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AN ALARM BELL

I wish to ring an alarm bell. The facts may not be unfamiliar to GPs who work in particular inner city areas, but may be quite new to GPs who live and work in 'middle England'.

Many mornings somewhere in the UK a private security van sets out. It belongs to a company sub-contracted by the Home Office and will arrive at its destination in the early morning, while the family is still asleep. They will be woken by a loud knock and given half an hour to pack their bags. Children will be woken too and given the same instructions. They will be taken to a detention centre. On other occasions, similar vans have picked up teenage children while they wait at the school bus stop. In some cases where a child fails to attend school, this has been the reason.

These families are not criminals, some are in the process of applying for asylum, others have finished the process; the group which the Home Office calls 'failed asylum seekers'. However, many 'failed asylum seekers' have failed in their asylum application not because their claim was unjust, but because of the Home Office's 'culture of disbelief'.1 An employee of one of these security firms told me he had taken the job because no qualifications were required. Some of his colleagues have an army or police background. Do they never beat up their clients when they fail to cooperate, scream or become hysterical?2 The families are then taken to a detention centre from which many will be returned to their home countries. Here, some will be arrested again, some tortured, and some will be at risk of being killed.

As a society we are training up a group of people to whom this is their daily work. They tend to pick on families who are isolated, have perhaps been here for a while, and are not in the middle of their own communities where a riot might be sparked. As well as the security officers we are training a vast tribe of bureaucrats at the Home Office to whom all this is ordinary paperwork. Today they are coming for the asylum seekers, tomorrow who will they come for?

Much of this information I have heard first hand from clients at the Medical Foundation for the Care of Victims of Torture (http://www.torturecare.org.uk/), some from

other GPs working with asylum seekers and refugees. Harm during deportation has been documented by the Medical Foundation.² News reports scattered in the media are collected by Institute Race Relations the (http://www.irr.org.uk/). A recent book by a member of the Institute gives a more exhaustive account of this process of removal with extensive references.3

Much can be done. Doctors who wish to help clients in detention centres can contact an organisation called Medical .lustice (http://www.medicaljustice.org.uk/), which seeks to improve health care during immigration detention. Those who believe a limited amnesty may help can contact Strangers into Citizens (http://www.strangersintocitizens.org.uk/).

For the first time since the beginning of the Second World War substantial numbers of people resident in the UK no longer have access to free primary care. This number may suddenly increase substantially if the Department of Health's current review, still to report its findings, decides that 'failed asylum seekers' should no longer have access to free primary care.4

A last-ditch campaign to prevent this is being run by Medact (http://www.medact.org). In response, we are also seeing the return of charitable organisations offering free primary care. There are two in London; Médecins Sans Frontières, (http://www.msf.org/unitedkingdom/ Médecins and (http://www.medecinsdumonde.org.uk/projectlon don/default.asp), both of whom are looking for volunteer GPs.

Gervase Vernon

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