

International Federation of Journalists

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2013-04-06

The situation in Sweden for taxpayers in the area cross-border healthcare, EU right of free movement.

Distorted competition and preventing free movement in the field of cross-border healthcare is diagnosed in Sweden. The consequence is that:

- **Swedish citizens may benefit non-EU right of free movement / border better / more effective and timely care.**
- Caregivers in the EU / EEA, outside Sweden, prevented and discriminated ie. ultimately non-competition on equal terms.
- The authorities in Sweden, those are involved including the Social Insurance Agency, Regions (healthcare players is 20 to the number of counties and funded directly through taxes) and also the administrative courts are involved to prevent EU right of free movement in cross-border healthcare.

In about 5 years, we have very carefully followed and researched and researched, we have complete insight about 15-20 cases where EU right of free movement in cross-border health care is totally unlawful.

Swedish media and the Swedish journalists have continuously informed through press releases and immediately, email to investigative newsrooms but none of these have been critically examined and disclose to the public what is going on and kept for a long time over time.

Therefore, we are seeking contact with journalists who are interested in revealing the area cross-border care / movement how completely the uncertain legal situation for the Swedish EU citizens.

Better / more efficient and faster care providers outside Sweden but within the EU / EEA discrimination to be when on the basis of nationality, which is forbidden under the Charter of Rights Article 41.

Swedish EU citizen's discrimination to be from the same Article 41 on the grounds that they are Swedish citizens.

EU Commission let this continue, many complaints have been made to the Commission during these five years and no one has been passed by the Commission to the European Court of Justice.

Probably the reason is that it would cause an EU political scandal since Sweden as EU presidency pushed through the Lisbon Treaty and the Charter of Fundamental Rights therein 2009-12-01.

We have checked the EU case law of the European Court of Justice over these 5 years and notes that the European Commission through the European Court of Justice received many member states felled in the court for the same things that are allowed in Sweden in the field of cross-border healthcare, it is very much strange!

Because it means that EU member states not treated equally, it is a criminal offense based on the Charter of Rights Article 20.

The other members convicted of the European Court of Justice by the European Commission's diligence allowed in Sweden by the European Commission and the Swedish journalists and media have refused to critically examine it and notify the public in Sweden and the EU what happens in Swedish democracy and the safety area, the is extremely very remarkable!

Therefore, the evidence we possess critically scrutinized by journalists in the EU alt. outside the EU that this is not the Sweden is known internationally for being a democratic and legally secure land. It is one of Sweden in 2013 where obvious democratic dictatorship prevails in the area cross-border

care, an EU rights owned by Swedish union citizens / Swedish citizens and that we paid for since 1995 but prevented from enjoying full of public power in Sweden.

As we see it, the only purpose of government practitioners in Sweden is to protect healthcare Sweden to become exposed to competition from better / more efficient and faster healthcaregiver within the EU / EEA, which is contrary to the Swedish Parliament decided earlier but our government does not want to do something about.

Government of Sweden and the Swedish Parliament is informed continuously of us but none of them has acted to protect the rule of law on the free movement of cross-border care. However, Sweden takes very happy to receive patients from other EU / EEA member states, so is morality and ethics and the rule of law in democratic Sweden of 2013.

When also the "economic power" apparent control over the media and journalists, also evident even when the audience service journalists, then the citizens of the rule of law Sweden real trouble.

We request that you get through being in direct contact with the investigative journalists who can illuminate and audit all of the evidence and facts that we are in possession of, 5 years of digging, searching and comprehensive insight provides a very safe material to assume for these European and International journalists.

As a small sample is attached as attachment Assar Fager compilation of certainty 2013-02-03 "**Cross-border care - a boundless authority crash**", it's three pages and in Swedish and translates quickly via google translation, sending the original so no misunderstandings through translation of the question.

Please communicate and reconnect very quickly to voulf56@gmail.com

Best regards

Ulf Bittner, one of three in the Working Group AMBU upholding EU right of free movement in cross-border healthcare.

You can read more via this link <http://eueeshealthcare.bloggproffs.se>

Read especially important document of EU Law Professor von Quitzow on page 4, Swedish, and page 5, google translation to English, and you will understand better, read especially carefully what is in black and enhanced text.

Patientfrihet i Europa

Inom Europa gäller en frihet att prestera och att tillgodogöra sig tjänster. För en del medlemsstater är detta okomplicerat då man har marknadsekonomiskt baserade försäkringssystem. Alltsedan det vägledande rättsfallet Kohll som bekräftats i senare praxis är de enskilda unionsmedborgarna att se som kunder i de olika socialförsäkringssystemen och kan välja vård inom desamma.

Detta har inte setts med blida ögon i medlemsstater som har planekonomiskt baserade vårdssystem, vilket är fallet med Sverige. I det svenska vårdssystemet är den enskilde underordnad de övergripande vårdpolitiska målen och att denne skulle kunna ta en genväg utomlands strider mot det socialpolitiska solidaritetsbegreppet som präglat det planekonomiska sjukvårdssystem som står bjärt i kontrast till det kundbegrepp som präglar EG-rättsliga bedömningar.

Att vara kund i de olika medlemsstaternas socialpolitiska system är en unionsmedborgerlig rättighet enligt EG-domstolens avgöranden. De försök som medlemsstaterna gjort att kringgränna densamma har inte varit framgångsrika. Under det svenska ordförandeskapet förkastades ett direktivförslag som hade begränsat EU-medborgares frihet att söka vård i andra medlemsstater i strid med fördragets grundprinciper. Detta direktivförslag hade med all sannolikhet annullerats av EG-domstolen vid talan härom.

Det kan uttolkas att medlemsstaterna står långt ifrån varandra i denna fråga. EG-domstolens praxis är emellertid entydig. De enskilda kan som kunder utnyttja medlemsstaternas olika socialförsäkringssystem för att i vart fall få täckt de kostnader som behandlingen kostat i ursprungsmedlemsstaten.

Att knyta behandlingsbehov i andra medlemsstater till svenska behandlingsformer såsom sker i Sverige strider mot den fria rörligheten och är öppet diskriminerande. Att lägga inhemska behandlingskriterier och att förbise utländsk vetenskap strider mot EG-rätten. Internationellt vetenskapliga rön skall respekteras, Sverige har ingen möjlighet att försvara en egen politisk linje enär EG-rätten skall tillämpas lika i alla medlemsstater och Sverige ej har några undantag härifrån. Sålunda har svenska patienter rätt att söka vård i andra länders socialförsäkringssystem utan inskränkningar.

Lund den 7 december 2010

Carl Michael von Quitzow LL.D.

Jur.dr., Jean Monnet Professor i Europeisk rätt

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Carl Michael von Quitzow

Jur dr., Jean Monnet Professor i Europeisk rätt

Patient Freedom in Europe

Within Europe, for the freedom to perform and to benefit from services. For some Member States, this is straightforward when there is market economy based insurance. Since the guiding legal case Kohll confirmed in subsequent practice, the individual citizens of the Union to ensure that customers in the various social security schemes and can choose care within the same.

This has not been seen with approval of Member States have planned economy based healthcare system, which is the case with Sweden. In the Swedish health care system is the individual subordinate to the overall health policy objectives, and that he could take a shortcut abroad contrary to the social solidarity concept that characterized the CPE care system that is stark in contrast to the customer concept that characterizes the EC legal judgments.

Being a customer in the different Member States' social policies is a Union citizen's right of ECJ rulings. The attempts made by Member States to channel around the same has not been successful. During the Swedish Presidency rejected a proposed directive which had limited EU citizens' freedom to seek care in other Member States in breach of Treaty principles. This proposal would in all probability have lapsed by the Court in any proceedings accordingly.

It can be interpreted that the Member States are far apart on this issue. Court practice, however, unambiguous. The individual can be as customers utilize different national social security system to at least have covered the cost of the treatment cost of the home Member State.

Linking treatment needs in other Member States to Swedish therapies as practiced in Sweden contrary to the freedom of movement and is openly discriminatory. Adding domestic treatment criteria and to overlook foreign science contrary to EC law. International scientific knowledge should be respected, Sweden has no opportunity to defend its own politics since EC law should be applied equally in all Member States and Sweden do not have any exception here. Thus, the Swedish patients the right to seek healthcare in other countries' social systems without restrictions.

Lund December 7, 2010

Carl Michael von Quitzow LL.D.

JD, Jean Monnet Professor of European Law

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