Policies on Health Care for Undocumented Migrants in EU27

Country Report

Hungary

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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.

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**Healthcare in NowHereland: Improving services for undocumented migrants in the EU**

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*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

The General Migration Context

Hungary became a member of the European Union in 2004. Hungary has been situated at the Schengen border since the accession in 2007.

Hungary is today a sending, transit, and destination country for migration (Juhász 2003). Hungary has experienced emigration of considerate proportions at the end of the 18th

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: Valeria Novacs Malmö University, Sweden.
century as well as forced settlements and “exchange of population” in the wake of the world wars, of Hungarian minorities stranded outside the borders and other groups evicted (Germans and Slovaks). After World War II 113,000 ethnic Hungarians were resettled in Hungary from Czechoslovakia, 125,000 from Transylvania, 45,500 from Yugoslavia, and 25,000 from the Soviet Union until the borders were closed in 1947 (ibid.). During the following four decades (with an exception in 1956) migration was limited, borders strictly guarded, visa requirements were stringent and readmission agreements and travel restrictions were applied. Since the transformation of Eastern Europe around 1990, the extent and character of population movements into and through Hungarian territory has changed. By the mid 1990s, the country had become a transit country to the West, and also a destination country for immigrants. The legal framework for regulating migration has developed gradually. During the 1990s, most immigrants arrived from neighbouring countries such as Romania, the former Republic of Yugoslavia and the Ukraine and were of Hungarian ethnicity (ibid.). A smaller but important population group comprised people from Asian countries, mostly China and Vietnam (Futó 2008). During the Yugoslav war some 70,000 immigrants arrived from the former Republic of Yugoslavia, mostly ethnic Hungarians (but also Croats, Muslim Bosnians etc.) but they returned after the war (ibid.). It is also relevant that Hungary even though perceived as ethnically homogeneous (see Reichel 2009) has 14 acknowledged national minorities with a constitutional right and by the Minorities Act to establish their own self-governments (Dobos 2009).

According to the Act on Hungarian Citizenship eight years of residence in Hungary are a prerequisite for naturalization. The Act on the Entry, Stay, and Immigration of Foreigners in Hungary (the Aliens Act), requires an individual to spend a minimum of three years working and living in Hungary with a residence permit in order to obtain immigrant status (settlement status) (Juhász 2003).

Immigration to Hungary from countries in Central and Eastern Europe, from China and Vietnam is primarily labour migration, often based on seasonal or temporary employment or business. In addition, immigration to Hungary from poverty stricken or war torn developing countries is mainly transit migration. As a result, according to official statistics referring to foreigners with a residence permit, nearly two thirds of foreign citizens living in Hungary are from neighbouring countries (nearly 100,000 persons, mostly Hungarians), around 12 % (18,000 persons) arrived from Asian countries (out of which 12,000 are from China and Vietnam) and a similar ratio are from the EU-15 countries (Futo 2008:4).

Until 1997 Hungary accepted refugees only from European countries. Immediately after lifting this limitation, nearly half of the asylum applications were submitted by non-European citizens, mostly from Afghanistan, Bangladesh, and Iraq (ibid.). In 2008 the number of applications was 3,175, mainly from Serbia and Pakistan (Eurostat 66/2009). The same year 965 decisions were issued (in the first and second instance) and the rate of recognition was 43.7 % (in the first instance) (Eurostat 175/2009).
Total Population and Migrant Population

The total population in Hungary was 10,013,628 by 1st January, 2010 (Eurostat). In 2007 the numbers of the foreign born population in Hungary was 381,800 which equals 3.8 % of the population (QECD). Out of these 67,000 were Romanian citizens, 15,000 Germans and 16,000 Ukrainians (Reichel 2009:61). In 2008 the foreign born population was 177,000 (Eurostat 94/2009). Out of these 65,900 were Romanian citizens, 17,300 Ukrainian citizens and 14,400 were Germans (ibid.).

Estimated Number of Undocumented Migrants

The total stock of resident irregular migrants in Hungary in 2007 has been estimated to be between 30,000 and 50,000 people. Those numbers are based on expert opinions and publications (Futo 2008:36). There are other estimations as high as 150,000 which equals 1.5 % of the population and consequently are relatively high numbers in the European context (Baldwin-Edwards & Kraler 2009:41). In Hungary, irregular migration basically involves either transiting through the country without proper documents, or illegal residence in the country, or engagement of non-EU citizens in unlawful employment, typically of the seasonal or temporary kind (Futo 2008:21). In terms of nationalities, large groups are Chinese (estimated to be 50 %), Vietnamese and Albanian people of Kosovo. The rest of the undocumented migrants are Ukrainian, Serbian (including Kosovo Albanians), African and other Asian immigrants (Futo 2008:40).

It is worth noting that Romanian citizens, most of them ethnic Hungarians, constituted the major group among illegal immigrants before 2007. Since then they can freely travel to Hungary (ibid.)

Categories of Undocumented Migrants

The main pathway into irregularity is irregular entering either on some official border crossing point by using false documents or by hiding in a vehicle, or, alternatively, attempt to cross the green (land) border (Futo 2009:19). Also “overstaying” is significant but experts are reluctant to estimate the magnitude (ibid.:17). In 2007 the number of border violators apprehended for attempted illegal exit surpasses the number of border violators apprehended for attempted illegal entry by 45 %. At the Austrian and Slovenian border sections apprehended illegal migrants attempting to leave Hungary outnumber those attempting to enter Hungary by a factor of four. These facts together confirm that a substantial component of irregular migration is transit migration towards Western Europe (ibid:18). In the Hungarian context the asylum process has a role in "producing" undocumented migrants. For most migrants in an irregular situation apprehended by the


authorities, entering the asylum process is the major form of legalizing their stay in Hungary. Furthermore, duration of the asylum procedure may take years, and during this time approximately half of the asylum seekers leave Hungary to the West in an illegal way (ibid:18).

Another pathway into irregularity concerns children born in the country by parents who are asylum seekers or refugees. In the Hungarian administration the child will be registered as “citizenship unknown” and are not entitled to health care (see below).5

Policies Regarding Undocumented Migrants

Regularization Practice, its Logic and Target Groups

Hungary has conducted one regularization programme, in 2004 (Reichel 2009: 62). However, this was not regarded as an appropriate measure to manage migration but as a last resort. The programme was of a comparatively small size and can be understood as an “adjustment” of the resident population that resulted from political and territorial changes (Baldwin-Edwards & Kraler 2009:40). The programme was related to EU accession in order to decrease numbers of irregular migrants (and potential migration to other countries as well) and was also motivated by family reunification considerations aiming at persons with family ties in Hungary. The target group was persons residing in the country since 2003, excluding criminals, and aimed at persons with personal reasons (family), cultural ties etc. They received a temporary right to remain. All in all 1,500 applied; 1,200 were issued with a resident permit. The applicants were mainly persons from China (40 %), Vietnam (20 %), Romania, the former Republic of Yugoslavia, Mongolia and Nigeria (Reichel 2009: 62; Futo 2008:40).

Hungary also issued permits on humanitarian grounds. Between 2003 and February 2007, 7,524 residence permits on humanitarian grounds were issued; however, the numbers of permits increased considerably from 311 in 2003 and 991 in 2005 to 2,945 in 2007. In those cases the main countries of origin were Afghanistan, Algeria, China, Georgia, Iraq, Iran, Mongolia, Nigeria, Serbia and Montenegro, Somalia, Turkey and Vietnam (ibid.).


Original citation; A menekült csecsemők problémái már születésük pillanatában elkezdődnek. A menekültcsecsemők, státuszmentes menekültek és kiegészítő védelem alatt álló személyek Magyarországon születő gyermekének állampolgárságát a születéskor ismeretlenként anyakönyvezik. Ez hosszú távon hontalansághoz vezethet, és egész életükre negatív hatással lesz.
Internal Control: Accommodation, Labour, Social Security and Education

In Hungary an undocumented migrant can sign a contract for accommodation with a private landlord as there is no duty to check residence permits. They can not access work with related social security as that requires a legal residence permit.

In Hungary, the right to education can be considered to be implicit as there is no impediment to the enrolment of children who do not have legal residence status in the country (European Commission 2004:33).

Main Characteristics of the Health System

Financing, Services and Providers

Hungary has a social insurance system with compulsory membership and no possibility of opting out. Hungarian health care reforms of the past decades have transformed a primarily tax-based system into a social health insurance system which can be understood as being related to an earlier Bismarckian model, which prevailed in Hungary before the Second World War. Today, public sources of health care finance consist of contributions to the social health insurance scheme (62 % in 2006) and of revenues from general and local taxation (10 % in 2006). The social health insurance scheme is operating nationwide and recently (in 2009) a single health insurance fund overseen by the National Health Insurance Fund Administration (NHIFA) and controlled by the Ministry of Health, has been replaced by a system of five to eight competing insurance companies and free choice of insurer for the contributors. NHIFA is still responsible (Thomson et al. 2009:150). The statutory system covers over 99 % of the population and offers a comprehensive range of benefits. The market for supplementary private health insurance is very small. Cost sharing has been gradually introduced and applied increasingly. In the Hungarian health system informal payments are a deeply rooted and persistent issue.

In relation to the social insurance the population is divided into three groups: (1) employees, (2) groups who are covered without contributing, including the dependants of the other groups and special groups such as pensioners, women on maternity leave, conscripts, people with very low incomes, and their dependants – and (3) all other inhabitants with a personal identification card (i.e. legal residents). The health insurance contribution is proportional for group 1 and split between employer and employee, and self-employed pay according to special rules as well as group 3. The provisions for non-contributing groups are shared between the fund and the government (Gaál 2004:36-37).

In accordance with the legislation of health insurance it is possible to purchase insurance on an individual basis and citizenship is not required. The fee is approximately € 300 per month for adults and € 90 per month for children (Health Services for Foreign National

According to the same act, paragraph 29 (4), health services are provided on the basis of a unique health insurance personal identification number (TAJ), which is issued on a “health card”. Care cannot be denied even if a person does not have his/her health card. In the last few years a system has been developed which allows checking if a card is valid and contributions paid. If that is not the case the patient will get a bill from the tax authorities (and eventually a debt). However, there is an act stating that health care staff members cannot deny a person care. Furthermore, they can explicitly not deny care due to inability to pay. This act does not apply to non-citizens.

As mentioned, the statutory insurance offers beneficiaries with a “health card” a nearly universal coverage and a comprehensive benefits package with little exclusion. However, persons without a “health card” have the right to basic care (sürgösségi ellátás). This right is laid down in the Act CLIV of 1997 on Health, promulgated on 23rd December, 1997, 142 § (2). (Az egészségügyről szóló 1997 évi CLIV. Törvény).

In regard of basic care there is a differentiation between emergency care and life saving care. Emergency care is provided at health facilities (also by general practitioners) while life saving care refers to ambulatory care (with medical doctors). Emergency care is specified in 31 points in a regulation from the Health Ministry and involves life threatening conditions and diseases (such as unconsciousness and suicide attempts). Also childbirth and complications related to pregnancy are included (52/2006. (XII.28) EüM rendelet a sürgös szükség körébe tartozó egyes egészségügyi szolgáltatásakról, Diseases and conditions included Emergency care services).

6 National Health Insurance Fund, [www.oep.hu](http://www.oep.hu)
7 See [http://oep.hu](http://oep.hu)
8 See [http://www.oep.hu/portal?_pageid=34,35161&_dad=portal&_schema=PORTAL; Orvosi ellátás betegség esetén (háziórvos/járóbeteg szakellátás/fekvőbeteg ellátás (2010-02-02).]
Life saving care, on the other hand, is regulated by Act CLIV of 1997 on Health, promulgated on 23rd December, 1997, 94 § (1) and defined as care in case of life threatening conditions and all conditions that can lead to serious detriment of health as well as in conditions dangerous for others. In 95 § it is stated that “all persons have the right to receive life saving care in Hungary without checking citizenship or of being a beneficiary of health insurance”.

Taken together; in Hungary everybody has the right to emergency and life saving care irrespective of citizenship or contributions to the health insurance.

The delivery system is organized in a divided reasonability for local governments to supply (primary care) and county governments (specialist health care). Public health services are the responsibility of the national government. The NHIFA purchases health services by contracting with providers, public as well as private. The municipalities must ensure that family doctor services (through family physicians and family paediatricians), dental care, out-of surgery hour's services, mother and child health nurse services and school health services are available. Local government contracts out service provisions to a private provider who delivers the services in a health care facility, and with equipment owned by the local government. This scheme is referred to as “functional privatization” and it is the most common in primary care (Gaál 2004).

Hospitals are to a large extent public, owned by county governments (multi-speciality county hospitals) municipalities own polyclinics providing outpatient specialist care as well as municipal hospitals providing secondary acute and chronic inpatient and outpatient care. The national government also owns hospitals. In addition, there are private hospitals; though it is a small sector (ibid.)

Basis of Entitlement

Health care delivery is based on the constitutional obligation of the state to make health services available for all resident citizens and entitlement to statutory health benefits is based on citizenship, however, aimed at people with the personal identification card (Gaál 2004:59). As the right to be insured does not require citizenship, the basis of entitlement can rather be understood as have a legal residence permit (Act LXXX of 1997 on those Entitled for the Services of Social Insurance and Private Pensions and the Funding of these Services (promulgated: 25th July, 1997)).

Special Requirements for Migrants

Entitlements to health care for EU citizens and EEA persons from member states are regulated in 2007. Act of Free Movement and Entry (évi I. törvény a szabad mozgá és tartózkodás jogával rendelkező személyek beutazásárél és tartózkodásáról). They must obtain a European health card and are entitled to care corresponding to the Hungarian "health card" according to EU agreements. In this context it is also relevant that in
Paragraph 33 of this legislation it is stated that Hungarian authorities can deny entry and permit to stay in the case of a person considered to constitute a public health risk. In Paragraph 40 it is also stated that a person can be expelled for the same reasons.

Regarding foreigners who work in Hungary for a longer period, they are not obliged to participate in the Hungarian statutory insurance, but may do so if they wish (Gaál 2004:37). The fee is approximately € 300 per month for adults and € 90 per month for children.9

For Third Country nationals legally staying in Hungary, the Act 2007 Aliens Act for Third Country Nationals (évi II. törvény a harmadik országbeli állampolgárok beutazásáról és tartózkodásáról) is applicable. They are entitled to the emergency and life saving care (basic care, sürgösségi ellátás), Act CLIV of 1997 on Health, promulgated on 23rd December, 1997, 142 § (1). (Az egészségügyről szóló 1997 évi CLIV. Törvény).

For asylum seekers it is obligatory to have the examinations and vaccinations mandatory in Hungary. This is regulated by the Asylum Act § 5 (2) (d) évi LXXX. Törvény a menedékjogról). Asylum seekers are, furthermore, according to § 10 (1) entitled to health care equal to Hungarian citizens (universal care). Care is delivered by general practitioners at asylum centres and in the mainstream system if the asylum seeker is not living at a centre. The Hungarian Migration Board is responsible for the cost. Within this legal framework pregnant women and children are given special entitlements (involving things such as rehabilitation and psychiatric care) in instruction 301/2007. (XI.9.). para. 34.

**Difference Sensitivity**

For examples of adaptive structures to migrants in health care see “Good practices”.10

**Health Care for Undocumented Migrants**

**Relevant Laws and Regulations**

There is no specific legislation with regard to health care for undocumented migrants in Hungary but the following legislation is relevant.


10 http://mighealth.net/hu (2010-02-02).

Regulation 52/2006. (XII.28) Diseases and conditions included in Emergency care services (EüM rendelet a sürgős szükség körébe tartozó egyes egészhigyi szolgáltatásakról) which specifies emergency care as life threatening conditions and diseases (such as unconsciousness and suicide attempts). Childbirth and complications related to pregnancy are included.

The act regulating life saving care (Mentés) Act CLIV of 1997 on Health, promulgated on 23rd December, 1997, 94 § (1). In 95§ it is stated that everybody has the right to life saving care “all persons have the right to receive life saving care in Hungary without checking citizenship or of being a beneficiary of health insurance”.

The act regulating the right to health care at detention centres, Regulation on detention from Department of Justice (27/2007 (V.31.) IRM rendelet az idegenrendészeti eljárásban elrendelt örizet végrehajtásának szabályairól, para. 23).

The legislation on health insurance stating that to purchase insurance does not require citizenship, Act LXXX of 1997 on those Entitled for the Services of Social Insurance and Private Pensions and the Funding of these Services (promulgated: 25th July, 1997).

Access to Different Types of Health Care

In Hungary everybody has the right to emergency and life saving care irrespective of citizenship or contributions to the health insurance according to the Health act and related regulations. Thus undocumented migrants have this access. Furthermore, at detention centres entitlement to care is more extensive. According to the Regulation on Detention from the Department of Justice (27/2007 (V.31.) IRM rendelet az idegenrendészeti eljárásban elrendelt örizet végrehajtásának szabályairól, para. 23), detained persons have the right to hospital and specialist care.

In terms of access, there is general access to private general practitioners as well, providing primary care also to persons outside the insurance system (for full costs, see below).

Costs of Care

Emergency care and life saving care is free of charge which is also the case for vaccinations. In case of visits to a private general practitioner the cost out of pocket corresponds to the full cost.
Specific Entitlements

Pregnant women have the right to basic care (according to Health care Act) in which complications related to pregnancy are included. However, in Paragraph 142 (3) (c) further maternity care is specified. In addition, the right to maternity care is conditioned by residence and from this follows that it is not accessible for undocumented migrants.

Regional and Local Variations

Entitlement in terms of legislation does not vary regionally or locally in Hungary.

Obstacles to Implementation

As made clear, everybody has the right to emergency care and life saving, according to the Health Care Act. However, the definition (even if specified in 31 points) is left open to the discretion of health professionals and administrative staff to determine the extent of care. There are documented cases of persons being denied care in spite of the legislation regarding not to deny care. ¹¹

Obligation to Report

There is no obligation for the health care staff to report a patient to authorities such as police in Hungary.

Providers and Actors

Providers of Health Care

Emergency care is provided at emergency units as well as at other care facilities (also at GPs). Life saving care is provided by ambulatory units (life saving) which can be found all over the country. Care is also provided at the detention centres (three in the country).

Advocacy Groups and Campaigns on Rights

There are advocacy groups for undocumented migrants, however, officially targeting legal migrants and mostly working with information. One example is Menedék Migránsokat segítő Egyesület, which is in cooperation with the Board of Migration and is involved in education of their staff. With regards to undocumented migrants the interest is to be helpful with information. There have not been any particular information campaigns regarding rights to health care for undocumented migrants. ¹²

¹¹ For an example, see http://www.Origo.hu/print/itthon/20051011csak.html regarding a baby without a health card who was denied care (2010-02-02).

The Cordelia Trust works with traumatized persons and is also active at detention centres. Officially they are not targeting undocumented migrants, however, in practice they do.\(^\text{13}\)

The Board of Migration has a blog at their website at which it is possible to pose questions. Judged by the content and the topics raised, undocumented migrants’ rights is an issue brought up.\(^\text{14}\)

\textit{Political Agenda}

In the debate, issues on migration have a tendency to be are reduced to irregular migration.\(^\text{15}\) Undocumented migrants are discussed in Hungary in terms of control of migration and national security.

\textit{International Contacts}

IOM has a program in Hungary targeting both regular and undocumented migrants. The aim is to repatriate the migrants.\(^\text{16}\)

\textbf{Bibliography}


\hspace{1cm} \texttt{http://mighealth.net/index.php/State_of_the_Art_Reports} (2010-03-10).


\hspace{1cm} \texttt{http://epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/3-08052009-AP/EN/3-08052009-AP-EN.PDF} (09-03-2010).

\hspace{1cm} \texttt{http://www.cordelia.hu/index_eng.html} (2010-02-02).

\hspace{1cm} See \texttt{http://www.bm-bah.hu/forum.php} (2010-02-02).


\hspace{1cm} See \texttt{http://www.iom.hu/bpprojects/rm_active.html} (2010-02-02)


