"Beyond Comprehension and Decency"

An introduction to the work of Medical Justice

July 2007

MY TORTURE WAS TERRIBLE, BUT GIVING BIRTH IN HANDCUFFS CAME A CLOSE SECOND.

Rape is used as a weapon of war. Some women become pregnant and HIV+. Some have no choice but to use false passports to escape. Many women, including trafficking victims, are put in prison in the UK.

Medical Justice
seeking basic rights for detainees

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00. Foreword

> *"The strength of a liberal democracy is measured not by how it treats the majority but by how it cares for minorities and those at the margins of society. The best tests for humanity and decency are conducted in its dark places: in prisons, psychiatric hospitals, and in institutions for failed asylum-seekers and other migrants*"
>
> Stephen Shaw, Prison Ombudsman

Medical Justice has been in existence for almost two years and has grown faster than anyone envisaged. It owes its existence entirely to the extraordinary generosity of everyone involved in working with it. It is an organisation built on people's kindness to others and on a shared belief in human dignity and freedom. Medical Justice's work relies on a unique and exciting collaboration between asylum seekers, ex-detainees, solicitors, barristers, doctors, nurses, campaigners, detention centre visitors and other volunteers.

In my work with Medical Justice as a barrister, my experience has been that a culture has evolved in which people held in detention centres are perceived as having less value than those with legal rights to be in this country. Many detainees describe a feeling of being treated like "nothing" or like "dirt". Such a perception is hurtful to those involved and it violates their dignity as human beings.

But the problem is not only that people in detention are perceived as being of less value, it is that they also come to be treated as such. All of those who work with detainees share experiences of neglect, discrimination and abuse on a scale that is saddening and frightening. I see Medical Justice's work as reminding ourselves that we must treat all people with equal value, not just for those people's sakes, but for the sake of our society.

We have now assisted over 500 individuals held in detention. We have had numerous successes in changing policy and practice in detention centres. We have a number of publications to our name. We have managed to raise awareness of the problems in detention centres through our work and media activities.

I hope that this booklet may give some insight into the scale of the problems we have encountered and why we are working so hard to bring them to an end. We believe that the harm being caused by these institutions is so widespread that the only solution is to close them down. In time we will succeed in that aim. In the interim, we work to reform the institutions and to stand up for the rights of those held within them.

I sincerely hope you will support the work of Medical Justice.

Alexander Goodman
Chair of Medical Justice

01. What is Medical Justice?

Medical Justice facilitates the provision of independent medical advice and independent legal advice and representation to asylum seekers detained in immigration removal centres. We also seek to negotiate changes to policy and practice within detention centres and publish our findings on the treatment of detainees. We have had some notable successes in those respects (see Chapter 6 for further details).

Medical Justice was established in October 2005 and its membership comprises highly skilled medical professionals, solicitors, barristers, ex-detainees and detention centre visitors. The national office for Medical Justice is located in London in addition to two regional branches in Oxford and Dover/Canterbury.

Core Work

Volunteers working for Medical Justice visit detainees in Immigration Removal Centres (also referred to as detention centres) and identify whether that person has any medical issues which need to be addressed by an independent doctor, particularly those relevant to that person's claim for asylum or for humanitarian protection.

For example, a Medical Justice volunteer may, on visiting a detainee, learn that that person is claiming to have been tortured in their home country and that the person bears physical scars from those experiences. If that appears to be the case, the volunteer may then decide to refer the person's case to Medical Justice.

Medical Justice requires the volunteer to take on the administrative responsibilities of coordinating the case and to provide sufficient background information about the detainee by filling out a referral form. **We always welcome more volunteers who are willing to actively take on cases.** Medical Justice periodically holds training events to facilitate volunteers wishing to handle cases.

Medical Justice's administrator will then send one of our doctors specialising in wound healing and scarring to visit the detainee. Our doctor will produce a medical report, or medico-legal report employing their expertise.

Medical Justice will also seek to obtain the services of a solicitor and barrister from our network where appropriate. If the case is taken on by legal representatives, they will often seek to employ the medical evidence in a claim for asylum on behalf of the detainee or in applying for the person's release from detention. The medical evidence is often crucial in corroborating an account of ill-treatment as part of the asylum claim where otherwise there is no supporting evidence. Victims of rape or torture, for example, often have difficulty in recounting their experiences and frequently find that their accounts are not believed in the absence of medical evidence.

Origins of Medical Justice

Medical Justice was founded following a mass hunger-strike by a group of over 100 Zimbabweans held in detention in Harmondsworth Immigration Removal Centre in July 2005.

After three weeks, one of the hunger-strikers, Harris Nyatsanza had became too weak to walk. Harmondsworth detention centre management refused to send him to hospital and Harris came to the brink of dying.

It was only after detention centre visitors managed to obtain the services of Dr Frank Arnold (an independent doctor now working for Medical Justice) that it was possible ensure that Harris be transferred to hospital. That was on the 28th day of the hunger-strike.

On arrival at hospital, Harris was so dehydrated that medical staff had trouble finding a vein in which to insert a drip. Harris was guarded by detention custody officers at his bedside.

During the subsequent weeks that Harris spent in hospital it was discovered that the Home Office has no guidance on the care for and re-feeding of hungerstriking immigration detainees. A number of fellow hunger-strikers suffered permanent damage as a consequence of the medical neglect experienced in detention.

Partly as a result of the hunger strike, the UK government has since suspended removals to Zimbabwe. Harris Nyatsanza and many of his companions have now been recognised as refugees.

When Harris was well enough to walk, he and Dr Arnold got a group of lawyers and doctors together to form **Medical Justice**, an organisation to address the medical needs of immigration detainees. From the sixteen who attended the first meeting, Medical Justice now has over 300 members.

Medical Justice has since managed to make a real difference to many hundreds of detainees by providing this service. Largely through the generosity of doctors, solicitors and barristers working *pro bono* we offer a vital service to detainees. Owing to the restricted availability of legal aid, and the inability of detainees to pay for medical reports and examinations privately, our services are not provided by any other organisations.

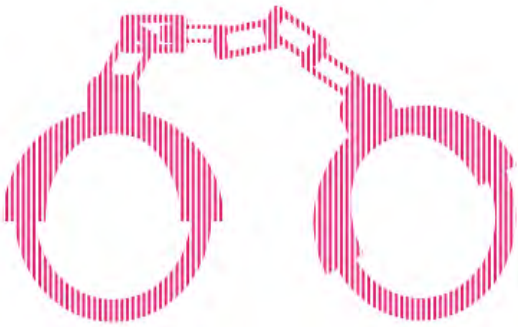
02. Facts about immigration detention

Asylum claims

The number of people claiming asylum In the UK has dropped from a high point of 84,000 per year in 2002 to around 25,000 per year at present. That is lower than 1993 levels. The majority of asylum claims, (according to the most recent figures, relating to 2005) are from Somalia, Iran, Afghanistan China, Eritrea and Iraq.

Detention

Detainees are either held on arrival to this country while their asylum claims are being processed or pending removal to their home country (in 75% of cases after being refused asylum). The number of asylum seekers held in detention has steadily grown over the last 14 years since detention was first employed on a large scale. According to the latest "snapshot" figures from the Home Office some 2,220 men, women and children who had claimed asylum were detained in 10 removal centres around the UK (including 170 in criminal prisons but not those held in police cells and short-term holding centres).



Official figures state that about 30,000 people are detained each year. There is no limit on how long a person may be held in detention and in some cases detention can be for years at a time.

Around 2000 of those detained each year are children. The UK is the only European country to hold children in detention indefinitely.

A new detention centre is being built at Gatwick and another is planned in Norfolk.

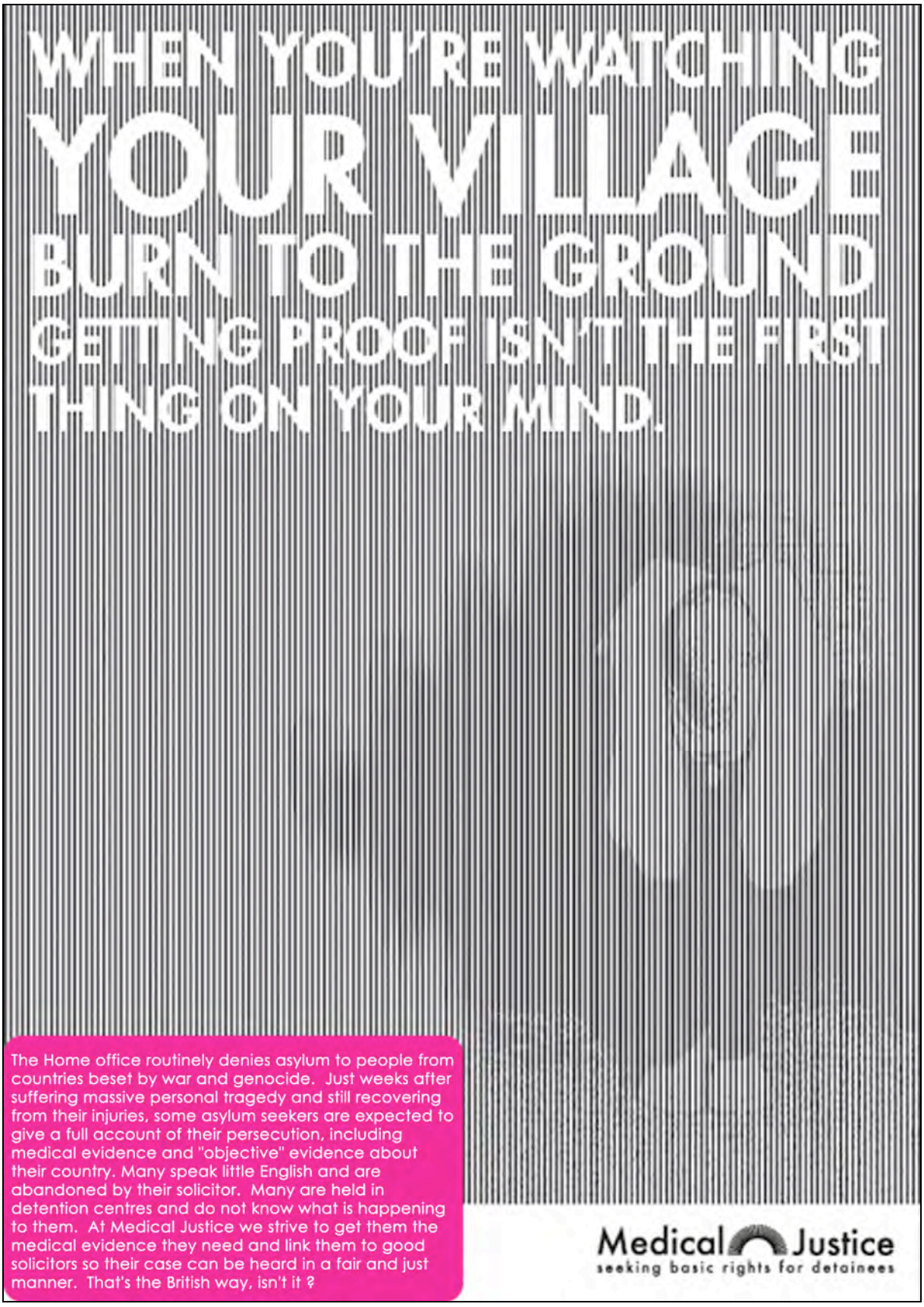
Legal and medical services

A large proportion of those held in detention do not have legal representation, and are not entitled to legal aid. Further cuts in legal aid are likely in autumn 2007.

Medical services for those in detention are very restricted; they lack the range of expertise required for the medical conditions detainees suffer and in Medical Justice's experience are frequently inadequate, neglectful and even abusive.

The Home Office, with whom ultimate responsibility lies, did not employ any doctor to advise it on healthcare in immigration detention until our intervention.

Operation of seven out of the ten removal centres are sub-contracted by the Home Office to private profit-making companies such as Global Solutions Ltd (GSL) which was formerly known as Group4. They in turn may sub-contract health care to a second private profit making company. The other three "removal centres" are converted criminal prisons, run by the Prison Service and healthcare responsibility lies with the NHS.


WHEN YOU'RE WATCHING
YOUR VILLAGE
BURN TO THE GROUND
GETTING PROOF ISN'T THE FIRST
THING ON YOUR MIND.
The Home office routinely denies asylum to people from countries beset by war and genocide. Just weeks after suffering massive personal tragedy and still recovering from their injuries, some asylum seekers are expected to give a full account of their persecution, including medical evidence and "objective" evidence about their country. Many speak little English and are abandoned by their solicitor. Many are held in detention centres and do not know what is happening to them. At Medical Justice we strive to get them the medical evidence they need and link them to good solicitors so their case can be heard in a fair and just manner. That's the British way, isn't it ?
Medical Justice
seeking basic rights for detainees

03. What problems does Medical Justice address?

Lack of adequate legal representation for detainees

> *"the recent cuts in immigration & asylum legal aid are leaving many detained without representation… people are languishing in unsafe detention centres because of the inefficiencies and chaos of the Home Office".*
>
> Her Majesty's Inspector of Prisons

In many cases detainees who are not entitled to legal aid have to present their asylum claims on their own. They may not necessarily have the services of an interpreter in so doing and will rarely be aware that medical evidence can be an important part of making an asylum claim.

Medical Justice's experience is that there are many cases in which the lack of adequate access to lawyers and medical services means that detainees' claims for asylum are not being properly or fairly determined and that there is little opportunity for detainees to redress injustices. We have encountered many cases in which there is strong medical evidence supporting accounts of rape or torture which was never considered in determining an asylum claim. Our experience is that Home Office procedures for dealing with asylum claims are often not properly followed and asylum decisions often lack the degree of rigour to be expected. Our experiences are shared by most other organisations working with detainees.

Lack of adequate legal representation also results in unlawful and unnecessary detention of vulnerable persons. One HMIP report found that even Immigration Officers themselves thought there was "little or no consistency or logic" in who gets detained. There are reports of asylum seekers arriving in the UK and given Temporary Admission with instructions to report back in 48 hours. On reporting back the person may then be detained on the basis of being a potential absconder, even though they have just demonstrated otherwise.

Amnesty International reported in June 2005 that immigration detention in the UK "is in many cases protracted, inappropriate, disproportionate and unlawful", and the organisation called on the Government to justify the lawfulness of detention in each and every case: "Seeking asylum is not a crime, it is a right. Thousands of people who have done nothing wrong are being locked up in the UK. We found that in many cases there was no apparent reason to detain people".

One of the most disturbing elements of the UK's policy of detention is the length of time for which children are being detained. Anne Owers, Her Majesty's Inspector Prisons expressed the view in her report into Dungavel detention centre that "the welfare and development of children is likely to be compromised by detention, however humane the provisions, and that will increase the longer detention is maintained." The supposed safeguard of ministerial review of detention of children every 28 days is, in practice, ineffective.

Welfare of asylum seekers in detention

> *"lack of supervision [in the Home Office] can result in arbitrary or sloppy decision-making... in one case a detainee literally lost in the system, three months into what was supposed to be an overnight stay in prison".*
>
> Her Majesty's Inspector of Prisons

Medical Justice is also concerned with the care of people whilst in detention. The United Nations High Commission for Refugees advises that those seeking asylum should not be held in detention because the psychological and physical effects of detention can be particularly difficult for those fleeing persecution and traumatic experiences. The Home Office does not follow the United Nations' guidance, but it does have a policy that the most vulnerable groups (children, pregnant women, victims of torture, the elderly and those with mental illness or serious physical illness) should only be detained in "*very exceptional circumstances*" and then only "*for the shortest period necessary*".

There are many cases where that policy is not observed. Many of Medical Justice's patients are people from those vulnerable groups who have been held in detention for months and, in some cases, for years. Around 200 individuals referred to Medical Justice have subsequently been released. Many of those have been young children.

Applications are made in the first instance to the Home Office, and if refused, applications are made to the Asylum and Immigration Tribunal for bail, or to the High Court for *habeas corpus*. In making those applications our solicitors and barristers often rely on medical evidence from our doctors demonstrating that a person is mentally ill, seriously physically ill, or has been a victim of torture, and setting out the effects of detention on the physical or mental health of the person detained. Such medical evidence, and the legal submissions accompanying it, can often result in a detainee being released.

Medical Justice doctors are frequently involved in diagnosing the medical needs of detainees, which have often not been identified. At present the medical services in detention centres rarely have the capacity or expertise to deal with the wide range of serious mental and physical conditions presented by detainees. The consequences for those individuals can be grave. Detainees are commonly suffering from anxiety, depression, post traumatic stress disorder, and serious mental illnesses which can be perpetuated or exacerbated by detention.

In some cases infectious Tuberculosis has gone undiagnosed until Medical Justice Doctors have intervened. Many detainees from sub-Saharan Africa suffer from HIV/AIDS and are in dire need of anti-retroviral treatment. Again, that need is often not identified until a Medical Justice Doctor intervenes. We have also, for example, successfully encouraged the Home Office to adopt a policy of providing vaccinations and prophylaxis against malaria to young children prior to removing them to Sub-Saharan Africa and other risk areas.

Abuse of people in detention

> *"A young woman was held in the holding room who had miscarried a few days previously. She had been collected from a hospital following psychiatric referral, had not eaten for three days and had to be helped to and from the van. She was subject to a live F2052SH self-harm monitoring form because she kept asking for her baby and said she wanted to die. Having been delivered to the holding room in the morning, she was not due to be collected by another vehicle until more than six hours later. Apart from staff who had received first aid training, there was no on-site healthcare"*
>
> Her Majesty's Inspector of Prisons

The lack of adequate legal assistance for detainees leads to abuses of detainees' rights.

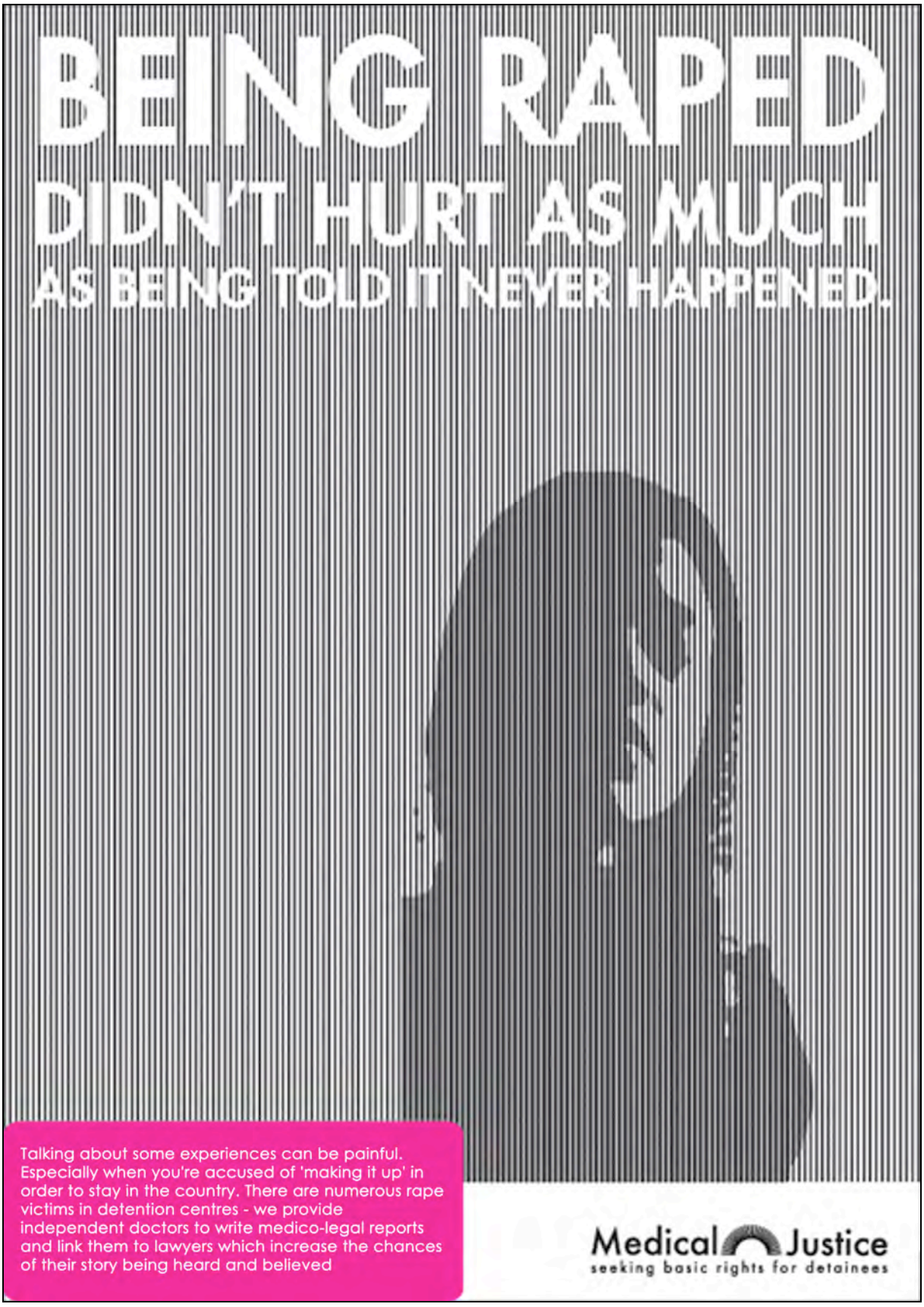
A report into *Short Term Residential Holding Centres* referred to:

> *"recent evidence of abuse under escort and at the point of removal"*
>
> Her Majesty's Inspector of Prisons

HMIP also reported that a holding centre:

> *"operates out of the sight of the community but unlike other custodial environments, with no regular independent monitoring"*
>
> Her Majesty's Inspector of Prisons

Lawyers working on cases referred by Medical Justice have brought numerous claims in the Courts, usually employing medical evidence for detainees seeking to obtain redress for unlawful detention, or for abuse while in detention. Such abuses include assaults, inappropriate use of handcuffs, unlawful use of solitary confinement and the withholding of medication from detainees.


BEING RAPED
DIDN'T HURT AS MUCH
AS BEING TOLD IT NEVER HAPPENED.
Talking about some experiences can be painful. Especially when you're accused of 'making it up' in order to stay in the country. There are numerous rape victims in detention centres - we provide independent doctors to write medico-legal reports and link them to lawyers which increase the chances of their story being heard and believed
Medical Justice
seeking basic rights for detainees

04. Medical Justice study of 56 detainees

Of the 500 detainees now seen, Medical Justice doctors recorded their findings on examining the first 56 consecutive "failed" asylum seekers treated in a six month period in four UK detention centres, before, or shortly after, their release.

Torture Victims

20 of the 56 detainees seen by highly respected experts in torture and scarring working for Medical Justice gave a history of torture and had physical signs "consistent with", "highly consistent with" or "typical of" torture (using the definitions established by the Istanbul Protocol on the Reporting of Torture). In no case had the Home Office investigated the allegations of torture or offered medical assistance, even when it had been appropriately reported to Home Office officials and doctors. Those failures were in breach of the statutory duties imposed by the Detention Centre Rules 2001, in particular rules 33, 34, and 35. In a recent High Court case (*D & K* EWHC [2006] 980) Mr. Justice Davis described the Home Office's failures to carry out proper investigation of the allegations of torture in these terms:

> *"It was not a rare and regrettable lapse in the circumstances of these two cases. Rather it reflected the cross-the-board failure to give effect to the requirements of Rule 34 (and applicable Standards): the [Home Office] regarding compliance as neither "necessary nor appropriate". I repeat what I have said earlier: that is not acceptable."*
>
> Mr Justice Davis

HIV

Three of four women who had been receiving anti-retroviral drugs in the community had disruptions to their treatment (this can have the potentially disastrous consequence that the Virus establishes immunity to the treatment). Other detainees were not given the results of their positive HIV test until taken to the airport for deportation. Some rape survivors were denied an HIV test.

Tuberculosis

Three patients were found to have tuberculosis. In one case diagnosis was delayed. He also suffered side effects which were not adequately explained to him. Another, who is believed to have had multi-drug resistance, had treatment disrupted during his detention for over one month. He was also prevented from keeping hospital appointments for specialist management of his TB and three other medical conditions.

Malaria

Six patients who were removed developed laboratory-confirmed falciparum malaria following their forced return to sub-Saharan Africa. None had been offered prophylaxis or bed-nets to mitigate the loss of immunity from being in the UK.

Hunger-strikers

Eleven patients were first seen during or shortly after being on hunger strike. Six were in imminent danger of organ failure. According to the medical notes, four had not been examined by a doctor for extended periods. Despite the frequency of hunger strikes in detention, the Home Office had no policy or guidance for detention centre staff dealing with well documented dangers of recommencing food intake after prolonged starvation.

Depression and suicide attempts

At least 33 patients fulfilled ICD10 criteria for Post-Traumatic Stress Disorder or depression. Many had either harmed themselves or made determined attempts at suicide.

Medical Justice's findings and experience are supported by data on the treatment of mentally ill and suicidal persons in detention. There were 176 attempts of self-harm that required medical treatment in 10 months up to January 2007, and 1,643 detainees were on formal "suicide-watch". There have been 8 suicides in immigration detention since 2000.

An HMIP report on Harmondsworth Removal Centre noted "The centre's suicide awareness team was unaware that there had been 11 incidents in the month before the inspection".

Amnesty reported in 2005: "The human cost of this [detention] policy is frighteningly high. We found that languishing in detention with no end in sight had led to mental illness, self-harm and even to people trying to take their own life".

Medical Justice conclusions

Unmet health needs are a major problem among immigration detainees. Moreover, detention itself is frequently damaging to the health of detainees, sometimes profoundly so. Detention of torture survivors, children and those with physical or mental ill health is unjustifiable, contrary to the Home Office's own policy, and should cease.

Our findings agree with those reported by Médicins Sans Frontières and the British Medical Journal:

> *"detainees, particularly those held for long periods, suffer from profound hopelessness, despair, and suicidal urges …. In many of these patients, both medical and psychiatric needs were frequently not adequately addressed. Such neglect violates the European Convention on Human Rights and other agreed international obligations with respect to medical care"*
>
> Médicins Sans Frontières and the British Medical Journal

05. Medical Justice case studies

The following are supplied by three Medical Justice doctors: an expert in wound healing; a psychiatrist and a GP. Consent to be included has been obtained from the individuals concerned.

A gay man from a Muslim country was repeatedly tortured with cigarette burns and beatings and suffered other significant injuries. He fled to the UK and was detained at Colnbrook Detention Centre on arrival for an extended period. The detention centre nurses and doctors are required to ask him whether he had been tortured, so that they can inform the Home Office, who can then attempt to comply with their duty only to detain such people only "in very exceptional circumstances." Until my arrival the Detention Centre had failed to ask him or record the answer as to whether he had been a victim of torture. After this, a nurse recorded his blatant cigarette burns as "shrapnel wounds." (It is hard to describe to anyone who is not a clinician how difficult it is to confuse the two.) On the basis of a medico-legal report he has been freed and is pursuing a fresh claim for asylum.

Dr Frank Arnold MB FRCS
(Surgeon and expert in wound healing)

C is 30 years old and was born in Uganda. After leaving university he became a tourist guide. Five years ago, while escorting a tourist group he was the victim of an attack by a group of soldiers who killed several of the tourists and his fellow guides. He was able to escape and suffered transient sleep disturbance and nightmares which resolved over several months. In 2004 he was arrested by soldiers whom he recognised as involved in the original attack. He was detained, interrogated, kicked and beaten and forced to bury the bodies of dead soldiers. After escaping he fled to the UK where he claimed asylum and was immediately detained. Within 3 months he was given a removal date. He tried to hang himself in detention because 'it would be better to take my life in a simple way than to be tortured'. He continued to have nightmares of seeing dead soldiers in detention. He was bailed and while on bail formed a long term relationship with an Englishwoman by whom he had a daughter. On Christmas Eve 2006 he was again detained. A week later he took a serious overdose in detention. When I saw him his symptoms fulfilled the criteria both for depression and for post-traumatic stress disorder. Following a fresh bail application invoking my psychiatric report he was released, shortly after which he and his partner were married. His asylum appeal is outstanding.

Professor Cornelius Katona
(Dean of Kent Institute of Medicine & Health Sciences and Psychiatrist)

A is a 30 year old woman who fled a West African country after being repeatedly raped and tortured by soldiers. She claimed asylum on arrival in the UK in mid-2005, but her story was disbelieved by the immigration service and she was detained on "Fast Track" at Yarl's Wood IRC for three and a half months. A had a number of serious health problems which were severely neglected by Yarl's Wood healthcare. She was never seen by a gynaecologist nor screened for sexually-transmitted infections during her time in detention. A had raised blood pressure: this too was not investigated or treated. A suffered diabetes, which was also not treated, and she developed a painful and long-standing complication of damage to the nerves in her feet.

A also suffered severe depression and post-traumatic stress disorder and was placed on suicide watch for several weeks after harming herself. She was given counselling treatment but still held in detention in contravention of the Home Office's own rules. Attempts were made to remove her while she was on continuous 24 hour suicide watch. Although her asylum claim was ruled not credible, A was threatened by an immigration officer during a failed removal attempt that the army in her home country would be informed about her arrival unless she co-operated with her removal.

After being seen by a doctor working with Medical Justice, and efforts by her solicitors, A was released from detention and is pursuing a claim for damages against the Home Office.

Dr Jonathan Fluxman

(GP registered under section 12 of the Mental Health Act, Harrow Road Health Centre)

A woman was detained at Yarl's Wood DC while pregnant and with a history of insulin dependent diabetes and high blood pressure. The nurses refused to believe she was pregnant until she presented them with the results of a miscarriage in a bucket. She was not allowed to test her blood sugar four times daily as she had been advised to do by her GP, but only twice and the control of her diabetes deteriorated. She vomited blood, but even after this was proved to be coming from her stomach (by gastroscopy) the nurses tried to continue feeding her Brufen, a drug which commonly causes gastric bleeding. She next developed chest pain and was referred to hospital for a cardiograph, which was indeterminate. The cardiologist requested an isotope scan to be done at a second hospital. The Detention Centre, for what it says were 'security reasons' refused to tell her about this appointment in advance, and she drank tea shortly before being taken to hospital. As a result, she developed chest pain during the test of such degree that the crash team had to be called and the scan terminated. In the following month she was not re-referred by the detention centre for another appointment. The consultant wrote to the Detention Centre to complain. She was released on bail following a medical report from a Medical Justice doctor. Following release, the Detention Centre failed to provide her or her new GP with her medical notes, despite repeated requests from her and the Medical Justice doctor. (This is important, because her diabetes and blood pressure are likely to be contributing to her increasing blindness.) After a final protest to the Home Office about this, she was detained the following day, but suffered a further attack of chest pain and was hospitalised for 10 days. She is pursuing an asylum case on fresh medical evidence of serious abuse in her country of origin and she is considering a civil case for damages against the detention centre and Home Office.

Dr Frank Arnold

B fled from a Caribbean country in 2002 after her home was attacked during which her 6 year old daughter was killed in front of her and she herself was shot and injured. She was detained for 6 months in 2002 and then re-detained in mid-2005. When seen by a doctor working with Medical Justice she had been at Yarl's Wood Immigration Removal Centre for 7 months and had become severely depressed with marked suicidal risk. Healthcare at Yarl's Wood were completely unaware of this, but B was placed on 24 hour suicide watch straight away once they were informed. B also suffers asthma and has marked stress-induced high blood pressure. Three removal attempts had to be abandoned because B became too ill during each of them. B was not facing imminent removal at the time she was seen. She had become suicidally depressed at the prospect of her ongoing and indefinite detention. B also had a previous history of trying to take her own life after her daughter was killed and during her previous period in detention.

B was assessed by a psychiatrist who works at the local mental health unit and who regularly provides psychiatric assessments of detainees at Yarl's Wood. Despite her traumatic history, her previous suicidal behaviour, the findings of two other doctors and that B was on continuous 24 hour suicide watch, the psychiatrist found after a cursory examination B was not depressed and recommended she receive no treatment. She remained on suicide watch after this but her depression and suicide risk was not treated. Fortunately B was released on bail soon afterwards and her depression was treated in the community.

Dr Jonathan Fluxman

D is in his mid 30s and was born in a small predominantly Muslim republic within the Russian Federation. After university he worked as a TV documentary maker. He was imprisoned and repeatedly beaten after making documentary about a detention camp in neighbouring republic. During this time his flat was broken into and he was 'outed' as a homosexual – in a state in which homosexuality is not tolerated despite its theoretical 'legality' throughout Russia. He fled to the UK and sought asylum. While living in NASS accommodation he became depressed and started drinking heavily and received treatment for this within his local psychiatric service. He was detained in 2003. While in detention he was raped by a fellow detainee. His depression worsened and he became determined that he would kill himself if removed. He was seen by a consultant psychiatrist who recommended admission to hospital. Despite this he was given removal directions. These were cancelled following intervention by a Member of Parliament and an article in national press and he was admitted to psychiatric hospital as a detained patient. He was found to be HIV positive. He remained in hospital for a year, with minimal improvement in his mood and episodes of heavy drinking and aggressive behaviour before being discharged into NASS accommodation. Following an Immigration Tribunal ruling he was given discretionary leave to remain in UK where he remains depressed and in close psychiatric follow-up. His HIV related illness has deteriorated and he is currently about to start antiretroviral treatment. He is pursuing a civil claim for inappropriate detention.

Professor Cornelius Katona

A 30 year old man from Nigeria was referred to Medical Justice by detention centre visitors. He said that he had been assaulted by guards at Haslar detention centre during a protest by detainees about the death of Bereket Johannes in Harmondsworth. DC. He had suffered injuries to the nerves to both hands, and to his left leg, on which he could not bear weight. He had been rendered unconscious. He was transferred in this state - not to hospital as good practice dictates for unconscious patients - but to Colnbrook Detention Centre. Here no doctor's examination was recorded until the following day; nor was he allowed a wheel chair during my visit. In protest, he refused food and water, and went into early renal failure. At his request, and with help from MJ lawyers, I compelled his admission to hospital and he was rehydrated by drip. The detention centre have not complied with a court order to deliver crucial charts (which I have seen) which show a concerning lack of competence in measuring his fluid balance. Following continued hunger strike (to 29 days) he was readmitted to hospital and safely refed. Medical reports about his injuries and inadequate subsequent management at Colnbrook were held to play a significant part in his being granted bail. He is pursuing a claim for asylum, supported by a medico-legal report concerning scars consistent with his account of torture in his country of origin.

Dr Frank Arnold

06. Other Medical Justice work

Policy work

As a result of our negotiations with the Home Office and detention centre authorities the following have been adopted:

- A Home Office policy on the provision of anti-malarial drugs and vaccinations to children and pregnant women before removal to their home countries where they will be at risk;
- Changes in Home Office policy on access for detainees to independent medics;
- An end to the routine handcuffing of detainees when being escorted to hospital for medical treatment;
- A Home Office agreement to audit management of detainees' claims to be torture victims;
- A Home Office agreement to consider medical evidence direct from independent doctors
- Yarl's Wood detention centre agreement not to obstruct detainees from obtaining hospital test results

Publications

We have published two leaflets, Know your Medical Rights and *Advice to Hunger Strikers* available to detainees in detention centres. A number of articles concerning our work have been published by Medical Justice doctors in the British Medical Journal.

Parliamentary work

We successfully encouraged Her Majesty's Inspector of Prisons to carry out the first ever inquiry into healthcare at Yarl's Wood Removal Centre. We have met with, and made submissions to, the Parliamentary Joint Committee on Human Rights.

Medical Justice has succeeded in helping parliamentarians to include immigration detainee healthcare in debates, parliamentary questions, and committee inquiries, and to challenge misleading statements by Home Office representatives.

Medical Justice has arranged for MPs to visit patients in detention centres and frequently gets parliamentarians involved in individuals' cases. Medical Justice has been supported in its work by MPs, Peers and MEPs from the Conservative Party, the Green Party, the Labour Party, and the Liberal Democrats. We have had ardent and effective support from a small number of politicians from all the major political parties for which we are grateful.

HMIP Inquiry into Healthcare at Yarl's Wood

Following a series of suicides and a number of instances of alleged mistreatment of detainees, Medical Justice and the local MP Alistari Burt requested an inquiry into healthcare at Yarl's Wood Removal Centre and specifically into the medical treatment of a Ugandan woman held in detention for seven months.

The Inquiry was conducted by Anne Owers, Her Majesty's Inspector of Prisons and sought to establish whether the suspected brain damage suffered by the detainee was caused by mistreatment while she was held in detention and by aborted attempts to return her to Uganda. The detainee was eventually released from detention into a psychiatric hospital for 6 months.

The inquiry's findings lead Alistair Burt, the MP for the Bedfordshire area in which Yarl's Wood is located, to say

> *"[The inquiry] was appalling in what it revealed and should be a source of shame to those involved. I am not totally surprised at the results, though shocked and genuinely appalled at the depth of failures revealed and inadequacies of those with care and responsibility for detainees ... [IND's] repeated attempts to removed sick detainees went beyond comprehension and decency*".
>
> Alistair Burt MP

The inquiry was the first of its kind and recommended three major changes, in line with Medical Justice's key "demands"

- **Transfer of detention centre healthcare responsibility from private companies to NHS**
- **Proper enforcement of Home Office policy not to detain vulnerable people**
- **An end to obstruction to appropriate healthcare for detainees**

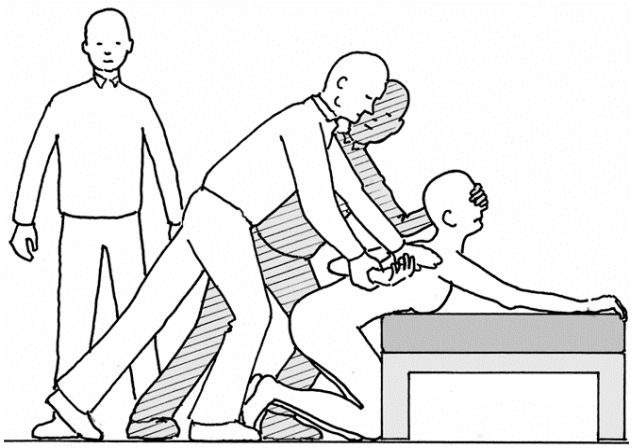


Diagram above: "Control & Restraint" as described by Ms J, a detainee at Yarl's Wood Removal Centre who later won a civil action case regarding her treatment there.

07. How can I help Medical Justice?

Volunteer for Medical Justice

At present all our work is done by volunteers. We accept offers of help from all quarters for all administrative and organisational tasks. The easiest way to find out about us is to come to one of the open meetings held in London every 6 weeks. Open meetings are held in Canterbury and Oxford at similar intervals. We particularly welcome asylum seekers and refugees. Your first-hand experience of the asylum determination process is vital to the work of Medical Justice.

- **Doctors** - We need qualified doctors to volunteer to give advice to detainees over the phone and conduct medical visits in places of detention where necessary.
- **Social workers working with children**, n**urses, midwives, and mental health nurses** - your clinical experience and knowledge of NHS and Social Services standards of care is a valuable resource for supporting adults and children in detention. Visits, phone contact or writing a report can be very helpful.
- **Solicitors, barristers and qualified immigration case-workers** – to advise Medical Justice patients and to take on cases where possible. Also to inform Medical Justice of legal and policy developments for the benefit of volunteers.
- **Researchers, students, journalists** - to volunteer to do research, media work, documentation, administration, organisational development tasks, website management and fundraising.
- **Visitors and case co-ordinators** - to volunteer to visit detainees and co-ordinate Medical Justice resources around individual cases – no qualifications other than patience and determination needed; we hold training sessions and provide support where we can.

Donate to Medical Justice

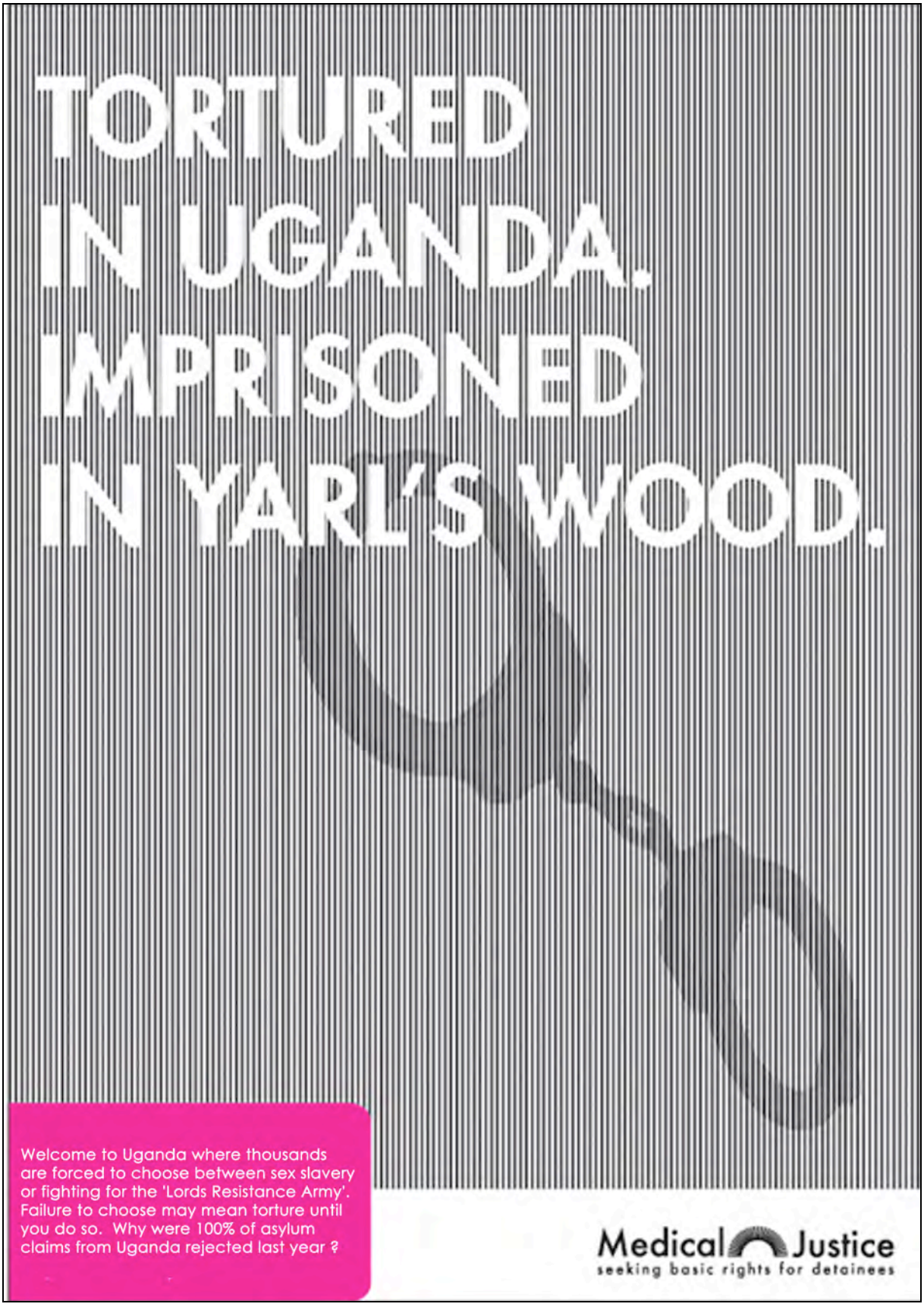
Medical Justice presently has no funding – we rely entirely on donations. Make a donation, take out a Standing Order, solicit a donation or affiliation fee from your organisation or trade union. See details below.

Join Medical Justice

Membership for asylum seekers and ex-detainees is free. Membership for waged members is £10 for each £3,000 of your salary (e.g. £50 for £15,000 salary, £100 for £30,000 salary). Tell us your contact details, your skills and make a donation direct to the bank, or send us a cheque. See details below.

Phone: **0207 561 7498**
Email: info@medicaljustice.org.uk
Web: www.medicaljustice.org.uk
Post: Medical Justice, 86 Durham Road, London N7 7DU
Bank : Nationwide Building Society
(sort code 07-00-93 / account number 0230/703 975 771)

Cheques payable to: "Medical Justice Network"


TORTURED
IN UGANDA.
IMPRISONED
IN YARL'S WOOD.
Welcome to Uganda where thousands are forced to choose between sex slavery or fighting for the 'Lords Resistance Army'. Failure to choose may mean torture until you do so. Why were 100% of asylum claims from Uganda rejected last year ?
Medical Justice
seeking basic rights for detainees