

### **Health Services for Asylum Seekers and Refugees – an Overview, December 2018**

According to the Population, Immigration and Borders Authority (PIBA), about 34,370 asylum seekers from Africa reside in Israel, most of them from Eritrea and Sudan. Israel recognizes the danger they will face if returned to their countries of origin, and therefore allows them to reside in Israel with a temporary stay permit, a 2(A)5 visa. However, **this temporary stay visa does not award its holders social benefits and asylum seekers are generally barred from accessing health services in Israel.**

**Medical care only in life-threatening situations:** the National Health Insurance Law does not apply to asylum seekers, and they are therefore ineligible to access the health services provided through health maintenance organizations (HMO). For the most part, to receive medical care, asylum seekers must wait for their medical situation to deteriorate and reach a life-threatening state – for only then they are entitled to receive treatment through emergency rooms in hospitals, under the Law of the Rights of the Patient. When their situation improves, they are released from the hospital without proper follow-up care, without being able to return for checkups, additional tests and medicine, and are therefore susceptible to a deterioration in their medical state – which will lead them to return, again and again, to the emergency room in a life-threatening condition. Time and again they will be hospitalized for expensive and prolonged treatment – hospitalization that could often be avoided, had the asylum seekers received treatment through an HMO.

Back in 2014, the State Comptroller established in his [report](#) (64C, “Foreigners Not Subject to Deportation”) that the provision of limited access to health services for asylum seekers violates the requirements set in Basic Law: Human Dignity and Liberty, as well as the International Covenant on Economic, Social and Cultural Rights.

**Disregard for the health and well-being of asylum seekers:** The lack of access to preventative care hampers the recuperation of asylum seekers, worsens their health condition, turns them into chronically ill patients, at times to the point of becoming disabled, and exposes them to irreversible harm. During 2018 alone, the Open Clinic of Physicians for Human Rights-Israel addressed the Ministry of Health on behalf of 43 patients requiring essential treatment, including oncological treatment, operations, essential medicine and surgical procedures. About 95% of the appeals to the Ministry of Health were refused, leaving the patients without any place to seek care, meaning they continue to suffer, lose organs and see an overall deterioration in their wellbeing.

**Impairing the entire public health system:** Denying asylum seekers access to the public health care system takes a heavy toll on the hospitals that are forced to shoulder the burden of providing emergency care for asylum seekers, making up for the absence of a systemic solution for this community. Hospitals are compelled to provide costly emergency care and hospitalization to asylum seekers and incur “lost debts.” Between 2013-2016, the total sum of the [“bad debts”](#) shouldered by hospitals amounted to over NIS 157 million (\$44.5 million); in 2016 alone, the total lost debts incurred by hospitals for emergency care provided to people without legal status reached NIS 36 million (\$10.2 million), with Ichilov hospital bearing the brunt of NIS 23 million (\$6.5 million) all by itself. In 2018, the Ichilov hospital in Tel Aviv reported a total of NIS 25 million (\$7.1 million) in lost debts incurred in providing emergency care to people without legal status.

**The limited health services currently provided to asylum seekers are insufficient:**

- **Private insurance is limited in extent of coverage – and is provided only to the healthy:** Officially, asylum seekers who are employed should be registered for health insurance through private insurance companies. In reality, many employers do not provide their workers with any health insurance. Even for those who have insurance, the existing programs exclude coverage for pre-existing conditions, and do not include mental health care and rehabilitation services after injuries. Thus, even those who have insurance are at times denied essential and needed care. In addition, the insurance policies include an article that allows companies to withdraw coverage and medical care the moment the insured worker becomes disabled and is unable to work. It is exactly when the worker needs insurance more than ever, for example when diagnosed with cancer, kidney failure, a liver disease or a serious heart condition, that he is left without access to essential care.
- **The Terem clinic for asylum seekers leaves many without much-needed care:** The Terem clinic at the Tel Aviv central bus station provides initial treatment to those requiring urgent medical care at the expense of the Ministry of Health. However, the clinic does not provide treatment for more complex cases, including those suffering from orthopedic conditions that require surgeries or physical therapy, people suffering from heart, kidney and liver problems, as well as cancer patients requiring oncological treatment. Due to being denied access to these services, the condition of those suffering from chronic illnesses deteriorates, to the point of disability and becoming unable to perform work, driving some of them into homelessness. Cancer patients, in their greatest time of need, are forced to beg for a doctor to provide them with free medical care, or alternatively wait for a dangerous deterioration in their condition, hoping that when they become entitled to emergency care in the hospital, it will not be too late.
- **Closure of the volunteer clinic:** In November 2018, the services of the Terem Clinic were further restricted, with the closure of the volunteer clinic that was affiliated with the emergency room at the Terem Clinic, due to the **obdurate refusal of the Ministry of Health to back it financially**. Upon the closure of the volunteer clinic, many patients were left without follow-up care and access to essential tests – including **hundreds of women left without access to pre-natal care**.
- **Mental health support – the Geshet Clinic is unable to cope with the workload:** The Geshet Clinic, located in the Mental Health Center in Jaffa, is the only clinic in Israel that provides free mental health services to asylum seekers. However, the clinic is short in staff and operating nine hours per week only. As a result, the clinic is unable to handle the number of people seeking its assistance. The waiting list for treatment currently stands at about 250 men and women, many of them survivors of the torture camps in Sinai who have endured severe physical, mental and sexual abuse; all of them left without care and support.
- **Lack of coordination between the Ministry of Health and Ministry of Social Welfare results in homelessness of sick asylum seekers:** In March 2017, the executive director of the Ministry of Social Services presented [a policy proposal document](#) detailing the services required to address

the needs of the most vulnerable populations among asylum seekers. The proposal included providing housing solutions for homeless asylum seekers (such as shelters) and for asylum seekers with disabilities. However, in reality, **some of those who require housing solutions are left in the streets, since the Ministry of Health is unwilling to provide health services to asylum seekers within the out-of-home placements.** Over the past year, the Open Clinic of Physicians for Human Rights sent appeals on behalf of four asylum-seeking patients who required housing solutions. Two of the asylum seekers are still living in the street despite their poor health condition. After many months and after a great deal of effort, one patient was able to gain access to a shelter. The last patient passed away while waiting to gain access to housing.

**The time has come for a systematic solution – health insurance for asylum seekers:** Over the past three years, the Ministry of Welfare repeatedly declared that the appropriate solution for asylum seekers is a health insurance program, under which they would need to pay a monthly premium in exchange for a wide array of services. According to the follow-up report of the State Comptroller from 2018, the Ministry of Health claims that back in July 2017, the plan was presented to the executive director of the Ministry, who approved it in principle. In May 2018, during a hearing at the Knesset Labor, Welfare and Health Committee, the representative of the Ministry of Health declared that the Ministry still regards the health insurance plan as the appropriate solution for this matter. **The professional staff at the Ministry of Health insists that an insurance plan is the right solution – but the plan is being stymied due to political considerations, at the expense of the health, well-being and even life of asylum seekers, therefore placing a heavy burden on the entire public health system.**

**The time has come for the Ministry of Health to act in accordance with considerations related to the mandate of the Ministry: factors related to public health, medical ethnics, and the financial state of the health system. The appropriate system-wide solution needs to be promoted. Asylum seekers should be granted access to health care coverage immediately. This is the right solution for them and the health system as a whole.**