The Right to Health, the Right to Family and the Right to Social Protection for Non-Nationals in Germany

Submission for the List of Issues
in response to
the 7th Periodic Report of the Federal German Government
on the implementation of the
International Covenant on Economic, Social and Cultural Rights

Prepared for the Committee on Economic, Social and Cultural Rights

78th Session

Submitting Organisations

- Ärzte der Welt e.V./Médecins du Monde Germany
- Bundesweite Arbeitsgemeinschaft der Psychosozialen Zentren für Flüchtlinge und Folteropfer (BAfF e.V.)
- Gesellschaft für Freiheitsrechte e.V./Society for Civil Rights (GFF)
- PRO ASYL Bundesweite Arbeitsgemeinschaft für Flüchtlinge e.V.

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Introduction

Complementary to other reports from German civil society, we hereby submit this proposal for a list of issues to shed light on the situation of non-nationals regarding three selected rights of the covenant. This is pertinent, as the German government has introduced special and discriminatory legislation on the entitlement of refugees and EU migrants to healthcare, housing and social protection.

Chapter 1: The Right to Health (Art. 12)

Introduction

Several groups of non-nationals in Germany are by law or in practice excluded from health coverage mechanisms and, thus, do not have access to affordable healthcare.

Access to healthcare for refugees

1. Limited Services

Background

During the first 36 months of their stay in Germany, asylum seekers, persons with toleration status or other uncertain residence statuses are only entitled to treatment for acute illnesses and pain, vaccinations, and care related to pregnancy and childbirth (Asylum Seekers' Benefits Act - AsylbLG § 4). This entitlement is considerably lower than the minimum benefits according to the catalogue of statutory health insurance (which is by law already defined as "not exceeding what is necessary"). It is also below the level of care of other social welfare recipients and Ukrainian refugees (constituting a **discrimination based on national origin**). The service package can only be extended by (often complicated and lengthy) individual case decisions to other essential healthcare services (e.g. care for chronic diseases or psychotherapy) – without an explicit catalogue defining what these services include (Asylum Seekers' Benefits Act § 6).

In its last concluding observations, the CESCR already expressed its concern about the restricted access to healthcare and recommended a review of the Asylum Seekers' Benefits Act in order to ensure that asylum seekers have equal access to health services (E/C.12/DEU/CO/6, para 57f.). Despite this and relevant decisions by the Federal Constitutional Court, the Asylum Seekers' Benefits Act was not revised to improve the situation of refugees. On the contrary, since the last state report, the duration of limited access to healthcare has been extended from 15 to 36 months. This **constitutes a retrogression.** Many associations and organizations have pointed out the consequences for the health of those affected and the consequences for the general public.[1]

[1] See for example Der Paritätische Gesamtverband, Pro Asyl; Ärzte der Welt; Deutsches Institut für Wirtschaftsforschung as well as a joint statement of doctors and psychotherapists

Question

How does the State party intend to grant equal, non-discriminatory access to preventive, curative and palliative health care services independent of a person's residence status?

2. Bureaucratic barriers to access healthcare

Background:

In order to receive the limited healthcare services described above, asylum seekers and other groups falling under the Asylum Seekers' Benefits Act in 10 German federal states (Länder) need to apply for cost coverage from the social service department and collect a paper voucher before seeking care. They are not entitled to cost coverage if they go to a healthcare provider directly. This system is highly bureaucratic, leads to barriers and delays in healthcare, and increases discrimination. Introducing an electronic health insurance card, as six federal states have already done, reduces administrative workload, increases financial transparency and cuts costs of outpatient service provision[2].

Question:

How will the State party ensure that the federal states will abolish any additional bureaucratic barriers – such as the paper voucher system – for asylum seekers to access healthcare?

3. Healthcare for Refugee Children and Young Persons

Background

Limited entitlement to healthcare according to the Asylum Seekers' Benefits Act also applies to children. Because particularly vulnerable persons, including underage refugees and unaccompanied minors, have an extended right to healthcare due to obligations under European law (EU Reception Directive), this right may not be completely denied under national law. However, the wording of the German law does not differentiate between parents and children, with the effect that care usually has to be enforced on a case-by-case basis or is not claimed.

For unaccompanied children and young persons, the youth welfare offices are obliged to provide the necessary healthcare (Section 40 SGB VIII). These young people should all receive an electronic health card and thus access to the statutory health insurance system (Social Security Code V - SGB V § 264 Para. 2). In practice however, cards are failed to be issued. This means that only individual treatment vouchers are issued and continuous care and access to specialists is not possible. It is difficult to obtain legal protection against the refusal of an electronic card. If it remains unclear whether there might be health insurance coverage (possibly abroad), the time until clarification always leads to the disadvantagement of the minor. If the issue is delayed on the part of the health insurance company, there is no effective deadline regulation. This results in missing, delayed or incomplete care, as doctors'

[2] Gottlieb, Nora, Vanessa Ohm, and Miriam Knörnschild. "The electronic health insurance card for asylum-seekers in Berlin: effects on the local health system." *International journal of health policy and management* 11.8 (2021): 1325.

offices and clinics prefer the electronic health card and reject temporary treatment certificates.

Question

How does Germany ensure that refugee children and young people have access to full healthcare services and how will it change the existing limitations in the first three years after arrival? How does Germany ensure that unaccompanied minors also receive an electronic health card for statutory health insurance from the youth welfare offices without delay and how does Germany ensure reliable implementation in the federal states? Why are the practical problems of implementation not addressed through a time limit regulation in favor of the minors?

4. Access to psychotherapeutic care

Background

Due to the limited entitlement to healthcare services for people under the Asylum Seekers' Benefits Act, psychotherapeutic treatment is generally not available to them in the first 36 months after arrival in Germany. Only in individual cases and usually only with the support of a social worker and legal support can treatment be applied for. However, approval usually takes long, and – differing from the regulation for people insured under the statutory health insurance – there are no obligatory deadlines for the administration. The rejection rate is also significantly higher than for members of statutory health insurance. Particularly in view of the higher need for therapy among people who have experienced war, torture or forced migration (prevalence of 30% according to studies) the care is inadequate[3].

Question

Which concrete measures will Germany take to ensure regular access to psychotherapeutic care for people under the Asylum Seekers' Benefits Act who are excluded from statutory health insurance?

5. Unequal treatment in the legal recognition of illness

Background

Refugees have the right to claim a serious illness in order to prevent deportation that would endanger their life and health. However, they are currently unable to fully exercise this right because the legal requirements make it nearly impossible for refugees to submit the necessary reports to the administration and court within the required time. Although refugees do not have regular access to health care and have no resources at their disposal, they bear the burden of proof of illness. If this proof is not provided or is delayed, they face deportation with all of its consequences. To make matters worse, the usual documents (certificates, discharge reports or expert opinions etc.) are not recognized as sufficient, although these types of documents would be sufficient for nationals and other groups of non-refugees in all other procedures in administrative or social law. Doctors and psychotherapists in in- and out-patient care are regularly confronted with the problem that their expertise in determining illnesses is not taken into account when it comes to a refugee in asylum or residence

[3] see: BAfF e. V. (2024): "Flucht & Gewalt. Psychosocial Care Report Germany 2024", available at https://www.baff-zentren.org/wp-content/uploads/2024/06/BAfF_VB2024_web_01.pdf

proceedings. Professional groups that would be regarded as sufficiently competent in any other procedure without restrictions regularly do not meet the requirements for refugees, including “psychological psychotherapists”. The certificates are time-consuming, costs are not covered and specialists are rare. The excessively high requirements for certificates to prove serious illnesses can no longer be met. This situation is caused by the legal regulations in the residence act (prohibition of deportation or illness-related obstacle to deportation, Section 60 (7) and Section 60a (2c) Residence Act - AufenthG), which were tightened in 2016 and 2019. Despite indications from professional associations and civil society, Germany is not fulfilling its obligation to equalize the requirements and return to an official duty of investigation without an increased burden of proof on the sick person.

Question

How does Germany ensure that in administrative proceedings on the granting of asylum or other protection statuses and in proceedings on the legality of deportations involving illnesses of non-citizens, no higher requirements are placed on medical certificates and expert opinions to prove mental illness than for citizens? How does Germany explain the fact that certificates and statements from “psychological psychotherapists” are not recognized in the proceedings, even though they are one of the central professional groups for issuing certificates in cases of mental illness and are legally equivalent to doctors?

6. Deportation from hospital

Background

If healthcare is forcibly interrupted, the right to health, as required by the Covenant, is no longer guaranteed. Deportations are always disproportionate if the person concerned is at risk of serious interference with their right to life and limb. This should always be the case for people who are undergoing inpatient psychiatric treatment due to severe mental crises.[4] The medical profession also criticises the lack of a ban on deportation.[5]
However, the residence act stipulates the legal presumption that deportations are generally not prevented by health reasons, and in practice deportations repeatedly result in massive health risks for those affected and for third parties who witness coercive measures.
However, the right of residence stipulates the legal presumption that deportations are generally not prevented by health reasons, and in practice deportations repeatedly result in massive health risks for those affected and for third parties who witness coercive measures. The federal government has not yet responded to this need for action by amending the legal situation. Only some federal states have formulated corresponding decrees for immigration authorities and police forces in this context. As refugees are obliged to stay in a certain federal state, it is a question of luck whether a refugee resides in a federal state with a decree that allows for deportation from the hospital.

Question

Please provide data on how many people could be affected by deportation from inpatient treatment. How does Germany intend to legally implement the repeated nationwide demand

[4] for background information: https://www.baff-zentren.org/themen/recht/aktuelles-recht/abschiebung-aus-dem-krankenhaus-rechtliche-und-klinische-einordnung/
[5] resolution of the 129th German Medical Assembly, TOP Ic - 04 page 136, available at https://www.bundesaerztekammer.de/fileadmin/user_upload/BAEK/Aerztetag/129.DAET/2025-05-30_Beschlussprotokoll_129._DAET_neu.pdf

from the medical profession to prohibit deportation from hospitals? How does the Federal Republic of Germany actually ensure (also vis-à-vis the implementing federal states) that the human rights guaranteed to those seeking protection and undergoing inpatient treatment are respected?

Access to healthcare for undocumented migrants

Background

Undocumented migrants legally have the same (restricted) access to healthcare as asylum seekers (Asylum Seekers' Benefits Act, see above). However, except in case of emergency, they cannot make use of this entitlement in practice, because applying for cost coverage of non-emergency care involves sharing personal information with state officials who are obliged to immediately report to the police or immigration authorities if someone cannot provide a valid residence permit (according to § 87 of the Residence Act). As undocumented migrants would then face detention and deportation, healthcare services are not used and diseases remain untreated.

In its concluding recommendations of 2018, the CESCR recommended "to establish a clear separation ("firewall") between public service providers and immigration enforcement authorities, including through repealing section 87 (2) of the Residence Act". While Germany reported in its current state report (E/C.12/DEU/7) on plans to "rework the reporting requirements for undocumented people so that the sick are not prevented from seeking treatment", these plans have now been revoked by the new government.

Question

Please report on the nation-wide measures envisaged to ensure that migrants without a regular status have access to affordable and adequate healthcare without having their status reported to the immigration authorities.

Access to healthcare for mobile EU citizens

Background

By law[6], migrants from other EU countries living in Germany are excluded from all social protection services, including basic health care coverage, if they have not been regular residents of Germany for more than five years, do not have a right of residence, if their residence status solely results from the purpose of finding work or if they are not nationals of a country that has signed the European Convention on Social and Medical Assistance. For this group, only so-called "bridging benefits" are provided for a maximum of one month and only once within two years. These benefits include basic health services required for the treatment of acute illnesses and pain. After receiving these reduced benefits for one month, the affected groups of EU migrants have no entitlement to the coverage of any health care services within the next 23 months in Germany – not even of emergency or obstetric care. Hospitals and other providers are thus reluctant to offer care which is not refunded.

Question

[6] Gesetz zur Regelung von Ansprüchen ausländischer Personen in der Grundsicherung für Arbeitsuchende nach dem Zweiten Buch Sozialgesetzbuch und in der Sozialhilfe nach dem Zwölften Buch Sozialgesetzbuch

Please provide information on the specific efforts made by the State party to ensure that all citizens of European Union member states living in Germany have access to adequate and affordable health-care services.

Language mediation/Interpretation

Background

Language mediation/interpretation is crucial to ensure accurate understanding of medical information and is often key for therapeutic success, not only in language-based therapies such as psychotherapy. In Germany, people who do not speak the same language as the healthcare provider have no entitlement to cost coverage for language mediation/interpretation under statutory health insurance. People falling under the Asylum Seekers' Benefits Act must apply for cost coverage for language mediation/interpretation separately for each individual case. Healthcare services are thus often not used, impeded or delayed. Health care can be severely hampered when language mediation is not available or carried out by non-professionals. People who are unable to pay for language mediation out of pocket are at a particular disadvantage.

Question

How does the State party intend to establish an entitlement to qualified language mediation/interpretation in order to ensure non-discriminatory access to healthcare for people who cannot communicate sufficiently in German?

Discriminatory Practices, Prejudices and Other Structural Barriers to Refugees' Access to Healthcare Services

Background

Refugees often report experiences of discrimination in health and social services that undermine their rights. According to a survey by the Anti-Discrimination Agency (2016), nearly nine out of ten counselling centers are confronted with cases in which refugees describe discrimination. Discrimination is particularly common in contact with authorities and public services – this includes unfriendly or dismissive behavior, unjustified denial of services and even verbal hostility. Racist discrimination is a central motive here: 94% of the surveyed agencies named ethnic origin/"race" as the main discrimination characteristic against refugees.[7] Such experiences violate human dignity, deter those affected from seeking medical help and can significantly impair their mental well-being. It has been proven that accommodation conditions (e.g. mass accommodation), complicated administrative procedures and exclusions from benefits lead to indirect discrimination in access to healthcare. In addition, studies in the public health sector show that people with a migration or refugee background often have more difficulties accessing healthcare and tend to have poorer health prognoses. Barriers such as a lack of culturally sensitive care, communication problems (see language mediation/interpretation) and a lack of awareness of diversity-specific issues are cited. Articles 2(2) and 12 of the ICESCR oblige Germany to provide non-discriminatory, needs-based healthcare services for all. The WHO and UNHCR also

[7] See: Federal Anti-Discrimination Agency (FADA), Risks of discrimination for refugees in Germany, available at https://www.antidiskriminierungsstelle.de/SharedDocs/forschungsprojekte/EN/Studie_DiskrRisiken_fuer_Gefluechtete_en.html?nn=305536)

emphasize that only an inclusive, needs-sensitive healthcare system can sustainably protect the health of migrants and refugees.[8]

Question
Please provide information on which anti-discrimination strategies are being implemented in the healthcare system – e.g. training for medical staff on culturally sensitive treatment, changing attitudes through campaigns, more diverse staff structures, complaint mechanisms for those affected – and how their effectiveness is evaluated. Please report on measures to ensure that accommodation conditions (such as mass accommodation) and internal administrative requirements do not lead to indirect discrimination in terms of access to healthcare. Art. 12 of the ICESCR requires proactive steps to remove any barriers for refugees – the state should explain how it fulfills this obligation.

Chapter 2: The Right to Family

Introduction

The right of refugees with protection status to bring their closest family members to Germany has been politically jeopardized for the past years. Family reunification has been made more difficult in practice for many years due to administrative hurdles and conditions and continues to be considerably protracted. For refugees with subsidiary protection status, family reunification will be completely suspended again in June 2025 for a period of two years. This means that tens of thousands of families torn apart by forced migration will remain separated for many years and for an unforeseeable period of time. The alternative of a life-threatening route without a visa is not an option for many of those left behind – especially women and children.

Family Reunification for Beneficiaries of International Protection

Background
Following a decision by the German Parliament (Bundestag) in June 2025, family reunification for those entitled to subsidiary protection in Germany is to be completely suspended for two years (Bundestagsdrucksache 21/321). For those with refugee status who are still entitled to family reunification, the high administrative hurdles and waiting times for processing family reunification (visa issuance, document verification requirements) remain largely unchanged.

Refugees with subsidiary protection are affected by the decision to completely suspend family reunification beginning in summer 2025. Their situation as persons in need of protection with a right of residence does not differ significantly from beneficiaries of international protection with refugee status, who have a privileged right to family reunification.

From 2016 to July 2018, family reunification was completely suspended for those with subsidiary protection. The subsequent restriction to a quota of 1,000 per month prompted the CESCR to express its concern and recommend that the restriction be lifted (Concluding

[8] See: Action plan for refugee and,migrant health in the WHO European Region 2023–2030 available at https://www.who.int/europe/publications/i/item/WHO-EURO-2023-8966-48738-72475

Observations No. 28/29). In fact, the number of hardship cases granted remained well below the 1,000 quota until 2023.

In future, reunification with beneficiaries of subsidiary protection will once again be completely suspended – even more severely than before. In the draft bill, the federal government assumes that there will only be around 140 hardship cases per year.

There are to be no transitional arrangements for the new, complete suspension of family reunification. This means that even people whose applications for family reunification have been processed by embassies and immigration authorities for months or years will not enjoy any protection of legitimate expectations and ongoing procedures will be halted. The minors who were recognized as beneficiaries of subsidiary protection in 2023 and 2024 are almost without exception still on hold. The vast majority of them will permanently lose the right to reunify with their parents as a result of the suspension.

In 2018, the CESCR also recommended the removal of practical and administrative hurdles, particularly with regard to sibling reunification. Unfortunately, the situation has not changed for the better since then: There are still very long waiting times for administrative processing and high requirements in terms of the obligation to provide evidence for those authorized to move to Germany and those authorized to stay. Family reunification with naturalized Germans also does not occur more efficiently. There are still difficulties with the reunification of siblings with minors, which is handled differently from region to region, but for which full proof of livelihood is still often required.

In the case of persons authorized to join their families, waiting times of up to two years for the possibility of submitting an application are common today. This is followed by a visa procedure lasting several months at the embassies, after which people wait for approval from the local immigration authorities. Three years or more from application to reunification is not the exception, but the rule for most of those affected. If you take into account that an asylum application procedure has to be completed first, it usually takes several years before spouses or parents and minor children can meet again. During this time, parents have missed important developmental phases of their children, spouses have lived in very different worlds – the stress levels are very high on all sides during this time, and increasing alienation threatens to put a strain on the family life that is finally found again.

The core objective of the current new legal regulations is to reduce the number of refugees in Germany, citing the state's alleged ability to absorb and integrate them. How refusing or delaying the influx of mainly women and children is supposed to help integration and what it actually does to the integration efforts, sense of belonging and mental health of those who are allowed to live here, but have to spend years worrying about their relatives and hoping to be together is not the subject of public debate.

Question

Please provide information on those affected and the duration of the family reunification procedure as well as the consequences of its suspension:

a) How many refugees with Asylum according to the German Constitution / Geneva Refugee Convention recognition / subsidiary protection / other refugees with residence authorization form the group of potential beneficiaries? How many applications for reunification are

pending? How many people with subsidiary protection, including relatives, will be affected by the suspension of family reunification in the future?

b) How long do people currently wait on average from the time of their arrival in Germany until they are granted a visa for family reunification and how can this timespan be justified and what is the Federal Government planning to do to speed up the procedures?

c) We ask the Federal Government to explain whether and how this data can be reconciled with the protection of the family and the integration mandate.

Chapter 3: Right to Social Protection (Art. 9); Right to Adequate Food and Housing (Art. 11)

Introduction

At the beginning of their stay, asylum seekers, tolerated persons and individuals with an uncertain residence status receive significantly reduced social benefits under the Asylum Seekers Benefits Act compared to the minimum subsistence level defined by social law. This includes a drastically reduced entitlement to medical treatment (see chapter on Art. 12 - Right to Health).

As a special law, the Asylum Seekers' Benefits Act has been criticized as discriminatory since its inception in 1993 and has repeatedly been ruled unconstitutional by the courts. Currently, the standard rates under the Asylum Seekers' Benefits Act are nominally between 16% and 29% below the regular social benefits, such as social assistance or "citizen's income" (basic social welfare benefits, Bürgergeld). According to the law, an adult asylum seeker living alone is currently entitled to 441 euros or 397 euros, if they live in collective accommodation – whereas recipients of citizen's income receive 563 euros per month. The benefits specified in the law are further reduced in practice by the obligation to live in collective accommodation and by benefits in kind: These prevent people from providing for themselves according to their individual needs and significantly contribute to an inadequate standard of living. This happens, for example,

- when a food allergy cannot be accommodated in the camp cafeteria, and there is no money or permission to shop or cook independently
- if the clothing store does not have the right shoe size
- if some electrical household appliances are provided, but items required for individual needs (e.g. a bottle warmer for baby food) are unavailable
- if there is hardly any electricity available in the emergency shelter due to a lack of available sockets.

PRO ASYL and the Berlin Refugee Council conducted a detailed study in 2022 showing that asylum seeker benefits do not cover needs. In-kind benefits reduce the amount paid out, and further cuts or the cancellation of the amount paid out are possible and common. In practice, single individuals in state facilities often receive only 196 or 177 euros, often even less – or nothing at all. The following section examines five drastic tightening measures since 2019 with regard to the guarantees of the UN Social Covenant:

- complete withdrawal of benefits in certain cases,

- the extension of the period of entitlement to reduced asylum seeker benefits to 36 months,
- the 4% reduction in benefit rates at the beginning of 2025,
- the introduction of the payment card (Bezahlkarte) and
- the reduction in benefits due to the equal treatment of single persons in collective accommodation with people in a partnership.

Complete withdrawal of social security benefits for refugees

Background

Since October 31st 2024, the Asylum Seekers' Benefits Act has been intensified by Section 1 (4) Sentence 1. According to the new changes, those who are asylum seekers in the Dublin procedure and for whom another state is responsible are to be deprived of any right to social benefits, including medical treatment, after two weeks of rudimentary 'transitional benefits'. The same applies to people who have already been recognized as entitled to protection in a Dublin Convention country, but have travelled to Germany from there (mostly due to a lack of humane living conditions).

With reference to this regulation, social welfare offices in many cities in Germany have since then reduced or completely withdrawn the social benefits of those affected. Although beds in collective accommodation and cafeteria meals are still provided in facilities run by the federal states, those affected often receive no further means of subsistence. In some municipalities, those affected are even suddenly faced with locked doors. In some cases, benefits are cancelled retroactively, leaving those affected facing demands for repayment. Children, single parents and sick people are also at risk of homelessness. Even the official request to leave the refugee accommodation frightens people. Some of those affected seek help and accommodation at counselling centers or churches, while others leave their place of residence without leaving a message with the authorities or other organizations.

The Federal Government justifies the cancellation of social benefits with the alleged possibility for those affected to leave for the country responsible for their asylum procedure. (Bundestag document 20/12805, p. 21). As with all recent amendments to the Asylum Seekers' Benefits Act, the overarching political objective of the regulation is to reduce the number of refugees in the country. However, in its regulation on the withdrawal of benefits, the Federal Republic does not take into account that, according to the Dublin Regulation, departure requires a formal transfer procedure between the contracting states, which is not within the control of those affected. Nor does it take into account the experiences of many people who have received no care or support whatsoever in the Dublin state responsible, or who have even suffered physical or sexual violence.

In numerous cases, the reduction or cancellation of social benefits has been overturned by the social courts. They see this as a violation of European and, in some cases, constitutional law. However, there has been no change in practice to date.

Question

How does the Federal Republic of Germany ensure that all persons seeking protection who are actually residing in Germany receive the human rights guaranteed to them, namely accommodation, food and social security? How are the rights of children and sick or disabled people in particular protected? How can this be reconciled with the exclusion from benefits under Section 1 (4) Sentence 1 of the Asylum Seekers' Benefits Act?

Extension of the Period of Reduced Social Benefits for Refugees

Background

The period during which refugees are only entitled to reduced social benefits under the Asylum Seekers' Benefits Act was initially extended from 15 to 18 months in 2019 and then doubled from 18 to 36 months in 2024 (Bundestag Papers 18/7538 and 20/10090). When the Asylum Seekers' Benefits Act was introduced in 1993, the period of reduced benefits under it was twelve months. However, it was gradually extended over the years until the Federal Constitutional Court, in a landmark decision in 2012 (1 BvL 10/10 and 1 BvL 2/11), ruled that the then duration of 48 months was too long. According to this ruling, benefits may only be reduced if 'it can be sufficiently reliably established that only those who regularly stay in Germany for only a short period of time are actually covered'. In the opinion of the Constitutional Court, the legislature must calculate and substantiate in a comprehensible manner that those affected by a short-term stay have lower needs than other social benefit recipients. From 2015, a new statutory period of 15 months applied to the reduced benefits, but the Federal Government has failed to provide the required evidence since 2012. If this period set by the legislature in 2015 was not already short, this is even more true today: the period of a short stay is likely to be significantly exceeded with the now three-year reference period for reduced asylum seeker benefits. In fact, in recent years, the vast majority of refugees have been granted protection status in the asylum procedure or have obtained a right of residence by other means and are therefore expected to remain in Germany for many years or permanently.

Question

Please explain how the reduced social benefits for refugees under the Asylum Seekers' Benefits Act, which are below the legal subsistence level, can be reconciled with the right to an adequate standard of living and freedom from discrimination, in particular the extension of these benefits to three years in 2024. What is the proportion of those who live in Germany in the medium or long term because they have acquired a right of residence over time or cannot be deported? What information does the Federal Government have on the actual length of stay of recipients of basic benefits under the Asylum Seekers' Benefits Act?

Reduction of Benefits According to the Asylum Seekers' Benefits Act in 2025 – Worse Treatment than Social Welfare Recipients

Background

The basic benefits under the Asylum Seekers' Benefits Act were reduced by between €13 and €19 per month in the various needs categories from January 2025 compared to 2024 (Federal Law Gazette No. 325/2024). This corresponds to a reduction of approximately 4%. The background behind this is that the annual adjustment of social benefit amounts by the Federal Government on the basis of price and wage developments had resulted in a reduction in social benefits. In this case, a general rule on the protection of existing rights in social law (Section 28a (5) Social Security Code - SGB XII) applies to social welfare (Sozialhilfe) and citizen's income. Regular social benefits therefore remain unchanged. For the basic benefits under the Asylum Seekers' Benefits Act, however, the federal government denies that the grandfather clause applies, even though the Asylum Seekers' Benefits Act provides for an annual adjustment analogous to the (calculation) rules in social law (draft

ordinance 9/2024). This once again widens the existing gap between asylum seeker benefits and social assistance/citizen's income.

There are individual decisions by social courts that consider the grandfather clause to be valid and have overturned the relevant reduction. However, due to the low value of the claims in question, courts often do not see any urgent need to rule on this issue.

Question
In 2025, as part of the annual adjustment, the standard rates for social welfare and citizen's income were maintained due to a grandfather clause, while they were reduced for asylum seekers under the Asylum Seekers' Benefits Act. How does the Federal Government reconcile this difference in treatment of people in need with its obligation to implement the rights under Article 2 of the ICESCR without discrimination?

Payment Card for Refugees

Background
The payment card is a debit card with severely restricted payment functions, to which social benefits for refugees are credited in accordance with the Asylum Seekers' Benefits Act. In spring 2024, the payment card was embedded in federal law by the coalition government in the Asylum Seekers' Benefits Act (Bundestag document 20/11006).

For refugees, the payment card causes hassle and inconvenience in everyday life and repeatedly leads to more dramatic problems, such as when bounced direct debits result in debts that are almost impossible to repay.

The amount that can be withdrawn in cash is usually limited to 50 euros per person. This makes it difficult to make purchases at flea markets, on city buses or at school, where the payment card cannot be used. Smaller shops often do not accept them because of the associated operating costs, and the card often malfunctions at the checkout. In some places, the card is regionally restricted and therefore not 'activated' for use in areas with other postal codes. The lack of direct debit and transfer procedures makes it difficult or impossible to conclude contracts or make fee and installment payments, for example to lawyers or schools. In some federal states, transfers can be authorized by the social welfare authority upon request, but this involves a huge amount of effort and expense for everyone involved and often takes a very long time in practice. As a result, those affected can only pay for many things at a higher price, after overcoming administrative hurdles, or not at all, and their standard of living is lowered by the card.

The federal government repeatedly argued that the card was necessary to prevent transfers of asylum seeker benefits abroad. However, there is no evidence whatsoever that such cash flows exist on a relevant scale, and this has been scientifically refuted.[9] The overarching goal of the measures in the November 2023 resolution of the state premiers was to reduce the number of refugees 'significantly and sustainably' – in other words, to deter refugees by making their living conditions more difficult.

[9]See e.g. DIW Berlin: Geflüchtete senden seltener Geld ins Ausland als andere Migrant*innen or MEDIENDIENST_INTEGRATION_Remittances_Factsheet_final.pdf

Question

In 2024, the Federal Republic introduced the payment card for refugees as a desirable means of payment. On what facts does the Federal Government base its recognition of the need for a separate payment system with limited functionality? How are the restrictions and difficulties associated with the card compatible with the social security of those affected and their right to an adequate standard of living? What well-founded findings has the Federal Government gained since then that make the restrictions on the payment card still appear necessary?

Treatment of Single People in Collective Accommodation in the same way as Married Couples

Background

Since an amendment to the Asylum Seekers' Benefits Act in 2019, single persons in collective accommodation are no longer classified in benefit group 1 but in benefit group 2 (Bundestag document 19/10052). This is accompanied by significantly lower benefit entitlements under Section 3a of the Asylum Seekers' Benefits Act: Those affected do not receive the nominal €441 per month provided for single adults, but only €397 – i.e. the rate for married couples or persons in a partnership. Compared to recipients of social welfare or citizen's income, who receive €563 per month, the existing disadvantage for this group increases to a deficit of 29%.

In October 2022, the Federal Constitutional Court ruled that this classification of benefit groups in Section 2 of the Asylum Seekers' Benefits Act with regard to asylum seekers who receive benefits analogous to social assistance after the expiry of the 36 month period is unconstitutional (1 BvL 3/21). Although the Federal Ministry of Social Affairs subsequently pointed out the unconstitutionality of the provision to the federal states, the law has not been amended to date. The Federal Ministry of the Interior has also stated that the Constitutional Court's decision is transferable by analogy to recipients of reduced basic benefits under the Asylum Seekers' Benefits Act, but this provision also remains in the law. In the absence of a change in the law, the federal states have been very hesitant to oblige local authorities to provide benefits in accordance with the constitution. Some federal states still treat single recipients of asylum seeker benefits who are required to live in collective accommodation in the same way as persons in a partnership and deny them entitlement to benefits.

Question

How does the Federal Government intend to address the fact that single refugees living in collective accommodation in some federal states still receive reduced benefits because they are classified as belonging to the group of people in need who are in a partnership, even though this practice has already been ruled unlawful?

Deficits in the Accommodation of Refugees in Mass Accommodation

Background

Accommodation in mass accommodation centers makes people ill and this also applies to the conditions in Germany.[10] The accommodation does not fulfil the adequacy criteria for housing developed by the UN Committee of Experts. Access to health services or their accessibility outside the accommodation is also not reliably guaranteed. If conditions are unacceptable, there are no effective legal remedies available against the operators. Likewise, the legal remedies against the authorities are ineffective if no alternative accommodation is available. There is not enough housing available on the market for people who are no longer legally obliged to live in the reception center. In light of the concluding observations on the sixth periodic report (paras. 54-55) on the right to housing, in particular with regard to the prevention of homelessness, the efforts made by the State party so far during the reporting period can likely be qualified as insufficient.

Germany's current 'camp policy' must be criticized in light of the living conditions. This policy has also intensified since the last reporting period: with the amendment of Section 47 of the Asylum Act in 2019, long-term accommodation in large, isolated reception centers in the federal states became the politically desired model: the mandatory stay for single asylum seekers was extended from six to up to 18 months. The federal states are allowed to extend this period up to 24 months. People in the Dublin procedure, from so-called 'safe countries of origin' and others are even to remain in these centers indefinitely, although their procedures can drag on for years.

In the current practice of sharply declining numbers of asylum seekers, individual federal states are using their leeway to keep refugees – including families with children – in the reception centers longer, even though they could legally have been distributed to the municipalities much earlier. And this is only because the camp capacities have been rented on a long-term basis and are supposed to be fully utilized. Some municipalities are also unwilling to continue accepting refugees. People who only have a precarious right of residence due to their asylum application being rejected as 'manifestly unfounded' or 'inadmissible' are increasingly obliged to live in such isolated and restrictive mass accommodation centers run by the federal states.

The obligation to take up residence in the mostly isolated, fenced and access-restricted initial reception centers is linked to an existence that is severely cut off from normal social life and cultural participation. The ban on working (Section 61 Asylum Act) is generally extended from three to six months for people who still live in the reception centers. In addition, during their stay in the initial reception center, they are subject to a residence obligation (§ 59a AsylG), i.e. if people want to cross the district border, for example to visit a nearby city, they must regularly obtain official permission to do so.

[10] see: Ärzte der Welt, Lebenswirklichkeit in Aufnahmeeinrichtungen für Geflüchtete - unzureichende Schutzmöglichkeiten und Versorgung von Asylsuchenden; BAfF e.V.: Living in a box. Psychosoziale Folgen des Lebens in Sammelunterkünften für geflüchtete Kinder; Deutsches Institut für Menschenrechte, Studie: Unterkünfte für geflüchtete Menschen sind nicht kindgerecht,; Rosa-Luxemburg-Stiftung, Ukraine-Unterkunft Tegel: Deutschlands schlimmstes Flüchtlingslager

Question

How does Germany intend to effectively and promptly reduce the deficits in the accommodation of refugees in mass accommodation centers? How does Germany justify the fact that, although there is an obligation to take up residence in the assigned accommodation centers, there is no possibility to demand and enforce the legal and human rights standards of care there? The State party is requested to present the nationwide minimum standards for the accommodation of refugees and to provide evidence that they are legally guaranteed. How does Germany ensure that the standards are also met in the federal states?

Reliable Identification of Individual Protection Needs and Compliance with Necessary Standards in the Accommodation of Refugees

Background

The Asylum Act requires that special needs must be taken into account when accommodating asylum seekers, i.e. accommodation should be tailored to the needs of vulnerable asylum seekers. Such suitable accommodation not only includes the location and design of the premises, but must also always include measures to protect against and prevent violence, especially with regard to vulnerable groups who are at a higher risk of experiencing violence again after fleeing. The law also stipulates that any special needs of those seeking protection must be taken into account during reception. However, the law still does not stipulate any obligation to systematically identify special protection needs across the board and for all target groups. As a result, the statutory protection is basically lacking and Germany ultimately evades its duty to provide needs-based accommodation by not actually identifying these needs and relying on the efforts of third parties to do so. The possibilities for needs-based accommodation, especially for vulnerable people with complex protection needs, are currently not being made possible across the board and in sufficient quality. Accordingly, early release from the initial reception facility should also be made possible by law, particularly for the purpose of needs-based transfer.

Question

How does Germany intend to reduce the deficits in the accommodation of people seeking protection effectively and promptly? How does Germany justify the fact that, although there is an obligation to provide accommodation in the allocated accommodation, there is no possibility of demanding and enforcing the legal and human rights standards of care there? How does Germany guarantee the reliable determination of individual protection needs and compliance with the necessary accommodation standards? If responsibility is allocated to the federal states, but not enough resources are made available there, how does the federal government ensure that it fulfils its duty.