



Medical Justice doctor meets up with the ex-detainee she visited in detention
Medical Justice annual awards party 5th December 2012

Medical Justice
seeking basic rights for detainees

Annual Report FY2013

1st February 2012 – 31st January 2013

Immigration detention & healthcare

Immigration detention in the UK is arbitrary and indefinite. It is not part of any criminal sentence nor is it judicially sanctioned yet about 27,000 men, women and children a year are criminalised in this way, locked up in immigration removal centres, mostly run by private companies.

Many detainees have mental and physical scars of torture and other forms of persecution from which they sought safety in the UK. Detainees' medical conditions are often exacerbated by, and some caused by, prolonged detention and medical mistreatment.

Issues in immigration detention include:

- Torture scars and medical conditions are often not properly documented and considered in detainees' cases.
- Lack of treatment, medication and timely access to hospital for conditions such as TB, HIV and sickle-cell.
 - 8 detainees died in last 2 years, including an 84 year old Canadian and a man who committed suicide. One detainee frantically pressed the emergency button inside his locked cell 10 times for help while his cell-mate was dying from a heart attack, but was disbelieved until he was dead.
- Detention conditions - one man was held in isolation for a virtually continuous period of 22 months.
 - Two men detained in 2008 were transferred to hospital in 2012.
 - High Court judges have found "inhuman and degrading treatment" of mentally ill detainees four times.
- Related deportation issues - inappropriate or no provision of anti-malarials for pregnant women and children
 - Injuries during deportation attempts include fractured bones, a punctured lung, a dislocated knee.
 - One man, the father of 5 British children, died at the hands of G4S guards on a British Airways plane.

What is Medical Justice?

We assist detained men, women and children whose histories may include being victims of torture, trafficking, and rape. Some detainees have lived in the UK for decades, and have spouses, children and grandchildren here. Parents and children are separated by detention. Some parents have been deported to different countries.

Many of those detained are desperate and traumatised, having survived war, detention without charge or trial, torture, or rape in their own country. Many endure perilous journeys only to get unexpectedly detained in the UK, where they may relive past traumas of imprisonment. Some have serious medical problems and many are suffering from psychiatric illnesses.

Medical Justice is a charity that was founded in 2005. We now have five paid workers who liaise with volunteer doctors and a network of lawyers, campaigners, and ex-detainees. We handle 1,000

cases a year, sending a team of 50 volunteer doctors into 11 immigration removal centres around the UK to document detainees' scars of torture and other medical conditions, as well as challenge instances of medical mistreatment.

We use medical evidence to expose and challenge medical mistreatment of detainees and document the toxic effect of indefinite detention. We hold the government to account and campaign for lasting change through policy work, strategic litigation, public and parliamentary awareness raising, and mobilising medical professionals.

At times, we have had a waiting list of sick detainees, including pregnant women and torture survivors. It is distressing when they have a fatal illness and we do not have the capacity to see them. Some get deported before we can reach them. To increase our capacity, we need more doctors to volunteer with Medical Justice and to find more funding.

Chair's report



Over the last year we continued to see the appalling effects and damage done to people's lives by Britain's policy of immigration detention. Children continue to be detained (despite the coalition government's claims they had ended it); torture victims are routinely detained and re-traumatised as a result, despite clear rules they should not be; people continue to be injured and mistreated during deportation; detainees are shackled and or handcuffed when in hospital (in one case continuously for 24-hours-a-day for 9 days).

2012 also saw for the third and fourth time that Britain was found to be in breach of Article 3 of the European Convention of Human Rights, i.e. guilty of inflicting inhuman and degrading treatment on two mentally ill immigration detainees by continuing to detain them illegally, despite clear evidence they were seriously mentally ill.

Immigration detention is not only administrative (i.e. people are locked up not because of any crime) but it is particularly damaging due to its indefinite duration. It is this aspect that causes intense suffering to detainees, who every day do not know when they might be released. People can spend months, and for a few years, in detention, in this state of permanent uncertainty. One man was released during 2012 after spending over 4 years in immigration detention. Many people regard indefinite detention itself as torture, for good reason – detainees say that this is often the worst aspect of being detained, and it drives the very high rates of self-harm we see in immigration removal centres.

During the year the work done by Medical Justice continued to grow. This report details the wide range of issues we are involved in as well as some notable successes. Once again, we extend our heartfelt thanks to the growing number volunteer doctors, psychologists and other health professionals, to our network of solicitors and barristers, and to our office staff, for their dedication and perseverance in helping this most vulnerable group of people, whose rights are denied to them and who have no voice. It is only through their tremendous efforts that we have been able to assist many hundreds of detainees get access to the health care they need or get released from detention so they can start to rebuild their lives.

I would also like to thank our sponsors, whose generosity have made much of our work possible, and indeed enabled us to grow as an organisation and thereby help many more people held in immigration detention.

There is much you can do to help us in our work, and I would urge you to join us in this important task.

Dr Jonathan Fluxman

The Medical Justice Vision

We believe that the harm being caused by immigration removal centres 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 incarcerated within them.

The Medical Justice Mission

1. To defend and promote the health rights, and associated legal rights, of immigration detainees in the UK.
2. To end the medical mistreatment of detainees and the damaging effects of immigration detention on their health.
3. To call on the government to close immigration removal centres due to the persistent and serious harm to health these institutions have on detainees, and for an immediate moratorium on building any new ones.

Medical Justice Activities

We identify instances of inadequate healthcare provision in detention, legally challenge them, and help detainees to exercise their rights – within hours on occasion. Most of the detainees we assist get released. Through our research based on medical evidence from our case-work, we go on to effect lasting change through securing positive policy changes and litigation. We raise public and parliamentary awareness about the conditions of immigration detention.

In particular, our activities include:

Case-work - now about 1,000 referrals a year

- Arranging for independent doctors to visit detainees in detention centres
- Providing detainees independent medical advice
- Challenging lack of access to medication and treatment
- Helping detainees get the healthcare they require especially during medical emergencies
- Assessing detainees' injuries after they say they have been subjected to excessive force
- Writing medico-legal reports, including the documentation of scars of torture
- Helping detainees challenge medical evidence being ignored by the Home Office and immigration judges
- Defending detainees' access to their choice of independent doctor
- Helping detainees to find lawyers to take on immigration, asylum and civil action cases
- Helping detainees lodge complaints against the Home Office and/or one of their private contractors

Policy work - securing positive changes in policy and practice of the Home Office and its contractors.

Research – Medical evidence captured in our database can be interrogated and analysed for audit and research. We are the only organisation sending independent doctors to visit detainees, so our database is unique, and growing. We publish our findings of the state of health care provision in detention and the effects of immigration detention on detainees' physical and mental health.

Litigation – When policy work falters, we may undertake strategic litigation to compel change

Raising awareness – of health professions, regulatory authorities, the public and parliament of the issues.

Media work – raising the profile of the issues with decision-makers we interact with.

Training doctors – to go into detention centres to see sick or injured detainees in detention centres.

Building capacity within advocacy circles – by issuing “tool-kits” and maintaining a comprehensive website.

Campaign for the immediate release of vulnerable detainees – who, according to Home Office policy, should only be detained in “very exceptional circumstances”, in particular torture victims, children, pregnant women and people with a serious mental illness.

Co-ordinator's report



In 2012 two men died in detention or within a day of release (and a further three died in 2013).

An ex-detainee who was in an Immigration Removal Centre when a detainee died told me how he felt:

"It's terrifying. Locked up together inside, you all have the same status. What he goes through, I go through. What happens to him could happen to me tomorrow."

It's hard to imagine such despair and terror.

Also in 2012, the conditions of two other detainees were found by the High Court to have amounted to "inhuman or degrading treatment". Detainees, locked in these dark places, are familiar with this kind of scenario.

Medical Justice has documented many cases of prolonged detention of severely mentally ill detainees, including torture survivors or those with florid psychosis. We have encountered cases of disturbingly inadequate healthcare provision, of injury sustained during deportation attempts, and an alarming number of near-death incidents. Some detainees have suffered permanent damage, some life threatening.

Medical Justice has seen a wide spectrum of medical mistreatment in immigration detention – at one end there is low-level harm to thousands of detainees, to extreme harm affecting a small number of detainees.

- Indifference / casual harm – for example, caused by injurious policies affecting many detainees. This could include a policy that de-prioritises the availability of vans to escort detainees to hospital appointments.
- Carelessness – for example, forgetting to provide medication, providing the wrong medication, or running out of medication

- Neglect / disbelief – for example, in the death of one man whose cellmate used the emergency button in their locked cell 10 times in a frantic effort to get help for the detainee who was groaning in agony, with very bad chest pains, and who was disbelieved by a guard and nurse until it was too late. He died. The verdict in that inquest stated that "neglect" contributed to the death and that there had been "a total and complete failure of care in the management of his health". The culture of disbelief towards detainees can literally be fatal.
- Deliberate – for example, the Home Office officials who planned to 'unbalance' the mind of a man already suffering from schizophrenia.
- Unlawful killing – Jimmy Mubenga died at the hands of G4S guards during deportation.

A vital component in changing the medical mistreatment of detainees is substantiating allegations of how widespread the issue is, and what the harm caused may be. Medical Justice is uniquely positioned to provide medical evidence as we are the only organisation in the UK that regularly sends independent doctors into immigration removal centres and challenges inadequate medical provision.

Relatively few detainees get to legally challenge their treatment. Even fewer are set to be able to in the future due to further legal aid cuts. Many of the near-death incidents will never be independently investigated. Of the relatively few legal challenges there are, the Home Office settles most out of court with no judgment in the public domain.

Medical Justice's output is considerable given current resources and is largely generated by the network of volunteer doctors we have developed. Currently we can only reach a fraction of the detainees suffering medical mistreatment. Meanwhile the government increased immigration detention capacity by about 25% through use of mainstream prisons, and made deep legal aid cuts.

Medical Justice needs to increase its impact; we cannot rely solely on developing our core capacity. We need to move forward into a phase of developing new partnerships and models of working to ensure our unique and pivotal medical evidence gets into the hands of more key players who can use it to secure systemic change.

No matter what the challenges, Medical Justice will always be animated by generosity, compassion and a common belief in human dignity and freedom. We will continue to shine a light into the dark places and expose medical mistreatment.

Medical Justice sincerely thanks all its supporters.

Emma Mlotshwa

Casework



In 2012 we continued to receive high numbers of referrals from solicitors, detainee visitors, healthcare professionals, community organisations, detainees themselves and their friends and families. Self-referrals and referrals by co-detainees continue to increase.

Our doctors, midwife, and clinical psychologist have been seeing detainees in all detention centres, some prisons and Cedars – the new facility for families with children, which is a detention centre in all but name.

We are extremely grateful to our volunteers to travel to these remote places to see detainees and not allowing the various barriers put up to deter them: reception saying the visit had not been booked or that they can't find the detainee, or detainees having been moved to another detention centre at the last minute.

The themes that emerge from the people we see remain the same:

A key part of the work of our volunteer clinicians remains assessing and documenting the physical and psychological scars or torture and ill-treatment. As the detained fast track is being expanded the need for this work grows. Possibly the most distressing part of this is seeing detainees, who have had one medical report and who have nevertheless been removed, return to the UK with further scars and more traumatised. Often our evidence can help them eventually be granted protection but we cannot make up for the entirely avoidable trauma they have experienced.

Mental illness is another huge concern. There have been two further findings by the High Court of the detention of mentally ill people amounting to

breaches of Article 3. Our experiences suggest that these are not isolated cases. There are huge systemic problems, leading to many mentally ill detainees being failed – with often severe consequences.

These range from maladministration – for example medical notes not being transferred between detention centres or being lost, to neglect and sometimes outright malicious treatment. There are failures to assess, to diagnose, and to treat. Even where immigration removal centre doctors raise concerns, the Home Office routinely disregards them. In one case a psychiatrist contracted in by the Home Office, raised concerns that a detainee was severely mentally ill and in need of hospital treatment. The report was disregarded on the basis that it was handwritten (even though it was perfectly legible). At the same time the detainee's problems were handled as 'behavioural'.

In some detention centres suicidal detainees are placed in segregation as the only way to manage them – short-term containment often seems to replace any attempt to treat.

Our experiences have been mirrored in reports from other organisations including HM Inspector of Prisons, Independent Monitoring Boards and others. So far however, this has not led to change – the Home Office appear to have no intention to learn lessons.

The number of people we see refusing food and/or fluid has also continued to increase. The Home Office appears to regard these detainees as trying to 'blackmail' them.

Some of the detainees our volunteers have seen and whose health they assessed were found to not be intentionally hunger striking but severely ill and unable to eat, either because of physical or mental illness. Others were desperate saying they feared for their lives if removed and felt they had no other way of addressing their situation. Some of them were later granted protection after initially having been refused.

With the new legal aid cuts coming in, no doubt there will be an increasing number of detainees who will feel that they cannot get justice and desperate measures like this might increase.

A new focus of our work in the last year has been pregnant women in detention. About 100 pregnant women are detained every year, mainly at Yarl's Wood. Detention prevents them from receiving good quality, continuous care. The vast majority of them are later released, not long before their baby

is due to be born, often into temporary accommodation, and often without their maternity notes. Very few are removed, but many are threatened with removal, in many cases even when it is not clear that it is safe for them to fly and often without adequate protection against malaria.

Most of the detainees we see are later released, and many are granted leave to remain in this country. Some of them join us later to help others who go through what they have gone through. Seeing them finally be safe and be able to start building up their lives is what keeps us going.

The new financial year will bring new challenges - there are set to be devastating cuts to legal aid, increases to the detained fast-track process, increases of the detention estate and increases of numbers of immigration detainees held in prisons. All this will increase demand as alternative sources

of help for detainees are reducing. At the same time it will make our work more difficult. There will be more detainees, fewer of whom will be represented, and they will be more spread out across remote locations. It will be more difficult for legal challenges to systemic problems to be brought, and with the Home Office seemingly uninterested in addressing these – the problems will only grow.

It makes our work even more necessary. We will need to grow and recruit more volunteers in more remote places to reach more detainees. We will need to take on strategic issues, where detainees will find it more difficult to challenge them legally.

We will need to build more partnerships with other organisation to allow us to do this.

Theresa Schleicher



Ex-detainees Mr DN, Mr KM and Ms SYT, with Natasha Tsangarides, Theresa Schleicher, Ben Robinson, and Alexander Goodman on 19th November 2012 at the Liberty Human Rights Awards. Medical Justice was nominated for this award alongside the "Mau Mau" litigants and the Hillsborough Family Support Group. The inspirational Hillsborough campaign won the award.



House of Commons launch of “The Second Torture”, 22nd May 2012

Clinical Advisor’s report



Dr Naomi Hartree being interviewed by the BBC.

Medical Justice is privileged to have a dedicated group of volunteer doctors, nurses and midwives who give up their free time to do medical assessments for detainees. Often it’s a medical visit that is needed, but some of the work is done over the telephone or by reviewing medical notes. This can lead to a letter or report about the patient’s health, injuries or scars. Sometimes the doctor is asked to discuss the patient’s fitness to fly.

So why is there a need for our work? There are GPs and nurses already employed in detention centres, with a remit to provide healthcare equivalent to the NHS. However, in many cases we have found that the healthcare provision either does not match normal NHS levels of care, or does not meet the complex health needs of our clients.

Many of the patients seen by Medical Justice medics are asylum seekers seeking protection from persecution or ill-treatment. We see patients with histories of torture, trafficking, persecution, family

or domestic violence, often with physical and psychological scars as a result. In theory, claiming asylum should protect them.

In practice, what we often see is an ‘inverse care pattern’ in the asylum system, where those most in need of protection are, paradoxically the least likely to obtain it, and their asylum claims fail.

For example, the most traumatised survivors tend to have the greatest difficulty speaking about their trauma, and the most vulnerable survivors often have no idea about how to obtain decent legal advice. We find that the current Home Office processes of screening, assessment and decision-making often have not taken into account the known medical effects of trauma and vulnerability, and that the decision-makers have often misunderstood or disregarded medical evidence.

In such cases Medical Justice doctors have a role. Medical Justice volunteer medics have time to listen to patients so that they can tell their history in an unpressured way, and training to assess and document the physical or psychiatric evidence of trauma. Our doctors’ medico-legal reports may provide clinical evidence that a person detained is vulnerable or in need of protection.

Not everyone in detention is an asylum seeker – some of our work is for people detained for other reasons, who feel their health needs are not being met. Our volunteers assess their needs and can point out where care is lacking. Medical Justice doctors cannot provide treatment, but communication with immigration removal centre

healthcare staff can help to ensure that the detainee's needs are recognised. This is a first step in trying to get their medical needs met.

Before I started working at Medical Justice I had experience in medical work with asylum seekers and migrants and had seen a lot of very distressed patients. Even with that experience, I have been shocked by the severity of suffering that we encounter in many of our Medical Justice patients. As one of our doctors put it, immigration detention has a very toxic effect on health – particularly mental health. Being locked up is, quite literally, re-traumatising to people who have already been tortured, controlled or ill-treated. These survivors often cannot tolerate being detained and apparently coping while in the community, their mental health spirals rapidly downwards in detention.

Medical Justice doctors have seen quite appalling levels of psychological distress in detained patients. We have seen people with high and uncontrolled levels of post-traumatic stress, depression or psychotic illness. Often such patients are terrified, agitated, unable to rest or sleep. Some become so disturbed that they develop psychotic symptoms such as hallucinations or paranoia. When I was a GP, it was unusual to see patients with the severe form of depression known as psychotic depression. In the detainees that Medical Justice doctors see, psychotic depression is quite common. We quite often see patients who have psychotic features of Post Traumatic Stress Disorder – for example, hallucinations of their persecutors. A more distressing psychiatric illness than that is hard to imagine.

Our doctors have found that in mental health care particularly, there is a huge mismatch between detainees' needs and the care provided. In many cases, the patient's illness or its severity have simply not been diagnosed until they are seen by an independent Medical Justice doctor. For example, patients with florid and highly distressing Post Traumatic Stress Disorder symptoms were said to be suffering from anxiety or a 'situational reaction'. Patients with acute psychotic states were assumed to be malingering or faking symptoms. In the most extreme cases that Medical Justice has seen, two patients with acute psychotic illness had behaviour so uncontrollable that they were kept in isolation. One patient was begging to be let out of his room; another became so paranoid that he stopped eating. Their behaviour was assumed to be 'situational', cultural or faked, and it was months before anyone arranged for treatment in a psychiatric hospital. These were the most extreme cases, but our doctors see many other patients who have classical symptoms of severe depression or Post Traumatic Stress Disorder which have gone

undiagnosed and untreated until an independent medical opinion was provided.

Medical Justice continues to receive referrals from patients who allege they have been assaulted during the 'removal' process (on the way to or during a removal flight). Our doctors have visited these patients (those who were still in the UK) to document their injuries, some of which were severe. We find it concerning that we continue to receive such referrals, long after the death of Jimmy Mubenga drew attention to the hazards of restraining people by force during travel.

Medical Justice continues to see and document patients who are on 'hunger strike', refusing food or fluid. These are often patients who have been detained indefinitely for long periods, months or years, and whose mental health has deteriorated badly over time. Patients on hunger strike often have complex illnesses, which our clinicians are able to assess and document. Some of these patients have been close to death. The reports that Medical Justice wrote for these patients have highlighted the severity and complexity of their needs.

Medical Justice is fortunate to have medical volunteers who donate their time and their expertise. Most of our medical volunteers have regular jobs in hospitals or general practice; some are retired from NHS work. The visits to Medical Justice patients are fitted in around families and other work, and I am always amazed at how our volunteer medics with busy jobs or young children nevertheless manage to spend time seeing detainees and writing detailed reports about their health.

Medical Justice provides clinical training and support for medical volunteers. This is needed because asylum seekers and migrants have some unique health needs. Our medics receive training in topics such as how to assess the physical and psychological scars of torture, the particular health problems of migrants, and how to assess patients who are refusing food. We provide clinical support for our volunteers because it is not easy, technically or emotionally, to assess people who are traumatised, distressed or cared for in a controlled environment.

We are keen to recruit more medical volunteers as there is an ongoing need for our medical work. We also want to raise awareness of the medical problems faced by immigration detainees, so that other doctors understand the medical problems and consequences of detention.

Dr Naomi Hartree

Ex-detainees



Photo above : Ex detainee outside Campsfield House Immigration Removal Centre

Ex-detainees lobby MPs at the House of Commons

7 ex-detainees lobbied three MPs - John McDonnell (in whose constituency Harmondsworth and Colnbrook IRCs lie), Nicola Blackwood (in whose constituency Campsfield IRC lies), Steven Timms and Crispin Blunt. John McDonnell, Nicola Blackwood and Steven Timms agreed to take various actions on the functioning of Rule 35, including asking Parliamentary Questions, securing an adjournment debate, tabling an Early Day Motion, and writing a letter to the Immigration Minister. John McDonnell subsequently tabled Early Day Motion 95 (2012): Detention Of Torture Survivors which called for an independent audit of the Rule 35 process, and if not found to be functioning effectively, an independent inquiry.

Ex-detainees training volunteer doctors

Ex-detainees give a session at the medic's basic training days we hold every few months. Volunteer medics get to hear from an ex-detainee first-hand about medical mistreatment in immigration detention and the impact Medical Justice had in their life.

"I am not a criminal" film by ex-detainees

A group of ex-detainees that Medical Justice assisted have been making a short film, with kind help from Adele Selma, Louise Orton and Phil Miller.

Aisha Kabejja : "Getting involved with the work of Medical Justice means so much to me as an ex detainee"

"It was very moving to see doctors touched after a talk that inspired them to volunteer as medical doctors with Medical Justice. This, for me, meant more torture survivors in detention had a chance of seeing an independent doctor.

At one point during my detention I had no voice, even if I decided to scream on top of my voice no one could have heard my cry! Medical Justice has given me a voice. Through the film and media interviews I have been able to voice my concerns at last. And now I feel a part of the fight for justice for the most disadvantaged and vulnerable members of this society.

It feels good to be recognised as a human being able to contribute towards the fight of the most important and basic rights of the most vulnerable. Being a part of this struggle after being detained for 8 months has been a wonderful experience for me."



Mr RA presents an award to Martha Spurrier, barrister, at the awards party 5th December 2012

Complaints



Detainees are encouraged to make a complaint about poor treatment that have suffered – they might possibly get some small improvement and if not, the complaint may form an important step in a legal challenge of the treatment they are complaining about.

Outcome of the complaints Medical Justice has assisted detainees:

48%	unsubstantiated
22%	partially substantiated
0%	fully substantiated
30%	unanswered

The outcomes of complaints paint a truly depressing picture of the inadequacy of healthcare provision in immigration detention, how the very poor complaints process leaves detainees feeling they have been treated with indifference, and the inability of the Home Office and its contractors to learn lessons and fix problems.

Issues complained about include:

- **Medical mismanagement**
 - Denial of appropriate medication, including HIV medications and painkillers for chronic conditions
 - Failure to provide blood tests, ECGs, monitoring of blood pressure, insulin management
 - Repeated postponing or cancellation of medical appointments
 - Administering out of date or incorrect medication, including intravenously
 - Failure to adhere to clinical plans for patients, including psychiatric plans
 - Failing to have a working ECG machine on site, even when patients suffer from heart problems
 - Escort staff refusing to leave the room during medical appointments

- **Handcuffing** - during medical appointments, without risk assessments and without authorisation
- **Intercepting post and correspondence** - including legal correspondence
- **Assaults**
 - Racist verbal abuse, dehumanising language, aggressive language and swearing
 - Physical assault during (attempted) removals, transfers between or within detention centres
 - Applying pressure to throat and neck during removal attempts
 - Injuries following assault are regularly not examined, recorded or photographed

Inadequate complaints process issues included:

- In its responses, the Home Office often relies on evidence that is not disclosed to the detainee
- Where the Home Office does disclose evidence, it is often incomplete or corrupted
- Failure by the Home Office / contractors / police to investigate allegations and interview witnesses
- Prolonged delays in responding to complaints – 40 days on average
- 50% of Subject Access Requests were not answered
 - 258 days on average – time taken to the Subject Access Requests that were responded to
 - Often documents were missing from Subject Access Requests, not provided or partially corrupted

Detainee B - three external cardiologist appointments cancelled

Detainee B had three external cardiologist appointments to investigate uncontrolled hypertension. These were all cancelled over a four-month period by a succession of detention centres.

Following a complaint submitted by Detainee B the UKBA accepted that he should have been put on “medical hold” and not transferred from detention centre to detention centre in light of his ill health. The UKBA was unable to explain why Detainee B’s medical appointments were cancelled and further admitted that the medical records held in Healthcare for Detainee B were incomplete.

With the support of his legal aid solicitor, Detainee B later brought an unlawful detention claim based on his unfitness for detention as a result of his ill health. This claim was successful and Detainee B was awarded compensation for the time that he was unlawfully detained.



Lord Ramsbotham reading a Medical Justice report at a campaign meeting in the House of Commons

“The shameful fact is that the failings that Medical Justice continuously shows up, demonstrate just how far we have slipped from any claim to be a civilised nation in our approach ... I marvel that Medical Justice has the energy and determination to continue to bash its head against the stone that is the current Home Office, despite the way that it is treated, punching far above its weight. But the regard in which Medical Justice is held, by all those who know what needs to be done, confirms that it is something very special that must be supported and preserved. “ - Lord Ramsbotham, the ex Chief Inspector of Prisons



Ex-detainee addresses the gathering at the September 2012 Annual Review gathering

Events in FY2013

(1st Feb 2012 to 31st Jan 2013)



Photo above : Mr D with Lord Avebury at a Medical Justice Campaign meeting

6th Feb 2012: Medical Justice v SSHD – “The SSHD would like to inform the Court that she does not intend to apply for permission to appeal in this case” ... the Home Office finally gives up having had the zero-notice removals policy found unlawful by the High Court, and again by the Court of Appeal.

28th February 2012: Mass deportation to Sri Lanka – up to 100 Tamil refugees were forcibly deported to Sri Lanka. Last year there were reports of returned refugees being tortured. British MP Siobhain McDonagh accused the government of "painting targets on the backs" of Tamil deportees, following revelations that the Border Agency was passing confidential documents to the Sri Lankan authorities. These fears have been raised again by Freedom From Torture and Human Rights Watch.

5th March 2012: Medical Justice was cited extensively in the Equality and Human Rights Commission’s Human Rights Review 2012.

17th April 2012: for the third time in a year, a High Court judge finds the detention of a mentally ill detainee amounts to inhuman and degrading treatment - In a judicial review brought by a detainee (HA) with paranoid schizophrenia it was held that he had been unlawfully detained for over six months. The Claimant’s solicitor Hamish Arnott of Bhatt Murphy Solicitors said: “It is shocking that the Home Secretary has reacted with disinterest to two previous court findings that immigration detainees with mental illnesses were subjected to inhuman or degrading treatment. This judgment will now require her to confront this issue and carry out a proper review of the policy to ensure that this does not occur again”.

25th April 2012: Mentally ill detainees see-sawed between Healthcare and Segregation – so said the Independent Monitoring Board (IMB) of Harmondsworth Immigration Removal Centre (IRC). “One detainee has been in segregated accommodation in Harmondsworth and other IRCs since August 2011. ... In 2011 there were 109 Rule 35 reports made to the UK Border Agency about Harmondsworth detainees; in only 5 cases was the safety net applied and the detainee released.”

May 2012: Alan Kittle, director at the Returns Directorate at UKBA left for a job as Geo Director of Corporate Services

22nd May 2012: Publication of Medical Justice’s “The Second Torture” dossier - exposing systemic failings in the Home Office’s key safeguard against the routine detention of torture survivors (see below for details)

21st May 2012: The inquest of Muhammed Shukat – at West London Coroner’s Court (see below for details)

21st May 2012: Early Day Motion 95: Detention Of Torture Survivors – “That this House welcomes Medical Justice’s new report, The Second Torture ... calls for an independent audit of the Rule 35 process to assess its effectiveness; and calls on the Government to launch an independent inquiry if the results of such an audit do not adequately demonstrate that Rule 35 is functioning effectively.”
Primary sponsor: John McDonnell. Sponsors: Jeremy Corbyn, Mark Durkan, Julian Huppert, Mike Wood.

22nd May 2012: House of Commons “The Second Torture” report launch hosted by Lord Dubs -
Speakers: Lord Avebury, An Ex Detainee, Dr. Jonathan Fluxman (Chair of Medical Justice) & Natasha Tsangarides (author). Q & A and Discussion: What can be done to make UKBA implement its own policy? (see below for details)

22nd May 2012: Guardian: "Torture victims held in UK immigration detention centres launch legal action" - "Report finds rule that torture victims should not be locked up except in exceptional circumstances is routinely ignored. Torture victims who have been held in British immigration detention centres are to launch a high court legal challenge for false imprisonment against the UK Border Agency. An investigation by Medical Justice, a network of asylum detainees and doctors, based on a dossier of 50 cases published on Tuesday, claims that torture victims are now

being routinely held in immigration detention centres in breach of the Home Office's own rules."

22nd May 2012: Channel 4 News: "Government 'breaching rules on torture victims'" - "Victims of torture seeking asylum in the UK are routinely being held in detention while their applications are processed, in breach of government rules, according to a pressure group. Medical Justice says torture victims should be housed in the community and locked up only in exceptional circumstances."

Photo below : 23rd May 2012 : Medical Justice and Freedom From Torture - Study Day at the Royal Society of Medicine



25th May 2012: Guardian: "Detention centre failures contributed to death of asylum seeker, inquest finds" - "Neglect by immigration detention centre staff contributed to the death of a Pakistani asylum seeker after he suffered a heart attack, an inquest jury has found. ... Muhammad Shukat, 47, a driver from Islamabad, died following a cardiac arrest last July. His 19-year-old roommate Abdul Khan pressed the emergency buzzer 10 times over a period of almost two hours, trying but failing to get Shukat, a man he called "uncle", help.

On the 30th June 2012: 2,993 people detained - including a man detained for over 4 years.

5th July 2012: Serco shackling a detainee for 9 days amounted to inhuman and degrading treatment - FPG was restrained and attached to security staff at all times, 24/7, during nearly 9 days hospitalisation. This included while showering and using the toilet, as well as during medical consultations and treatment and while asleep. There was nothing in FPG's history to suggest he would abscond from custody. The High Court judge found that Serco, the private company that runs Colnbrook IRC, acted in violation of the detainee's right not to be subjected to inhuman and degrading treatment. The judgment notes that "... nor were there any requests from medical staff to remove restraints".

4th July 2012: Parliamentary debate: UK Border Agency (budget) - Richard Fuller MP: "The policy has also led to the detention of the innocent. How

did we manage to set up a policy that results in children being put into prison? ... Why do we continue to keep pregnant women in detention? ... there were cases of women who were 35 weeks pregnant being removed from Yarl's Wood last month. I point this out ... to illustrate how far we have allowed our morality to be debased by losing control over the system ... The Government have rightly said that they want to introduce a better process for people who have survived torture, who, according to the rules, are not deemed suitable for fast-tracking or detention. To avoid detention, however, such people are supposed to have their evidence to hand. The problem with that policy is that it is very hard for them to have that evidence to hand when they are assessed. It takes time to get it together. The pamphlet from Medical Justice, "The Second Torture", gives 50 examples of people who have suffered torture but who have not been permitted to follow the appropriate process because the Home Office is not fulfilling its obligations...."

5th July 2012: Guardian - UKBA officials 'planned to worsen health of mentally ill asylum seeker' - "High court hears Border Agency staff hoped to put pressure on Iraqi man with paranoid schizophrenia to leave UK. One official wrote: "I propose that he be moved to an immigration removal centre to unbalance him". Emma Ginn, the co-ordinator of Medical Justice, condemned UKBA for its treatment of the man. "The disclosure that they planned to 'unbalance' the mind of a man already suffering from schizophrenia is a profoundly disturbing insight into what goes on behind closed doors."

17th July 2012: Pregnant Women in Detention – Medical Justice Public Meeting, Garden Court Chambers – establishing a steering group for the next research project.



Photo above : Diane Abbott MP at the launch of "Outsourcing Abuse"

17th July 2012: Guardian: "Jimmy Mubenga death: G4S guards will not face charges" –
"Crown Prosecution Service says three escorts will not be charged over death of Angolan refugee on deportation flight. ... Makenda Adrienne Kambana, Jimmy Mubenga's wife, said the family was "distracted". "He was crying for help before he was killed. We can't understand why the officers and G4S are not answerable to the law as we or any other member of the public would be," she said."

18th July 2012: Guardian letter - "Perverse failure to prosecute G4S over Jimmy Mubenga's death -
... seems perverse, not just in a moral but in a strictly legal sense. The prosecutor says that "given Mubenga's physiological condition" he cannot rule out that factors such as "adrenaline, muscle exhaustion or isometric exercise" might have helped cause his death because he was in an "agitated state" before he died. The general application of this extraordinary reasoning would mean that no murderer whose victim struggled could be charged, because of the adrenaline, muscle exhaustion and isometric exercise involved in resisting attack. And even if (as is implied) Mubenga was somehow uniquely vulnerable because of a pre-existing condition, every rookie lawyer learns the "eggshell skull" doctrine, which states that an assailant bears legal responsibility for a death even if his victim has a pre-existing condition making for extra vulnerability. The failure to prosecute, and its perverse rationale, makes a mockery of criminal justice and sends out an appalling message that the deaths of migrants facing deportation attract no penal consequences. It must be reviewed urgently."

20th July 2012: Guardian - "Failure to bring charges in Jimmy Mubenga case 'perverse', says Peer" – Lord Ramsbotham said: "... I find that CPS decision, at its kindest, perverse." "Passengers reported hearing Mr Mubenga cry out that he could not breathe and that the guards were killing him. There had been Home Office warnings to G4S in 2006 about the dangers of using [restraint techniques that might lead to] positional asphyxia."

20th August 2012: fourth detention case where it was found that immigration detention of detainee amounted to "inhuman and degrading treatment" – "The Court found that UKBA was aware that D had previously been detained under the Mental Health Act 1983 and had a history of paranoid schizophrenia. He was not provided with any medication or a psychiatrist during his first four months of detention at Brook House IRC."
(Deighton Pierce Glynn)

4th September 2012: Mark Harper replaces Damian Green as Immigration Minister –

Conservative MP for Forest of Dean, was appointed the new Immigration Minister, replacing Damian Green MP.

5th September 2012 - Medical Justice annual review and discussion - Immigration Detention Deaths - End The Impunity! – speakers included an ex-detainee at Oakington IRC who was detained at the time of a death there, psychiatrist Dr Ben Robinson, and Mark Scott of Bhatt Murphy Solicitors.

11th September 2012 - Guardian: "Barnardo's chief: in the best interests of the children" – "If not us, then who?" Anne Marie Carrie [Barnardo's chief executive] is fond of asking when talking about the decision of Barnardo's to provide welfare and social care services at Cedars, the "pre-departure accommodation centre" ...
The decision – the charity's most controversial since Carrie took over as chief executive in January 2011 – provoked fury from anti-child detention campaigners, who accused Barnardo's of allowing a rebranded version of child detention to continue when the coalition government had promised to end it. Carrie is noticeably uncomfortable and increasingly defensive discussing the issue. campaigning organisations such as Medical Justice allege that dawn raids and excessive force still feature."

14th September 2012: Guardian "Tamils to be deported despite clear torture evidence" – "Two chartered flights bound for Sri Lanka are scheduled to take off next week, as evidence of human rights abuses mounts ... The Home Office says it only removes people who face no risk of torture, but Freedom from Torture and Human Rights Watch both argue that the government has severely underestimated this possibility when it comes to returned Tamils, many of whom are routinely arrested and quizzed about links with the Liberation Tigers of Tamil Eelam (LTTE) and activities in the UK, with torture often playing a part."

16th September 2012: Evelyn Day and her son Lee - London to Brighton sponsored bike ride Saturday – "I'm cycling with Lee from London to Brighton for Medical Justice because they do very important work for people in need."

17th Sept. 2012 : European Committee for the Prevention of Torture 12 days visit to the UK – Medical Justice made a submission to the CPT, suggesting areas they should investigate during their trip to the UK which will include an unannounced visit to an IRC. Medical Justice attended a meeting with the CPT on 25th Sept.2012.



Gill Butler

22nd September 2012: Celebration of Gill Butler's life on her 70th Birthday – at St Mary's in Upper Street, Islington. "Gill was the Treasurer of Medical Justice and the Chair of Yarl's Wood Befrienders. She visited hundreds of women detained at Yarl's Wood, offering true solidarity and friendship. Gill often stayed in close contact with the women after they were released, offering them ongoing support and friendship. They regarded Gill as family. I have never known one woman to be called "Mum" by so many. It felt like Gill's diary was packed with life-changing events in the lives of the women she helped - life-changing events that would probably never have been possible without Gill; women getting leave to remain, reunifications of families, marriages, and many births. If I hadn't witnessed the vastness of Gill's support to detained women for myself, I'm not sure I would have believed it. Gill's friendship and support was phenomenal and immense. And, she did it all so unceremoniously." – Emma Mlotshwa



Photo above : Liberal Democrats describe how they say they have ended the immigration detention of children

23rd September 2012: Liberal Democrat Party Conference receives thanks for ending the detention of children! To the tune of "oh we do like to be beside the seaside", deputy Prime Minister Nick Clegg claimed again that the government has fulfilled its promise to end the immigration detention of children (it has not - it has simply re-branded the detention of children, opening a new detention facility for children run by G4S and Barnardo's).

16th October 2012: Legal Challenges to Use of Force – training by Deighton Pierce Glynn Solicitors - Many thanks to Gareth Mitchell and Lochlinn Parker for providing excellent materials and training to Medical Justice staff.

28th September 2012: "Independent" Family Removals Panel first annual report: Tom Sanderson writes "Coalition promise in tatters as Home Office 'independent' panel wants more children detained ... The Coalition government promised to end child detention for immigration purposes, and appointed an 'independent' panel to protect children caught up in the asylum system. That Panel's first annual report rightly exposes a commercial contractor's ineptitude — and unwittingly reveals its own capture by the Border Agency."

30th September 2012: Number of immigration detainees - 3,091. Total detention in days 280,106.

30th September 2012: "UK 'illegally detaining victims of torture' at Dungavel Immigration Removal Centre in Scotland" – Scotland on Sunday reports "Medical Justice volunteer Dr Kate Wrigley told Scotland On Sunday she had examined a number of former Dungavel detainees with scars and injuries who should not have been held at the facility."

23rd October 2012: HMIP report on detention facility for children run by G4S and Barnardo's: HM Inspector of Prisons exposes the deputy Prime Minister's false statements that the government has detention the immigration detention of children. The report reveals self-harm, use of force and lack of legal representation.

23rd October 2012: Guardian – "Britain's still locking up children" – "Nick Clegg boasts that child detention is over, but the coalition's own figures reveal otherwise. ... The government has tried extremely hard to convince us that child detention has ended, but this year's figures continue to creep upwards... The fixtures and fittings at Cedars are prettier than in the rest of the government's immigration removal estate, but Hardwick's report has highlighted some of the same concerns that existed about child detention in its previous incarnation in various immigration removal centres. If the government really wants to end child detention, it should stop detaining children."

29th October 2012: Guardian: Nick Clegg "We are proud of having ended child detention" "Thousands of children are no longer locked up as they were under Labour, thanks to our family

immigration reforms. ... We have ended child detention as it existed under Labour and as we said we would in opposition. "

31st October 2012: Guardian: Medical Justice – immigration detention of children: "Liberal Democrat MPs keep claiming they have ended the immigration detention of children. This is simply not true: 84 children have been detained in the new immigration detention facility for children that the government has opened. It is run by G4S and Barnardo's. Nick Clegg describes the place as a "decent stopping off point" and that families are "accommodated" there. Families are, in fact, detained there, which is why it is inspected by HM Inspector of Prisons."

30th October 2012: death at Harmondsworth: Campaigners reported, "A Ghanaian detainee died 30th October 2012 at Harmondsworth. According to rumors, UKBA changed their tune regarding the cause of death from being a suicide. Indymedia writes "Detainees inside and an anonymous GEO officer confirm his name as Prince Ofose, a Ghanaian detainee, 31 years old."

31st October 2012: BBC – "Inquiry over death at Harmondsworth immigration centre": "An inquiry is under way into the death of a detainee at the Harmondsworth immigration centre in west London, the UK Border Agency (UKBA) said. It is believed the male, who has not been named, collapsed on Tuesday after being restrained at the centre near Heathrow Airport."

January to November 2012 – 175 children detained: 106 children were detained at the detention facility run by G4S and Barnardo's, plus 69 children detained at Tinsley House IRC.

November 2012 onwards: Foreign national prisoners (FNPs) stop being transferred from prisons to IRCs. FNPs are no longer transferred to immigration removal centres from mainstream prisons at the end of a criminal sentence; they continue to be detained in prison indefinitely.

17th November 2012: Harmondsworth IMB – a death the day after release from detention: the Independent Monitoring Board announced, "The detainee died in hospital in the early hours of that day, having been in hospital for several days. He was placed in intensive care during the evening of 16th November and was only at that point released from detention."

19th November 2012 - Medical Justice nominated for the Liberty 'Long Walk' Human Rights Award - Medical Justice was nominated for this award alongside the "Mau Mau" litigants and

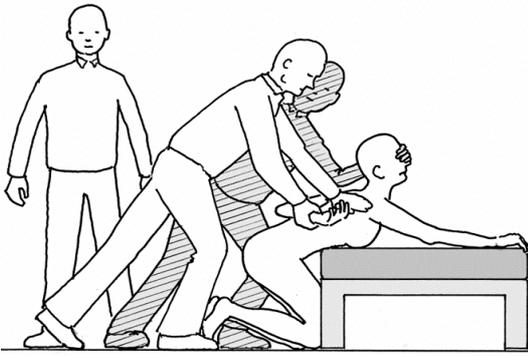
the Hillsborough Family Support Group. The amazing and inspirational Hillsborough campaign won the award. Thank you to everyone who nominated Medical Justice. 26 organisations and/or individuals had been nominated for 9 awards – Medical Justice was one of only two working on immigration issues. We are really touched to have been nominated.

5th December 2012 – The Medical Justice Festive Dinner and Awards Ceremony - 156 people booked places and we crammed in the Andover Estate Community Centre. Awards were presented by Medical Justice staff and ex-detainees to doctors, a psychiatrist, to Freedom From Torture, to a Channel 4 News producer, solicitors, barristers, detainee visitor, a midwife, and a Medical Justice management committee member. We celebrated our volunteer's amazing generosity and detainees' incredible courage.

6th December 2012: British Safety Council award Harmondsworth and Dungavel: Harmondsworth and Dungavel IRCs have been awarded Swords of Honour by the British Safety Council for the way in which they manage health and safety.

12th December 2012: HMIP and Independent Chief Inspector find Rule 35 "perfunctory" – HM Inspector of Prisons and the Independent Chief Inspector of Borders and Immigration published a report on their examination of 81 detainees' files across 5 immigration removal centre and one mainstream prison in 2011 ; "In our sample for this report, nine Rule 35 applications were submitted. None led to release ... The Rule 35 reports are often perfunctory and contain no objective assessment of the illness, condition or alleged torture. The replies are often cursory and dismissive and, as in this case, it is extremely rare for a Rule 35 report to lead to release."

5th January 2013: The Lancet – "Time in detention": " ... In the past year, concern has risen about asylum seekers with a history of being tortured being unnecessarily detained, and thus breaking Rule 35 of the 2001 Detention Centre Rules. A report by Medical Justice—a charity that supports the health rights of immigration detainees—published in May 2012, states that "Rule 35, which should prevent torture victims being locked up in all but very exceptional cases, is routinely flouted."



Artist's impression of the way Ms JN says she was assaulted at Yarl's Wood Immigration Removal Centre. She won her legal challenge

11th January 2013: The Guardian - "UK Border Agency rejects calls to stop using force on pregnant detainees: "Government document outlines recommendations by prison inspectors as one detainee claims she was 'dragged like a dog' ... UKBA has rejected four of the recommendations. ...Medical Justice, a charity supporting people in immigration detention and investigates health abuses there, is conducting research into the treatment of pregnant women detainees. Its co-ordinator, Emma Mlotshwa, said: "UKBA has sanctioned violence against children, pregnant women and their unborn babies. Though they have outsourced this abuse to their private contractors G4S and Reliance, UKBA are ultimately responsible for it."

17th January 2013: (Ex)detainee launch legal challenge of use of force against pregnant

women and children: Following the 11th January 2013 Guardian article about UKBA rejecting HMIP's recommendation to not use force on pregnant women and children to effect removal, Janet Farrell from Bhatt Murphy Solicitors issued a pre-action letter on behalf of a pregnant woman at Yarl's Wood, and a family who are subject to being detained. The action was eventually successful – hours before a High Court hearing, the Home Office reverted back to a policy that they had unilaterally withdrawn which restricted the use of force to preventing harm and not to effect removal.

21st January 2013: Medical Justice launches its online referral facility: "Our new online referral function is quick and simple to use. And is much more efficient for Medical Justice. The online referral function on our website allows you to type in the information required to make a referral - copy and paste is allowed and you can attach files. The function enables you to get a summary of the information you have provided to us emailed to you, which may be useful - e.g. forwarding to others involved in the case. The information you provide gets processed directly into the Medical Justice case management system using a secure method. So, we don't have to re-type or reconfigure the information - this saves us a lot of time, avoids errors and helps identify the detainee's needs more quickly. Saving our time means we can help more detainees.



Award presented to Freedom From Torture for their campaigning on deportations to Sri Lanka, 5th December 2012



Home Office official discusses issues with some ex-detainees, a Medical Justice doctor and a journalist



Emma Norton, solicitor, of Liberty accepts an award at the Medical Justice Awards Ceremony December 2012

Deaths



Photo above : Manual Bravo killed himself at Yarl's Wood Immigration Removal Centre in 2005, leaving his 14 year old son

Two detainees died in or on release from immigration detention in FY2013:

- **Prince Kwabena Fosu**, Ghanaian, 31 years old, at Harmondsworth on 30th October 2012
- **Jakana Chowdhury** on 17th November 2012. The Institute of Race Relations reported: "Jakana Chowdhury died in hospital having been in there for several days. He was placed in intensive care during the evening of 16th November and was only at that point released from detention. The Prisons and Probation Ombudsman decided not to investigate this death because of 'insufficient staff resources'. The UKBA's Professional Standards Unit is now investigating the death." Jakana Chowdhury had been detained at Harmondsworth.

[Since then, three more have died: 84 year old Canadian Alois Dvorzac at Harmondsworth on 10th February 2013, 52 year old Pakistan Khalid Shahzad died (unaccompanied) on a train to the northwest, hours after he was released on medical grounds from Colnbrook on 30th March 2013, and 43 year old Pakistani Tahir Mehmood died at Pennine House short-term holding facility near Manchester airport on 31st July 2013].

The inquest into the death at Colnbrook of Mohammed Shukat was held in May 2012. Mr Shukat was the first of three men to die in immigration detention in 2011.

Mr Shukat's cell-mate used the emergency button in their locked cell 10 times in a frantic effort to get help for Mr Shukat who was groaning in agony, complaining of very bad chest pains, and who was disbelieved by a guard and nurse until it was too late. He died.

Conclusion of the jury in the inquest into the death of Mr Shukat:

1. Neglect contributed to the death of Mr. Shukat who had a pre-existing heart condition.
2. There was a total and complete failure of care in the management of his health at Colnbrook. These failures were:
 - (1) a misdiagnosis of symptoms of a cardiac arrest. This led to :
 - (a) failure to consider use of an ECG as diagnostic tool
 - (b) failure to call an ambulance in a timely manner
 - (2) no immediate application of CPR
 - (3) a systems failure causing the non provision of an operational defibrillator
3. A preliminary report into the death of Mr. Shukat prepared by Colnbrook Healthcare failed to identify any of these matters.

The Home Office refused to tell Medical Justice what action they are taking against Serco, who run Colnbrook.

Medical Justice wrote to the Director of Public Prosecutions on 13th July 2012 requesting that he reviewed whether any criminal charges should be brought against Serco and any of its staff as a result of the death of Muhammad Shukat at Colnbrook. No criminal charges have been brought against Serco.

Medical Justice has documented many cases of disturbingly inadequate healthcare provision and subsequent alarming number of near-death incidents. Some detainees have suffered permanent damage, some life threatening. Warnings by us, and many others, have been ignored or trashed by UKBA over the years.

The actions of some Home Office officials regarding one detainee who they were warned about could die were revealed during the case of BA. The healthcare manager at Harmondsworth considered that BA could die imminently and was preparing "an end of life care plan" for him. Despite all of the information the Home Office had of BA's continued detention was authorized. BA's lawyer said that the Home Office's apparent indifference to BA's plight left him on the verge of death. The Home Office wilfully gambled with this man's life, fully aware of the risks. They proved incapable of monitoring his health, but were ready to manage his death, concerning themselves with handling press interest should he die.

Few detainees get to legally challenge their treatment. Many of the near-death incidents will never be independently investigated. Of the relatively few legal challenges there are, the Home Office settles most out of court with no judgement in the public domain. In many cases of deaths in immigration detention, there are few witnesses willing to speak out or family members to demand information from the Home Office.

We fear the lack of much parliamentary and media interest may lead UKBA to feel impervious. As detention and deportation reaches an industrial

scale, we wonder if the Home Office and its private contractors will ever face appropriate consequences for the deaths and injuries.

Medical Justice predicts that the situation will get worse as legal aid cuts take effect, which may leave many detainees with no legal representation. We warn that this could result in more deaths. All deaths in immigration detention are avoidable; immigration detention is not intended as a punitive measure - it is for the administrative convenience of the Home Office, and is therefore optional.

Harm on Removal



Photo above : handcuff injuries

News on 17th July 2012 that G4S guards, at whose hands Jimmy Mubenga died during deportation, would not face criminal charges made many feel like G4S had been given a licence to kill.

The Guardian reported, "Gaon Hart, senior crown advocate in the CPS special crime division, said there were "conflicting witness accounts" about the manner of the Angolan's restraint, although counsel found there was a "breach of duty" in the way Mubenga was held. "In light of this, the experts unanimously concluded that given Mr Mubenga's physiological condition, having been in an agitated state before he died, they could not rule out that his death may have been caused by a combination of factors such as adrenalin, muscle exhaustion or isometric exercise," he said." Makenda Adrienne Kambana, Jimmy Mubenga's wife, said the family was "distracted". "He was crying for help before he was killed. We can't understand why the officers and G4S are not answerable to the law as we or any other member of the public would be," she said."

Jimmy Mubenga was handcuffed from behind and bent forward. Many witnesses say they saw G4S guards holding him down and heard him complain many times that he could not breathe.

Since then, on 9th July 2013, the verdict at the inquest of Jimmy Mubenga was unlawful killing and the Crown Prosecution Service said it will reconsider whether to bring criminal charges against G4S.

Meanwhile Medical Justice continues to send volunteer doctors to see detainees who have sustained injuries during forced removals. Some detainees have complained of having their head bent down and their breathing restricted.

Concerns about the Home Office's investigations of continuing allegations of excessive use of force

Medical Justice assisted a number of detainees in 2012 to lodge complaints about use of force during attempts to remove them from the UK. In a number of cases the incident has been reported to the police as an assault by the detainee on guards, and some have been charged.

Concerns about the Home Office complaints process include:

- Injuries following assault are regularly not examined, recorded or photographed;
- In another case the Home Office investigated the complaint and interviewed the detainee by phone while he was handcuffed in a vehicle with escort staff.
- In every case the Home Office has unsubstantiated the assault allegation and subsequently the police have never investigated the assault allegations.

Detainee G – claims he was assaulted and his breathing restricted

In 2012, during a removal attempt, Detainee G was forcibly held down by escort staff and extreme pressure applied to his legs and abdomen. His head was then pushed forward so that it was pressed against the headrest of the seat in front. The escorts accompanying Detainee G then began to put their hands indiscriminately on his face. One of the escorts

then pinched his nose shut, forcing him to breathe through his mouth, before another escort covered his mouth completely with their hand. Detainee G described his fear and trauma:

“One of the men held my mouth to keep me quiet. I felt that my life was threatened because I was suffocating I could not breathe for a moment. I thought of the other

man that died after the escorts stopped him breathing and feared for my life.”

Detainee G submitted a complaint that the Home Office took more than 100 days to respond to, categorically denying all allegations and unanimously upholding the accounts of the escort staff.

“The Second Torture”



House of Commons launch hosted by Lord Dubs

Publishing the dossier

7 years of discussion with the Home Office about the failure of its “Rule 35” safeguard to prevent the detention of torture survivors met with continual obfuscation. So we published a dossier on the topic as part of a campaign to secure lasting change.

Rule 35 of the Detention Centre Rules 2001 requires medical practitioners in immigration removal centres (IRCs) to report on the case of any individual who he/she is concerned may have been a victim of torture. In turn, the Home Office caseowner reviews the appropriateness of detention. Policy guidance and legislation make clear that individuals who have independent evidence of torture should be released, absent very exceptional circumstances. However, “The Second Torture” report showed that Rule 35 is routinely flouted.

The report investigated the cases of 50 people who had medical evidence of the torture they sustained, 14 of whom now have been granted leave to remain in the UK. In only one case did Rule 35 trigger a detainee’s release.

Two of the 50 were forcibly returned to their countries of origin and endured torture for a second time. Both managed to flee again, claimed asylum for a second time and were detained again in the UK. One of these people now has leave to remain on the basis of the risk he faces in his country of origin.

All but two of the 50 had been released at the time of publication, begging the question why they were ever detained in the first place. Those surveyed were in detention for an average of 226 days, costing the government approximately £23,000 per person. Had

they been housed in the community the cost would have been less than £5000 per person.

The report documented a catalogue of errors, including the clinical mismanagement of detainees’ healthcare provision, poor record-keeping and report writing by unqualified people. Inadequate and ill-considered responses from Home Office workers were the norm, demonstrating an inability to interpret medical evidence, a culture of denial and a misunderstanding about the legal standard of proof.

The impact of detention can be catastrophic: of the medical notes examined, 23% went on hunger strike; 34% experienced suicidal intent/ideation or actual self-harm; 16% attempted suicide; 11 were transferred to hospital as acute emergencies; and there was one near death event. As many (ex) detainees explained, detention was a “second torture”, provoking re-traumatisation.

This report uncovered systemic failures on the part of the Home Office and its contractors to follow statutory law and provisions. It charts the repeated criticisms that Home Office has faced on this issue from Her Majesty’s Inspectorate of Prisons, the Joint Committee of Human Rights, non-governmental organisations and in a multitude of damning court judgments over the last ten years.

Lord Avebury, who raised the issue in Parliament for many years, said: “Rule 35 is not working, and hasn’t worked ever since it was first introduced... In the face of such an abysmal record of failure extending over many years, this survey by Medical Justice is a wake-up call.”

Case example: Leonardo

Leonardo came to the UK having been a child soldier and victim of torture. Leonardo was detained under immigration powers at the end of 2010. There were 15 self-harm incidents reported, including cutting himself and head banging in his first 70 days of being held under immigration powers. He also went on hunger strike leading to renal impairment.

Two Rule 35 reports were written from the healthcare teams at the detention centre. Both reports failed to secure his release. Both responses from Home Office used the illogical reasoning that there was an ‘absence of any independent evidence that you were tortured’.

being locked up in all but very exceptional cases, is routinely flouted". ...

The responses did not consider that at this point in time, Leonardo had two reports by independent consultant psychiatrists both outlining his history of torture and his diagnosis of post traumatic stress disorder. There was also a letter from a Medical Justice independent doctor stating that he is "unfit for detention". There were clear indications that his health was deteriorating in detention, having been on hunger strike, attempted suicide and taken to Accident & Emergency twice.

Leonardo was not released from immigration detention until after almost 6 months.

Rule 35 Launch:

The report was published on May 22nd, 2012 and Lord Avebury and a former detainee wrote the Foreword. We launched the dossier in the House of Commons, hosted by Lord Dubs. 121 people booked places. Speakers included Jeremy Corbyn MP, Dr Jonathan Fluxman, Natasha Tsangarides (author), and Mr DN, a former detainee who had been re-tortured having been deported by the UK.



Natasha Tsangarides, author of *The Second Torture*

Media coverage included;

- **Channel 4 News: "Government 'breaching rules on torture victims'"** - "Victims of torture seeking asylum in the UK are routinely being held in detention while their applications are processed, in breach of government rules". An excellent 8 minute piece on the 7pm news was shown together with an online web article.
- **Guardian: "Torture victims held in UK immigration detention centres launch legal action"** - "Report finds rule that torture victims should not be locked up except in exceptional circumstances is routinely ignored".
- **The Lancet: "Time in detention" 5th January 2013** - "... In the past year, concern has risen about asylum seekers with a history of being tortured being unnecessarily detained, and thus breaking Rule 35 of the 2001 Detention Centre Rules. A report by Medical Justice—a charity that supports the health rights of immigration detainees—published in May, 2012, states that "Rule 35, which should prevent torture victims

Rule 35 Policy, Parliamentary & Legal Work

Consultation Responses and Policy Submissions:

Policy submissions were made to the following with respect to Rule 35:

1. UN Special Rapporteur On the Human Rights Of Migrants
2. Council of Europe anti- torture team (CPT)
3. House of Lords briefing paper for the debate on the work of the UK Border Agency
4. Detained Fast Track consultation for the Chief Inspector of Borders & Immigration

Parliamentary Questions:

A number of PQs were planted. For example, on the 25th June 2012, Lord Lester asked: "why the UK Border Agency does not maintain central records of the number of individuals placed in immigration detention who claim to have been tortured, claim to have mental health problems or about whom mental health problems have been observed; and whether they will do so in future." – Lord Henley responded that "The UK Border Agency has no plans to create a central record of the number of individuals placed in immigration detention who claim to have been tortured, claim to have mental health problems or about whom mental health problems have been observed." Such a response flies in the face of what has been promised by the Home Office regarding process improvements.

Policy Guidance:

There had been little progress with the Home Office – we felt that we had no alternative than to start to litigate. Our lawyers sent a letter before claim to the Home Office in April 2011. The Home Office agreed to meet with us about Rule 35 on 10th June 2011. At the meeting Medical Justice was told that the new Detention Services Order (DSO), the Asylum Policy Instruction (API) and staff training materials would be revised within the next two months, i.e. by the end of August 2011. At a later meeting on 16th January 2012, the Home Office noted there would be further delays owing to a change in legal representatives. However, this never happened. Throughout 2012, consultations were held on the policy documents.

We provided comments on the production of the Home Office's revised guidance on the API, DSO and audit criteria relating to Rule 35 and on the Cedars Operating Standard. Medical Justice was assured that a new API and DSO would be developed by April 2012 but this never happened. Letters were written chasing them about this on April 12th and August 9th and a PQ was asked by Diane Abbott on September 10th 2012. In November 2012 the new DSO was published and in January 2013 the revised API was published. Some of our comments were taken on board. As of July 2013, the audit still has not taken place.

Legal work:

Given all the delays from the Home Office, Medical Justice felt that the only action left available would be to take legal action. Catherine Osborne, who was doing a pupillage at Toops, came in to put potential Rule 35 cases in a spreadsheet.

Five detainees that Medical Justice had assisted said that they would like to make linked judicial reviews. Each case sought to secure the client's release and/or claim damages for false imprisonment based on breaches of Rules 34 and 35 of the Detention Centre Rules 2001 and published policy. Medico-legal reports from our volunteer doctors helped establish that all five ex-detainees had been imprisoned unlawfully and that Rule 35 does not work and our researched dossier was submitted as evidence of systemic failures.

The judicial reviews were heard between 29th Jan 2012 to 1st Feb 2013. All five were found to be unlawfully detained. See the section on *Strategic Litigation* for more information.

Early Day Motion 95: Detention of Torture Survivors

"That this House welcomes Medical Justice's new report, *The Second Torture: The Immigration Detention of Torture Survivors*, which demonstrates how the UK Border Agency is failing to fulfil its statutory duty to safeguard torture survivors, as outlined in Rule 35 (3) of the Detention Centre Rules 2001. ..." In total, 43 MPs signed up, most of whom were directly targeted by us.

Key Outcomes of the Rule 35 work:

There has been no direct feedback from the Home Office on the publication of the dossier, other than via TSol who said the dossier's sample was "small" and it was "anecdotal".

However, Home Office Rule 35 policy has changed as a result: policy guidance for caseowners and detention centre staff has improved. Whilst not all of our recommendations were taken on board for the guidance, significant elements were, including the design of the new Rule 35 report template forms for doctors to complete.

The profile of Rule 35 as a topic was raised amongst parliamentarians, as demonstrated by EDM

signatories, parliamentary questions tabled and debates on the work of the Home Office.

Our research has been cited by numerous organisations nationally and internationally- and in the media – which has undoubtedly put pressure on the Home Office. Additionally, the litigation, whilst there were some mixed findings, was successful for the five claimants.

Bad practice still exists and there is an urgent need for greater monitoring and accountability of both the reports and the responses from Home Office caseowners. Promises such as the audit are yet to be met and Medical Justice will continue to pressure the Home Office to ensure their safeguarding mechanisms work.

The Second Torture – quote from detainees:

'I was just another asylum seeker in their eyes, they don't care where you are from, what you have been through, they treat you like a prisoner. I couldn't get the right help from healthcare staff which was a talking therapy. I still can't believe I survived it.'

'I wonder how a first world [country] can behave the way they do especially to people with terminal diseases.'

'The detention centre was the second torture that I had... the first was in DRC and was physical, the second one was psychological'

'My time in detention was a nightmare...I found myself having the worst flash backs [of my time in] prison in Cameroon...It was the same event repeating itself twice in detention...I am traumatised...When I see uniformed people I get so frightened. My health is getting worse. My time in detention is something I won't wish my enemy to experience. The whole atmosphere is one of panic.'

'I was so depressed in detention...it reminded me of torture in Cameroon, they beat me and caused nerve injury to me.'

'I am traumatized from torture from my country and now feel I am being punished again ...'

Natasha Tsangarides

Pregnant women in detention

Medical Justice had noticed that while the number of children in detention has gone down, the number of pregnant women in detention getting in contact with us seems to have gone up, which left us wondering if there was a link.



Photo : doctors and midwives at training day

HM Inspector of Prisons had reported that “too many pregnant women, who should only have been held in exceptional circumstances, were detained”. Medical Justice had documented cases where force had been used on pregnant women, that pregnant women had been placed in wheelchairs for deportation, and that relatively few pregnant mothers were actually deported, begging the question why they were ever detained at all.

After a long struggle with Serco and local Bedford midwives, our midwife volunteer, Jane Grant, finally got in to Yarl’s Wood immigration removal centre where most women detainees are held in 2012.

Following a decision to investigate the detention of pregnant women, it was decided that the next research dossier, after *The Second Torture*, would focus on this group. Attempts were made to hold a meeting and have a tour of Yarl’s Wood prior to the research being conducted. However, Yarl’s Wood, the Home Office and ultimately the Immigration Minister denied this.

On 17th July 2012, Medical Justice held a small public campaign meeting to consult people about the research and campaign around pregnant women. 77 people signed up, including doctors, midwives, lawyers, non-governmental organisations and UNHCR. As well as to consult about our hypotheses, the aims of the meeting were to: see what other organisations were doing on the topic; get an understanding of who is doing any similar research and avoid duplications; find good, new contacts; look for mainstream pregnancy activists; encourage funders; and recruit new pregnancy-related medics. Following the campaign meeting, a research strategy and methodology were devised. A network of potential supporters were mapped and of these, a few were selected to be on a group to advise the course of the research.

The advisory group met on 6th December 2012. People who attended from outside Medical Justice included lawyers from Bhatt Murphy Solicitors, a barrister, a GP, representatives from Maternity Action, Kings College Trust, and the Royal College of Psychiatrists. The group was briefed about hypotheses, proposed methodology and research questions; and their advice was taken and followed up on.

Research Aims:

- Literature review of the policy and legislation pertaining to pregnant women in immigration detention
- Analysis of whether pregnancy was factored in to the decision to detain and maintain detention
- Assessment of the quality of healthcare and experiences of pregnant women held in Yarl’s Wood IRC

Research Questions:

- What were the exceptional circumstances that led to the (continued) detention of pregnant women in the sample?
- What are the mental and/or physical health issues of the pregnant women in the sample?
- Was the healthcare of the pregnant women in the sample held in immigration detention of NHS equivalent standard?
- Did healthcare prescribe anti-malarial prophylaxis in line with good practice guidance and the Immigration Directorate Instruction?

Our research report “Expecting Change: the case for ending the immigration detention of pregnant women” was published on 11th June 2013. The findings included that 93 pregnant women were held in the main immigration detention facility for women, Yarl’s Wood in 2011. The primary purpose of detention is removal, yet this research and a previous Medical Justice audit show that only around 5% of pregnant women were successfully removed.

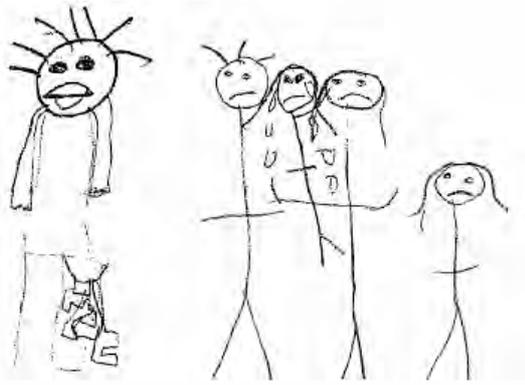
Litigation

Alongside the research, litigation work was being conducted. Pregnant women who were identified to have a possible unlawful detention claim were referred on to lawyers. Following a Guardian article on 22nd October 2012 about the Home Office rejecting the HM Inspector of Prison’s recommendation to not use force on pregnant women and children to effect removal, Bhatt Murphy Solicitors issued a pre-action letter on 17th January 2013 on behalf of a pregnant woman at Yarl’s Wood, and a detained family.

The judicial review was a success with the Home Office accepting that they can no longer use force on pregnant women to effect removals.

Natasha Tsangarides

Children in detention



Home Office statistics for the immigration detention of children in 2012:

- 226 children were detained
- 121 children were detained at “Cedars” and 45.4% were returned to the community
- 3 children who were detained at “Cedars” were monitored under ACDT (Self-Harm at Risk)
- 83 children were detained Tinsley House Immigration Removal Centre and 50.6% were released
- 22 children were detained at other detention facilities and 90.9% were released into the community

On 23rd October 2012 HM Inspector of Prisons released their inspection report on “Cedars”, the detention facility for families with children run by G4S and Barnardo’s

- 136 people from 39 families had been detained – 84 children and 52 adults
- Six families had been detained twice, and one three times.
- 49% detained families had no legal representation
- There had been self-harm incidents and one detainee had punched her own face causing her tongue to bleed
- Two members of staff had been suspended as a result of inappropriate comments
- A pregnant woman in a wheelchair was tipped up and had her feet held by staff from G4S

HMIP: *“Force had been used to effect the removal of a pregnant woman... There is no safe way to do this while protecting the unborn child and it is simply not acceptable to initiate force for such purposes ... the risk of injury to the unborn child was significant..”*

Other issues continuing to affect the immigration detention of children:

- In September 2012 the Independent Family Removals Panel, set up to provide independent

advice to the Home Office, published its first annual report and said that more families would benefit from being detained (“more families would benefit from a short stay at Cedars”).

- A number of Liberal Democrat MPs claim, some of them repeatedly, that they have ended the immigration detention of children (e.g. 3rd April 2012 letter in the Guardian “Liberal Democrats have a proud history of defending civil liberties ... So far we have ... ended child detention for immigration purposes” and a number of other examples). This gives the public the impression that they have ended the detention of children and this can weaken the campaign.
- Barnardo’s runs “Cedars” alongside G4S, whose reputation was most recently damaged when the jury at the inquest into the death of a man at the hands of G4S during a removal attempt returned the verdict of unlawful killing. Barnardo’s involvement may mean that when the public is told by the government that the immigration detention of children has ended, they may be more easily persuaded of it because many people associate Barnardo’s with protecting children, not being part of a regime that detains them.
- Barnardo’s insisted that if certain “red lines” were crossed, it would walk away from the contract to run “Cedars” with G4S. One of the red lines was disproportionate use of force - HMIP identifies that the use of force on the pregnant woman as “unacceptable”. Another red line was the detention of families more than twice - HMIP stated that one family was detained three times, and several were detained twice. Barnardo’s has not walked away from the contract.
- Children at “Cedars” are still afforded fewer rights now than they were at the notorious Yarl’s Wood Immigration Removal Centre. Yarl’s Wood must comply with the Detention Centre Rules and the Home Office intends that “Cedars” will comply with the Short Term Holding Facility Rules, except they don’t exist yet – they have been in draft for years. Despite being open since 1st September 2011, “Cedars” is still a regulatory vacuum.
- 45% of the children detained at “Cedars” in 2012 were later released, begging the question why they were detained in the first place. Some children have witnessed violence and the injuries sustained to a parent during the arrest of their family prior to being transported to “Cedars”.

Medical Justice calls on the government to actually end the immigration detention of children.

Mental Health



Photo : medics training day

Indefinite detention has a toxic effect on mental health. A number of detainees end up requiring hospitalisation. Two men first detained in 2008 were both transferred to hospital from Harmondsworth IRC, one to a mental health ward, in 2012.

The medical mistreatment of some detainees has included denial of treatment, medication and access to hospital, and being administered the wrong medication.

Severely mentally ill detainees, including torture survivors or those with florid psychosis, often continue to be detained despite doctors finding them unfit to be detained. In 2012, 125 detainees at Harmondsworth were found by GPs employed there to be unfit to be detained, but only 12 were released.

The Home Affairs committee noted that detention

Transfer to the DoH



Photo : Mr MB sustained fractured facial bones during an attempt to deport him

Although it was believed that the responsibility for the commissioning of healthcare for immigration detainees would transfer from UKBA to the NHS on the 1st April 2013, it was difficult to access hard information on this.

The usual lines of communication – like the

centre doctor's advice that detainees are transferred to hospital is at times ignored and that such issues "may not be isolated incidents but may reflect more systemic failures". The Home Office has steadfastly denied claims that Medical Justice has made of systemic failures.

Deterioration of mental health in detention could result in a detainee to be considered too mentally ill to be released. One detainee with mental health or behavioural problems was in the segregation unit at Harmondsworth or other immigration removal centres for a virtually continuous period of 22 months.

In 2012, two more High Court judgments (D: 20th August 2012 and HA: 17th April 2012) found that the conditions of detention of those mentally ill claimants amounted to "inhuman and degrading treatment".

In July 2012 the Guardian reported that Home Office officials planned to 'unbalance' the mind of another detainee already suffering from schizophrenia in the hope of putting pressure on him to leave the UK. The detainee lacked the capacity to make informed decisions and because of this vulnerability he was represented in the high court case by the official solicitor. This is a profoundly disturbing insight into what goes on behind closed doors risks creating a perception that some Home Office officials deliberately worsen mental illness as a tactic.

Detention Users Group Medical Sub-Group meetings – were cancelled or made ineffective. The Clinical Professional Advisory Group (CPAG) established by the Department of Health to oversee the transfer was as incommunicative as the Home Office-backed bodies.

Responses to a series of requests under the Freedom of Information Act made by Malcolm Alexander, chair of the National Association of LINK members, shared with Medical Justice, led us to believe, however, that the transfer would take place and evidenced that some preliminary meetings had taken place at local level between the immigration removal centre healthcare providers and the potential new commissioners.

Since the proposed transfer was a potential step-change for the better in the healthcare conditions for immigration detainees, the slow pace of reform was of some concern.

Strategic Litigation



Introduction

Medical Justice's litigation work is becoming increasingly embedded into the organisation. If last year was about growth, this year was about consolidating our position.

Having to rely on lawyers and litigation to help achieve our objectives is

unfortunate. In an ideal world, we would want to engage with the Home Office constructively. However, their approach does not allow this – at times it seems that the only way we can get the Home Office to listen is to take them to court.

The “zero notice” case

An example of this is the “zero-notice” case. This case has a long history with Medical Justice – it involved a challenge in 2010 to a Home Office policy that allowed certain categories of particularly vulnerable people to be removed without any notice whatsoever. We won in the High Court and then we won again in the Court of Appeal. We were pleased to find out on 6th February 2012 that the Home Office thought better of taking the case to the Supreme Court – no doubt because they would have lost there too.

Instead, the Home Office decided to consult on a new version of the policy with some more supposed ‘safeguards’. It was clear to us that this new policy had all the problems of the old policy. We were assisted by the Ravi Low-Beer (Public Law Project) and Charlotte Kilroy (Doughty Street Chambers) to produce a consultation response that coordinated responses across a range of organisations. This created a critical mass of expert opinion – and we have not heard anything since. When you're against an organisation like the Home Office that is considered a ‘win’.

This story shows how lawyers were necessary at every stage to succeed against the Home Office who is often unwilling to engage with organisations like Medical Justice.

The Rule 35 case

One of the ways in which Medical Justice now works to achieve its campaigning objectives is to attack an issue on all fronts – in Parliament, in the media and in the courts, as well as through case work, policy work and research. The best example of this is the Rule 35 case. Rule 35 will have been described in more detail elsewhere in this annual report. Put shortly, it is a rule that is meant to allow torture survivors to not be held in immigration detention. The rule does not work properly.

To highlight this, we published the report “The Second Torture” in May 2012. On the same day of publication, five judicial review claims, which were coordinated by Medical Justice, were issued in the High Court to challenge the operation of the rule. The great thing about our report is that it contained hard data that demonstrated how badly Rule 35 is working. This is perfect information to use in a legal case.

The case was heard by the High Court at the end of January 2013. Although this annual report usually covers issues up to 31st January 2013, it has to be reported that we were largely successful in our case – the court made a number of findings that supported our view of the failings about Rule 35. Indeed, the court found that the evidence was “disturbing”, and the detention of the five claimants was found to be unlawful and damages were awarded.

Changes to Rule 35 have been made since the case, such as the Home Office adopting a narrower definition of “torture”. However, after we threatened the Home Office with a further legal challenge they backed down. We should consider this another ‘win’.

This is a great example of all aspects of Medical Justice working together seamlessly to achieve a positive result for detainees. We still have concerns about how Rule 35 is working in practice and we will continue to challenge unlawful behaviour by the Home Office. I would like to thank Jamie Beagent (Leigh Day), Paul Brown QC (Landmark Chambers) and Chris Buttler (Matrix Chambers) for all their hard work on this case.

The intervention in HA (Nigeria)

Another important part of our legal work is intervening in cases. This is where Medical Justice steps into other cases to assist the court with our expert view on an issue. As the only charity that sends doctors into detention centres, we are well placed to do this.

One such case was HA (Nigeria). This case was about the treatment of a mentally ill man in detention. In the High Court, a judge held that the policy of detaining mentally ill people if they can be “satisfactorily managed” in detention was unlawful and held that the man’s treatment was inhuman and degrading (Article 3 ECHR).

Unsurprisingly, the Home Office appealed this decision to the Court of Appeal. At this stage, we were invited to intervene in the case to help the court understand the special problems associated with detaining people with mental health conditions. The main problem is that detention makes mental health conditions worse and there rarely proper access to the right kind of treatment.

We prepared our evidence and submissions to the court with Mind, the mental health charity, with the assistance of Sue Wilman at Deighton Pierce Glynn, Tim Buley at Landmark Chambers and Raza Hussain QC of Matrix Chambers. However, in the end, UKBA decided to not to continue the appeal. I would like to put this down, at least in part, to Medical Justice’s intervention – we were very critical of the Home Office’s treatment of mentally ill people and our evidence was very strong on this issue.

Other work

A further area of our work is providing witness statements to detainees who are bringing cases to challenge their time spent in detention or are making asylum claims. Solicitors regularly look to us to provide evidence to use in their cases – for

instance, Liberty asked us for a witness statement that included evidence about the use of force and handcuffing in the immigration detention context.

We are greatly assisted in this work by our new data system. I mentioned this in last year’s report and I can confirm that the system was money well spent – we can quickly and easily pull out information in relation to Medical Justice clients that can be used as case studies for our witness statements. We are very grateful to all those who donated to our data system – it is allowing us to take our legal work to the next level.

Conclusion

Medical Justice has become good at using the law to achieve its objectives. It has been a privilege to be involved in this process. But we are not resting on our laurels – there are plenty of challenges ahead. We are aware of an emerging issue in relation to foreign national prisoners who are being detained in prisons after the end of their sentences. There are also the proposed changes to legal aid and judicial review that could profoundly affect our clients. In short, the fight goes on.

I would like to thank the members of our Strategic Litigation Group for their work over the past year. This includes the staff, Alex Goodman (barrister and trustee), Steve Symonds (formerly of ILPA) and Martha Spurrier (formerly of Mind).

Justin Leslie, barrister



Medical Justice Awards Dinner

On 5th December 2012 we celebrated our volunteer's amazing generosity and detainees' incredible courage. Staff and ex-detainees presented Medical Justice awards as a small token of our gratitude, to a small number of the very many wonderful volunteers that we are blessed with:

Dr Teresa Wozniak, Dr Jane Mouny, Dr Rachel Bingham, Jane Grant (midwife), Justin Leslie (barrister), Harriet Wistrich (Birnberg Peirce & Partners), Emma Norton (Liberty), Martha Spurrier

(barrister), Jane Ryan (Bhatt Murphy Solicitors), Rahwa Fessahaye (Detention Action), Freedom From Torture for their role in the Sri Lanka Campaign, Channel 4 News for excellent coverage of The Second Torture.

Recently back from the Liberty Human Rights Awards, we shared a "Liberty" cake made by the wife of the evening's host, ex-detainee Mr NF, who was just granted leave to remain in the UK.



Medical Justice Awards Ceremony December 2012



Channel 4 producer accepts an award at the Medical Justice Awards Ceremony December 2012

Statement of Financial activities

Statement of Financial Activities for the year ended 31st January 2013

	Unrestricted Funds £	Restricted Funds £	Total 2013 £	Total 2012 £
<u>Incoming Resources</u>				
Incoming Resources from Generated Funds				
Voluntary Income	67,877	0	67,877	44,048
Investment income	73	0	73	0
Incoming resources from charitable activities	25,172	102,882	128,054	177,394
Other incoming resources	0	0	0	0
Total Incoming Resources	<u>93,122</u>	<u>102,882</u>	<u>196,004</u>	<u>221,442</u>
<u>Resources Expended</u>				
Cost of generating fund				
Cost of generating voluntary income	216	0	216	258
Charitable Activities	97,484	103,989	201,473	157,346
Governance Costs	2,400	0	2,400	3,735
Total Resources Expended	<u>100,100</u>	<u>103,989</u>	<u>204,089</u>	<u>161,339</u>
<u>Net incoming/(outgoing) resources</u>				
before transfers	(6978)	(1107)	(8,085)	60,103
Transfer of Funds	0	0	0	0
Total funds at 1st February 2012	73,785	20,048	93,833	33,730
Total funds at 31st January 2013	<u>66,807</u>	<u>18,941</u>	<u>85,748</u>	<u>93,833</u>

Balance Sheet as at 31st January 2013

	2013 £	2012 £
Fixed Assets	21,690	20,027
Current assets		
Debtors	20,326	0
Cash at bank and in hand	48,218	77,318
	90,234	97,345
Creditors: Amounts falling due within one year	4,486	3,512
Total Assets	<u>85,748</u>	<u>93,833</u>
Funds		
Unrestricted Funds	66,807	73,785
Designated Funds	0	0
Restricted Funds	<u>18,941</u>	<u>20,048</u>
Total Funds	<u>85,748</u>	<u>93,833</u>

Resources Expended by category of Expenditure

Resources Expended by category of Expenditure	Total 2013 £	Total 2012 £
Costs directly allocated to charitable Activities		
Salaries and national insurance	133,435	109,430
Consultancy Fee	5,158	0
Medico-Legal Report Fees	24,372	15,144
Medical Notes & Records	3,100	3,308
Court Fees	235	200
Event Training & Expenditure	2,684	2,908
Interpretation	2,795	804
Staff Recruitment & Training	980	220
Travel	151	839
	<u>172,910</u>	<u>132,853</u>
Support costs allocated to charitable activities		
Rent	10,268	8,997
Telephone & Fax	1,491	1,036
Postage Stationery & Printing	6,166	6,857
IT expenditure	452	1,160
Insurance	263	266
Volunteer expenses	2,949	359
Subscription	38	93
Website	258	458
Other Office Expenses	3	260
Depreciation	6,675	5,007
	<u>28,563</u>	<u>24,493</u>
Cost of generating voluntary income		
Fund raising cost	<u>216</u>	<u>258</u>
Governance Cost		
Accountancy Fee	<u>2,400</u>	<u>3,735</u>
	<u>2,400</u>	<u>3,735</u>
Total Resources Expended	<u><u>204,089</u></u>	<u><u>161,339</u></u>

Medical Justice continues to face a climate marked by both continuing need for growing our services and widespread cutbacks by grant givers. Due to very effective efforts by the staff to make sure expenditure is limited to that which is really

needed, we were able to expand our services despite a small decline in our income. Maintaining the confidence of our current donors as well as building up new funding relationships must remain of the greatest importance to Medical Justice.

Thank You's

Medical Justice partners in 2012, including:

Yarl's Wood Befrienders, Bail for Immigration Detainees, Refugee Council, Detention Action, Gatwick Detainee Welfare Group, Association of Visitors to Immigration Detainees, Asylum Aid, the Refugee Children's Consortium, the Institute of Race Relations, the National Coalition of Anti-deportation Campaigns, Women for Refugee Women, the Refugee Council, Asylum Aid, SOAS Detainee Support Group, MIND, Medact, the National Aids Trust, Maternity Action, Birthrights, the Helen Bamber Foundation, Freedom From Torture, Doctors of the World, Immigration law Practitioners Association, Liberty, INQUEST, Bhatt Murphy Solicitors, Birnberg Peirce & Partners, Duncan Lewis Solicitors, Bindmans Solicitors, Pierce Glynn Solicitors, Sutovic & Hartigan Solicitors, Deighton Pierce Glynn Solicitors, Hodge Jones & Allen, Fisher Meredith Solicitors, Leigh Day, Islington Law Centre, the Public Law Project, the Migrants' Law Project and barristers from 1 Pump Court, Tooks Chambers, Landmark Chambers, Matrix, Garden Court Chambers, Doughty Street Chambers, Royal College of Psychiatrists, Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, the Royal College of Paediatrics and Child Health, and many more.

Volunteers

Medical Justice is completely reliant on a small army of incredibly dedicated volunteer medics, lawyers, detainee visitors and interpreters. Many of our busy volunteers have full-time jobs and family responsibilities, but manage to somehow squeeze in work on behalf of detainees. Some devote a number of precious evenings or even days each week to Medical Justice and the detainees. Some volunteers are supposedly "retired", yet it may not feel like it.

Staff

Theresa Schleicher, Emma Stevens (left September 2012), Natasha Tsangarides (left August 2013), Dr Helen McColl (left September 2012), Dr Naomi Hartree, Stephanie Marcou (left in January 2013),

Michelle Warner Borrow (left August 2013), Emma Mlotshwa.

Management Committee members

Jonathan Fluxman – Chairperson
Christine Hogg – Secretary
Ed Ross – Treasurer (joined July 2012)
Alex Goodman
Charmian Goldwyn
Justin Leslie
Jonathan Burnett
Ben Robinson
Harris Nyatsanza – resigned May 2012
Cornelius Katona – resigned April 2012
Co-opted: Dr Miriam Beeks

Speakers and trainers at Medical Justice events

We thank the many great speakers we have been so lucky to have at our events, which consequently have been well attended. We are especially grateful for ex-detainees who have spoken out about their treatment in detention, and we recognise that this can be even harder than anyone else might know. We are extremely grateful also to trainers at medics training sessions – without training new volunteers we would not be able to reach all the vulnerable detainees that we do.

'Professionals'

We thank the many 'professionals' who really went the extra mile to help Medical Justice and the detainees, including lawyers and journalists. Many of them modestly claim that they were "just doing their job", but we know how dedicated and successful they have been.

Volunteer medics and interpreters

Alex Joy
Andrew Dossett
Angharad Spencer
Anne Hadfield
Beata Godlewska
Ben Robinson
Birbal Chopra
Catherine Harkin
Charmian Goldwyn
Chris Bird
Christelle Blunden
Cornelius Katona

Danny Allen
Deborah Loganathan
Douglas Fink
Ed Watson
Eileen Walsh
Eleri Shellens
Elizabeth Ashley
Elpitha Bruce
Helen Salisbury
Hilary Pickles
Hugh Grant Peterkin
Indrajit Ghosh
Iona Steen
Jacquie Mmari
Jane Grant

Jane Mounty
Jasmin Lee
John Gilmurray
Josh Black
Kami Saedi
Kate Wrigley
Katrina Stegman
Katy Robjant
Latifa Chentouf
Liz Clark
Lou Millington
Louise Morganstein
Mary Keniger
Miriam Beeks
Nuria Gene Cos

Partha Das
Peter Agulnik
Rachel Bingham
Rebecca Marcus
Rebecca Redwood
Ruth Sagovsky
Sally Jones
Simon Etkind
Sue Grieves
Sylvia Chandler
Tade Thompson
Tania Longman
Teresa Wozniak
Thalia Gigerenzer

Funders

We thank our funders, without whom we could not continue our work: The Joseph Rowntree Charitable Trust, Trust for London, Comic Relief, the Sigrid Rausing Trust, the A B Charitable Trust, Network for Social change, and the Joseph Rank Trust.

Donors

A dozen supporters donate each month by standing order which is very welcome. Some small groups collected money for Medical Justice, which is much appreciated. Some doctors working with Medical Justice get some funding for their medico-legal reports from solicitors. Many of the doctors concerned donated some or the entire fee to Medical Justice.



Medics training

The deprivation of liberty for immigration detainees all too often results in the deprivation of their health rights. Our experience shows that many detainees have serious medical and psychological conditions that are not recognised, are poorly treated or even ignored while in detention. The process of detention itself is also often damaging to their health. By conducting a proper clinical examination and writing up a report, Medical Justice's visiting independent doctors can have a very positive impact on the lives and health of this most vulnerable group of people in the UK.

Medical Justice is the only UK organisation that regularly sends independent doctors and other health professionals into immigration removal centres to provide medico-legal reports for detainees and challenge the inadequate health care provision to detainees. Our training is therefore unique and provided by recognised experts.

Whilst the focus is on persons detained, the skills learnt can be used in other work with asylum seekers and refugees, as well as report writing.

Doctors, nurses, midwives and psychologists joined us for 4 training days – our Basics training days on

26th May 2012, 8th September 2012 and 12th January 2013. An Advanced training day was held on 10th November 2012.

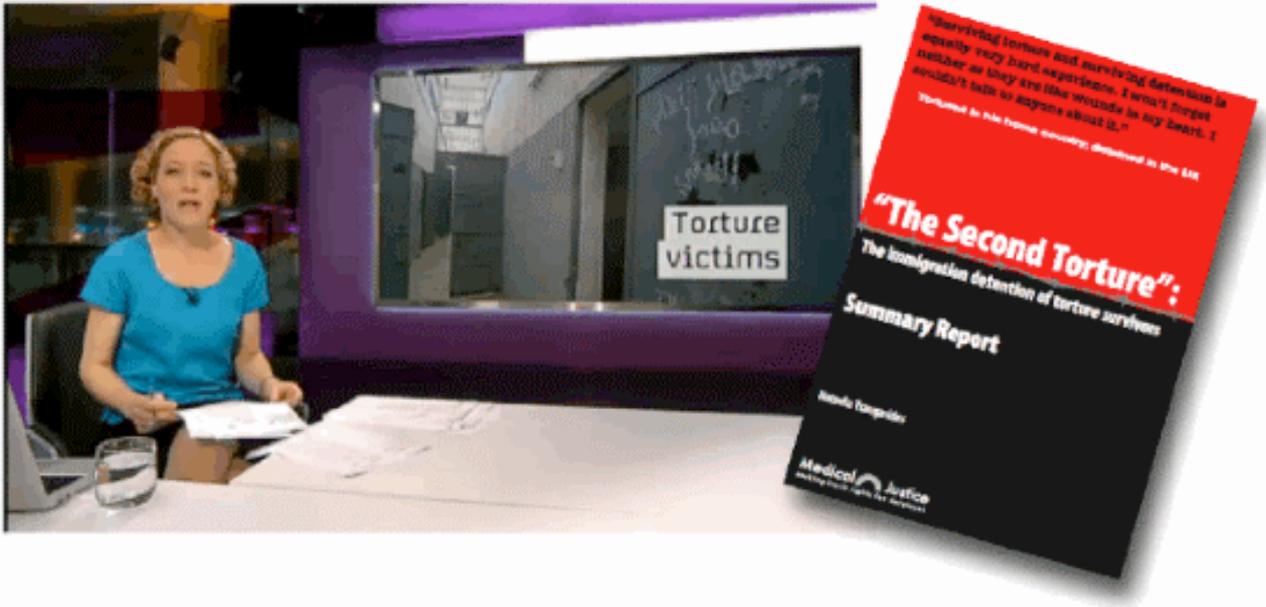
Examples of feedback comments:

"Hearing from ex-detainee brought home the reason for wanting to help – v. emotional.", "I left feeling outraged and inspired in equal measure.", "Thank you for opening my eyes to an area of great medical need in the UK. Very inspiring work!!", "Covered a lot but all info was reinforced / reflected on throughout the day – very memorable. Info all pitched at right level for range of experience of participants.", "Really informative day, excellently organized + inspiring. Well prepared material."

We also held an evening session at Garden Court Chambers on 14th May 2012 and a number of half-day tutorials. We also started to hold regular peer support group meetings to discuss case-studies and clinical issues such as hunger strikes.

Medical Justice and Freedom From Torture collaborated in a Study Day at the Royal Society of Medicine: "Caring for Refugees and Asylum Seekers" on 23rd May 2012.

Channel 4 News



Medical Justice Oxford

The Medical Justice group in Oxford meets twice a year. Made up of Medical Justice volunteer doctors and others concerned about health care in Campsfield House immigration removal centre, it works with other local groups for improved health care and access.

Staff changes

Dr Helen McColl, a consultant psychiatrist, started with Medical Justice as Clinical Advisor for two days a week in February 2012 and left in September 2012 to have twins. Helen made a fantastic contribution and we hope she will be able to join us again in some capacity in the future.

Dr Naomi Hartree, a GP, is now the Clinical Advisor for two days a week. Naomi has much experience in the field, having worked with the Helen Bamber Foundation and with Doctors of the World. We are delighted to have her on the team.

Emma Stevens (Finance & Admin and Complaints) left Medical Justice in September 2012 to go and live in Colombia. Emma did an excellent job, especially in getting our data system up and running, and establishing our Complaints work. Emma is greatly missed.

Stephanie Marcou (Casework Admin & Complaints) joined Medical Justice in September 2012 and left in January 2013 due to family circumstances. Stephanie has considerable experience, having been a senior caseworker at the Immigration Advisory Service for 10 years. She volunteers at a drop-in for destitute asylum seekers.

Michelle Warner Borrow (Finance & Administration) joined Medical Justice in September 2012. Michelle studied African Studies & Development Studies at the School of Oriental and African Studies (SOAS), during which time she was a member of the SOAS Detainee Support Group. Michelle left in August 2013 to study for medical school entrance exams. Michelle took us forward with our new website and the data system, and she will be sorely missed.

Rachel Francis (Casework Admin & Complaints) started with Medical Justice in February 2013 as a short-term hire before she left in August 2013 to start her pupillage at 1 Pump Court. We are very grateful to Rachel for stepping in at short notice to help us out.

Natasha Tsangarides (Researcher) joined Medical Justice in 2011. She wrote "The Second Torture" and "Expecting Change" dossiers. Natasha did a fantastic job and expanded our reach further into policy and parliamentary work. Natasha left in August 2013 to do an MA in investigative journalism.



Photo above : 22nd May 2012 : Launch of “The Second Torture” – two volunteer doctors discuss the findings

How to donate to Medical Justice

You can pay by debit/credit card, cheque, standing order or electronic transfer. Medical Justice would most prefer it if you could donate via our JustGiving webpage (<http://www.justgiving.com/medicaljustice>) because the GiftAid and banking is all automated, so it doesn't use up any resources at all. So, please use our JustGiving facility where possible. You can set up a monthly payment from the JustGiving webpage. Donations by electronic transfer to the account shown below, or by cheque, which should be made out to “Medical Justice” and posted to below the address. Thank you - your support can make a real difference!

How to get involved with Medical Justice

Medics - can visit immigration detainees and/or assist remotely. We hold Medical Justice medics training days about 4 times a year.

Interpreters – needed to speak to detainees on the phone or visit with doctors.

Lawyers - Medical Justice always needs to link detainees with lawyers willing to represent them, pro-bono where necessary.

Supporters - could visit immigration detainees and make referrals to Medical Justice.

Medical Justice
seeking basic rights for detainees

Postal address: Medical Justice, 86 Durham Road, London, N7 7DT.

Company Registration No.: 6073571 Registered charity No. 1132072

Bank: CAF Bank, Sort-code 40-52-40, Account Number 00021167

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