

## **Minutes of Meeting**

Date: 21<sup>st</sup> February 2008

Time: 6.30pm - 8.30pm

Speakers: Susan Wright, MDM UK director and Adam Hundt, of Pierce Glynn Solicitors.

Introductions by Susan concerning her role within Medecins du Monde as well as introductions by the attendees and why they chose to attend the meeting were given.

The following were the key issues Susan's presentation

### **1. Where things currently stand**

#### a) Primary Care

- The contentious/disputed nature and issue of characterising 'legal' and 'illegal' migrants was identified.
- A brief explanation and the significance of the 2004 Government Proposal was addressed. The numerous uncertainties and inconsistencies with this proposal were identified; however they prove to be contentious.
- The issue of 'in-fighting' among lobbyists and advocates who are opposed to the proposal was identified and clearly admonished. It was identified that this has allowed lobbyists for the same cause to get distracted
- The paradoxical and unclear nature of exceptions and exemptions to the proposal.
- Does this signify a shift towards the secondary care system?

#### b) Secondary Care

- Exemptions to the law that refuses secondary care access to failed asylum seekers and undocumented migrants, i.e. Maternity Care. However, it is evident that the reality is very different.
- Cost and debt implications were discussed for both the NHS (which are often far more costly than if patients had been seen initially) and the patient.

### **2. The important role of Project: London was discussed**

- The significance of data collection as very little exists.
- The failure of the 2004 government proposal to address the data and case studies.
- The vacuum of statistical data relative to the impact of proposed changes

- The importance of advocacy in this context.

### **3. The key points for argument were discussed**

- The role of the press was deemed as key in formulating public opinion and influencing specific government policy pushes.
- The paradox of HIV/Aids being an ‘exemption to the exemption.’ The serious implications that this has on levels of diagnosis and treatment.
- Place of entry into the NHS. Entry into the NHS is inevitable, so the crucial questions is should they enter at the early/ diagnosis stage or at the A&E after the problem has gotten dramatically worse?
- The ‘Immigration pull factor’ as an important issue in public perception of immigration. These myths consequently have an impact on demands made on government policy regarding the issue. Evidently the problem is not uniquely a UK problem, however the perception that it is reigns supreme. A recent survey in the Guardian identified that there is a belief that Britain takes 25% of all of the world’s immigration. The reality however is less than 2%.
- The need and urgency for a Europe wide comparison of statistics and trends was addressed. This would shed light onto the realities of the numbers of immigrants and asylum seekers.

### **4. An outline of what each of the attendees can do to bring about action**

- The pivotal role that each attendee can make in changing attitudes and impressions of the subject of ‘legal’ and ‘illegal’ immigrants and their rights to health care was emphasised.
- Writing to all newspapers, including conservative newspapers such as *The Mirror* and *The Daily Mail* and posting on ‘right-wing’ or conservative blogs was deemed as crucial. Without doing do, we allow the impression to be given that these conservative views are the norm and are widely accepted.
- It was emphasised that addressing these views enables a real, logical debate to ensue rather than a debate that is unfairly biased and supported by conjecture and assumptions.
- The importance of taking on personal roles and issues was highlighted. It was agreed that taking direct, personal action and lobbying through letter writing and signing online petitions was the best course of action as it

yields greater results than impersonal. Writing personal letters to ones MP was deemed the most effective.

Susan ended the presentation at this point and took questions from the floor.

- An attendee expressed his worry about the presentation not tackling the issue in terms of human rights. Susan explained that while indeed the arguments could be phrased in human rights terms, this terminology itself could sometimes be inaccessible and hard to follow. It was agreed and emphasised that the government has the duty to commit to a progressive movement to ensuring access to health care, as a human right. And that there is no doubt that adopting the proposed change would represent a move in the opposite direction, backsliding on the part of the government.
- One attendee, herself a doctor stated that she was unaware of the problem because she and her colleagues would never turn away a patient; they would just treat them without questions. She said she was unaware that 'illegal' immigrants are routinely refused secondary care. Susan responded by emphasising that the problem lies most often with those who work in administration. It was likewise emphasised that within the hospital context, there are concerns about whether the methods used to identify potential overseas visitors are themselves discriminatory.
- Another attendee stressed that it was the British Medical Association's (BMA) obligation to raise the issue and to bolster support for the provision of universal healthcare. But since the BMA is itself divided on the issue, more pressure will be needed to mobilise them to act.
- Another attendee brought up the problem with how the law is implemented from a legal perspective, specifically that 'British' looking overstayers are left alone, probably because of their facility with English, their names and indeed their appearance. .
- Another attendee, member of PPI (a suicide prevention steering group) in Islington emphasised the reluctance, or rather inability of G.P's to suggest counselling for mental health problems, opting instead to administer drugs to patients.
- Following up from this point, another attendee highlighted barriers in the system, namely the problems with using translators in counselling sessions. She suggested that a telephone system should be used instead, rather than having a third member in the room which would cause mistrust and further anxiety for the patient. A case study of Iraqi migrants with post-traumatic stress syndrome was used to highlight the problem.

- It was agreed by all that discrepancies between administration and actual practice is a large component of the problem. The wrong services are often provided, or they simply do not go far enough to address the problems.

**Adam Hundt presented next.**

- Adam briefly spoke about the test case which he is presenting in front of the High Court of Justice regarding access to secondary healthcare, which shall be judicially reviewed in April of this year.

Background of the case:

- Adam is representing a Palestinian asylum-seeker with liver disease that was refused access to secondary healthcare.
- R (A) v Secretary of State for Health (Defendant) & West Middlesex University Hospital NHS Trust (Interested Party) shall be a test case on the issue of access to healthcare for people from abroad.
- After a long period of denials to grant the treatment, the NHS Trust finally granted the patient in question with the necessary secondary healthcare. However, it was decided to continue with the case and bring the Secretary of State for Health to court for their insistence on existing policies of denying secondary treatment until the patient was at 'death's door'.
- Adam outlined his difficulty in finding a case that he believed would stand up in court and would not be seen as too 'revolutionary' by judges or the media with regards to changing human rights law.

**What Adam wants to achieve:**

- He wants to expand the rights of asylum seekers to gain access to secondary healthcare without having to wait until they reach the point that if they do not have treatment that they could die.
- He emphasized the importance of gradually chipping away at the law rather than attempting to completely change it with one case.
- It was agreed that some attendees should try to go to the High Court in April to demonstrate the support, as well as broaden the scope of awareness about the test case.