

## The Deportation of Asylum Seekers as an Ethical Challenge for the Medical Profession

Position paper in response to attempts by Minister of the Interior Aryeh Deri and  
Minister of Deputy Minister of Health Yaakov Litzman to silence PHRI in its struggle  
against the deportation

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*When I spoke of these matters they told me not to be so squeamish; I should remember what great issues were at stake. And they advanced arguments, often quite impressive ones, to make me swallow what nonetheless I couldn't bring myself to stomach.*  
Albert Camus, *The Plague*

The discussion of the Israeli government's decision to deport asylum seekers from Sudan and Eritrea who have been living here for over a decade to a "third country" focuses on the controversy whether such deportation places their health and lives in danger. The judges of the High Court of Justice have accepted the state's claim that such deportation poses no danger. Testimonies of asylum seekers who had been deceived by this false presentation and left Israel suggest, however, that what awaits the deportees is an ordeal of hardships and hazards that began the moment they left the country.<sup>1</sup>

Accordingly, this paper will not address the asylum seekers' moral and legal right to live in Israel safely and with dignity, according to the country's international commitments. Rather, it will focus on the medical-ethical issue that is currently under discussion: can a physician play a role in such a deportation policy? What is the duty of a doctor for her patients who are asylum seekers? What is the unique role of the Ministry of Health given a government policy that is hostile to the undocumented who live among us? Our clear positions on this issue have led to an attack by Minister of the Interior Aryeh Deri and Deputy Minister of Health Yaakov Litzman against Physicians for Human Rights Israel (PHRI) and others who have spoken out against Professor Shlomo Mor Yosef, who heads the Population and Immigration Authority, and demanded that he choose: either you are a doctor, or you are a deporter.

Lior Birger, Shahar Shoham and Liat Boltzman, "Better Jail in Israel than Death on the Road",<sup>1</sup>  
January 2018.

## 1. Is the deportation of asylum seekers a medical-ethical issue?

*We meet many asylum seekers as part of our work in hospitals and clinics, and are well aware of the external restrictions – lack of medical insurance and harsh living conditions – that often deny them comprehensive care. We do our best to treat them with devotion and listen to their painful life histories. This acquaintance is enough to prevent us from remaining silent regarding the decision to deport them – one that also means that our efforts to heal them have been made in vain. As physicians, nurses and health workers, we cannot stand by and watch the physical and mental health, and the very survival of our patients are placed at risk.*

Letter by physicians and other medical professionals to Prof. Mor Yosef<sup>2</sup>

In a recently published article, Dr. Tamar Karni, Chair of the Ethics Board of the Israel Medical Association (IMA), highlighted the unique role of physicians, as professionals who may “find themselves in the middle between state authorities, the employer and other entities and the individual patient. These situations are defined as ones of ‘dual loyalty’.”<sup>3</sup> The document rightly claims that the physician is committed above all to the patient and that particular care must be taken in this regard when the latter belongs to a disadvantaged population. Moreover, the document emphasizes that a doctor may not confirm a person’s health status for detention, and may not take part in any activity involving torture, mistreatment or humiliation. Based on this ethical approach, we deduce that physicians must avoid collaborating with the deportation. Moreover, they must protest against it.

Indeed, it is PHRI’s position that the deportation is in fundamental contravention of our role as physicians, as we are called upon to protect our patients “against harm and injustice”.<sup>4</sup> The Oath of the Hebrew Physician, moreover, states in no uncertain terms that we must “aid the sick irrespective of whether they are converts or gentiles or citizens, whether they are ignominious or respected”.<sup>5</sup> These principles are obviously inconsistent with the deportation of asylum seekers. These people, who have arrived to Israel after having escaped genocide, torture, rape and slavery, and particularly the weakest among them – those with severe illness, physical disability or mental disorder – need help and rehabilitation, certainly not deportation that exposes them to continued victimization, exploitation and trafficking. Moreover, since the deportation began, all attempts made within the Ministry of Health to find systemic solutions that would enable asylum seekers to access healthcare have been suspended. Precisely now, when the daily deportation announcements have retraumatized many of them, access to medical care becomes critical.

In response to PHRI’s protest against the deportation, Deputy Minister of Health Litzman argued that the deportees were not asylum seekers but “infiltrators”. He made this claim knowing full well that the majority of the undocumented have been prevented from submitting asylum requests as part of the Ministry of the Interior’s policy.<sup>6</sup> Moreover, he chose to frame the issue as one that is irrelevant to medicine or medical ethics:

Physicians’ intervention in this issue, which is essentially political rather than medical, is superfluous and does not reflect the position of the Ministry of Health, which supports this policy of voluntary [sic] departure by infiltrators [sic], which is designed

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PHRI Website: <sup>2</sup>

Dr. Tami Karni, “Can a Physician Approve Fitness to Deny Human Rights and Liberties?”, January 18, <sup>3</sup> 2018. DoctorsOnly website (Hebrew only).

This injunction, mistakenly attributed to the original Hippocratic Oath, has been widely adopted in <sup>4</sup> its modern versions and become a fundamental principle.

Prof. L. Heylprin, 1912, Jerusalem, [IMA Website](#). <sup>5</sup>

See e.g. the website of Assaf – Aid Organization for Refugees and Asylum Seekers in Israel. <sup>6</sup>

to safeguard the country's vital interests. [...] It surprises me to see how physicians, whose only job is to provide healthcare with compassion and devotion, take a stand in a matter that is not theirs to decide.<sup>7</sup>

As already suggested, even if the deportation did indeed “safeguard the country's vital interests”, then the physicians' job would be to protect the health and physical integrity of their patients – even if the danger to them is the outcome of a government policy. Not only is it the physicians' right to join the public discussion about these matters and make their position heard – it is their duty.

## **2. Can a physician play a significant role in implementing the deportation policy?**

*The therapeutic mission is the profession's primary role and the core of the physicians' professional identity. If this mission and identity are to be preserved, there are some things doctors must not do.*

Bloche & Marks, When Doctors Go to War, *New England Journal of Medicine*, Jan. 6, 2005

Given the fact that the Head of the Population and Immigration Authority is gynecologist Prof. Shlomo Mor Yosef, the question arises: Can a physician take part in deportation, even if not in his capacity as one? It is obvious that Prof. Mor Yosef does not do his job at the Population and Immigration Authority as a doctor, but the very fact that the position is held by one is enough to tarnish the entire profession.

In a discussion held in the US concerning counseling by physicians and mental health specialists to the military regarding the conduct of interrogations, some of which included torture, military physicians and Pentagon officials argued that nothing prevented physicians from taking part in such activities, arguing that “a medical degree is not a sacramental vow – it is a certification of skill. When a doctor participates in interrogation, he is not functioning as a physician, and the Hippocratic ethics of commitment to patient welfare does not apply”.<sup>8</sup> PHRI considers this position a real danger to the medical profession and physicians' trustworthiness – an essential element in patient-caregiver relations.

Following this position, PHRI wrote to the Ministry of Health and demanded that Prof. Mor Yosef's medical license be revoked,<sup>9</sup> since he is an influential figure in a system that places the lives and health of asylum seekers at risk. In our letter, we argued that Prof. Mor Yosef must decide whether he is a doctor or a deportation official, given the inherent contradiction between those two functions. We also added that in these dire times, the Israeli medical community had to make a clear stand in the face of the challenges of migration, and act to promote a humane and moral framework that would allow the asylum seekers to exercise their right to health and dignity.

In a recent televised interview, Prof. Mor Yosef discusses this dilemma and suggests that his professional background offers an advantage:

What I bring as a doctor to this role are highly important elements. Among other things, I am now dealing with their medical rights, their social rights [...]. These things are much more effective than if I resign tomorrow and everyone will cheer me for being a virtuous and ethical person according to their standards.<sup>10</sup>

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Letter from Minister Litzman to Prof. Mor Yosef, January 25, 2018. <sup>7</sup>

Bloche & Marks, “When Doctors Go to War”, *New England Journal of Medicine*, Jan. 6, 2005, p. 4 <sup>8</sup>

PHRI website<sup>9</sup>

Reshet news. <sup>10</sup>

This approach, as though in a system that commits grave injustice the physician is reduced to the role of minimizing the damages, has often been at the basis of historical ethical failures of medical communities worldwide.<sup>11</sup> In practice, once the system has decided to pursue a policy of deportation, the doctor collaborating with it becomes a fig leaf. Indeed, Prof. Mor Yosef tries to present the deportation as though it is guided by humanitarian considerations. This is naivety at best and deception at worst. Prof. Mor Yosef himself admits that while he is “OK with the process”, he “cannot be unconcerned when it comes to individuals”.<sup>12</sup> When asked what should be done with those whom even he expects to remain in Israel, he answers, “We’ll have to deal with that question when we get there”, but the question has been knocking on our door for a decade now.<sup>13</sup>

### **3. Protesting against deportation – protecting the patient**

Since the details of the deportation plan remain unclear, perhaps deliberately so, PHRI prepares to help the weakest among the asylum seekers – those suffering from severe and/or chronic illnesses and those with mental problems – often as a result of the trauma of migration and the ordeals en route to Israel. Since we have no information regarding the accessibility of healthcare in the “third country” to which the asylum seekers would be deported, we demand that the state look into that issue, and avoid sending people to a country where the treatment they need would be unavailable. In order to help our patients in their bureaucratic ordeals with the Immigration Authority, we have to provide them with a medical opinion that details their health situation, recommendation for further treatment and the potential implications of ceasing the treatment due to deportation.

To clarify the relevant emphases and *modus operandi*, we have asked volunteer physicians to undergo training in writing such opinions. Zoe Gutzeit, the training coordinator and Director of the Migrant Workers, Refugees and Asylum Seekers at PHRI, emphasized in an interview on Mida website: “There is a difference between PHRI’s position against the deportation and the specific work in the medical context. The doctors are instructed only to summarize [medical] records so that the immigration official would not have to read Latin diagnoses and understand whether there is a medical cause that prevents deportation”.<sup>14</sup>

Mida website also interviewed Prof. Haim Belmaker, Chair of the Israel Psychiatric Association (IPA), regarding medical opinions for asylum seekers. Prof. Belmaker explained that participating in these training sessions is not unethical or illegal, but stated:

I personally would not go [...]. The fact that the meeting is organized by Physicians for Human Rights Israel is certainly relevant [...]. Physicians for Human Rights Israel is a political organization that does not belong to the medical association. I would expect a psychiatrist participating in the meeting to open his opinion by disclosing the fact that it has been written as part of training by Physicians for Human Rights Israel.<sup>15</sup>

Importantly, every opinion may be criticized this way: it may be provided by a physician in support of or against the state’s position; in order to help the patient obtain medical care or help the state to deport her. This discourse is not limited to the issue of deportation – it is also relevant to opinions provided to disabled persons seeking state support, to wounded soldiers

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Major examples include participations in interrogations that involve torture claiming to protect the health of the interrogated, approving solitary detention, or supervising executions to prevent agony.

Reshet news.<sup>12</sup>

Evyatar Shamir and Zoe Gutzeit, “Painful Exclusion: The costs of denying asylum seekers access to healthcare services in Israel, and a proposal for a remedy”, PHRI, September 2017.

Mida website, January 29, 2018.<sup>14</sup>

Ibid.<sup>15</sup>

seeking compensation from the military, and to damages claims of all kinds. By the same token, we could say that the fact that Prof. Belmaker, as IPA Chair, ignores the threat posed by deportation to this sensitive population is also politically biased.<sup>16</sup>

Note also that the IMA, presented by Prof. Belmaker as a neutral and objective body, supports PHRI's position on providing health services to asylum seekers:

The IMA supports the integration of aliens in Israel in the public health system and the cancellation of the private insurance arrangements currently in force. To do so, the Minister of Health must exercise his authority under the State Health Insurance Law and entitle migrant workers, refugees and asylum seekers living in Israel to health services. Alternatively, the Knesset should amend [said law] so that migrant workers, asylum seekers and refugees are considered "inhabitants" for the purpose of the law.<sup>17</sup>

Presenting PHRI as a political organization, implicitly as opposed to the IMA and Ministry of Health, is a transparent (and politically motivated) manipulation designed to tarnish PHRI's credibility. It is the ethical – not political – duty of all physicians to identify the restrictions and pressures that prevent them from serving their patients' best interests and to deal with them so as to protect the latter.

#### **4. The demand to act against physicians who follow their conscience and professional-ethical duty**

Following PHRI's petition against the deportation, signed hitherto by over 1,000 physicians and other medical professionals,<sup>18</sup> PHRI's call to revoke Prof. Mor Yosef's medical license, and an ad published by physicians calling on him to resign, Ministry of Interior Deri asked Prime Minister Netanyahu to act against public sector physicians who have recently spoken out against Mor Yosef.<sup>19</sup> In a tweet titled "Refuting the Industry of Lies", Deri presented the deportation as benefitting the disadvantaged populations in Israel and quoted the Talmud by saying, "Safe exit, because the poor of your city take precedence".<sup>20</sup>

In making this statement, the minister is being doubly disingenuous, since it was the Ministry of the Interior in the first place that prevented most asylum seekers in Israel from being granted refugee status, and whose years-long policy was to concentrate them in downtown Tel Aviv, and then cry out in the name of its inhabitants and their undeniable hardships. And now he turns to Netanyahu in an ill-advised attempt to threaten public service physicians that, at best, attests to complete misunderstanding of the nature of a healthy civil society and a conscientious medical community. Minister Deri, and mainly Deputy Minister of Health Litzman, can be proud of the physicians who refuse to take part in a policy that risks their patients' lives. Despite the physicians' disagreement with their deportation policy – which clearly exposes the cruelty of that policy – these senior public servants must demonstrate their integrity by dealing with the message rather than the messenger.

#### **5. The deportation is an ethical issue for the medical community: Opposing it is our duty**

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Prof. Belmaker is well aware of the hardships suffered by asylum seekers. In May 2017, he even<sup>16</sup> published a letter, written together with Prof Nadav Davidovich, Chair of the Association of Public Health Physicians, in which they asked the Director General of the Ministry of Health Moshe Bar Siman Tov to provide an appropriate medical solution for their mental health needs.

IMA website.<sup>17</sup>

PHRI website<sup>18</sup>

Haaretz, January 28, 2018<sup>19</sup>

Ibid.<sup>20</sup>

This paper focused on the role of physicians and other medical professionals given the government's decision to deport asylum seekers from Sudan and Eritrea currently living in Israel. Our choice as medical professionals to take a stand on this issue is informed by the view of health and medicine as much more than the limited encounter between patient and caregiver. This broad perspective is not restricted, of course, to the deportation policy. For example, when we examine the gaps in health indicators between various communities, we must acknowledge the socioeconomic and cultural constructions, embodied also in the public health and legal systems, which lead to the discrimination and exclusion of vulnerable populations and to the formation of these gaps. We must act out of the understanding that over the years, these gaps relegate those populations to the margins, progressively reducing their chances of obtaining appropriate livelihood, housing and education. Consequently, people's country of origin and current address dictate the level of their health to a significant extent.<sup>21</sup>

Indeed, in our view, physicians and other health professionals must protest against low health indicators among marginalized populations and point out, for example, the high incidence of diabetes among the poor, the implications of a the harmful absorption policy of Jewish immigrants from Ethiopia, or the lack of access to medical services due to discriminatory attitudes towards Israel's Palestinian citizens.

Against this background, and given the increasingly restrictive immigration policies in Israel, the US and even Europe, we medical professionals must make a clear moral stand on the deportation of asylum seekers who represent one of the most disadvantaged populations in society. Even without clear-cut proofs regarding the immediate danger to the lives of each of the deportees, evidence suggesting that many fall victim (again) to human trafficking, slavery, rape or torture, is enough to determine that deportation poses a dramatic risk to their health and physical integrity. This makes it a major ethical issue for all those sworn to protect all persons, "whether they are converts or gentiles or citizens".

The deportation is carried out under the pretext of caring for "the poor of our city", by the very government that intensifies socioeconomic gaps, gives unprecedented power to corporations and brings the government and capitalists ever closer. Instead, it must acknowledge the simple truth: Israel is perfectly capable of absorbing the 40,000 asylum seekers currently living here by issuing them work visas and granting them public health insurance and other social rights and allowing them to live in other cities and upscale neighborhoods instead of concentrating them in overcrowded inner city vulnerable neighborhoods.

The medical profession occupies a continuum between a moral calling and a government mechanism. This conflict sharpens in times of struggles over identity or ideology. The medical establishment is a space that has the potential for control and regimentation on the one hand, but is open to opposition in the name of the basic values of medical ethics on the other. The constant negotiation between those two poles is essential for a society that seeks to maintain its humanity, and its constructive conclusion depends on the willingness of medical teams to blow the whistle whenever government initiatives and the public atmosphere prevent them from doing their mission. This is the task we have undertaken in opposing the deportation.

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Shavers, Vickie L. & Brenda S. Shavers, "[Racism and Health Inequity among Americans](#)", <sup>21</sup>  
*Journal of the National Medical Association*, 98, 3: 386-396.

