frontiers | Frontiers in Human Dynamics

TYPE Mini Review
PUBLISHED 12 November 2025
DOI 10.3389/fhumd.2025.1656533

Check for updates

OPEN ACCESS

EDITED BY
Francesca Cimino,
Ca' Foscari University of Venice, Italy

REVIEWED BY
Sandra Göttsche,
Faculty of Mechanical
Helmut-Schmidt-University, Germany

*CORRESPONDENCE
Gina Paola Escobar Cuero
✉ ginapescobarc@yahoo.com

RECEIVED 30 June 2025
ACCEPTED 27 October 2025
PUBLISHED 12 November 2025

CITATION
Escobar Cuero GP (2025) Invisible by law: Germany's immigration policy and the exclusion of undocumented women in Leipzig.
Front. Hum. Dyn. 7:1656533.
doi: 10.3389/fhumd.2025.1656533

COPYRIGHT
© 2025 Escobar Cuero. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Invisible by law: Germany's immigration policy and the exclusion of undocumented women in Leipzig

Gina Paola Escobar Cuero*

Department of Development Studies, University of Vienna, Vienna, Austria

The intersection of gender, irregular legal status, and economic precarity places undocumented women in Leipzig at heightened risk of exclusion from both healthcare and the labor market. German migration policy, increasingly centered on border enforcement and deterrence, continues to neglect the realities of women working in informal care and domestic sectors. This policy orientation reinforces institutional barriers, especially in reproductive and mental healthcare, and marginalizes undocumented women within systems of care and employment. Between March and June 2025, a structured mini-review of academic and grey literature was conducted using the Vienna University Library and key NGO reports. The review analyzed gendered exclusions across Germany's legal, healthcare, and labor frameworks, with a particular focus on Leipzig. Findings indicate a striking absence of gender-disaggregated municipal data, perpetuating the invisibility of undocumented women. This invisibility is unintentionally reinforced by Section 87 of the Residence Act (AufenthG), which obliges public authorities to report undocumented individuals, thereby deterring women from accessing healthcare or labor rights protections. The review confirms national trends of labor exploitation and healthcare avoidance among undocumented migrants while highlighting the significant data gaps in Leipzig, which undermine effective local governance. Addressing this invisibility requires gender-sensitive data collection, robust legal firewalls decoupling essential services from immigration enforcement, and targeted municipal investment in safe-reporting mechanisms. Taken together, the Leipzig case demonstrates how migration law, though not explicitly intended for this purpose, produces exclusionary effects and underscores the urgent need for rights-based reforms that recognize undocumented women as social and political actors rather than individuals rendered invisible through policy design and implementation.

KEYWORDS

undocumented women, German migration policy, Section 87 of the Residence Act, gendered migration, healthcare access

1 Introduction

The International Organization for Migration (IOM) defines an irregular migrant as "a person who, owing to unauthorized entry, breach of a condition of entry, or the expiry of his or her visa, lacks legal status in a transit or host country" (International Organization for Migration, 2019). Since 1975, the United Nations (UN) General Assembly has discouraged the term "illegal migrant," recommending neutral alternatives such as undocumented or irregular migrant workers (IOM Tunisia, 2019). Although irregular status does not remove an individual's entitlement to basic human rights, it severely restricts practical access in host societies (OHCHR, 2010).

In Germany, exclusionary outcomes often arise from the implementation of Section 87 of the Residence Act (AufenthG), which obliges most public authorities to report undocumented individuals. Although the law is not intended to deny services, its application nevertheless generates significant barriers. While schools and childcare centers are exempt, within the healthcare system physicians are legally bound by confidentiality under Section 203 of the German Criminal Code (StGB). Yet this protection for patients is often unintentionally undermined by administrative procedures within healthcare institutions, for example through billing and patient registration processes that can trigger the sharing of data with immigration authorities (German Institute for Human Rights, 2025; Noerr, 2024).

Gender compounds these exclusions. Male migrants often navigate informal healthcare networks independently or rely on charitable initiatives (Medinetz Leipzig, 2024). By contrast, women—especially those who are pregnant or survivors of gender-based violence—face heightened vulnerability. Evidence from North Rhine-Westphalia shows that women are more likely to depend on Anonymous Health Vouchers (Anonymer Krankenschein, AKS) and NGO-run clinics for reproductive healthcare. Yet these services are structurally limited, unable to provide comprehensive treatment for needs such as childbirth, chronic illness, or HIV (Stötzler and Kaifie, 2023).

Additional barriers arise from structural deficiencies such as under-resourced clinics, restricted operating hours, and the lack of gender-sensitive services, including the absence of female cultural mediators (Ärzte der Welt, 2022). Compounding these constraints, the Asylum Seekers' Benefits Act (AsylbLG) excludes preventive reproductive healthcare from coverage. Together, these factors discourage timely medical engagement, leaving many undocumented women to postpone or avoid treatment, rely on unsafe abortion methods, or live with untreated chronic conditions.

This legislative and institutional framework steers undocumented individuals away from public services and into the informal labor market. Undocumented women are particularly concentrated in unregulated domestic work and hospitality sectors, exposing them to underpaid labor, workplace harassment, and dependence on employers who withhold personal documents (PICUM, 2023). Despite these risks, undocumented women remain statistically invisible in Leipzig, as municipal datasets exclude gender or residence status disaggregation. This invisibility is not accidental but the outcome of embedded legal and welfare structures (DaMigra, 2021; Ratzmann and Sahraoui, 2023).

Leipzig was selected as the primary empirical case because it reflects broader German patterns of exclusion while also standing out for its locally developed responses. The city's adoption of the CABL voucher system and the presence of strong grassroots organizations illustrate how federal restrictions operate in practice while also demonstrating the potential and limits of municipal innovation. In this sense, Leipzig is both representative and distinctive: it mirrors national trends of invisibility and exclusion but also highlights protective measures that inform debates on how far local strategies can mitigate structural barriers.

The article is theoretically anchored at the intersection of critical migration studies, feminist legal theory, and urban governance. From critical migration studies, it adopts the insight that "illegality" is not an inherent status but a condition actively produced through legal and administrative practices. Feminist legal theory highlights how these dynamics disproportionately affect women, particularly in domains such as reproductive health, domestic and care labor, and gender-based violence. Urban governance scholarship further underscores the role of municipalities and civil society organizations as mediators between federal restrictions and local service provision. By integrating these perspectives, the analysis situates the case of undocumented women in Leipzig within broader debates on how law, gender, and governance interact to produce structural invisibility.

By synthesizing both Germany-wide research and Leipzig-specific insights, this article highlights how legally driven invisibility shapes undocumented women's exclusion and argues for rights-based reforms that combine statistical visibility with substantive protection.

2 Labour market exclusion and exploitation

Undocumented migrants are excluded from Germany's formal labor market and thus absorbed into the shadow economy. This sector includes domestic work, hospitality, construction, and agriculture, where employment is characterized by below-minimum wages, unsafe conditions, and the constant threat of denunciation to immigration authorities (European Commission, 2020; PICUM, 2023; European Union Agency for Fundamental Rights (FRA), 2023).

Undocumented women experience the most acute risks. Many are confined to isolated live-in positions in care or cleaning, where they face wage theft, sexual harassment, and employer retention of documents. Such practices limit mobility, reinforce dependency, and block legal recourse (PICUM, 2023; ELA, 2023; OHCHR, 2010). Beyond direct exploitation, these conditions regularly precipitate serious health outcomes, including stress, depression, and psychosomatic disorders, which public health systems largely fail to recognize. (Ornek et al., 2022; Stevenson, 2024).

Support for survivors of violence is especially constrained. Most women's shelters and counseling centers require residence permits, leaving undocumented women to choose between safety and potential deportation (DaMigra, 2021). Language barriers, racial discrimination, and institutional insensitivity exacerbate exclusion. At the same time, au pair programs disproportionately funnel non-EU women into domestic labor, further reinforcing gendered precarity and occupational segregation (European Parliament, 2011; DaMigra, 2021).

These dynamics reveal how hidden labor often coincides with hidden violence. Employers exploit the fact that access to essential protections—shelter, healthcare, or justice—is tied to residency status. In practice, the threat of deportation becomes a tool for coercion. Advocacy groups argue that genuine protection requires the decoupling of core rights from immigration status, rigorous enforcement of labor law in private households, and the establishment of legal firewalls separating service providers from immigration authorities (DaMigra, 2021).

Germany's Jobcenter system highlights this paradox. Created in 2005 as a partnership between the Federal Employment Agency and municipal authorities, Jobcenters were designed to support labor market integration through job placement, training, language courses, and benefits under the Social Code, Book II (Sozialgesetzbuch II, SGB II). However, because Jobcenters are also bound by Section 87 of the

Residence Act to report undocumented individuals, they operate simultaneously as potential instruments of support and as sites of surveillance. For undocumented women, this dual mandate generates unintended yet exclusionary outcomes, turning the Jobcenter from a potential gateway to the labor market into a setting that discourages access and reinforces marginalization (Bundesagentur für Arbeit, 2023).

3 Barriers to healthcare access

Germany's healthcare system demonstrates how legal and administrative frameworks systematically restrict access for undocumented migrants, especially women. Although emergency care is guaranteed in principle, broader access to healthcare generally depends on treatment vouchers issued by municipal welfare offices (Kratzsch et al., 2022).

In practice, the protections afforded by medical confidentiality are frequently undermined by hospital administrative procedures. While physicians are legally bound under Section 203 of the German Criminal Code (StGB) to maintain confidentiality, these protections do not extend to administrative staff. Undocumented patients have therefore been reported to immigration authorities during intake or billing processes—even before medical treatment begins (PICUM, 2024). In legal terms, Section 87 of the Residence Act does not explicitly refer to healthcare, and physicians in Germany are protected by medical confidentiality under Section 203 of the German Criminal Code (StGB). Moreover, Section 88 of the Residence Act limits transmission of personal data where it would harm overriding interests of the individual concerned. These provisions are often understood as de facto protections for access to medical care.

However, in practice, administrative mechanisms link hospitals, billing units, and municipal social welfare offices—entities subject to Section 87's reporting obligations—thereby creating indirect pathways for data sharing (PICUM, 2024; Kratzsch et al., 2022). Even though physicians themselves cannot legally disclose patient data, the system's architecture enables unintended exposure, thus sustaining a gap between formal legal protections and actual access. Hospital billing departments often require proof of health insurance or a guarantee of payment. Patients without insurance, marked in hospital systems as "uninsured" or "AsylbLG," are vulnerable to automated data transfers that link medical information to immigration enforcement (Kratzsch et al., 2022).

For undocumented women, such risks are especially acute. Regular access to reproductive and preventive healthcare—such as antenatal care, vaccinations, and sexual health services—typically requires repeated approvals from municipal welfare offices. Each interaction heightens exposure to immigration authorities, thereby deterring care-seeking (Médecins du Monde Germany, 2022b). While the Asylum Seekers' Benefits Act (AsylbLG) offers statutory coverage for pregnancy, childbirth, and postnatal care, these services remain contingent on prior authorization from municipal welfare offices, creating major barriers. Consequently, many women avoid formal care despite legal entitlement (Médecins du Monde, 2022; PICUM, 2024; Diakonie Deutschland, 2023).

Recent data illustrate these barriers: in Berlin, Hamburg, and Munich, 62.2% of pregnant undocumented women had received no antenatal care before their first clinic visit, often occurring around the 13th week of pregnancy, while 56.6% lacked any form of health insurance (Médecins du Monde, 2022, pp. 9–10).

Across Germany, civil society and municipalities have introduced partial workarounds to address gaps in healthcare access for undocumented migrants. Some cities, such as Berlin, Hamburg, and Hanover, operate medical clearinghouses or anonyme *Behandlungsscheine* (anonymous treatment voucher schemes) that allow patients to receive care without triggering immigration reporting requirements. While these initiatives help protect confidentiality, their scope is uneven and typically restricted to urgent or pregnancy-related services, leaving more complex healthcare needs unmet. Availability also varies widely depending on local political support and resources, resulting in inconsistent protections across the country (Bruzelius et al., 2023; CABL e.V., 2023; Médecins du Monde, 2022).

Abortion access exemplifies these systemic barriers. Although abortion is legal under certain conditions in Germany, statutory requirements—including mandatory counseling, a three-day waiting period, and in-person procedures—pose significant challenges for undocumented women. Time constraints, mobility restrictions, and fear of detection discourage formal engagement. As a result, many undocumented women rely on telemedicine services such as Women on Web (WoW), which provides medical abortion care using mifepristone–misoprostol shipped by mail, accompanied by digital medical guidance. Clinical evaluations consistently confirm the safety and effectiveness of such services (Aiken et al., 2020; Endler et al., 2019). For many women without legal status, these alternatives are a necessity rather than a choice (Killinger et al., 2022).

Beyond reproductive health, undocumented women often avoid healthcare entirely, relying instead on self-medication, over-the-counter remedies, or borrowed insurance cards. These practices exacerbate medical risks while deepening dependence on male partners for financial support, shelter, and translation assistance (Médecins du Monde, 2022). Socioeconomic vulnerability amplifies these barriers: 94% of pregnant undocumented women receiving NGO support live below the poverty line, while 80% lack secure housing (Médecins du Monde, 2022).

Despite their strong dependence on NGO services, undocumented women remain statistically invisible in municipal data. Their limited presence in official statistics contrasts sharply with their overrepresentation in civil society clinics (IOM, 2025; EquityHealthJ, 2023). International human rights bodies, including the United Nations Committee on the Elimination of Discrimination against Women (UN CEDAW) and the United Nations Committee on Economic, Social and Cultural Rights (UN CESCR), have urged Germany to repeal Section 87 of the Residence Act and implement legal firewalls to separate healthcare from immigration enforcement (UN CEDAW and UN CESCR, 2022).

In sum, structural barriers within Germany's healthcare system disproportionately exclude undocumented women from essential care. While NGO initiatives mitigate risks, they cannot substitute for systemic reform. Rights organizations and health scholars consistently argue that repealing Section 87 of the Residence Act, extending healthcare coverage irrespective of legal status, and providing sustainable funding for community-based services are urgent priorities (PICUM, 2020; OHCHR, 2010). Without these reforms, undocumented women will remain vulnerable to preventable health

inequities, rendered invisible by the very systems designed to guarantee universal access.

4 The case of Leipzig

Although undocumented migrants, particularly women, are visibly present in Leipzig, there is no reliable municipal data disaggregated by gender or residency status. The Leipzig City Council (2025) has acknowledged this absence, noting that the lack of accurate figures undermines effective policy design and resource allocation. This situation reflects a broader national pattern in Germany, where undocumented populations are excluded from official datasets due to both restrictive migration law and institutional reluctance to collect sensitive data (Bruzelius et al., 2023).

In Leipzig, national patterns of precarity and exclusion are particularly evident. Undocumented women frequently work in domestic care and cleaning, often earning as little as €6 per hour. Harassment is widespread, while formal avenues for redress are virtually absent (OpenMigration, 2023).

To mitigate these structural barriers, the city has introduced locally adapted initiatives. One of the most important is the *Anonymer Behandlungsschein* (anonymous treatment voucher), coordinated by CABL e. V. and funded by the municipality. This scheme allows patients to access medical treatment confidentially: physicians submit invoices directly to the municipal welfare office rather than to the patient, thereby circumventing mandatory reporting obligations under Section 87 of the Residence Act (Bruzelius et al., 2023, p. 16; CABL e.V., 2023).

Civil society organizations play an equally critical role in filling systemic gaps. Medinetz Leipzig arranges pro bono specialist consultations, coordinates hospital admissions under pseudonyms, and operates the Medibus, a mobile clinic that provides healthcare to undocumented individuals in informal settlements and underserved neighborhoods (Medinetz Leipzig, 2024). In some cases, volunteers even use fictitious names (for example, "Mickey Mouse") when interacting with public institutions to ensure patient anonymity (Bruzelius et al., 2023, p. 14). These practices underscore the degree of improvisation required to shield undocumented migrants from detection.

Despite their importance, such measures remain partial. Voucher coverage is generally limited to urgent or pregnancy-related care, with more complex or specialized treatments frequently excluded (Bruzelius et al., 2023; CABL e.V., 2023; Médecins du Monde, 2022). To complement these services, grassroots organizations such as DaMigra–FrauenLand and Internationale Frauen Leipzig e.V. provide counseling, legal orientation, and trauma-informed support. They also orient women about safe pathways to services, including the anonymous voucher program.

Scholars describe such arrangements as the "delegation of migration control" to local authorities and NGOs, who must continuously balance legal obligations with humanitarian imperatives (Bruzelius et al., 2023, p. 12). While effective in providing temporary relief, these initiatives remain fragile. They depend on limited funding, volunteer capacity, and the broader political climate. A change in municipal leadership, a shift in budget priorities, or stricter interpretations of Section 87 could undermine these protections (Leipzig City Council, 2025; Médecins du Monde, 2020). These programs cannot replace the need for comprehensive systemic protections backed by law and stable policy frameworks (DaMigra, 2024; Leipzig Migrant Council, 2025).

Moreover, the very anonymity that safeguards patients contributes to persistent statistical invisibility. Because data is not systematically collected, policymakers lack evidence to design inclusive services or advocate for additional funding at state and federal levels. This creates a paradox: while anonymity preserves individual safety, it also entrenches the invisibility of undocumented women within policy debates (Bruzelius et al., 2023).

In conclusion, Leipzig's voucher program and NGO-based clearinghouse system demonstrate how municipalities can create innovative protective frameworks within restrictive legal environments. However, rights that exist only through emergency or ad-hoc measures remain conditional and precarious. To move from fragile protections to sustainable inclusion, Leipzig will need to institutionalize confidential data collection mechanisms and establish stronger "firewalls" that decisively separate healthcare provision from immigration enforcement.

5 Discussion

The structural invisibility of undocumented women in Leipzig illustrates a broader deficit in Germany's migration policy, which continues to overlook the gendered dimensions of irregular migration. Federal frameworks prioritize border enforcement and legal status while neglecting the daily realities of women, particularly those employed in informal domestic and care work. This institutional neglect is reinforced by the operation of Section 87 of the Residence Act (AufenthG), which requires public institutions to report undocumented individuals and, as a result, unintentionally discourages them from accessing essential services (Kasper-Arkenau, 2020). The consequences are most acute for pregnant women, who often delay antenatal care, increasing risks of premature birth and low birth weight (Saunders, 2023). More broadly, untreated conditions among undocumented women evolve into chronic health problems, imposing significant long-term costs on the public healthcare system (Stevenson, 2024).

German migration policy has failed to regulate or address the informal labor market where many undocumented women are concentrated. This labor is hidden in private households and remains shielded from inspection, facilitating exploitation while leaving women without legal recourse (Raml, 2020). This invisibility, sustained by gaps in data collection, perpetuates a policy cycle in which the absence of evidence justifies continued inaction (Ratzmann and Sahraoui, 2023; PICUM, 2023).

Exclusionary dynamics extend across employment, healthcare, and legal protections. Undocumented women are barred from the formal labor market, face administrative restrictions when seeking medical treatment, and are often too fearful of deportation to report abuse. In Leipzig, many rely on grassroots survival strategies such as shared childcare, communal living, pooled financial resources, and word-of-mouth guidance on anonymous healthcare access (DaMigra, 2021). These informal safety nets often direct women toward NGO-supported clinics or telemedical abortion services, which allow them to receive critical care while minimizing exposure to authorities (Killinger et al., 2022).

While these mutual aid networks demonstrate resilience and resourcefulness, they cannot substitute for institutional responsibility. International human rights frameworks affirm that healthcare, protection from violence, and human dignity are universal rights that apply regardless of immigration status (OHCHR, 2010; UN General Assembly, 1948). Yet the lack of gender-disaggregated data reinforces invisibility by concealing systemic patterns of labor exploitation, reproductive vulnerability, and gender-based violence (DaMigra, 2021; Ratzmann and Sahraoui, 2023). Without systematic evidence collection, the needs of undocumented women remain politically marginalized.

Policy reform must therefore begin with dismantling structural barriers by firmly separating public services from immigration enforcement. Municipalities should implement "firewalls" to prevent the automatic sharing of data between service providers and immigration authorities when undocumented people access healthcare, education, or welfare (PICUM, 2023). Although physicians and educators are not required by law to report migration status, administrative staff often do so inadvertently due to poor training, bureaucratic ambiguity, or automated digital systems. Reconfiguring these institutional processes is essential to ensure effective protection in practice, not only in principle.

In the short term, municipalities can adopt targeted strategies to promote access and improve outcomes for undocumented women. This includes providing multilingual information on healthcare rights under the AsylbLG in languages such as Arabic, Farsi, Spanish, and Kurdish. Expanding the operating hours of CABL and Medinetz Leipzig, and introducing female health mediators within these services, would facilitate broader and more inclusive reproductive care access (CABL e.V., 2023; Medinetz Leipzig, 2024). Furthermore, Leipzig and similar cities should establish explicit legal firewalls to exempt healthcare and social service providers from reporting obligations in sensitive cases involving medical emergencies, child protection, or gender-based violence (Gesundheit für Geflüchtete, 2024; MediNetz Leipzig, 2025).

Building partnerships with feminist and refugee-led organizations can improve culturally competent service delivery, enabling the distribution of prenatal kits, the provision of community-based counseling, and tailored mental health support. In the education sector, municipalities must clarify that schools are not obligated to report undocumented students or families. Streamlined enrollment processes requiring only essential contact information, combined with expanded legal counseling, can reduce exclusionary practices. Undocumented mothers who avoid school enrollment to prevent detection often exacerbate their social isolation while limiting both their own and their children's participation in support networks. Awareness campaigns emphasizing constitutional and international guarantees of education rights could therefore be transformative.

Taken together, the Leipzig case demonstrates both the resilience of grassroots efforts and the limitations of *ad hoc* municipal interventions in the face of restrictive federal migration law. Coordinated action at both institutional and community levels is essential to uphold the dignity, health, and safety of undocumented women. These local measures, however, are only sustainable if accompanied by structural reforms decoupling rights from residency status and institutionalizing protections at the federal level.

6 Conclusion

Undocumented women in Leipzig are not absent from the city; they are visible as caregivers, domestic workers, and community members. Yet, institutionally, they remain invisible—excluded from official data collection, underserved in healthcare, and unprotected by labor regulation. This invisibility arises as a systemic consequence of entrenched migration and welfare policy frameworks, in which rights and protections are conditioned on legal status. (DaMigra, 2021; PICUM, 2023). Recognizing their presence is an essential first step toward ensuring that fundamental rights apply universally, regardless of residence status.

In Leipzig, efforts such as the *Anonymer Behandlungsschein* (anonymous treatment voucher) program and the initiatives of migrant-led organizations demonstrate significant civic ingenuity and a willingness at the local level to address exclusion. However, these mechanisms also underscore the constraints of municipal autonomy; without comprehensive federal reform, undocumented women's rights will remain conditional and precarious. The persistence of Section 87 of the Residence Act (AufenthG) ensures that women must continue navigating systems in which the very act of seeking care, safety, or justice can expose them to deportation.

Future research must place women's own experiences at the forefront while safeguarding their anonymity. Encrypted surveys, community-based interviews, and participatory action research, delivered in collaboration with trusted NGOs, are critical to capturing the voices of women deterred from engaging with formal institutions (European Union Agency for Fundamental Rights (FRA), 2023). Comparative research across cities could further highlight the role of local governance in shaping inclusive or exclusive frameworks. While Berlin has institutionalized protections through its city-funded medical clearinghouse, Leipzig still relies heavily on NGO-based solutions that remain fragile and donor-dependent (Médecins du Monde, 2022).

Finally, grassroots women's organizations such as Internationale Frauen Leipzig demonstrate the potential of feminist and migrant-led collectives to build trust, deliver culturally competent support, and create safe spaces for solidarity and advocacy. Greater recognition of such organizations, alongside systemic legal reform, is essential for advancing both statistical visibility and substantive protection. Ending the cycle of invisibility requires dismantling the direct link between residence status and access to healthcare, shelter, and labor rights. Until then, the German legal framework will continue to unintentionally enable perpetrators of exploitation while reinforcing the invisibility of undocumented women within policy design (PICUM, 2023; DaMigra, 2021).

Author contributions

GPEC: Writing – review & editing, Writing – original draft.

Funding

The author(s) declare that financial support was received for the research and/or publication of this article. Open access funding was provided by University of Vienna.

Acknowledgments

The author acknowledges the support of the Vienna University Library, which provided access to academic resources essential for the literature review forming the basis of this manuscript. All materials analyzed were publicly available through academic databases and grey literature sources.

Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author declares that Gen AI was used in the creation of this manuscript. Generative AI support was provided by ChatGPT (GPT-4-turbo), developed by OpenAI and accessed via https://chat.openai.com. Perplexity AI – utilized for literature discovery and query refinement. The platform currently integrates Anthropic Claude 4.0, OpenAI GPT-4.1, and proprietary Sonar models. To identify relevant materials on undocumented migrants in Leipzig, the author used Perplexity AI and ChatGPT to explore search strategies and refine queries. These tools supported literature discovery and assisted in improving academic phrasing. Importantly, all generative outputs were critically reviewed, revised, and verified by the author to ensure accuracy and originality.

Any alternative text (alt text) provided alongside figures in this article has been generated by Frontiers with the support of artificial intelligence and reasonable efforts have been made to ensure accuracy, including review by the authors wherever possible. If you identify any issues, please contact us.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Supplementary material

The Supplementary material for this article can be found online at: https://www.frontiersin.org/articles/10.3389/fhumd.2025.1656533/full#supplementary-material

References

Aiken, A. R. A., Starling, J. E., van der Wal, A., and Gomperts, R. (2020). Demand for self-managed medication abortion through an online telemedicine service in the United States. *Am. J. Public Health* 110, 90–97. doi: 10.2105/AJPH.2019.305369

Bruzelius, C., Salomo, N., and Kubal, A. (2023). Access to healthcare for undocumented migrants in Germany: legal barriers, informal strategies, and municipal workarounds. *J. Refug. Stud.* 36, 1–20. doi: 10.1093/jrs/fead027

CABL e.V. (2023) Anonymous treatment voucher program in Leipzig: Annual report. Leipzig, Germany: CABL e.V.

DaMigra (2021). GREVIO shadow report: Parallel report to the first state report of the Federal Republic of Germany on the implementation of the Istanbul convention. Berlin: Dachverband der Migrantinnenorganisationen.

DaMigra (2024). Invisible in Leipzig: Data gaps on undocumented women. Leipzig: DaMigra.

Diakonie Deutschland (2023). Healthcare access for undocumented migrants in Germany. Berlin: Diakonie Deutschland.

ELA (2023). Counteracting undeclared work and labour exploitation of third-country-national workers. Luxembourg: Publications Office of the European Union.

Endler, M., Lavelanet, A., Gomperts, R., Hellman, N., and Gemzell-Danielsson, K. (2019). Telemedicine for medical abortion: a systematic review. *BJOG* 126, 1094–1102. doi: 10.1111/1471-0528.15684

EquityHealthJ (2023). Invisible yet present: healthcare gaps among irregular migrant women in Germany. *Int. J. Equity Health* 22:47. doi: 10.1186/s12939-023-01999-2

European Commission (2020). Undeclared work in the European Union. Luxembourg: Publications Office of the European Union.

European Parliament (2011). Report on the impact of au pair schemes in the EU. Brussels: European Parliament.

European Union Agency for Fundamental Rights (FRA) (2023). Severe labour exploitation in Germany: Issues, statistics, and policy recommendations. Luxembourg: Publications Office of the European Union.

German Institute for Human Rights (2025). Annual human rights report: Germany. Berlin: Deutsches Institut für Menschenrechte.

Gesundheit für Geflüchtete (2024). Policy recommendations on health rights for refugees and undocumented migrants. Berlin: GfG.

International Organization for Migration (2019). Glossary on migration. Geneva: IOM.

IOM (2025). Invisible populations: Irregular migrants and data gaps in Europe. Geneva: IOM.

IOM Tunisia (2019). Glossary of terms on migration for media use. Tunis: IOM.

Killinger, K., Günther, S., Gomperts, R., Atay, H., Endler, M., and Gemzell-Danielsson, K. (2022). Why women choose abortion through telemedicine outside the formal health sector in Germany: a mixed-methods study. *BMJ Sexual & Reproductive Health* 48, e6–e12. doi: 10.1136/bmjsrh-2021-201178

Kratzsch, L., Demirović, A., and Böhm, J. (2022). Administrative gatekeeping in German healthcare: implications for irregular migrants. *Int. J. Environ. Res. Public Health* 19:4285. doi: 10.3390/ijerph19074285

Leipzig City Council (2025). Municipal integration and migration report 2025. Leipzig: Stadt Leipzig.

Leipzig Migrant Council (2025). Annual overview: Support structures for undocumented migrants in Leipzig. Leipzig: Leipzig Migrant Council.

Médecins du Monde (2020) Access to health for undocumented migrants in German cities. Berlin: Ärzte der welt.

Médecins du Monde (2022) Access to healthcare for undocumented people in Germany: national report 2022. Berlin: Ärzte der welt. Available online at: https://www.aerztederwelt.org/publikationen (accessed August 12, 2025).

Médecins du Monde Germany (2022b). Maternal and reproductive health services for undocumented migrants. Berlin: Ärzte der Welt.

Medinetz Leipzig (2024). Annual report: Healthcare access for undocumented people. Leipzig: Medinetz Leipzig e.V.

MediNetz Leipzig (2025). Advocacy for healthcare access: Position paper on undocumented migrants in Saxony. Leipzig: MediNetz Leipzig.

Noerr, M. (2024). Confidentiality and reporting duties: German hospitals and the residence act. *Health Law Rev.* 28, 133–149.

OHCHR (2010). The economic, social and cultural rights of migrants in an irregular situation. Geneva: United Nations.

OpenMigration (2023). Undocumented women and work in Leipzig. Rome: OpenMigration.

Ornek, Ö. K., Gültekin-Karakas, D., and Riedel, M. (2022). Precarious employment and mental health among undocumented migrant workers. *BMC Public Health* 22:1684. doi: 10.1186/s12889-022-13685-6

PICUM (2020). Firewall principles for essential services. Brussels: PICUM.

PICUM (2023). Undocumented women in Europe: Addressing the gaps in rights protection. Brussels: PICUM.

PICUM (2024). Undocumented migrants and health care in Germany: Barriers and recommendations. Brussels: PICUM.

Raml, C. (2020). German migration policy and the informal labor market. Munich: Hans-Böckler Stiftung.

Ratzmann, N., and Sahraoui, N. (2023). Data justice and the exclusion of undocumented migrants: a feminist critique of invisibility. *Citizenship Stud.* 27, 367–384. doi: 10.1080/13621025.2023.2192321

Saunders, H. (2023). Maternal health and migration policy in Germany: Policy gaps and outcomes. Berlin: Heinrich Böll Stiftung.

Stevenson, K. (2024). Universal health coverage for undocumented migrants: chronic conditions and mental health. *Lancet Public Health* 9, e312–e321. doi: 10.1016/S2468-2667(24)00089-3

Stötzler, M., and Kaifie, H. (2023). Access to reproductive healthcare for undocumented women in North Rhine-Westphalia: Case study report. Düsseldorf: Heinrich Heine University.

UN CEDAW and UN CESCR (2022). Joint recommendations to Germany on repealing section 87 of the residence act. Geneva: United Nations.

UN General Assembly (1948). Universal declaration of human rights. New York, NY: United Nations.