

People's Covid Inquiry February-June 2021

**Witness Statement
Aliya Yule**

Session 6: 5 May 2021 Inequalities and discrimination

STATEMENT

I (name) Aliya Yule _____

Job title/ role/ occupation Access to Healthcare Migrant Organiser, at Migrants Organise

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 5 May.
2. I am able/unable to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.
3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

Since 2019, I have worked at Migrants Organise as the Access to Healthcare Organiser, focussing on the Patients Not Passports campaign. Migrants Organise (formerly Migrant and Refugee Communities Forum), was founded in 1993 to provide a platform for refugees and migrants to organise for power, dignity and justice. We are a registered charity (number 1077116) and a company limited by guarantee (number 3673737). Our work encompasses both organising and campaigning, as well as the provision of a holistic programme of casework support and activities at our North Kensington office. Most of our activities have moved online since the first lockdown in March 2020.

Our Community Programme works directly with refugees and migrants in London by delivering mentoring support, casework and legal advice as well as weekly activities. Since the start of the pandemic, we have provided direct casework support to more than 500 people in London, many of whom are new arrivals in the emergency accommodation in hotels. We were also in contact with people housed in barracks and who were subsequently moved to London.

In our organising work, we aim to organise and mobilise migrants and refugees and our allies into a movement to act together for justice and dignity, against Government policies and a public narrative which are dominated by negative attitudes towards migrants, refugees and minorities, and which are creating an increasingly hostile environment for migrants and racialised people. We organise with people seeking asylum, refugees, programme refugees, EU migrants, un/underdocumented people, migrant students, migrant workers, settled BME communities, progressive supporters and allies.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

My work focuses on the Patients Not Passports campaign, working with directly affected migrant communities - from our members and more broadly - and migrant support organisations, healthcare workers, grassroots campaigners and concerned citizens, to raise awareness of the impact of the Hostile Environment policies in the NHS and to build a movement to campaign against such policies. In our work at Migrants Organise, and in the campaign, we work closely with our members and other people who have been charged for, delayed or outright denied healthcare because of their immigration status or the perception of their immigration status, with extremely harmful and negative impacts on themselves, their families and communities, and we work with them to campaign against the policies and practices. Our team has seen first hand how policies that we already knew were cruel, degrading and undignified, made life so much worse for our members in the pandemic. I work closely with many of our members to raise awareness about their experiences of the immigration system and accessing healthcare, which I have seen become even more difficult and simultaneously more harmful during the pandemic.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

I have particular knowledge of how immigration policies and other barriers in healthcare have prevented people from coming forward to access healthcare during the pandemic, including for coronavirus testing, treatment and vaccination; the impact that this has had on migrant communities, and how the Government was aware of these problems before and during the pandemic and has not made any adequate responses. I can present the findings from our rapid research report, **Migrants Access to Healthcare during the Coronavirus Crisis** (June 2020) which demonstrates that migrants and BME communities have struggled to access healthcare during the coronavirus pandemic due to Hostile Environment immigration policies and other exclusionary policies and practices. I can speak to the experiences of our members who have provided us with testimony of what life has been like living through the pandemic with insecure immigration status, trapped in extremely degrading conditions due to their immigration status, where people often do not have the means or support to be able to protect themselves or their families against the coronavirus crisis, because of a policies that have been designed to make their lives extremely difficult in the name of immigration controls.

6. What in your view were the original vision and principles underpinning the NHS?

For me, and for the Patients Not Passports campaign, it is the idea that the NHS was built on the principle that healthcare should be free at the point of use to all who need it. Although throughout the NHS's history there have been exclusions particularly for migrant and racialised communities, it is the universalism of its founding principles that mean that we

cannot and must not deny or refuse healthcare to anyone based on their ability to pay or their immigration status. It is the universalism - that anyone who walks through the doors of the NHS should be treated without judgment or question, based on their health needs.

Please briefly outline your testimony below

The Hostile Environment in the NHS

The Government's 'Hostile Environment' immigration policies in the NHS (also known as the 'Compliant Environment') - including charging some migrants up to 150% of the cost of care, sharing patient data with the Home Office, and checking people's immigration status before they are able to receive care - have threatened migrant health and the UK's Covid-19 response. Evidence from our members and **our rapid research report** documented numerous cases of migrants denied healthcare outright; or migrants not seeking care due to fear of government policies or racial profiling. Our members and much further evidence also demonstrates that although all migrants have access to primary care, regardless of immigration status, there is a significant impact on GP registrations - GP surgeries frequently ask for or turn away people incorrectly because they do not have ID or are asked about their immigration status, and people are afraid to come forward because of the complexity of the system of charging and data sharing.

Prior to the pandemic, these policies are well documented to have caused delays and deterrence for migrants to come forward for healthcare, including for communicable diseases such as TB, and in instances where people are actually entitled to free NHS care. There have long been calls to the Health Secretary and the Home Secretary to suspend or repeal policies that require Trusts to charge migrants for their care, pass their information on to the Home Office, and check their eligibility for care (and, in non-urgent circumstances, to refuse care until the person has paid).

During the pandemic, these policies have been devastating for migrant communities. In mid-April 2020, an undocumented Filipino migrant known as Elvis died at home with suspected coronavirus. He had lived and worked in the UK with his wife for more than 10 years, but was so scared by the hostility of Government policies that he did not seek any help from the NHS. He had suffered symptoms for two weeks. His death demonstrates that barriers to accessing healthcare for migrants have become exponentially more damaging during the pandemic.

A further example from our members documents the case of a Black British man asked to prove his eligibility for free care whilst in a Covid-19 induced coma. In a letter sent to his family, the hospital demanded detailed evidence within seven days, warning that otherwise he would be charged for his treatment. He had received British citizenship one year prior to the hospitalisation. For him and for his family, being sent this letter was a clear example of racial profiling - even with citizenship, he and his family were still treated as suspect and liable to be questioned about their status. Anyone undergoing Covid-19 treatment is entitled to free care and is supposed to be exempt from immigration status checks under the current laws, and yet we have seen how migrants and racialized communities still face the hostility of a system which questions their entitlement and creates barriers to accessing care, as well as fear and mistrust of an unequal system.

There are a number of further exclusions and barriers that migrants face to accessing healthcare - including lack of translation services and/or extremely inconsistent use of them; digital divides which

has meant that many migrants - particularly those who cannot afford access to online services - are excluded from care and/or cannot access information; the closure of migrant support services during the pandemic.

Furthermore, many of our members who were housed in hotels in London (some of them in disused barracks which were repurposed for housing for asylum seekers during the pandemic) described to us the unsanitary and degrading conditions that they have been subjected to. For example, one of our members described that people did not and could not quarantine in the hotels despite testing positive for Covid-19. Many of our members also described difficulties in accessing health support in asylum accommodation, and it has been a challenging task for our caseworkers to support them with this. A great deal of advocacy is usually required to register asylum seekers with GPs but it is even more difficult to access secondary care such as mental health support.

The devastating consequences of the virus in migrant communities can only be curtailed if governments respond with inclusive measures designed to protect everyone's right to life and to health. Despite several warnings as to this, the Government has frequently ignored and discarded letters and evidence from migrant charities' and support organisations' recommendations to ensure that migrant communities - many of whom are disproportionately at risk of exclusion, stigma and discrimination, particularly when undocumented - are protected and considered as part of the pandemic response.

Vaccine Access

Despite the fact that all treatment for coronavirus is free, including testing and vaccination, the evidence and experience of our members demonstrates that because of the entrenchment of the Hostile Environment policies, many are still fearful to come forward for treatment, including for the vaccine. Much has been made of BME communities' so-called 'vaccine hesitancy', but very much of this discussion excludes any discussion of how immigration policies in healthcare delay and deter migrants from accessing healthcare, and how hostilities towards these communities from the Government have - over decades - eroded trust.

Whilst the Government did issue what they called a "vaccine amnesty", encouraging migrants without immigration status to come forward for the vaccine and emphasising that it is free of charge, this was not in fact an announcement of new policy, but a restatement of existing policy. This temporary offer of safety is not enough to undo the decades of harm caused by structurally racist policies that have embedded immigration controls into vital public services; nor can the coronavirus exemption do enough to reassure people that they can come forward without fear of being charged, or their data being passed onto immigration enforcement.

Furthermore, the primary way that individuals can come forward for the vaccine is by registering with a GP, which - for many migrants, as discussed previously - is extremely difficult. People are asked for proof of address, ID, face questions about their immigration status - in contravention of national guidelines which state that none of this is necessary for GP registration. We have also heard from organisations such as the Voice of Domestic Workers of experiences of their members, domestic workers coming forward for the vaccine as carers who are asked for ID when going to vaccination centres, which creates a chilling effect amongst communities who are unable to provide such documents, and fear that this will be used against them or at a later stage for the purposes of immigration enforcement.

Further evidence and submissions:

1. Letter to Home Secretary, signed by JCWI, Medact, Liberty, Migrants Organise and many other charities and migrant support organisations, warning that without a suspension of the Hostile Environment immigration policies, migrant communities would be extremely at risk of Coronavirus (March 2020) (4 pages) <https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=a135b52c-e9d0-469c-aad8-3dde31aec7a1>
2. Doctors of the World, the BMA and 6 Royal Colleges sign a letter to Home Secretary and Secretary of State for Health and Social Care calling for suspension of NHS Charging Regulations (April 2020) (2-page letter plus 13pp signatories) <https://www.doctorsoftheworld.org.uk/letter-calling-for-suspension-of-nhs-charging-regulations/#>
3. 60 cross-party MPs echo this call, warning the DHSC of an individual who was undocumented and died from coronavirus without any healthcare, because he was so fearful of immigration policies in the NHS (April 2020) (2 pages) <https://drive.google.com/open?id=148XiKozo75rmJYKdIglMqQFs8Kn5zjdB>
4. Report: An Unsafe Distance: the impact of Covid-19 on excluded people; by Doctors of the World (May 2020), including 12 recommendations for the Government (pdf pp84-92 (doc pp83-91) <https://www.doctorsoftheworld.org.uk/news/covid19-rapid-needs-assessment/>
5. Report: Patients Not Passports: Migrants Access to Healthcare During the Coronavirus Crisis; by the New Economics Foundation, Medact and Migrants Organise (June 2020), (Executive summary pdf pp 3-5 (doc pp1-3); recommendations pdf pp 29-30 (doc pp27-28) -- <https://neweconomics.org/2020/06/migrants-access-to-healthcare-during-the-coronavirus-crisis>
6. JCWI, Liberty, Medact and others write to Home Secretary to protect everyone (January 2021) (4 pages) <https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=e4a315f8-f2d0-4828-a379-9bb8ac288d50>
7. Letter to DHSC urging for a suspension of hostile environment policies, including a firewall between NHS, test and trace, and the Home Office in order that everyone would be able to access the vaccine (February 2021) (5 pages) - <https://drive.google.com/file/d/16UzD7Nppw0XHrELJIt7w7V7-rxT1Vfac/view?usp=sharing>
8. Report (7 pages): JCWI finds that almost half of all the migrants surveyed (43%) said they would be scared to access healthcare if they got sick during this pandemic (February 2021) - <https://www.jcwi.org.uk/migrants-deterred-from-healthcare-in-the-covid19-pandemic>
9. The Vaccines for All Campaign (March, 2021) (pdf from website pp1-3) - <https://www.migrantsorganise.org/?p=30089>
10. Article: The Hostile Environment is damaging vaccine roll outs (Huck, April 2021) - <https://www.huckmag.com/perspectives/the-hostile-environment-is-damaging-vaccine-rollouts/>

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

A handwritten signature in black ink, appearing to be 'AO' or similar, with a vertical line extending downwards from the 'O'.

SIGNED

DATE: 3 May 2021

Please return to inquiry@keepournhspublic.com

Thank you
Olivia O'Sullivan
Secretary to the panel
The People's Covid Inquiry

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