Notes of the meeting on the health service needs of vulnerable migrants held on Tuesday 11th December 2007, Committee Room 10, Palace of Westminster

Introduction

Wayne Farah- Chair
Newham Primary Care Trust

Wayne opened the meeting. He thanked the audience for the attending and introduced the speakers.

Contributions from the Speakers

Neil Gerrard MP
Long standing campaigner for migrants' rights

After the proposal of May 2004 (Proposal to Exclude Overseas Visitors from eligibility to free NHS Primary Medical Services) many undocumented migrants and refused asylum seekers have been denied access to health care. With the new government's proposal the restrictions already existing in tertiary and secondary care may be soon extended to primary care as well. We need to reverse what has already happened and address the danger of things getting worse with many vulnerable people being stopped from getting medical care from GPs.

There is no evidence that the restrictions of 2004 have been in anyway beneficial. The proposed regulation on primary health care services and foreign visitors has lead to increased strain on hospitals, where there is confusion on whether they should be charging or not and may soon lead to real strains on public health if infectious diseases, such as HIV, are left untreated.

With regard to the policy context, it's important to remember that we are working in a hostile environment. Advocating for the rights of vulnerable migrants and especially of asylum seekers is not an easy task. The way asylum has been demonised through media coverage has increased the negative perception of asylum seekers among the general public. Destitution has been deliberately used as a policy tool to drive people away. As a consequence, arguments in favour of access to healthcare for failed asylum seekers are not easy to make in the press.

Urgent actions must be undertaken both inside and outside the Parliament.

48 MPs have signed up to the Early Day Motion to support free health care for all. It's a good starting point but it's not enough. We need to involve more MPs, especially from the Labour Party, and keep on making the case to ministers. We need to collect data on what migrants are facing everyday and particularly on what happens when these people are denied access to hospitals and GPs. We need to argue the ethics of what this means, especially in a rich country such as ours and raise awareness on what are the practical implications of these proposals within emergency rooms, hospitals, PCTs, etc. and on what are the implications on public health if people are left to remain sick.

Internally there is an argument between the Home Office and the Department of Health on this issue. There is a huge contradiction between the current domestic situation and what is said by the Government internationally. It is said that internationaly everyone worldwide should have access to retroviral drugs, but in the UK itself access is limited for certain groups of people

We need to go beyond the Parliament and make this case widely, getting Trade Unions, voluntary sectors organisations, journalists and single individuals on board.

The Home Office is pushing the agenda of denying access to treatment. We need first of all to ensure that things do not get worse and that access to primary care is free for all. Secondly, to keep lobbying and campaigning for things to go better and to reverse the changes which were implemented in 2004.

Dr Sally Hargreaves
Research Fellow, International Health Unit, Imperial College

There is a general consensus that public services have failed to keep up with the demographical changes in the migration flows and to understand the implications of this, in particular for the NHS. As a consequence of the implementation of the 2004 Act, patients considered to be not *'lawfully* resident' in the UK - with specific reference to failed asylum seekers and irregular migrants – were excluded from free services and made liable for NHS charges for any care or treatment received.

The regulations and proposals made were not meant to deny urgent or life saving treatment; emergency care is still provided free of charge at an A&E department. However, it is important to note that HIV testing is free of charge but HIV treatment is not.

The impact of the 2004 Act is wide ranging, it has meant people with cancer being turned away until they are able to pay in advance for treatment, and mothers being left without medical care days after delivery. We have found that the regulations are being inconsistently interpreted and enforced by NHS trusts. In terms of Primary Care, it should be noted that GPs currently have a great amount of discretion and case-studies have shown inappropriate charging of asylum seekers/refugees and refusal by hospitals to treat vulnerable migrants who are clearly unable to pay.

There has been no published response to the proposals of May 2004, which aim to restrict health services as a deterrent for so called health tourists. Imperial College have carried out surveys on this matter, and found that the policies created have failed sufficiently to take diversity into account. In Charing Cross Hospital A&E department the Imperial College team counted 87 different nationality groups over a 6 weeks period. The staff there did nothing more technical to gauge diversity than glance down the list for foreign sounding names. The consensus found among GPs was that frontline staff need training to prevent discrimination, as it is often those people who make the actual decision whether to allow treatment.

There is an absence of a safety net for vulnerable migrants in this country. Restrictions have a detrimental effect on people coming forward for TB or HIV screening and Public health professionals are concerned that such policies would undermine government targets on public health; Accident and Emergency departments are suffering already from higher rates

of non-emergency patients- the denial of access to free GP services will make the situation worse.

The new plans for restriction of Primary Care will generate little financial benefit for the government but studies have shown that the extra strain on hospitals would negate any little positive effect there may have been.

Susan Wright
Director, Medecin du Monde UK, Project London

Project London is a free medical clinic for vulnerable patients. Most of the patients that come to the clinic are migrants. As Neil Gerrard said, we are working in a hostile environment. There is a need to look at the issues raised by this governments' proposal. We also need to consider carefully the impact it would have on public health and analyse the cost-benefit of such a policy.

The MDM project has been running for 3 years in London, and they have seen no evidence of the mythical "health tourists". The health conditions people present with are in the great part identical to those problems experienced by British people. There are many people who are not able to get access to ante natal care and often the receptionists at doctor's surgeries are making these decisions.

Communicable diseases don't respect passports. Implementing these proposals would mean that we cut off the possibility of prevention and early intervention and as a consequence the population will get increasingly ill until appearing in the A & E departments.

Researches carried out by the European Observatory compare what's happening in healthcare country-to-country and clearly show that the UK is not the only country to struggle with these issues. However, unlike some of the other countries, the NHS is capable of absorbing the health care of this migrant population.

Dr Angela Burnett
GP, MEDACT

Dr Burnett works with victims of torture, asylum seekers and refugees. She works directly with people who are destitute after refused asylum claims. Restricted access to healthcare also has a detrimental effect on people in this country.

Destitution severely compromises physical and mental health. It also puts people in danger of sexual and other types of violence, and denies them the chance to identify any life threatening diseases they may have. Data on suicide is difficult to collect, but can definitely be considered as a prevalent problem. The UN convention on victims of torture has been largely ignored.

Destitute women are particularly vulnerable. Some are forced into sex work to survive. Also, those suffering domestic violence will suffer from the proposed reforms. AIDS and TB sufferers will go undiagnosed, children will go unvaccinated. These policies place health workers in a position where they must break rules to provide care without discrimination. A&E departments will become overcrowded if access to primary care is restricted, and because of the advancement of the illness, the care needed will become much more major, and expensive. There is huge disparity between global and domestic health policies, and this

domestic policy breaches human rights and the UN convention against torture. The Department of Health admits that such contravention is bad for public health.

A woman who survived a massacre, and then was kept in detention for a year, raped and tortured, has lived in Britain on the streets since 2005 when she lost her asylum appeal. She had to walk a ten mile round trip to the hospital, and was tearful and depressed. Her symptoms were indicative of epilepsy, caused as a result of her injuries. This woman is being denied medical care, however, due to her inability to pay.

A parliamentary Joint Committee on human rights addressed issues considered this policy as a contravention of rules barring discrimination on grounds of nationality. We support their recommendations and urge the government to support them too.

Rayah Feldman
Community based campaigner for migrants' rights (Hackney Refugee & Migrant Support Group)

Ms Feldman gave personal accounts from her experiences of working with the Hackney refugee support group, who stand bail for people in detention, and help them find legal representation. She stated that being an asylum seeker today, especially one who has been refused refugee status, is tied in with illness. Punitive asylum policies are restricting access to services to which these people have absolute rights. These policies act as a mirror to the inhumanity of this government. Three examples show this:

Jean-Claude from the Congo (not his real name) sought help from the organisation with accommodation and benefits. His solicitor was unwilling to take his case for asylum further, and he was only eligible for support with housing, and vouchers, if he signed a document to say he would return to the Congo. He was destitute, and could not replace the frames for his glasses which were broken. Ms Feldman found out that he was actually entitled to new glasses with a cost exemption form, so he was able to get a new pair of spectacles.

Mary had been in detention, and was now suffering from toothache. That is something that is meant to be preventable, but if you're illegal you're more likely to suffer from it. Could this be a punishment for making a failed claim? She couldn't register at the doctors' surgery because she had no fixed address. When she did find a doctor, no one thought of the cost of medication. Knowing that dentistry was expensive, she went to the dentist under her friend's name and date of birth, but the dentist spotted the incompatibility between the dental records and the patient in front of him, and would not treat her. Mary found this experience terrifying, and it made her "realise how cheap and useless we feel in this society."

A woman had a baby with a medical condition that required it to be tube fed. She was under section 4 accommodation, and so was given vouchers for the supermarket and not cash. This meant that she couldn't get a bus to or from the supermarket, but more importantly, she couldn't get her baby to Great Ormond St for treatment. In the end her Health Visitor gave her the money for the bus.

This meeting is about entitlement to health care. Changes to primary care entitlement will bring the already stigmatised treatment of migrants to a head, and express even further their exclusion. Health workers are being persuaded that ID is more important than health. We must end this state persecution of migrants.

Muna Yusuf
Manchester Refugee Support Network

Ms Yusuf works in a forum in Manchester which aims to allow asylum seekers and refugees to express their own opinions. Raising awareness of healthcare is a very important issue- failed asylum seekers are very worried. They escape from persecution, and all they want is a safe place. A 70 year old had been destitute for 18 months. They had access to a GP, but there was no interpreter. Another example was a lady who fled from Pakistan with two young children, one of whom had a bad leg condition and was in a wheelchair. The hospital said that there was an operation they could perform to ease this condition, but the mother could do nothing as it would be impossible for her to pay. A solicitor sent papers to the doctor, however, and three months later it was decided that she did not have to pay. The anguished suffered in the intervening period was severe.

In Liverpool there is massive pressure on the voluntary sector. Many migrants suffer from severe depression. Over half the number of asylum seekers are no longer contactable- this means that people with TB, or HIV are disappearing into the community. It's hard to believe that such a severe policy would be introduced by a Labour government. However, it is said that when the wind blows, some people build walls, where others build windmills. We must be the ones to build windmills.

Contributions from the floor

Tom Yates People may have different views about immigration policies, but they shouldn't when we are talking about health related issues. At the inquiry into the 2004 Act, there were many helpful submissions that were not published by the government. One such was from a GP from Newcastle who pointed out that it did not matter if consultations would be free if the symptoms presented showed disease, as migrants and surgeries would not know until after the consultation if this was the case. This system is not workable and as consequence of it many patients wouldn't know at the end of a consultation whether they would or wouldn't be charged.

The deliberate denial of treatment to migrants in this country is barbaric, and no one should be left with no access to health care.

Chris Wood, an HIV specialist working in North London has spent the last 5 years dealing with people unentitled to support. He said that stress, ill health, anxiety and further symptoms occurred as a direct result of government policy on immigration. A survey was conducted by the British HIV Association (an organisation with doctors and nurses as members, geographically spread around the country). It showed a very clear concern over the issues. 93% of practitioners didn't understand the government's regulations; 71% did not believe practitioners had a duty to report incidences of un-entitled HIV sufferers to the Trust (ineligible people have a higher mortality rate); 78% thought the regulations have had a truly negative impact on public health; 88% believed HIV care should be available to all, in maternity too. Local NHS trusts have the discretion not to charge. There is a need for clarity in terms of directives, and on a more fundamental level, people need to know their rights.

A Health Visitor highlighted a concern for children from migrant backgrounds. There are many people simply being removed from medical records. The 'Every child matters' campaign is not working- a student nurse reported that her mother was ill in Zimbabwe. She was taken to two different hospitals which could not treat her because of a lack of equipment and medication. It is reprehensible that we live in one of the world's richest countries and yet we are still denying vulnerable people free healthcare. As Gandhi said, 'the humanity of a society will be decided by the way it treats minorities.'

Vanessa Jessop¸ a medical student put it to the floor that in 2008, the NHS will be 60 years old. Its ideals were to give free treatment which was available to all, and of uniform good quality. The General Medical Council puts the quality of care given as the main concern for practitioners- these principles should be the same for migrants. Patients should be treated irrespective of their medical status. As a consequence of the implementation of the Act of 2004, routine and chronic conditions will go untreated and child mortality would increase. Vulnerable migrants will not seek treatment, the costs of which will not just be financial, but human.

Don Flynn from Migrants' Rights Network congratulated everyone involved in the meeting, but emphasised that this was only the beginning. Many of the examples cited refer to people who've been refused asylum. But it is also essential to look at those who have not yet applied for asylum, and those of undocumented migrants.

Urges everyone to read (and buy) PICUM's newly released comparative review of healthcare in 11 countries (Access to Health Care for Undocumented Migrants in Europe)

A Doctor wished to stress the point that the problems caused by this policy will not only have severe consequences on migrants. Public Health will really be at risk- denying care to a small section of society will have an impact on everyone. This point should be made clear to those in power- when discussing this policy MPs should realised that they are also discussing the health of their own partners and children.

Lionel Tofunga, a minister from Manchester said that 90% of his congregation were from a migrant background. Considering that everything was soon going to be in a big mess, he suggested the idea of retired doctors helping out.

Crystal from Black Women's Rape Project stated that there is a large group of asylum seekers that are not being helped medically at all. That is the group who are in detention centres. In Yarwood, the women held there are protesting strongly at the brutality, racism and shaming which goes on- nagged women, for example, being dragged violently out of the centres in the process of deporting them. How should we discipline the health care professionals within the centres who are wrongly signing the forms, allowing unhealthy, unable people to be deported? We definitely need a full enquiry into what is happening in detention centres.

Marjorie added that the medication used in detention centres was usually expired.

Susan Greva from Unison stated that many of its members are in a vulnerable situation and encouraged all the Trade Unions to join the campaign. UNISON is raising awareness among its members regarding the proposals.
Many of their members are migrant workers, who may soon lose their rights to stay here.

Laura asked whether, when GPs are asked to go to the home office and report, this is a breach of confidentiality. Furthering this point she asked whether it could be said that migrants from Africa or Asia are treated very differently to migrants from Australia or New Zealand.

Anne-Marie, a migrant herself, had just been released from detention at Yarwood and shared her experiences with the meeting. An asthmatic, she was refused access to her nebuliser, and instead given a paper bag to breathe into for the duration of an asthma attack which lasted 3-4 hours. She spoke about how she had witnessed awful maltreatment of other inmates, and how she had been prevented from contacting her children. She said 'we're human, like anybody else... the British government is conducting a paper genocide.'

Dr Angela Burnett responded to this point, saying that people should be made aware that they can report doctors to the GMC in cases of maltreatment in detention centres, and the GMC would have to investigate.

Doug Horton from a consortium of the Union of Social Workers and Unison, said that we are dealing with a concerted campaign to create pariahs and stigmatise people seeking asylum. He emphasised the need for Britain to sign the Convention for Rights of the Child *without* reservation.

Nauli told the story of an asylum seeker who became destitute after a refusal of his first application. He is terminally ill and will die in 3-4 months, but still he is not entitled to treatment under his section 4 status. She pointed out that the whiter you are, the easier it is for you to be treated.

Luke from the Oxford branch of the 'Still Human Still Here' campaign wished to highlight the hypocrisy of the government policy of integration.

Abby Smith from the British Medical Association called for everyone to tell co-workers and others about the meeting in order to really make a difference. She said the help of Trade Unions was needed especially.

Conclusion

Wayne Farah *summed up the meeting.*

The removal of migrants' rights to healthcare is unwarranted, unnecessary, and unhelpful. No demonstration of cost - benefit can be given. All of us would be put at risk in terms of public health- and there is a significant risk of a return to back street medical services. We need to lobby not only MPs, but our local NHS trusts- they have been getting an easy ride so far, but they have responsibility as the ones who actually implement these draconian measures, and should not be allowed to do so without protest. They will be challenged legally if they do not implement people's legal rights. Wayne noted that the next meeting is expected to be held in January.