

## **Summary**

The current refugee crisis has been described as the worst refugee crisis since the Second World War. The situation in Europe has escalated quickly and this has had a direct impact on the United Kingdom. As a global health network, Medsin must advocate for the inclusion of refugees, ensuring they are provided with all services needed and acting towards social cohesions of these groups.

## **Introduction**

A refugee is a person that "...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country." [1] There were 19.5 million refugees worldwide at the end of 2014, with countries that neighbour conflict zones receiving them disproportionately. For example, 95% of Afghan refugees live in just two neighbouring countries, Iran and Pakistan, [2] whilst 96% of the 4.3 million Syrian refugees (as of October 2015) have fled to neighbouring Egypt, Lebanon, Iraq, Jordan and Turkey. [3]

## **Main Text**

### Current situation

As a result of the political instability present in the Middle East, increasing numbers of refugees and migrants take their chances aboard unseaworthy boats and dinghies in a desperate bid to reach Europe. This has resulted in over 3,150 estimated death/missing refugees in the Mediterranean sea as of October 2015 according to UNHCR. [4] In April 2015, twice as many migrants are estimated to have died attempting this crossing than in the whole of 2013.

Article 14 of the International Universal Declaration of Human Rights states that 'everyone has the right to seek and to enjoy in other countries asylum from persecution'. A person can only claim asylum in some European countries once they have crossed the border, so migrants making the journey from their countries of origin are vulnerable due to their lack of state protection. [5] Although the UK and the European Union (EU) both believe in this right to seek asylum, laws and regulations have been approved that deter asylum seekers and refugees from reaching a country and being granted refugee status. An example of this are the Dublin III Regulation and 'safe third country' list, EU agreements that determine other EU Member State or countries responsible to examine an application for asylum seekers seeking international protection under international humanitarian law. [6]

In addition 'safe countries of origin' lists are used by EU member states, including the United Kingdom. [7] The 'safe country of origin' principle allows states to deny refugees access to the asylum system. This is done on the grounds that human rights are so well protected in their country of origin that persecution severe enough to cause people to flee never occurs. [8] This can result in countries violating the principle of non-refoulement, a key facet of refugee law, which forbids the rendering of a true victim of persecution to his or her persecutor. [9]

### Situation in the United Kingdom

In the short term, countries are expected to provide protection and assistance to those who seek refuge there. [10] However, as time passes and the settlement of refugees changes from a humanitarian emergency to being more permanent, it becomes paramount to provide an environment where refugees can live sustainably for themselves.

As a result of the Syrian conflict, the UK government has agreed to take 20,000 refugees from Syria by 2020 through a Vulnerable Persons Relocation (VPR) scheme. Under this scheme refugees will be granted humanitarian protection instead of refugee status and this will allow them to stay in the country for five years. After this period they will be eligible to apply to settle in the UK. [11]

At the end of 2014, the population of refugees, pending asylum cases and stateless persons in the United Kingdom made up just 0.24% of the population. [12]

Asylum seekers in the UK do not have the right to work and so must rely on state support. Housing is

provided but asylum seekers cannot choose where they live. Cash support is available, and is currently set at £36.95 per person, per week, which makes it £5.28 a day for food, sanitation and clothing. [13]

The amount that asylum seekers receive as their asylum support has been frozen since 2011 and was reduced to its current rate in August 2015. This means that an over-25 year old adult who is seeking an asylum and thus not entitled to have a job receives 50% what an unemployed national adult of the same age would obtain under mainstream income support. [14]

Under the Immigration Act 2014, asylum seekers are entitled to access primary care services for free as well as emergency healthcare services. However, this right is limited when it come to free secondary care services - this depends on their status. Migrants that are considered 'ordinarily resident' will potentially face charges for their access to secondary care, which includes services such as antenatal screening for undocumented pregnant women. [15]

Hospitals are required to inform the Home Office of patients who owe the NHS more than £1000 and such people may be refused visa renewals or regularisation of their immigration status until the debt is paid. [16] This places huge pressures on healthcare professionals who have a code of conduct that ethically obliges them to ensure fairness and equity in accessing medical care as expressed in the General Medical Council's document Good Medical Practice. [17]

### Medsin's stance

We therefore call upon:

#### **1) Members of Medsin, branches and affiliates to:**

- a) increase awareness of the current situation of refugees, highlighting their needs and entitlements in the United Kingdom, between the general population
- b) collaborate with other organisations to ensure social cohesion between refugee populations and citizens
- c) take active roles in advocating for the rights and health of refugees nationally and in their local communities
- d) ensure dignifying and non-discriminatory access to healthcare for all

#### **2) Universities and student groups to:**

- a) prioritise global health education on migration and refugee across the student population
- b) support persecuted and at-risk academics and students to reach a place where they can work and study in safety
- c) advocate against the barriers faced by refugees to access higher education

#### **3) United Kingdom government and the European Parliament to:**

- a) acknowledge their responsibility in the refugee crisis and increase the number of refugees accepted by all countries ensure the share between countries is proportional, fair and equal
- b) facilitate integration of refugee groups within the local population
- c) ensure the provision of services such as education, healthcare and housing for refugees to an appropriate standard
- d) ensure transparency in the guidelines that defines how refugees are selected to take part in resettlement schemes
- e) ensure dignifying and non-discriminatory access to healthcare for all

### References

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