Policies on Health Care for Undocumented Migrants in EU27

Country Report

Finland

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Preface

Undocumented migrants have gained increasing attention in the EU as a vulnerable group which is exposed to high health risks and which poses a challenge to public health. In general, undocumented migrants face considerable barriers in accessing services. The health of undocumented migrants is at great risk due to difficult living and working conditions, often characterised by uncertainty, exploitation and dependency. National regulations often severely restrict access to healthcare for undocumented migrants. At the same time, the right to healthcare has been recognised as a human right by various international instruments ratified by various European Countries (PICUM 2007; Pace 2007). This presents a paradox for healthcare providers; if they provide care, they may act against legal and financial regulations; if they don't provide care, they violate human rights and exclude the most vulnerable persons. This paradox cannot be resolved at a practical level, but must be managed such that neither human rights nor national regulations are violated.

The EU Project, “Health Care in NowHereland”, works on the issue of improving healthcare services for undocumented migrants. Experts within research and the field identify and assess contextualised models of good practice within healthcare for undocumented migrants. This builds upon compilations of

- policies in the EU 27 at national level
- practices of healthcare for undocumented migrants at regional and local level
- experiences from NGOs and other advocacy groups from their work with undocumented migrants

As per its title, the project introduces the image of an invisible territory of NowHereland which is part of the European presence, “here and now”. How healthcare is organised in NowHereland, which policy frameworks influence healthcare provision and who the people are that live and act in this NowHereland are the central questions raised.

| Healthcare in NowHereland: Improving services for undocumented migrants in the EU |
| Project funded by DG Sanco, Austrian Federal Ministry of Science and Research, Fonds Gesundes Österreich |
| Running time: January 2008 – December 2010 |
| Partners: |
| Centre for Health and Migration at the Danube University, Krems (AT) (main coordinator) |
| Platform for International Cooperation on Undocumented Migrants (BE) |
| Azienda Unità Sanitaria Locale di Reggio Emilia (IT) |
| Centre for Research and Studies in Sociology (PT) |
| Malmö Institute for Studies of Migration, Diversity and Welfare (SE) |
| University of Brighton (UK) |
Introduction

This report is written within the framework of the research project, NowHereland - Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU, and one of its work packages. The focus of this work package – policy compilation – was to collect data on policy approaches regarding access to health care for undocumented migrants in the EU member states, to deliver 27 Country Reports and to offer a clustering of the states. A descriptive approach has been applied. In order to contextualise health care access, certain other themes are covered, such as the main characteristics of the various health systems, aspects of policies regarding undocumented migrants and the general context of migration.1

The term used in this project is thus, “undocumented migrants”, which may be defined as third-country nationals without a required permit authorising them to regularly stay in the EU member states. The type of entry (e.g. legal or illegal border crossing) is thus not considered to be relevant. There are many routes to becoming undocumented; the category includes those who have been unsuccessful in the asylum procedures or violated the terms of their visas. The group does not include EU citizens from new member states, nor migrants who are within the asylum seeking process, unless they have exhausted the asylum process and are thus considered to be rejected asylum seekers.

All the reports draw upon various sources, including research reports, official reports and reports from non-governmental organisations. Statistical information was obtained from official websites and from secondary sources identified in the reports. As regards legislation, primary sources were consulted, together with the previously mentioned reports. One salient source of this project was information obtained via a questionnaire sent to recognised experts in the member states.2

1 Information regarding the project and all 27 Country Reports can be found at http://www.nowhereland.info/. Here, an Introduction can also be found which outlines the theoretical framework and method as well as a clustering of the states.

2 For the report at hand, the person to acknowledge is: Maili Malin, Senior Researcher, PhD, National Institute for Health and Welfare, Helsinki, Finland.
The General Migration Context

Finland, which is bordered by Russia, joined the European Union in 1995 and is situated on the border of the Schengen Area.

Despite several wars and conflicts, Finland has experienced mainly voluntary and economic emigration. In the beginning of the 19\textsuperscript{th} century, significant numbers of Finns migrated, mainly to the US, Canada and Australia, but also to Finland’s neighbouring countries, namely Russia, Sweden, and Norway. In total, 1,000,000 Finns had emigrated before World War II. Parallel to the emigration, immigration from across Europe also occurred between 1890 and World War II, and again after 1990 when Finland began receiving both labour and asylum migrants (Tanner 2004).\footnote{The first modern immigrants included Swiss cheese makers, Bavarian brewers, Norwegian sawmill proprietors, British textile industrialists, Italian ice cream makers, Jewish merchants and Tatar fur and carpet traders. They made a comprehensive and considerable contribution to the Finnish economy (Tanner 2004).}

After World War II, hundreds of thousands of Finns migrated. Well-educated young Finnish women, from fields including nursing, migrated to western central Europe, particularly to Germany and Switzerland. A total of 550,000 Finns migrated to Sweden between 1949 and 1971 (Westin 2006), with the freedom of movement permitted between Nordic countries (from 1954) contributing to this emigration flow. However, by the 1980s, emigration to Sweden slowed down (due to an increase in living standards and wages in Finland) and many Finns returned to Finland (Tanner 2004).

The number of foreigners legally living in Finland without citizenship increased four-fold between 1990 and 2003, from 26,300 to 107,100, and the number of foreign-born Finnish citizens and residents doubled between 1991 and 2003, from 77,000 to 159,000, whilst between 2,000 and 3,000 persons obtained Finnish citizenship each year (Tanner 2004). Finland received around 2,000 to 3,000 asylum applications annually, as well as over 10,000 applications for employment and residence permits (Tanner 2004; see also Reichel 2009). In 2008 a total of 6,700 foreign citizens were granted Finnish citizenship, 1,800 more than in 2007.\footnote{http://www.stat.fi/til/kans/index_sv.html (2010-02-15).}

In 2008 Finland received 3,770 asylum applicants (Eurostat 66/2009). The same year, 1,770 decisions were issued (in the first and second instance) and the rate of recognition was 39% (655 decisions in the first instance) (Eurostat 175/2009).
Total Population and Migrant Population

By 1 January 2010 the population in Finland was 5 350 475 (Eurostat). The foreign–born population was 144 915, of which 76 477 were from Europe. In 2008, 4% of the population was foreign born, but within the Helsinki metropolitan area as many as 9% of the population have a language other than Finnish or Swedish as their main language (official national languages). The largest migrant groups are from Russia or the former Soviet Union, Sweden, Estonia, Somalia, China and the former Yugoslavia (Statistics Finland, Monitori 2, 2009).

According to statistics from Eurostat, by 1 January 2008 there were 133 000 foreign nationals in Finland, which equalled 2.5 % of the population (Eurostat 94/2009). The main countries of origin of these foreign nationals were Russia (26 200, 19.8 %), Estonia (20 000, 15.1 %) and Sweden (8 300, 6.3 %) (ibid.).

Estimated Number of Undocumented Migrants

There are no official estimates published or available, but the number of undocumented migrants is assumed to be low (Baldwin-Edwards and Kraler 2009:41).

Categories of Undocumented Migrants

In the Finnish context, the asylum process plays a role in “producing” undocumented migrants (Baldwin-Edwards and Kraler 2009:41). However, the main pathways into irregular stays may be concluded to be irregular entry. According to information from the National Bureau of Investigation (Police organisation), the largest group of undocumented migrants consists of those who will apply for asylum after arriving in the country. In 2009 the police estimated that there were 8 000 irregular migrants in the country, of whom between 5-6 000 would apply at some later stage for asylum. Thus, between 2-3 000 persons would remain irregular migrants (visa overstayers, permit overstayers or rejected asylum seekers). Of these irregular migrants, 40% were estimated to be female and 10-20% children (Questionnaire Finland).

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

No regularisation programs have been implemented in Finland (Reichel 2009:48). Finland grants residence permits (case by case) on “compassionate grounds” and in cases where “an

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5 Eurostat.
&footnotes=yes&labeling=labels&plugin=1 (2010-03-09).
alien cannot be removed” (ibid.:49). Victims of human trafficking may be regularised on the basis of humanitarian arguments (one case since mid 2000).

**Internal Control: Accommodation, Labour, Social Security and Education**

An undocumented migrant may sign a contract of accommodation (in practice) in the private market (not in communally subsidised housing markets). However, this is subject to the landlord’s discretion and thus favours persons with resources and a mainstream appearance (in terms of colour) and language skills (i.e. English) (Questionnaire Finland).

Employment, together with the related social security, is not accessible for undocumented migrants. In this context, it is relevant that the occupational healthcare systems which workplaces have are only accessible to persons in possession of a certain health card (see below). Many firms hire sub-contractors for specific types of work, particularly on construction sites, but there is no systematic control with respect to how the sub-contractors organise the legally required occupational health services for their employees. There are local industrial/trade union officials who do spot checks within both the construction and restaurant industries to verify the residence and work permits of workers. There are numerous examples of cases where the rights of foreign born workers have been seriously violated by their often foreign born employers (Questionnaire Finland).

All children are subject to compulsory education and a child has the right to free pre-school education for a period of one year if he/she lives permanently in Finland (Perusopetuslaki 21.8.1998/628). This law concerns pre-school, primary and secondary education (from 6 to 15 years of age). For children who are undocumented migrants this involves an implicit right, as there is no impediment to the enrolment of children who do not have legal residency status in the country (European Commission 2004:33). In practice however, schools and public service bodies generally request a personal identification number (social insurance card). This implies that access to primary education depends on the school officials’ discretion to enrol children not in possession of personal identity documents (Questionnaire Finland).

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7 [www.migri.fi](http://www.migri.fi)
Main Characteristics of the Health System

Financing, Services and Providers

In Finland, the state’s responsibility to promote welfare, health and security is rooted in the constitution, which states that public authorities shall guarantee adequate social, health and medical services for all persons and promote the health of the population. The Ministry of Social Affairs and Health is in charge of the overall functioning of social and health services. The Ministry defines the course of national social and health policy in its strategy, and implements these policies by way of legislation, quality recommendations, programs and projects. The Ministry compiles a development program for social and health care (Kaste) which sets out the main points of emphasis of policy aims, activity and oversight, as well as the reforms and legislative programs, guidelines and recommendations needed to implement them.

Finland has two sources of public financing for health services (dual financing): municipal financing based on taxes, and National Health Insurance (NHI) based on compulsory insurance fees. The scheme is run by the Social Insurance Institution (SII, Finnish acronym KELA), with local offices throughout the country. Municipalities fund municipal health care services (except outpatient pharmaceuticals and transport costs). The NHI funds private health care, occupational health care, outpatient pharmaceuticals, transport costs and sickness allowances. Total public sector funding as a percentage of total expenditure on health is 78% (Vuorenkoski 2008). The three different health care systems which receive public funding are: municipal health care, private health care and occupational health care. Waiting times, and the range of services provided at the user's expense, differs for each health care system (ibid.). Cost sharing is applied to most health services, but there is an annual maximum out-of-pocket payment and children (under 18 years) are exempt from charges in respect of both primary and preventive health care, such as maternity care.

Supplementary private health insurance mainly covers children and plays a very small role (Thomson et al. 2009:134).

The system is based on preventive health care and comprehensive health services. The publicly financed health care system covers all residents for a comprehensive range of benefits (Thomson et al. 2009:134). According to the Primary Health Care Act, at the municipal level public health care is primarily the responsibility of the health centre. There is not any specific package of benefits for services provided by the municipal health care system. The constitution uses the concept, “provide sufficient health care services to everyone and promote the health of the population”. The Act on Specialized Medical Care refers to “necessary services” and the Primary Health Care Act defines the types of services, 

9 More information on OOP can be found at [http://www.kela.fi/in/internet/english.nsf](http://www.kela.fi/in/internet/english.nsf)
10 In Finnish terminology, legislation and practice, ‘primary care’ carries the double meaning of primary health care and public health (ibid.).
but without specifications. Municipalities and hospital districts have significant autonomy in defining and shaping the services they provide. Patients can appeal to an administrative court if they feel that they have not received the appropriate care. In terms of private health care reimbursement, the NHI does not have any defined benefit package which it covers, with the exception of orthodontic or prosthodontic dental services and cosmetic surgery (Vuorenkoski 2008). Patients have limited choice of health centres and free choice of private doctors. Referral is required for public sector specialist care (Thomson et al. 2009).

Unemployment security, as well as pensions in the form of either generous income related schemes or minimal schemes for those outside the labour force, are also provided for by the social welfare system (ibid.).

Providers of health care are mainly state (i.e. publicly) driven bodies. Municipalities own the majority of hospitals and primary care centres. Public health services are divided into primary health care and specialised medical and hospital care, which are arranged by municipal health centres and hospital districts respectively. Each municipality belongs to a particular hospital district (Vuorenkoski 2008). Many NGOs also implement extensive health promotion programs (publicly funded or purchased by municipalities) (ibid.:97).

Basis of Entitlement

The basis of entitlement to health care is legal residency.

Special Requirements for Migrants

The NHI covers all permanent residents in Finland. Permanent residents receive an SII card (Social Insurance Institution or, in Finnish, a KELA card) which proves eligibility for social security (including health insurance). The meaning of residency is defined by the Sickness Insurance Act. In order to be recognised as being resident in Finland, a person must have their primary residence in Finland and must continually spend most of their time in Finland. Persons are considered to be resident in Finland, and eligible for benefits, in the case of temporary stays abroad lasting one year or less. Immigrants are considered to be residents if they intend to live in Finland on a permanent basis and have a residence permit valid for one year (if required). Whether residence is considered to be permanent is determined by reference to the purpose of entry into Finland. The move is considered to be permanent if the immigrant is a refugee or full-time student, or if the immigrant comes to Finland for family reasons or has either a permanent employment contract or an employment contract for a period of at least two years. Persons seeking asylum in Finland are not considered to be resident whilst their cases are under consideration. Since August 2004, workers and self-employed persons moving to Finland from a member state of the

EU/EEA or Switzerland have been eligible for social security coverage by SII if they have been employed in Finland for a period of at least four consecutive months (2008:51) (Questionnaire Finland).  

Asylum seekers may receive a health examination in a reception centre. The medical doctor may make referrals for special care as required, and the asylum seeker is then liable to pay the costs if he/she has the necessary resources. Primary nursing care is available in reception centres, as well as the services of social workers.

The Finnish Aliens Act specifies the rights and obligations of those moving to Finland, as well as the conditions of residence and employment for those arriving from different areas and for different reasons. The social security coverage of persons moving between the EU/EEA countries and Switzerland is coordinated by means of EU Regulation 1408/71.

**Difference Sensitivity**

Some adaptive structures to migrants in health care can be found in Finland, such as mediation and translation services, translated informational material and some interventions integrated into the education of healthcare providers. Public authorities are obliged to organise interpretation services whenever the issue is initiated by an authority or is related to a decision by an authority regarding the customer themselves. Within the health care system, and in respect of issues initiated by the customer, persons unable to speak Finnish or Swedish are entitled to an interpreter free of charge. There is no systematic national program for these adaptations, despite translation services which are in theory guaranteed by law, but the application of such in practice may vary locally. There is no monitoring or follow up of these adaptations (Questionnaire Finland).

Furthermore, in the National Development Programme for Social Welfare and Health Care (Kaste) 2008-2011, migrant issues are considered to be permeable (not specified). The relevant issues are implied to by the use of concepts such as inclusion and exclusion, inequalities, availability and quality.

In the Government’s Policy Programme for health promotion (2007-2011), migrants have been considered in the formulations of impact objectives and projects. The policy program, *Services for immigrants* provides that special needs related to cultural origins should be

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12 In order to qualify for the benefits from KELA, a person moving to Finland shall report at a KELA office and fill in application form Y77. Based on this application, the immigrant will be granted a decision as to whether they fall within the scope of social security, and a KELA card if he or she qualifies for social security in Finland. [http://www.mol.fi/mol/fi/99_pdf/fi/06_tyoministerio/06_julkaisut/05_esitteet/tme7601e_workinginfinland.pdf](http://www.mol.fi/mol/fi/99_pdf/fi/06_tyoministerio/06_julkaisut/05_esitteet/tme7601e_workinginfinland.pdf)


taken into consideration in the provision of services and health promotion, as well as the provision of sufficient information, guidance and support during the integration stage.\textsuperscript{15}

In this context, the National Action Plan to Reduce Health Inequalities 2008-2011 is also relevant.\textsuperscript{16} One aim of this plan is the developing and strengthening of social and health care services for immigrants and adherence to the principle of mainstreaming.

\section*{Health Care for Undocumented Migrants}

\subsection*{Relevant Laws and Regulations}

There is no specific legislation regarding access to health care for undocumented migrants, and as such the current access to health care is rather to be deduced from the general legal framework. The following legislation is relevant:


\subsection*{Access to Different Types of Health Care}

Undocumented migrants may access emergency care in accordance with The Act on the Implementation of the Social Security Legislation (1573/1993), in terms of which if a foreign person is from a “third country” (non EU/EEA country, Switzerland or a country with a social security agreement with Finland) and requires urgent medical attention in Finland, he/she may access such treatment. The person shall receive such care as is sufficient to allow them to return to their country of origin.\textsuperscript{17}

Furthermore, undocumented migrants may have access to health care from public primary and specialist care as well as in private clinics if they pay all the relevant costs. One option is then that a person might borrow their relatives or friend’s social security card in order to gain access to health care. Some public health nurses provide maternity care to undocumented migrants with the permission of the head physician (Questionnaire Finland).

Access to care depends on the provider’s desire to provide care despite the lack of personal identity documents. In primary care, reception personnel, using the social security number of the patient in a computer based patient information system, are required to make an appointment with the doctor prior to allowing the patient to pass. Even in the case of emergency care the patient is required to register at the reception desk using an identification or social security number provided by KELA (Questionnaire Finland).

**Costs of Care**

Undocumented migrants are, as is the case with all uninsured persons, required to pay for the cost of care, as the provider has the right to charge uninsured patients. However, the extent of payment is unclear and different official documents provide different information. In the document, “Foreign citizen’s hospital care in Finland” (Ulkomailla asuvien sairaanhoidosta Suomessa 2006) it is stated that uninsured persons should pay the full treatment costs, whilst a second document provides that the normal patient fee should be paid.18 In practise, it is likely that undocumented migrants do not have any money, and thus are unable to pay, which implies that KELA, municipalities and the state ultimately pay these costs. There is no regulation to this effect, however KELA has a set of modified regulations in respect of travellers/tourists’ rights to health care which are then also applied to undocumented migrants (Questionnaire Finland).

**Specific Entitlements**

There are no specific entitlements in terms of identified groups or diseases. In theory, HIV testing should be available anonymously/without any personal identification, but this is difficult to implement in practise (Questionnaire Finland with reference to media).

In this context it is relevant that it is generally agreed that constitutional rights apply equally to all people in Finland, and not only to persons with citizenship or legal residency. Thus, human rights, the rights of health care, basic income and housing, as well as provisions in respect of discrimination, apply to all persons in Finland. Specifically, Finland has the responsibility to protect the human rights of those who are most vulnerable, including for example children and women. To what extent these principles include undocumented migrants is unknown. This is also the case with respect to international human rights covenants and conventions ratified by Finland, such as ICESCR, CEDAW and CRC (Questionnaire Finland).

**Regional and Local Variations**

There are no local or regional variations in entitlements to care in terms of legislation.

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18 [www.kela.fi](http://www.kela.fi)
Obstacles to Implementation

This topic is not relevant

Obligation to Report

There is no obligation for health care staff to actively report an undocumented migrant to immigration authorities. However, there is a passive obligation which involves answering direct questions from authorities (Questionnaire Finland).

Providers and Actors

Providers of Health Care

In the Finnish context, providers of health care to undocumented migrants are to be found amongst the general hospital emergency units and general practitioners (paid privately). Furthermore, nongovernmental religious organisations and nongovernmental international organisations provide care (mainly preventive).

In the case of private clinics, the situation is subject to the provider’s discretion. In the case of public doctors and nurses, the provision of health care depends on their desire to provide care and their innovative thinking with respect to how to register the costs thereof. There is no information available with respect to the number of undocumented migrants seeking care at different levels in the public health sector, nor in the private clinics.

There are also nongovernmental organisations providing care which is accessible to undocumented migrants. The Finnish Red Cross provides primary nursing care and health information in some clinics, free of charge and without requesting the patients’ personal information. Pro-tukipiste is a registered nongovernmental organisation which supports and promotes the civil and human rights of individuals involved in sex work, and works as an advocacy for sex workers; a considerable number of which are foreign born. Pro-tukipiste provides social support and health care and maintains and runs professional social and health care service units and outreach units in Helsinki and Tampere. They offer appointments with nurses and doctors, health promotion and advice, provide necessary medical testing and vaccinations, assist with social problems such as housing, income, education and unemployment, and migration related questions.19

In this context, certain other organisations are also relevant, as they target migrants and occasionally encounter undocumented migrants. Aidstukikeskus (Support and information centre for those with AIDS) runs a telephone information centre for persons concerned about HIV or AIDS (free help line), and have offices in Helsinki, Turku, Tampere and Oulu.

where HIV testing is provided anonymously and free of charge. Currently, Aidstukikeskus is running a special project in respect of migrants and HIV.20

MONIKA, The Multicultural Women’s Association in Finland, is an organisation consisting of women with different ethnic backgrounds, and is a national resource offering services (shelter, peer groups, etc) free of charge to immigrant women and children suffering from intimate relationship violence, honour related violence, forced marriages or who are victims of human trafficking. These services are offered in several languages.21

The Finnish Association for Mental Health runs a SOS crisis centre in Helsinki which helps migrants and their family members living in Finland in different life crises. The Helsinki Deaconess Institute offers advice and treatment to drug addicts of all ages and to their families and close friends. These services are available nationwide, 7 days a week and 24 hours per day. The Family Federation is a social and health sector organisation focusing on families. Their department, Kotipuu provides services to professionals in the public and third (non-profit) sector and to families with an immigrant background (with respect to family relationships and child rearing). The Family Federation’s Sexual Health Clinic provides gynaecological services by appointment but without a referral and runs an Open-Door Youth Service (ODYS) (Questionnaire Finland).

The nongovernmental organisations are situated in the main cities, and their work is not coordinated.

**Advocacy Groups and Campaigns on Rights**

There are no advocacy groups for undocumented migrants active in Finland and there has not been any particular campaign regarding the rights to health care. Some local churches have provided protection for persons refused residency permits or who are in the process of being deported (Questionnaire Finland).

The Ombudsman of Minorities is independent, governmental body acting on behalf of minority groups in Finland, with its administrative office located within the Ministry of the Interior.22 The Ombudsman’s basic task is to advance the status and legal protection of ethnic minorities and foreigners, as well as equality, non-discrimination and good ethnic relations in Finland, and it also acts as the national rapporteur on the trafficking of human beings. The Ombudsman supervises compliance with the prohibition of ethnic discrimination in terms of the Non-Discrimination Act, and aims to prevent ethnic discrimination and promote equality in a number of different ways. The Ombudsman also intervenes in cases of discrimination by issuing statements and opinions.

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20 [www.aidstukikeskus.fi](http://www.aidstukikeskus.fi)
22 [http://www.vahemmistovaltuutettu.fi](http://www.vahemmistovaltuutettu.fi)
Political Agenda

Irregular migration is not considered a social or political problem in Finland (Reichel 2009:50).

International Contacts

This topic is not covered as information in this respect was not obtained.

Bibliography


