June 2013

Asylum Seekers with Physical Disabilities and Psychiatric Illnesses
A Situation Report from ASSAF - The Aid Organization for Refugees and Asylum Seekers in Israel

Abstract

According to the government’s Population and Immigration Authority, Israel is currently home to some 55,000 asylum seekers, mostly from Eritrea and Sudan. To date, Israel has been providing Eritrean and Sudanese asylum seekers with so-called collective protection, thereby recognizing that they are in danger in their countries of origin and cannot be deported to their homelands. On the other hand, Eritrean and Sudanese asylum seekers are systemically prevented access to the refugee status determination (RSD) procedure that could legalize their status as refugees, and are thus left without any official status or basic rights.

The national health insurance law does not apply to asylum seekers. With the exception of basic treatment at a Health Ministry clinic in the Tel Aviv central bus station, and emergency treatment in hospitals, asylum seekers have no access to public health services.

The lack of accessible, ongoing medical treatment hurts all asylum seekers, but in particular those who are suffering from physical disabilities and/or psychiatric illnesses. The extreme distress of asylum seekers with physical disabilities and/or psychiatric illnesses is a result of the fact that, at best, they receive ad hoc emergency treatment but are left without any sort of ongoing treatment plan required of the chronic nature of their situation.

In many cases, asylum seekers are discharged from emergency rooms or hospitalizations following emergency treatment with the instruction to seek “follow-up medical treatment in the community.” These directions are meaningless, because

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without medical insurance or membership in an HMO, the recommendations cannot be followed.

In the absence of basic rights and access to health and welfare services, and without a community or family-based support system to rely on when they are discharged from the hospital, many patients find themselves homeless with no financial support or even the most minimal assistance from the authorities. They are forced to rely on the charity of passersby and voluntary organizations.

To the best of our knowledge, the state authorities have no clear data on the number of asylum seekers with physical or psychiatric handicaps. The lack of data makes it very difficult to formulate a policy that would ease the plight of asylum seekers suffering from diseases and disabilities.

The health minister has the authority to expand the National Health Insurance Law and apply it to various groups as s/he sees fit. The condition of asylum seekers who fled persecution and were tortured on their way to Israel would certainly seem to justify this sort of expansion of the law so that they may receive maintenance and preventive care. An even stronger argument can be made for those suffering from physical, emotional or mental disabilities. Such a step would not only help patients themselves but also the hospitals that are being stretched to the breaking point.

Physically and emotionally handicapped asylum seekers need services extended by both the Health Ministry and Welfare Ministry. Both government ministries must formulate clear procedures and work together to determine each ministry’s areas of responsibility.
Asylum Seekers with Physical Disabilities and Psychiatric Illnesses

Situation Report from ASSAF - The Aid Organization for Refugees and Asylum Seekers in Israel

The non-profit ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel - was founded in 2007 to provide psychosocial assistance to asylum seekers and refugees in Israel and to promote their rights with various state authorities. A significant part of the NGO’s work is devoted to providing direct assistance to men, women and children, including those who find themselves in difficult emotional, physical and/or social situations. ASSAF is a central player in terms of helping and supporting asylum seekers. Over the years, the organization’s staff has been in contact with thousands of refugees all over Israel. The purpose of this document is to highlight the situation of physically disabled and mentally ill asylum seekers based on ASSAF’s cumulative experience.

As of April 2013, there are close to 55,000 asylum seekers currently living in Israel, mostly from Sudan and Eritrea, according to data published by the Israeli Population and Immigration Authority. Israel bestows so-called collective protection to asylum seekers from Sudan and Eritrea, thereby acknowledging, de facto, that they are in danger in their countries of origin and therefore cannot be deported to their homelands. On the other hand, Israel systemically prevents them access to the refugee status determination (RSD) process, thus leaving them without legal status and bereft of basic rights. Asylum seekers can live in Israel for years without any opportunity to obtain official status.

The National Health Insurance Law does not apply to asylum seekers. With the exception of basic treatment at the Health Ministry’s Terem clinic in Tel Aviv and emergency treatment in hospitals, asylum seekers have no access to public health services (except for a special arrangement with the Me’uhedet HMO, which provides services to the children of asylum seekers and migrant workers). The lack of access to any medical treatment that is not urgent jeopardizes the health of all asylum seekers and especially endangers asylum seekers who suffer from physical and mental disabilities.

Asylum Seekers with Physical Disabilities

Based on our experience, the main causes of physical disabilities among asylum seekers are:

• Imprisonment and torture in human trafficking camps in Sinai: Many of the asylum seekers ASSAF supports and helps were tortured in these camps. Their
physical handicaps are often severe and irreversible, affecting various limbs and organs.

- Being fired on at the Israeli-Egyptian border while trying to cross into Israel: Often, the injury is to the lower limbs.
- Work and traffic accidents in Israel.
- Chronic illnesses, such as tuberculosis and diabetes, leading to physical handicaps.

The lack of access to non-emergency medical treatment causes great hardship to asylum seekers with physical disabilities whose condition requires extensive care (such as ongoing drug therapy, physiotherapy, follow-up testing). When asylum seekers are diagnosed as needing treatment but their condition isn’t defined as urgent, they are discharged from the emergency room with the instruction to seek “follow-up medical treatment in the community” or at specialized medical clinics. For people who have no health insurance, this recommendation is meaningless. Often their medical problem worsens, secondary complications set in, and their condition and ability to function are severely compromised.

On the basis of Israel’s Patients’ Rights Law, asylum seekers whose condition is defined as urgent are hospitalized and treated in Israeli hospitals. When their condition is stabilized, they are discharged. After an operation or other medical procedure, patients generally require a period of recovery at home, where they may also need family help and support to recuperate. Such support is not a given for asylum seekers who live in a foreign country, often without relatives or friends. The release from hospital of asylum seekers who came to Israel on their own is particularly difficult: they often have no home to go to and no one to help them regain their strength.

Even when patients have access to community members, the assistance is often very limited because the community cannot extent long-term financial help. In recent years, ASSAF staff members have witnessed many cases in which asylum seekers were discharged from the hospital into the street. Especially horrific were the cases in which asylum seekers were discharged from the hospital while still needing nursing care.

ASSAF often receives calls from medical professionals working at hospitals all over Israel asking for help in the discharge of asylum seekers. The medical teams find themselves in a quandary: on the one hand, there is the rigid policy of minimal treatment instructing medical professionals to extend nothing but emergency treatment. On the other hand, the patients really require care that is long-term and much more comprehensive than the medical teams can give. Based on our
experience, there are patients who need necessary care that is non-urgent (such as MRIs); patients who are about to be discharged but still need nursing care; and patients who need rehabilitative therapies (such as physiotherapy) to which they are not entitled. Thus, medical teams are forced to act against their conscience and discharge patients who need nursing care into the street with no one to care for them, or discharge them from the ER with instructions they know cannot be followed.

In the absence of systemic solutions, hospital professionals - doctors, nurses and social workers - turn to ASSAF, hoping the organization can find follow-up care, rehabilitation and financial and social support. It shouldn’t have to be said that it is not the job of ASSAF or any other voluntary organization to fill the role of state authorities, including that of the Health Ministry and the Welfare Ministry.

The most difficult problem of asylum seekers suffering from permanent disabilities (such as amputated limbs) is the lack of employment opportunities and hence also the inability to survive at a subsistence level, let alone lead a life of basic dignity. Employment opportunities for asylum seekers generally involve physical labor, an endeavor unsuited to the disabled. Their inability to work means their inability to support themselves. Without any government allowances or assistance, they find themselves destitute, living in the street, and dependent on the charity of voluntary groups.

Asylum seekers with psychiatric illnesses

Just like every other segment of the population, communities of asylum seekers also have members suffering from psychiatric illnesses. In addition to the trauma they experienced as refugees and the difficult living conditions in Israel, they must also attempt to deal with their psychiatric illnesses. This is a very demanding endeavor, requiring pharmacological treatment and emotional support, as well as basic living conditions making rehabilitation and recovery possible. The condition of asylum seekers fighting a daily battle of survival who also have to cope with mental illness is especially difficult and complex.

Based on the lengthy professional experience accumulated by ASSAF staff members, it is clear that many asylum seekers suffering from psychiatric illnesses are not being treated at all. Often, they have no community or family-based support system to steer them toward appropriate treatment. People who are in active psychosis are not always capable of asking for help; they often have only limited insight into the
severity of their own condition, and at times refuse treatment because of the psychiatric condition they are in.

Even when asylum seekers go to psychiatric emergency rooms, they face problems with admissions, diagnosis and treatment. First there is the language barrier. Because the medical teams have no translators, communication with the patients is rudimentary, making it very difficult to arrive at a diagnosis and appropriate treatment options. Furthermore, there is a lack of cultural sensitivity to the asylum seekers’ situation. The level of awareness the therapeutic staff (both administrative and medical) has of asylum seekers’ unique circumstances is insufficient, damaging the medical staff’s ability to match the treatment to the patients.

Even when asylum seekers receive emergency treatment, it is insufficient because the treatment is ad hoc and fails to address the chronic nature of psychiatric illnesses.

In certain cases, the emergency treatment includes hospitalization in psychiatric wards where the patients are supervised and given medical attention. Patients are discharged once they are deemed not to pose a risk to themselves or others. This does not constitute full recovery, but rather a condition that allows them to start follow-up treatment and rehabilitation in the community.

Newly discharged patients are usually in a difficult emotional and physical condition and require community or family-based support, something that is often not available to sick asylum seekers. They also need follow-up medical treatment and medications, which they are currently not getting. Many of those discharged from psychiatric wards need mandated or voluntary ambulatory care, consisting of both emotional support and drug therapy, but to the best of our knowledge they currently have no access to either.

ASSAF staff members have seen cases in which psychiatric patients were discharged into the street, without any place to go, without anyone - either an individual or an organization - knowing about their discharge or trying to support them after hospitalization. Being hospitalized in a psychiatric ward is, in and of itself, a traumatic experience; likewise, the discharge process poses its own difficult challenges. Being discharged usually means the need to continue therapy, especially consistent drug compliance. Buying the medications is a financial expenditure most asylum seekers cannot afford. Asylum seekers have no rainy-day funds set aside, and therefore, immediately after they are discharged from the hospital, they must look for work and skip the crucial period of recuperation. Their need to earn a minimal amount of money to provide for basic living conditions hurts their chances of making a full recovery. In the absence of family, community, emotional and financial support,
many of the patients who contacted ASSAF were unable to maintain their drug regimens; their condition deteriorated and they were hospitalized again and again.

As part of mental health rehabilitation, Israeli residents battling mental illness are, depending on their condition and needs, eligible for an allowance from the National Insurance Institute, housing in sheltered living arrangements or hostels, supported employment, social rehabilitation, and more. These types of support and rehabilitation mechanisms are even more important to asylum seekers who lack the natural support systems of family and community.

The health minister has the authority to expand the National Health Insurance Law and apply it to various groups as s/he sees fit. The condition of asylum seekers who fled persecution and were tortured on their way to Israel would certainly seem to justify this sort of expansion of the law so that they may receive maintenance and preventive care. An even stronger argument can be made for those suffering from physical, emotional or mental handicaps. Such a step would help not only the patients themselves, but also the hospitals that are being stretched to the breaking point.

Physically and psychiatrically handicapped asylum seekers need services extended by both the Health Ministry and Welfare Ministry. Both government ministries must formulate clear procedures and work together to determine each ministry’s areas of responsibility.

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