

*HEALTH
CARE
FOR
ALL*


*WITHOUT
DISCRIMINATION!*




*WOMEN IN EXILE
& FRIENDS*







The lager,
the system,
the racism
makes us
sick!



Our coming together
speaking out
is not only relief
but healing.



Impressum

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Aktion
MENSCH

:do
Stiftung

filia
● die frauenstiftung.

Bewegungs-
stiftung

Anstöße für soziale Bewegungen

Um
verteilen!
Stiftung für eine, solidarische Welt



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We held various workshops which were internal and external and learned and discussed together what we can do as a group and what measures we can take as individuals. This could not have been achieved without the support of other initiatives and thanks to the Feminist Women's Health Center (FFGZ) and KommMit e.V. who not only facilitated our workshops but also were featured in our health film "Testimonials from the Uterus". We are very grateful that you were able to take time out of your busy schedule to offer us workshops and contribute to our film.

There has been great satisfaction and great support from everyone in the team and we look forward to a great collaboration in future.

Above all, we would like to thank the strong refugee women who contributed with their openness, knowledge and skills to the project and who had the confidence to share their stories with us and the public. Thank you very much!

Our health film was well received and we express our gratitude to Aquarium, Kino Movimiento and many other places inside and outside Berlin-Brandenburg where the screening took place at multiple times. It was a pleasure to connect with you and work together with you and thank you once again for your kindness, generosity, time and effort you made in making the events such a huge success.

Finally, we thank everyone who contributed to our health project in one way or another. We look forward to more cooperation and solidarity until humanity is respected.

These pages you are holding now in your hands,
or reading on your screen,
could be called a magazine, a brochure, a booklet,
an Infoheft,...

For us this is a collection
of our struggles,
our hopes,
it shows the power of our being(s) together,
seeing ourselves,
listening ourselves to what part of the society is
not listening to,
expressing what we don't express in other places,
seeing that we are all being hurt,
our rights violated and stepped on,
facing the same problems,
the same racist violence.

These stories collected through discussions and
interviews
come deep down from our hearts,
express our physical and mental torments.
From the moment we had to take the hard
decision of leaving our roots
through dangerous journeys into the unknown.
When finally, we think we have arrived at our end
destination and can enjoy some peace of mind
and live in dignity,
the torments of isolation, racism and
discrimination of basic rights
drives us to the next level which leads to
depression and to suicide.

Our coming together
speaking out
is not only relief
but healing.

Our heart also goes to those women who have not
found safe spaces to talk about their traumas.

Our aim is that
no woman should ever be sexually harassed,
abused or violated in the Lager.
No woman should ever die or kill herself because
of this asylum system.
No refugee woman should ever be mistreated,
misdiagnosed or misused by doctors and the
health system because of her origins, status,
colour, name, religion, etc.
No refugee woman should ever lose a child
because the security did not call the emergency
services on time.
No refugee child should ever be denied an inter-
national school trip because they do not have the
right passport or status.

**We always have been and will be BREAKING
BORDERS with these pages.**

**We are empowering ourselves and opening
our political spaces to build bridges
and alliances.**

**We are fighting for our dignity
in the health sector and everywhere.**

**We call out to say: Healthcare for all without
discrimination!**

We demand:

***No Lager for Women* and Children!
Abolish all Lagers!***



PREFACE

Refugee women and girls face gender-specific challenges in accessing healthcare in Germany. The human right to health and healthcare is enshrined for ALL - “no matter who they are, where they live or how much money they have” (e.g. in Article 25 of the Universal Declaration of Human Rights).

A part of protecting this right to the highest attainable standard of health for all, means that healthcare services must at all times be guided by people-centred care standards following the international human rights standards in the practice of care. These are: universal access, availability, acceptability and dignity, quality, anti-racism, anti-discrimination, transparency, participation and accountability.

Despite health being a right for all and not only for a privileged few, and despite Germany’s initial welcoming culture: the health and well-being of refugee women seeking a better life in this country due to wars, armed conflicts, poverty and the threat of persecution in their home country is still under attack.

Gender-specific challenges for all refugee women also include the growing racism and discrimination against refugee women in the German health system.

For years, Women in Exile and other (refugee) initiatives have been calling for an end to racism and discrimination in the health system as the right to healthcare is a human right and it is a disgrace that in a rich country like Germany people suffer or even die because they do not receive adequate medical treatment.

The fact that refugee women and girls are not provided adequate gynaecological nor mental health care, despite their right to healthcare, is only one indication that the health services are institutionally racist.

There are countless cases in which refugee women undergo operations without proper explanation or even information in a language that they understand, and the women often don't know about their rights.

A lot of health issues from which the women suffer have their roots in the bad living situation in Germany: anxiety of having to live in the Lagers with no perspectives, the tiresome asylum system and racism.

Furthermore, the commercialisation of health has an impact on their treatment. For instance, refugee women are subjected to operations even without detailed diagnoses, without the necessary tests or explanation of the consequences of the operation. In many cases refugee women don't have access to translators that will make them aware of their illnesses and the need or not of the operation, nor do they have a chance for a second opinion enabling a more informed decision.

Since hospitals get paid per surgery and their sustainability depends on income, refugee women are an easy target to coerce them into undergoing unnecessary operations that will be paid by the health insurance, and that they, due to their insecure civic status, won't easily denounce as abusive medical practice.

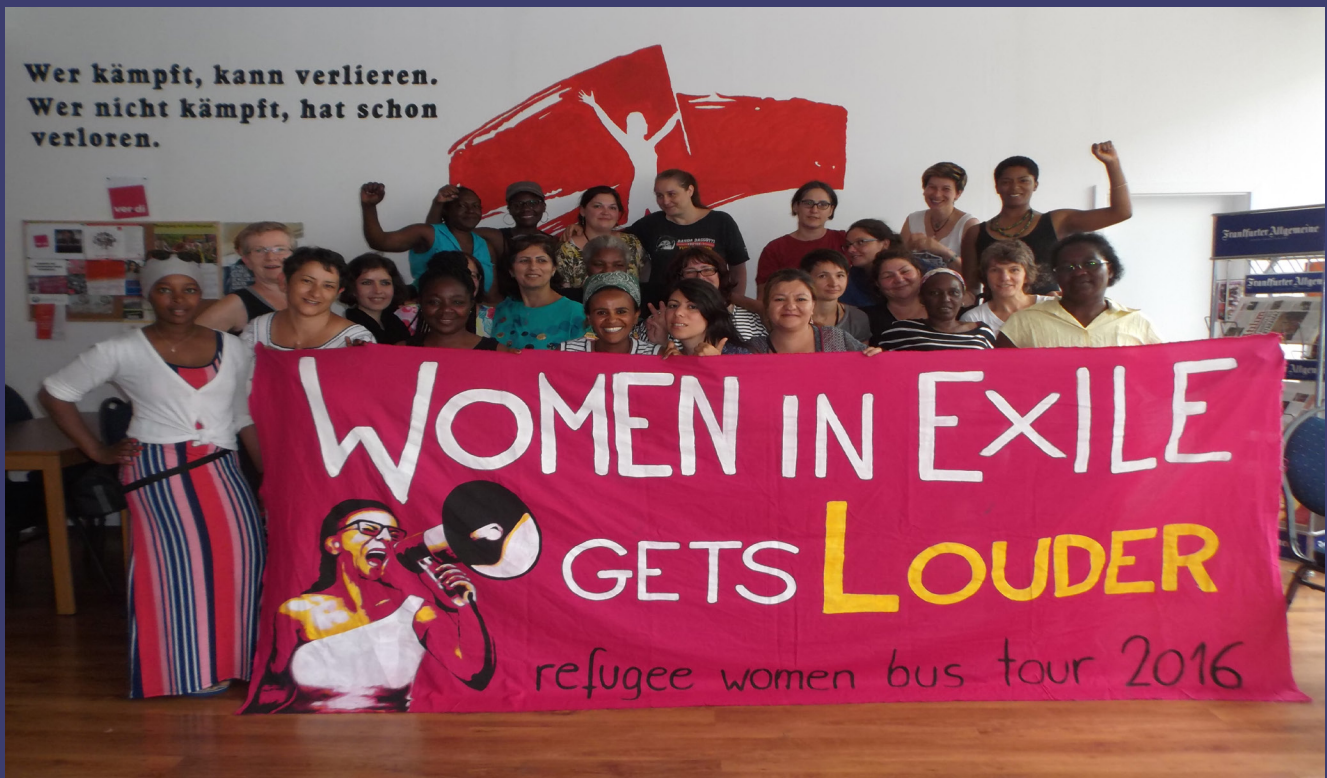
Overall, it is known that German healthcare services funded by the Church are less institutionally racist. Church funded hospitals and clinics tend not to request legal documents before attending to patients and are more likely to make allowances to cater to persons whose social welfare does not automatically afford them expensive medical care.



On a daily basis refugee women face situations where medical staff tell them “because you are Black you can bare the pain” or are openly undervaluing the quality of the health system in their countries of origin, as in the case of a woman who was told that her hormon implant cannot be removed though it had expired and was already affecting her arm because the surgery was done by doctors in Africa. This is a common situation that refugee women have to face because it is taken for granted that they cannot afford to pay for their treatment, which is partly true, because they do not have a right to work on one hand and on the other hand, they do not have a network of support that can provide to pay for the treatment they need.

In some cases, medical staff, aware of the economic situation of refugee women, choose not to even determine the treatment that the patients should get. In other words, that means that sometimes treatments are directly not offered to refugee women for monetary reasons putting refugee women’s lives at risk and denying them the possibility of cures.

Institutional racism is one of the biggest inhibitors of people-centred medical care to refugee women in need. The way to improve the health and healthcare of refugee women is to recognize and address institutional racism. To suggest that German healthcare is institutionally racist is not easily digestible information for some, but, importantly, acceptance can be provoked by instilling decency in society. Fundamentally, democracy should be a guiding principle of German society.



WIE



Women in exile is an initiative of refugee women founded in Brandenburg in 2002 by refugee women to fight for their rights. We decided to organize as a refugee women's group because we have made the experience that refugee women are doubly discriminated against not only by the racist and discriminative general laws for refugees but also as women.

Refugees are obligated to live in „collective accommodations“ where they are entitled to a 6 m² space. In these narrow spaces they share not only the rooms but facilities such as kitchens, toilets and bathrooms. This results in lots of conflicts inside the collective homes, including physical and sexual violence against women. Therefore, our campaign „No Lager for women* and children! Abolish all Lagers!“.

In 2011, Women in Exile and activists in solidarity without a flight background founded Women in Exile and Friends. Our fights are focused on the abolition of all laws discriminatory to asylum seekers and migrants and on the interconnections of racism and sexism. Together we develop strategies to achieve political change and take our protest against the inhuman living conditions of refugee women to the public.

*SAY NEVER AGAIN
a refugee woman should
be mistreated,
misdiagnosed or misused
by doctors and the health
system because of her
status, colour, name,
religion, ...*

Our fundamental political goal is the utopia of a just society without exclusion and discrimination, with equal rights for all, irrespective of where they come from and where they go to. We perceive ourselves as a bridge between the refugee and the feminist movement. Our experience is that women can relate to each other, regardless of all differences like age, origin, religion, status, sexual orientation or other factors, and can make an impact together.

We meet monthly and make regular visits to refugee women in the “collective accommodations” in Brandenburg to exchange experiences. This way we find out about the living conditions in each specific Heim and the women's immediate needs. Together, through workshops and seminars, we educate ourselves to become peers for those who come after us and develop perspectives to improve our already difficult living situation.

Through our peer education, we have managed to encourage and help several refugee women not only to demand for their rights but to organize themselves in their different areas nationwide to become loud and bring out the problems they are facing during the asylum procedure to the public. We develop perspectives to fight for our rights in the asylum procedure and to defend ourselves against sexualized violence, discrimination, and exclusion.

Throughout the years, we have built different local and nationwide networks, and together we plan campaigns and political actions, such as our raft tour in 2014 and several nationwide bus tours. We demonstrate, give interviews to the media and hold speeches in meetings to let society know of the problems faced by refugee women and of their demands.



*is a group
a political group
a social group
a group of friends, sisters, mothers and children
but not only a group
it is a family.*

*a space for learning
about myself, ourselves,
about the world with its big and small politics
and power relations
and about life.*

*WiE is a space of sharing,
giving and taking
coming and going.*

*It is an arrival,
a connection home,
a mirror of society*

*A collection of stories
of violence, hurt and discrimination
but also of strength, love, hopes and faith*

*A room for being myself
showing myself
and learning to be more
than what I have been told (and I think)
I am.*

IN
EX
HIE



WOMEN

*A collective of unheard voices
of immense resistance, knowledge and power*

*A movement
for human rights
for dignity
for justice
for freedom
for humanity.*

For life

It is Life itself.

*WiE is Community
it is fighting
going to the Lagers and the streets
speaking up, shouting out
eating and celebrating
laughing and crying
being
TOGETHER*

*It is fighting, disagreeing,
betrayal, forgiveness,
solidarity, sisterhood.*

OUR HEALTH PROJECT



women's health



Since 2017 we have been dealing increasingly with the topic of women's health for refugee women in Berlin-Brandenburg and throughout Germany.

Most of the refugee women who come to our meetings still live in camps, which are usually isolated from transportation routes and with limited or no internet access. They live in confined spaces with strangers, with whom they often have to share kitchens and sanitary facilities.

Women in particular are exposed to increased stress due to crowded housing, the extreme restriction of their privacy, the threat of sexual harassment and violence and the uncertainty about their prospects of staying. Many report sleeping problems and other stress consequences.

Their trauma related symptoms (see page 51, Mental Health) such as dizziness, significant distress, impaired memory and sleeping problems are ignored, and treated only with painkillers, triggering more severe trauma related syndromes. Refugee women cannot get proper treatment due to their health insurance limitations.

Many women have also experienced (sexual) violence while fleeing or in their country of origin and are suffering from the consequences. Special problems which refugee women report again and again involve above all: questions about sexual education, pregnancy and childbirth, abortion, genital mutilation, gynecological problems.

The poor hygienic conditions in the accommodations and the fear of illnesses, which can spread quickly due to crowded living conditions, are always an issue. Inadequate nutrition offered at the camps and its unsanitary storage conditions pose health risks.

The housing conditions in the refugee camps lead e.g. to women leaving their newborns alone in the room because the shared kitchens and bathrooms are sometimes 50m away or on other floors.

One thing is to endure this form of accommodation for some weeks or months. The other is, after enduring the most dangerous fleeing routes and often, being on the road for years, to be then stuck in a refugee camp without a perspective for years.

Most of the women who have experienced sexual violence during or before fleeing cannot rest and so a re-traumatization may begin - the situation of 'being on the flight' continues. However, due to the Asylum Seekers Benefits Act (Asylbewerberleistungsgesetz, see p. 27, The Law), they have limited access to the health care system and often do not know how to defend themselves against negative decisions by the administration.

Existing information material and internet publications on health education and prevention often do not reach women.

As part of our project "Right to Health for Refugee Women" we organize, exchange and empowerment workshops by and for refugee women and regularly visit the women in the refugee homes.

As it is also important for us to bring the topic to the public, we have published a number of press releases and numerous articles in our own newsletter and in specialist's journals in addition to this publication.

During our empowerment workshops we met many women, many of whom had cysts that had to be operated on, but also women with heavy

Most of the women who have experienced sexual violence during or before fleeing cannot rest and so a re-traumatization may begin - the situation of 'being on the flight' continues.

bleeding, pain and fibroids that often recurred after the operations.

We have started to accompany some of the women so that they could get a second opinion from doctors or women's health organizations. One of these women is Benta, with whom we conducted the following interview at the beginning of the project:

WIE: At our general meetings, many women have been complaining about their health conditions, do you have any experience yourself?

Photo: Workshop at "BusTour", 2016.





Benta (name changed): Yeah, I myself have gone through a lot. I was bleeding regularly which stressed me a lot and I had to seek medical help. My general doctor sent me to a gynecologist but she said she didn't detect any problem, and yet, the bleeding was daily for a very long duration.

WIE: How did you go about it?

BENTA: I went on with the constant bleeding which made me weak until I developed a skin condition and went to a skin doctor who said that the problem was a gynecological problem which was making my skin react and sent me to a different gynecologist who after the check-up said that I had a growth in my uterus and that I needed an emergency operation which I did and it was successful.

WIE: Did you have this condition at your home of origin?

BENTA: Not at all, I just started with the bleeding here in Germany in my Lager. This was my first experience with it and before I have never had a bleeding problem except for my periods.

WIE: Could it be possible that your living conditions contributed to your health problems?

BENTA: Yes, stress contributes a lot to the bleeding problem because even after the operation the bleeding comes in-between the periods. The pressure from the authorities is too much which makes it difficult for me. My doctor advised me to have blood-building food and also food that is rich in iron but it's very difficult for me since I only get a voucher worth 23,45 € and with this I can only buy food and hygienic things but no clothes or anything else.

It's also hard because I can only shop at Lidl and Aldi which are the only ones in the Zentrum. I have no money to buy my transportation ticket, which is why I am forced to walk a very long distance and this stresses me even more.

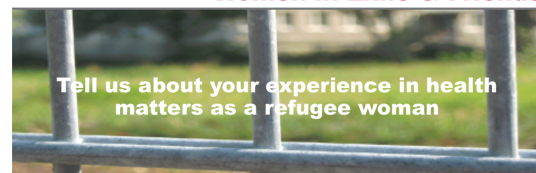
Berlin, June 2017

As one woman opened up about her situation and the additional stress, which is caused by the system for asylum seekers, other women also came forward with their experiences on health issues and other questions.

So many women share these experiences they undergo in their everyday life in Germany. In the Lagers they just live in pain and desperation since nobody seems to support them in solving their problems.

Together we raised a lot of questions and concerns and always asked us WHY we must go through this?

Women in Exile & Friends



How are the hygienic conditions in your 'Heim'?

Do you have access to regular check ups at the gynaecologist?

In case you are sick and need special aid / nutrition: Does the Sozialamt (social welfare office) grant you these extra benefits?

Is it possible to lock the toilets and showers?

Is your 'Heim' wheelchair accessible?

Please don't hesitate to contact us!



Contact Women in Exile
phone 0331 - 24348233
email info@women-in-exile.net







Why do many refugee women (often against their will) give birth to their children by C-Section?

Why is it that if refugee women want to practice an abortion at their places, the only choice they have is to go to certain counseling centers and go through three instead of one compulsory counseling session?


What can we do if the gynecologist refuses to remove a contraceptive implant that has been implanted on the flight route because of rape to protect against unwanted pregnancy? – With the argument that family planning is not covered by the health insurance but is a private matter?

How many times do we have to be told that it is difficult to take blood because doctors “cannot recognize the vein in Black people”?

How are we supposed to live on the fourth floor during the postpartum period and share a room with three other people? – And above all, the showers and toilets are on another floor?

How should we detect cysts or breast cancer early if there is no right to have a check-up?

Photo: "Lager" in Brandenburg.

A photograph of a multi-story brick building with several windows. A large green tree is in the foreground, partially obscuring the building. In the lower right, there is a circular sign with a pink and white background and a red border. The sign contains the text "Gleiche Gesundheitsversorgung und Bildung" in bold black letters. A security camera is mounted on a pole to the right of the sign.

**Gleiche
Gesundheits
versorgung
und Bildung**



THE SITUATION

The Law

Access to health care for refugees is regulated by the Asylum Seekers Benefits Act (German: Asylbewerberleistungsgesetz) which offers a third class access to the health care system in Germany.

The „Asylbewerberleistungsgesetz“ was passed in 1993 to discourage asylum seekers from coming to or staying in Germany. It is racist and discriminating and against international law as well as against the Basic Law of Germany. According to the “Asylbewerberleistungsgesetz” treatment of acute diseases or pain is covered. For any further medical treatment one needs to individually apply at the Sozialamt. This means that unqualified people decide on our health! Even though the new health insurance card was introduced in some regions, for special treatment we still need the permission of the Sozialamt.

The state of Brandenburg has started giving out electronic health insurance cards instead of the sickness certificate (Berechtigungsschein) which asylum seekers were supposed to collect every three months from the social welfare offices to take to their GP. This move from the authorities was praised by us all, only to later realize that this electronic card was only allowing the same services as the sickness certificate.

This change was started as an initiative project in Hamburg and Bremen and picked up pace in different federal districts.

In Brandenburg it is and has been very discriminating because some asylum seekers get the electronic cards while others still have to go to get

a sickness certificate from the social welfare offices every three months.

The main health insurance providers like the idea of a health insurance card for refugees at the national level because it also makes it easier for them to settle accounts. And the state government recommends the introduction. It seems as if only the employees in the respective municipality social welfare offices seem to prefer the medical authorization documents, maybe in order to decide who “deserves” treatment from a doctor and who does not, despite their lack of qualifications to make such decisions.

It has come to our notice that the only advantage of these cards is that one can attend a GP outside their district of residence but in fact the electronic cards issued out to asylum seekers have the same limited services. At the back of the electronic card, the information which is supposed to be filled out such as name, date of birth and expiry dates, etc. do not show because the spaces are officially crossed out with many XXXXs.

A healthy and safe living is also not possible when you are targeted for deportation by the police. Furthermore, refugees living in Brandenburg at so called „first-receiving centers“ have only very limited access to public healthcare.

The refugee council of Brandenburg states: “In the first months of their stay, asylum seekers in Brandenburg effectively have little or no access to outpatient psycho-therapeutic or specialist care.

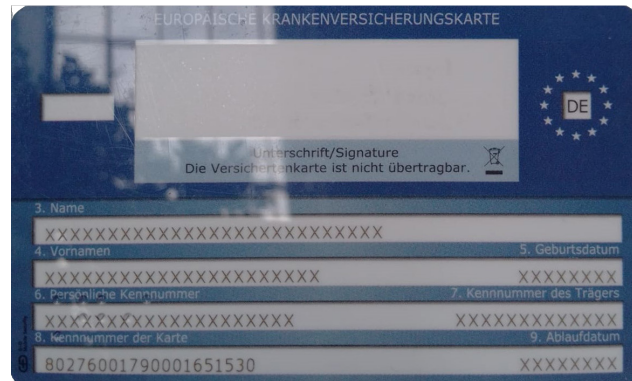
[...] The acute day ward [Ambulanz] at the Camps [“Erstaufnahme”] only offers pain and acute treatments. It only issues referrals to specialists in rare cases. [...]

Obtaining certificates that are required, for example, for a hearing at the BAMF or for lawsuits is extremely difficult. If a service is rejected, there is often no written notification, so that it is not possible to take legal action against it. In addition, as far as we know, regular medical appointments in the Ambulanz are always accompanied by an assessment of the ability to travel. This mixture of concerns is often not made transparent to the patient. It is generally not clear to those affected what information is exchanged between the outpatient clinic, PSD [Psycho-social service], Ausländerbehörde [Foreign Office], DRK [German Red Cross] and BAMF. For us, the questions of data protection and the confidentiality obligation of doctors arise in the context of data forwarding. The dual role of the Ambulanz is problematic in that a relationship of trust is not possible in this way.” (**Flüchtlingsrat Brandenburg**)

Along with deficiencies in health insurance limitations, refugee women encounter other difficulties such as missing translators when going to medical appointments. In most cases, official translators are not provided by the Federal Office for Migration and Refugees to accompany refugee women to their appointments, which means that women are not aware of the illnesses they have and therefore decisions concerning their health are made exclusively by doctors. In some cases, doctors try to engage family members to act as translators, but aware of that possibility, women reject it, if they do not want to share the health situation with their family. In other cases, women attending German courses are denied access to translators.

Not having proper access to translation, especially in the case of mental health, hinders the treatment and improvement of the women.


This all shows us that Germany is violating the international laws, e. g. the human right to health care, which should guarantee access to health coverage for all people regardless of their financial or residence status.



“§4 Benefits in case of Sickness, Pregnancy and birth

(1) For the treatment of acute diseases and pain conditions are the required medical and dental care including the provision of medicines and dressings and other for recovery, for Improvement or alleviation of Diseases or disease process-required services to grant.“

(Quote Asylum Seekers Benefits Act)



Have you ever
imagined what life
would be like if
there was equality for
all women?



Photo: Workshop, Berlin 2020.

WOMEN'S HEALTH

“(...) the doctor’s feedback was more hurting than the condition itself.”

Most women suffer from gynecological problems and get no medical attention since many gynecologists don’t know how to account for it financially and thus make the women go through a tough time with their bodies. Others go through an extreme extent of forced Cesarean sections when they could actually give birth naturally.

Have you ever imagined what life would be like if there was equality for all women? This could bring a decrease of some avoidable health issues which are encountered by refugee women in the Lagers where they often have to share the toilets with men which also contributes to gynecological problems since women are highly sensitive to bacteria and the following infections, especially when having their periods.

During our various empowerment workshops, most women cry out after realizing that they are always the double victims of the laws governing refugees in Germany, like before they arrived here. This happens when they share their painful experience on their different routes to Europe. One among the many explained how her life has been.

A young woman from Eritrea didn't know anything until she arrived in Sudan where the smugglers advised her to take a hormonal implant for pregnancy prevention since before she would reach her destiny she would have to face several incidents of rape. This was shocking, but all of the women were forced to do so. The prevention was meant to last for one year which was an estimated period to arrive at their destination. She successfully managed to overcome all the struggles and finally arrived in Germany where she hoped to be safe and secure. Nevertheless, she started suffering from severe bleeding and had to seek medical attention from a gynecologist to whom she explained what had happened to her. But somehow the doctor's feedback was more hurting than the condition itself.

The gynecologist told her that it had been her will to take the prevention implant and so the AOK or any other medical insurance would not cover for the removal. The refugee woman tried to explain the risk she would have faced having a child without a father from being raped on her way, but the doctor just wouldn't understand. She was forced to retain her prevention implant which expired and severely started affecting her arm. It was until she decided to seek help from us, when we tried to check out a solidary gynecologist who did not only help her remove the implant but also prescribed her therapy so that she could overcome the trauma she is going through.

This is just one case, and many more are still left without solutions and since we cannot help all refugee women with similar conditions we are

calling upon the responsible staffs to consider those issues not a personal wish of family planning.

Medically, ignoring our living situation results in more serious conditions which even cost more than proper and sensitive treatment could right from the beginning.

Refugee women don't chose to have this implant done but the European policies on making it impossible to arrive here safely force us to take desperate measures.

“(...) She was forced to retain her prevention implant which expired and started severely affecting her arm (...)”

Photo: WiE activist with plakat at the Demo on International Womens Day, Potsdam 2020.



Call from the Camps I

some of the personal stories women shared

“On one hand, I was in and out of the hospital going through my chemotherapy. On the other hand, my asylum procedure was going on. Up to date, to handle both situations has been the most traumatizing and stressful thing in my whole life.”



Photo: Empowerment workshop with refugee women group from Kiel, Berlin 2018.

"I am Janet, a 32 years old woman living in this society and recently, I almost lost my life while giving birth. As any other lucky refugee woman who had a chance to get a work permit and hence had an insurance card, I attended all the prenatal clinics. All was well until the due date which was estimated by my doctor.

As expected of every woman waiting for her baby, at some point the labour pains start, and those who don't get into labour naturally, always have to get an induced labour. In my case, I was induced after an extra 10 days passed the due date which the doctors said was medically good.

The induction was through tablets which really worked very fast, because the same day the labour pains started and even the amniotic fluid broke. I thought this the best way everything could go and the baby would be coming any time. Little did I know it was the start of an almost one week-long hell of pains.

Every day I took 3 tablets of pain killers and then the doctor said I should take a maximum of 6 tablets which I took for 2 days, Saturday and Sunday. Then I got crazy pains and no signs of opening for the baby to get out even though the amniotic fluid was out. My instincts sensed something was wrong and this being the first experience of childbirth I requested for a C-section but the doctor insisted that it was not okay for them to do it since I was under control and they thought the baby was safe and me too.

I was given the 7th tablet which didn't work and they had to terminate the whole painful process for a while with a spinal infusion which at least made me sleep for 24hrs after 48hours of pain. Later they changed the tablets to another tampon-like induction which twice didn't work either and during all this time I was requesting for the removal of the baby, but no one would listen to me.

I thought the process was to make me never to think of getting another baby, and I promised never again, but all in vain. Then I got the infusion kind of induction which almost killed me, on the sixth day, again nothing happened. They had no other option than to rush me to the theatre where the C-section was successfully done.

I thought all was well, since the third day we were discharged, but after the third week my baby got sick at night. I called the emergency and we were rushed to the nearest hospital. After a couple of tests we were admitted and the doctor suggested to do a brain scan and found out that the baby had a brain cyst. They said this was due to the prolonged stay in the womb.

I was so bitter knowing how many times I requested the removal of my baby through C-section, but all in vain. The paediatrician said it was not correct to wait for six days after the amniotic fluid was out without success, and though they consider normal birth the best, it doesn't work for everybody.

For me questions remain - Why should I suffer so much and to the extent of my baby getting a cyst in her brain? Do I have the right to decide how I want to get my baby? "

My name is Margrit and I came to Germany as an asylum seeker some years ago. I applied for my asylum in Eisenhüttenstadt.

During my stay in Eisenhüttenstadt I shared a room with other asylum seekers from different countries. Before I was transferred to the next Lager I started having complications in my body.

This did not bother me a lot at first because I thought the reasons could be the change of the weather, the food and the stressful situation of asylum seeking. I thought these body changes and complications were because I had just arrived in the country and would go away as soon as I get used to them.

The pain grew more and I had to seek a doctor's help. I was met with shock as he detected cervical cancer and I couldn't swallow the bitter truth that faced me; I got traumatized and depressed. My strength and hopes were dimmed since these weren't my expectations and being in a new country and as a refugee, it was hard to figure out how my life would be like.

I was transferred from Eisenhüttenstadt to a Heim and I continued with my treatment. On one hand, I was in and out of the hospital going through my chemotherapy. On the other hand, my asylum procedure was going on. Up to date, to handle both situations has been the most traumatizing and stressful thing in my whole life. I don't know my fate in my asylum procedure and the dilemma makes that my health doesn't settle.

My immune system was also very down and I caught so many infections from other people because of sharing the facilities in the Heim. This made me go from one hospital in Brandenburg to another.

In the end, this made the social office to give me a flat outside the Lager to see if the infections would reduce, since I was very weak.

I am still under treatment and still waiting for the asylum seeking decision of my case. Most of the days, I am very weak, though the doctors keep on telling me to relax; it is not easy. I don't know if the decision of my asylum seeking case will be positive or negative and the fear of deportation, in my situation, is always the most depressing and traumatizing thing that never leaves me.



Not having proper residency, the threat of deportation – all of that comes together. We have learned that this problem of not having a secure status and the stress connected to it can affect the reproductive system.
(Activist of Women in Exile)

The fight for reproductive justice also for refugee women

Interview by an activist of Women in Exile with the Network of Reproductive Justice in Berlin (see networks & addresses)

What does reproductive justice mean to you?

For me it is about women deciding whether to have children or not to have them. It includes the conditions under which they have to take these decisions and the process of child bearing.

Do you use this term in your political work?

Yes, I do use this term in my activism. It encompasses issues of getting pregnant as well. Some of the women we are working with experience problems with conceiving, or with their reproductive system. Some of them are being diagnosed with myomas or cysts. Sometimes it is difficult for them to go to see doctors, because for refugee women it is often difficult to access proper medical care. We are using this term to address this type of experiences women are having.

You are also helping refugee women who need access to the mental healthcare system or the general health care system. In which ways does Women in Exile support refugee women within the health care system?

Women approach us with their problems and we connect them to advisory centres, like KommMit e.V. (see Contacts, p. 62) in Brandenburg who we closely work with. They offer psychological counseling for refugees so we send women there who come and tell us they have a lot of stress and trauma. We have come to realize that the trauma might even be coming from their

reproductive problems and might later turn into mental health issues. It is usually a combination of many things: not having proper residency, the threat of deportation – all of that comes together. We have learned that this problem of not having a secure status and the stress connected to it can affect the reproductive system. Most of the women are complaining about problems with their uterus and bleeding all the time. We have some women who sometimes are bleeding for two weeks. And when they go to see a doctor, the doctor usually doesn't say much. So we try to send them to these advisory centres to have a second opinion.

You told us previously that pregnant refugee women might be accused of conceiving a child for papers. How do you or the women you are working with deal with getting accused of becoming pregnant just to receive a residency permit?

They would not say that out loud, but this is one of the racist remarks you get to hear when you are pregnant. It is because the Sozialamt or Ausländerbehörde know that it is easier to get the permission to stay if you have a baby with somebody who has a German passport. Their racist thinking goes: "Okay, if someone is having a child it is because they want to stay." And then, of course they will not make it easy for them. Some of them are even send to do a DNA test to prove that the father is actually the father. Women have to decide whether they want a child or not, that is nobody else's business. You have your child because you want it, not for papers, despite people thinking so. These are just accusations from the authorities because they do not want people to stay.

You mentioned that some women were told that they have a cyst and have to undergo surgery to take it out.



How do you deal with that - when a woman comes to you and is telling you that the doctors said that her cyst should be surgically extracted? How do you react? How can you support that woman?

Some of the women are being told to undergo this kind of operation for the second or third time. And they ask: Why should we go through operations all the time when we are not getting healed? What we do is to try to get them an appointment at a doctor's where we think they will get proper examinations. The organizations we cooperate with are in touch with doctors who can provide a second opinion. Most women who got a second opinion did not choose to undergo another operation. But when they return to their regular doctors for check-ups or are not feeling well, they keep being told that they should get another operation.

What are your strategies to denounce the misbehavior of doctors?

It is very difficult to tell doctors that they did something wrong because, you know, they say the doctors are the ones who do the check-ups and who are deciding on this.

We encourage women in this type of cases to get a second opinion and in this case leave it to them as individuals to decide on what they want to do about their bodies.

Our strategies in our health project include bringing things out into the open and showing that some doctors are simply not examining refugee women properly. We show that this is connected to the type of medical insurance they have, because on a Krankenschein you will only receive basic aid. When the Sozialamt gives permission to someone to be treated, maybe for the next three months, the doctor might find it easier to operate them and have them to keep coming back.

So what we can do is create awareness and most importantly let women know about their rights, because some of them even had to go through these operations without any explanations, without any translators. So they don't even really know what they are going through.

[illegible]



Photo: Workshop “Self-examination of the breast”,
Potsdam 2018.

Empowerment through knowledge & practical workshops

In the course of the project, as we got to know a lot of cases of women who had cysts and had to be operated, but also of women with heavy bleedings or myomas, we have been witnessing that many of these conditions are not attended properly. In many cases, they are treated directly by radical and drastic measures, such as surgeries, which leave the women no time or possibilities to decide on a treatment by themselves, as the medical knowledge and explanations are typically not imparted to them in their mother tongue.

In one case of on-going strong bleeding, the doctor treating the woman in a clinic in Brandenburg even suggested the complete removal of her uterus to her. To seek a second opinion, we referred the woman to a trustworthy gynaecologist working at a centre for family planning in Berlin we are networking with. As expected, this doctor advised her to try another treatment first before considering to have the uterus entirely removed.

This and many other cases have demonstrated that there sometimes exist alternatives to radical treatments for gynaecological problems.

Therefore, we have emphasized the issue of women's health in our meetings this year and invited counselors and experts from the Feminist Women's Health Center in Berlin or "Komm Mit" (see Contacts, Networks & Addresses), who have been giving advice and providing information for over 40 years.

We found it important to learn more about our bodies and with this knowledge empower ourselves.

Workshop: Self-examination of the breast

In the first workshop we learned about the self-examination of the breast.

We started with information about the structure and anatomy of the breast and the changes it goes through in a lifetime. Then we learned in a practical way how we can examine the breast ourselves and like this learn more about our bodies and to sense the hints for possible illnesses.

Afterwards, we reflected about how we can make this knowledge accessible for more refugee women. We came up with a flyer so that the women who took part in this workshop can share their knowledge with other women during our regular visits in the Lagers.

Workshop: Uterus, Cysts, Myomas, PCO & Co.

In this workshop we discovered that the cysts often appear in times of stress. As the women experience a great deal of stress and face various issues in connection with life in the Lager, the asylum system, racism, and more.

We see how this bears a direct relation to the appearance of cysts.

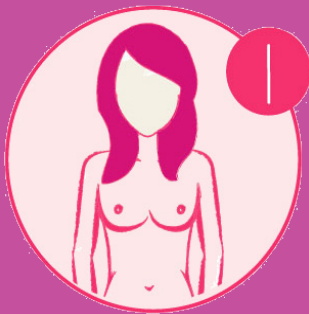
Normally if the body is able to rest, the cysts will regress on their own and would be shrinking gradually. However, since the women mostly have to live over a long period marked by stressful situations, the cysts are not regressing on their own and measures like operations have to be taken eventually.

We also talked about uterine troubles and other diseases like PCO, Endometriosis and touched upon the topic of reproduction.

Furthermore, we received the information that a myoma is a benign swelling. Yet, gynaecologists have generally recommended women above 40 years to remove the uterus, which isn't actually necessary.

The most important point we learnt is that everything is connected.

Especially the menstruation cycle is an interplay interaction between the uterus, the ovaries and our minds



Stand in front of a mirror and look at your breast

.Do you notice something?Is there a hole or a part sinking in?- Does liquid come out of your nipple?If yes, which colour and consistens?If it is clear and transparent it is ok -if it has another colour like yellow/green, better go to the gyno.Please take care, don't squeeze the nipple!

Do you observe changes?Are there holes?Are there rednesses?

Lean forward.



Self-examination lying.

Lie down on your bed or on a mattress on the floor.Put cream on your chest,Put a pillow beneath your back.Place one arm under your headso that your breast is aboveyour chestThey shouldn't fall to the side

Now you start with your free arm.

Eg the right hand is touching the left breast.You are touching with the three fingers in the middle by moving them in small circles Make small pressurebut not too hard.



Touch your breast in lines.

Start in the middle of the armpit/axilla move until the lower part of the breast.Then move up again.One side might take 5/7 min.



What did you feel?

Did you feel something like a chain or lentils? These are glands

If you are older, your chest gets softer.

Do you feel a difference between the two sides? Does your breast have different sizes?

This is normal

“We found it important to learn more about our bodies and with this knowledge empower ourselves.”

Photo: Workshop “Uterus, Cysts, Myomas, PCO & Co.”, Potsdam 2018.



Photo: Workshop “Uterus, Cysts, Myomas, PCO & Co.”, Potsdam 2018.



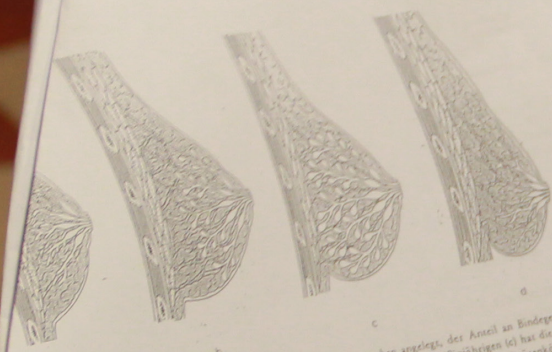


Abb. 8. Veränderungen der Form und des Zusammensetzungs der Drüsenlappchen angeht, der Anteil an Bindegewebe ist
 der Brustgewebe in den verschiedenen Lebensaltern: Bei dem
 Mädchen vor der Geschlechtsreife (a) beginnt die Brust erst zu
 wachsen, die Entwicklung des Drüsenkörpers beginnt mit
 einem Längenwachstum des Milchgangs. Erst mit Einsetzen
 der Geschlechtsreife bilden sich an den Enden des Milchgangs
 die Drüsenlappchen, die „Drüsenbüschchen“ bekommen ihre
 Blätter. Bei der Zwanzigjährigen (b) ist schon ein großer Teil
 der Drüsenlappchen angelegt, der Anteil an Bindegewebe ist
 jetzt am größten. Bei der Dreißigjährigen (c) hat die Zahl der
 Drüsenlappchen ihr Maximum und der Anteil an Bindegewebe hat
 größte Ausbreitung erreicht, der Anteil an Bindegewebe hat
 abgenommen. Bei der Frau nach den Wechseljahren (d) bilden
 sich die Drüsenlappchen wieder zurück, die „Drüsenbüschchen“
 verlieren ihre Blätter. Gleichzeitig nehmen das Bindegewebe
 und in späteren Jahren auch das Fettgewebe ab.

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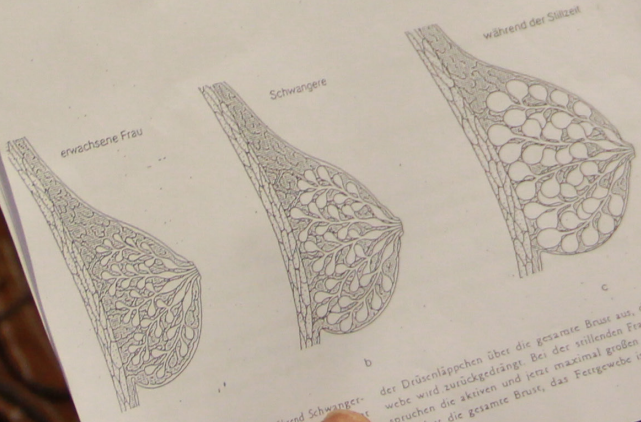


Abb. 16. Die Veränderungen der Brust während Schwanger-
 schaft und Stillzeit: Bei der geschlechtsreifen Frau (a) ist
 der Drüsenkörper nur einen begrenzten Teil der Brust aus-
 machend, die Drüsenlappchen sind klein. Bei der Schwangeren
 (b) haben sich die Drüsenlappchen stark vergrößert, das
 Bindegewebe wird zurückgedrängt. Bei der stillenden Frau (c) be-
 spannen die aktiven und jetzt maximal großen Drüsenlapp-
 chen fast die gesamte Brust, das Fettgewebe ist weitgehend
 verdrängt.

Photo: Anatomical structure of the breast.
 Workshop "Self-examination of the breast",
 Potsdam 2018.



NO


LAGER



ABO

LISH

ALL

A color calibration bar is located at the top of the image, featuring a series of colored squares (black, white, and various shades of gray, yellow, cyan, magenta, blue, green, red) used for color accuracy in printing.

The most important
point we learned is
that everything is
connected.
Especially the
menstruation cycle is
an interplay between
our uterus, our ovaries
and our minds.



Photo: Workshop on depression and mental health, Potsdam 2019.

Call from the Camps II

some of the personal stories women shared

*“I was going through the trauma of losing my baby
when my deportation letter came.
It was not only a shock but also torture.(...)”*



Photo: Empowerment workshop with refugee women group from Kiel, Berlin 2018.

“I am Jenny. I was going through the trauma of losing my baby when my deportation letter came. It was not only a shock but also torture. I had just handed in my documents and the baby’s father’s recognition to the officials in the foreign office (Ausländerbehörde) to process, and then losing my baby at six months without the complete process done, was a great threat that led me to total depression. The foreign office did not care about the condition I was in at the moment and booking my flight for deportation was the easiest thing for them to offer.

Luckily enough, during my stay in Germany I came into contact with Women in Exile when they visited the Lager I was living in. Since they are refugees themselves and were going through the same asylum problems as me, I became a member.

I attended the monthly meetings which I still do up to date and joined different actions demanding the rights for refugee women and children. Through my participation in the group I was part of the Women in Exile-family and so they realized quickly that I was not ok when they missed me in the meetings.

The more pressure I got from the authorities, the more the level of my depression increased and confusion was the order of my day. The group intervened and since I didn’t have an insurance card and because of the deportation threat I couldn’t go for a sickness certificate (Krankenschein). This is given out by the social services office and I was afraid to go there in case they called the police. So Women in Exile organized me to be admitted in a hospital in Berlin and talked to the doctor.

Since my health was in danger and I couldn’t even realize where I was, the hospital agreed to admit me in a psychiatric ward where I continue to get my treatment from up to date.

Through Women in Exile I got the possibility of applying for a right to stay through the “Härtefallkommission” (the Commission for Cases of Hardship). They networked with Flüchtlingsrat (Refugee Council), the Evangelical Church in Oranienburg and the Office of the Ausländerbeauftragte Brandenburg (Commissioner for Foreigners in Brandenburg) and other solidarity groups supporting refugees to push for my case. After fighting for one year, I got my stay.

I continue the fight because I know that there are so many women going through what I went through or even worse and they are unnoticed. Psychological problems are very high and most of the time the authorities ignore them until the refugees get into critical conditions which end up with some of them taking their lives.

Most refugees do not recognize that depression is a serious illness until they visit a doctor and then get to know that it’s a disease with proper names and which needs long-term treatment like in my case.

I continue the fight especially for health conditions which should not be undermined and I condemn deportation because in the process no one cares about your health condition, which is your life in the end.”



Photo: Workshop on depression and mental health, Potsdam 2019.

Mental Health

Psychological problems of refugee women

Through our health project we have reached women who started speaking out about their health problems openly and asked for psychological support.

We realized that people get re-traumatized, so in our group we try to empower women through coming together, giving and providing space for talking, sharing and being.

From this experience we started to network with KommMit e.V., an organization which is providing psycho-social counseling in Brandenburg and they held a **Workshop on Depression and Mental Health** for us.

Many women came to the workshop with a lot of questions:

Can dizziness and sleeping problems be a psychological problem?

I have a lot of stress and problems -What can I do?

How can I help somebody else? What can one do if psychotherapy doesn't help?



In this workshop we talked about and clarified some of them and we learned how different things that happen affect the psychological health of many people, especially refugees. For refugees these happenings start already in their country of origin and continue on the route they follow and in the situation they live in when they arrive.

There are so many factors, especially the perception of the outer factors, that influence the psyche, so to speak the thoughts, emotions and behavior. This includes asylum procedures, housing, discrimination, recreation, access to support structures, social environment and support from others, e. g. family, friends.

One typical complaint from refugee women is depression - this affects many women. Many of them don't recognize it as a medical condition because the symptoms do not seem serious, but it's a very sensitive condition. Most of the women who experience this condition lack desire of fun or energy and lose their appetite or desire of eating constantly. Other symptoms and issues people have to deal with are memory loss, hallucinations, feelings of nervousness, anger and fear.

Some people think a lot, have sleeping problems, isolate themselves and experience huge sadness. In these cases, many people feel they just want to be alone and are unhappy most of the time. When these conditions exceed due to the isolation of the Lagers, the insecurity of their residency status and when they stay without treatment they can become traumatic.

Difficulties in concentration, trouble in sleeping leading to nightmares, headaches and respiratory problems are the main things that affect traumatized people. In severe cases, it is good to be treated by a psychiatrist and should then be followed by multiple therapy.

Many asylum seekers can not get this treatment due to their health insurance limitations. This is still a big problem and many people lose their perspective of life due to the lack of good treatment. This can then go up to a level of negativity which leads to suicide.

Above all, we also shared ways how to deal with stress and saw how important the spaces and gatherings of our group are, where the women can forget about their stress and feel empowered.

Psychotherapy is often connected to a stigma of being "mentally ill", so many women didn't want to be connected with that. But we think it should be seen as very normal, as one has passed the stress of the flight which for many women includes sexualized violence and rape, and then furthermore endures the living conditions here, the isolation from society and the violence that continues in the Lagers.

Formally, in Brandenburg there exists a psychological counseling at the first receiving center in Eisenhüttenstadt, but the paper that announces this offer also includes the logo of the Ausländerbehörde (foreign office) – so no refugee would have any trust in going there! Many are re-traumatized by the Lager, the police violence, deportations, racism and other incidents.

Unfortunately, the health system is often also contributing to this: We hear from many women who don't receive proper advice on treatment possibilities or before operations.

The most dramatic case was that of a pregnant woman who had an operation during which they removed her unborn child. So instead of helping and healing, more psychological stress and problems are added.



Photo: Corridor of a “Lager” in Brandenburg.



Depression and suicide in Lagers

In 2018, it was shocking to hear about the suicide of a young mother and her child in a Lager in Eckolstädt, a village close to Jena in the state of Thüringen. Again, a year later, in 2019, we got the report of a woman who committed suicide in one of the camps in Potsdam. We feel sad and our sincere condolences go to the families of these women.

We mention these cases because we are well informed of their history of trauma and depression. Both of them were living in camps and the living conditions, the state of helplessness together with seeing no perspectives in their lives drove them to take their own (and even her child's) lives. These cases make us angry because the system which is supposed to protect them failed in giving them proper treatment and care because of their status.

The woman who committed suicide in 2018 and her family lived in Apolda, Thüringen, where they were in good contact with the Eritrean community. In their Lager, they lived in fear of deportation as the police often came to deport people to Italy. They were looking for their own flat and after sometime, it is said, they got a flat, but in another Lager in Eckolstädt. Here we wonder why they transferred them from one Lager to another and called it a flat. As it was in another city, which is not very far (10 km) but not well connected to public transport, they didn't want to move there. The police came to transfer them which is not normal, and we ask ourselves: Why do you need the police for a transfer? With this step, the family was isolated and the situation of the woman who was already traumatized worsened.

Former suicide attempts were ignored by the social workers there, and the question is: Why didn't they organize psychological treatment and help her but instead did everything to add more problems?

The woman in Potsdam, the second case, got her final rejection and was awaiting deportation. The feeling of failure and the way deportations are carried out brutally in the middle of the night - sometimes with ten policemen coming for one single woman - are scaring in itself. It is no wonder that this woman's nerves were stretched to the limit and that she saw no other alternative but to take her own life.

These are not just singular cases. Suicides and attempted suicides are very common in the asylum camps. Many men and women who are depressed and traumatized live in the Lagers. It only needs someone to step on someone else's toes or a word to provoke a fight. It is a common scene to see more than five police cars in the Lagers every night. Of course, such things are not reported to the general public and many of these suicides go unnoticed to the outside world.

Testimonials from the Uterus



Gesundheitsfürsorge für geflüchtete Frauen
in Berlin und Brandenburg

The 30 min documentary film “Testimonials from the Uterus” is part of the health project. In the film three refugee women talk about their different experiences with their health problems and how the health system treats them as asylum seekers. Experts who support refugees also share their thoughts on what it means to be a non-citizen in order to gain access to the German health system.



“(...) more options for the treatment of mental health problems of women have to be created.

There are a lot of women here who have problems. Maybe they don't even know that there is such a thing. The information on this matter should be made more widely available. For women and refugee children who have experienced a lot and also have had traumatic experiences when fleeing or before that, such facilities are needed.”

(Testimony of Shima in the film)



“I'd like to take this opportunity to tell every woman in the same situation that they should try to talk about their problems. When you get here, find one of those groups and try to talk openly about your problems. I'm not hiding with my problems, because that will motivate other women, so that we can overcome these phases together. Because I see that when all women in the same situations start to talk, something is going to change, that something will really change.”

(Testimony of Gisel in the film)



“I know that there are a lot of doctors who work with refugees, which is very good. We see a lot of support and we appreciate it and we ask for more because there are a lot of women who cannot get access (to the health system) and we want to tell the government that we also are women living in this society and we should be treated equally (...) we want equality, we want dignity in the human health. (...) We should not be discriminated. For this we ask for health rights for everyone.”

(Testimony of Jane in the film)



SOCIAL DISTANCE IS A PRIVILEGE

Photo: Visit at the "Lager" in Stolpe-Süd, Henningsdorf 2020





How to go on during and after the Covid-19 pandemic

Our health project started in 2017. It was meant to show the intersectionality between mass accommodation in the camps and the discrimination of refugee women in the healthcare system. We wanted to bring into the open their daily experiences with visits to doctors and gynaecologists because we have heard many complaints from them. The number of those asking for advice on what to do or for alternative doctors was rising and this is how we realized that it was a general problem.

Since then, this project has developed into many directions from hygiene to depressions, traumas and reproductive issues. The number of women who attended the workshops on these subjects was usually very high. At the end of each workshop, it was important for the women to realize that they were not alone in these situations but that there are ways to deal with them.

This is why after the outbreak of Covid-19, we decided, like everybody else, to reflect on how to carry on with our work in general and especially with the next phase of the health project. It was a challenge for us to work from home because not all of us have the knowledge of using online technology or of communicating with a large group at the same time. The second challenge was how to inform to and get information from the refugee women inside by holding our usual meetings without leaving anyone behind.

We realized that after a few of us had made steps on using the internet as a media of online video meetings we still needed to come to terms with the fact that things have changed and most likely will never be the same again or will take time to go back to normal.



Photo: Berlin, 2020.

We realized that the public health measures the government was imposing were impossible in overcrowded camps. The problem is a structural one and cannot be solved by washing hands. Racism and mass housing is the problem and this can now have catastrophic consequences.

For this reason, we decided that a few of us also needed to organize an online workshop to find out about the psychological effects Covid-19 has on our fears and on what the future could mean during and after the pandemic. This is going to help us to move to the next step in our project and will hopefully be helpful not only to us but to other people.

Our demands of “No Lager for women* and children! Abolish all Lagers!”, and of the right to adequate healthcare for all regardless of their residence status was definite before Covid-19, but has now become even more explicit.





Contacts, Networks & Addresses

The following organizations are part of our contact network and in all places you can ask to get advice in your language.

Some are open, some need registration, please check their websites for the counseling/opening hours or give them a call to check if you need to register.

Medi-Büro Berlin

(similar ones exist nationwide in each bigger city): <https://medibuero.de/>

Free treatment for people without health insurance: They don't offer medical treatment but direct patients anonymously to the specialists they require.

Fon: 030-694 67 46

Women & Reproductive Health

Feminist Women's Health Center:

<https://www.ffgz.de/>

Independent counseling and providing information since 45 years. Special counseling for health consequences/after effects of sexual violence. They help you to self-help yourselves!

Fon: (030) 213 95 97

Family planning center BALANCE:

<https://www.fpz-berlin.de/>

Medical help for women, family planning & psychological & other advice on sexuality and partnership

Fon: (030) 2362368-0

Space2growW:

<http://www.space2grow.de/>

Workshops & Counseling on Women*'s health & family planning

Fon: (030) 280 61 85

Center for Sexual Health and Family Planning (In Berlin there are several of these centers in different districts and similar one sexist nationwide)

Medical examination for women with gynecological problems who are without health insurance, also especially for pregnant women.

Counseling on sexual health, sexually transmittable infections (STIs),

cost coverage for contraceptives for those with low income, etc.

Info in different languages: <https://www.berlin.de/ba-charlottenburg-wilmersdorf/verwaltung/aemter/gesundheitsamt/zentrum-fuer-sexuelle-gesundheit-und-familienplanung/artikel.626142.php>

Fon: (030) 9029-16880 (Charlottenburg-Wilmersdorf)

(030) 90299-1701 (Steglitz-Zehlendorf)

Network Reproductive Justice (Berlin):

<https://repro-gerechtigkeit.de/>

Network of diverse people and groups - born out of a feminist and anti-racist perspective - they stand for self-determination and the freedom of individual life planning with or without family concepts (since 2019)

Psychological Support

KommMit e.V.

(different locations in Berlin-Brandenburg):

<http://kommmit.eu/>

Social and psychological counseling and care, psychological interventions for refugees in Brandenburg; preparation of psychological statements for authorities and courts.

**XENION:**

<https://xenion.org/informationen-fuer-gefluechtete/>

Psychotherapeutic treatment for refugees: adults, kids & families. Psycho-social counseling and accompanying, housing advice.

Fon: (030) 880667322

Center ÜBERLEBEN:

<https://www.ueberleben.org/en/home-en/>

Medical and therapeutic treatment and psycho-social care for traumatized refugees; basic psychological, social and legal counseling.

Fon: (030) 30 39 060

Others

Refugee Law Clinic

Legal counselling for refugee women every thursday afternoon in Berlin Neukölln
For an appointment write to: flamingo@rlc-berlin.org

KuB

(counseling for refugees & migrants):
<https://kub-berlin.org/en/angebote/beratung/consultation-for-women>

Counseling on asylum and residency (anonymously possible), psychiatric or social problems (for women* with special protection, the counseling will be in a safe atmosphere).
Fon: 030/614 94 00

Refugee Council Brandenburg:

<https://www.fluechtlingsrat-brandenburg.de/en/>
An NGO which stands up for refugees (e. g.

improving the living conditions) and supports them in their struggle for full access to legal rights as well as unrestricted participation in society.

They don't offer advice on individual cases but can make contact to information centers that provide information on the asylum procedure and general migration issues.

Fon: 03 31 / 71 64 99

**Antidiskriminierungsberatung
Brandenburg:**

<https://www.antidiskriminierungsberatung-brandenburg.de/>

Advice center for people who have experienced racist discrimination in Brandenburg (also in the health sector, e. g. at the hospital or at a doctor's practice)

Autonomes Frauenzentrum Potsdam:

<https://frauenzentrum-potsdam.de/>

Counseling on violence, urgent / current or previous experiences (e.g. domestic violence, sexual violence, forced marriages, stalking). Also general advice on conflicts and crises. And legal advice. Fon: 0331-974695

**Diakonisches Werk Potsdam e.V. -
Beratungsstelle für Flüchtlinge:**

Counseling on asylum procedures, resident status, daily life, application support.

Fon: 0331-2008380

LARA:

<https://lara-berlin.de/en/welcome>

Counseling and support for women who have been raped or who have experienced sexual assault, coercion or harassment.

Fon: (030) 216 30 23

Support hotline in many languages for women in case of any violence: 08000-116 016



WOMEN IN EXILE DEMANDS:



Racism-free access to health care for all!

Stop classifying medical care by first, second and third class treatments and secure the basic human right to health care, which guarantees access to health coverage for all people regardless of their financial or residence status!

Stop deportations!

and certainly do not deport traumatized, sick, pregnant or other particularly vulnerable persons!

Create rooms for healing!

Instead of threatening Refugees with deportation which make them live under stress and leads to depression and (attempted) suicides

Sensitivity to our dangerous flight journeys

We demand a nationwide implementation of a routine procedure of immediate psychological check-up for people arriving in Germany and the possibility to talk to an independent psychologist including translation

Fight racism in the health and social sector!

By educating medical staff to attend competently to patients coming from other countries with different cultural backgrounds and languages.
This needs adequate funding for intercultural trainings.

Stop racism and colonial mentality in the healthcare sector

by thinking we are used to pain and to getting inadequate treatment from our home countries!

Freedom of movement!

Right to come, right to go, right to stay!

No Lagers for women* and children!

Lagers are causing stress, (sexual) violence and re-traumatization; refugees need to live in dignity.

Abolish all Lagers!

