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GOVERNMENT PROPOSES TO END FREE HEALTH CARE FOR 'FAILED ASYLUM SEEKERS'

We wish to warn GPs about the current proposals to make 'failed asylum seekers' ineligible for free primary care. The government defines a failed asylum seeker as a person whose asylum application has been refused and who is deemed to have exhausted all available channels for appeal. However, those who are unsuccessful at appeal are not necessarily here illegally. For example, they may be awaiting an outcome of a further legal challenge or cannot return to their country of origin due to the human rights situation there.^{1,2} They include those who have yet to be returned. Often 'failed asylum seekers' have simply been unable to prove that they would suffer persecution if returned.³ The Cambridge Institute of Criminology has described the culture at the home office as 'a culture of disbelief'⁴ and organisations such as the Medical Foundation for the Victims of Torture and Amnesty International have criticised the poor quality of initial asylum decisions.⁵

Nevertheless, it is from this group of failed asylum seekers that the government is trying to remove entitlement to free primary care.^{6,7} They would remain eligible to emergency and immediately necessary treatment and the treatment of certain infectious diseases, notably not including HIV/AIDS.

Under the guise of concern to limit health expenditure the present government appears to be trying to limit provision for 'failed asylum seekers' for political ends. Since April 2004 'failed asylum seekers' are entitled to secondary care only at the discretion of the hospital. Since last year the government has been considering a proposal to make 'failed asylum seekers' ineligible for free primary care.⁷⁻⁹ This proposal is an example of the 'Fortress Europe' mentality, widespread throughout Europe, which restricts the access of migrant workers to health care.^{10,11}

It is both ethically wrong and unworkable. It is ethically wrong because the most destitute group in the country, who cannot legally work, is being denied a basic service. It is unworkable because general practices do not have the skills or resources to carry out immigration checks to identify the small number of 'failed asylum seekers' among the large pool of other foreign born patients, nor

are such checks part of their healthcare remit. Restricting access to this group also increases the risk to public health if cases of tuberculosis and HIV are left unidentified and untreated. On all these grounds this policy has been roundly condemned by the House of Commons Health Select Committee.¹²

Such regulations would further confuse those health professionals who already, wrongly, believe that asylum seekers are not entitled to primary care, as well as refugees and asylum seekers themselves who might avoid seeking necessary health care, whatever their entitlement. Providing free primary care services for all asylum seekers is the only way to ensure both individual welfare and public health.

**Gervase Vernon
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