HOW DO COLOMBIAN ILLEGALS COPE WITH HEALTH PROBLEMS IN AMSTERDAM?

by

ANDRES SUAREZ GONZALEZ

Amsterdam Masters in Medical Anthropology
Medical Anthropology Unit
Faculty of Social Sciences
Universiteit van Amsterdam

Amsterdam
1999
## TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ABSTRACTO (Spanish)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ABSTRACT (English)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Chapter 1</strong></td>
<td>&quot;ILLEGALS&quot; - INTRODUCTION OF THE PROBLEM</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Background information</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Statement of the problem</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>The Colombian 'Diaspora'</td>
<td>12</td>
</tr>
<tr>
<td><strong>Chapter 2</strong></td>
<td>RESEARCH METHODOLOGY</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Study type and research themes</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Objectives and research questions</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>The participants</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Qualitative information</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Data analysis</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Ethical considerations</td>
<td>25</td>
</tr>
<tr>
<td><strong>Chapter 3</strong></td>
<td>COLOMBIAN ILLEGALS - THEIR STORIES</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Reasons for coming to Amsterdam</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>What Colombian 'illegals' do in Amsterdam</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Factors influencing the health status</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Expectations of the illegal immigrant</td>
<td>33</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

Many people have contributed to the production of my thesis.

First, I would like to thank my many legal and illegal informants who gave the study direction. Their concerns form the basis for my interpretations. Special thanks to my informant “Carlos” for lending me his computer when I most needed it.

Thanks to Father Theo for giving me the very first guidance in this research. I am also indebted to Dr. Pieter Pelleboer for his generous and opportune advice. Thanks a lot to Mr. and Mrs. van Heijningen for all the information they gave me and for their stimulating ideas. I would like to thank Martijn Oosterbaan for translating the Dutch literature for me.

I am grateful to the whole AMMA’s teaching staff. Particularly, I would like to thank Ria Reis for the many times she helped me, as well as Trudie Kanis who tied up all the loose ends. Many thanks to all my classmates for the invaluable discussions and the pleasant moments. Thanks to Omi for helping me translating the Spanish thoughts into English.

Finally, I would like to express my sincere gratitude to Sjaak van der Geest for his academic guidance, and for his relentless encouragement and support without which I would never have completed this study.

Any misinterpretations or errors are to be blamed on me.

Andres Suarez
ABSTRACTO

Este estudio corresponde a la tesis del Masters en Antropología Medica de la Universidad de Amsterdam. La investigación se llevo a cabo durante el verano de 1.999 entre un reducido numero de ilegales Colombianos residentes en Amsterdam.

Su principal objetivo pretendia explorar y describir como este grupo de personas afrontan sus problemas de salud. La justificacion del objetivo principal se apoya en la suposicion de que siendo ‘illegal’, esta comunidad debe de resolver sus problemas de salud al margen de la seguridad social Holandesa.

Partiendo de un interes antropologico, la investigacion fue dirigida hacia la recoleccion de las opiniones de los ilegales mismos y especial atencion fue prestada a sus opiniones y puntos de vista sobre el tema. Entre los principales interrogantes del estudio se contemplan las condiciones generales de vida de los ilegales Colombianos en Amsterdam, las dificultades de su vida cotidiana y particularmente sus problemas de salud. Igualmente con este estudio se intenta arrojar algunas luces sobre los recursos que en materia de salud se ofrecen para ellos y si estos recursos o servicios satisfacen las necesidades de los ilegales tomando en cuenta su bagaje cultural.

La metodologia que se aplica en esta investigacion es de caracter eminentemente cualitativo, apoyandose fundamentalmente en conversaciones informales con los participantes y algunas entrevistas con informantes clave. La informacion es complementada con observaciones en el trabajo de campo, que buscan corroborar los datos recogidos durante las entrevistas.

La muestra en el estudio consistio de un numero de doce personas, entre hombres y mujeres que fueron seleccionados inicialmente con base en informantes clave y posteriormente siguiendo la tecnica de la ‘bola de nieve’. Entre el grupo de participantes se encuentran personas de caracteristicas diversas en cuanto a edad,
sexo, ocupación, nivel educativo y antecedentes socio-económicos. Haciendo parte de los informantes clave se encuentran algunos proveedores de servicios de salud y otras personas directa o indirectamente relacionadas en la prestación de servicios sociales para inmigrantes.

Entre los resultados que arroja el estudio, se puede mencionar que en términos generales los ilegales Colombianos se perciben así mismos como personas saludables, y en todo caso, en su concepto y en el de algunos de los prestadores de servicios de salud que los atienden, sus problemas de salud no difieren en mayor medida de los del resto de la población en Holanda. Para efectos de acceso a los servicios médicos pudo verificarse que la condición de ilegalidad no es de mayor relevancia y en cambio si lo es el estar amparado o no por algún seguro médico. En términos prácticos el acceso a los servicios de salud se enfoca de acuerdo a niveles de atención médica. El acceso a los servicios de emergencia, en circunstancias que amenazan la vida, está garantizado por ley. El acceso al primer nivel de atención, que contempla mayormente la consulta externa con el medico de familia no es difícil siempre y cuando sus costos sean cubiertos directamente por los ilegales. Los niveles superiores de atención, dada su complejidad y mayores costos, son los que plantean la mayor dificultad para los ilegales inasignurados. El costo de los servicios médicos y de las medicinas es muy elevado si se tiene en cuenta los salarios de los ilegales. Los ilegales colombianos perciben la condición de ilegalidad como generadora de gran stress. Finalmente, la barrera del lenguaje se suma como un factor más en la problemática de los ilegales.
ABSTRACT

This study represents the final thesis of the Amsterdam Masters in Medical Anthropology, AMMA. The research took place during the summer of 1999 among a limited number of Columbian illegals resident in Amsterdam. Its main objective was to explore and describe how these persons deal with their health problems. That objective was based on the supposition that being ‘illegal’, they had to resolve their health problems at the margin of the Dutch social security system.

Taking an anthropological approach, the study was oriented towards the collection of opinions of the illegals, and special attention was given to their opinions and points of views about the theme. The main questions of the study relate to the general conditions of life of the Columbian illegals in Amsterdam, the difficulties of their daily life, and particularly their health problems. Moreover, this study would like to draw attention to the resources that in terms of health are available to them and whether these resources or services satisfy the needs of the illegals while considering their cultural luggage.

The method applied in this investigation is qualitative, primarily based on informal conversations with the participants and on some key informant interviews. The information is complemented with observations in the field that intend to corroborate the data collected during the interviews.

The study sample consisted of twelve persons, men and women who were initially selected on basis of key informant advice and later following the ‘snowball’ technique. Within the group of participants I aimed at a variation in age, sex, occupation, educational level, and socio-economic background. Among the key informants there are health care providers and other persons who directly or indirectly are involved to the provision of social or medical service for immigrants.

The study results suggest that Colombian illegals regard themselves as healthy.
people, and in any case, in their concept and the concept of some of their health care providers, their health problems do not differ substantially from those of the Dutch population. Regarding the access to the health services it could be established that the condition of illegality does not pose serious problems, Being covered by some medical insurance is what counts most. In other words, the access to health services is conditioned by the level of medical care. Access to emergency services, under life threatening circumstances, is guaranteed by law. Access to the first level of care which mainly consists of external consultation by the family doctor is not difficult as long as the costs are covered directly by the illegals. The higher levels of care, due to their complexity and higher costs, are the ones that pose the greatest difficulty for the illegals. The costs of those medical services and the medications are very high, taking into account the salary of the illegals. The Colombian illegals perceive their condition of illegality as most stressful. Finally, the language barrier adds another element to their problems.
CHAPTER 1  "ILLEGALS": INTRODUCTION OF THE PROBLEM

Introduction

In this study are compiled the experiences of a group of Colombian illegal migrants in Amsterdam. The ‘immigrants’, whatever they are called, and wherever they proceed, find in the host countries the solution for many of the problems they left behind. But, at the same time, they have to face adverse conditions in these countries. The common element of these conditions is the relative ‘disadvantage’ of the immigrants position if compared to the native population. This difference or inequality probably affects the health of the immigrant community. The aim of this study is to present the experiences of a number of Colombian illegal immigrants in the Netherlands, but also to express in their own words the reality of their circumstances, and how their reality is reflected in their health.

It is important to underline, that the intention of the study is merely exploratory. Therefore, it does not pretend that the conclusions reached here can be extrapolated to the entire community of Colombian ‘illegals’, let alone to all illegals.

However, in the selection of the sample, I tried to pick a diverse group of people in order to allow some comparisons among them. Consequently, the sample includes people from both sexes, ranking between 24 and 50 years and belonging to different socio-economic backgrounds. Despite the fact that the ‘illegals’ are not authorized to work in this country, and for this reason all their jobs are considered ‘illegal’, I include in the study people involved in ‘honest’ as well as ‘dishonest’ work.
Background information

There are many reasons for studying the health of migrant groups (Uniken Venema et al 1995): migrants or ‘ethnic groups’ are reported to be more susceptible to illness and to suffer from a wider variety of ailments. Studying the health of immigrants can contribute to understanding the etiology of diseases, and to formulate hypotheses on the role of environmental vs. biological determinants of disease.

The Netherlands is one of the host countries for migrant groups in Europe. In 1991 over 6% of the population in Holland either was of foreign nationality or originated from one of the former Dutch colonies. The largest migrant groups are Surinamese, Turkish, and Moroccans. Colombians only constitute a very small percentage of the migrants in the Netherlands.

According to the grounds for admission to the country, migrants can be classified in two main types: migrants with a valid residence permit, and migrants without such a permit, or illegals (Muus 1993).

Statement of the problem

Why do Colombian illegal migrants come to the Netherlands?

According to some authors there are two main factors for people to migrate, which can be described as ‘push’ factors and ‘pull’ factors. The former ones, located in the country of origin, are war, natural disasters, bad economical situation and, in general, poor living conditions. The pull factors which are located in the country of destination are incentives like greater opportunities for study, work, and better social and health care facilities (Uniken Venema et al 1995; Helman 1994). Specifically many ‘illegals’ leave their home countries for political reasons (Singels 1988).
What do they do in Amsterdam?

The status of ‘illegality’ in the country implies that these individuals are not allowed to work in the formal sector. This, together with some other elements, such as lack of knowledge of the local language and lack of skills, force the ‘illegals’ to work in a ‘black’ manner. In the United States, for example, concentrations of Hispanic groups have been found in factory and service jobs (Bollini et al 1995). A similar situation can be expected in the Netherlands.

Health problems of the Colombian illegals

In the literature there are two different points of view on the health problems of migrants in general; one is that the health problems of migrants tend to differ in degree rather than in kind from the indigenous population (Black 1987; Colledge et al 1986). The degree of the health problems of migrants is stressed in the mental health sphere, with higher rates of alcoholism, drug addiction, and specially depression (Helman 1994). It has been said also that for instance, infectious diseases as tuberculosis have a higher prevalence among the migrants in the United Kingdom (Donovan 1984), however, the same author clarifies that the majority of the patients acquired the disease in the poor and overcrowded housing conditions in Britain’s inner cities.

The other point of view states that migrants suffer from a wider variety of ailments if compared to the indigenous population (Uniken Venema et al 1995). However, it has to be taken into consideration, that ‘illegals’ face different health problems which are related to their particular circumstances, as, for instance, inappropriate housing and hard working conditions (Singles 1988).

Access to health services for illegals

The Dutch health care system makes no distinction between the legal or the illegal status of its clients, instead the distinction is having a health insurance or not (Liefhebber 1994). In this sense, although Colombian ‘illegal’ immigrants do not face any kind of discrimination on the ground of admission to the country, they are confronted with the
problem of the costs of health services. Amsterdam has a large population of people without health insurance, about 25000 people, who, for the most part, are illegals (ZAO 1994).

The access to the health services for people without insurance depends upon the level of the service. Access to the first level is easier because of its lower cost. However, in the case of life threatening health problems, the Dutch health care system is accessible for uninsured people at any level.

First level of medical service
Access to general practitioners does not present a big difficulty for illegals without health insurance, as long as they pay the costs themselves (Singles 1988). It means that almost every general practitioner is accessible for them. However, in Rotterdam it was found that as many as 83.5% of the doctors never, or just once in a while had seen illegals for medical consultation (Liefhebber 1994). There are also some institutions offering health services for uninsured people, such as the GG&GD clinic. This institution does not demand a health insurance from its clients and provides its services for free. The Kruispost (a Public Health institution) also provides health services for uninsured people. In 1996, 80% of its clients were reported to be illegals (ZAO 1994).

Second level of medical service
To access the second level of health care, that is services provided by specialists and some hospital services, the uninsured people need a referral by the general practitioner, the midwives or institutions like GG&GD, or they can go on their own initiative (Singles 1988). At this level health expenses are usually higher, and it is expected that the uninsured patients cover the costs themselves. Sometimes they are supported by their own community or by church organisations (Singels 1988).
According to Loes Singels, uninsured illegals are now facing more trouble getting access to the second level of medical service (Singels 1988). The main reason is that at this level the cases that are not urgent but need expensive attention are concentrated.

*Health insurance*

Even people without a valid residence permit can obtain a health insurance. It can be obtained on the grounds of the time spent in the country or through the condition of being a worker. Some of the health policies cover the spouse or the partner. For this reason it is important that the illegal knows something about the Dutch health system (Liefhebber 1994).

Uninsured people sometimes use somebody else’s public health card (*ziekenfonds kaart*) to see the doctor (Singels 1988). This is possible because – especially in big health institutions - the identity of the insured person is not checked. The same author mentions that there is some trade with these health cards and medicines among illegals from the same country. For doctors, it is very difficult to find out the fraud because they do not exactly know who the patients are, but the insurance companies can find out by checking the medical records. The insurance companies are putting pressure on the medical doctors and first line institutions to stop the fraud with the medical cards. If a medical practitioner refers a patient to a hospital or specialist, he or she is responsible for checking the validity of the card as well as the identity of the patient.

*The Colombian 'Diaspora'*

In Latin America, Colombia is pointed out as one of the countries with the highest incidence of migration. In its case, the migratory figures are composed by the number of nationals that live outside the country (international migration), as well by the movement of Colombians within the national territory (internal migration).
The internal migration to which we refer, is not the movement of peasantry from the rural areas to the cities, which constitutes a universal phenomenon, but the exodus of complete communities that abandon their settlements besieged by the conditions of war in the country. These individuals are said to have been ‘displaced by violence’, in their majority they are peasants who find themselves in the middle of the conflict between the government’s forces and diverse insurgent groups in the country. Accused by one side of collaboration with the other side, these peasants are murdered and threatened; they are cornered to the point of considering migration as their only option. The desperate decision to abandon their homes is taken into consideration when they reach the conclusion that to remain would threaten their and their children’s lives. Leaving represents the only hope to begin a new life in another place and under more favorable circumstances.

The migration of Colombians to other countries, although carried out by another sector of the population, shares many characteristics with the internal displacement. Despair and uncertainty of the future constitute the principle reasons why they reach this decision. These persons leave the country when the unfavorable socio-economic situation is not likely to change in the near future. They also leave when they consider their personal security and stability to be threatened. Those who emigrate claim that their surroundings are not viable, that the society of which they are a part is collapsing (Semana 1999) and that they have better and more opportunities outside their country.

In contrast to those displaced by violence, who in their majority are peasants, and who live with their families, Colombian international emigrants constitute a more heterogeneous group. They are predominantly made up of individuals from an urban context with a higher level of education, who, in principle, travel alone.

The majority of the Colombian emigrants choose as their destiny developed countries with stable economies that make it possible for them to reach their dreams of economic prosperity. Countries like the United States, Canada, the United Kingdom and other
European countries are those preferred by them (Semana 1999). The large size of the Colombian emigration is confirmed by the many Colombians in cities like Miami, New York, Caracas, London and Madrid; those who emigrate become 'magnets' for their countrymen which again causes their number to grow.

In Amsterdam, Colombians are not among the largest groups of immigrants. However, since I was spending the year in Amsterdam for my studies, I decided to talk to my country fellows and establish their points of view in what concerns their reason for migration and the consequences for their health. General conditions are difficult for all migrants, but the condition of illegality adds a special dimension which I would like to explore in my research. Moreover, it turned out that in the Amsterdam case, and in Europe as a whole, there are more illegal than legal Colombians because the migration laws are becoming more and more adverse to people from outside the European community. This research likes to describe the concerns of these people.
CHAPTER 2  RESEARCH METHODOLOGY

Study type and research themes

Study Type
This study is explorative. One of its themes is to disclose the ‘emic’ point of view of Colombian ‘illegal’ immigrants. The objective was to present the perceptions that ‘illegals’ have of their general situation and especially their health situation. Special attention is given to their own explanations regarding their problems. During the six weeks of fieldwork, most of the information was collected through conversations with these individuals, allowing them to express in a free manner how they interpreted different issues related to their lives as migrants and people without a ‘valid permit to stay’ in this country. This study relates the way they feel that their health is affected by these circumstances but it will also touch upon other aspects of their lives.

The information obtained in this study is of a qualitative nature. For this reason, I chose informal conversations as my main tool. Speaking with people in a natural way has proven to be most effective in collecting this kind of data. My intention from the beginning was to present a clear picture of the reality of these people’s lives told in their own words. Very few studies have tackled the issue of migration from this perspective. The majority of studies have centered their attention upon quantitative data, relying on statistics, that although very important in getting a global idea of the matter, they are not very helpful in explaining the causes and consequences of the phenomenon. For example, in the general opinion, illegals are easily associated with high rates of criminality. This often leads to blame and prejudice about the group as a whole. Differences among the various migrants are very often ignored. Qualitative methodology can help to understand underlying causes and to outline various differences. Therefore, people’s perceptions have to be taken into account when the time comes for looking for appropriate solutions.
Research themes
The concept of health is all-embracing. It can be said that there is not a single aspect of human life that is not connected in one way or another with the health of the individual. Having realized this, and knowing that any attempt to cover all the possible variables related to the health of my study group would be quite frustrating, I decided to limit myself to some critical points, that in my own criterion would be relevant to migrants. These themes are:

- Factors influencing the health status: such as working conditions, living conditions, life style and ‘discrimination’
- Health seeking behavior
- Obstacles for providing health services to this community
- Outcomes of medical treatments

Objectives and research questions
The original objective of this research was to describe the way in which ‘illegal’ Colombian immigrants cope with their health problems in Amsterdam. This objective was justified in the light of what at that time seemed to me the fundamental issue in the health problems of ‘illegals’: How do they cope with health problems, or with problems in general when they change their environment and find themselves in a universe of incomprehensible ideas, rules and words?

In anthropology, fieldwork is the master and I could be the witness of my own ‘ethnocentrism’ when I realized that what mattered most to my informants was not what to do in case of sickness, but how to survive in the new context.
In order to reach the general objective of this research, a number of questions were designed, that in my criterion were indispensable to comprehend key issues of the target study group:

1. What is the story of their migration to the Netherlands?
2. What is their present life situation in the Netherlands?
3. What are their (health) problems?
4. What are the options they follow when coping with health needs?
5. Are these options meeting their health needs?
6. What from the services point of view are the main problems in providing health care to these people?
7. Is the cultural background taken into account when implementing health services?

The participants

In this section I present the profiles of the main participants in the study, which is made out of twelve persons. Among these are six men and six women whose ages fluctuate between 24 and 50 years. They have been given fictitious names.

Federico

Federico was one of the first persons that I interviewed for this study, he is a 34 years old man who arrived in Holland about a year and a half ago. In Colombia, according to his own words, he belonged to the lower-middle class. He completed secondary school and began to work as an employee of a bank. After eight years he decided to resign in order to work independently. He bought a taxi that he drove for some two years before his trip to Holland. He shared his last six years in Colombia in a free union with his partner. They did not have any children. Since Federico's arrival in Holland he has been cleaning houses and offices. He is a good and responsible worker. In his free time, he exercises a lot and
studies the English language. He is now fluent in English and he plans to continue studying Dutch next year. He is an organised person that has clear goals. He has saved a large part of his income with the idea of returning to Colombia and buy a house.

The interview with Federico, took place in my house, where we agreed to have lunch together, in view of the lack given that Federico had very little free time. During the interview I learned to know him as an intelligent and honest person. He was the first person to mention to me that the main problem of illegals was not their health but their illegal status in this country.

Carlos

Within the group of men, Carlos is the one who finds himself in the best conditions, as regards his legal status. According to him, all the documents to obtain his permanent residency in this country are now being processed and he expects a positive reply. Carlos is forty years old and homosexual. He went on vacation to Europe five years ago, and decided to remain in Amsterdam. In Colombia he lived in a middle size city, even though he was born in a small village. He studied accounting and had been working in a bank for seven years. When he arrived, he began by working in a restaurant; he worked in the countryside taking care of cattle and ultimately he became a house cleaner. A year after his arrival he met a Dutch friend who 'presented' him to the office of immigration. Carlos is a cheerful and non-complicated person; he likes parties and 'good' life. He considers himself lazy, even though he has taken Dutch lessons during the last three years he is not yet capable to communicate in Dutch.

Carlos' interview took place in his house. At first he was uncomfortable when he spoke of being homosexual, and of the conditions under which he works in Amsterdam. Later, he became more relaxed and we had an amenable conversation. He showed me photographs of his family, and spoke to me of how much he missed his mother. He confessed his intention of bringing his younger brother to live in Amsterdam.
I met Patricia approximately some six months ago, before starting the research. The first time I saw her, she was seated in a bench of the church of Saint Nicholas singing Christmas carols in a chorus with six or eight other women. After the mass Carlos introduced her to me saying: "Patricia is my apartment mate", and we went together to have coffee. That same afternoon, in the middle of the conversation Carlos approached me and said: "She is a very brave woman, she came to Amsterdam alone, leaving behind in Colombia her husband and four children. She never complains about anything in spite of the fact that she lives very alone and she doesn't know the language". Patricia is 50 years old, in Colombia she lived in a small village to the south of the country. Her socio-economic status is middle-low. She completed her primary education and then dedicated herself to helping her mother with domestic chores. She married some twenty-five years ago. During the last eight years she worked with her children in her home making paper bags. She also opened a bakery in her own house. From this last business she saved the money for the plane ticket that brought her to Amsterdam a year ago. She is a decent woman, simple and hard working. Six days out of the week she is cleaning houses. On Sundays she rests and goes to church since she is a very religious woman.

When I talked to Patricia about my interest in interviewing her, she answered enthusiastically: "Let's do it right now". That day I explained to her that it was not possible to interview her but soon I regretted this, because later on it was very hard to find a time in which she was not working, studying or just too tired. Some weeks later she called me to tell me that she was going to invite me for dinner the following day and would be ready for the interview. Patricia cooked a typical Colombian meal and after that I listened to her slowly narrated story.
**Camilo**

Camilo arrived in Holland eight months ago. He was born in Colombia but he has a double nationality: Colombian and Ecuadorian. He has lived in Ecuador the last ten years and in that country he had a business distributing seafood in 'La Sierra'. His business went bankrupt in 1994 as a result of the border conflict beaten Peru and Ecuador. His bankruptcy affected his relationship with his fiancée with whom he was going to marry. He began to look for a way to migrate to the United States but did not get a visa. Some two years ago he met a woman friend who was married to a Dutch man and she convinced him to come and work here. Since he arrived eight months ago he has worked in construction, in one of the properties of the husband of his friend. Camilo was born 39 years ago, in the midst of a humble peasant family, he studied agricultural technology in Colombia and he left to Ecuador looking for work. I interviewed Camilo in a Cafe after mass. In an open way he spoke to me of his economic failure. His family suffered as a consequence of the earthquake in Armenia last January. He talked about the difficulties he was facing as an 'illegal' worker in this country.

**Leonardo**

Leonardo is the youngest and best educated man in this group. He is 26 years old and he studied nursing in a University in Colombia. He speaks English, French and Italian fluently and has a basic knowledge of German. He was born in Medellin, his father was a Colombian diplomat who died in Germany 20 years ago. His mother died of breast cancer ten years ago. Leonardo and his brother Francisco inherited several 'haciendas' that the family owed in Antioquia. Within the Colombian context it could be said that his economic status is high. Leonardo is homosexual and he arrived to Amsterdam some two years ago with the sole purpose of marrying his Dutch boyfriend who he met during vacation in Aruba. After six months of living with his boyfriend he decided not to get married, and he is now looking for a possibility of doing postgraduate studies in Europe. He is the only one of my informants who is emphatic in affirming that he is not interested
in obtaining papers to be 'legal', and he is one of the few that pays his own private medical insurance.

The interview with Leonardo was in his partner’s apartment. A luxurious residence located in an exclusive sector of the city. Leonardo speaks of the sexual liberty that he has found in the Netherlands and he praises the health system in general terms.

**Eugenia**

Eugenia is 38 years old, she arrived in Amsterdam five years ago to live with her sister Matilde. Eugenia lived with her parents in a rural area of a small town of Risaralda. Her family consisted of four men and two women and belongs to the low class. In spite of this, the male children received support from their parents to study and they are all professionals. Eugenia completed high school which, according to her father, was enough for a woman. When she arrived in Amsterdam she began working as a manicurist for Latin prostitutes. Later she became a cleaner. She stopped the work three months ago when she discovered that she was pregnant. She has been living with her Dutch boy friend for a year and she is in the process of legalising her status in this country.

I interviewed Eugenia in Casa Migrante, one afternoon when we were both waiting for the Priest to speak with him. Eugenia is an eloquent woman and in a quick manner she spoke of how satisfied she is with her decision to come to Holland, and about her happiness of getting her papers and of the all years she had to wait before she could become pregnant. She also spoke of her experience as a client of the medical services before she had insurance and later when she was covered by the policy of her partner.

**Carolina**

Carolina arrived five years ago to work as a prostitute in Amelan, she was only 19 years old. In Colombia she worked as a clerk in a store and at the same time she was working in
prostitution in an irregular manner. Her story seems to me quite peculiar, as she confided me that her family in Colombia knew that she came to work as a prostitute in Holland. After some three months working as a prostitute, she decided to quit. Nowadays she is working in cleaning.

**Arley**

Arley is a 30-year-old man. He lived in a low class neighborhood in Cali with his three sisters and his mother. He studied five semesters of electrical engineering and was expelled from school because of his low grades. Two years ago he arrived in Amsterdam with the purpose of joining his cousin in the traffic of illicit drugs. He took this decision because he felt beleaguered by his debts. At the beginning Arley tried to hide to me that he was a drug-dealer, later he spoke about it in a relaxed way.

**Clara**

Clara is about 49 years old. She was a house wife in Colombia. Her family was composed of her husband, a daughter and a son. Due to economical difficulties her husband went to the States to work and to send money back home. The daughter made friends with a Colombian that at that point was already living in the Netherlands. She joined him to live in the Netherlands and Clara remained in Colombia with her son who was still studying. Not receiving any more news and money from her husband, Clara decided to join her daughter in the Netherlands. It is already four years that she came to this country. Most of the time she works as a cleaner. She claims to have been happy these last four years, but then she had a stroke. She had to undergo surgery, faced economic problems. This event changed her attitude about staying in the Netherlands.
**Diana**

Diana is Clara’s daughter. She first came to the Netherlands eight years ago, to be with her then boyfriend ‘Gustavo’ who was living in the Netherlands. Now, she is 31 years old, and she has a five-year-old daughter. In the meantime, her relationship with Gustavo has ended, and she is involved in another relationship with an illegal Colombian. She learned to speak Dutch, and in spite of this she is working as a cleaner. Her daughter enjoys the free education system. Diana would like to stay in the Netherlands.

**Alexander**

Alexander is 36 years old, of low-class background. He mainly works in construction business, house maintenance and painting, as he found himself unsuitable for cleaning work. Since this work is by assignment, he often is jobless. He limps. He came with his wife four years ago expecting to make a lot of money. She has been working as a cleaner since. Three years ago they got a baby, and Alexander stayed at home to care for it while his wife continued working. It is easier to find a job as a cleaner, but his wife’s income did not meet the needs of the family. So, they decided to take the child back to Colombia. The separation was very painful. Alexander stayed in Amsterdam to continue making money and support the family.

**Clemencia**

Clemencia comes from a small town in Colombia, Tulua (Valle). She completed secondary school, and was working back home selling beauty product from door to door. She first came to Europe about six years ago by invitation of a female Colombian friend living in Germany. After a while she decided to come to Amsterdam. She now is 26 years old, cleaning houses. She started a relationship with a Colombian, himself a member of the illegal group. However, she is thinking of moving on to Spain because a friend living there has told her so many nice things about Spain, the better life, the people, the weather. As it is she is not satisfied about her current occupation, she wants more.
Qualitative information

The purpose of this study is to describe, as faithfully as possible, the reality of a group of people from their own perspective. The narration of their experiences, therefore, has another value than figures. At the same time, there is no chance of facing the health problems of these people if the initiatives to do so, are not based on understanding their points of view.

It is not good enough to know the number of people using the health services without paying for them. It is also important to understand why these people use them. In this study I look at the general and specific health problems of the Colombian 'illegals' with a genuine social interest, this is why, more than how many or how much, I center my attention on how and why.

The most useful tool in this study was the informal interview with the participants, allowing the interviewer to go deeper in those aspects that the informants consider to be meaningful.

Data analysis

The interpretation of the information collected was possible by contrasting the different opinions and ideas of the informants, and complementing them with observations that the researcher made of their attitudes and behavior. Especially useful in this analysis, was the fact that the researcher is familiarized with the language and the culture of this community.

In the same way, to know beforehand some of the precedents of the Colombians expanded the capacity to follow structures in the complex stories of these individuals.
The analysis was not an isolated phase of the study, but instead was developed in a dynamic manner that started since the very beginning of the research.

Ethical considerations

No work or research involving human beings can omit ethical considerations. Above the value of the knowledge gained is the moral responsibility that every researcher has to assume with respect to the consequences that his research may bring upon others. In the case of this research, such responsibility is derived not only from the fact that it is dealing with people’s privacy but also from the potential threat that revealing details of the life of people considered outside the law implies. In this case, in addition to the considerations of the ‘illegal’ status of my informants, lies the reality that in fact, at least some of my informants are involved in criminal activities such as drug-dealing.

All of my informants were informed about the objectives of the study and none of them were interviewed without his or her consent. During the interview, I took care of explaining each of the questions and it was up to them to answer them. I would like to make clear that I did not offer any incentives for their participation.

Obviously, the names of the participants have been changed and I have omitted the addresses of their houses as well as the names of the business establishments they use to go.
CHAPTER 3  COLOMBIAN ILLEGALS: THEIR STORIES

It is too ambitious to pretend understand the reasons why people have to emigrate from their own country to a completely different one, and even more, to stay there without the approval of the local authorities. No matter what the reasons are, it is clear that they are mighty. In a general sense, I could say that money was the main incentive in taking that decision. The majority of my informants mentioned the possibilities of getting a job and stressed the big gap between the salary they are earning in comparison with their salary in Colombia. However, while paying attention to the way people express their incentives and contrasting this information with what they say when asked about other aspects of their lives other reflections come to the fore.

Reasons for coming to Amsterdam

Obviously, 'illegal' migrants are not 'tourists', even though they arrived with a 'Schengen'\(^1\) visa. When facing the question: what did you know about Holland before you came?, almost everyone said that Holland was a rich country where it was possible to work 'in a black way'. They did not come to see the canals or to visit the museums. In fact, none of my informants has been to the Rijksmuseum. It is interesting also, that at least half of the men indicated that they had come here after giving up in their efforts to get a visa to the United States. Finally, to round off the idea of why Amsterdam (or the Netherlands), I want to use the words of Patricia: "...I have a friend here, he suggested me to come, and to stay for a while and if I liked it, I could stay longer". In fact having a friend or a relative here and the possibility of having a place to stay strongly influenced the choice of Amsterdam as their destination.

\(^1\) A Schengen visa is required for entry into the area defined by the borders of 7 countries in Europe: Belgium, Netherlands, Luxembourg, Germany, France and Spain. The name comes from the Schengen treaty that was signed in the city of Schengen (Luxembourg). Later on, Austria, Italy and Greece joined the group.
Many arrived in Netherlands with an adventurous spirit, attracted by the image of progress and prosperity that prior emigrants have projected. This was the case of Camilo, he was invited by one of his friends who had been living in the Netherlands for several years:

“She told me: you should come to Holland, in that country there is a job for everyone... even if you find yourself in bad conditions I can promise you will be better than in Colombia or Ecuador”.

The motive for others to come was to be reunited with family members. In Clara’s case, for example, the more powerful reason to come to the Netherlands was that her sister, her daughter and her granddaughter were living in this country:

“I was alone in Colombia... my husband in The States, maybe dead. My daughter and the little girl, here. Only my son and me were in Colombia, but he had already told me that he would come to Holland as soon as he finished the school. What would I do there on my own? For this reason I decided to come”.

What Colombian ‘illegals’ do in Amsterdam

Confining the participants’ activities in this study, to the labor sphere, it can be said that a big proportion of them are employed in unskilled jobs, such as, cleaning houses or doing construction work. A significant fraction is involved in criminal activities as drug-dealers and in smuggling. At least one woman in my sample came to work in prostitution. Some of them, combine their work with the study of languages, primarily Dutch, but also English.

The greatest problem which “illegals” face, is the lack of a residence permit. This is the crucial problem from which many other problems are derived:
• The uncertainty of facing possible deportation
• Limited access to employment and more so, employment that is according to their abilities
• The subject of abuse and exploitation of their labor.
• Being limited in their expression and their ability of denounce their problems
• Limited access to housing
• Limited access to education
• Limited access to health care
• And the impossibility of geographic movement

The second greatest problem of illegal migrants is the language barrier profound in the Colombian context due to the low percentage of Colombians that speak English. From this language barrier, other limitations derive.

In the third place they find their separation from their loved ones, the family disruption, very hard. Being uprooted from their culture, from their customs and habits they slowly lose the connection and the support of their friends and family in Colombia. Finally, they mention discrimination as a limitation, even in comparison with other immigrants.

**Factors influencing the health status**

There is a general trend to classify the factors connected with the health of migrants in three or four groups; these groups include: genetic, social, economic and cultural elements (Uniken Venema et al 1995; Bollini et al 1995). Responses in the field mainly addressed the socio-economic and cultural factors. The participants were mostly concerned with issues revolving around their way of life and their work. Below, these elements will be discussed briefly in order to explain their inference in the health of the illegals.
**Genetic/Biological factors**

These are the elements related with the biology of the individual, among them are included for instance the inherited diseases. That is the case of Tay-Sachs disease, the sickle-cell disease and the cystic fibrosis, associated mainly with East European Jewish, West African and North European ancestry respectively (Suman Fernando 1995). The same author explains that in this case “race may be used as an initial indicator to detect people who may be vulnerable to these conditions” (Suman Fernando 1995). However, each day it seems to increase the belief on a ‘genetic factor’ for a wider group of diseases, some authors state that: *the indirect influence that biologic factors can have on health status is through discrimination*” (Uniken Venema 1995:814).

**Social factors**

Migrants in the host countries are often exposed to conditions that influence strongly their health status. Social factors, such as inadequate housing and local environment, hard work conditions, discrimination and poverty, interact in many ways that can be deleterious to the migrant’s health. Some diseases that have been associated with migrants in the Western countries, find themselves in the proper circumstances to keep a high prevalence, as is the case of tuberculosis which high rates are common in the poor and overcrowded housing conditions of the non-native’s neighborhoods (Donovan 1984: 665). Together with this, there are plenty of examples that illustrate how the social positions of the migrants affect their health. One of these, is the case of migrant workers who, due to low education, lack of skills and discrimination, are hired for the most dangerous - and lowest paid - jobs.

The majority of my informants reported being employed in an informal manner and in unskilled activities, which mostly translates as physical labor. They are cleaning houses and offices, an activity that in general is not well paid. This kind of work carries its own risks from the point of view of occupational health, for example, the ‘dermatitis of the
house keeper’ that is associated with different types of chemical products that are used in cleaning and that I could observe in the hands of one of my informants. Some of them reported working accidents of a certain magnitude like the case of Federico, who was participating in the demolition of a wall and hurt his hand, requiring medical attention. Others pointed at working in cleaning chores as the cause of back-pain and other joint-pains. Carlos is emphatic in affirming that his problem of cartilage aggravated from kneeling while cleaning under the beds and lifting heavy objects in restaurants. Others agreed that the work in some restaurants is exhausting, demanding long days, physical exertion and rapid changes of temperatures in the freezers.

Occupational health not only affects the person physically but also mentally. To start with, the social position of the cleaner’s occupation is rather low, and cleaners are mostly regarded as a type of servant. When talking about their feelings concerning their jobs, most of the participants were satisfied about the money they made but at the same time they regretted their social position. It so happens that their work implies some undignified tasks, or that they are treated with little respect by their employers. The following remark shows one of Clemencia’s experiences:

“I don’t mind to work as a cleaner, I think that is a decent job like any other... but sometimes one meets people who do not show you any respect. The other day I was working in the apartment of a Dutch man and I found used condoms in the bedroom... I complained about that to him but he told me I shouldn’t pretend to be so difficult, he said: That is what you are here for.”

My informants who were involved in drug dealing did not report problems with their work, although the level of stress that this type of activities carries was quite evident. Carolina spoke of her employment as a prostitute as very hard, from an emotional point of view. Practising it, or being involved in it, was the cause of great anguish and depression. In her words she referred to the work “as being very hard, one thinks that it will be easy
but it is very hard”. When asked about the risk of contracting venereal diseases she said: “No, the work is always done with condoms, this is routine... prostitutes themselves will make sure that they place it... it depends on themselves”. When I asked her about the percentage of security that is attributed to condoms in order to prevent the transmission of sexual transmitted diseases, specifically AIDS, she said that she did not know and that that was a risk that you had to take.

**Economic factors**

Closely related with the social conditions of migrants in the Western World, is their economic status. In the host societies, migrants face great difficulties to make a living. To some of them, the lack of fluency in the host country’s language is a big enough reason to be excluded from the labor market. For the rest of them, the challenge is to compete in unequal circumstances for a job with their native counterparts. These unequal circumstances, I stress, are presented in the lack of skills, low education of the newcomers, but also in the discrimination and sometimes, racism of the employees. The consequences of this, as I expressed before, are that migrants often get low-paid jobs and therefore their access to the consumer goods - among them food, medicines and housing - is limited. Finally, depending on the specific context, in some host societies, migrants earning low salaries find their access to health services hampered.

I had the opportunity to personally visit the homes of many of my informants, and I can say without fear of error that in general terms, the majority enjoy adequate living conditions and it is notable that all of them posses all the necessary services. In general, even for those of a low socio-economic status the housing conditions are very favorable in Amsterdam.

In the words of my informants, many consider the place where they live adequate for their needs. Compared to their living conditions in Colombia, their present accommodation is better. However, many underlined the lack of physical space due to the local architecture. I could only verify one case of accommodation that could be considered sub-standard.
This was the case of two persons who shared a small room for three months. In the case of Carlos and Patricia the 'kitchen sink' was in the same room as the toilet, but this did not affect their health, according to them. There is the case of Leonardo who lives luxuriously and he recognizes this, although he assures that his housing in Medellin does not have anything to envy the one where he now lives.

The problem of housing for the 'illegals' does not originate from the conditions of housing itself but from the difficulties in acquiring housing since in the majority of cases a registry or permit is demanded which obviously they do not possess since they are 'illegals'. They have to turn to the help of intermediates. They also do not receive any kind of subsidy, they are not beneficiaries of any type of public welfare but are subject to the free market conditions.

*Cultural factors*

The health/disease state of the individual is conditioned largely by his or her cultural background. Since culture involves many health-related notions, e.g. nutrition, life style, ideas on adequate treatment of illness, etc., cultural differences can be important explaining those of health (Uniken Venema 1995:814). It is not the objective of this paper to tackle in depth the wide dimension of cultural difference between host populations and illegal immigrants. However, I am aware that culture influences the health of migrants as much as or even more than the other factors do.

Health is not only depending on external factors but also on the individual self care. In this regard, life style becomes a factor affecting health status of the illegals as well. When asking about their way of living, I received quite diverse answers. Federico, for example, exercises a lot and does not use any drugs, including alcohol or cigarettes. Arley, on the other hand, smokes *bazuco* and does not care about practising sports. Both are rather extreme, in general men seem to consume more alcohol than women, they smoke more, but also exercise more. Regarding other aspects of life style, such as hygiene habits, no major differences were found between the participants.
Expectations of the illegal immigrant

To leave one’s country is never easy. For the illegals, as presented before, the decision of coming to the Netherlands is the answer to some of their problems. Economic stability, education and progress represent the motives for these individuals to change their latitude and their climate, their food and their landscape. Only with the strong conviction that they are going to find something worth the effort, they can continue staying in a place where they are not legally accepted.

Migrants come to this place, in some cases as a matter of mere chance. During the conversations with my informants, it seemed to me, that - specially in the case of the men - Europe as a destination came up after having failed in their attempts to go to the United States:

“I was trying to get a visa to the United States. Three times I asked for it and three times they turned me down, I think that the reason for that was that I was young and a Colombian. Then, I came here...”

The reasons expressed for my informants for having America as their first option are closely related with their expectations. The migrants believe in the so called American dream, in the possibility of finding a place where there is an opportunity of progress. I asked Camilo what the difference between America and Europe was according to him. He replied:

“The Netherlands is a very rich country, and here there are plenty of opportunities to work, but you cannot compare it with the States. This country is very small, and it’s full of people, the United States, although I have never been there, it’s a huge country, and I think that for migrants it is better there... I can...
tell you for instance that at the beginning, when I arrived here, it was hard for me to find a job. My cousin on the other hand, he went to the States two months after I came here and he found a job after only two days.”

At this point, and knowing that money represented one of the main reasons to stay here, I asked my informants about their expectations. I asked them for how long they would like to stay in the Netherlands and what their plans for the future would be. The chain of answers they gave me revealed to me how deep their affection for their country of origin still is:

“My idea is to work, to work very hard. I hope to earn a little money saving as much as I can. I think that if I am able to save enough money I can buy a house in Colombia, or maybe to start my own business there”.

“I want to stay here for some three or four years. During that time I can work and save money. People in Colombia, they think that it is easy to get money here. I always tell them that although here the job is well paid, living expenses are high as well. I try not to spend much money here, I prefer to save it and to invest it in Colombia later.”

I also found some people who dream of settling here and staying for the rest of their lives. Some of them spoke to me with great conviction about their intentions:

“I wish I could stay here for good. I like here very much, I like the people and life is quite calm. I would like to marry someone here and to stay for good”.

In fact, marriage with a legal person is one of the very few options an illegal migrant has to stay in the Netherlands for good.
CHAPTER 4 HEALTH PROBLEMS

This chapter presents the health problems of the illegal Colombians in Amsterdam. The first part of the chapter discusses some aspects related with the way health of migrants is regarded in general. The second part, describes the findings about ‘diseases’ encountered in this study; these are narrated by the illegals themselves. Later in the chapter, the concepts of some of the people involved with the attention of the illegals are recorded. The final part of the chapter is dedicated to the health problems in the mental sphere, that are somehow related to the status of ‘migrant’ and specifically the status of ‘illegal’.

Sick illegals

In the literature there are two different points of view with respect to the health problems of migrants in general. One of them states that migrants suffer from a wider variety of ailments as compared to the indigenous population (Uniken Venema et al 1995). The other point of view states that the health problems of migrants tend to differ in degree rather than in kind from the indigenous population (Black 1987; Colledge et al 1986).

When interrogated about their health problems, most of my informants agreed in affirming that they have not had health problems since their arrival to this country. In their own words, they defined themselves as ‘healthy’ people. Among my informants, those who said they have had health problems, referred to them as little ailments, malestares, and day to day diseases. The common cold and the headache were the two cited the most, but ‘allergy’ and ‘congestion’ were also frequently mentioned although associated with weather conditions.

Another group of complaints was constituted by diseases and conditions associated with their work or profession, for example, I could observe contact dermatitis with Diana,
produced by the use of diverse products used in cleaning. Patricia mentioned, for example, that she could not fumigate because her allergy would erupt.

Amongst the men, the most frequently associated health complain was back pain and the pain of the knees that they explain as due to the effort and position that their work demands. Work-related accidents were only cited for one of my informants, Federico, who hurts his hand while demolishing a wall. Another one of my informants, Leonardo, called my attention towards sexually transmitted diseases. As a gay man he suffered being infected by a sexually transmitted disease for the first time in his life in Amsterdam:

“I never had a disease in my life, in other words, the first time that I had a venereal disease was during my first month here... that had never happened to me in Colombia... it was a very, very disagreeable experience. After that I realized that things here were harder, I could hardly believed it when they told me that I had that disease... I only took the treatment and I said: never more. I will never have this disease again... since then I take care of myself and I only have relations with my partner”.

Regarding health problems, Camilo indicated the dental health as one of the more pressing. In his case, cavities have represented great difficulties for him, not only as a disease but also as an economic problem:

“...I have been very healthy, sometimes I would get little pains, for example, this knee has given me problems all my life since I hurt it playing basketball. I jumped with a friend for the ball, and when that guy felt, he almost broke my leg. This causes my knee to bother me, some days is O.K. and other times hurts very much. Regarding other things or diseases, no, no diseases, the knee...ah! and the teeth, yes that have me fucked up!... my tooth has been bothering me for three months, I went to a Colombian dentist but she charged me a lot. she told me that the work she had to do was a root canal job, and she charged me since the beginning 2,000
"I asked her to give me a break since I was a Colombian, but she didn’t... so I am trying to see how can I get the money to do that..."

The most serious case of disease that I found among my informants was that of Clara. This woman began to suffer headaches some two years ago, she thought that they were due to her worries but six months ago she had a very intense headache and she had to go to the hospital. There, according to her they did not want to attend to her in emergency, and that same night she was interned in another health center in a ‘coma’:

“My mother fainted and it was as she were dead, we ran with her to the hospital and she was in a ‘coma’ the whole night... the doctor said that she did not have any reaction, and if she continued like this probably she would die...”

In the case of Clara, she was diagnosed as having a ‘cerebral aneurysm’, in various occasions she had to undergo surgery:

“I've already gone through three operations, with laser beam, the last one was the eighteen of January, the day that they opened my head... in the first ones they putted a catheter, those two operations did not worked. The doctor said that they were trying to place a hook and they placed it twice, and both times it became loose, and so they had to operate directly on my head, they opened me up... they placed a valve... my hair is just growing again, that was January 18th, the operation”.

Clara and her daughter, both affirmed that this was a very serious situation:

“I almost die, now, now I don’t have problems... because I remained, well, after the stroke, my leg would not turn and my eye was completely paralyzed... in other words, I could not move it...”
Up to this point, I have referred in this section to the more pressing health problems I found among the individuals I interviewed. However, I could also see, that their difficulties were present in the scope of preventive health; when interviewed, Patricia shed light on her health problems as:

"I thanks to God have been very healthy... of course I want to go to a dentist for a check up, the last time I had a check up was before I arrived. I also want to do a cytology... every year I would do one in Colombia, and they always come up well, but sometimes I would have inflammation".

Another problem of health identified in this study has to do with access to health care. By asking direct questions I could confirm that the majority of my informants have little or none knowledge regarding health services that were available for them in Amsterdam. As an example I can mention the fact that almost none of them had even heard to speak of De Witte Jas, and less about Kruispost. For those whom knew the services only a few had made use of them, principally due to unfounded ideas regarding the cost of medical care or the type of services that were available there.

As regards accessibility in economic terms, a few of my informants expressed their reserves when they indicated that didn’t have any kind of health insurance. The access to the services was very expensive for them:

"... here going to the doctor is very costly... the consultation with the doctor is only between 30 or 40 Ngl which anybody can afford. The problem is the medications, since medications here are very expensive. If one needs to take some type of medications permanently that becomes like paying another rent".

Eugenia complains about the hormonal problem that she had had for many years, which prevented for her to conceive her condition demanded that she take uninterrupted medication in Colombia. When she arrived here, she underwent medical treatment for the
same pathology. According to her, the medical attention she received was “very good”, but the cost of the exams and the treatment constituted for her a major problem:

“They treated me very well, they did a lot of ‘X’ rays of my head and they did a lot of blood exams. They told me that I had a small brain tumor that caused my period to become irregular. I became better with treatment, but then the bills became to arrive my house for the exams and everything they had done; I practically started working just to pay for the hospital bills.”

Those who give them health services observe the health problems of ‘illegals’ from another perspective. Among these persons are doctors, who for the needs of this study were doctors who were fluent in Spanish. One of the doctors interviewed by me is a Dutch doctor who worked four years in Nicaragua. After she returned to Holland, she jointed in a voluntary manner De Witte Jas. According to my informants, the fact that she is fluent in Spanish made it that Tuesdays – the days that she treated patients in De Witte Jas- became “Tuesdays of Spanish-speakers”. When I asked this doctor what were the health problems of Colombian illegal immigrants she said:

“Well, the same as any other person, I don’t find any difference between their diseases and those of the Dutch. Are the same, diabetes, arterial hypertension, and back pain. Respiratory infections and the same that another person. I could not identify difference between the problems of health of the immigrants and those of the Dutch”.

And she adds: “what changes a bit is the manner of presenting the diseases, is the manner that diseases are presented. South-Americans are much more hysteric, specially women, they cry they do a whole performance when they are ill.”

Interviewed regarding the same thing doctor Sheng, mentions: “ the diseases of the Colombians are the same of those of the Dutch. They are just average persons... the
difference is that they like medicines, they want a different medicine for each symptom... and they like injections, and antibiotics and they always want to be referred to specialists"

Illegals and anxiety

Authors like Helman and others indicate that migrants in general are afflicted by major mental health problems like alcoholism, drug-addiction and suicide attempts. Depression is especially prominent amongst them. In this study men were found to be more frequently the victims of alcoholism and drug-addiction. As one of my informants said:

"Here one often becomes bored, I don't find anything to do, or anyone to go out with... Generally I spent most of my time locked in my house but that is also not good. I always end up by smoking bazuco".

More than somatic diseases and difficulties with access to health services, the situation of 'illegality' that this community lives through constitutes the principal source of its problems in general and of the health environment in particular. From the first interviews with my informants, it came to the surface their worries in this respect when they themselves signaled 'lack of papers' as their 'real headache':

"I live well here... I don't have major problems, unless they decide to deport me", says Carolina in a spontaneous way. The same idea is shared by at least half of my interviewees. It is important however, to know that those who are involved in illegal activities exhibited greater preoccupation due to the eventuality if they are required to show valid documents from the part of the authorities. Thus, Arley comments: I worry a lot about that... I try to avoid Latin parties and expose myself much, because one of those times they may pick me up and kick me back to my country".
On their part, women reported being less worried about the possibility of eventual deportation. The majority of them said that they would not be excessively preoccupied with this matter:

"As long as ones behaves well and is honest there is not risk of been deported... I only know one Colombian who was deported, and that is why they pick him up urinating in the street. They can also deport those that they catch without tickets on the tram or something like that. Me, I'm not afraid of been deported".

In the context of health, anxiety or 'stress' is a reaction of the individual before a real or imagined threat. In the case of illegal immigrants, besides tensions common to life, like satisfying one's basic needs, there is always the uncertainty of keeping one's employment and to continue evolving in the society to which one has immigrated. In that manner the threat of a potential deportation, constitutes a fundamental reason for worries.

Already in other sections of this report, it has been registered how in spite of the difficulties they face, they manifest themselves as fully satisfied about filling the economic expectations that they brought with them from Colombia. Many of them consider that their situation as individuals in this country would be "perfect if only for the idea that one could be deported". I asked directly some of my informants what would be the best way of improving their general conditions. After a while Federico replied:

"The best thing they (the Dutch government) could do for us, would be to simplify the bureaucratic process that one must go through in order to obtain one’s papers. Specially when there are people who want to help, like my partner. Then things should be made much easier."
CHAPTER 5    COPING WITH HEALTH PROBLEMS

This chapter examines the way Colombian illegals solve their health problems in Amsterdam. It is important to make clear here, that in comparison with what other authors refer to in the literature, the information regarding this issue in this report, is quite fragmentary. However, the goal of this study is not that of reporting completely all the possible illnesses and coping strategies for them, but that of a natural and spontaneous following of the protagonists' narratives.

The first section of the chapter deals with some aspects of health seeking behaviour. This way it is possible to make some comparisons between, the health seeking behaviour that the Colombian illegals used to have in Colombia, and the adaptation of it to their new reality in the Netherlands. The chapter continues with the description of the coping mechanisms that are used by my informants here in Amsterdam. These mechanisms are illustrated with some examples. One of the burdens for this group was found to be anxiety and at this point, the informants talk about the way they cope with it. After this, the chapter goes on addressing the language barrier and the participation of intermediaries in the process of coping with health problems. At the end, the chapter mentions some of the organizations involved in providing health services for people without health insurance in Amsterdam.

Health seeking behaviour

The way in which individuals solve their health problems is directly connected with the options and resources that the environment offers to them. This becomes evident in the case of the illegals when they change their geographical context and therefore their cultural context confronting a new reality.
What did you use to do in the case of getting sick in Colombia?

The different answers to this question are affected by some elements such as the severity of the disease, the cultural background of the patient and the socio-economic conditions of the informants. Here some of the differences between the Colombian context and the Dutch context are mentioned.

When people speak about traditional remedies in Colombia, what they mean is the use of herbal teas, going on a diet, fasting and even the use of some medicines without medical prescription, among others. These medicines usually are analgesics and antibiotics. In Colombia almost any medicine can be bought from a pharmacy without medical prescription. There is a large variety of healers. For example, people like to consult the so called sobanderos which are massagists mainly dealing with physical traumas. Besides these, herbalists are very popular. The bio-medical health system absorbs most of the emergency cases. Victims of street accidents or physical injuries typically resort to a hospital or a physician.

In the Dutch context most of these traditional remedies are lost in midst of the language difference, the prescription regulations and the people's lack of knowledge about the local treatment options. For example, back in Colombia, Eugenia trusted the healing properties of agua de ruda. Since she came to the Netherlands she had to renounce that practice as she did not know the local name of the herb, or whether it is available at all.

How they resolve their health problems in Amsterdam

When I began to interview my informants about their diseases, I found out that the majority of them, and especially the newcomers have never been sick in this country; "I thank God for having been very healthy all my life", was the answer that I heard most often. Patricia was most emphatic and she said:
"No... I'm healthy, the first that one needs to come here is to be healthy to work. If one is sick one would not come here, thus the day that I become ill that will be the day I will go back to Colombia".

After hearing this type of response over and over I decided to expand the question to a hypothetical situation of been sick.

The first finding in this sense was that the totality of my informants reported that faced with the presence of ailments, according to them 'minor ones', they just did not take any action. They assumed a passive and expecting conduct. At most they would limit themselves to rest or to limit their physical activity. This can be verified by the following examples:

"If I had an ache or I feel ill... I don't do anything, because... what I am going to do... just support it and wait to see if it goes away. Sometimes I get colic pains, for instance, and then I lay down for a while. Or if I feel ill, well I go to bed early or I don't eat."

"Nothing, I don't do anything. In general little aches and those things they pass quickly, but if they don't pass, well, I don't do anything either. Sometimes I take a pill and that, well, and that not often. One isn't going to run to the doctor for any little thing...".

When I asked in depth, assuming that the problem was much more serious, or that the pain persisted, the majority sustained the same response as before. Two of the older women added that they would take a pill for the pain, specifically aspirin or paracetamol, which frequently they have in their own homes. Nevertheless Leonardo, who pays a private health insurance, replied:

"Well, if the pain doesn't go away, well then I will make an appointment to see a
doctor. That's why I pay the insurance, I have a family doctor who is the one that I have to see when I become ill. Thus in case of anything, I make a date with him which they give me the date more or less rapid, and then I go to see what the doctor has to say".

Camilo said that the only health problem that he has had here has been with his teeth. He has not health insurance, his friends told him that there was a Colombian dentist married to a Dutch man, and he decided to go to her office paying himself:

"In general I am very brave, I can stand a lot of pain. In the gymnasium sometimes my knee hurts, I damaged it in Colombia playing basketball but I don't pay it any mind, there, there is a physiotherapist who is a trainer and he is the one that advises me. As to the rest, the only problem is my teeth, as you know, it's impossible to stand the pain of a toothache... I started with a small pain and it didn't go away, and it didn't go away, and then one night I couldn't sleep and then I found out with a friend about a dentist who speaks Spanish, she is Colombian and I went to her to see, if being Colombian she would cut me a brake, but no way, she asked me for 2000 Nlg just to be treated".

When one considers the eventuality of an emergency, as in the case of an accident, the possibility of those insured, as well as of those who are uninsured is very limited. Under these circumstances the majority of those interviewed manifested that they would attend an emergency center.

The study revealed three emergency cases, like the one regarding Federico, who due to a work accident hurt the fingers of his hand. Since he was not insured and was an illegal, he decided not to go immediately to the health center and tried to resolve the situation on his own applying cold water compresses in his house. When his friends saw the gravity of the injury, they convinced him to go to the health center:
"I did not want to go to the doctor, already the boss had told me that he would take me to the hospital but I was afraid because I was illegal. When my friends saw my injury they said: that looks very ugly and it is going to be infected, the best thing is to go to the doctor. So, I decide it, and I called the boss, I told him how the wound was and he took me to the hospital. There, they took very good care of me, I told them that I was a tourist and that I had fallen off my bicycle, and I told them that I had left my passport in the hotel because I was afraid that they would steal it. They asked for any kind of document that I could show so that they could register the incident or note the care that I had been given but then my boss told them he would pay for everything. So he paid and I am very grateful".

The second accident that I could confirm, was of a less fortunate nature. A week had passed since Arley had decided to confide in me that he did not dedicate himself to cleaning houses but that he was a drug trafficker. He told me that for him it was very important to remain anonymous as much as possible given the work that he did. I was interviewing him in a park, because he had rejected the possibility of doing it in his house or mine. When I asked him about his health problems and how he solve them, he said:

"Look Andres, to us they tell us that we should avoid to the maximum showing ourselves around and not to bring people to the house. That is very delicate. I have the telephone and address of the ‘Chinese’ doctor, but that is only in some case of emergency. I’ve never gone to see him....in general I have been healthy. The only thing that happened, it was about two months ago, I was eating a coconut and taken off the shell with a knife, the knife slipped and I cut my hand... It was a small wound and I thought it was not important. I washed it with water and I put on a Band-Aid. And that remained like that and healed, but I have began to notice that I have no sensation on that side of the finger...".

When he showed me his hand, my impression was that he probably had cut a sensitive branch of a nerve. At that moment I also thought that maybe if he had had adequate and
opportune attention, there would have been no negative results. Therefore, his case seems
very relevant to me. The limitations that illegals can confront regarding health access, due
to the fear of their illegal condition is even more pronounced for those who like Arley
dedicate themselves to illegal activities.

The last of the examples of the ‘emergency cases’ is illustrated by the following story of
Clara and all of her family. Being an illegal, she was among my informants the one who
has lived a more intense experience as a client of health services. Her daughter Diana
spoke to me regarding this as follows:

"When my mother began to be more and more ill, she asked for a date with the
doctor. The doctor saw her and prescribed medications and gave her another
appointment. Just two days before the appointment, my mother had the stroke that
almost killed her. She was alone in the house and her headache became worse
than ever. She called me by telephone, and I left my work in order to accompany
her to the hospital. When we went to the hospital and we explained that she was
very ill, they didn't want to take care of this, that that was not an emergency, that
we should wait for our appointment. That night my mother lost her
consciousness... my boyfriend and I took her once more to the hospital and a
young woman asked if she had insurance or not. My boyfriend became
angry and said to them: what, if she doesn't have insurance, you are gonna allow her to die?
They hospitalised her and that same night she entered into a 'coma'."

From here on, according to Clara and her daughter, things became better. They received
very good attention in the hospital and they gave her “all the exams and procedures that
she needed”. Her complex condition required very special care. She was moved to
another hospital center were they performed three surgeries. From her staying in the
hospital she remembers above all the good treatment that she received from nurses and
doctors. But once the treatment was finalized, she was confronted with the hospital bill.
She had been hospitalized for various weeks and undergone surgery. The price of her
medical bill without insurance was so high that “I could not pay it not even if I work all my life would I be able to pay it”. Clara recuperated satisfactorily from her disease, but since she left the hospital she feels “very depressed”. She has not been able to pay the hospital bill, and her case is now being studied by a social worker who “is doing whatever is possible so that some insurance would cover those costs”.

Health brokers

For Colombian illegals, one of the principle problems in terms of access to health services is lack of knowledge about those services. When they arrive everything is new for them, they don’t know anyone, they don’t understand the language and they don’t understand the rules. Consequently, when confronted with health problems illegals will make use of intermediaries, who due to one reason or another mediate between them and those who provide health services. Intermediaries exist for various reasons: because they know the language, because of their legal status, because they have been here longer and have experience, because they are native Dutch and/or because they are linked with entities that work with illegals.

Of all these categories, I observed that those who were more often used as intermediaries in case of health issues were other illegals who had been here for a longer period of time:

“I knew about the GG&GD clinic through a Colombian friend who has been here for a long time. He had used that service already, and he explained to me how to use it and he told me that it was for free”.

The intermediaries carry out their function in various ways, the most common is to give information. Where are the hospitals? How much does it cost to go to the doctor? How can I get the medications? The intermediaries answer these questions or intervene partially in the process of searching medical attention. Among the intermediaries, the
second on the scale of those that are most wanted are those who speak Dutch. According to my informants, they identified this quality as the most useful when the time came to sort out health difficulties.

“I arrived in Amsterdam the 12th of December, and the 23th of December I became ill. I came down with tonsillitis. I didn’t know what to do, so I called a friend who spoke Dutch and he took me to the doctor... as I did not speak Dutch, I explained to him what I had and what I felt, and my friend told the doctor. The doctor gave me a prescription and he explained to my friend, how I was to take the pills”.

The native Dutch find themselves also involved quite a few times in the issues of the illegals. Their participation begins when they establish friendly relations or become partners of the illegals:

“...for us anything that we need, or if we are ill we ask the husband of Matildita. He is the only Dutch who is a friend of mine and who I am not embarrassed to ask favours from. He is always helpful, besides, he has no option, who told him to marry a Colombian...”

One of my Dutch informants is a Roman Catholic Priest, father Clement. He explained how due to the fact that he is a priest and working in the area of social services with foreigners, he serves as a mediator solving the health problems of the illegals:

“When they don’t know where to go they come to this house, or they call on the telephone. Here we give them the addresses of where they can go and see a doctor. And we give them aid in other ways... lately, they don’t come as often, they already know how to go to the doctor”.
Language as a health barrier

Immigrants and specially newcomers do not share a common language with the local population. The language barrier has been identified by various authors as generating health problems, as well as an obstacle to accessing health services.

"More difficult than the climate and other things is the problem of language.... That language of theirs is so difficult. To buy anything here or to do anything, one needs to have everything explained."

According to Helman, linguistic isolation is related to a high incidence of mental illnesses among immigrants as opposed to the local population (Helman 1993). This is logical, if one takes into consideration that the language is a powerful tool that serves to confront daily problems. Language also contributes to the social interaction of the individual. The following two examples clearly show how the lack of language is felt by some immigrants:

"Very depressed...very depressed, here I spend my whole time alone, I have no friends, I have no one with whom to talk. Otherwise, I am doing very well, but I don’t know... Colombia calls me, Colombia calls me..."

"Sometimes I was also bored in Colombia, but there I would go to the movies or I would watch television. Here, I never go to the movies. Why should I go if I don’t understand anything. Television... I like the soap operas that I watch the channel from Spain. But I can almost never watch them, because at that time I am generally working”.

Regarding the language barrier as an obstacle to accessing the health services, it can be explained as the loss of information, or misinformation that can rise among health professionals and immigrants:
“Language is very important in order to utilize the health services. For example, they even have to spell out the address of hospitals, because, of course since one doesn’t understand Dutch, one gets lost...”

When doctor and patient do not share the same language it can be very deleterious to the quality of the medical care. Patients do not feel understood, and they perceive the attention received to be of poor quality:

“One goes and somehow one manages to make oneself understood, more or less one explains what it was, that is ailing, one explains what is the problem, what are the aches, or whatever it is... (But, what happens if in spite of our efforts, one cannot make oneself understood?) Ah, yes, well...if after all one’s struggle, one is not understood? Well, just the same... they come to a conclusion, some kind of pill for the pain and they send you away”.

The choices the patients have regarding health providers become narrow due to language difficulties. While for the local population the availability of health care providers is quite large, the Colombians have to resort to the few doctors that speak their language:

“...I know that I can go to other doctors, but at least doctor ‘X’ speaks Spanish, so when he is not there one waits... and he explains how one is to take the medications.”

Moreover, language differences also affect the way people phrase their complaints. As the following quote shows illness descriptions have to be put in basic, simple words limiting the patients’ ability to express themselves properly:

“The problem is not just they don’t understand Spanish well, but they don’t understand one at all. For example, I cannot talk to my doctor the way I am
"talking with you, I cannot say to him: Look, this what is going on with me, and
this, and this, and it hurts here, and here, and here. If one does it that way, they
do not pay attention to you... here one has to start: Mucho dolor! (lots of pain!)”.

Health services

Spanish speaking doctors

One of the goals of this study is to verify if the cultural background of the Colombian
immigrants, and more specifically, those of the illegals, was taken into consideration
when health services are implemented for them. I also wanted to know the ideas of those
who confronted the health problems of the illegals. For this reason I interviewed some of
the caretakers of Colombian illegals in Amsterdam.

In order to consider if the cultural luggage of the clients of the health services were taken
into account, I made use of questions that could shed some idea about it. They inquired
about the level of information that doctors who treated the illegals had regarding their
culture. The first thing was knowledge of the language. As far as this is concerned, I can
say, that the doctors interviewed possessed a very good level of Spanish, more than
sufficient to permit a certain level of communication with their patients. When I
investigated how they had learned Spanish I found that the majority had learned it in
Spain, or they had taken Spanish classes here in the Netherlands. The ‘Chinese’ doctor
learned Spanish speaking with his Latin-American patients. Mariane learned Spanish
when she lived for four years in Nicaragua; she was working there as a chief of a health
center in a rural area of that country. She was the only one who had in-depth knowledge
of Latin-American reality, and of the available Spanish-speaking health providers she was
the one closest to the immigrants:

“People here don’t understand the immigrants, they don’t understand what it
means to sell everything you have in order to come here, and then that they look
at you as if one was shit”. She continues: “Here people do not know what it is to suffer, children grow up without knowing suffering. Life for them is easy, at least until they finish the university. In Latin-America people live hard lives, children suffer, many of them have to work since they are very young”.

When I asked why she worked as a volunteer for foreigners and people without health insurance, her answer was: “Why do you think I do? Health is for everyone, everyone has a right to health”. I proceeded to ask her what would be the most adequate form of providing health services for illegals? Marianne replied: “Well, the ideal would be that they would be able to go everywhere like everyone else, and being accepted”.

The most significant finding consisted in their labelling of these health problems, and, more concretely, the diseases of the illegals, as “the same diseases of any individual in the population at large”. Regarding this statement, I had the opportunity to speak with one of the persons that is involved in health care for people without insurance, and specially foreigners. The first thing that attracted my attention when I reached his house was a poster on the wall of his living room that said: ‘Stop racism’. Though it seemed by chance, the doctors that treated the Colombian illegals share the ideas of social justice and equality between persons above differences of ethnicity, nationality and color. They believe that foreigners are somehow discriminated in the Netherlands.

One of the persons I interviewed investigated the health problems of individuals without health coverage. He asseverates that not all illegals lack health coverage or go without paying for medical care. At the same time, there is also a group of Dutch individuals that do not pay for health insurance. We have to avoid those prejudices. Equally, if you go to the police, you will be told that the majority of illegals are criminals, while in reality the major proportion of criminals are ‘legals’ in this country.

Local health care services
Certain institutions in Amsterdam provide health services not only to help illegals or foreigners but anyone who needs and demands their service, such as the GG&GD, Witte Jas, Kruispost. In general, they carry out services in the area of public health and that they also include individuals who do not have residence permits or those who do not have medical insurance. Most of my informants are not aware of the existence of these services. They prefer to go to the 'Chinese' doctor, or to the first aid section of the hospitals in case of an emergency.

The GG&GD, for example, is the most efficient institution of the three mentioned. Yet, its focus is on reproductive health services, mainly STD control. The outstanding feature is that their services are provided completely free of charge. The center is well equipped, the staff is friendly and patient. The Witte Jas works mainly with volunteers who are available some days per week. The staff consists of both professionals as well as medical students at the end of their training. Their services are affordable for the majority of the people, including homeopathy, physiotherapy, and external consultations with general practitioners. When I visited the institution one afternoon I was told to return in the evening. However, and in spite of my appointment, I never got to see the doctor that day.

The Kruispost is located close to the famous 'red light district'. There only is a small sign on the door indicating the available services, that I would have almost missed. Once inside, I was received by a receptionist who was quite annoyed because of the behaviour of a previous client. He insisted on seeing a doctor without appointment which was not possible. My request for a pap-smear for Patricia, one of my informants, was declined because of lacking material. The nurse suggested to make an appointment for the next week, by which time they should have gotten all the necessary material. The cost of this test (NGL 30) was high according to Patricia, and she changed her mind about having it done. Myself, I remarked that such a service was free of charge in Colombia. Moreover, I was quite surprised that the institution was not fully equipped to provide the service in the first place.
CONCLUSIONS

The study aimed at addressing the following main objective:

*How do Colombian illegals cope with health problems?; or how do they cope with problems in general when they change their environment and find themselves in a universe of incomprehensible ideas, rules and words?*

The following main research questions were used to guide the conversations:

1. What is the story of their migration to the Netherlands?
2. What is their present life situation in the Netherlands?
3. What are their (health) problems?
4. What are the options they follow when coping with health needs?
5. Are these options meeting their health needs?
6. What from the services point of view are the main problems in providing health care to these people?
7. Is the cultural background taken into account when implementing health services?

The study concludes that illegals lack the necessary money to successfully cope with their health problems. The very status of illegality triggers many negative effects on the immigrant, such as anxiety, impaired working conditions, impaired living conditions. General attitudes towards immigrants are ambiguous and inconsequent, which only increases the burden on the immigrant.

As for the main research questions, the following was found:

1. The majority of Colombian illegals come to the Netherlands for economic reasons. Dutch salaries are attractive, as they are so much higher than Colombian remuneration for equivalent jobs. The high living expenses are usually not considered in their calculations. Many Colombians follow the path of some relatives or friends who have migrated before them. This facilitates initial living arrangements and survival issues but it does not necessarily help them to start a better life.
2. Once in the Netherlands, illegal Colombians find work in the informal sector as cleaners and handy-men. As they are not legal, workers are easily exploited by their employers through lower salaries, irregular working hours and undignified tasks. Many Colombians also find work in the criminal domain as drug dealers and smugglers. These persons have the highest income, followed by illegal prostitutes. Criminal activities however harm the image of the whole group as they tend to confirm existing prejudices about illegal (Colombian) immigrants. Most participants maintain to lead ‘a content life’. In spite of all the difficulties they face they do not complain much. Since they earn more money in the Netherlands than back home, they take possible difficulties for granted. Money stands for well-being. Mostly young illegals reside in the Netherlands, or persons that are still in the productive age of life. It is hard for illegals to get old in the Netherlands; as soon as they stop working all their living allowances stop as well and they are forced to leave the country. It could be said that the system tolerates them as long as they are working, even if illegally.

3. Colombian illegals are relatively healthy in their own perceptions. Health problems are not really an issue for the illegal. For the illegal health is work and work is health. Sickness means loss of job and thus loss of income. From the medical point of view, no specific difference is found between illegals and indigenous Dutch people concerning health problems or diseases. Illegals are just as ill as anybody else, they are not any different in terms of health. The Dutch system includes them for medical care. The main problem for illegals is their status of illegality that connects to all other issues of life, and disconnects them from being a regular member of society. Their basic health needs are mostly met by Dutch formal medical services, but the illegal is constantly faced with his/her anxiety about having to leave the country, or having to pay outstanding bills. In this sense, the very condition of illegality may lead to an increased prevalence of distress among illegals.

4. and 5. Colombian illegals resort to communal hospitals and physicians, if so necessary.
The bio-medical system is known to them from back home. In emergency cases, it still is the preferred system of medical care. Coping mechanism that used to be invoked in Colombia, such as traditional healing, do not apply in the new context. However, medical attention is expensive, and in general illegals do not have a budget for health care.

6. Health services are bound by the system. Uninsured people are considered outsiders and require special attention. Illegals typically lack health insurance, although a special insurance can be paid for privately if one has the money. So, rich illegals in fact have no problems regarding medical care. The few institutions available for people without residence permit and/or health insurance are not up to the general standard. They have to rely on voluntary workers, and their equipment is lacking when compared to municipal health care centers. An exception is the GG&GD, yet this center mostly focuses on reproductive health issues that were not found to be first priority problems from the side of the Colombian illegals. Language differences is another problem.

7. General comprehension is lacking. Available health care is not tailored around the Colombian patient. Hardly any physician knows enough about the Colombian context, let alone the illegality situation. Both culture and the migrants' new living situation affect their health and their health seeking behaviour.

Additionally, it was found that laws concerning the issue of migration and residency are not clear; on the one hand restrictions are supposed to limit new immigrants, on the other hand the resident ones are not fully included in the local system. The illegal residents are left suspended. Their position is one of ambiguity. A further reduction of the number of Colombian illegals in Amsterdam is to be expected, as regulations get harder and harder. The fewer members, the weaker the community. Eventually, the illegal community will disintegrate.
REFERENCES

Black, N.;

Bollini P, Siem H.;

Colledge, M., et al. (Eds.);
1986 Migration and health: towards an understanding of the health care needs of ethnic minorities, Copenhagen: World Health Organization Regional Office for Europe.

Donovan, J.L.;

Helman, C.;

Liefhebber, S. and B. Linders

Muecke, MA.;

Muus, P.;

Semana

Singels, L.

Smaje, C.;
Swiss Tropical Institute (STI); 
http://212.243.0.164/facts/migrants.htm (Internet page)

Uniken Venema H P, Garretsen H F L, van der Maas P J.; 
1995 Health of migrants and migrants health policy, The Netherlands as an example. 
Social Science & Medicine 41:809-18.

ZAO 
1994 Onverzekerd en ZAO. Onderzoek naar de financiële gevolgen. Amsterdam: GG&GD.
APPENDICES
Interview #6.
Camilo. (R)
Place: cafe, down-town
Time: 14:30.
Date: June 27th 1999

I met Camilo in the church. Previously, he has been living in Ecuador. He never got a visa to go to the States, his favourite destination, but came to the Netherlands instead since some friends of him already lived here. Camilo was very co-operating. We talked for about one hour and half. He likes living in Amsterdam and he aims at becoming a legal citizen because he believes his working conditions and his income would improve tremendously. His teeth have been bothering him a lot, and health expenses are very high.

Researcher: CUANTO HACE QUE SE VINO PARA HOLANDA?
Camilo: Ocho meses, mas o menos,
R: POR DONDE SE VINO, COMO SE VINO?
C: No..yo vivia en el Ecuador hacia un buen tiempo, las cosas se complicaron como todo y pude viajar desde Ecuador, saque la visa... (EN ECUADOR?), Si.
R: SIENDO COLOMBIANO NO LE PUSIERON MUCHO PROBLEMA?
C: Si, me pusieron mucho problema, pero tenia todos los papeles que me exigian.
R: QUE PROBLEMAS LE PONIAN, QUE LA PIDIERA EN COLOMBIA?
C: No...para nada...soy residente ecuatoriano, soy legal en Ecuador y por eso tengo derecho.
R: POR QUE ERES LEGAL EN ECUADOR?
C: Mis papas hace tiempo vivan en Ecuador, mis padres son colombianos..una hermana mia se caso con ecuatoriano y ella arrasto con la familia.
R: COMO VIVIO USTED EN EL ECUADOR, QUE ESTABA HACIENDO?
C: Hasta hace unos 4 anos (conflicto de Ecuador con Peru) yo no viva excelentemente pero bien, tenia mi apartamento aparte, para poder arrendar, tenia mi propio carro, mi propio negocio... que era distribucion de Mariscos en la sierra ecuatoriana y todo marchaba bien pero todo se dano por la economia y eso causo muchos conflictos..no solo para mi sino para mucha gente..
R: COMO FUE QUE DECIDIO USTED VENIRSE ACA?
C: en ningun momento se me paso por la cabeza que terminaria en Holanda..yo siempre pense en America en USA, o Canada...ya?.eh, paro las veces que me presente en la embajada americana, las dos veces me rechazaron la visa...solo por ser joven y colombiano..Aquí, pues por casualidad llegue una vez a Quito a visitar a mis papas y ellos habian conocido una Colombiana casada con Holandes que vivan alla en Ecuador..se hicieron muy amigos y yo llegue ha hacerle visita a mis viejos y ellos estaban alli y conoci a la esposa y al actual muchacho donde vivo aqui en Amsterdam..le cai
superbien y le comente mi problema de trabajo. Todo y me dijo yo le ofrezco mi casa en Amsterdam, lo que es una ventaja muy grande para el que llega a cualquier parte por primera vez... y yo le mando la carta de invitación si quiere, pero él me dijo como era esto aquí... me dijo: Holanda es un país muy chiquito, no lo puede comparar uno nunca con los USA ni con otro país grande donde uno va a encontrar mayores posibilidades de trabajo, de empleo, donde no se va a sentir uno tan reducido aquí... a pesar de que hay trabajo, yo me he dada cuenta de que hay trabajo por cantidades, las exigencias del gobierno a la gente Holandesen son muy pocas... creo yo, el gobierno prefiere mantener a una cantidad de vagos que quieren recibir sueldo del gobierno, mientras la gente está necesitando quien trabaje... y nosotros venimos aquí es a trabajar honradamente, a mí no me importaría pagarle impuestos al gobierno Holandes con tal de tener un trabajo... lo que no tenemos en nuestros países...

R: CUANDO USTED ESTABA POR ALLA EN ECUADOR, LE DIJERON QUE ERA LO QUE IBA A HACER?
C: para nada... me hablaron unos Holandeses de unos amigos que ellos tenían, que eran dueños aquí de una empresa de frutas, ¿y?, cultivo de frutas, manzanas y esas cosas... pero cuando llegue aquí resulta que nadie había hablado con nadie ni nada y quede en blanco. Yo supuestamente llegaba con un trabajo, yo por eso venía tranquilo, pero gracias a Dios no me hizo falta trabajo, ni techo ni comida y comencé a conocer gente, sobre todo latinos, al principio y empecé a conocer a conocer y a rodar ya rodar y si uno no se pone las pilas aquí a uno se lo lleva el diablo, no es como en USA donde un primo mío que supuestamente se quería venir después de yo, según como estuviera todo aquí... a los 20 días de haberme venido me mandan a avisar de Colombia que mi primo se había ido para USA y al otro día estaba trabajando! (*), se fue, llegó y al otro día trabajando, muchas ventajas no?

R: USTED HA SIDO ALVIADO O ENFERMO EN SU VIDA?
C: gracias a Dios mis papás siempre han tenido posibilidades y siempre el seguro un hospital o una clínica... médico de la familia

R: OTRAS MEDICINAS?
C: sí... en muchas oportunidades tuvimos que recurrir a los homeopatas, una vez me dio una enfermedad que nunca se supo que era, ya que los médicos no fueron capaces de descubrir lo que era, me llevaron donde un homeopata, yerbatero de esos y apenas me vio me dijo usted vive en el campo... usted lo que tiene es que esta lleno de parasitos y amebas, me mando una yerba y adiós... y los médicos porque no dieron con eso?... cosa rara?

R: EL TRABAJO QUE TENÍA EN ECUADOR?
C: no era ni duro ni fácil, era cien de camarón artificial en piscinas, yo lo administraba, tuve el echarte de ahorrar una platica antes de que se viniera la guerra, y arrendé una piscina en compañía con un amigo de alla y nos metimos... iba todo bien y 15 días antes de

62
pescar el camaron no lo pagaban a f10.3, me acuerdo...y llego la guerra y tra-tra, ese camaron que me lo pagaban tan bien, no lo pagaron a f3.2...entonces me quebre pero bueno,volver a empezar otra vez...y seguí metido en la misma linea y despues llego la corriente del nino y peor, no fui capaz, y el pais en vez de echar pa'delante echaba pa’tras...entonces saque la mano...yo soy un hombre de carrera, yo soy administrador de empresas agropecuarias...estudie en Buga...
R: CUANDO USTED SE IBA A VENIR COMO ESTABA DE PLATA?
C: Yo estaba mal de plata, inclusive me prestaron una plata para venirme, de las cuales me toco devolverla, claro...y me toco vender muchas cosas personales que tenia, nuevas porque incluso yo me iba a casar y se me dano mi matrimonio, se me dano todo...entonces vendi todo lo que teniamos y de ahí saque una plata..
R: EL ECHO DE QUE SE LE DANARA EL MATRIMONIO TUVO ALGO QUE VER CON SU VENIDA?
C: no porque ese cuento ya venia de tiempo atras, los negocios estaban mal
Yo vine con visa de turista de tres meses...primero conocia una gente, sobre todo Colombianos y la tinos y que digo..desafortunada y al tiempo afortunadamente la primera gente que conoci era gente que no estaba con negocios derechos aqui en Amsterdam...no?, y pues fue la gente que conoci y era el unico arbol al que me podía aferrar en ese momento porque no habia nada mas, yo aqui no conocia a nadie, no se el idioma, no se nada...entonces estaba jodido, yo a quien le pido ayuda?, tenia techo y comida pero no me podia quedar vegetando...y algunos negocitos se me presentaron con esta gente y los hice para ganarme una poquitica plata para sobrevivir y mandar a la gente,a mi familia...ahi se vino en diciembre el terremoto de Armenia y casi todo lo que me he ganado lo he mandado..
R: OTROS EMPLEOS?
C: Si he tenido oportunidad de conocer mucha gente despues, mas que todo latinos, tambien Holandeses y algunos me ayudan, hay gente egoista y no egoista, gente que piensa mas en otras personas que en ellos mismos y he tenido la suerte de conocer de todo, pero he tenido suerte de conocer gente buena, como ella (*)ja .
R: USTEDES SE CONOCIAN DE COLOMBIA?
C: no en ecuador, ella es ecuatoriana, practicamente no, una sola vez y hace anos, hace muchos anos, no? Y aqui por casualidad me dieron el telefono para que la llamara, la llame y me invito a una fiesta y asi nos reconocimos, cheverisimo y nos acabamos de conocer...
R: COMO VIVE AQUI?
C: si...yo tengo mi cuarto, osea, me tengo que hacer a la ley y a la disciplina de la casa donde vivo, yo vio en una cas de familia, donde hay ninos y tengo que hacerme al reglamento.No se meten conmigo, no problemas con alimentacion
R: TRABAJO?
C: ya el trabajo lo termine, se me presento un trabajo en construcion y yo nunca lo habia hecho y es tan duro el trabajo que creo que es uno de los trabajos mejores pagos que hay aqui..le hablando con constructores y carpinteros y ellos no cobran a menos de 60f la hora pero ya se me acabo el trabajo
R: Y QUE VAS A HACER ENTonces?
C: pues gracias a las amistades y la gent que uno conoce, que e increible, trabajo si hay,
inclusive estando yo ilegal me han ofrecido, unos 20 trabajos pero pa' trabajar en blanco, pero entonces no tengo papeles

R: HACIENDO QUE?
C: trabajos normales pa' trabajar limpiando en un hospital, produccion, empaquendo medicinas... laboratorios

R: SE HA ENFERMADO AQUI?
C: si pero solo por el deporte, musculos... yo voy al gimnasio, mi deporte es las pesas, eh monto en cicla, caminar, hacer amigos

R: DIVERSION
C: yo despues de que me fui a Harlem ahí me ensenaron a parrandear... un pueblo tranquilo con bonitos lugares para divertirse... Amsterdam es bonita tambien con mucha gente de todo el mundo pero no me gusta para vivir... aqui todo es caro muy caro... aunque la gente en Colombia dice que gano mucha plata haciendo el cambio alla, pero igual todo vale, hasta pa entrar a un bano le cobran 1 florin... encncen as asi las cosas no son tan gfaciles...

R: ENFERMEDAD
C: Yo fui futbolista profesional en Colommbia, jugaba en el A. Quintio en el 83-84, en inferiores 1.5 anos y me lesiono la rodilla y a raiz de eso mi papa (yo habia poerdido un ano de estudio por el futbol) y el me dijo o el futbol o el estudio... entonces te digo porque aqui he hecho deporte y me he limiado la rodilla, sin necesidad de medico gracias a Dios.

En el gimnasio he conocido fisioterapeuta y ellos me aconsejan

R: QUE HARRA USTED EN CASO DE ENFERMEDAD GRAVE?
C: lo he pensado mucho y no se que haria, yo no sabria, no tengo informacion, he ido en 2 oportunidades y aqui es supercari... un robo, voy particular cuando reuno una plata y voy, aqui no es facil... todo es un problema, ser ilegal, tantas expectativas y oportunidades que hay, me gustaria abrirme, y las puertas se le cierran porque uno no es legal... yo quiero trabajar en blanco

R: HA PENSADO EN SER LEGAL?
C: si, pero hasta octubre habia posibilidades, pero a partir de esta ano todo se complico... aunque todavìa hay el chance de conseguirse una pareja tanto hombre como mujer, es dificil, porque aqui nada es gratis uno tiene que pagar por eso... a menos que encuentre alguien que se enamore... pero aqui todo es plata, todo es por interes, me han hecho la propuesta... a mi me han dicho que uno va con 5 mil f a Belgica y mujeres se casan con uno alli... la ley no es lo mismo alli... Holanda tiene sus leyes, a pesar de la comunidad europea y todo... claro que eso lo van a igualar en todas partes... pero si eso fuera asi, vamos a estas lo convenios de europa con nuestros paises alemania no nos pide visa a los colombianos... entonces ........

R: PROPUESTAS?
C: una por plata y otra porque ella tambien se encuentra sola, divorciada hace 7 anos y quiere un latino... ella es de bogota... la otra es de Curazao, pero me cobra 30.000f!

R: COMO LE PARECIO SU IDA AL ODONTOLOGO?
C: yo fui a una colombiana, ella es legal casada con hooandes y todo pero me tiro como a cualquiera y me pidio 2000F, eso es mucha plata, pero es lo mismo

R: CUANTO SE QUIERE QUEDAR?
C: me quedaria 5 anos pero en ese tiempo puede pasar mucho, porque mi meta al venirme
es trabajar y conseguir lo que no tenemos por alla que es un buen trabajo, buena platica que alla rinde mucho mas...yo quiero un trabajo estable, no importa lo que sea...yo no estoy ahorrando plata por ahora, todo lo que he ahorrado lo he mandado para Colombia. 
Yo quiero ahorrar plata para mi futuro

R: QUE LE GUSTA Y QUE NO AQUI?

C: holanda es muy bonito, mucha infraestructura...la gente es muy fria es muy diferente...nosotros tenemos una forma de ser muy abierta, no?, aqui la gente es muy cerrada en si...sera costumbre su cultura...de resto bien, el clima es bueno en primavera y verano, con eso seria lo mejor del mundo!

Trabajo hay mientras uno conozca lagente que le ayude

R: CONOCE OTROS ILEGALES?

C: Conozco gente que lleva mas de 20 anos aqui y viven bien, cuando quieren ir a Colombia lo hacen por alemania o por Belgica, y vuelven por ahi se arrizgan aun reten en la carretera...
yo he conocido unos 100 o 200 latinos, no se ellos estan conformes, la mayoria de los que venimos aqui abandonamos nuestra ciudad, nuestra familia, nuestra gente, todo para buscar una mejor vida

R: Y SI ENCUENTRAN ESA MEJOR VIDA?

C: yo creo que si, mejor si tuvieramos aqui nuestra gente, pero aqui hay trabajo y se puede vivir, alla se sobrevive

R: DE LOS ILEGALES?

C: hay algunos que vien en hacer trabajos sucios que danan la imagen de los demas de los que quieremos trabajar legal...si nos dieran un permiso para trabajar por un tiempo seria buena....

R: BUSQUEDA DE SALUD

C: preguntar a los amigos...yo tengo un seguro de salud en el ecuador que me cubre internacionalmente, to lo estoy pagando, vale 140 dolares anuales....

R: POR QUE NO COMPRA EL DE AQUI, SABE ESO?

C: no puedo pensar en eso hasta que no tenga trabajo estable...no puedo comprometerme con algo que desues no voy a poder pagar.....
yo entiendo al gobierno Holandes, este pais es chiquito para tanta gente...todos los dias viene gente como vine yo....mas problemas sociales PORQUE MAS PROBLEMAS CON

R: LOS ILEGALES porque no todos tienen la suerte de nosotros , llegan sin nada a dormir en la calles sin nada y les toca robar y les va bien y siguen robando..se danan...

R: SUGERENCIAS

C: armar una organizacion de los ilegales para que se ayuden entre ellos mismos como en USA, cocinas, oficinas de empleos etc, ayudarnos como los chinos que se apoyan siempre y no tienen problemas...

R: ESO USTED NO LO HA VISTO AQUI?

C: no
INTERVIEW WRITE-UP

Interview #7.
Matilde (R)
Place: Eugenias’ house
Time: 20:30
Date: July 2nd, 1999

I met Matilde during a dinner at Patricia’s house. Since the beginning she was interested in collaborating with my research. She seems to be very satisfied with her life in the Netherlands. She is 30 years old, we talked for about one hour. Although Matilde was not included in the final ‘sample’ of twelve people of this research, I decided to present our conversation here because her story reveals interesting facts about her life in Colombia.

Researcher: CUANTO HACE QUE SE VINO A HOLANDA?
Matilde: Hace 9 anos ya...si, mas o menos 9 anos...
R: Y COMO SE VINO?
M: Pues en avion, ja ja ja....no mentiras....lo que paso es que yo tenia muchs ganas de venirme porque una senora amiga que ya estaba por aci me habia dicho como era esto aqui y todo... yo llevaba ya 2 anos escribiendole para que me ayudara hasta que por fin un dia me dijo que si, que bueno y por aqui estoy.
R: PERO COMO FUE ESO?
M: No, pues yo ya habia terminado el bachillerato en Santa Rosa y estaba buscando trabajo pero no me resultaba nada...me la pasaba metida en la casa ayudando con el oficio y nada mas... y yo supe que Rubi estaba por aqui muy bien y empeze a preguntale lo de la venida.
Despues de mucho decirle, ella me dijo que me ayudaba o con el pasaje o con los dolares para venirme. Eso fue lo que paso... entonces yo dije en mi casa y fue un gran problema, porque nosotros eramos muy pobres y no habia plata para nada. En mi casa a los unicos que se les dio estudio de Universidad fue a mis hermanos. Pero bueno, entonces yo insisti y le dije a mi mama que me iba a quedar hacienda por alla y ella hablo con mi papa. El al principio no queria pero al fin dijo que si. Entonces el hipoteco la casa que teniamos y me compre el pasaje, Dona Rubi me mando 2000 dolares pero prestados para que yose los entregara aqui y asi me vine.
R: POR DONDE SE VINO?
M: Por Alemania. Mas facil. Alla me gaste mas de 100 dolares porque me toco pagar una noche de hotel con Rubi que fue y me recogio y bnos vivimos en carro.
R: PERO POR QUE SE VINO A HOLANDA Y NO A OTRA PARTE?
M: porque aqui fue que me resulto, porque Rubi era conocida de nosotros y ella me ayudoo. Me dijo como venirse y todo. Y me prometio trabajo.
R: SE IMAGINABA A HOLANDA ASI!, COMO LE PARECIO CUANDO LLEGO?
M: Ni la vi, mi querido. Yo llegue y al otro dia estaba trabajando haciendo unas limpiezas que Rubi ya me habia conseguido. El primer mes no hice sino trabajar. Todos los dias, hasta sabados y domingos. Al final del primer mes ya le habia pagado a Rubi la plata y
menia para mis cosas. De ahí seguí trabajando pero ya no tanto, porque era que uno de los trabajos se me había acabado.

R: USTED PAGO TAMBIÉN LA PLATA QUE LE PRESTARON EN SU CASA PARA VENIRSE?
M: Sí. Claro, yo mande para mi casa cada centavo que me gane el primer año, le pague a mi papa todo para que deshípotecara la casa. Sí, claro.

R: COMO VIVIA USTED EN COLOMBIA?
M: En Santa Rosa, bien. Teníamos una casita a la salida del pueblo y alla vivíamos mi papa, mi mama mi hermana, un hermano mayor era abogado y vivía en Bogotá y el otro estaba estudiando medicina en Pereira, el solo venía los fines de semana y en vacaciones...Pues como pobres nada nos faltaba, mi papa tenía una tienda en la esquina de la casa y mi mama alimentaba gente en la casa.

R: COMO ASÍ?
M: Sí, la bacteriologa, un juez, y una enfermera comían en la casa. Mi mama les vendía la comida. Claro que eso fue en ese tiempo, ahora ya no alimentan a nadie mas. Mi papa y mi mama viven de la tienda ahora que están solitos.

R: SE FUERON TODOS LOS HIJOS?
M: Sí, pues mi hermano el abogado, ya se había ido. El medico, termino y se fue a Medellín, alla le esta yendo como muy bien y después yo mande por mi hermana. Ella es María Eugenia.

R: QUE HACIAN USTEDES EN COLOMBIA CUANDO SE ENFERMABAN?, PUES DE ALGO MAS O MENOS SERIO
M: Mi mama nos llevaba al hospital, si mas que todo al hospital comun y corriente.

R: USABAN MEDICINA ALTERNATIVA, HIERBAS O ALGO ASÍ?
M: No pues a veces mi mama si nos purgaba con bebidas y eso que cuando le da a uno sarampion le dan boniga de vaca con leche ja! ja! ja!, no mas.

R: Y AQUI COMO VIVE USTED?, QUIERO DECIR LA CASA... LA COMIDA...
M: Pues desde que vine estuve viviendo en la casa de Rubi todo el tiempo, yo le pagaba la piezita y pues ahí hacíamos de comer entre todas. La hija de Rubi, Rubi y yo. Yo tenia mi pieza para mi sola pero era muy maluco porque quedaba al lado de la sala y me tocaba chuparme todas las fiestas...a veces me hacían mucha bulla. La hija de Rubi es muy fiestera y le gusta parrandiar mucho. Cuando María Eugenia se vino si nos salimos para otra casa que dejó Carlos un Colombiano que e devolvio para Colombia...y no ya despues nos abrimos también. Porque ella consiguió novio y yo también.

R: HOLANDESES O LATINOS?
M: Holandeses.

R: QUE PROBLEMAS HA TENIDO USTED POR AQUI EN HOLANDA DESDE QUE SE VINO?
M: No. Ninguno. Afortunadamente me ha ido bien. Yo como no me meto con nadie no tengo problemas.

R: PERO ALGO QUE NO LE GUSTE O ALGO ASÍ, QUE VE MAL POR ACA?
M: No, el trabajo a veces es duro. Claro que ya no trabajo como antes que eso si era bien duro pero, o sera tambien que uno como que se cansa. Por ejemplo ayer con ese calor y me toco aplanchar y todo.

R: USTED SIEMPRE HA TRABAJADO EN LA LIMPIEZA?
M: Si. Ah solo un tiempo estuve trabajando en un restaurante latino, pero porque esa vez si estaba muy malo el trabajo. Eso fue hace como dos anos que nadie conseguia trabajo. Entonces yo trabajaba en ese restaurante de las 2 a las 7 de la noche, pero era muy maluco. Yo porque no tenia nada mas, sino no me aguanto. Y tan maluco las mananas sin hacer nada.

R: Y QUE HACIA EN EL RESTAURANTE?
M: Servia las mesas. Framos tres personas trabajando alla. Dos en la cocina y yo atendia los pedidos y cobraba. Pero con ese senor era muy maluco, ponia problema por todo.

R: PERO GANABA MEJOR O PEOR QUE CON LA LIMPIEZA?
M: Peor. Ese cucho pagaba muy mal. Y fuera de eso el turno siempre me lo recibian tarde, a veces me daban las 7 y media para las ocho sin que llegaran a recibirme ni modo de quejarme.

R: CUENTEME, USTED SE HA ENFERMADO AQUI LO QUE HACE QUE VINO?
M: No, pues casi no, yo he sido aliviada. Una vez si me dieron como nervios, una presion en el pecho por la noche y unas ganas de salir corriendo. Pero el medico dijo que eran nervios. Me mando unas pastas pero me dijo que era mejor que no me acostumbrara a ellas.

R: COMO FUE AL MEDICO?, A QUE MEDICO FUE?
M: Ah, pues una senora que era patrona mia me llevo al medico de familia de ella, y yo pague la consulta, como 40 florines y tambien pague la formula.

R: HAIDO MAS AL MEDICO?
M: No, yo de resto he tenido es gripas y las cosas comunes y corrientes, al odontologo si he ido mas...a uno, como es...que queda por Mercatorplain. Ese me calzo una muela. De resto no. No he ido.

R: COMO LE PARECIO LA ATENCION DEL MEDICO, HABLABA EL ESPANOL?
M: No, no hablaba ni papa de Espanol, la senora que me llevo entro conmigo y ella le explico al medico la enfermedad. Ella si hablaba Espanol...no muy bien, pero se entendia.

R: PERO QUE VIO USTED DE DISTINTO CON LOS MEDICOS EN COLOMBIA?
M: Aqui los medicos son mas descomplicados, desorganizados, no se ponen corbata ni nada. No parecen ni medicos.

R: PERO LA ATENCION?
M: Si, bien. Comun y corriente. Es que yo no me demore tampoco mucho con el. Llegue me examino, me dijo que eso eran nervios y me mando las pastas y listo. Despachada, mijo!.

R: CUENTEME USTED QUE HACE POR AQUI PARA ENTRETENERSE
M: Haber, no, yo salgo a veces a bailar con mi novio o a comer algo por ah. Antes iba a los sitios latinos pero me mame de eso. La gente es muy metida, se vive metiendo en la vida de los demas y eso a mi si no me gusta, eso no es sino para problemas. Ademas se ha danado mucho todo con los colombianos. Mire usted que a las Margaritas ya ni se puede ir. El otro dia hicieron una redada y de pronto ahí lo meten a uno por otra gente. Que tal.

R: QUE MAS HACE?
M: No mas...no mentiras, si hacemos fiestas y comidas y a veces salimos a pasear.

R: USTED A VUELTO A COLOMBIA?
M: Si. La ultima vez fue hace 3 anos, en diciembre.

R: Y COMO VOLVIO A ENTRAR?
M: Pues con visa, yo pedí la visa en la embajada.
R: Y USTED SE VA AQUEDAR VIVIENDO POR ACA O QUE?
M: Yo no se bizcocho, yo creo que si. Depende mientras le vaya a uno bien y todo. Y pues ahora que estoy con mi novio.
R: COMO SE CONOCIERON, EL HABLA ESPANOL?
M: Si, el habla Espanol. Claro que yo tambien estoy estudiando Holandes. Claro, si me voy a quedar con mi mono tengo que hablar Holandes. A nosotros nos presentaron en una fiesta, eso fue muy charro....empezamos a salir y a la tercera semana el ya queria que nos organizaramos.....el me esta presentando aqui.