Policy Document
The United Kingdom’s Responsibility to Refugees and Asylum Seekers

Summary
The refugee and asylum seeker crisis primarily concerning the Middle East and European regions, which started in 2011 and peaked in 2015, continues today in 2019. It has been described as the worst refugee crisis since the Second World War and has directly affected the United Kingdom. Students for Global Health (SfGH) must educate, advocate and act for the provision of support services and healthcare for refugees and asylum seekers, and advocate for their social inclusion.

Introduction
A refugee, as defined by the United Nations High Commissioner for Refugees (UNHCR), 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 their nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” (1) An asylum seeker is “someone whose request for sanctuary has yet to be processed”. (2)

As of 2019, there are currently 25.9 million refugees worldwide, over half of whom are under 18 years old. 57% of refugees originate from one of 3 countries; Afghanistan, Syria and Iraq. (3) Further studies show 95% of Afghan refugees live in just two neighbouring countries (Iran and Pakistan), whilst more than 5 million people have fled Syria seeking safety in Lebanon, Turkey, Jordan and beyond. (4)

Main Text
Due to political instability and civil war in the Middle East, the migrant crisis has continued since 2015. Although refugee numbers have been decreasing, migrants still risk the journey aboard unseaworthy boats and dinghies to reach Europe. In 2015 and 2016, more than 2.3 million illegal crossings were detected. In 2018, the total number of illegal border-crossings into the EU dropped to 150,114 (5) with 63,311 attempted crossings in 2019 of which 1,028 have been confirmed to have drowned. (6) Whilst the number of migrants making the journey has decreased since 2015, the chance of death has risen from 1 in 42 to 1 in 18. The number of asylum seekers across Europe is estimated to be approximately 900,000. (7) An unidentified number have become victims to human trafficking operations. The EU has planned to increase its 2020 budget for incorporating migrants and reduce the number of asylum seekers in limbo.

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
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journey from their countries of origin are vulnerable due to their lack of state protection. (8) Although the UK and the European Union both believe in the right to seek asylum, laws and regulations have been approved to deter asylum seekers and refugees from reaching a country and being granted refugee status. Examples of this include the Dublin III Regulation, “safe countries of origin” and “safe third countries”.

The Dublin III Regulation passed in 2013 and upheld in 2017; it states that EU members have the right to deport refugees to the first country of entry to the EU. (9) It identifies the EU country responsible for examining an asylum application, by using a hierarchy of criteria such as family unity, possession of residence documents or visas, irregular entry or stay, and visa-waived entry. In practice, however, the most frequently applied criterion is “irregular entry”. This means that the Member State through which the asylum-seeker first entered the EU is responsible for examining his or her asylum claim. (8)

Furthermore, “safe countries of origin” lists and “safe third country” lists are used by EU member states, including the United Kingdom. (10) The “safe country of origin” principle allows states to deny refugees access to the asylum system based on the grounds that persecution that would be severe enough to cause people to flee cannot occur in said country because human rights are too well protected. (11) This can result in countries violating the principle of non-refoulement as no country is safe for all of its citizens.

A “safe third country” is a non-EU country through which the asylum seeker transited, to which they can be returned if the Member State considers the asylum seeker should have been lodged there. (12) This also violates a key facet of refugee law, which forbids the rendering of a true victim of persecution to his or her persecutor. (13)

**Situation in the United Kingdom**

In the short term, countries are expected to provide protection and assistance to those who seek refuge there. (14) 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.

The Home Office said that the UK would welcome between 5,000–6,000 refugees in 2020–2021. From 2020, the new resettlement scheme will consolidate three existing UK programmes: the Vulnerable Persons’ Resettlement Scheme (VPRS), the Vulnerable Children’s Resettlement Scheme (VCRS) and the Gateway Protection Programme into a global scheme. (15)
As a result of the Syrian conflict specifically, the UK government has agreed to take 20,000 refugees from Syria by 2020 through VPRS. 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. (16) According to UNHCR statistics, in 2018 there were 126,0720 refugees, 45,244 pending asylum cases and 125 stateless persons in the UK. (17) These people are left to fend for themselves with limited rights to work and access healthcare in the UK and are thus vulnerable to abuse when attempting to find work. Some refugees become homeless as a result. (18)

The majority of asylum-seekers do not have the right to work in the United Kingdom and so must rely on state support. Housing is provided, but asylum-seekers cannot choose where it is, and it is often ‘hard to let’ properties which Council tenants do not want to live in. Cash support is available, and is currently set at £37.75 per person, per week, which makes it £5.39 a day for food, sanitation and clothing. (17)

Under the Immigration Act 2014, asylum seekers are entitled to access primary care services for free as well as emergency healthcare services. However, refugee and asylum seekers are not always aware of these rights. Furthermore, these rights are limited, especially with regards to free secondary care services as this is dependent on their status. Migrants that are considered “ordinarily resident” can potentially face charges for their access to secondary care. This includes services such as antenatal screening for undocumented pregnant women. (19)

Hospitals are required to inform the Home Office of patients who owe the NHS more than £1000. These people may be refused visa renewals or regularisation of their immigration status until the debt is paid. (19) 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 guidance document Good Medical Practice. (20)

Through the experiences of asylum seeking, refugees are likely to have suffered from poor hygiene, living conditions and nutrition, making refugees more vulnerable to respiratory, gastrointestinal and skin diseases. (21) Violence and brutality through border bottlenecks are prevalent and tear gas use can perpetuate complicated respiratory issues. (22) Child and maternal health, non-communicable diseases and mental health conditions are exacerbated for refugees as they travel. In particular, PTSD, depression, anxiety and substance misuse issues can be exacerbated by; traumatic experiences in the country of origin, displacement, loss of family members, and the unstable and unhygienic living conditions in migrant camps. This can lead to severe depression, panic attacks and debilitating forms of anxiety. (22)
SfGH’s Stance/ call to action

We call on:

1. **Members of SfGH, branches and affiliates to:**
   a) Increase awareness amongst students and the general population of the current situation of refugees and asylum seekers, highlighting their needs and what they are entitled to in the United Kingdom.
   b) Collaborate with other relevant organisations to promote social cohesion between refugees/asylum seekers and local communities.
   c) Advocate for the rights and health of refugees and asylum seekers at a local and national level.
   d) Advocate for refugees and asylum seekers to be educated about their own rights and what services, healthcare, and psychosocial support is available to them.

2. **Universities and student groups to:**
   a) Promote global health education on refugee and asylum seeker healthcare across the network in local branches and as a part of medical school curricula.
   b) Advocate, and where possible act, at a local and national level to help refugees and asylum seekers as directly as possible.
   c) **Advocate for support for persecuted or at-risk academics and students to help them reach a place they can work or study.**
   d) Advocate against and raise awareness of the barriers faced by refugees in receiving asylum, community services, healthcare and higher education

3. **United Kingdom government and European Parliament to:**
   a) Acknowledge their responsibilities regarding refugees and asylum seekers.
   b) Advocate for an increase in the number of refugees accepted by the UK, ensuring that the share is proportional, fair and equitable.
   c) Acknowledge their responsibilities in fighting human trafficking operations and supporting subsidiaries borne out of, and thriving from, the crisis.
   d) Facilitate the social integration of refugee groups in the local population, such as through local programs including:
      i. Education of the English language if needed.
      ii. Education of their rights.
   e) Ensure permanent and provisional services, such as education, healthcare and housing are of an appropriate standard.
   f) Ensure transparency and ease of access of information for the rights of refugees and asylum seekers.
   g) Ensure non-discriminatory, dignifying access to healthcare for refugees and asylum seekers.
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h) Create well-defined, well-publicized and timely paths and guides for refugees and asylum seekers for:
   i. Accessing provincial services.
   ii. Education systems.
   iii. A path to full citizenship.

References
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