

Clearing the Path to Equity: Transformative Civil Society Approaches to Healthcare Access in Germany. A Response to Piccoli and Perna (2024)

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Lorenzo Piccoli and Roberta Perna's (2024) seminal contribution to understanding the ethical complexities faced by civil society organizations (CSOs) in healthcare provision represents a crucial addition to migration and welfare studies. Their articulation of the "humanitarianism-equity dilemma" provides a conceptual framework that explicitly addresses the fundamental tension that many civil society actors experience in their daily practice. This dilemma – between responding to immediate humanitarian needs and potentially perpetuating systemic inequalities – captures a moral complexity that extends far beyond the specific context of undocumented migrants' access to healthcare. The authors' work is significant as it moves beyond simplistic narratives that either celebrate CSOs as humanitarian heroes or criticise them as gap-fillers. Instead, it lays the groundwork for a nuanced analysis of how individual staff members navigate competing moral imperatives.

The value of Piccoli and Perna's framework is particularly evident when examining the German context, where undocumented migrants and other uninsured groups face multifaceted exclusions. When legal regulations, implementation deficits, or discriminatory practices result in suffering for these vulnerable populations, the humanitarian imperative to provide support becomes compelling. However, as the authors astutely observe, parallel structures created by well-intentioned CSOs cannot offer sustainable solutions and may inadvertently enable state actors to withdraw from their universal healthcare responsibilities. The tension between providing immediate care and achieving long-term systemic change lies at the heart of contemporary debates about the role of civil society in welfare provision. Using the German care landscape, I aim to demonstrate that the ethical dilemmas faced by individual CSO staff, and the solutions they propose, are shaped by the different organizational types.

The German Context: Organizational Diversity and Evolving Challenges

Germany is currently experiencing a significant transformation in the provision of healthcare for people without health insurance coverage, primarily driven by civil society actors. In response to legal and institutional barriers, civil society initiatives have developed numerous approaches to facilitate access to healthcare for this vulnerable group. Nationwide, over 150 organizations offer a range of services, including primary healthcare, referrals to specialists, hospitalization facilitation and social and legal counselling (Ataç forthcoming). The national landscape reflects a significant dependency on CSOs, which often rely on volunteers, donations, and fee waivers. The group without health insurance encompasses a variety of people, including German citizens who have lost (private) insurance, EU citizens who are excluded from social benefits, undocumented migrants, asylum seekers in their initial 36 months, and individuals who have recently been released from incarceration. They encounter considerable obstacles in accessing healthcare services due to the complex interplay of national health, migration and social security regulations, exacerbated by implementation challenges and discriminatory practices.

The increase in the number and type of uninsured people over the last decade has led to the emergence of a variety of civil society organizations that differ in terms of their services, delivery methods, organizational structures, financing models, and political self-perception. They are primarily operated by charitable welfare organizations and various civil society initiatives. Different organizational types demonstrate different approaches in managing the humanitarianism-equity dilemma. Drawing on Ataç and Schillinger's (2022) analytical framework, this paper utilises their typology of civil society organizations, which distinguishes between different modes of engagement based on CSOs' social and political practices in local welfare arrangements. The typology is helpful for discussing the ethical dilemmas faced by CSO staff members and how they respond to these dilemmas. It helps to argue that their responses depend on organizational structures, whether they are engaged as volunteers, activists, or professionals, the available financial resources and their levels of political engagement.

Civic Organizations: The Neutral Gap-Fillers?

Ataç and Schillinger (2022) describe *civic* civil society organizations as actors that create parallel infrastructure outside of welfare state institutions, thus filling gaps in state provision systems. Malteser Medicine for People without Health Insurance (Malteser Medizin für Menschen ohne Krankenversicherung) may be read as an example of this type of organization, having operated 19 facilities in 2024. These organizations primarily offer primary healthcare provision during weekly consultation hours, substituting the state work. Their services are often located in religious or humanitarian contexts, with church-operated hospitals occasionally providing facilities. Financing predominantly occurs through donations, with occasional partial public funding. Healthcare services are mainly provided through the voluntary work of medical professionals.

These facilities represent a classic example of parallel systems – they fill care gaps and

view their work as necessary voluntary engagement. These organizations tend to downplay criticism of politics, legal issues and structural problems, instead seeing themselves as helpers ([Malteser Hilfsdienst e.V. n.d.](#)). As Piccoli and Perna accurately describe, they claim to remain neutral. This is the dilemma that the original article articulates so well: an exclusively help-oriented approach may lead civic organizations to perpetuate the status quo and act as gap-fillers ([van Dyk and Haubner 2021](#)).

However, these organizations cannot be reduced to a simple template. Although neutral politics is strongly emphasised, there are also organizations that make local-level demands on politics for more recognition and financial resources to guarantee their work with better resources, as well as demanding that locally politically responsible institutions must take more responsibility. This variation demonstrates that even within the civic category, approaches to the humanitarianism-equity dilemma can differ significantly.

Intermediary Organizations: Bridging Humanitarian Care and Systemic Change

Another category comprises healthcare facilities that focus on providing medical care to homeless people, including those without health insurance. Schilliger and Ataç ([2023](#)) refer to such organizations as *intermediary organizations*, combining humanitarian aspirations with the goal of improving the situation of their clients in general by leveraging their institutional power and networks. Similar to civic organizations, these organizations offer outpatient care, although they have better resources – healthcare is provided by both volunteer and employed doctors. They play a stronger complementary role to public institutions. They are usually partly financed by municipalities or federal states, although this funding is often insufficient, necessitating additional donations.

These organizations attempt to simultaneously formalise solidarity while connecting the civil society arena with the policy-making arena ([Agustín and Jørgensen 2019](#)). For instance, one organization that I studied views itself as a political actor and attempts to influence municipal policies by carrying out different advocacy activities, such as collecting and reporting data. The nationwide organization of homelessness assistance facilities highlights structural gaps and lobbies the federal government for more rights for homeless people without health insurance. Using lobbying and public relations tools, they raise awareness of the structural problems faced by homeless people without health insurance, aiming to achieve nationwide changes that improve access to regular care. This approach demonstrates how organizations can navigate the humanitarianism-equity dilemma by explicitly acknowledging their dual role of providing immediate care while simultaneously working to eliminate the need for such parallel structures. Their superior resources base and professional staffing enable them to engage more effectively in advocacy and systemic change efforts.

Autonomous Organizations: Political Resistance and Systemic Critique

Autonomous Organizations are those that consciously distinguish themselves from charitable logic through politically motivated action. MediNetze/MediBüros are examples of autonomous organizations. They organise referrals to networks of doctors, midwives and clinics that treat patients free of charge or at reduced rates ([Mylius 2016](#)). Rather than establishing parallel structures, they seek to facilitate access to regular medical care by

offering referral services to individuals lacking health insurance. This work requires well-organised networks and agreements with healthcare providers.

The referral work is carried out by individuals who are committed to achieving political change by building horizontal relationships. Often political activists, they hold critical views of the system and are involved in social movements, opposing the exclusion of precarious migrants from regular healthcare. In the medium term, they aim to change municipal policies, and in the long term, national laws (Wilcke and Manoim 2019). Activists work to eliminate the necessity of their own engagement because they do not want to function as gap-fillers. This approach addresses the humanitarianism-equity dilemma directly by refusing to create parallel care structures while providing immediate support through system navigation. Their activist orientation and system-critical perspective enable them to focus on structural change while meeting immediate needs.

Transformative Approaches: Clearingstellen and Anonymous Health Vouchers

The emergence of new organizational forms in recent decades represents innovative responses to the humanitarianism-equity dilemma. Clearing Centres (Clearingstellen) provide counselling to people without health insurance, with the aim to enable these individuals to register with a public health insurance, thereby supporting their access to the regular healthcare system. Anonymous health cards (Anonymer Behandlungsschein) enable uninsured individuals to access medical services with publicly financed treatment costs. Many of these facilities emerged as a result of lobbying activities by civil society organizations. These organizations are characterised by professional, mostly social work-based counselling services, predominantly financed through public funds at municipal or state levels. Civil society organizations or independent welfare organizations often serve as implementing agencies.

Counsellors in these organizations are aware of systemic gaps that structurally cause problems and strive to find solutions at micro and meso levels. Institutionalised cooperation at the local level creates opportunities for these organizations to influence decision-making processes. Counsellors and directors participate in numerous networks and municipal round tables to promote issues, establish collaborations, and develop solutions. Through professionalization, these organizations gain expert status and can contribute to debates to improve conditions for uninsured persons. Furthermore, these organizations develop political strategies at the national level and design campaigns by building platforms through self-representation. Political impulses at the federal level aim to highlight systemic gaps at structural levels. Both organizations are clear in their refusal to provide medical services in the form of parallel systems and fighting against a logic that allows the state to offload its responsibilities for equal healthcare for all, particularly for the most disadvantaged groups including those without health insurance.

Through their dedicated efforts, they deliberately avoid reproducing the dilemma between humanitarianism and equity, as discussed by Piccoli and Perna. By providing health services that enable uninsured persons to access the regular health system, Clearing Centres find innovative solutions to deal with the moral dilemma. Moreover, as experts in their field, they are recognised as key actors for the equitable inclusion of uninsured individuals in

healthcare provision. To avoid complicity in the exclusion of uninsured migrants, they focus on integration into existing systems rather than providing services in parallel. Similarly, providing anonymous health cards offers a novel way of addressing the humanitarianism-equity dilemma. By enabling access to regular healthcare providers while maintaining anonymity and public financing, these systems avoid creating parallel structures while ensuring that immediate care needs are met. This approach acknowledges both the humanitarian imperative to provide care, as well as the equity concern.

To undertake a thoroughgoing analysis of these organizations, it is vital to further refine the typology and introduce new concepts. I propose using the concept of hybrid organizations to theorise about them. Literature on hybrid organizations discusses how they integrate advocacy and service provision into their core identity, using various social movement strategies to focus on social transformation. Minkoff (2002) developed this concept based on organizations that emerged in the United States in the 1960s. These organizations provided services to women and racialised people by combining activism and service provision. Emerging from political protest and advocacy for civil and social rights, they built their political goals on a more traditional form of voluntary association. In the field of migration, De Jong and Ataç (2017) highlight the combination of service provision and the demand for structural change in their analysis of newly founded organizations that support refugees.

To better understand and theorise the contributions of these newly emerging organizations in Germany to the humanitarianism-equity dilemma, I propose applying these concepts. This will enable us to better grasp how they create alternatives to voluntary structures through their dedicated work and ultimately aim to provide people without health insurance with equal access to the regular healthcare system as citizens.

Conclusion

Piccoli and Perna's conceptualization of the humanitarianism-equity dilemma offers valuable insights into the moral complexities that civil society organizations face in providing healthcare. The discussion of the German case shows that the dilemma manifests differently across organizational types, contexts, available resources, and political orientations. While some organizations remain trapped in gap-filling roles that may inadvertently enable state withdrawal, others have developed innovative approaches that attempt to transcend the dilemma by simultaneously serving humanitarian and equity goals. Adopting the goals and practices of hybrid organizations that refuse parallel provision while advocating for systemic change at the local and national levels may offer the most promising way out of the dilemma. However, it remains an open empirical question whether these transformative approaches will fully succeed in resolving the dilemma, as their long-term sustainability and capacity to eliminate the need for civil society intervention depend on the political will to restructure healthcare access at the legislative level. Nevertheless, the effectiveness of this strategy hinges on the ability of organizations to maintain political pressure while avoiding the trap of becoming permanent fixtures that inadvertently legitimise exclusionary systems.

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About the “Dilemmas” project

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