

ANNUAL REPORT

FY2022

1ST FEBRUARY 2021 - 31ST JANUARY 2022



Medical Justice
working for health rights for detainees

Our Vision

Immigration detention in the UK does not harm anybody's physical and mental health in the UK as it no longer exists.

Our Mission

Ensure the health and associated legal rights of people in immigration detention are upheld through the provision of medical evidence so that the devastating health harms of detention are understood and challenged.

IMMIGRATION DETENTION & HEALTHCARE

Immigration detention in the UK is arbitrary and indefinite. It is not part of any criminal sentence nor is it ordered by a judge, yet there were 24,497 instances of detention of men, women and children in 2021 in immigration removal centres (IRCs) - mostly run by private companies - and in mainstream prisons.

ISSUES IN IMMIGRATION DETENTION INCLUDE

- Self-harm and hunger-strikes are daily occurrences
- Inquests have found that neglect has contributed to deaths
- Instances of hospital appointments being cancelled, sometime repeatedly
- One man was held in isolation for a virtually continuous period of 22 months
- Some are transferred to secure psychiatric units and later taken back to detention
- IRC staff sacked following sexually inappropriate behaviour towards detained women
- Injuries during deportation attempts include fractured bones, a punctured lung, a dislocated knee
- High Court judges have found "inhuman and degrading treatment" of people in detention eight times
- A man, the father of 5 UK-born children, was unlawfully killed on a British Airways plane during deportation
- Torture scars and medical conditions are often not properly documented and considered in individuals' cases

OF 45 CLIENTS ASSESSED BY MEDICAL JUSTICE CLINICIANS IN 2021;

- 87% had suicidal and/or self-harm thoughts recorded by a Medical Justice clinician
- 82% had already experienced deterioration of health in detention
- 76% had symptoms or a diagnosis of Post-Traumatic Stress Disorder
- 100% were at clinical risk of harm caused by detention

WHAT IS MEDICAL JUSTICE? - Medical Justice was founded in 2005 by a man who was on hunger-strike in detention, and the independent volunteer doctor who visited him at Harmondsworth IRC at the request of a befriender of people in detention. Even though the hunger striker was on the verge of organ failure, the Home Office refused to transfer him to hospital until a High Court judge ordered it to do so. After being discharged from hospital, he and others who had been detained, campaigners and doctors formed Medical Justice.

WHAT MEDICAL JUSTICE DOES - Today we have 14 paid workers, a team of volunteer clinicians and interpreters, and a network of lawyers, campaigners, and people with lived experience of detention. We handle between 300 and 1,000 case referrals a year. Our volunteer clinicians visit all the UK's immigration removal centres (IRCs) to document clients' scars of torture, other medical conditions, injuries sustained during attempts to deport them, and deterioration of health in detention. The medical evidence we generate can be considered in clients' asylum and immigration claims, and to challenge their ongoing detention.

Many of those detained are traumatised, having survived war, detention without charge or trial, trafficking, slavery, 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 lived in the UK for decades, and have spouses, children and grandchildren here from whom they are separated by detention and deportation.

We use medical evidence to 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.

We have a waiting list of sick clients in detention. Some get deported before we can reach them. We need more clinicians and interpreters to volunteer with us, and more funding to hire additional staff.

Medical Justice's evidence has secured the release of many thousands of detained individuals. Its policy work has secured improvements for whole groups of vulnerable people in detention, including pregnant women and torture survivors.

CHAIR'S REPORT



Medical Justice has continued to do all it can to support those held under immigration powers by drawing attention to their unmet physical and mental health needs. We know that immigration detention is harmful to all and especially to those who are vulnerable as a result of their experiences of torture, persecution, discrimination and cruelty. We would like to see an end to immigration detention because it causes such harm: until that happens, we will continue to work to ensure that the physical and mental health needs of those seeking asylum are addressed. Thank you to all those who work with us or who support what we do. We are a small group but our efforts make a massive difference to our clients. Special thanks go to our amazing staff, our volunteer doctors and interpreters, to those who provide funding, advice, thoughtful comments, to my fellow trustees and to all those who stand with us in the fight to ensure fair and proper treatment for those detained in the immigration system.

Despite seeing the tail end of the pandemic, this has been a tough year. There have been periods when the number of individuals held in detention has fallen, interspersed with increasing uncertainty for our clients and those who work to support them. Planning and preparation have been a considerable challenge as we have responded to the announcement of new policies or a deportation flight. We work hard to identify the implications of the government agenda for our clients and the use of detention under immigration powers including the quasi-detention facilities such as Napier Barracks.

This year saw the lead up to the Brook House public inquiry and our role as Core Participants meant we had many hours of preparation, reading, collating of evidence and consulting

VICE-CHAIR'S REPORT



I am really excited and honoured to have been appointed vice chair of Medical Justice and to be a part of this great team that is literally saving and transforming lives in immigration detention. I look forward to using my skills and experience to increase the visibility of the great work we do and to offer strategic direction that reflects the needs of our detained clients. It has been wonderful to be involved in the working groups especially on Anti - Racism, an area that is of great interest to me and one I feel as an organisation we are proactive in.

Finally, I commend Medical Justice for having the foresight and vision to include people with lived experiences in their board of trustees, as I believe this is vital to the success, relevance and sustainability of Medical Justice. As a beneficiary of this policy, it has been great to use my lived experience of detention to help train our doctors and help them understand the impact a visit of a volunteer doctor can have on a detained person who is feeling increasingly isolated, overwhelmed and even suicidal.

I would like to take this opportunity to thank every doctor who has volunteered their valuable time and skills to do this very difficult work, I think you are all amazing and remain the unsung heroes in this war against detention. I know that I wouldn't be here were it not for your sterling work.

Bridget Banda

with legal counsel so that we were ready to give expert and compelling testimony to the inquiry about the abuse and mistreatment our clients have disclosed and the fundamental failure of the checks and balances which should have prevented this. The inquiry was still underway at the end of this reporting year and the work continued into 2022. All involved had to face again the harrowing evidence we had to present and yet the written statements and oral evidence demonstrated the skill, professionalism and compassion of our staff and volunteers, and most of all, the bravery and resilience of those who were victims of this scandal. We await the final outcome of the inquiry. Sadly, we know that these abuses have continued and that Brook House was not a one-off.

And in the midst of this we undertook a systematic review of our organisation, led with great care and skill by Ceri Hutton, to whom we are very grateful. Her thoughtful review reminded us that although we are such a small group, we have a powerfully significant impact - on the lives of individuals, on the legal context of immigration detention through our strategic litigation and on the policy makers and the political ecosystem. We are seen as respected and trusted partners to other stakeholders and we remain grimly determined to continue with our vitally important work. This report will inform the evolving strategy for our work in the coming years, strengthening our resolve to keep going. We have identified our key priorities and updated our vision, mission and values statement all of which appear on our new website.

During 2021 Hilary Pickles was our Treasurer and Acting Chair of Trustees and we are so glad she was there during this challenging period. Three new trustees were recruited – Amran Hussain, an experienced healthcare director, Phil Hayward an immigration barrister from Doughty Street chambers and myself, a retired child and adolescent psychiatrist. I took over as Chair of Trustees in December 2021 and Hilary stepped back to focus on her role as our Treasurer. She continues to provide us with much-valued guidance and advice. We are very thankful for her support to the charity and its Trustees and delighted she will continue as Treasurer going forward. The challenge of responding to the ever-changing context of immigration detention means we cannot stand still. There is more to be done and we need to focus on recruiting more volunteer clinicians and interpreters and building our staff team so that we can respond to the rising numbers whose health and wellbeing is being damaged through being detained.

Dr Ruth Talbot



Medical Justice
working for health rights for detainees

DIRECTOR'S REPORT



Even though we have been documenting injuries sustained during violent deportation attempts and scars of torture for 17 years, and thought we had seen a lot, we were shocked by what was presented during the Brook House Inquiry - to see the extent of mistreatment our clients have been subjected to, and, most chillingly - not complained about.

Being a Core Participant in the Brook House Inquiry (BHI) into mistreatment of people detained at Brook House IRC turned out to be a tsunami of work for us. It would later become apparent how, without a shadow of doubt, this was the most important piece of work we have ever done. It feels like getting the vast amount of disclosure as a Core Participant pretty much filled in every last gap in our, by now, very detailed knowledge of healthcare failures in detention. Medical Justice's evidence was quoted extensively throughout the inquiry. We were able to heavily influence the questioning of many of the witnesses from the Home Office, G4S, Serco, and the IRC doctors and nurses.

BHI heard how the Home Office has been studiously uninterested in recognising that systems supposed to prevent harm were ineffective, and that it had specifically drafted policies to downgrade the level of protection for people likely to be harmed by detention. The Inquiry's clinical expert accepted a causal link between the failure to identify and release highly vulnerable individuals leading to their mistreatment. Though BHI's report is awaited, we have already been able to use evidence from BHI in our work. We plan to disseminate leanings from BHI in an accessible form to share with everyone.

The number of people in detention dropped to 698 in Q2 of 2020. By Q2 of 2021, the Home Office held 1,550 people. By the end of 2021, 24,497 people had been detained; back to pre-pandemic levels. Meanwhile, in the year ending June 2021, 77% of those detained were later released, their detention having served no purpose, further calling into question the justification for detention.

The Home Office could have taken the unique opportunity arising from the pandemic to analyse what effect the significantly lower number in detention had on 'absconding', the justification for detention. We have seen no sign it carried out any such analysis or reflection. Even talk of evidence-based policy regarding immigration and asylum feels like something from a bygone era. With recent policies that dehumanise migrants, the Home Office seems more often than not unburdened by a need to point to evidence.

The Nationality and Borders Bill, introduced in July 2021, now an Act, is set to destroy the principles of asylum as we know them. It will criminalise more people and likely mean more people needing protection can be detained and deported. We had already learned Accommodation Centres, modelled on Napier Barracks (which we consider quasi-detention), were planned to 'accommodate' more than 6 times the number of people in detention. This was already set to blow away our capacity. Since then, after the end of the period covered by this annual report, we have seen the government detaining asylum seekers with the intention of deporting them to Rwanda (we have had over 40 such detained clients) and heard its plans to re-open and enlarge Campsfield IRC, and invest an additional £0.5bn in immigration detention – it feels too heart-breaking to even try and verbalise how this would demolish our capacity to help those affected. It's hard to come to any other conclusion than that this is one of the government's intended consequences.

Hence we need our funders more than ever. We know the Medical Justice model works; assisting individuals and using our medical evidence to secure systemic change. Tens of thousands of people subject to immigration control have benefitted from our policy work and litigation, as well as improvements in healthcare service specifications for IRCs. Meanwhile, the All-Party Parliamentary Group on Immigration Detention, for which Medical Justice provides the secretariat, engages with non-governmental organisations and others with personal experience and expertise, amplifying our collective impact. Medical Justice is increasingly being a force for good way beyond its own direct client base.

An independent evaluation (thank you Oak Foundation) in 2021 noted: those who know Medical Justice "feel it has strong characteristics and a highly respected reputation. It is regarded as principled, expert and evidence-based, tenacious in its casework and policy work, fierce and ferocious when needed and brave in the way it speaks truth to power." I am incredibly proud to be a part of it, and hopefully you are too.

Thank you to our incredible staff, our volunteers, our funders, our partner organisations, and to our inspirational and brave clients.

CASEWORK

Theresa Schleicher
Casework Manager



Lisa Inledon
Senior Caseworker



Emily Lawton
Caseworker



Milly Arnott
Caseworker



Naomi Olaniyi
Caseworker



Robin White
Caseworker



Anthony Omar
Office Manager



Working directly with detained people has always been and remains at the heart of Medical Justice’s work, and everything else we do is driven by their experiences.

At the start of 2021 there were relatively few people in immigration detention due to the Covid pandemic, but it soon became clear, sadly, that this was not to be a general trend towards decreasing the use of detention. This was later confirmed by the New Plan for Immigration announced in March 2021.

Many people in immigration detention we worked with in early 2021, particularly those held in prisons, had spent significant periods of time detained during the pandemic. Many of the people held in detention reported being worried about contracting Covid in IRCs and indeed, there were a number of outbreaks.

In spring 2021 we worked with a number of people who were not detained but nevertheless being held at Tinsley House, usually an IRC. It turned out that the Home Office was using Tinsley House as accommodation for people who had sought asylum and who were not technically detained yet suddenly found themselves behind multiple layers of locked doors (which had to be opened for them by members of staff when they wanted to go out or come back in), surrounded by CCTV cameras and with little information about their status or

rights at the facility. The men were initially screened by the on-site IRC healthcare team on arrival but subsequently told that they had no access to the healthcare facility and should make use of 111, 999 and their registered GPs, despite none of the men having a registered GP in the vicinity. For many of the men, the prison-like setting triggered memories of previous traumatic experiences, causing deterioration in their mental health.

From May 2021 onwards referrals to Medical Justice suddenly increased sharply, as the Home Office started detaining large numbers of people who arrived in the UK by small boats. The majority of people referred to Medical Justice during this period were Vietnamese nationals. Many reported histories of trafficking over several months spanning many countries, only interrupted by being intercepted by Border Force while crossing the channel. Some left Vietnam as minors, were forced to work continually for a number of years, and beaten if they stopped working, tried to escape, or talked to other people.

Many didn’t have legal representation for a lengthy period of time. We referred them to solicitors and our clinicians carried out many assessments. These clients were referred into the National Referral Mechanism and the vast majority received positive Reasonable Grounds decisions. Many told us that they found being detained extremely difficult, struggling with

memories of past trauma including being held captive and ill-treated by traffickers, and some had additional physical health problems, often related to ill-treatment by a trafficker. Many found it difficult to access healthcare in detention, including due to language barriers and feelings of the healthcare team not being interested in their distress.

An audit of our cases carried out in September 2021 showed that of 60 Vietnamese clients, 56 had eventually been released – but, to our great concern, 55 then disappeared, feared re-trafficked. This included an age disputed young person, who reported being 15 years old, with a history of trafficking, who was inappropriately released to a hotel.

We have been working with other NGOs and the Anti-Slavery Commissioner to raise concerns about this and to try and improve the support and safeguarding on release that is offered. We worked to build supportive relationships with our clients and referred them to other organisations who could offer more support on release and raised the alarm about the risk of re-trafficking – but it was not enough.

During the summer of 2021 charter flight operations increased and we saw many people detained for mass deportations on charter flights to countries including Vietnam, Nigeria and Zimbabwe. They included people with serious health problems and many who had lived in the UK for several decades. It is often difficult for people to access legal advice in the run-up to charter flights because there are then many people all seeking help urgently ahead of the same deportation date. For the same reason it is difficult for us: we receive many referrals for people needing medical evidence urgently, often within a few days.

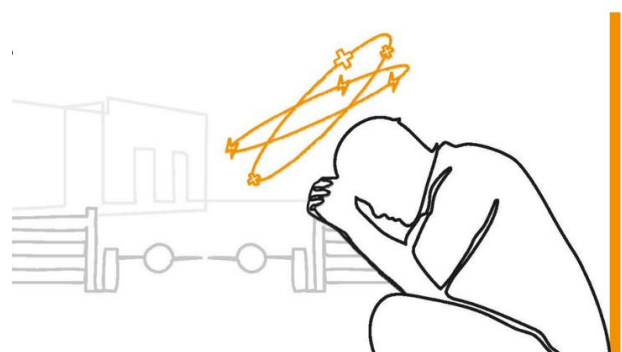
Since then regular charter flights have continued. Often significantly fewer people are finally removed by charter flight than are originally scheduled on it; some are our clients who have had their removal directions cancelled because we have been able to provide medical evidence of past torture or persecution - evidence they have not been able to access previously, often despite having lived in the UK for many years. Some are acutely ill, either mentally or physically and are not able to fly due to their health. Nevertheless, they are put through the distressing process of being detained and sometimes taken all the way to the airport, before their removal is ultimately cancelled.

We continue to be very concerned that we still encounter people in immigration detention who lack mental capacity to make decisions in relation to their immigration case and their detention, mostly on account of their mental illness. Detention is known to worsen mental health and people who lack mental capacity often struggle to engage legal representatives and are at particular risk of being detained for long periods causing further harm to their mental health.

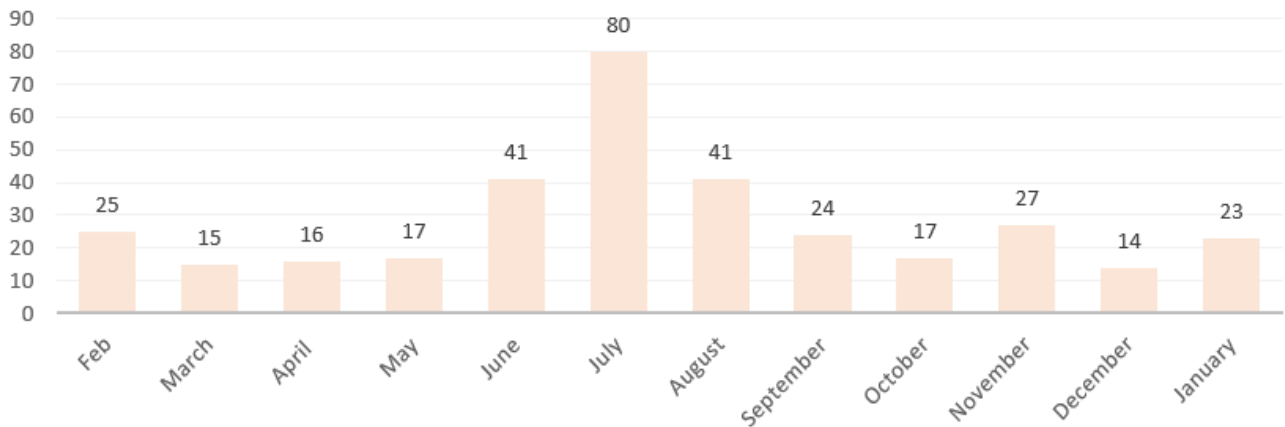
REFERRALS BY IRC FEB 2021 – JAN 2022

Brook House	73
Harmondsworth	67
Yarl’s Wood	67
Colnbrook	49
Prison	41
Other	16
Tinsley House	14
Morton Hall	10
Derwentside	2
Dungavel	1
Total	340

During 2021 there were also some changes to the casework team. Our fantastic caseworkers Milly and Emily left in September 2021 and April 2022. We miss them and thank them for their immense contribution. We were delighted to welcome 3 new caseworkers: Robin (who joined in November 2021), Naomi (who joined in December 2021) and Eliza (who joined in February 2022). All three settled in incredibly quickly and are doing fantastic work.



Monthly referrals Feb 2021 - Jan 2022



COMPLETE FAILURE OF SAFEGUARDS

An analysis of Medical Justice clinical assessments between July and December 2021 for 45 detained clients, whose histories included severe trauma, significant mental health issues, and being at risk of suicide, found;

- 100% of these clients were assessed as at clinical risk of harm caused by detention and 82% had already experienced deterioration in their mental state by the time they were seen by a Medical Justice clinician. Not a single one of them had a safeguarding report, as they should have done, from the IRC healthcare department to identify them to the Home Office as at risk of harm under a process known as Rule 35(1)
- 87% had suicidal and/or self-harm thoughts recorded by a Medical Justice clinician at their assessment – all were deprived of a safeguarding report identifying their risk of suicide (Rule 35(2))

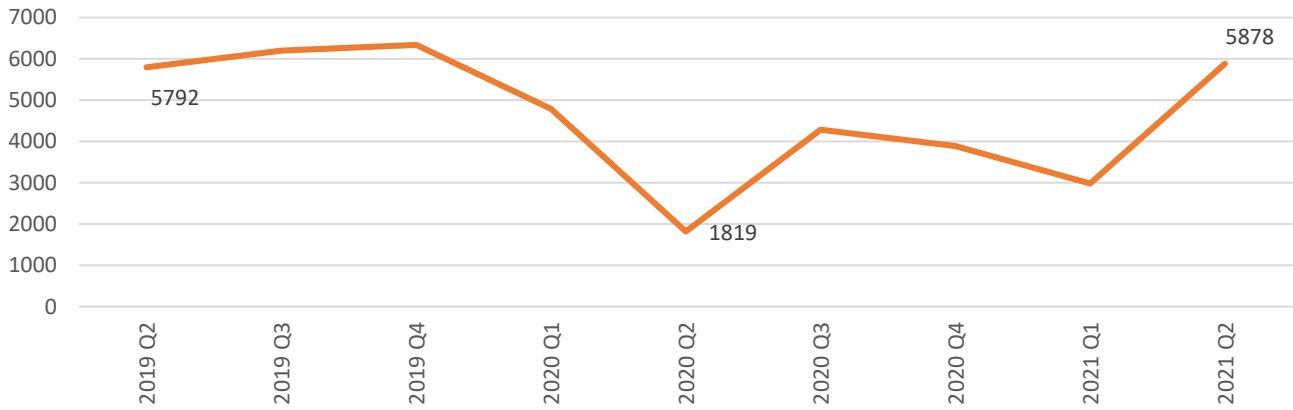
Case-study | Restraint and injury experienced as a terrifying re-enactment of his past abuse

“One of the clients we saw had a history of torture in detention in his home country, and was very unwell and distressed in the IRC. We wrote to the IRC to flag up his mental health risks in detention, including a high risk of impulsive self-injury. Sadly, ten days later, he had an episode in which he was highly distressed and agitated, leading to use of restraint in which he was injured.

We visited him again to document his fresh injuries. He has now been released. This person had no history of violence or risk to others, and his increased distress and agitation was a predictable consequence of the type of re-traumatisation he was subjected to. This is now compounded by the further episode of restraint and injury, which he experienced as a terrifying re-enactment of his past abuse. All of this could have been avoided.”

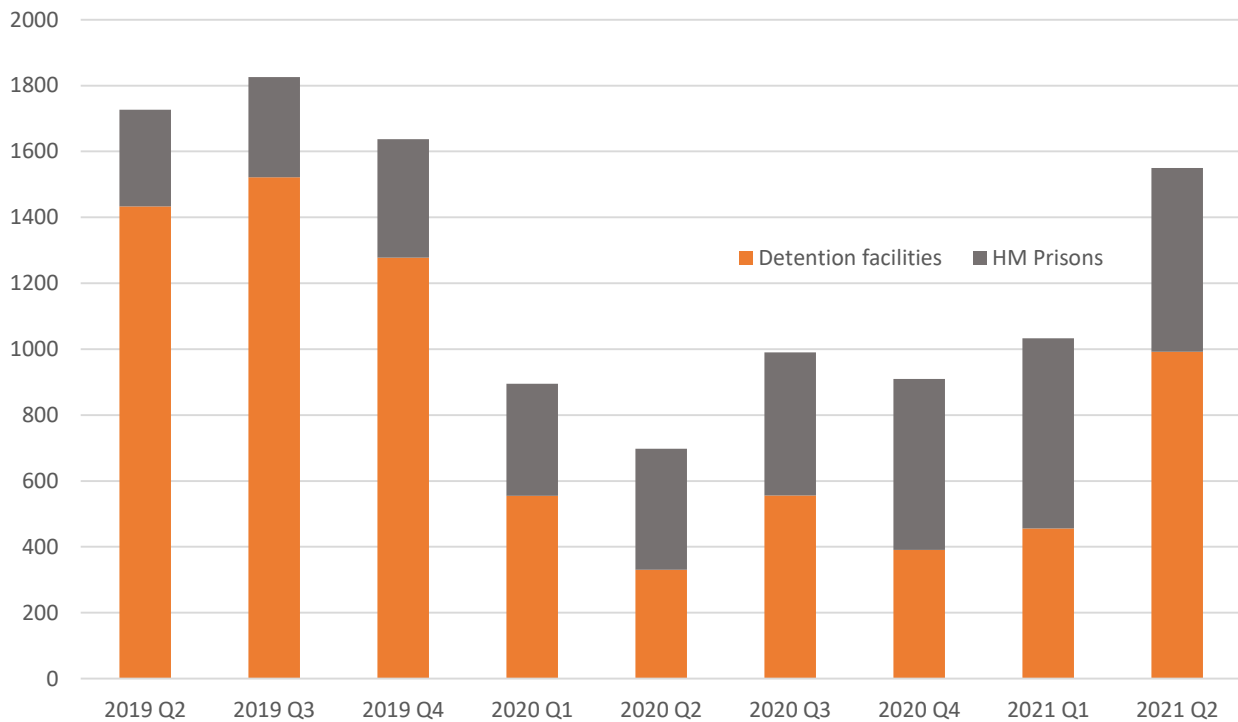
Dr Rachel Bingham, Medical Justice.

Number of people entering immigration detention



Source: Migration Observatory analysis of Home Office Immigration Statistics, Table Det_D02

Number of people in immigration detention in the UK at end of quarter, by place of detention



CLINICAL WORK

Rachel Bingham

Clinical Advisor



Liz Clark

Clinical Advisor



Kathryn Allinson

Clinical Trainer



Joe Bourdillon-Schicker

Clinical Trainer



In Spring 2021, we welcomed two new clinical trainers, Dr Kathryn Allinson and Dr Joe Bourdillon-Schicker. Kathryn and Joe were already established and highly skilled Medical Justice volunteer doctors, and are both also NHS GPs.

We sadly said goodbye to Dr Mary Kamara who had been clinical advisor alongside Dr Rachel Bingham for three years. Mary is an extremely dedicated and compassionate colleague who was to be much missed, but happily planned in the longer term to return to Medical Justice in a volunteer capacity.

We are hugely grateful to all of our clinical volunteers for taking the time to listen and write detailed, careful medical assessments for our clients in detention.

"I would like to say thank you to Dr Kathryn for her time and kindness to assess my mental health above and beyond."

Medical Justice client

MEDICO-LEGAL ASSESSMENTS

Alongside our employed doctors, 23 volunteer doctors and psychologists carried out medical assessments for Medical Justice clients in this period.

Because of the pandemic, for much of the year we continued to do most of our assessments online, our clinicians having adapted to doing complex assessments via video call, just as they had to in their NHS practices. We were unable to do scarring assessments in video consultations, so we assessed the medical information available and where appropriate recommended that this took place when possible.

We returned to visiting in person in May 2021. One of our doctors wrote about resuming visits:

"Reading medical records from IRCs can be a dispiriting experience, with mental health issues as a response to trauma being managed as behavioural problems, clear symptoms of mental illness being ignored, disregarded or denied."

Dr Tim Fetherston, Medical Justice volunteer

"It was with some trepidation that I visited the detention centres, but felt it was necessary as we were referred clients where remote assessment would have been untenable or insufficient. I saw patients who could not engage with remote assessments due to their mental health issues or who had physical health conditions that meant a physical examination was crucial as part of their assessment."

Hearing the clients' stories about life in detention centres and prisons during lockdown was harrowing: being confined to their rooms for at least 23 hours a day and having to choose between a shower, going outside and making a telephone call; being detained for excessive amounts of time (often over a year with no progress in their cases); the inadequate care they were receiving from the detention centre's healthcare teams. All this on top of the trauma they had already experienced!

My main impression on visiting the IRCs was that it was even more chaotic, particularly in Brook House. They were delays in seeing clients, and I was sent from pillar to post with no-one seeming to know where I was conducting my assessment."

Medical Justice doctor

UNMET HEALTH NEEDS

People in detention at Harmondsworth began to report being given a 'trauma pack' and told that psychological therapy was not available. In lieu of support or mental health intervention, this pack provided written advice, largely suggestions for passing the time in detention.

Our volunteer clinicians continued to identify instances of healthcare in detention falling well below the standard they expected in their work in the community. One of our doctors wrote,

"If you were an IRC healthcare professional, how could you write "No psychotic symptoms" in the records, when you have just spent several sentences describing numerous and varied, clear psychotic symptoms...? How can you say that someone's mental health problems can be managed in IRC healthcare, when they are obviously seriously ill, suicidal and show unmistakable signs of deterioration...? I was staggered to find that some IRCs simply do not have access to specialised mental health care support and management. Detainees are routinely given factsheets with banal, pathetic advice to "... exercise more ... socialise with others ... keep a sleep diary ..." and so on, when what they actually need is urgent specialist psychiatric help and support, and a suitable management plan."

Dr Tim Fetherston, Medical Justice volunteer

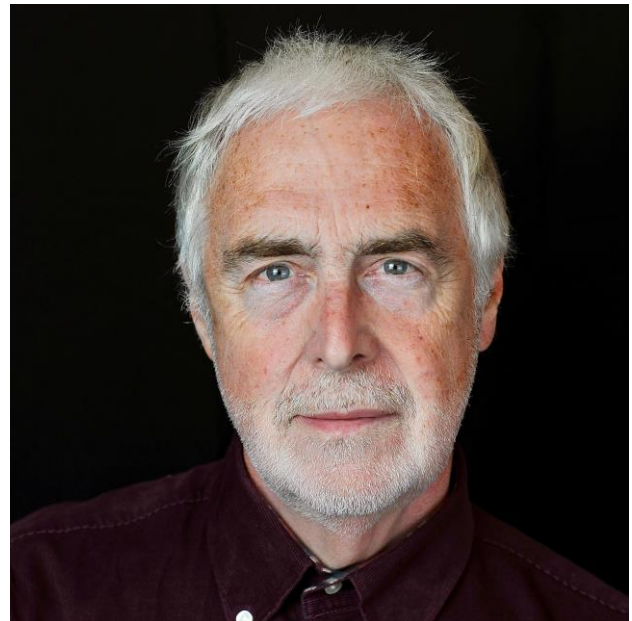
Case-study | Delayed orthopaedic oncology appointment could have limb threatening consequences

Sophie suffers from severe leg pain and leg swelling, PTSD and moderate depression. She had an appointment with orthopaedic oncology which she was unable to attend because she was detained. The Medical Justice doctor stated that delay of treatment *"could potentially have life or limb threatening consequences"*. Sophie told Medical Justice: *"When I was released I had no hospital appointment. I have never had the appointment until today."*

Medical Justice client.

MEDICAL REVIEWERS

We continue to rely on the support of our incredibly insightful and generous team of volunteer clinical peer reviewers. Our thanks go to Dr Tim Fetherston, Dr Sophie Quarshie, Dr Thelma Thomas, and Dr Teresa Wozniak. Alongside doctors Mary, Kathryn and Rachel, they have enabled us to continue to provide peer review of all medico-legal reports, which is an important part of maintaining a consistently high standard.



Tim Fetherston, MJ volunteer clinician, reviewer and appraiser

MAINTAINING REGISTRATION

Dr Angela Burnett continues to maintain Medical Justice's status as a designated body with the General Medical Council (GMC). This means we are able to support volunteer doctors who do their only or main clinical work for Medical Justice, to maintain their licence to practice. We are very grateful to Dr Burnett for all her work to maintain the required policies and standards, alongside our appraisers, Dr Thelma Thomas, Dr Tim Fetherston and Dr Brian Briggs.

CLINICIANS TRAINING

We ran basic training days online in May and October 2021, for recruitment and introductory training for new volunteer clinicians.

We are incredibly grateful to Bridget for talking about her lived experience of immigration detention to our participants. This session is pivotal to the day and our new recruits often mention finding it the most powerful, as well as feeling driven by what they have heard to get involved.

“Although by now I have visited many people in detention and seen the conditions for myself, I still feel almost overwhelmed when I hear Bridget talking about her own experiences. Her description of suddenly being detained, held for hours in the minibus, having her handbag taken away so she didn’t have her things and couldn’t call anyone... it’s so powerful because it reminds us all of how important it is to feel in control of our lives, and what it might mean to have all these connections suddenly severed. As she described being ignored, as she and others tried to get help for a woman detained with them who desperately needed medical care, I saw in the faces of the new volunteers, how shocked and surprised some of them are to learn the extent of what can happen in the UK.”

Dr Rachel Bingham, Clinical Advisor

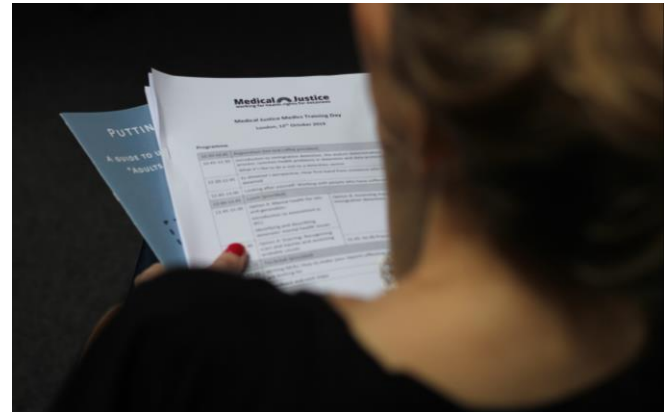
We ran advanced training days for volunteer clinicians online in March 2021 and January 2022. These have included presentations by specialists in their fields, including Dr Jane Hunt of Helen Bamber Foundation on care of survivors of trafficking, trustee and barrister Phil Haywood on fitness to give evidence, ‘Working with interpreters’ by therapist and trainer Beverley Costa, and mental health updates by our volunteer consultant psychiatrists.

Following the release of the Home Office’s revision of their policy, Adults at Risk in Immigration Detention in May 2021, which included new standards for medico-legal reports, we ran an urgent additional training session for our volunteers in working with the new standards.

CLINICIAN’S WELLBEING

We continue to run monthly peer groups online for volunteer clinicians with the support of our volunteer facilitator, Dr Petra Makela, which are popular with our regular volunteers and provide a space to share experiences with Medical Justice and support each other.

We have self-study modules on self-care for basic training, and our responsible officer Dr Angela Burnett delivered advanced training on self-care.



“I find my own internal sense of anger quite hard to deal with, perhaps because it is so unexpected and I am so unused to it in a clinical situation. I find myself becoming angry when I see so many glaring injustices which refugees have encountered, the number of times that they haven’t been listened to, the gratuitous cruelty with which they have been treated in the UK – sometimes by the Home Office; and the substandard quality of healthcare which they can receive, especially when in IRC or ‘Barracks’ detention.”

Dr Tim Fetherston, Medical Justice volunteer

“The team at Medical Justice are extremely knowledgeable about the issues that asylum seekers and refugees have whilst in detention. In addition, the level of support they provide volunteers is exemplary. The staff are always available to speak with for advice but they also understand the emotional impact doing assessments. All the case workers and medical staff are diligent, approachable and show great empathy to clients and volunteers.”

**Dr Sophie Quarshie,
Consultant Psychiatrist and Medical Justice Volunteer**

“It is the silence that gets to me most. Or more accurately, the silence punctuated by quiet, anguished sobbing. Whilst I have spent a working lifetime in front-line acute hospital medicine, and have witnessed some utterly dreadful situations, the intensity of my own emotional responses to a refugee’s plight in my work for Medical Justice, has taken me – supposedly an experienced, ‘battle-hardened’ consultant – quite by surprise.”

Dr Tim Fetherston, Medical Justice volunteer

HOME OFFICE ‘STANDARDS FOR EXTERNAL MEDICAL REPORTS’

The Home Office has introduced new Standards for External Medical Reports (‘the Standards’) in the Adults at Risk guidance, on 25th May 2021.

Through creating more onerous steps for the reports to satisfy and raising the bar to accept medical evidence, the Standards are likely to lead to the continued detention of vulnerable people, where the external medical report is deemed to not comply with the new requirements and the evidence entirely disregarded. Some areas of concern include prohibiting general references to wider evidence (for example on the impact of immigration detention on the health of people with particular health issues); rather, all comments must specifically relate to the individual.

Along with others, including Freedom from Torture, the Helen Bamber Foundation, and the Immigration Law Practitioner’s Association, we jointly wrote the Home Office in July 2021, outlining our concerns. We are monitoring the impact of the Standards on our work and MLRs.

An ever-rising bar for medical evidence

We were provided with no evidence that the new standards for medico-legal reports were needed. They included requirements that were within the Home Office and IRC’s control, yet not always provided, for example a suitably equipped medical room and access to medical records. We were very concerned that ultimately clients would pay the penalty for failures to provide these, through no fault of their own.

“We are all committed to providing high quality medical evidence. However continually raising the bar for medical evidence to be accepted creates a widening gap between those who have access to this and those who do not. The Home Office should focus its attention on facilitating the provision of relevant evidence rather than further complicating or blocking this already very difficult process”

Medical Justice doctor

VOLUNTEER INTERPRETERS

We are very grateful to our team of wonderful volunteer interpreters, who worked with us throughout the year, interpreting for phone calls between caseworkers and clients, medical assessments and for calls as part of our research work. They also helped us with the translation of some documents. We are incredibly fortunate to have such a dedicated team of interpreters willing to donate their time and skill, doing a vital job in often challenging circumstances.

We are also delighted that we were able to welcome some new volunteers attending training and joining the team throughout the year, increasing our capacity and adding Turkish and Kurdish to the languages the team covers.

We continue to recruit new volunteer interpreters twice a year, and we are particularly seeking interpreters for the following languages: Albanian, Amharic, Farsi, Kurdish, Mandarin, Pashtu, Tamil, Tigrinya, Turkish and Vietnamese. Anyone interested in volunteering as an interpreter can contact interpreting@medicaljustice.org.uk for further information.



Medical Justice Volunteer Interpreters



VISITORS GROUPS

We work closely with many visitors' groups and are really grateful to their staff and volunteers who provided so much support to many of our clients, particularly whilst Covid-19 continued to impact, making detention an even more isolating experience.

Throughout the year over 25% of our referrals came from visitors' groups, who referred often very unwell people, many of whom did not have solicitors and might not have reached us without the support of a visitor.

SOLITARY CONFINEMENT OF PEOPLE IN PRISON

People detained in prisons under immigration powers (including torture survivors and those with serious vulnerabilities) were locked in their cells for over 22 hours a day, most often 23.5, with people sometimes being held in their cells for days at a time and unable even to take a shower. Some self-harmed, attempted suicide and had difficulty sleeping or eating. Some who did not have any previous mental health problems eventually left detention with a mental illness.



RESEARCH: “EVERY DAY IS LIKE TORTURE”: SOLITARY CONFINEMENT & IMMIGRATION DETENTION

We co-wrote and published a joint report with Bail for Immigration Detainees (BID), titled *“Every day is like torture”*: *Solitary Confinement & Immigration Detention* in July 2021. It looks at how the lockdown regimes in prisons since March 2020 have resulted in the confinement of our clients and the profound harm it causes.

The government suggests that the use of solitary confinement is a public health response to COVID-19. However, this cannot be justified; prolonged solitary confinement is a practice that has been prohibited internationally by the UN’s ‘Mandela Rules’. The report was covered by the Independent, the Guardian and the British Medical Journal.

“That this imprisonment extends beyond a criminal sentence means severe harm is being inflicted during, and because of, a period of entirely unnecessary and purely administrative detention – we need to question if this is civilised or in fact gratuitous. It is certainly the biggest scandal most people have never heard of.”

Medical Justice, 11th July 2021
The Independent

ADVOCACY WORK: We went on to raise the concerns documented in the report, and concerns that the more restrictive regime will be normalised in meetings with the Chair of the Independent Monitoring Board, and HM Inspector of Prisons, as well as through a joint submission with BID to the Ministry of Justice’s Prisons Strategy White Paper.

RAISING AWARENESS: Dr Rachel Bingham was a speaker at the “‘I need air”

: Solitary confinement & immigration detention’ online event organised by BID. The panel included Richard (pseudonym) a Former BID Client, Daniel Trilling (author and journalist), Dr Chantelle Jessica Lewis (sociologist), and Araniya Kogulathas (Legal Manager at BID).

HARMS OF IMMIGRATION DETENTION DURING THE PANDEMIC

In the Spring of 2021, a Medical Justice client told me that for the last few months of his immigration detention in prison, he had been locked alone in his cell for 23 hours a day. I was shocked, although it was to become unfortunately familiar, and I was very worried about how this appalling situation would impact on his health and that of others.

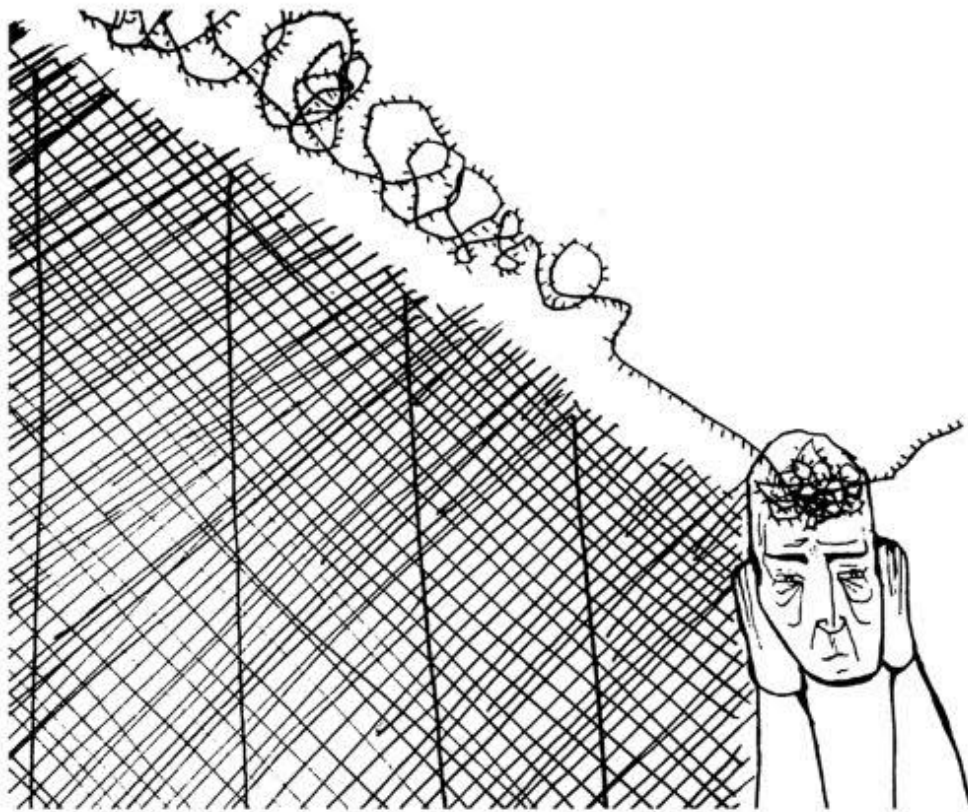
It was clear that this should not have been permitted, and I am grateful to Medical Justice for being ready as usual to take action. I was able to write a medico-legal report for the client explaining the risks to his mental health, to contribute to Medical Justice's joint report with BID to raise awareness of this practice, and to join BID's subsequent panel event alongside a former client. It was very moving to see the person, following release from detention, able to speak out about what he had experienced.

I published a letter in the British Medical Journal describing the situation:

"People held under immigration powers in prisons during the pandemic have been subjected to two lasting harms: Experiences of solitary confinement may have long term consequences, while the negative mental health consequences of immigration detention, prior to the pandemic, were known to last well beyond release.... we urge other health professionals witnessing these practices, and their harmful effects, to raise their own concerns." (BMJ 2021;373:n1584)

Dr Rachel Bingham





CASE-STUDY: EVERY DAY IS LIKE TORTURE IN SOLITARY CONFINEMENT

“... for around 7 months, I’ve been locked alone in my cell for around 23-24 hours a day. Sometimes, I’m not allowed to leave for a few days; during this time, I can’t shower or exercise.

Both lunchtime and evening meals are delivered to my door at 11am. ... I have a window in my cell which has a flap. Only a limited amount of air comes in. The cell is quite small so there’s limited space to move around. It is hard not to feel hopeless when I think about my situation. The fact that I have no idea when I’ll ever get out messes with my mind. ... I didn’t go into prison with any mental health problems but now I experience anxiety, very low mood, panic attacks and insomnia. I feel like my health is slipping away from me.

Every day is like torture in solitary confinement. I feel suffocated and feel like I want to hurt myself or end my life because there is no other escape. I feel like I just want to shout at the door and scream, “let me out!”. ... I’m not the same person I was. My mind is not the same. I’m not sure if what has happened to me can be repaired. “

Omar, who told the Home Office he is happy to return to his country of origin

ADVOCACY WORK

Idel Hanley

*Policy, Research and
Parliamentary Manage*



Ariel Plotkin

Researcher



ASYLUM POLICY INSTRUCTION ON MEDICAL EVIDENCE IN ASYLUM CLAIMS

We worked with Freedom from Torture, the Helen Bamber Foundation and the Immigration Law Practitioners Association on a submission regarding Home Office proposed changes to its Medical Evidence in Asylum Claims. The proposed changes risked weakening safeguards that ensured the provision and appropriate consideration of medical evidence in asylum applications and provided guidance on medical evidence.

The Home Office adopted most of our recommendations and the new policy was published on 5th August 2021. This has not only restored the policy to its previous standard, but may improve the use of medical evidence. This is a rare 'win' and will benefit a very significant proportion of people seeking asylum in the UK.

POLICY SUBMISSIONS

Medical Justice submitted to a number of Home Office consultations, including on the Detention Service Order (DSO) on 'Hospital Admissions' and 'Release of detained individuals from immigration detention'. We made a submission to the Independent Chief Inspector of Borders and Immigration on the use of hotels and barracks as contingency accommodation.

[DSO on the 'Management of Adults at Risk in Immigration Detention'](#) and the draft [Vulnerable Adult Care Plan](#)

In September 2021, Medical Justice submitted comments to the updated DSO, raising concerns about the indicators that a person may be an adult at risk, sufficient medical screening at healthcare reception and the basis on which individuals are considered for a Vulnerable Adult Care Plan. Our overarching recommendations centred on the Home Office's need to operate a system where vulnerability and increasing risk is identified and reported, and that the provisions for the appropriate Rule 35 process to be used is strengthened throughout the policy, rather than relying

on 'part C' forms which do not trigger a review of continued detention.

The Home Office gave extremely limited timeframes and tight deadlines for policy consultations. For this consultation, the Home Office initially gave two weeks over the August bank holiday for stakeholders to respond to the DSO on the Management of Adults at Risk in Immigration Detention. We were granted an additional two weeks to respond.

NEW COMPETENT AUTHORITY

In November 2021, the Home Office announced a new decision-making body (Competent Authority) for identifying victims of modern slavery - the Immigration Enforcement Competent Authority (IECA), which will make identification decisions for many of those subject to immigration control, including in immigration detention. All other potential victims of modern slavery will continue to have identification decisions made by the existing Single Competent Authority.

We are concerned that this is a retrograde step, reinstating a system of two decision making bodies, which has previously been shown to undermine the safety of victims of trafficking in detention. We are concerned that the IECA's interests in immigration enforcement raises a serious conflict of interest.

This change came in with immediate effect and there was no consultation or prior notification given to NGOs and statutory authority stakeholders who provide frontline support to potential victims. Even the UK's own Independent Anti-Slavery Commissioner was not consulted. Medical Justice published a joint statement as part of the Detention Taskforce outlining our concerns.

STAKEHOLDER FORUMS

Medical Justice continues to attend stakeholder meetings with the Home Office (through the National Asylum Seeker Forum sub-groups on Detention and Decision-Making), with NHS England, with the Independent Chief Inspector of Borders and Immigration and with HM Inspector of Prisons.

POLICY WORK WITH NHS ENGLAND (NHSE)

Medical Justice responded to NHSE's consultation on new healthcare specifications for Colnbrook and Harmondsworth IRCs; an opportunity to recommend improvements potentially benefitting everyone detained there.

RECONNECT SERVICE AND RESEARCH ON THE DISCONTINUITY OF CARE

The Reconnect service, is an NHS England service aiming to ensure continuity of healthcare from prison to the community. The plan to also roll this out to IRCs was put on hold due to Covid. Medical Justice continued researching the discontinuity of care that people in detention experience upon release, interviewing clients, gathering case studies and reviewing casefiles. Alongside this research, we have continued with advocacy work on the Reconnect service, which has since started to be rolled out nationally in IRCs.

LITIGATION: EVIDENCE FOR THE CHALLENGE REGARDING OPERATION OF THE DETAINED DUTY ADVICE SCHEME (DDAS)

The DDAS provides detained people in IRCs with 30 minutes of free legal advice, and further legally aided services if they qualify. In 2018 the number of DDAS providers was increased from 9 firms to 77, including 38 with no prior experience of legal aid work and 64 with none of DDAS.

Medical Justice and others were concerned about the quality of services through the DDAS, including the lack of expertise and failure of providers to take on cases with merits. Medical Justice provided a witness statement for a challenge to the extension of the contracts brought by Detention Action, detailing our concerns and some of the experiences of our clients.

Although the challenge was dismissed by the High Court, the litigation led to clarification that only the 30-minute advice surgeries are subject to exclusive contracting arrangements, not the conduct of all legally aided work for a detained person, so they are not forced to engage solely with firms on the DDAS, and are able to seek alternative legal aid representation instead.

ALISON THEWLISS MP:

NONE OF THIS CRUELTY IS HAPPENING BY ACCIDENT



"The All-Party Parliamentary Group on Immigration Detention which I chair, has been taking evidence from medical and legal experts, as well as from people who have stayed in the Home Office's quasi-detention facilities at Napier barracks and Penally camp. What we have heard so far is incredibly worrying.

None of this cruelty is happening by accident. Criminalise those who escape war and brutal regimes—people who can hardly go to the Government who killed their family to make a polite request for travel documents. Make the experience as awful as possible for those who make it here, despite all the odds. Deny adequate medical and legal support, so that it is harder for asylum seekers to make their case. Put people in camps to keep them from making friends, building support networks and putting down roots. Give them a pittance to live on, so that they cannot survive.

My constituents and I do not support this anti-refugee Bill. We want none of this brutal hostile environment. All refugees are human beings, who deserve safety and dignity like any one of us, and no one is illegal."

Nationality and Borders Bill – second reading, 20th July 2021

NATIONALITY AND BORDERS ACT



The year saw extensive hostile changes to the asylum legal frameworks. The Nationality and Borders Bill, introduced on 6th July 2021 has since passed through Parliament and became the Nationality and Borders Act in April 2022. It has been dubbed the “anti-refugee act” as it represents the biggest attack on the refugee protection system we have ever seen, punishing refugees rather than protecting them, closing the door to desperate people who arrive in the UK to seek safety.

The Act is likely to have profound implications for asylum seekers, including those in detention; increase the number of asylum claims that are rejected, and not considered at all, further increase the asylum decision backlog and the number of destitute and homeless refused asylum seekers, criminalise more people, increase the use of detention, and establish ‘Reception Centres’ in the UK and off-shore asylum processing.

Of particular concern for our work and our clients are the following changes in the pipeline:

- The inadmissibility rules that were introduced on 31 December 2020, are now being put into primary legislation. People who are considered to have a connection with a “safe third country”, which might include travel through a third country on their route to the UK, may have their asylum claim deemed inadmissible. The government will seek to deport those with inadmissible claims to a third country; where they cannot be deported, they may be allowed to claim asylum in the UK. However, even if they do receive refugee status, their rights will be limited. They will not have the right to settle, they will be reassessed for removal, and will have limited rights to family reunion and benefits.
- The Act differentiated between the types of accommodation provided for individuals according to the stage of their asylum claim, including whether their claim is considered to be inadmissible. If deemed inadmissible, the asylum seeker would be placed in an Accommodation Centres, based on the pilot of the notorious Napier Barracks.
- The powers to detain are being expanded. More people are likely to be liable to detention, and for longer periods, due to the criminalisation of particular asylum claimants, barriers to getting bail, and the accelerated process for appeals made by those held in detention.
- Priority Removal Notices (PRN) are being introduced, with cut-off dates for evidence for claims seeking leave and challenging removal. Any evidence served after the cut-off date will damage credibility, regardless of the strength of evidence. Those served with a PRN who fail to provide evidence by the cut-off date, will have any right to appeal expedited to the Upper Tribunal, removing an appeal stage which would otherwise be available. This is likely to have a serious impact on vulnerable people, because many people face difficulties with disclosure due to trauma and delays in accessing legal advice.
- Provisions to send asylum seekers to off-shore processing sites have been introduced. This removes the barrier to removing asylum seekers whilst they have a pending claim.
- The Act also splits the standard of proof for establishing whether someone seeking asylum has a well-founded fear of persecution. This may make it much more difficult for people to establish the test for refugee status. Currently, asylum seekers have to establish that there is a reasonable likelihood of persecution. However, the Act requires asylum seekers to show (on the balance of probabilities) that they have a characteristic which could cause them to fear persecution and that they do in fact fear persecution, before consideration of whether there is a reasonable likelihood of persecution on return. This adds difficulties and complexities to the test for refugee status, and may result in more people being refused and detained.

BROOK HOUSE PUBLIC INQUIRY

Hannah Chambers

Consultant



Laura Profumo

Barrister



Shu Shin Luh

Barrister



Stephanie Harrison

QC



MEDICAL JUSTICE ACTS AS A CORE PARTICIPANT IN THE BROOK HOUSE IRC PUBLIC INQUIRY (BHI)

The dehumanisation of people in detention was captured by BBC Panorama’s undercover cameras between April and August 2017 in Brook House IRC, including a G4S guard kneeling on a detained man’s neck, strangling him, threatening “I am going to put you to sleep”, whilst a G4S nurse observed and did not appear to intervene to protect her patient.

The mistreatment shown by Panorama occurred over many months and only came to light because of the undercover filming. No concerns about this level of widespread mistreatment or its severity at the time was raised by the Independent Monitoring Board or Home Office staff located at Brook House, nor by HM Inspectorate of Prisons.

This is the only public inquiry there has been into immigration detention. The purpose of the BHI is to understand what happened and learn lessons for the future. To this end, BHI gathered all relevant evidence, including un-broadcasted BBC footage, CCTV, body-worn and hand-held camera footage, pages of transcripts and approximately 40,000 documents, amounting to around about 250,000 pages of material. BHI made disclosure to Core Participants on a regular basis.

All the parties involved at Brook House, as well as a number of NGOs, were asked to provide written and oral evidence, including the Home Office, G4S, Serco, IRC healthcare providers, including doctors and nurses, the guards, people who had been detained, HM Inspector of Prisons, and the Independent Monitoring Board. The first phase of public hearings was in November 2021. The Medical Justice Casework Manager and the Clinical Advisor went on to give oral evidence in the second phase, between February and April 2022.

Medical Justice was granted Core Participant status in October 2020, and as such was able see all the evidence as the Inquiry’s

investigation developed and well in advance of the public hearings. We were able to make submissions concerning the key aspects of the Inquiry’s process including providing additional policy and other safeguarding information specific to immigration detention to assist the Inquiry’s clinical expert, whose expertise was linked to his prison-based custodial background than the particular circumstances of IRCs. Medical Justice comments were submitted to BHI’s legal team, influencing the questions and follow-up questions put to witnesses. Additionally, Medical Justice’s witness statements and oral evidence were referenced extensively throughout the hearings.

The Chair’s report is awaited, but through the questioning of witnesses and the evidence heard by the Inquiry, Medical Justice’s view is that public hearings showed:

- the overuse and misuse of force and segregation often without lawful authority or justification
- the normalisation of the infliction of pain, suffering and humiliation, even whilst the detained person was naked, or so emaciated the man could barely hold his own body weight
- the pervasive derogatory and violent verbal abuse and racism to detained people or about them
- an underlying lack of any empathy even when people were at their most distressed and vulnerable- even in life-threatening situations.

In April 2022, after the end of financial year this report covers, the Inquiry heard the clinical evidence concerning Brook House. This was hugely compelling, with significant admissions made about systemic safeguarding and clinical failures. The IRC doctors and nurses gave evidence that they did not properly understand the Detention Centre Rules and safeguards, had never fully complied with them, were still not complying with them, were wrongly sanctioning the use of force on their detained patients, did not understand their protective role for their patients or intervene as they should have done when observing the use of force on their patients. BHI's clinical expert accepted a causal link between the failure to identify and release highly vulnerable individuals and their mistreatment.

All this evidence pieced together demonstrated how the interlinked systemic safeguarding failures led to the mistreatment of detained people. There was repeated evidence that systems supposed to prevent harm being caused to detained people were ineffective and that the Home Office has been studiously uninterested in evidence flagged to it over many years by Medical Justice and others, that safeguards simply do not

work. BHI also heard evidence that the Home Office had specifically drafted safeguarding policies to downgrade the level of protection for people likely to be harmed by detention.

Medical Justice's evidence pointing to systemic failures and severe mistreatment in detention from 2017 was derived from its casework, policy work, research and litigation. Recent evidence shows the mistreatment is ongoing and occurring across many IRCs. Our analysis of our medico-legal assessments for 45 clients carried out between July and December 2021 shows a complete failure of safeguards in the system; those unsuitable for detention because of their pre-existing mental illness and past histories of torture and trauma are still not protected from being exposed to harm in detention. In a high proportion of these cases our clinicians documented that the individual had suffered harm directly as a consequence of detention.

Special thanks – the efforts put in by our legal team cannot be overstated. Their work and speed was phenomenal. We were represented by Hamish Arnott, Raju Bhatt, Michela Carini and Olivia Anness from Bhatt Murphy who instructed Stephanie Harrison QC, Laura Profumo and Shu Shin Luh.



ALL PARTY PARLIAMENTARY GROUP (APPG) ON IMMIGRATION DETENTION

A Medical Justice staff member acts as secretariat to the APPG on immigration detention, and although their work is independent of MJ, we report here on their activities in the year.

QUASI-DETENTION SITES

A key focus for the APPG throughout 2021 was the government's use of 'quasi-detention' sites - large-scale institutional settings including former military barracks and IRCs - to accommodate people seeking asylum. These sites replicate many of the features and negative impacts of immigration detention. For this reason, the APPG includes them in its remit. The similarities include, for example, the sites' military and/or prison-like nature which, for survivors of torture, trafficking and other serious forms of violence, can be re-traumatising, and the physical and social isolation induced by the sites, making access to support in the community much more difficult.

As an initial activity in this area, the APPG held a meeting in March 2021 with the Independent Chief Inspector of Borders and Immigration (ICIBI), David Bolt, and HM Inspector of Prisons (HMIP) to discuss their recent inspection of Napier Barracks and Penally Camp, which described conditions at the sites as 'impoverished'. Based on the information shared, the group sent a cross-party letter to the Home Secretary calling for the immediate closure of Napier Barracks (Penally Camp's closure had already been announced). The letter was covered by a number of media outlets, including the Daily Mail.

INQUIRY INTO QUASI-DETENTION

The use of military barracks and IRCs as asylum accommodation began in 2020, with the government claiming it was a temporary measure necessitated by the Covid pandemic and a rise in the number of small boat crossings. In 2021 however the government revealed its intention to make institutional accommodation into a permanent, wide-spread feature of the asylum accommodation system. Proposals to this effect were included in the New Plan for Immigration, published in March 2021, and subsequently in the Nationality and Borders Bill, introduced into Parliament in July 2021.

In light of these developments, the APPG decided to launch an in-depth inquiry into the topic - with a view to better understanding the concerns about the fundamental suitability of such sites for accommodating people seeking asylum, bearing in mind their particular vulnerabilities, and health and legal needs.

Led by a cross-party panel of 10 parliamentarians, the inquiry gathered evidence, both written and oral, from over 30 contributors, including former and current residents at the sites, NGOs, lawyers, medical experts and key contractors.

From evidence at the APPG inquiry:

"It is very concerning that the UK Government has described asylum seekers being accommodated at the barracks as "not analogous to British Citizens" and that "less generous" support is therefore available to them. We have seen how this has translated into real harm suffered by real people who are vulnerable and have sought safety in this country. There is a widely held belief that the barracks are being used as a model on which to base the 'asylum reception centres' outlined in the UK Government's recently published New Plan for Immigration. The APPG's inquiry comes at a crucial time, and I believe its findings will speak to the fairer and more just society that many of us want to be."

Shu Shin Luh – Barrister, Doughty Street Chambers

"Regarding asylum seekers transferred from Napier barracks to Tinsley House Immigration Removal Centre for 'bail accommodation' ... They felt like they were in prison because that's exactly where they were. ... If a person who approaches the local authority is homeless and out of a homelessness duty, you wouldn't put them in a prison because it happened to have some spare beds there"

Clare Jennings of Matthew Gold & Co. Solicitors

"There's virtually no screening program for identifying mental health vulnerabilities for this group" ... "You don't even have primary mental healthcare" ... "healthcare is bordering on non-existent"

Dr Piyal Sen, Working Group on the Mental Health of Asylum Seekers and Refugees, Royal College of Psychiatrists

The inquiry's interim report was published in September 2021. A full final report followed in December 2021 which included a number of recommendations to the government, including calls to close Napier Barracks with immediate and permanent effect, and to refrain from opening any further such sites.

Medical Justice also submitted its own response to the Home Office's 'post-hoc' consultation on Napier Barracks and the decision to extend the use of the site until 2026. We raised questions around the authenticity of the consultation, highlighted the detrimental impact of Napier on residents' health and well-being drawing on our clinician's medical assessments, the inadequacies of the facilities, and the failures to identify vulnerabilities and the Covid-19 risks.

Both the interim report and final report were covered by various media outlets. Evidence from them - including testimony from residents at the sites - was also raised in parliamentary debates on the government's plans for asylum accommodation centres during the passage of the Nationality and Borders Bill.

Additionally, the interim report was submitted as evidence to the Lords' Secondary Legislation Scrutiny Committee (SLSC) during its consideration of Statutory Instrument (SI) 2021/962 - a piece of legislation laid by the government in August 2021 which extended its use of Napier until 2026. The role of the SLSC is to highlight SIs that are of particular interest or concern, such that parliamentarians can then conduct further scrutiny of them. In part as a result of our evidence, the Committee highlighted SI 2021/962, and issued a report criticising both the SI's content (extending the use of Napier), and also the way in which the SI had been presented to Parliament (at very short notice, and allowing little time for scrutiny).

Based on the SLSC's report, the Liberal Democrats tabled a motion opposing the SI in the House of Lords. A debate on the motion was held up due to litigation around planning permission for Napier; however, the debate was expected to take place once the court hearings had finished.

In January 2022 the government ran a 'post-hoc' consultation on their decision to extend their use of Napier. The genuineness of the consultation was questionable, given that it was carried out several months after the Home Office had made its decision and in the context of the Home Office facing a Judicial Review over its lack of consultation. Nonetheless, the APPG submitted a

response, drawing on the evidence and findings from the APPG Inquiry final report.



APPG Members visit Napier Barracks:
Stuart McDonald, Bell Ribeiro-Addy, Anne McLaughlin,
Alison Thewliss

The Chair and three other Members of the APPG visited Napier Barracks in February 2022. The visit to the site was preceded by a meeting off-site with the Jesuit Refugee Service UK and the Humans for Rights Network (two NGOs working directly with residents at the site), as well as two former residents to discuss concerns. The Members found that conditions were still extremely concerning and had not improved since the APPG took evidence in June/July 2021.

"Given the physical and psychological harm so many asylum seekers suffered by being placed at Napier barracks, it is unconscionable and frankly frightening that the Home Office is doing it all over again. Our independent clinicians have assessed asylum seekers who were at Napier barracks and found the deterioration they experienced there disturbingly similar to the deterioration usually associated with immigration detention. Asylum seekers who survived torture, trafficking and other serious trauma before reaching the UK reported experiencing suicidal thoughts for the first time at Napier barracks."

Medical Justice

PARLIAMENTARY WORK



**Elspeth
Macdonald**
*Parliamentary
and Research
Analyst*

Medical Justice continued its engagement with the Home Affairs Committee (HAC) throughout the year. This included Theresa Schleicher, our Casework Manager, speaking at an oral evidence session in February 2021 on the Home Office's response to Covid-19 within institutional accommodation, including immigration removal centres (IRCs). We also submitted two sets of written evidence on the topic, and at the Committee's request provided additional information about the use of Tinsley House IRC as asylum accommodation for a period in early 2021. Our evidence was drawn on in subsequent correspondence between the Committee Chair and the Home Secretary, and referenced several times in the Committee's final report.

In late February 2021 the government published a draft revised Guidance on adults at risk in immigration

detention, downgrading the protections afforded to potential victims of trafficking (PVOTs). Shortly afterwards the government laid a statutory instrument (SI) in Parliament that would, unless opposed, automatically bring the revised Guidance into effect in late May 2021.

Medical Justice raised awareness in Parliament about the changes and held the government to account on its decision by working closely with others, including After Exploitation, an anti-trafficking NGO.

We submitted evidence to the SLSC about the change and its likely impacts which led the SLSC to issue a report highlighting the SI as one which may be of interest or concern to Parliament. The report included a remarkable admission from the Home Office that the SI would have exactly the effect we predicted in our evidence, i.e. that more trafficking victims would be detained and for longer periods.

We issued a joint briefing for parliamentarians, and as a result, Labour tabled an Early Day Motion opposing the change which was signed by over 80 MPs. We also helped to organise two parliamentary debates on the topic - one led by Richard Fuller, Conservative MP for Bedford, and another by Shadow Immigration Minister Holly Lynch MP. The issue was also covered in the media, including by the Independent.

HOME OFFICE CONDEMNED FOR FORCING MIGRANTS ON BAIL TO WEAR GPS TAGS

"The Tories' plan to introduce 24/7 GPS tracking for bailed immigration detainees is a Trojan horse which would grant the Home Office expansive new surveillance powers which would extend well beyond their stated purpose."

Bell Ribeiro-Addy MP

Vice-Chair of the All-Party Parliamentary Group on Immigration Detention

14th June 2021, The Guardian

DERWENTSIDE IRC

THE NEW DETENTION SITE FOR WOMEN OPENED DECEMBER 2021



“We have drawn the Home Office’s attention repeatedly to medical evidence of the inherently harmful nature of immigration detention, yet they intend to repeat this damaging practice at Hassockfield [Derwentside] IRC.”

**Dr Rachel Bingham, 24th June 2021,
The Independent**

This concerning expansion of detention is a potential reversal of the government’s previous commitment to reduce numbers in detention, in response to an independent review of the welfare in detention of vulnerable persons by Stephen Shaw that was commissioned on behalf of the Home Secretary.

Medical Justice had some existing clients who were transferred from Yarl’s Wood IRC to Derwentside when it opened, and received its first new referrals for women held at Derwentside IRC in January 2022. The IRC’s remote location makes it hard for many of our volunteer clinicians to get there, increasing waiting time for face-to-face assessments and necessitating more remote assessments. Our clinicians have also raised concerns about the room provided for medical assessments being inadequate and too small.

The remote location also means there is a failure to provide in-person legal advice surgeries at Derwentside IRC. The Legal Aid

Agency cancelled the procurement of onsite advice, due to a lack of suitable tenders. The absence of onsite advice, poor phone reception and wider connectivity problems are leading to vulnerable women’s legal rights being adversely affected.

A woman who had been raped, shot and tortured in her country was detained at Derwentside in January 2022 and had difficulty getting legal advice. Alongside the NGO Women for Refugee Women, she brought a legal challenge and sought a formal declaration that women are being detained unlawfully at Derwentside IRC.

MANSTON SHORT-TERM HOLDING FACILITY (STHF)

In December 2021 the Home Office confirmed that part of the former Ministry of Defence site at Manston would be used to process asylum seekers arriving at Dover who will be detained there for up to 5 days.

APPG AGM - IMPLICATIONS OF PLANNED NEW IRC FOR WOMEN

The APPG’s AGM in April 2021 focused on Derwentside IRC.

Speakers from Women for Refugee Women (W4RW) and the Royal College of Psychiatrists (RCPsych) explained the implications of the government’s planned new IRC for women at Derwentside in County Durham. The discussion focused particularly on the impacts of detention on people’s mental health.

RCPsych presented its newly agreed Position Statement on the detention of people with mental disorders in IRCs, which argues that detention centres are likely to precipitate a significant deterioration of mental health in the majority of cases, and that people with mental disorders should only be subjected to immigration detention in very exceptional circumstances.

Following the meeting, with the support of the secretariat and W4RW, Alison Thewliss MP and Mary Foy MP (Member for the City of Durham) co-ordinated an open letter to the Home Secretary urging her to reverse her decision to open the new centre.

The letter was signed by 76 MPs and peers and was covered by media including the Independent.

ASYLUM CAMPS

RAF COLTISHALL IN NORFOLK - used between April 2020 and February 2021 to accommodate about 90 asylum seekers

PENALLY BARRACKS IN PEMBROKESHIRE - used between September 2020 until March 2021 to house up to 250 asylum seekers

NAPIER BARRACKS IN KENT - opened in September 2020 and is still operational. Up to 400 asylum seekers have been accommodated there

PORTACABIN CAMP NEXT TO YARL'S WOOD IRC

Medical Justice joined campaigning against a camp that had been built with nearly 200 portacabins next to Yarl's Wood IRC, said by the Home Office to be needed on an 'emergency' basis for 3 months. The Home Office said it would move asylum seekers in on Christmas Eve 2020 but following a period of intense campaigning and legal action, it announced in February 2021 that it would not use the site. The Home Office paid £3.175m to Wernick Buildings Ltd, a construction company specialising in prefabricated buildings, to erect and rent out portable cabins on the site for 13 weeks, during which they stood empty."

"The Yarl's Wood camp was an unconscionable idea; sticking vulnerable people in portacabins in the shadows of a notoriously brutal immigration removal centre had all the hallmarks of a regime that had badly lost its way. We call on the Home Office to do the right thing and now close other dangerous and inappropriate sites such as the Napier and Penally barracks."

Medical Justice



*Construction on Yarl's Wood's "quasi-detention" site
credit: BBC News*

ACCOMMODATION CENTRES – PLANS TO HOLD 6 TIMES AS MANY AS IN IMMIGRATION DETENTION

On August 11th 2021 the Home Office issued a Prior Information Notice (PIN) containing details of its plan to contract for the



"design, build or renovation and operation" of 9 national Accommodation Centres for 8,000 asylum seekers.

The 'pilot' for Accommodation Centres is Napier Barracks, regarding which the Home Office said that "basic" provision is justified because asylum seekers are "not analogous to British Citizens". The APPG on Immigration Detention has found that Napier Barracks is a form of quasi-detention and Medical Justice has found that the deterioration in health at Napier Barracks is the same as that found in immigration detention, so we consider those placed in Accommodation Centres to be within our remit.

8,000 people is more than 6 times the number held in immigration detention (1,179 people at the end of 2021) – given the anticipated levels of vulnerabilities and needs, this number would overwhelm charities like Medical Justice.

Medical Justice brought together a steering committee for a campaign against Accommodation Centres, including Asylum Matters, Refugees for Justice, Bail for Immigration Detainees, the Helen Bamber Foundation, Life Seekers Aid, the Jesuit Refugee Service and Humans for Rights Network. Asylum Matters have agreed to lead the steering committee.

In April 2022, without prior consultation, the government announced the first Accommodation Centre for 1,500 asylum seekers at RAF Linton-On-Ouse and that it would be 'pivotal' to the policy of deporting asylum seekers to Rwanda. The Home Office mentioned the possibilities of a detention element and holding families. On the verge of opening, the Home Office paused the plans and in August 2022, following 5 months of intense campaigning, the Secretary of State for Defence had said he had withdrawn the offer to the Home Office for that site. We presume campaigning against Accommodation Centres will be a significant part of our work going forward, but it is hard to plan for as the government has not revealed where or when they will open. RAF Linton-On-Ouse looks ruled out now but others sites are said to be under consideration so it looks set to be a time-consuming "whack-a-mole" activity.

DEATHS IN IMMIGRATION DETENTION

NOTICE TO DETAINEES

INVESTIGATION BY THE PRISONS AND PROBATION OMBUDSMAN

Investigation into the death of _____ while a detainee at Morton Hall IRC
on 19 February 2021

The Prisons and Probation Ombudsman, Ms Sue McAllister, is conducting an investigation into the death of the above named.

This office is entirely independent from the Detention Centre and the Home Office.

The investigator is Jim Raftery.

If you have any information that you think may help the investigation please contact the investigator.

You can do this by asking a member of staff to contact us on your behalf or by writing to the investigator at:

Prisons and Probation Ombudsman
Third Floor, 10 South Colonnade,
Canary Wharf, London E14 4PU

Please mark your letter for confidential access.

19 February 2021

DEATH AT MORTON HALL IRC 19TH FEBRUARY 2021

A 46-year-old man from the Czech Republic was found hanged in his cell.

HOME OFFICE'S POLICY FOR INVESTIGATING DEATHS IN IMMIGRATION DETENTION FOUND UNLAWFUL

In April 2021, the Home Office's policy for investigating deaths was found unlawful, as was its attempt to deport a key witness to the death of Oscar Lucky Okwurime in Harmondsworth IRC before he was able to give testimony. The judgment said policy on deaths in immigration detention was unlawful because it does not actively seek to identify, and take steps to secure the evidence of, people in detention who may have relevant information concerning deaths.

Mr Okwurime was found dead in his cell in 2019. His death was not discovered until the morning afterwards when, despite his body being in an advanced state of rigor mortis, attending healthcare professionals attempted to administer CPR. The inquest jury found that neglect had contributed to his death.

"Not only was the Secretary of State responsible for the neglect that contributed to the death of Mr Okwurime, her department appeared to want to sweep it under the carpet by trying its best to remove witnesses from the UK before they could give evidence. And not for the first time.

It should not be forgotten that any death occurring in immigration detention is avoidable, as immigration detention is optional"

MEDICAL JUSTICE IN THE MEDIA

Media Outlet	Number of times featured	Date/s of feature/s
The Guardian	12	2nd Feb 21 9th Feb 21 13th Apr 21 17th Apr 21 17th Apr 21 17th Apr 21 21st May 21 3rd Jun 21 1st Aug 21 21st Nov 21 9th Dec 21
The Independent	11	4th Feb 21 24th Mar 21 14th Apr 21 14th Apr 21 28th Apr 21 30th Apr 21 24th Jun 21 11th Jul 21 17th Sept 21 17th Dec 21 15th Dec 21
The British Medical Journal	3	18th Jun 21 21st Jul 21 18th Aug 21
Evening Standard	3	16th Apr 21 1st Jul 21 8th Sept 21
KentOnline	3	13th Sept 21 13th Dec 21 16th Jan 22
The Observer	3	29th May 21 4th Dec 21 26th Dec 21
The Justice Gap	2	14th Jul 21 5th Nov 21
The National	2	12th Sept 21 9th Dec 21
Sky News	2	17th Apr 21 8th Sept 21
BBC Look East	1	20th May 21
BBC Online	1	8th Sept 21
BBC Radio 4	1	17th Apr 21
BBC Radio Kent	1	8th Sept 21
Byline Times	1	24th Mar 21
The Daily Mail	1	16th Apr 21
The Daily Mirror	1	18th Sept 21
ITV News	1	19th April 21
The Metro	1	7th Nov 21
The Morning Star	1	9th Dec 21
The National News	1	9th Dec 21

INDEPENDENT EVALUATION

In 2020 - 21, an independent evaluation of the effectiveness of Medical Justice was carried out by Ceri Hutton, an expert evaluator, researcher and consultant working with the not-for-profit sector for the last 23 years, specialising in particular in migration and human rights.

The evaluation took an in-depth look at Medical Justice's achievements and strategic direction as the organisation reached 15 years of operation. This drew findings from extensive fieldwork including interviews with 57 key organisational stakeholders, including with trustees, staff, parliamentarians, journalists, former clients, volunteer doctors, lawyers, sister NGOs, NHS England, the Home Office, HM Inspector of Prisons, and funders. A summary is provided below by Ceri Hutton:

Medical Justice welcomes the Evaluation as it has provided an invaluable perspective otherwise not available to it and propels it into the next phase of development towards organisational maturity. Please see below New Changes section for detail on what changes we aim to make as a result of the Evaluation.

“Medical Justice is a uniquely-placed organisation which changes the course of over 1000 lives a year through expert medical support and advice to those held in immigration detention. Its input is described as meticulous, dogged and professional by those in the field and it gets results, which not only allows detention and deportation to be challenged, but also enables individuals to use the medical evidence and support to gain asylum and regularise their status. Beyond its direct impact on individuals it also achieves policy changes which have an indirect benefit on the lives of thousands more. Such policy work is grounded in an unparalleled body of evidence and the policy changes gained - for example on the use of medical evidence in asylum claims - produce long-lasting benefits for those in detention or at risk of being in detention. Such policy and research is complemented by a litigation strategy described as ‘quiet but fierce’, which adopts a highly tactical approach to ensure bad law and policy is challenged wherever needed and possible in the courts - with vigour, principle and professionalism.

Medical Justice is also widely regarded as having had a critical role in ensuring that the mistreatment of those in detention is acknowledged. Its relentless presence and activity have meant that this easily ‘out of sight’ issue has been kept in the spotlight. To do this it has built a network of aware allies, including key sectoral partners, and galvanized a wide range of medical professionals across the country, convincing many, including the BMA, that detention centres should be closed down as a result of its evidence-based lobbying. Setting up the APPG has now also provided a platform to engage and educate parliamentarians and others. Their work is widely regarded as brave, inspiring, respected and tenacious with most feeding back that the organisation ‘punches well above its weight’.

After 15 years of work, Medical Justice's activity and ambition have outgrown its structure. The organisation is embracing change where it is needed, and refreshing commitments where these are a key strength, such as its continuing involvement of people with lived experience in all aspects of its operations, including significant representation at board level. Other areas, such as IT, communications and data capture need to evolve to keep up with the strategic needs of the organisation. With such a willingness to evolve, a strong profile and reputation and an acute eye on the need to maintain an agile strategy, Medical Justice looks set to play a key, punchy and highly effective role for the next decade.”

Ceri Hutton, On The Tin Ltd.

PEOPLE WITH LIVED EXPERIENCE

The involvement of those with lived experience is vital to the success and sustainability of Medical Justice. Our policy is to ensure our board of trustees includes people with lived experience to help ensure that we set the best strategic direction and that operational decisions reflect the needs of clients in detention.

We work with people who have lived experience of detention and use that expertise, combined with other skills and knowledge they have, to challenge immigration detention policy and practice.

Those with lived experience play a vital role in training our volunteers and helping them to understand the impact a visit from a volunteer doctor can have.

Usually speakers at the public events we hold include someone with lived experience. These opportunities will

increase as the APPG on Immigration Detention hosts more meetings in parliament.

On occasion we link journalists with people who have been in detention who would like to speak to the media about their experience.

Bridget Banda became our third trustee with lived experience in 2020. Bridget has first-hand experience of immigration detention having been held for 6 months in Yarl's Wood IRC, two weeks before major surgery. Medical Justice was instrumental in helping secure her release. The experience was so traumatic that she decided to use it to speak out and raise awareness on the impact of detention. Bridget has a Master's Degree in Marketing Management.

SUICIDAL ASYLUM SEEKERS SUBJECTED TO 'DANGEROUS' USE OF FORCE BY GUARDS AT DETENTION CENTRE

"Between July and December last year [2020], Brook House was the government's base for Operation Esparto – a schedule of 22 removal flights ... Many detainees are believed to have been survivors of torture and trafficking. Officers used force, including techniques that deliberately cause suffering to gain compliance – called pain-inducing restraint – to prevent self-harm on 62 occasions from July to December. The population of Brook House was about 100 people at any one time.

... Self-harm attempts clustered around the flights themselves. The day before a charter to France and Germany on 25 August, officers intervened four times, including one in which a man was taken to hospital after being found in a pool of blood with slash wounds to his arms, head and chest.

Between August and December, there were 14 attempts by detainees to end their lives using improvised ligatures. Two tried to suffocate themselves using plastic bags. On 21 September, the day before a flight, a man jumped from an upper floor but was caught in safety netting before trying "to push himself through the edge of the netting so he could fall head first to the ground", officers wrote."

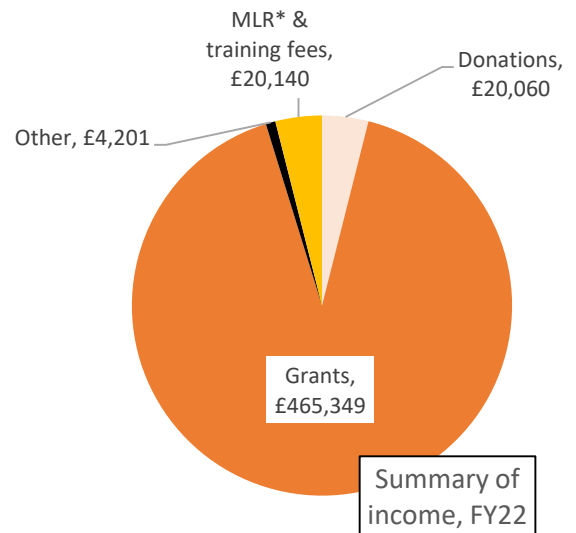
26th December 2021, The Guardian

ANNUAL ACCOUNTS

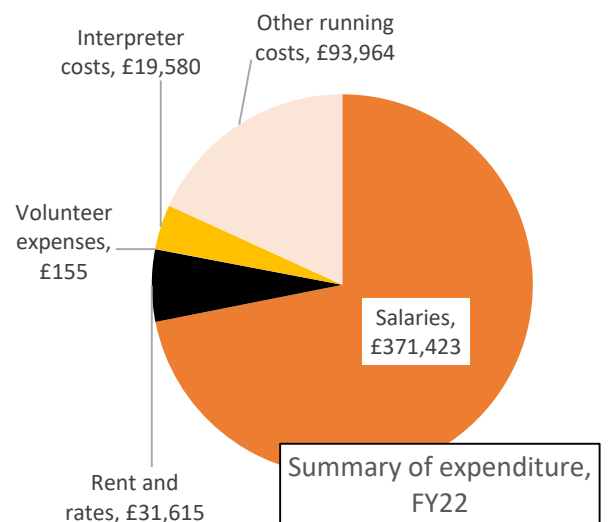
This financial data is taken from our full financial report which will be available on our website and also at Companies House and the Charity Commission.

SUMMARY OF INCOME & EXPENDITURE

Income	FY2021-22	FY2020-21	FY2019-20
Donations	£ 20,060	£ 22,988	£ 31,969
Grants	£ 465,349	£ 406,694	£ 352,633
Other	£ 4,201	£ 239	£ 392
MLR* & training fees	£ 20,140	£ 53,169	£ 53,002
Income	£ 509,750	£ 483,090	£ 437,996
Donated professional services	£ 129,932	£ 119,749	£ 222,438
Grand total	£ 639,682	£ 602,839	£ 660,434



Expenditure	FY2021-22	FY2020-21	FY2019-20
Salaries	£ 371,423	£ 337,626	£ 336,966
Rent and rates	£ 31,615	£ 25,778	£ 20,679
Volunteer expenses	£ 155	£ 485	£ 588
Interpreter costs	£ 19,580	£ 25,836	£ 8,946
Other running costs	£ 93,964	£ 74,685	£ 52,652
Running costs	£ 516,737	£ 464,410	£ 419,831
Donated professional services	£ 129,932	£ 119,749	£ 222,438
Grand total	£ 646,669	£ 584,159	£ 642,269



STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Income from:						
Donations and legacies	154,153	-	154,153	142,737	-	142,737
Charitable activities	367,810	117,679	485,489	216,169	243,694	459,863
Investments	40	-	40	239	-	239
Total income	522,003	117,679	639,682	359,145	243,694	602,839
Expenditure on:						
Raising funds	216	-	216	418	-	418
Charitable activities	528,744	117,679	646,453	314,211	243,694	557,905
Total expenditure	528,990	117,679	646,669	314,629	243,694	558,323
Net (expenditure) / income for the year / Net movement in funds	(6,987)	-	(6,987)	44,516	-	44,516
Fund balances at 1 February 2021	401,947	-	401,947	357,431	-	357,431
Fund balances at 31 January 2022	394,960	-	394,960	401,947	-	401,947

NOTE | The Reserves Policy is to hold 9 months worth of operating costs.

BALANCE SHEET

	2022		2021	
	£	£	£	£
Fixed assets				
Tangible assets		4,436		507
Current assets				
Debtors	863		5,258	
Cash at bank & in hand	422,485		407,035	
	<u>423,348</u>		<u>412,293</u>	
Creditors: amounts falling due within 1 year	<u>(32,824)</u>		<u>(10,853)</u>	
Net current assets		<u>390,524</u>		<u>401,440</u>
Total assets less current liabilities		<u>394,960</u>		<u>401,947</u>
Income funds				
Unrestricted funds		<u>394,960</u>		<u>401,947</u>
		<u>394,960</u>		<u>401,947</u>

DONATIONS & LEGACIES

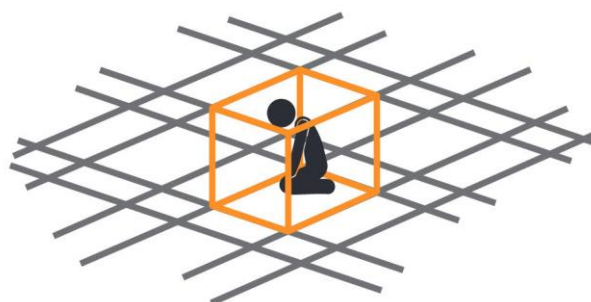
	Unrestricted funds	<i>Unrestricted funds</i>
	2022 £	2021 £
Donations & gifts	20,060	22,988
Furlough payments	4,161	
Donated professional services	154,153	119,749
Donations & gifts		
Donations	<u>20,060</u>	<u>22,988</u>
	<u>20,060</u>	<u>22,988</u>

NOTE | DONATED PROFESSIONAL SERVICES and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt. In the accounts for the year ended 31 January 2022, the value of the donation £129,932 (2021: £119,749) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7

CHARITABLE ACTIVITIES

	2022 £	2021 £
Staff costs	371,423	337,626
Medico-legal report fees	9,362	6,206
Interpretation	26,845	25,836
Professional services: consulting	60,396	15,173
Staff recruitment and training	1,955	2,704
Events	125	723
General expense	35	73
Donated professional services	129,932	119,749
Staff expenses	5,201	4,303
Former client expenses	<u>368</u>	<u>101</u>
	598,377	512,494
Share of support costs (see note 8)	46,756	44,159
Share of governance costs (see note 8)	<u>1,320</u>	<u>1,252</u>
	<u>646,453</u>	<u>557,905</u>
Analysis by fund		
Unrestricted funds	528,774	314,211
Restricted funds	117,679	243,694
	<u>646,453</u>	<u>557,905</u>

NOTE | PROFESSIONAL SERVICES: consulting includes the following: £1,690 for Human Resources, £720 for anti-discrimination training for recruitment practices, £6,550 for Trauma Treatment International (one-to-one counselling for all staff, monthly group supervision sessions, and facilitated discussion sessions), £39,960 for 12 months' legal research for the Brook House Inquiry, and £11,476 for an independent Evaluation of Medical Justice and a strategy development.



SUPPORT COSTS

	Support costs £	Governance Costs £	2022 £	2021 £
Depreciation	594	-	594	460
Rent and rates	31,615	-	31,615	25,778
Communications	2,711	-	2,711	5,223
Postage, printing and stationery	402	-	402	422
Insurance	344	-	344	297
Volunteer expenses	155	-	155	485
Subscriptions	594	-	594	606
Website and IT expenditure	6,184	-	6,184	9,014
Other office costs	2,163	-	2,163	55
Accountancy and payroll	1,991	-	1,991	1,819
Independent Examination and accounts preparation	-	1,320	1,320	1,252
	46,756	1,320	48,076	45,411

TRUSTEES

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

EMPLOYEES

The average monthly number of employees during the year was:

	2022 NUMBER	2021 NUMBER
Employees	14	11
Employment Costs	2022 (£)	2021 (£)
Wages and salaries	313,688	295,658
Social security costs	28,672	14,602
Other pension costs	29,063	27,366
	371,423	337,626

TREASURER'S REPORT



The overall financial picture is little changed from that seen in recent years. The immediate income has been maintained and is looking secure in the short term. There are many uncertainties over the longer term, both in terms of the charity's ability to sustain income and in those activities that might be demanded of us as we try to deal with shifts in the hostile environment in which we operate. However, sadly, there is confidence that there will continue to be an important need for Medical Justice for many years to come.

Over the last year, the shift to a more hybrid pattern of working due to the covid pandemic has proved effective and efficient, though has not permitted any reduction in the costs of maintaining the office base. There are no immediate plans to change the space we currently rent and the capacity for all the current staff to work in the office at the same time remains important, not least because the government plans for Accommodation Centres may mean seeing clients in the office.

Compared to previous years, there has been a reduction in the fees received for Medico-Legal Reports (MLRs). This reflects in part the changed nature of the types of report possible when most clinician encounters with people in detention have had to be remote. This may continue, with many assessments being done at short notice for people in detention with imminent removal

dates, with clients held at detention facilities that are largely inaccessible. The latest accounts include an increase in charges for professional services, some supported by specific grants. This includes legal research support for the extensive preparation for the Brook House Inquiry, expert help in assessing the organisation, and support for staff through these especially difficult times.

Looking ahead, the low value attributed to tangible fixed assets reflects the urgent need to upgrade our IT, planned for the coming year. Increasing inflation means the currently low interest earned from sums in deposit may need to be looked at again. We continue to be awarded grants in a competitive environment, helped by the ability to point to evidence of our impact, recently reinforced by the evaluation completed last year. As a condition of a new grant for 5 years, one generous funder, the Oak Foundation, asked for a full financial audit after the first year: normally our accounts are just subject to independent examination. We welcome this as reassuring the Oak Foundation as well as reinforcing the confidence of other existing and potential funders.

As always, we thank our donors for their continued support, without which our work would not be possible.

Dr Hilary Pickles

THANK YOU

Medical Justice is completely reliant on a small army of incredibly dedicated volunteer medics, lawyers, detention 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 detained people. Some devote a number of precious evenings or even days each week to Medical Justice and the people in detention. Some volunteers are supposedly “retired”, yet it may not feel like it.

COLLABORATION, EXPERTISE AND SOLIDARITY

ALISON THEWLISS MP AND HER TEAM

ASSOCIATION OF VISITORS TO
IMMIGRATION DETAINEES

ASYLUM MATTERS

BAIL FOR IMMIGRATION DETAINEES

BEYOND DETENTION

BHATT MURPHY SOLICITORS

BINDMANS

BIRNBERG PEIRCE & PARTNERS

BRITISH MEDICAL ASSOCIATION

CARE4CALAIS

DEIGHTON PIERCE GLYNN

DETENTION ACTION

DOCTORS OF THE WORLD

DOUGHTY STREET CHAMBERS

DUNCAN LEWIS SOLICITORS

FREEDOM FROM TORTURE

EQUALITY AND HUMAN RIGHTS
COMMISSION

FOCUS ON LABOUR EXPLOITATION

GARDEN COURT CHAMBERS

GATWICK DETAINEE WELFARE GROUP

HELEN BAMBER FOUNDATION

HUMANS FOR RIGHTS NETWORK

MICRO RAINBOW

INQUEST

INSTALAW

JESUIT REFUGEE SERVICE UK

LIBERTY

LIFE SEEKERS AID

MATTHEW GOLD SOLICITORS

MIND

IMMIGRATION LAW PRACTITIONERS
ASSOCIATION

ON THE TIN LIMITED

BEVERLEY COSTA AND THE PASALO
PROJECT

PUBLIC LAW PROJECT

REFUGEE ACTION

REFUGEE COUNCIL

REFUGEES FOR JUSTICE

ROYAL COLLEGE OF GPs

ROYAL COLLEGE OF PSYCHIATRISTS

SOAS DETAINEE SUPPORT GROUP

SUTOVIC AND HARTIGAN

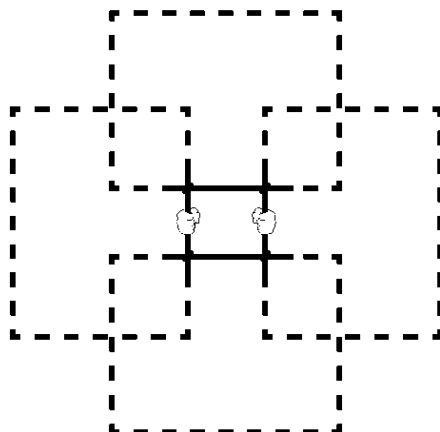
TRAUMA TREATMENT INTERNATIONAL

TURPIN MILLER

VOICES IN REFUGE

WILSON SOLICITORS LLP

WOMEN FOR REFUGEE WOMEN



CLINICIANS

AMY CHISHOLM	LIZ CLARK	SOPHIE QUARSHIE
BRIAN BRIGGS	LYNDA CARTER	STEPHANIE UPTON
CELIA STJOHN GREEN	MIRIAM BEEKS	TAHERA RUBA
CORNELIUS KATONA	NEIL SINGH	TERESA WOZNIAK
EILEEN WALSH	PARTHA DAS	THANOS TSAPAS
GABRIELLA SHANKS	PETER JOSEPH BOURDILLON-SCHICKER	THELMA THOMAS
HEATHER DIPPLE	PETRA MAKELA	TIM FETHERSTON
HILARY PICKLES	RACHEL HARRISON	VALERIE HAWES
HUGH GRANT PETERKIN	ROB DUNN	VICTORIA HAMMOND
INDRAJIT GHOSH	SACHA CAMMOCK	XAVIER BOLAND
JANE MOUNTY	SARAH CLARK	YASMIN BEDI
JEMMA STREET	SARAH WOOKEY	ZEHRA MESSENGER
KATHRYN ALLINSON	SHARON KANE	

INTERPRETERS

AHMAD ALLAM	MOHAMED ALY
ANDREI LEBEDINSCHII	MOHAMMAD KUNBOS
ANGELE AUBOURG	NEMO GORECKI
AREZO ZOHORRAHIMI	NGOC PHAM
DUSANKA SUPICA	OZLEM SIMSEK
JAMES MINNEY	PRINCESS CHINE
KALPANA RAVIVARUMAN	SABA GERESSU
KARINA KHOKHAR	TATIANA SALTYKOVA
LATIFA CHENTOUF	TATIANA TEN
LUCILE ECHARDOUR-COURAL	ZEINA EID

DONATIONS

We are touched by and grateful for the many donations we receive which this year have included from the below people. We are equally grateful to those not listed who donated anonymously.

AD FOX	JOHN BENFORD	PHILIP MATTHEWS
ALEX WULF	KATY OWEN	PRICE TOMES
AMIT MUKHERJEE	LAZOU JAMES	RAVI CHEEDELLA
ANDREW POWELL	LORAIN BAYLEY	REBECCA MARCUS
ANGIER C	LUCY SUMMERS	ROSEMARY NEALE
BECKY DRISCOLL	MARGARET SHERWEN	ROSSI HRK
BOND NJP	MARIA WESTPHAL	SARAH WIKELEY
CAMILLA GREGOR	MARTA BUSZEWICZ	SHEETAL PATEL
CHARITIES TRUST	MICHAEL DALY	STEFAN WILSON
COWAN	MILLER, BECKETT & JACKSON	SYLVIE KEUMAJOU
DOMINIC CLARKE	MR WORTHY	VERONICA BUTLER
DR NURI GENE-COS	P M MAKELA	WILHELM SKOGSTAD
HILARY OWEN	PAM WORTLEY	WILLIAMS K
	PETER AGULNIK	

In May 2021, in the lead up to their wedding day, Katy Owen & Edwin Eshun raised **£800** as a fundraiser for Medical Justice. We are forever grateful to them for thinking of us on their special day

FUNDERS

We thank our funders; without whom we could not continue our work:

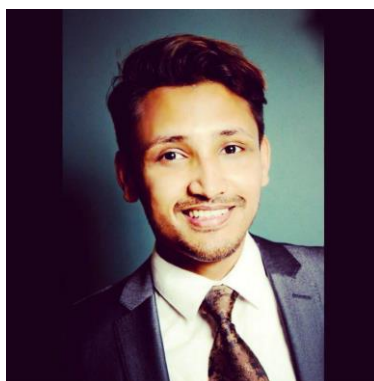
THE GRIFFSOME TRUST	TRUST FOR LONDON	BALCOME TRUST
THE BROMLEY TRUST	AB CHARITABLE TRUST	SIGRID RAUSING TRUST
JOSEPH ROWNTREE CHARITABLE TRUST	SC & ME MORLANDS CHARITABLE TRUST	THE SAM & BELLA SEBBA CHARITABLE FOUNDATION
THE OAK FOUNDATION	COMIC RELIEF	

STAFF

EMMA GINN	Director
THERESA SCHLEICHER	Casework Manager
LISA INCLEDON	Senior Caseworker
EMILY LAWTON	Caseworker
MILLY ARNOTT	Caseworker (left September 2021)
ROBIN WHITE	Caseworker (joined November 2021)
NAOMI OLANIYI	Caseworker (joined December 2021)
ELSPETH MACDONALD	Parliamentary & Research Analyst
ARIEL PLOTKIN	Researcher (joined June 2021)
IDEL HANLEY	Policy, Research and Parliamentary Manager (joined May 2021)
DR RACHEL BINGHAM	Clinical Advisor
DR MARY KAMARA	Clinical Advisor (left June 2021)
DR KATHRYN ALLINSON	Clinical Trainer (joined April 2021)
DR JOE BOURDILLON-SCHICKER	Clinical Trainer (joined April 2021)
ANTHONY OMAR	Office Manager
CONSULTANT: HANNAH CHAMBERS	Legal researcher

TRUSTEES

AMRAN HUSSAIN
BRIDGET BANDA
HILARY PICKLES
EMMA NORTON
JANAHAH SIVANATHAN
LINDA BURKE
PHIL HAYWOOD
RUTH TALBOT
STEPHANIE TONMI
TERESA WOZNIAK (RESIGNED NOVEMBER 2021)
TOM SOUTHERDEN (RESIGNED JANUARY 2022)



Amran Hussain (left) and Phil Haywood (right) joined our Board of Trustees this year, along with our new chair, Ruth Talbot

DEVASTATING CHANGES TO THE ASYLUM SYSTEM ON THE HORIZON

Medical Justice needs to increase its capacity to address 3 elements recently announced by the government that look set to create significant new need;

1. Detaining then expelling “tens of thousands” of asylum seekers to Rwanda
2. Placing 8,000 asylum seekers in quasi-detention (9 Accommodation Centres)
3. ‘Investing’ £0.5bn in immigration detention

Medical evidence of detained people’s health deterioration has been pivotal in legal challenges of detention. Medical Justice is the only significant source of this evidence. A beefed up Medical Justice is critically needed now to assist asylum seekers snarled up in the emerging processes, get the medical evidence of harm caused by the new forms of detention and detention policies, to collate it, and to deliver it to lawyers, parliamentarians, the media and NGOs.

We call on new funders to support us, and for existing funders to continue to fund us and to increase funding where possible.



29TH MAY 2021: LIBERTY INVESTIGATES REVEALED DISTURBING DETAILS OF ESPARTO 11 DEPORTATION CHARTER FLIGHT

Piecing together internal accounts written by escorts, testimony from detained people, and statements from inspectors, Liberty Investigates published details of what happened on the first of 22 charter flights to deport those who had recently arrived by dinghy across the Channel.

“At 7.15am, half an hour before charter flight Esparto 11 took off from Stansted airport, a detainee with a documented history of self-harm asked to use the plane’s bathroom. He was taken to the toilet by an escort working for the Home Office who held the door ajar with his foot and, after several minutes, peered inside to discover the detainee had slashed his wrist with a blade.

Pinning the man with his body weight to gain “control”, another officer squeezed into the bathroom and placed a handcuff on the wrist. According to an account written by officers, the handcuff was used to “[give] him pain”, a reference to a restraint technique which involves deliberately inflicting suffering to gain submission. In this case, most likely by twisting the cuff or pushing it into the wrist.

...One detainee who was “not resisting, just reluctant” to board a coach to the aircraft was forced to his knees and subjected to pain.

Independent observers described an atmosphere of “tension, fear and despair”. Self-harm was a daily occurrence – 44 incidents were recorded in August – with 32 detainees from an average population of 92 placed on constant supervision to prevent further harm.

... Medical Justice [said] ... “With charter flights every week, the likelihood of deportation was ever present, increasing our clients’ mental torment. Fellow detainees all around were self-harming. Brook House was a cauldron of despair.”

... Meanwhile, Brook House staff began removing detainees from their rooms, a process they call “extraction”. Some wore riot gear. Omar was asleep when four officers roused him at 1.30am on 12 August. “But I have a doctor’s appointment on the 13th,” he told them, handing over a letter they looked at before leaving. As he waited, Omar remembers trembling with fear. At 2am, between eight and 10 guards returned. As they took him away, Omar heard screams reverberating from nearby rooms.

At 3.25am, a young Iranian was brought down in wrist locks and handcuffed. A waist restraint belt was then fitted to him. An interpreter tried to ease his fears that Germany would send him back to Iran, but the sensitive conversation occurred in a rowdy reception area crammed with 22 people. ...

At 5.15am, a detainee in a T-shirt and boxers was presented for handover with a bloody nose. Described as “calm and polite throughout”, the Kuwaiti’s nose had been injured during extraction while he repeatedly insisted his removal was cancelled, the escorts wrote. When they finally checked, it transpired he had been telling the truth. He was freed from restraints but suffered chest pains “caused by anxiety”, wrote an escort.

Two coaches and nine secure vans were waiting. Omar says he pleaded with an interpreter to find a solicitor. According to Omar, the interpreter urged him to comply. “There was a Sudanese before you who resisted ... They almost killed him ... You are going to be killed if you do not accept,” Omar alleges he was told. “I was grabbed from both sides and taken. I knew that if I resisted or I did not walk, then I would be forced into it, maybe beaten.”

While waiting at Stansted to board Esparto 11, another passenger with a history of self-harm was discovered to have a blade in his mouth. Escorts ordered him to spit it out; he refused. An officer applied the mandibular angle technique, which involves pressing down on a nerve behind the ear. If performed incorrectly, the move can cause paralysis or death, said Caffrey [an expert]. The detainee also risked swallowing the blade, she said.

Reaching the runway, the detainees were summoned by their number. Half were in some form of restraint device.

Alison Thewliss MP, chair of the parliamentary group on immigration detention, ...added: “This behaviour is barbaric and has no place in decent society.”



COMPANY REGISTRATION NO. 6073571

REGISTERED CHARITY NO. 1132072

BANK: CAF

SORT-CODE: 40-52-40

ACCOUNT NUMBER: 00021167

GENERAL INQUIRIES:

info@medicaljustice.org.uk

MEDICAL INQUIRIES & REFERRALS:

med@medicaljustice.org.uk

MEDIA INQUIRIES:

Emma Ginn on emma.ginn@medicaljustice.org.uk

PHONE: 0207 561 7498

FAX: 08450 529370

WEBSITE: www.medicaljustice.org.uk

POST: 86 Durham Road, London, N7 7DT.

DONATING TO MEDICAL JUSTICE

You can donate by debit/credit card, cheque, standing order or electronic transfer. You can set up a monthly payment from the JustGiving webpage justgiving.com/medicaljustice

Donations by electronic transfer to the account shown below, or by cheque, which should be made out to "Medical Justice Network Limited" and posted to the address below. Thank you - your support can make a real difference!

HOW TO GET INVOLVED WITH MEDICAL JUSTICE

CLINICIANS – doctors, psychiatrists, psychologists, and mental health nurses can visit immigration detainees and/or assist remotely. We hold Medical Justice clinicians training days about 3 times a year.

INTERPRETERS – needed to speak to detainees on the phone or visit with doctors. We especially need speakers of Amharic, Farsi, Kurdish, Pashtu, Tamil Tigrinya and Vietnamese

LAWYERS – We frequently need lawyers to represent our clients, sometimes pro bono and often to challenge urgent Removal Directions.

SUPPORTERS – could visit immigration detainees and make referrals to Medical Justice. List of befriender groups:

<http://www.aviddetention.org.uk/visiting/visitors-groups>

Medical Justice
working for health rights for detainees