst the Roma for these reasons and we do not, by suggesting that certain Roma migrants may find themselves in potentially trafficked situations or situations that share similar dimensions of control, exploitation or organization with trafficking, wish to contribute to a discriminatory rhetoric of exclusion, to proposals for further criminalization of the Roma’s means of survival, or to the perpetuation of unjustified notions of criminal organization amongst Roma migrants.

³⁷ United Nations Office on Drugs and Crime 2004

³⁸ Justis- og Beredskapsdepartementet 1999

³⁹ Council of Europe 1950, United Nations General Assembly 1966

⁴⁰ Op.cit.

⁴¹ Council of the European Union 2003

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Appendix

List of the Oslo Church City Mission Documents Utilized during the Working Process and While Writing this Report

The Nadheim Center for Women and Men Involved in Prostitution

- Annual Reports
 - *2009 Annual Report*
 - *2010 Annual Report*
 - *2011 Annual Report*
- Evaluation Reports
 - *Project Safe Housing: Laura's House*, January 2011
 - *Project Psychosocial Follow-up*, January 2011
- Hearing Statements
 - *Hearing Statement to the Children's and Equality Department's Proposed Enactment of Crisis Center Offer*, 2009
 - *Hearing Statement: Proposed Amendments to the Immigration Act 40, Section 5 and the Immigration Regulations 8-3 and 9-6, Section 3*, September 2011
 - *Hearing Statement: Routines – Return and Reintegration Program for Potential Victims of Trafficking*, January 2012
- Letters
 - *Challenges Associated with the Lack of Identity Documents*, January 2011 Letter to the Police Directorate
 - *Concern Regarding Lack of Capacity in the STOP Group*, April 2011 Letter to the Police Directorate
 - *The Government's Responsibility for Minors forced into Prostitution*, August 2011 Letter to the Children, Youth, and Family Directorate
 - *Regarding the Return of Victims of Trafficking*, November 2011 Letter to the Police Directorate
- Other Reports and Statements
 - *Challenges for Persons who Receive Temporary, Limited Residency Permission*
 - *Visit from GRETA*, May 2012

The Health Center for Undocumented Migrants

- Annual Reports and Plans
 - *2009 Annual Report*
 - *2010 Annual Report*
 - *2011 Action Plan*
 - *2011 Annual Report*
- Health Center Projects and Documents
 - *Undocumented Migrants: A Study of the Situation of Persons without Legal Residence in Norway and the Humanitarian Measures for this Group in Other European Countries*, September 2008
 - *Project Description: Health Center for Undocumented Immigrants*
 - *Project HIV*
 - *Project Description*
 - *Final Report*
 - *Project Findings and Summary*
 - *Undocumented Migrants and Chemical Dependency Working Group*
- Hearing Statements and Statement Responses
 - *The Laws Regulating Health Care for Persons without Legal Residence in Norway must be Changed*, October 2009 Letter to the Ministry of Health and Care
 - *Response to the Socialist Left Party's Request for Information about the Health Situation of and Health Care for Persons without Legal Residence*, January 2011
 - *Input to the Hearing Statement: Changes of the Priority Regulations – Health Care for Persons who Stay Illegally in the Country*, February 2011 Letter to the Ministry of Health and Care
 - *Hearing Response: Changes of the Priority Regulations – Health Care for Persons who Stay Illegally in the Country*, February 2011 Letter to the Ministry of Health and Care
 - *The Ministry of Health and Care's Response to the Changes of Priority Regulations Hearing*, February 2011 letter from the Ministry of Health and Care
 - *Hearing Statement: The Ministry of Health and Care Services' Proposal to Change the Priority Regulations for People without Legal Residence*, March 2011 Hearing Statement to the Ministry of Health and Care
 - *Input to the City's Finance Committee regarding the case "Adequate Treatment of Undocumented Migrants"*, January 2012
 - *Health Directorate's Response: The Need for Better Information about Health Services for Asylum Seekers who have Left the Asylum Reception Center*, April 2012 Letter from the Health Directorate
- The Health Center in the Media
 - "Undocumented Migrants Get a Health Center", *Nursing* September 2009

- “One Year: The Health Center for Undocumented Migrants has had Approximately 300 Regular Patients over the Course of its First Year in Operation, 40% of the Users are Women”, *Klassekampen* September 2010
- “The Sick are Rejected”, *Klassekampen* October 2010
- “Someone to Talk With”, *Bymisjon* 2010
- “Help the Weakest”, *Tannlegeforenings Tidende* 2010
- “The Waiting Room”, *Red Cross Magazine* January 2011
- “Large Humanitarian Need Amongst Undocumented Migrants”, *Red Cross News* January 2011
- “Give the Undocumented Migrants Health Services”, *Stavanger Aftenblad* February 2011
- “Unethical Regulation on Health Services”, *Dagsavisen* October 2012
- “Will have Statutory Right to Health Care for Undocumented Migrants”, *Dagens Medisin* June 2009
- “Advarer mot Sprengt Kapasitet”, *Dagsavisen* November 2012
- “Papirløse på Museum”, *Fontene* November 2012

Møtestedet (“The Meeting Place”)

- Annual Reports
 - 2009 Annual Report
 - 2010 Annual Report
 - 2011 Annual Report
- Rom for Rom Project Report, December 2010

** The reason that so few Møtestedet documents are included here is because Møtestedet operates, first and foremost, as a café. Thus, the same types of documentation that exist for the Health Center and Nadheim do not exist for Møtestedet. When Møtestedet does function as more than a café – for example, when Møtestedet staff provide advocacy for Møtestedet guests, conduct outreach work, or provide information and assistance accessing services, such activities are documented via journals and letters, all of which were incorporated into our workshop discussions rather than utilized in material form.

Furthermore, one might notice that, at select points in this report, references are provided to two publications regarding the situation of Roma migrants in Norway – Brattvåg’s *Folk fra Romania som Tigger i Oslo: En rapport fra Kirkens Bymisjons Prosjekt Rett i Koppen* and Denne’s *Tilreisende Rom i Oslo: En Rapport om Romfolkets Hverdag*. Both of these reports utilized data collected at Møtestedet and amongst Møtestedet’s Roma guests and are regarded, by Møtestedet, as fairly representative of Møtestedet’s experiences and that which Møtestedet perceives to be the experiences of its Roma guests.