

# ANNUAL REPORT

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**FY2023**

**1ST FEBRUARY 2022 – 31ST JANUARY 2023**



Painting by Lucy Edkins

## 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 20,446 instances of detention of men, women and children in 2022 in immigration removal centres (IRCs) - mostly run by private companies - and in mainstream prisons.

**WHAT MEDICAL JUSTICE DOES** - Today we have 19 paid workers, a team of 38 volunteer clinicians and 20 interpreters, and support from a network of lawyers, campaigners, and people with lived experience of detention. We handle between 500 and 1,000 cases a year. Our 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 is considered in clients' asylum and immigration claims, and to challenge their ongoing detention. Medical Justice considers 'accommodation' at military barracks, barges and other similar emerging sites as quasi-detention and potentially within our remit.

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. Others have lived in the UK for decades, and have spouses, children and grandchildren here from whom they are separated. We use medical evidence to challenge medical mistreatment and document the toxic effect of indefinite detention. We hold the government to account and collaborate with others to advocate 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 volunteers 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

### ISSUES IN IMMIGRATION DETENTION INCLUDE:

- Detention can exacerbate medical conditions and cause mental illness which cannot be effectively treated in detention
- Many people in immigration detention have complex medical needs yet the healthcare provision is inadequate.
- Torture scars and medical conditions are often not properly documented and considered in individuals' cases
- A man, the father of 5 UK-born children, was unlawfully killed on a British Airways plane during deportation
- High Court judges have found "inhuman and degrading treatment" of people in detention eight times
- Injuries during deportation attempts include fractured bones, a punctured lung, a dislocated knee
- To prevent self-harm, 'control & restrain' and segregation is often used on distressed individuals
- Clinical safeguards to identify vulnerable people and route them out of detention do not work
- IRC staff sacked following sexually inappropriate behaviour towards detained women
- Widespread abuse uncovered, including excessive use of force, and pervasive racism
- Some are transferred to secure psychiatric units and later taken back to detention
- One man was held in isolation for a virtually continuous period of 22 months
- Inquests have found that neglect has contributed to deaths

### OF 45 CLIENTS ASSESSED BY MEDICAL JUSTICE CLINICIANS:

- 87% had suicidal and/or self-harm thoughts recorded by a Medical Justice clinician
- 76% had symptoms or a diagnosis of Post-Traumatic Stress Disorder
- 82% had already experienced deterioration of health in detention
- 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 campaigner. Even though the hungerstriker 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, having considered the doctor's report. After being discharged from hospital, he and others who had been detained, campaigners and doctors formed Medical Justice to assist others in detention and change the system.

## CHAIR'S REPORT



Medical Justice is often told that we 'punch well above our weight' and this account of our work in the last financial year (ending 31st Jan 2023) details the many ways in which we strive to assist vulnerable detained clients in a political and policy context that is unbelievably hostile to them.

Every single time I join a staff meeting, read one of our publications or hear a report of our work from members of our community, those who use our service, the staff, our volunteers and our funders, I am in awe of what we do. And it takes tremendous work and dedication to keep going in the current environment which is so hostile both to those held in immigration detention and the people who work tirelessly to support them. We are proud members of 'the blob' who challenge both the legality and morality of how those in immigration detention, and now quasi-detention, are treated. Our case workers and clinicians confirm what we all already know - detention harms mental and physical wellbeing and this harm is amplified when the provision to support those who are struggling physically or mentally is inadequate. Our research and parliamentary work provide challenge to this reality and our strategic litigation brings forensic analysis to shine a spotlight on how specific policies and practices impact individuals. Our funders make this possible, sharing our vision of a time when we will no longer be needed and recognising how vital our work is as we strive towards the ending of the cruelty of detaining those whose only 'crime' is to have fled persecution, discrimination, war and torture. The Medical Justice community is astonishing - dedicated, hard-working, diligent and resilient. Thank you all.

**Dr Ruth Talbot**

## VICE-CHAIR'S REPORT



I am so proud of the great work that Medical Justice has done over the last year, 511 more vulnerable people were reached, which is remarkable. Another key highlight was our role in the Brook House Inquiry, a clear recognition of the medical expertise we have acquired over the years of immigration detention. It brings me so much comfort that medical evidence from people like me who have experienced detention, is used to secure positive lasting change.

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.

The All-Party Parliamentary Group on Immigration Detention, for which Medical Justice provides the secretariat, has been doing some sterling work, and provides a parliamentary platform for non-governmental organisations and others, including those with personal experience of detention, harnessing their expertise and amplifying our collective impact. Medical Justice is increasingly a force for good way beyond its own direct client base. We are needed now more than ever before.

I would like to take this opportunity to thank our Medical Justice funders without whom we could not do what we do, we need you now more than ever to continue doing this great work. To our staff, volunteer clinicians and interpreters, and friends of Medical Justice - thank you for your support.

**Bridget Banda**



# DIRECTOR'S REPORT

Watching video footage during the Brook House Inquiry, it was sickening to see how normalised the infliction of pain was, the suffering and humiliation of detained people by IRC guards who showed an underlying lack of any empathy, even when people were at their most vulnerable. Pervasive racism was plain to see.

It took undercover BBC filming in 2017 and the first public inquiry into detention to expose what the Home Office and its contractors don't want us to know - what they do behind closed doors to people they detain indefinitely. It was important that the world got to see the abuse as a part of holding the government to account, though seeing that level of abuse may in itself have been humiliating and retraumatizing for the abused, and I fear it may have lowered everyone's reference point for what extreme cruelty looks like and what is acceptable. That reference point seems to have evaporated all together inside the desensitised, dehumanised environment of IRCs.

Medical Justice was granted Core Participant status in the Brook House Inquiry. Our submissions and the oral evidence of Theresa Schleicher and Dr Rachel Bingham were pivotal, demonstrating the causal link between clinical safeguard failures and the abuse. We submitted our "Harmed Not Heard" report, evidencing that such failures are ongoing across all IRCs, that little has changed to prevent abuse, and underlining the urgency, given the planned expansion of detention.

The awaited inquiry report must do the survivors justice. It's vital that the recommendations are robust, and that they are acted on – it could degrade society to see that level of state abuse evidenced, only for the state to shrug its shoulders and do even more of the same. Worryingly, in 2022 HM Inspector of Prisons found abusive use of force on vulnerable women that appeared to be straight out of the Brook House playbook.

It was bewildering and shocking to witness some of our clients taken onto a deportation charter flight bound for Rwanda in June 2022 - could this really be happening in our country?! Our research report "Who's paying the price?" answered that question, documenting the devastating harm inflicted on our clients threatened with removal to Rwanda. Rishi Sunak has said he would do "whatever it takes" to get the Rwanda plan "off the ground and operating at scale", which is actually frightening, knowing the likely harm involved and the pain-inducing 'control & restraint' measures often used.

Allowing the asylum backlog to mushroom, the government has manufactured a distracting 'crisis' and nothing says it like Manston – chronic overcrowding, thousands of detained people sleeping in cold, wet tents, toilets overflowing with excrement,



outbreaks of infectious diseases, death, people forcibly restrained after asking for food. It's hard to piece together how a situation that was entirely avoidable wasn't avoided. Many ask themselves if this was performative cruelty. Again, our reference point for what's acceptable dropped another notch, simply because Manston happened. I'm not sure our reference points will ever bob all the way back up again. We can't unsee what we saw. This is dehumanizing us all.

The scale of all this rampant cruelty can feel overwhelming, though it also underlines why the small but mighty Medical Justice is needed more than ever. In dark days, Medical Justice has shone bright - so many dedicated volunteers responded swiftly to help us reach over 500 vulnerable people in detention last year. And we go on to effect systemic change based on our medical evidence.

With its Illegal Migration Act provisions, the government plans to detain all asylum seekers arriving through 'irregular' routes - be they pregnant women, children, torture survivors, the disabled and mentally ill – knowing the harm it will cause. That is deliberate harm. In the first 3 years, an estimated 190,000 people are set to be detained and could then be transported to military barracks and barges, or deported to Rwanda.

It's hard to know what to make of the near certainty that the Act in its entirety is unworkable. It's inconceivable that the government doesn't know this. It seems to be using the prospect of potential life-changing harm to men, women and children seeking safety, desensitising the whole population, sinking our reference point for what is acceptable. The Times suggested the more realistic Home Office plans are to roughly double detention capacity by next year. Medical Justice aims to scale up in response. The whole 'sector', along with human rights lawyers, is enraged and furiously collaborating – our medical evidence will be at the heart of litigation and advocacy work challenging the odious new policies.

Special thanks go to our Office Manager, Anthony Omar, who oversaw implementation our new IT system, continued to support the whole team so ably, as well as handled initial calls into the office from clients, ensuring their first experience of Medical Justice is one of understanding and compassion. As ever, we are inspired every day by our incredible volunteers and the fortitude of our clients. We thank our funders for enabling our work.

# 2022/3 BACKDROP

## Government deepens its asylum 'crisis'

There were three Home Secretaries during our 2022/3 financial year. Many thought there could be none more heartless than Priti Patel, until Suella Braverman was appointed (twice).

Braverman called Channel crossings an "invasion" in parliament the day after a man firebombed Western Jet Foil processing centre at Dover. She later visited Manston short-term holding facility in a military Chinook helicopter. Ministers have said that asylum seekers "values and lifestyles" threaten social cohesion and that "uncontrolled illegal migration" threatens to "cannibalise" compassion. In November 2022 a group of Holocaust survivors were prompted to write to a newspaper "The words we use have consequences. We know this all too well. The horrors we experienced began inch by inch, by taking away people's humanity, and casting them as threats, as others, as less than human. We've seen where this path can go."

Meanwhile, Labour has done too little to speak out. The Shadow Chancellor said "illegal immigration has been on the increase whilst Conservatives have been in government" and calling a lack of deportations "12 years of Tory failure".

- By the end of 2022 the asylum decision backlog was around 132,000 applications - up from 9,871 at the end of 2012, and 27,000 at the end of 2018.
- More than 50,000 asylum seekers are now accommodated in hotels by the Home Office who ran out of ordinary asylum accommodation long ago and has had to resort to using hotels.
- 253 protests by anti-migrant activists at accommodation housing migrants in 2022, according to Hope Not Hate.

## Expansion of detention

In April 2022 Boris Johnson announced a £0.5bn "investment" in immigration detention, at the same time as announcing the Memorandum of Understanding for the UK deporting asylum seekers to Rwanda as well as the opening of the first Accommodation Centre at RAF Linton-on-Ouse in North Yorkshire.

- A Short-Term Holding Facility with 37 beds was opened at HMP Morton Hall in October 2022.
- The Home Office announced that a 58-bed space standalone unit for women at Yarl's Wood IRC would open.

- In 2022 the government announced plans to increase immigration detention capacity by roughly a third, adding 1,000 places, by re-opening and expanding Haslar and Campsfield House IRCs, which The Guardian says it understands is specifically linked to removals to Rwanda. The openings, initially planned for 2023, have been delayed to Spring 2024.
- In June 2023 the Times reported that the prime minister set a target of increasing detention capacity to at least 4,500 places by March 2024. Currently capacity is about 2,500.

## Immigration detention in 2022

IRCs continue to be ineffective:

- 20,446 people entered immigration detention in the year ending December 2022
- 79% were released from detention in 2022, begging the question if it had been necessary to detain them at all
- 3,195 deportations in 2022; a four-fold decrease over 10 years

- 1,159 people in immigration detention, at the end of December 2022, 394 of whom were held in prisons
- Some asylum seekers are detained before their asylum claim has been determined despite the fact that a large majority are granted status (76% in 2022, with 51% of appeals allowed).

## The Nationality and Borders Act – April 2022

Elements of the Act have been brought into force:

Survivors of trafficking – coming into force in January 2023, provisions included raising the threshold for someone to receive a reasonable grounds decision from the National Referral Mechanism and applying public order disqualifications which preclude someone from accessing a recovery period or support, protection from removal or a conclusive grounds decision. Following a legal challenge in June 2023, the Home Office withdrew and revised their policy requiring a potential victim of trafficking to produce ‘objective’ evidence corroborating a credible account of trafficking to receive a positive reasonable grounds decision.

Accelerated Detained Appeals (ADA) process and the Priority Removals Notices (PRN) - Under the ADA process, a recreation

of the Detained Fast Track found to be unlawful in 2015, there will be a truncated timeframe for people to appeal the refusal of their claim, and for the First-tier Tribunal to make a decision . Those issued with a PRN will be required to submit reasons and evidence to support their protection or human rights claim by a "cut off date" after which it may be deemed as late and will damage the individual's credibility and weight given to the evidence. It is understood that the Home Office intends to implement this in October 2023.

The two-tier refugee system - whereby Group 1 and Group 2 refugees would be entitled to different levels of support and different types of protection and status. The government paused this system in June 2023, saying it will no longer be needed with the provisions of the Illegal Migration Bill.

## On the horizon – potential mass incarceration of hundreds of thousands seeking asylum, held in perpetual limbo

Provisions of the Illegal Migration Act, introduced in March 2023, will mean that anyone entering the UK via an ‘illegal route’ will never be granted any form of leave to remain and neither will any child of theirs born in the UK. The provisions apply to anyone - all men, women and children, torture and trafficking survivors, no matter how vulnerable, sick or disabled. The only exceptions are expected (at the time of writing) to be for pregnant women who can only be detained for 3 days.

- An effective ban on all asylum seekers who arrive through irregular means (the majority) from claiming asylum.
- A duty to remove them (including children), unless exceptional circumstances prevent this.
- Detention can be for a “reasonably necessary” period decided by the Home Secretary rather than by the courts.
- Indefinite detention at any site the Home Secretary considered “appropriate”, a very broad discretion.
- For the first 28 days of detention, people cannot apply for bail from the court or judicially review their detention.
- Deportation to a ‘safe third country’ – currently there is only a relevant agreement with Rwanda

Fears about the Illegal Migration Act include that men, women and children will languish in detention or quasi-detention - without more returns agreements, the Refugee Council estimates this would mean 190,000 people are detained in the first 3 years, including 45,000 children. We fear this will lead to more cases of inhuman and degrading treatment and deaths.

Without the right to work or claim benefits, all those people will be vulnerable to exploitation, trafficking and slavery



# CHALLENGING THE RWANDA SCHEME

"I left France in a boat for Dover - and I came here because of the political persecution at home," he told the BBC. "I needed to find somewhere that respected human rights. With God's blessing I thought I had come somewhere safe. But when I was told I was being sent to Rwanda my mind was full of confusion. Why? I know people who have gone there and they say it is unstable - they don't say good things about it. How can the government say it is a safe country to receive people when it's not? I don't think going there would be safe."

*Khalid (not his real name), Medical Justice client targeted to be sent to Rwanda, who says he fled persecution and abuse in his home country which began after he had opposed the government.*

The government announced its Migration and Economic Development Partnership (MEDP) with Rwanda in April 2022 whereby asylum seekers can be sent to Rwanda where they could seek asylum, with no option of return to the UK.

## Medical Justice Casework: 51 referrals for men, women and children targeted for deportation to Rwanda

Between May and August 2022 we were in contact with 51 people threatened with removal to Rwanda and prepared 17 medico-legal reports for this group. They included men, women and several children whose age was disputed at the time but who have since been recognised to be children. Many had fled torture; many had experienced trafficking on route to the UK. Many had significant health needs. All had been detained on or shortly after arriving in the UK to seek asylum and were told that their asylum claims may be deemed inadmissible.

A number of them received removal directions for a flight to Rwanda scheduled for 14 June 2022 and some were taken to the flight before it was cancelled at the last minute. Though none were removed to Rwanda, many describe still being profoundly affected by the experience of having been detained on arrival,

being threatened with removal to a country they have never been to and know little about, not having their asylum claim considered and still being left in limbo.

Issues our clients encountered included:

- Lack of specific screening process prior to notification for removal, despite the government implicitly acknowledging that there may be some people for whom removal would not be safe or appropriate
- Inadequate safeguarding of vulnerable people
- Lack of transparency about how people were being selected for the scheme
- The abbreviated nature of the process and the implications for individuals' access to justice
- Impacts on their health

## Providing witness statements for challenging the Rwanda Scheme

In June 2022 Medical Justice provided two witness statements for Asylum Aid's challenge to the Rwanda scheme, describing the experience of the people we had worked with who were subject to the scheme. The statements covered an analysis of the profile

of the clients effected, their histories of trauma and health needs, and well as the challenges they encountered (and we encountered in assisting them) in navigating the process, including finding lawyers in a timely manner given the accelerated nature of the Rwanda process.

"[One man]... asked the escorts why he was being forced to go: he offered no physical resistance, nor did he use aggressive language. He was put in a WRB [waist restraint belt]"

"Two of the seven men to be relocated to Rwanda were subject to care plans and under constant observation. One was put in a WRB. ... Three in the same cohort were subjected to use of force, one briefly in his van and two once on the plane and in their seat belts. The two started to scream out their fear and distress, each trying to hurl his torso and head backwards and forwards. Each was still in his WRB, and each was seated with an escort on either side, his arms tightly held, his head controlled by an escort facing him. The legs of one had been 'secured'." - *Independent Monitoring Boards' Charter Flight Monitoring Team*

"Our report shows extremely high rates of evidence of torture, trafficking and other vulnerabilities in this group, to whom the government plan to deny assessment or interview before they are forcibly removed. The policy knowingly places people in an extremely damaging situation and should be considered exceptionally harmful. As a doctor, what shocks me most is the total disregard for the need to assess the risks of subjecting individual people to this policy."

*Dr Rachel Bingham, Medical Justice.*

## Research report - "Who's Paying the Price? The Human Cost of the Rwanda Scheme"

An audit of the files of 36 vulnerable clients targeted for removal to Rwanda formed the basis of our research report ["Who's Paying the Price? The Human Cost of the Rwanda Scheme"](#) published 1<sup>st</sup> September 2022. Of the 36 people;

- 26 had indicators of torture histories and 17 of trafficking
- 15 had post-traumatic stress or other complex mental ill-health
- 11 were found to have had suicidal thoughts while in an immigration removal centre - one of whom had attempted twice to take their own life
- One client was not mentally fit enough to speak to lawyers about their options
- Another client needed an urgent assessment as to whether or not they have a brain tumour

"detainees started crying, screaming, shouting and frantically calling lawyers and loved ones after being told they would be sent to Rwanda. When custody officers went to take one asylum seeker from his room at Colnbrook Immigration Removal Centre, near Heathrow airport, they found him self-harming on his bed. A report said he was bleeding after making "cuts to his right arm using parts of a drinks can", and would not stop cutting himself until officers seized his arms. The man was treated by a nurse before being handed over to escorts tasked with transporting him to the plane, which was waiting at Boscombe Down military base in Wiltshire... a second asylum seeker told staff that he would "kill himself" if he was forced to get on the flight. That detainee was then put in a waist restraint belt and physically attached to a plane seat. When he started thrashing around and shouting "No, no", his head was held in place by custody staff, who said they needed to "ensure he did not headbutt either of the escorts or injure himself"

*Liberty Investigates, 5th Sept 2022.*

"Who's Paying the Price?" includes evidence from medico-legal reports conducted by Medical Justice clinicians, which show that the prospect of removal to Rwanda is in itself damaging; it is exacerbating detained people's mental health conditions (including depression, anxiety and post-traumatic stress disorder (PTSD)), causing them to experience fear, confusion, uncertainty about their safety, and a loss of hope. For some, it has increased their risk of self-harm and suicide. For some, it has reduced resilience to the psychological effects of trauma and may interfere with their ability to engage with treatment.

The report was widely covered by the media including in [The National](#), the [Evening Standard](#), the [Guardian](#), the [BBC](#), the [Morning Star](#), the [Independent](#), [ITV](#), the [New Arab](#), and [Civil Service World](#), and interview with broadcast media included the [BBC Radio 4 Today programme](#), [BBC South East](#), [BBC Radio Scotland](#), [BBC World News Focus on Africa](#), [BBC Radio 3 Counties](#), and [News Central TV](#) (Nigeria). The report also fed into parliamentary consultations and was the basis of an article in the Journal of Medicine, Science and the Law, titled [Health implications of the UK's plan to send asylum seekers to Rwanda: Evidence from medico-legal reports](#).

*"It would be difficult to exaggerate the mental health impacts of transferring migrants to Rwanda."*

**The British Medical Association**



## All-Party-Parliamentary Group on Immigration Detention

In July 2022, while many of those targeted for the aborted charter flight to Rwanda were still languishing in detention, the APPG held an event with speakers from UNHCR, Theresa Schleicher (our Casework Manager) and Asylum Aid, attended by over 65 parliamentarians and external guests. As well as all expressing fundamental opposition to the Rwanda scheme as a whole, speakers raised concerns about the process and its impact on those subjected to it.

## Other parliamentary work

We made the following submissions:

- Home Affairs Committee - using anonymous data from our casework, Medical Justice was able to provide up-to-date [written evidence](#) in June 2022 and [oral evidence](#) in July about how the Rwanda policy was playing out on the ground. Many of the points we raised were then put by Committee members directly to the Home Office Permanent Secretary in oral evidence.
- Women and Equalities Committee - the Committee cited data from our submission in their June 2023 report on equality and the asylum system, stating that they are “deeply concerned” by apparent inadequacies in the Home Office’s case-by-case risk assessments prior to issuing notices of intent to remove people to Rwanda and recommending, amongst other things, that the government “abandon” its intention to remove children there.
- Lords’ Justice and Home Affairs Committee - we were asked by the Committee in September 2022 to submit [evidence](#) to their inquiry into family migration, focusing specifically on data showing the impact of the Rwanda policy on people with family members in the UK. Again, our information was included in the Committee’s final report which concluded that “humanity and decency should be at the heart” of family migration policies.
- Lords’ International Agreements Committee - we submitted [evidence](#) in October 2022 to this Committee who are conducting an inquiry into the agreement signed by the UK and Rwanda governments in relation to the removals scheme. The submission explained concerns relating to the various “assurances” made by the UK in the agreement, in particular in relation to about the screening and sharing of information about vulnerabilities of those selected for removal, their transportation to Rwanda, and lack of access to legal advice whilst in the UK. The Committee’s final report on these aspects of the agreement is awaiting publication, pending the final outcome of the Rwanda litigation.

## Joint event with the British Medical Association (BMA) and Medicines Sans Frontières (MSF) –

“Indefinite despair - Health consequences of the UK’s plan to expel asylum seekers to Rwanda”



top from left to bottom right: Professor Cornelius Katona (Royal College Psychiatrists), Elahe Zivardar (artist, advocate and director of 'Searching for Aramsayesh Gah', detained by the Australian government in Nauru from 2013-2019), Dr Rachel Bingham (Medical Justice), Martin McKee (President of the BMA), Reem Mussa (Medicines Sans Frontières).

Medical Justice co-hosted a webinar in December 2022 with the British Medical Association (BMA) and Medicines Sans Frontières for medical professionals about the health impacts of the Rwanda Scheme. The event was chaired by Professor Martin McKee, the then president of the BMA and speakers included our own Dr Rachel Bingham. The event had 140 attendees and led to media interviews with the BBC World Service. We subsequently co-authored a joint open letter opposing the Scheme on health grounds which was signed by more than 830 professionals and medical bodies, including the BMA and the Royal College of Obstetrics and Gynaecologists.

## Case-study | Home Office threatens to send heavily pregnant rape survivor to Rwanda

The Guardian reported that a 28 year old Eritrean woman was in acute distress about being targeted to be sent to Rwanda, having spent most of her life in search of safety. She was 37 weeks pregnant. Doctors said that scans show her baby had stopped growing. Home Office officials were aware that she was pregnant when she arrived in the UK on a small boat in July 2022 and organised a pregnancy scan for her.

# CASEWORK

**Theresa Schleicher**

*Casework Manager*

**Lisa Incedon**

*Senior Caseworker*

**Naomi Olaniyi**

*Caseworker*

**Eliza Lass**

*Caseworker*

**Lujain Alarnaout**

*Caseworker*

**Anthony Omar**

*Office Manager*



*MJ Staff: Lisa Incedon, Emma Ginn, Liz Clark, Naomi Olaniyi, Eliza Lass, Theresa Schleicher, Anthony Omar*

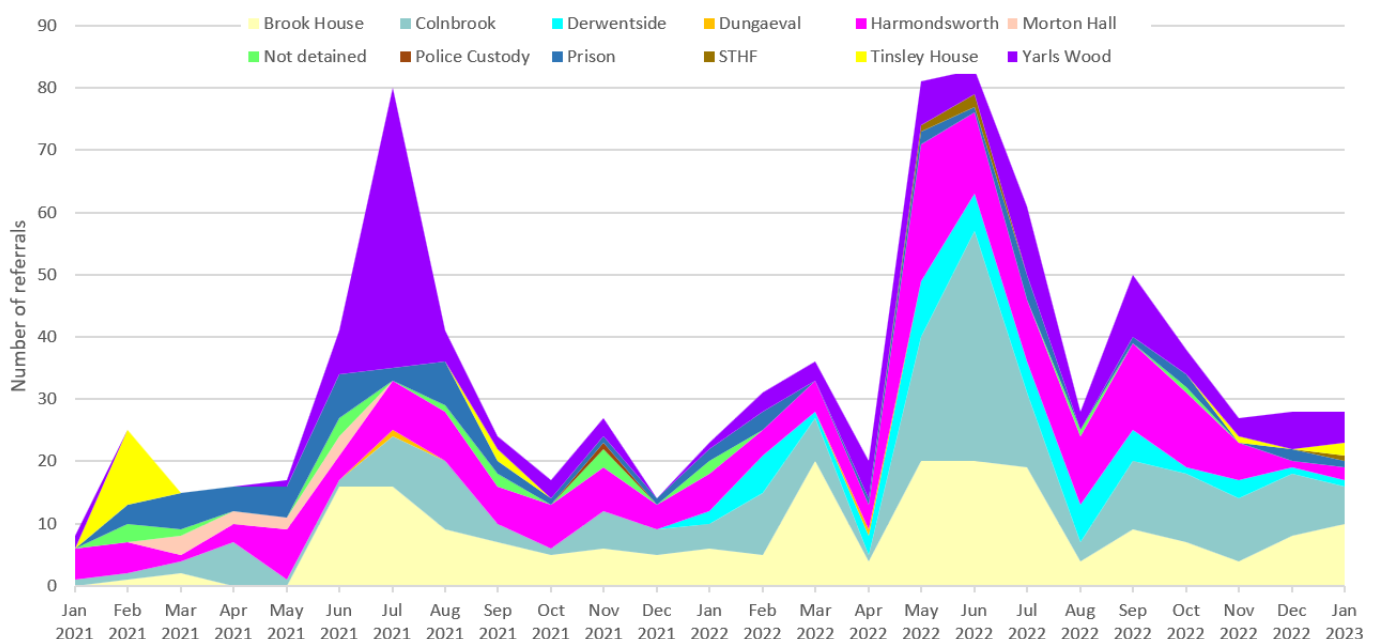
Our clients are at the very sharp end of the government’s violent, hostile measures against people seeking asylum and other migrants. The past year saw the Home Office ramp up the use of detention following Covid as they sought to increase numbers of people who are being deported.

Last year we received 511 referrals for detained people, 52% of them self-referrals directly from people in detention. 28 of our clinicians completed 111 medico-legal reports, documenting clinical evidence of past torture, trafficking or other trauma as well as the health impact of immigration detention in the UK, enabling our clients to present the physical and psychological evidence they carry on their bodies and live with every day, to

the Home Office and the courts. Our casework also entailed documenting serious medical conditions and injuries sustained during deportation attempts, assessing fitness to fly, challenging instances of medical mistreatment and helping clients access the healthcare they need. Almost all of the people we work with are subsequently released from immigration detention. Many go on to receive refugee status or another form of leave to remain in the UK.

The year has been marked by spikes of intense demand for Medical Justice support corresponding to particular drives by the Home Office to target particular groups of people for removal/deportation, including by charter flights to Iraq,

## Total Referrals Per Centre



Swings in referrals to Medical Justice are challenging to manage with many urgent and last-minute assessments needed

Jamaica, Albania, Bangladesh, Nigeria and Ghana and Rwanda. There were 3 such flights on one particular day.

In May 2022 the Home Office scheduled charter deportation flights to Jamaica and Iraq. Many of the people contacting us who were booked to be deported on those flights, had histories of trauma or torture that had not yet been documented. Many had lived in the UK for a very long time and had family here, and many were accessing important medical treatment including mental health support. As the Home Office only tend to inform people about their scheduled deportation on a charter flight 1 week in advance, we were contacted for help by many people very shortly before these flights. Many of them did not have legal representation and needed medical assessments. Working closely with other NGOs, including visitors’ groups, and lawyers we were able to refer clients to solicitors and complete urgent medico-legal assessments.

In the end the Iraq charter deportation flight was cancelled by the Home Office in its entirety. The Jamaica charter went ahead with far fewer people on board than initially booked, partly due to interventions by solicitors we were able to refer clients to, and using medical evidence provided by our clinicians.

Between May and August 2022 we started receiving referrals for 51 subject to the Rwanda scheme – please see the Rwanda Policy section for details.

The work that went into supporting our clients during those intense months and beyond was only possible thanks to the dedication of our caseworkers, clinicians and volunteer interpreters. We were also supported by volunteer clinicians from the Helen Bamber Foundation who stepped in to provide additional assessments to help us meet the increased need for people threatened with removal to Rwanda. We are very grateful for their support.

We saw large numbers of people whose asylum claims were being processed very quickly through the Detained Asylum Casework process, often without a right of appeal. Many clients tell us they feel they have not had a chance to present their case and about how difficult it is to prepare one’s case while in detention, to face talking about traumatic histories and to gather relevant evidence.

We hear daily from the people we work with about the abuse and brutality inherent in immigration detention and the impact it has. We have also seen incredible kindness and courage in the face of the daily hostility of the immigration system with people in detention supporting one another and speaking out about their experiences. We are incredibly grateful to everyone who has been part of the work this year to oppose immigration detention and to support the people subjected to it.

Referrals for people held at;	Total	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
Colnbrook (Heathrow)	138	10	7	1	20	37	12	3	11	11	10	10	6
Brook House (Gatwick)	130	5	20	4	20	20	19	4	9	7	4	8	10
Harmodsworth (Heathrow)	104	4	5	4	22	13	10	11	14	12	6	1	2
Yarl’s Wood (Bedfordshire)	65	3	3	6	7	4	11	3	10	4	3	6	5
Derwentside (County Durham)	47	6	1	3	9	6	5	6	5	1	3	1	1
Prisons	17	3		1	2	1	4		1	2		2	1
Short Term Holding Facilities	4				1	2							1
Tinsley House (Gatwick)	3										1		2
Not detained	2							1		1			
Dungavel (Scotland)	1			1									
<b>Total</b>	<b>511</b>	31	36	20	81	83	61	28	50	38	27	28	28

“Last year the collaboration which gave me the most pleasure it was with a Medical Justice caseworker, who had got me to do an assessment of a client liable to be removed in the next couple of days. The fact that he was almost certainly a victim of trafficking had not been considered by the Home Office, and there were a couple of other issues. I had no problem helping but the problem was that it was 3.30 p.m., the client only spoke Farsi and the solicitor needed to submit the report by 5 p.m. However, by a fortuitous circumstance the Medical Justice staff member speaks Farsi and between us we acted in sync and got the report done on time. Great collaboration.”

*Volunteer, interview for the independent Evaluation of Medical Justice*

# CLINICAL ASSESSMENTS AND REPORTS

In 2022/3, 28 clinicians – including 21 volunteers - did at least one assessment for Medical Justice. The range and complexity of issues covered in our medico-legal reports (MLRs) has never been greater. We continue to document torture and ill-treatment in people’s country of origin, experiences of violence and trafficking during journeys to the UK, and serious harms in immigration detention. We increasingly document complex and harmful issues people have faced since arriving to the UK: modern slavery, destitution, previous experiences of detention, and unstable living conditions, sometimes over many years. Added to this were the uncountable harms of spiralling delays in asylum decision making, and the threat of removal to Rwanda.

We are incredibly grateful to our team of clinicians for visiting detained clients in IRCs and writing detailed reports.

This year also saw the publication of the much awaited second revision of the Istanbul Protocol, the UN ratified document which forms the gold standard for the documentation of torture and ill-treatment. We prepared ourselves to transition our MLR writing to the revised edition with a training session by Dr Juliet Cohen, one of the contributors to the Istanbul Protocol at our Advanced Training Day, and revised our internal training and guidance.

Dr Rachel Bingham was invited to speak at the UK launch of the revised edition, hosted by Redress in London.

## Clinical issues in detention

Our new psychiatrist Dr Sara Alsaraf has already been able to identify clients whose severe mental illness had been unrecognised and undiagnosed in detention. One client she saw had removal directions nine days after her assessment but had severe mental health problems. Sara made a diagnosis of schizophrenia and produced an excellent report to this deadline. His removal directions were cancelled on the basis of her report and he was released from detention.

IRC medical notes often reference poor sleep, nightmares, flashbacks, and other typical symptoms of Post Traumatic Stress Disorder (PTSD), but conclude with no medical recommendation, no diagnosis, and no plan to address the symptoms. It is difficult to imagine why an IRC doctor would not make appropriate recommendations to protect the mental health of their patients, but clearly failures to acknowledge the harms of immigration detention remain embedded.

Even when concerns are reported to IRC Healthcare by Medical Justice clinicians, we are sadly unable to rely on Healthcare to action these. For example in one case, Dr Liz Clark had written to

“The level of compassion, dedication and knowledge in the team is unfailingly impressive. I’m always learning something new clinically or legally. It’s refreshing to be able to give each detainee that I see plenty of time, enabling me to write a report that gives the clearest possible reflection of their challenges to decision makers. It’s also valuable to be able to keep up with their case worker and learn the outcome of their situation. Sometimes an apparently hopeless situation can be turned around - and that really keeps you going!”

*Medical Justice employed doctor*

healthcare to relay significant concerns about her client’s suicide risk. But when he was released, just a week later, he was given no information about how or where to register with a GP, no copy of his medical records and no referral to the local mental health team.

## Clinician recruitment and training

47 clinicians including GPs, a range of hospital specialists, psychiatrists and psychologists attended a basic training day at Medical Justice in 2022. 20 clinicians went on to shadow or observe at least one Medical Justice assessment and eight of those who shadowed have since completed their training with us and taken the lead on an assessment. (How long this process takes depends on volunteers’ availability and training needs, so

“As clinicians with Medical Justice our role involves meeting individuals who have experienced the realities of immigration detention, hearing their stories and documenting the medical harm that this has inflicted upon them.

As healthcare professionals we aim to relieve suffering and understand better than many the importance of preventive medicine. Although a single report may help one person it fills me with frustration that detention continues. There is overwhelming evidence of the harm associated with detention and as a society we cannot pretend otherwise.”

*Dr Kathryn Allinson – Clinical Trainer*

other clinicians from this year’s recruitment may still go on to work with us in due course.) 24 of our active clinicians attended at least one Advanced Training Day with us in 2022.

### Scaling up enabled by This Day Foundation

With a generous grant from This Day Foundation via an intermediary, we were able expand our clinical team in the last quarter of 2022 through the recruitment of part time clinicians on temporary contracts - Dr Angelina Jayakumar, an infectious disease registrar, Dr Sarah Clark and Dr Joanna Brilliant, who are both experienced GPs, and Dr Sara Alsaraf, a psychiatrist. Dr Mary Kamara, our former clinical advisor, also returned to Medical Justice in this role – showing her ongoing passion and commitment to our work and bringing joy to the team. These doctors all brought with them a wealth of background knowledge.

The additional clinical capacity has led to more medical assessments and detention visits, as well as more volunteer sign-ups at our training days, more volunteers enrolled (completing all the registration requirements ready for visiting detained clients), and – crucially – the increase in the number of new volunteer clinicians ‘shadowing’ more experienced doctors, scaling us up with a greater number of doctors ready to do ‘solo visits’ going forward.

### Medical Justice as a Designated Body

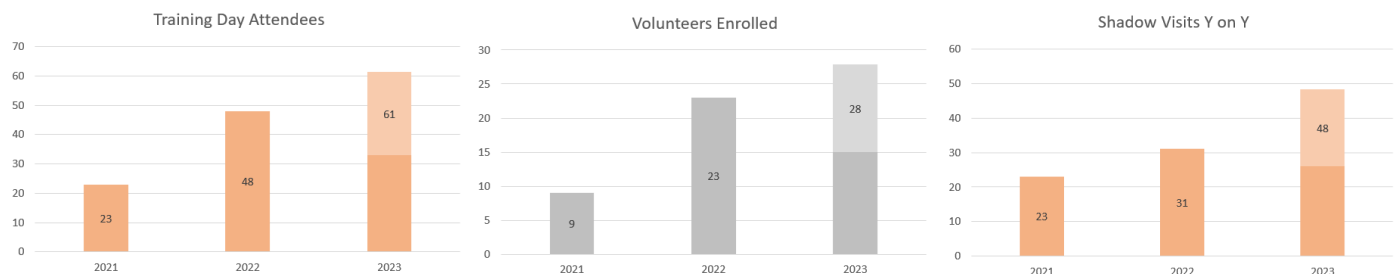
In 2022/3 Medical Justice was the Designated Body for the registration of 6 volunteer doctors with the General Medical Council. This group of doctors undertake their only or main clinical work for Medical Justice and maintain their professional development, licencing, and revalidation for our work, a level of commitment which is highly valued. We can facilitate this thanks to Dr Angela Burnett, our Responsible Officer.

### Clinical reviewers

Our wonderful team of experienced clinical reviewers continued to provide peer review for all MLRs. We are very grateful to volunteer doctors Dr Thelma Thomas, Dr Tim Fetherston, Dr Sophie Quarshie, and Dr Theresa Wozniak for their continued work in this role, ensuring clinical objectivity and a consistently high standard in our reports. Our thanks also to Dr Myra Stern and Dr Petra Makela, experienced MLR writers who have newly joined the clinical review team.

### External training

External training sessions included at the Royal College of Psychiatrists Mental Health of Asylum Seekers Study Day.

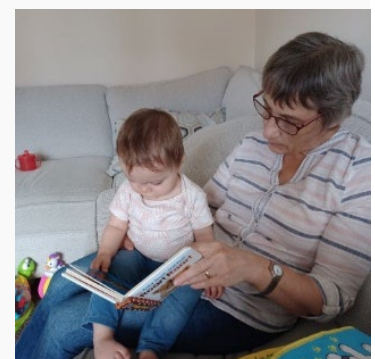


Note: **Scaling up thanks to This Day Foundation.** 2023 numbers are based on annualised rates derived from Jan-June 2023 activity

*Dr Heather Dipple (pictured below), psychiatrist, retires from Medical Justice this year. Dr Dipple joined Medical Justice as her Designated Body after retiring from NHS work and maintained her license to practice with us for five years. We are very grateful to Dr Dipple for donating her time and expertise.*

"I found my time as a volunteer with Medical Justice very rewarding. It was a real privilege to listen to the life stories told by asylum seekers who in spite of their circumstances spoke openly and with dignity. The support and advice of Medical Justice staff in regards to making arrangements, advising and reviewing reports and doing annual appraisals was second to none. I would thoroughly recommend them as an organisation to volunteer with!"

*Dr Heather Dipple, Medical Justice Volunteer Psychiatrist*





# VOLUNTEER INTERPRETERS

We would like to thank all of our wonderful volunteer interpreters who worked with us throughout the year, interpreting for phone calls between caseworkers and clients, for medical assessments and for calls as part of our research work. We know from our clients what a difference it makes to have a skilled and compassionate interpreter, particularly when discussing difficult and traumatic topics.

Languages that our interpreters frequently worked in during the year included Amharic, Arabic, Farsi, French, Punjabi, Spanish and Tamil. Our interpreters also helped us with written translations, ensuring that some of our key documents are available in a range of languages for our clients.

## Training and Support

During the year we held a joint training session for new interpreters and clinicians and were delighted to have some new interpreters join our team for languages including Arabic, Pashtu,

French, Spanish and Turkish. We would like to thank Dr Beverley Costa and Dr James Minney for providing specialist training for our new interpreters.

Throughout the year there were also sessions of our Reflective Practice Group, which is open to all of our interpreters and is an opportunity to share experiences and support each other. We are very grateful to Beverley Costa and Zora Jackman for arranging and facilitating these important sessions.

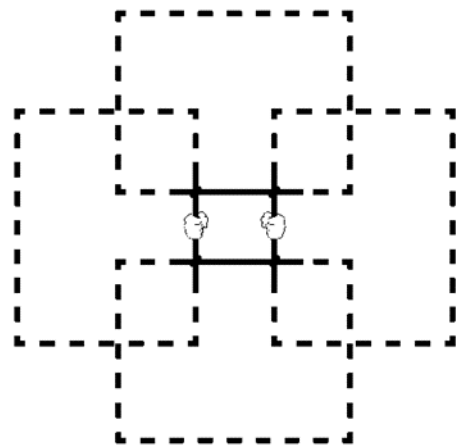
## Recruitment

We continue to recruit new volunteer interpreters annually and we are particularly seeking interpreters for Albanian, Kurdish, Mandarin, Polish, Tamil, Tigrinya, Vietnamese. To find out more about volunteering as an interpreter with Medical Justice or to request an application form please contact:

[interpreting@medicaljustice.org.uk](mailto:interpreting@medicaljustice.org.uk)

# VISITORS GROUPS

We work closely with many visitors' groups and are most grateful to their staff and volunteers who provided so much support to many of our clients. A significant number of referrals came from visitors' groups who often support very unwell people in detention, many of whom did not have solicitors and might not have reached us without the support of a visitor

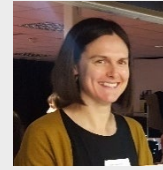


I first heard about Medical Justice as a medical student and knew that it was something I wanted to do in the future. ... I've now been able to write my first 2 reports as a higher trainee .... Writing these reports has absolutely been the most fulfilling work I've done in my career as a doctor. I have been inspired and encouraged to see Medical Justice staff contribute to oral and written evidence in recent years as part of a collective effort to limit these harms [arising from immigration detention], and knowing that their evidence comes, in part, from individual clinicians' reports is a powerful motivator."

*Dr Lucia Chapman, Medical Justice Volunteer Psychiatrist (photo left)*

# ADVOCACY WORK

“I regard them as very professional. They do their research immaculately” – Sister NGO, interview for the independent Evaluation of Medical Justice.

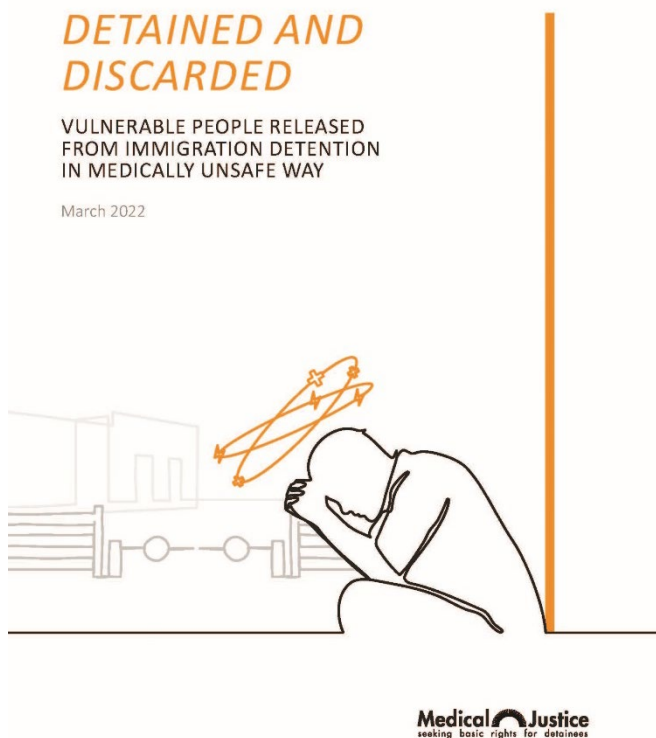


Ariel Plotkin & Elspeth Macdonald

2022/3 presented several drastic policy developments from the Home Office. We have continued to use the unparalleled medical evidence from our casework to advocate around the severe health impact that detention can have. Client data has formed the basis of our research reports and our policy work.

## Research reports

[“Detained and Discarded”, March 2022](#)



We published a report [Detained and Discarded: Vulnerable people released from immigration detention in medically unsafe way](#) found documenting the Home Office’s continued failings leading to the often unplanned, chaotic and medically unsafe release of extremely vulnerable, unwell people without adequate support.



Medical Justice sees repeated cases of vulnerable people released into the community without adequate care plans, with little or no information and support about entitlement and how to access a GP, and rarely with referrals to community support services such as local mental health teams. This has included people who had very recently attempted suicide in detention.

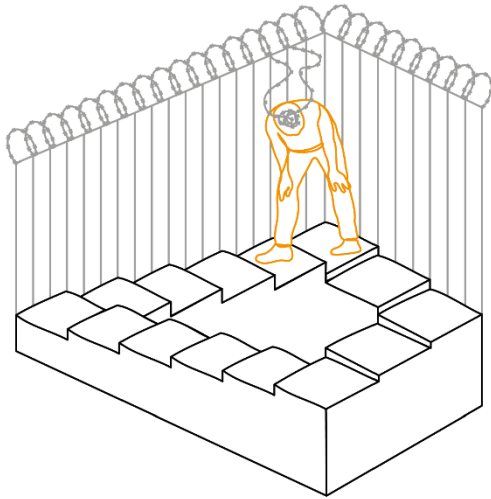
“I was getting prepped for major surgery when I was detained for 6 months. [...] Although my health had deteriorated rapidly and the surgery was more urgent than ever, I was discharged without so much as a referral or medication. It was as if the centre was more concerned about washing their hands of me so they would not be held liable than they were about my aftercare. It was an awful experience and the whole time I was afraid for my health, and very, very anxious and emotionally distressed. I felt like nobody cared if I lived or died. [...] Thankfully for me, my GP was very supportive and referred me back to the surgical team – I eventually had the surgery 7 months later.”

*Medical Justice client*

## HARMED NOT HEARD

FAILURES IN SAFEGUARDING FOR THE MOST VULNERABLE PEOPLE IN IMMIGRATION DETENTION

April 2022



Medical Justice  
seeking basic rights for detainees

Our report [Harmed Not Heard](#) evidences that the Home Office process to identify and release highly vulnerable people in immigration detention is totally and utterly flawed.

The report analyses Medical Justice clinical assessments carried out between July and December 2021 for 45 clients detained in various immigration removal centres (IRCs) across the UK. These clients’ histories included severe trauma, significant mental health issues, and being at risk of suicide. Our findings include:

- 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))
- 76% were assessed by our clinicians as having symptoms or a diagnosis of Post Traumatic Stress Disorder
- Only 51% saw a GP within the required 24 h of admission to the IRC. Where identified as needing a Rule 35 safeguard report, the average wait for an appointment was 29 days – one person’s appointment took 119 days

- Home Office caseworkers only released 1 of our 45 vulnerable clients when given information about their vulnerability under safeguarding processes, many of whom included torture survivors

“Abuse by the System”, October 2022

## Abuse by the system:

Survivors of trafficking in immigration detention



HELEN  
BAMBER  
FOUNDATION  
strength to fly

ATLEU  
ANTI TRAFFICKING AND  
LABOUR EXPLOITATION UNIT

FOCUS ON  
LABOUR  
EXPLOITATION  
Working to end labour exploitation

Medical Justice  
working for health rights for detainees

We published a joint report with the Helen Bamber Foundation, Anti Trafficking and Labour Exploitation Unit and Focus on Labour Exploitation titled [Abuse by the System](#). The report highlights the government’s failures to safeguard survivors of trafficking in detention and that it has deliberately put in place a system in which more trafficking-survivors will be locked up. The number of potential survivors of trafficking held in immigration detention each year tripled from 500 in 2017 to over 1,600 in 2021. Even when identified as possible survivors of trafficking, people were not being released and were detained while waiting for a final decision in their case, at which point, the average time for making these decisions was a staggering 17 months.

The Home Office frequently claims that people ‘abuse’ the system by claiming to be trafficked to secure their release from detention. But over 90% of cases were confirmed to be genuine survivors of trafficking. There was no evidence of a process being abused – rather, people who have already been exploited and mistreated were experiencing further abuse by an immigration system that is not fit for purpose.

This report makes practical recommendations and calls for an urgent comprehensive review of the process for detaining confirmed or possible survivors of trafficking.

#### “Every Move you Make”, October 2022

Medical Justice contributed to the report [Every Move you Make](#), jointly published with Bail for Immigration Detainees and the Public Law Project. Please see the section “Tagging” for details.

#### “Who’s paying the price?”, September 2022

[Who’s Paying the Price? The Human Cost of the Rwanda Scheme](#) documents the accelerated and unclear process 51 of our detained clients targeted for removal to Rwanda were subjected to and the impact it had on them. Please see the Rwanda Policy section for details.

### **Policy work**

#### Independent Chief Inspector’s Third Annual Review of the Adults at Risk Policy

The Independent Chief Inspector of Borders and Immigration (ICIBI) had been commissioned by the Home Secretary to conduct an annual review of the Adults at Risk policy, and publish a report and recommendations accordingly. Medical Justice met with the Inspectors ahead of their July 2022 inspection to brief them.

The inspection report of the third annual review was published in January 2023 and was highly critical. Of particular note, the report stated that “On the basis of this inspection, the Rule 35 process needs to be called out for what it is – ineffective”. The ICIBI found that “It is in the gift of the Home Secretary and senior officials to make the system more effective. However, Home Office senior managers demonstrated a lack of interest in improving Rule 35 specifically”.

Following the publication of the third annual report, the Home Secretary has discontinued the annual commissioning of the AAR review. The ICIBI has said: “I am concerned that the Home Secretary has judged this to be an appropriate moment to terminate her predecessor’s commission to ICIBI to carry out an annual review of ‘Adults at risk’ policies and safeguards”. This is another reduction of independent oversight and scrutiny of the Home Office policies and practice in immigration detention.

### **Stakeholder Engagement**

Medical Justice participated in stakeholder discussions including:

#### **NHS England**

##### **Home Office**

- National Asylum Seeker Forum detention sub-group

##### **Independent Chief Inspector of Borders and Immigration (ICIBI)**

- Adults at Risk forum (June 2022)
- Refugee and Asylum Forum (March 2022 and January 2023)
- Medical Justice briefing meeting with ICIBI for their review of GPS Tagging
- David Neal, the Chief Inspector, visit to Medical Justice’s office in November 2022

##### **His Majesty’s Inspectorate of Prisons (HMIP)**

- Provided a session on IRC healthcare at HMIP’s away-day in March 2022
- Joint briefing meeting on detention issues with BID for HMIP together with ICIBI
- Provision of information to HMIP for its inspections of Colnbrook IRC (March 2022), Brook House (June 2022) and Derwentside (August 2022)

### **Policy submissions**

We have submitted response to several policy consultations including:

- Prisons Strategy White Paper, Ministry of Justice, February 2022. Read our joint submission with BID here.
- Detention Services Order XX/2021 Assessment Care in Detention and Teamwork (ACDT) (Medical Justice endorsed comments by Royal College of Psychiatrists), Home Office, February 2022.
- Human Rights Act Consultation, Ministry of Justice, March 2022. Read our submission here.
- Detention Services Order XX/2022 Adults at Risk: Detention of Potential or Confirmed Victims of Modern Slavery (joint submission with Helen Bamber Foundation), Home Office, May 2022.
- NHS Service Specification Consultation, NHS England, December 2022.
- Possible changes to the First-tier Tribunal (Immigration and Asylum Chamber) Rules and the Upper Tribunal Rules arising from Nationality and Borders Act 2022 Tribunal Procedures Committee, January 2023



# PARLIAMENTARY WORK

## 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 Medical Justice, we report here on their activities in the year.

Against the backdrop of so many worrying changes in detention, quasi-detention and wider asylum system during 2022/3, the APPG continued to offer an important space to bring parliamentarians together with people with lived experience, NGOs, inspectors, law firms and other experts, to discuss developments, take action and amplify our collective impact.

**Napier Barracks visit and report** - Following on from the 2021 APPG Inquiry into quasi-detention, the Chair Alison Thewliss MP and three other APPG members conducted a site visit to Napier Barracks in February 2022 (see photo right), viewing the facilities and meeting residents, the Home Office, and its contractor.

Shortly after the visit, the APPG held an online meeting (see photo below) to update members on the situation it found at Napier during the visit. Almost 70 parliamentarians and external guests attended to hear from the MPs who visited, former residents, as well as the Jesuit Refugee Service and Humans for Rights Network who assist residents.



In April, [the APPG published its report on the visit](#), warning that recent changes by the Home Office had not addressed the fundamental problems of Napier, and that conditions there were still extremely concerning. Like the APPG Inquiry Report, it concluded that the site is “fundamentally unsuitable” for use as asylum accommodation and called for it to be “closed with immediate effect”.

The report was covered in the media by the [BBC](#), the [Independent](#), and the [Evening Standard](#). Evidence from both the Inquiry and site visit was used in parliamentary debates, including on the government’s [Nationality and Borders Bill](#) in February 2022, the [Rwanda policy](#) in April 2022, [developments at Manston](#) in November 2022 and most recently on [the Illegal Migration Bill](#) in March 2023.

**Investigation of Mitie racist WhatsApp messages** - APPG Chair, Alison Thewliss MP, met with Phil Bentley, CEO of Mitie, in February 2022 to discuss the company’s response to incidents of racism amongst escort staff revealed in media reports. Mitie is the largest provider of IRC management and operations and secure escorting services (in-country and overseas) for the Home Office, handling for over 13,000 detained individuals.

**UNHCR and the APPG’s Annual General Meeting** - The AGM in May 2022 featured a briefing by UNHCR and Action Foundation on alternatives to detention.

**Challenging emerging quasi-detention sites** - this included tabling of parliamentary questions, media work by APPG Chair Alison Thewliss MP, and sharing of the 2021 Inquiry report with fellow parliamentarians facing new sites in their constituencies and those scrutinising the Nationality and Borders Act 2022.



*Stuart C. McDonald MP (top left), Naomi Blackwell – Jesuit Refugee Service (top right), Maddie Harris - Humans for Rights Network (bottom left), Alison Thewliss MP (centre) and Anne McLaughlin MP (bottom right)*



“I’ve never seen them not being able to answer questions on any aspect of immigration detention. They have a wide knowledge on the topic. There have been so many times when they have come to us and said ‘there is a statutory instrument coming down the path – do you know about it?’ – that sort of question. They are so into the detail and their knowledge and experience is granular. ... when they give things to us there is always very little for us to do with it. They just know.”

*Sister NGO, interview for the independent Evaluation of*

### **Other Parliamentary work**

#### **Levelling-Up and Regeneration Bill 2022 provisions could neuter community opposition of quasi-detention sites**

So far, legal challenges brought by the local community in relation to planning issues have been crucial in delaying and even preventing the opening of proposed sites, such as the portacabin

site next to Yarl’s Wood IRC and disused military sites at Linton-on-Ouse, Scampton, and Wethersfield. However, clauses in the Levelling-Up and Regeneration Bill 2022 will mean that, where a development takes place on Crown land (i.e. owned by the government) and is deemed to be of “national importance” - which quasi-detention sites are very likely to be - the government will no longer need to apply to the local planning authority and will instead simply grant itself permission, making it much harder for local communities to oppose the opening of sites.

In partnership with other NGOs, Medical Justice submitted joint evidence in July 2022 to the Commons’ Committee examining the Bill highlighting our concerns. A debate subsequently took place about removing the offending clauses from the Bill, supported by Labour and the Liberal Democrats who continue to raise the issues as it continues to make its way through the parliamentary process.

“They have been good at organising discussions within the sector that have ensured a clear and common message. For instance most recently there has been a lot of discussion with the Home Office around the ways that the HO consider medical evidence. And the Home Office tried to set up new rules whereby a lot of very legitimate medical evidence would get ignored. I think Medical Justice was very effective in ensuring there was sufficient discussion within the sector which ensured that the issues were properly set out and properly understood and to the extent we could we reached common ground, we did. I don’t think that would have happened without Medical Justice as the main driver of that communication.”

*Sister NGO, interview for the independent Evaluation of Medical Justice.*



“They are a great advocate for the issue in terms of their knowledge, passion and commitment ... I find the access in particular which they can provide to current or ex detainee voices absolutely invaluable.”

*Inspectorate team, author of the independent Evaluation of Medical Justice*

# BROOK HOUSE INQUIRY

## MEDICAL JUSTICE ACTS AS A CORE PARTICIPANT



*Theresa Schleicher & Dr Rachel Bingham*

In 2017 widespread abuse in Brook House IRC was captured by BBC Panorama undercover cameras. One of many instances showed 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 stood by and later colluded in falsifying papers.

The Home Office refused calls to commission a public inquiry, but was eventually forced to do so after losing a judicial review brought by men who had been detained at Brook House IRC during the BBC's undercover filming. The Brook House Inquiry (BHI) was established to investigate the decisions, actions and circumstances surrounding the mistreatment of individuals held at Brook House IRC and started to hear evidence in public in November and December 2021.

**It has taken a public inquiry to uncover the true extent of abuse in IRCs** – Only undercover reporting has exposed the true nature and scope of the abuse. It has taken a public inquiry to compel witnesses including – for the first time – senior officials of the Home Office and its contractors, plus extensive disclosure of documents and camera recordings, to enable all the dots to be joined up and the causes and contributing factors to be properly investigated.

The BHI examined institutional practices and culture at Brook House IRC, within G4S and within the Home Office, in 2017 and also at the time of the public 2021-22 hearings. It heard evidence over 46 days from all involved: detained persons, privately contracted doctors and nurses, G4S senior management and custody officers, Serco, Home Office officials, official inspectors and monitors. It also heard evidence from experts chosen by the Inquiry to address use of force, institutional culture, healthcare and safeguards. 40,000 documents, amounting to approximately 250,000 pages of material, were reviewed; as well as video recordings, including IRC CCTV, body-worn cameras and un-broadcast BBC footage.

"So we are talking about a failure of safeguards to stop vulnerable people being in this environment. Then we are talking about an environment which has a known negative impact on mental health. So where behaviours like self-harm, like distress, like mental health problems are treated as challenging behaviour, so an inappropriate response, that leads to escalating mental health problems, increased risks of self-harm. It's a perfect storm, and, in that situation, we have people that are then unqualified to manage. Their only recourse is use of force, solitary confinement. They don't have the capacity to do a therapeutic intervention. So the possible responses are going to be inappropriate. I don't think it is possible to separate that from the abuses that we see."

*Dr Rachel Bingham, Medical Justice –  
giving evidence at BHI*

**Medical Justice's role as a Core Participant** - Central to the Inquiry was the extent to which Home Office policy or practice, or clinical care issues caused or contributed to mistreatment. Medical Justice was appointed a Core Participant (CP) due to its extensive first-hand experience of the clinical safeguarding failures and understanding of the inadequate healthcare provision in IRCs. As a CP, we were able to see all the disclosed evidence as the Inquiry's investigation developed. Medical Justice provided policy and other safeguarding information specific to immigration detention which added to the evidence from the Inquiry's clinical expert whose main experience was around prison healthcare. We submitted suggestions to the Inquiry's legal team for questions to put to witnesses. Medical Justice's witness statements and oral evidence were referenced extensively throughout the hearings. Our analysis of our recent casework demonstrated that the failures in IRCs are ongoing.

**The second tranche of public hearings in February and April 2022** - these had a focus on clinical issues. Dr Rachel Bingham and Theresa Schleicher very ably gave oral evidence for Medical Justice. The Inquiry also heard from medical staff working at Brook House IRC both in 2017 and those who have recently been contracted to provide healthcare. Home Office civil servants in charge of safeguarding policies and G4S were also questioned in public hearings. Other key witnesses were the BHI Chair's three

independent experts on medical issues, the use of force and culture.

**The abuse uncovered** - The evidence that emerged confirmed the longstanding serious concerns of Medical Justice and others, but also exposed even more shocking abuses than had previously been understood. The clinical safeguard failures and harm caused that Medical Justice saw in 2017 was just the tip of the iceberg that lay below.

BHI heard evidence of IRC doctors and nurses who admitted they did not understand how clinical safeguards were meant to operate and had never applied them properly. They often failed to identify manifestations of detained people's deterioration and distress, or to assess symptoms of trauma, nor did they have the means to provide treatment for it - alarming given that detention itself can be the cause of mental illness.

**A causal link was identified between the complete failures of clinical safeguards and the violent abuse in detention.**

Distressed individuals were often put in segregation and subjected to excessive use of force which was routine in the context of removal. Torture survivors may experience the use of force as a terrifying re-enactment of previous abuse. Pain-inducing 'control & restraint' (C&R) techniques were used against those who lack mental capacity, who may therefore have had impaired responses to pain, risking prolonged and more extreme force. IRC healthcare staff wrongly sanctioned the use of force, failed to stop violent C&R they were responsible for observing, and colluded in falsifying records.

The Home Office prioritised deportations over welfare, creating a breeding ground for the desensitised, racist, inhumane environment. Evidence showed normalisation of the infliction of pain, suffering and humiliation, even whilst a man was so emaciated he could barely hold his own body weight. Much use of force against naked individuals was a direct consequence of the 'no notice' removals policy (later found unlawful thanks to Medical Justice litigation). There was evidence of pervasive derogatory and violent verbal abuse and racism to or about detained people revealing an underlying lack of any empathy even when people were at their most vulnerable - even in life-threatening situations. Widespread mistreatment and abuse by custody officers, IRC doctors and nurses occurred with the complicity of G4S Managers and indifference amongst Home Office officials.

The reaction of the Home Office and its contractors has been one of indifference and intransigence. Phil Riley, Director of Detention and Escorting Services, insisted in his evidence that the Home Office had taken "every step we could take proportionately to deliver a safe environment".

Today Medical Justice sees the same tip of the iceberg we did in 2017 in terms of clinical safeguarding failures and the harm this causes, and we fear this suggests that the violent abuse identified at Brook House IRC may be continuing across the detention estate. The government knows of this avoidable abuse, yet is set to ramp it up with plans to increase detention capacity by 1,000 spaces, the detention of asylum seekers being removed to Rwanda, and the mass incarceration of asylum seekers called for by the Illegal Migration Bill provisions.

The Inquiry has now concluded hearing evidence and the Chair's report is due "late summer" 2023.

## **APPG briefing meeting on the Brook House Inquiry**



*Alison Thewlis & Calum Tulley*

The APPG held a briefing meeting held in December 2022 to raise awareness of the key issues and evidence revealed by the Brook House Inquiry, given the urgency regarding the government's plans to increase detention, without having recognised – let alone fixed - the failures uncovered by the Inquiry.

The material for the APPG session was meticulously summarised by Stephanie Harrison QC, Hamish Arnott (Bhatt Murphy), Laura Profumo (Doughty Street) and Medical Justice.

The expert panel of speakers included BBC journalist Callum Tulley who filmed undercover at Brook House for BBC Panorama, Stephanie Harrison KC of Garden Court Chambers, who is representing Medical Justice and several other core participants to the Inquiry, Mishka, an expert-by-experience campaigner from Allies for Justice, and our own Dr Rachel Bingham.

A recording of the meeting is available on YouTube alongside our written briefing.

Both the meeting and these follow up materials will help to ensure parliamentarians and others are well-placed to engage with the Inquiry Chair's report when it is eventually published.

# INDEPENDENT MONITORING BOARD TRAINING

Independent Monitoring Boards (IMBs) are made up of unpaid volunteers operating in every immigration detention facility across the UK. IMB members are “the eyes and ears of the public, appointed by ministers to perform a vital task: independent monitoring” and report on whether detained individuals are being treated fairly and humanely. They have 24-hour access to all IRCs and are required to periodically visit detained people held in isolation.

Following the Brook House Inquiry, the National Chair of the Independent Monitoring Boards (IMB) sought training about health issues suffered by detained people and the clinical safeguarding system. Medical Justice provided bespoke training sessions and also presented at the IMB’s annual study day with the aim of IMB members being better able to spot and report on clinical safeguarding failures.

## USE OF FORCE

### LITTLE LEARNED SINCE THE BROOK HOUSE INQUIRY

#### His Majesty’s Inspector of Prisons (HMIP) Report on Derwentside IRC

The HMIP August 2022 inspection of Derwentside IRC highlighted dreadful use of force instances that mirrored evidence heard in the Brook House Inquiry. The report highlighted that use of force was not always carried out professionally and that there was a lack of oversight. HMIP found that the systems of collecting and storing video and paperwork were “not properly organised,

“Another Jamaican told the escorts when he met them that he would be killed if he returned to Jamaica and they might as well cut his throat then and there. He was put in a WRB. He was calm and compliant throughout.”

*Independent Monitoring Board Charter Flight  
2022 annual report*

“He was taken out of his room by five IRC officers kitted up in personal protection equipment, essentially riot gear. The escorts put him in a WRB in the secure position. He was carried on to the plane. He did not resist.”

*Independent Monitoring Board Charter Flight  
2022 annual report*

making it difficult to track incidents”. Body-worn camera footage was not available for all use of force incidents reviewed. Overall, record keeping of use of force was “poor”; there was “no systematic process for collating all footage and paperwork after an incident”.

The report noted that use of force did not appear to be “necessary and proportionate” in every respect of every case. Instances of derogatory comments made by staff were also found, along with an absence of de-escalation and a lack of empathy. The report notes that “some risky use of techniques in the application of force”. Some detained people witnessed incidents of use of force with no follow-up support being provided.

**Case study | HMIP’s report** - “A woman aged 38 was required to leave the centre for a removal flight, but she was passively resistant – refusing to go with the staff, but offering no violence or aggression. After a struggle, she was brought to the ground ... She repeatedly complained that she was in pain and that her neck was hurting, but staff continued to struggle with her using unapproved and risky techniques, particularly around the head and neck area ... The woman was handcuffed, unusually, with two interlinking sets. An officer and a senior manager were overheard to make derogatory remarks about the detainee. ... Staff decided to carry her, but their lifting technique was poor – the staff were struggling and the woman was in pain. ... The use of the handcuffs while she was being carried also caused her considerable pain. ... The incident was witnessed by other detainees. The woman did not leave the centre and was not removed on the flight.”

# MANSTON SHORT-TERM HOLDING

**Children hospitalised, chronic overcrowding, insanitary and unsafe conditions, disease, death, violence**

**Case study |** Hozan — not his real name — described being retraumatised by the overcrowded, repressive and dangerous conditions ... he came to Britain in mid-October [2022] by small boat after fleeing his home country in the Middle East, where he had been held in military prison. After his arrival, he was taken to the Manston facility where he was forced to sleep on the floor of a cold, wet tent with over 130 people and prevented from showering, going outside and seeking medical help despite having a serious medical condition.

*- as reported by the Morning Star.*

Manston, the Short-Term Holiday Facility detention site to process people arriving across the Channel by small boat was designed to hold 1,000 people, with a maximum capacity of 1,600. The Home Office detained as many as 4,000 people there towards the end of 2022.

There were reports of high tensions inside crammed marquees that had been hastily erected to house asylum seekers. Thousands of people were sleeping on mats on the floor, reportedly with no mobile phones, and limits on communication with the outside world.

The Prison Officers' Association had sounded a public warning over the situation at Manston, saying that poor conditions and overcrowding were contributing to a "pressure cooker" atmosphere. The ISU union, which represents Home Office staff, said the conditions had "contributed to the psychological state that leads to people self-harming".

Immigration minister Robert Jenrick later admitted that Manston was not "operating legally" at the time, and that the problem was caused by a "failure to plan" for a surge in small-boat crossings. There are a number of ongoing legal challenges against the Home Office regarding Manston.

## Use of Force

Obtained through FOI by Liberty Investigates, Use of Force forms revealed shocking conditions including :

- Detained people being forcibly restrained after asking for food
- Staff restrained detained people and locked them in "cell vans"
- Incidents of detained people being pinned to the ground and beaten after hitting their heads against a wall
- A man injured in a fight receiving "unacceptable" medical care because it was assumed he was "faking it"
- One man was pinned to the ground, hit with an "elbow strike" and put in leg restraints

## Public health failures : outbreak of diphtheria and gastroenteritis, and reports of scabies and MRSA

Freedom of information disclosures from Thanet District Council revealed a catalogue of concerns about failures in public health measures. An email from Thanet public health officials to the Home Office after an outbreak of 20 cases of gastroenteritis at the beginning of September 2022, which resulted in two children being taken to hospital, said: "There are so many new emerging pathogens at the moment".

Alarming the Home Office went on to detain thousands more asylum seekers in such conditions. A subsequent diphtheria outbreak could hardly have come as a surprise. The Home Office received explicit advice from public health about the risks. By the end of November there were 50 diphtheria cases linked to Manston. Handwashing was advised as a key infection control measure but there was a shortage of sinks and access to running water and some toilets had no handwashing facilities at all. Some toilets were blocked and overflowing with excrement.

Hussein Haseeb Ahmed, 31, from Iraq was among those who became ill with diphtheria. He died in hospital on 19 November 2022



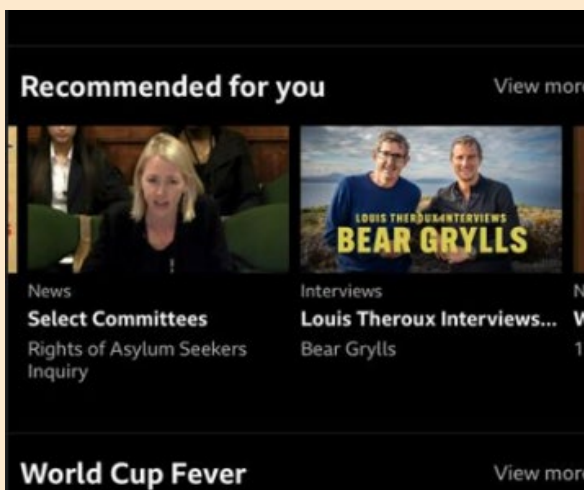
## Medical Justice Casework

People detained at Manston for whom we started to make arrangements for medical assessments for medico-legal reports were subsequently swiftly moved out.

## Medical Justice Parliamentary work

Home Affairs Committee - Medical Justice provided written briefings ahead of the Committee's visits to Manston in July and November 2022, focusing on key concerns and questions around healthcare provision and the safeguarding of vulnerable people at the site. The Guardian reported that during the Home Affairs Committee visit, one male detained person who shouted "help" and claimed he had been at the site for 30 days was seen being pinned up against a fence and dragged away by security guards when he tried to speak to members of the press.

Joint Committee Human Rights - Dr Rachel Bingham gave oral evidence at the Committee's session in November 2022 on the situation at Manston, which formed part of their wider inquiry into the human rights of asylum seekers. We later submitted written evidence to the inquiry, highlighting wider concerns about the "safeguarding" system for vulnerable people in detention.



Challenging the creating of a new category of Short-term Holding Facility (STHF) with downgraded safeguards – in December 2022 the government laid secondary legislation creating a new category of STHF, designed specifically for detention at Manston, known as a "Residential Holding Room" (RHR). In response, Medical Justice led a number of NGOs in January 2023

to submit joint evidence to the Committee in Parliament tasked with scrutinising the legislation. We highlighted grave concerns about the legislation allowing safeguards and standards at sites designated as RHRs like Manston to be dramatically downgraded, whilst quadrupling the length of time – from 24 to 96 hours – that people can be detained there. Drawing heavily on our submission, the Committee's report later in January was very critical of the government, concluding that it was "left with the strong impression that the new category [of STHF] is designed for the operational convenience of the Home Office, rather than for good reasons of public policy". We then worked closely with Baroness Lister of Burtersett to table a motion in the Lords opposing the legislation which was debated in April 2023, raising awareness of the damaging impact the new legislation will have.

## Migrants tricked into getting into vehicles then taken to a deportation charter flight

- On 17th November 2022, Albanian men, detained at Manston, who had crossed the channel in small boats and were told they were being driven to Cambridgeshire to meet an immigration officer but were in fact taken to a deportation charter to Albania, according to the Independent Monitoring Board.

## Council of Europe's Prevention of Torture and Inhuman or Degrading Treatment or Punishment Committee

(CPT) - The CPT visited Manston in November 2022 due to concerns over conditions there. The CPT concluded that the cumulative effect of prolonged detention in very poor conditions may have exposed many of those detained at Manston to inhuman and degrading treatment. Their report also points to the need to improve healthcare and the inappropriateness of isolating agitated foreign nationals, while handcuffed, in a small, box-like, fenced-in area in the rear of a van.

# ACCOMMODATION CENTRES

In 2021 the Home Office announced plans to place 8,000 asylum seekers in 9 Accommodation Centres, the 'pilot' for which would be Napier Barracks where it says the "basic" provision is justified because asylum seekers are "not analogous to British Citizens". The APPG found that Napier Barracks is a form of quasi-detention and Medical Justice found that the deterioration in asylum seekers' health there is the same as that found in IRCs - we consider Accommodation Centres to be within our remit.

In April 2022 the government announced plans for the first Accommodation Centre for 1,500 asylum seekers - primarily from Iran, Iraq, Syria and Eritrea - at RAF Linton-On-Ouse, a rural village of 700 people. There was to be a curfew, security guards, roaming patrols, and surveillance. The Home Office mentioned holding families. The then Home Secretary, Priti Patel, has since said that plans were based on the Greek style Accommodation Centre and that it would detain people prior to removal to Rwanda. Locals were told containers would be placed on the runways to house asylum seekers.

Serco was given the contract to run the Accommodation Centre and advertised for jobs they said were not for the "faint-hearted", and apparently didn't require experience for, yet were expected to entail dealing with "urgent medical needs, management of suicide risks, dealing with Service User death, and management of child safeguarding needs."

A substantial amount resources seem to have been expended by the Home Office and Serco, yet they were unable to provide detail on many operational aspects, including power and water supplies. There was little information about how asylum seekers'

vulnerability would be assessed, about the provision of legal advice, and facilities for visiting lawyers and independent clinicians. There had been significant far-right activity, with more anticipated.

In May 2022, just a few hours before the first asylum seekers were due to be transported in, the Home Office halted the project. Serco employees were sent home on full pay. In August 2022 the Home Office announced that it would not use the site after all. The Observer revealed that Serco had been paid at least £1.5m. The Government had outlined a figure of £32.8m to be paid to Serco for the first two years of running the centre.

Few doubt that campaigning led to the Home Office pulling out of Linton-on-Ouse. There were many factors : opposition of furious locals and the local MP, the local council who initiated legal action challenging the Home Office's lack of planning permission, the local and national media, attention from the APPG, wider parliamentary activity, resistance of local statutory bodies, and campaign groups challenging the Home Office and Serco. Medical Justice campaigned alongside Bail for Immigration Detainees, the Jesuit Refugee Service, City of Sanctuary, Linton-on-Ouse Action Group, Refugees for Justice, Doctors of the World, and Asylum Matters who took over co-ordinating the campaigning of national NGOs.

The Home Office has since said in 2023 that it plans to hold 25,000 asylum seekers in Accommodation Centres. Many of the issues at RAF Linton-on-Ouse may be seen again at the new military sites and barges



# HARMONDSWORTH IRC

## POWER-OUTAGES

**Case study** | “We continue to live in Harmondsworth in conditions which are not humane. People are running out of credit on their phones and can’t contact their families. We haven’t been out of our cells for three days. They come to our cells to bring food to us and leave it on the floor as if we’re dogs”

*person detained at Harmondsworth IRC during the power-cut.*

In November 2022 there was a complete loss of power at Harmondsworth IRC followed by a loss of running water. Detained people were locked in their cells for 3 days and cell emergency bells were not working. Only limited and basic food supplies were provided. The toilets would not flush and started to smell. Some said they stopped eating and drinking so they could avoid having to use the toilet. There was a lack of access to medication. Detained people were not able to charge their phones so were not able to contact lawyers or their friends or family.

A second group of people said they went out into the exercise yard to get some fresh air and then were locked out there for several hours and were not allowed to use the toilet facilities. There have been reports that a disturbance began after people on one wing refused to return to their cells on Friday evening in protest over the living conditions they were being subjected to during the outage.

There was a full emergency evacuation of Harmondsworth IRC with detained placed on coaches before eventually being taken to other IRCs. Although they were only travelling for about 1 hour, detained people reported being held on coaches for up to (and in some cases beyond) 24 hours, and in some cases without their medication.

There have been several power issues at both Harmondsworth and Colnbrook IRCs over a period of time and yet it seems there

was no effective contingency plan. Through FOI, Medical Justice obtained a Building Survey report that said the prolonged power-cut related to a “lack of preventative routine maintenance of some of the key components of the electrical infrastructure” caused “multiple power failures”.

Medical Justice co-signed a letter from Bail for Immigration Detainees to the Home Secretary calling for an independent investigation into the power-cut. Alison Thewliss MP, chair of the All-Party Parliamentary Group on Immigration Detention, tabled oral question on Harmondsworth IRC and wrote to the minister.



### **Immigration Minister gives false impression that detained people were “perpetrators” of violence**

The Home Office reported that detained individuals had caused a disturbance and damage during the power-cut. The Immigration Minister Robert Jenrick blamed detained people for being “perpetrators” and that those involved “would be held to account and, where appropriate, removed from the country as swiftly as practicable”, claiming there was “clear evidence of unacceptable levels of violence and disorder”. However, a response to an FOI request Medical Justice submitted confirmed that, other than a food refusal protest, there was “no other protest or disturbance relating to the power outage”.

The inhuman conditions our clients were subjected to during the power-cut may have been avoidable and we fear that profit was put before safety.

# STRATEGIC LITIGATION

“We get real depth of experience and expertise in the spheres they work in. The staff members are very, very knowledgeable in their areas and are always willing to give advice and guidance. We brought litigation last year which related in part to vulnerable adults in the detention system. They provided guidance and help on analysing the Adults at Risk policy and working out how to factor that into our litigation.”

*Sister NGO, interview for the independent Evaluation of Medical Justice.*

## **Second Opinion MLR’ policy challenge**

In June 2022, without official announcement or consultation, the Home Office published a new policy directing that consideration of medico-legal reports for people in detention from independent sources (e.g. Medical Justice) should be delayed, while the Home Office contracts its own doctor to carry out a second medico-legal report. This leads to delays in important medical evidence being considered and longer periods of detention for vulnerable people who are being harmed by continued detention. Where the Home Office commissioned report does not agree with all the findings of the independent MLR, the medical evidence may be downgraded. Subjecting people in detention to undergo a second assessment creates an additional risk of re-traumatisation. If the client does not consent to this, or is too unwell or unfit to attend, the second opinion report will be based on Home Office and IRC healthcare files alone.

The policy states that the Home Office will arrange for a second opinion report on up to 10 MLRs per week but with no criteria for selection, the process appears arbitrary. No evidence was provided as to why the Home Office needed to introduce this policy which risks resulting in the detained person languishing in detention for longer.

We sent a pre-action protocol letter to the Home Office and not having received a satisfactory response, we issued a judicial review in December 2022 and have been granted permission to proceed.

## **Witness Statement for Women for Refugee Women challenge of Derwentside IRC**

Women for Refugee Women and a woman who was detained at Derwentside IRC brought a challenge to the lack of face to face legal advice at Derwentside IRC which opened in December 2021 as the main IRC holding women. It is located in a remote area of North East England where there are few legal aid firms available to provide advice and representation for women held at the IRC. In the course of the proceedings the Home Office argued existing screening processes and safeguarding mechanisms would ensure that particularly vulnerable women who would likely struggle to effectively communicate and build trust when only seeing advisers remotely, would not be detained at Derwentside. Medical Justice provided a witness statement in June 2022 including an analysis of our casework at with women at Derwentside showing that the existing screening and safeguarding processes are inadequate and do not effectively protect vulnerable women from being detained there.

In June 2022 hearing the Women for Refugee Women case was not upheld. Just prior to the hearing, however, the Home Office announced it had secured in-person legal advice for Derwentside IRC, to begin from July 2022. In March 2023 it was announced that from April 2023 all Detained Duty Advice Scheme appointments in IRCs will be facilitated in-person.

## **Rwanda Scheme witness statement**

Please see the section on the Rwanda Scheme

“They have brought really significant litigation that has had clear, tangible results and that has cemented them as credible and specialist and effective and successful.”

*Funder, interview for the independent*

# TAGGING

## Research report - “Every Move you Make”, October 2022

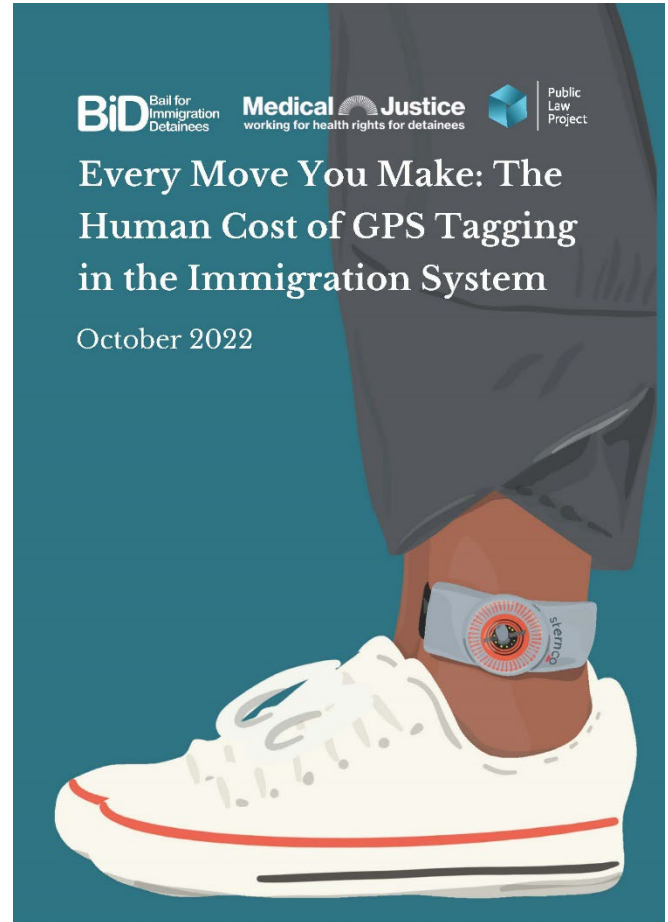
As we increasingly saw people tagged on release from detention, our doctors were asked to consider and assess health issues related this. Dr Kathryn Allinson undertook a review of MLRs in which we have given an opinion on the impact of electronic monitoring. This review fed into the report “[Every Move you Make](#)”, which Medical Justice jointly published with Bail for Immigration Detainees and the Public Law Project.

At the time of publication of the report, over 2,000 people on immigration bail were being made to wear the GPS tags 24 hours a day, indefinitely, with cases often taking years to close. Many of our clients associated this electronic monitoring with stigma, discrimination, and fear; a constant reminder that the threat of forced removal had not abated after release from detention. There is no clear explanation or evidence from the Home Office that tagging is necessary or cost effective.

GPS tagging collects more intrusive data than other electronic tagging, and the Home Office is able to access an individual’s ‘trail’ data in a wide range of circumstances. This includes if they make an immigration application involving the right to a family life under Article 8 of the European Court of Human Rights.

## Supporting clinicians' professional development regarding tagging

Medical Justice hosted an evening session on tagging with guest speaker Dr Monish Bhatia of Birkbeck University, whose research interests include the mental health impacts of racial surveillance and electronic monitoring. There were 41 attendees including guests from Freedom from Torture and Helen Bamber Foundation.



“I have been saddened to see the impact of immigration detention on the health of the people I assess. For example, I have seen people who are in pain and people who are highly distressed who struggle to access the health care that they need. Often people report that the conditions have resulted in people feeling suicidal. Seeing people who have experienced unthinkable cruelty, torture and violence, crying and becoming distressed when they talk about their experiences in detention really emphasises how harmful and dehumanising detention is. “

*Dr Sarah Clark, Clinical Assessor, Medical Justice*



# MEDICAL JUSTICE IN THE MEDIA

Media Outlet	Date	Headline
The Independent	09/02/2022	<a href="#"><u>"Picnic tables and basketball hoop not enough to improve conditions at Napier Barracks, charities warn"</u></a>
Sunday Mirror	19/02/2022	<a href="#"><u>"Racist WhatsApp texts sent by immigration staff at firm paid by Home Office probed"</u></a>
Sunday Mirror	26/02/2022	<a href="#"><u>"Firm paid to deport migrants apologises after staff send racist WhatsApp texts"</u></a>
BMJ	04/02/2022	<a href="#"><u>"Release of vulnerable people from immigration detention is often medically unsafe and chaotic, says charity"</u></a>
BBC	05/04/2022	<a href="#"><u>"Brook House: 'Fundamental action' needed after 'chilling' evidence"</u></a>
The Independent	05/04/2022	<a href="#"><u>"Brook House should close in wake of abuse allegations, inquiry told"</u></a>
The Justice Gap	07/04/2022	<a href="#"><u>"Spend a day here and you're going to develop mental health issues," Home Office worker tells Brook House inquiry"</u></a>
The Standard	07/04/2022	<a href="#"><u>"Military barracks housing asylum seekers 'must close with immediate effect'"</u></a>
BBC	08/04/2022	<a href="#"><u>"Napier Barracks: Asylum seeker site must close, MPs say"</u></a>
The Independent	08/04/2022	<a href="#"><u>"Napier Barracks: 'Fundamentally unsuitable' asylum camp 'must close with immediate effect' MPs say"</u></a>
Daily Record	18/04/2022	<a href="#"><u>"UK's Rwanda refugee plan is obscene, do not allow this to happen in our name"</u></a>
The Guardian	27/04/2022	<a href="#"><u>"'Unsafe' UK accommodation threatens asylum seekers' health – report"</u></a>
The New Arab	03/05/2022	<a href="#"><u>"UK-Rwanda asylum deal: What does a fair immigration system look like?"</u></a>
BBC Radio York	10/05/2022	<a href="#"><u>08.08am</u></a>
The Independent	19/05/2022	<a href="#"><u>"Afghan man who came to UK as child tried to take his own life after being threatened with removal to Rwanda"</u></a>
Arab News	29/05/2022	<a href="#"><u>"Afghan asylum seeker would 'rather die' than be deported to Rwanda"</u></a>
BMJ	07/04/2022	<a href="#"><u>"Home Office and detention centre healthcare providers must do their own research and service evaluation"</u></a>
Morning Star	02/06/2022	<a href="#"><u>"Rwanda deportations could lead to rise in suicide attempts, charity warns"</u></a>
Morning Star	10/06/2022	<a href="#"><u>"Judge rules Rwanda flight can go ahead"</u></a>
ABC News	15/06/2022	<a href="#"><u>"UK migrant flight to Rwanda grounded as European court steps in"</u></a>

The Guardian	15/06/2022	<a href="#"><u>"Patel seeks to curb modern slavery claims as Rwanda plan labelled 'government by gimmick'"</u></a>
The Guardian	26/06/2022	<a href="#"><u>"Women with children in UK face deportation to Nigeria and Ghana"</u></a>
BBC	28/06/2022	<a href="#"><u>"Campsfield set to re-open"</u></a>
The Independent	28/06/2022	<a href="#"><u>"Home Office to reopen 'dangerous' immigration removal centre as part of Rwanda plan"</u></a>
Morning Star	08/07/2022	<a href="#"><u>"Home Office continues to target asylum-seekers for deportation to Rwanda"</u></a>
Evening Standard	19/07/2022	<a href="#"><u>"Watchdog frustrated with Home Office as Channel crossings exceed 15,000 for year"</u></a>
BBC	13/08/2022	<a href="#"><u>"My son with schizophrenia was 'unlawfully deported' to Jamaica"</u></a>
BBC	13/08/2022	<a href="#"><u>"Jamaica: Forced Deportation"</u></a>
The National	01/09/2022	<a href="#"><u>"Calls for Government to abandon Rwanda plan"</u></a>
Evening Standard	01/09/2022	<a href="#"><u>"Calls for Government to abandon Rwanda plan"</u></a>
The Guardian	01/09/2022	<a href="#"><u>"Rwanda threat raised UK asylum seekers' suicide risk, clinicians said"</u></a>
BBC	01/09/2022	<a href="#"><u>"Rwanda flight migrants include torture victims, say doctors"</u></a>
Morning Star	01/09/2022	<a href="#"><u>"Rwanda policy: Home Office 'knowingly' targeting women victims of trafficking for removal, report finds"</u></a>
The Independent	01/09/2022	<a href="#"><u>"Rwanda flight migrants 'include victims of torture and human trafficking'"</u></a>
ITV	01/09/2022	<a href="#"><u>"Charity calls for migrants awaiting removal to Rwanda to be released from detention"</u></a>
The New Arab	01/09/2022	<a href="#"><u>"Rwanda deportees from UK include torture victims, doctors say"</u></a>
BBC Radio Four Today Programme	01/09/2022	Former MJ Client – <a href="#"><u>BBC Radio 4 Today programme</u></a> 04.12 to 05.16
BBC South East	01/09/2022	Theresa Schleicher – <a href="#"><u>watch here</u></a>
BBC Radio Scotland	01/09/2022	Idel Hanley
BBC World News Focus on Africa	01/09/2022	Idel Hanley – <a href="#"><u>watch here</u></a>
Civil Service World	02/09/2022	<a href="#"><u>"Rwanda policy 'inflicting premeditated harm' on asylum seekers"</u></a>
BBC Radio 3 Counties	02/09/2022	Former MJ Client & Emma Ginn <a href="#"><u>BBC Radio 3 Counties</u></a> 01.15 to 01.20
News Central TV (Nigeria)	02/09/2022	Emma Ginn - <a href="#"><u>News Central TV</u></a>
The Guardian	04/09/2022	<a href="#"><u>"'Better to die than go to Rwanda': the asylum seekers in UK living in fear"</u></a>

Morning Star	04/09/2022	<a href="#"><u>"Next PM must abandon 'unlawful and reckless' Rwanda deportation policy, Amnesty says"</u></a>
The Guardian	26/09/2022	<a href="#"><u>"Home Office to reopen immigration detention centres with £399m deal"</u></a>
Morning Star	27/09/2022	<a href="#"><u>"Rwanda deal 'unconscionable under medical grounds' and must be scrapped, doctors tell PM"</u></a>
BBC	28/09/2022	<a href="#"><u>"Second immigration removal centre could reopen next year"</u></a>
The Guardian	04/10/2022	<a href="#"><u>"Number of potential trafficking victims locked up in UK triples in four years"</u></a>
The Guardian	13/10/2022	<a href="#"><u>"Home Office threatens to send heavily pregnant rape survivor to Rwanda"</u></a>
The Guardian	20/10/2022	<a href="#"><u>"Diphtheria outbreak confirmed at asylum seeker centre in Kent"</u></a>
The Telegraph	20/10/2022	<a href="#"><u>"Diphtheria outbreak at main Channel migrant processing centre"</u></a>
The Sun	21/10/2022	<a href="#"><u>"Warning as 'small' outbreak of fatal diphtheria confirmed in UK – everything you need to know"</u></a>
Morning Star	21/10/2022	<a href="#"><u>"Campaigners celebrate victory after 'last resort' airline pulls out of government's Rwanda deportation scheme"</u></a>
The Guardian	22/10/2022	<a href="#"><u>"Barrister says she became legal expert while in Home Office immigration detention"</u></a>
Morning Star	28/10/2022	<a href="#"><u>"Protests break out inside 'catastrophically overcrowded' asylum processing centre"</u></a>
The Guardian	31/10/2022	<a href="#"><u>"GPS tagging migrants 'psychological torture', says report"</u></a>
BMJ	01/11/2022	<a href="#"><u>"Home Office is told to 'get a grip' on overcrowded and unsafe immigration detention centre"</u></a>
Sunday Mirror	05/11/2022	<a href="#"><u>"Inside squalid Manston migrant centre where refugees face horrific living conditions"</u></a>
Morning Star	06/11/2022	<a href="#"><u>"Harrowing conditions at Manston made me suicidal, former resident tells Morning Star"</u></a>
The Guardian	08/11/2022	<a href="#"><u>"Charities demand inquiry into Heathrow immigration centre conditions"</u></a>
The Guardian	13/11/2022	<a href="#"><u>"Home Office was told Rwanda policy was making asylum seekers feel suicidal"</u></a>
The Guardian	21/11/2022	<a href="#"><u>"Manston asylum centre now empty after weeks of controversy"</u></a>
The Independent	05/12/2022	<a href="#"><u>"Keir Starmer says there is a case for GPS tagging some" asylum seekers"</u></a>
BMJ	15/12/2022	<a href="#"><u>"Medical professionals must speak out about the inhumane forced removal of people seeking asylum"</u></a>
The Guardian	03/01/2023	<a href="#"><u>"52 acts of kindness: how to spread joy in every week of 2023"</u></a>
BBC Africa	23/01/2023	<a href="#"><u>Medical Justice speaks to BBC Africa about Rwanda Scheme - Medical Justice</u></a>

# INVOLVEMENT OF THOSE WITH LIVED EXPERIENCE

Medical Justice was founded in 2005 by a man with lived experience of detention and we have had trustees with lived experience ever since – currently 3 members of our Board have previous experience of immigration detention.

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 people in detention.

We are building the level of lived experience within Medical Justice to ensure lived experience leadership of strategy and operation. We also hope to employ more people with lived experience. Following our move to Competency Based Interviewing and joining the Experts by Experience Employment Initiative, we have received a lot more applications from people with lived experience and we were able hire someone with lived experience for our last vacancy :



Bridget Banda (pictured above) became our third trustee with lived experience in 2020 and has since become our Vice-Chair. Bridget was detained for 6 months in Yarl’s Wood IRC, two weeks before major surgery. Medical Justice was instrumental in helping secure her release. The experience so deeply impacted her that she decided to use it to speak out and raise awareness on the horrors of detention. Bridget has a Master’s Degree in Marketing Management.

Bridget has held training sessions for our volunteer interpreters and clinicians, as well as sessions for Independent Monitoring Boards who visit immigration removal centres and prisons. Bridget has been contributing to the Medical Justice working groups on Anti-Racism, Competency Based Interviewing, and Strategy Planning and has been a member of the interview panel for new staff.

“Joining Medical Justice as a Caseworker has been a great experience right from the beginning. The team at Medical Justice are very supportive, knowledgeable, and passionate about the work that they do, it has been a great environment to work in. I found the role to be very rewarding; you get to make a real difference in the lives of those that are vulnerable during some of the most difficult times they are experiencing.

The support I received from the Experts by Experience Employment Initiative was really helpful in applying to and joining this role. They offer support from the beginning stages of applying to support once you join the role e.g., CV/cover letter advice, interview preparation, and onboarding support. I found the advice to be thorough and detailed, the mentor I had was very communicative and supported me throughout the different stages of the application.”

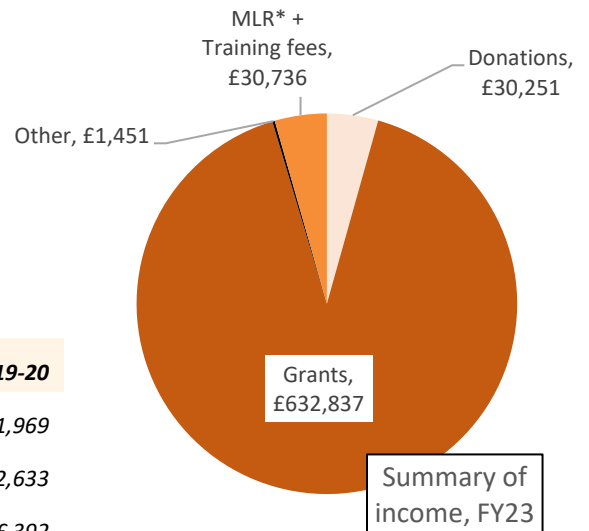


# ANNUAL ACCOUNTS

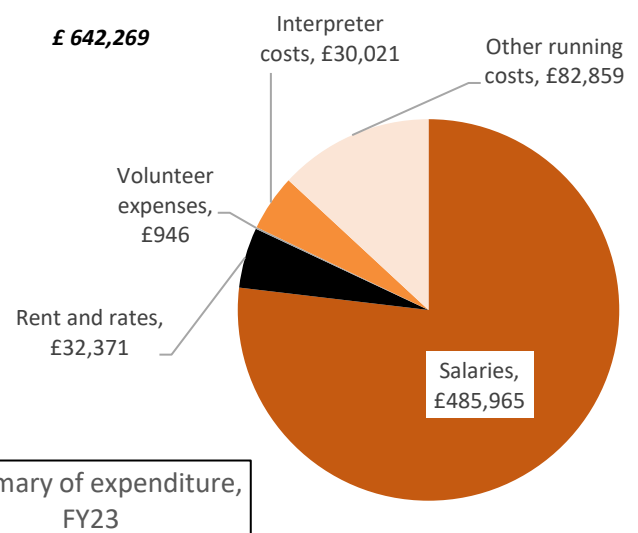
This financial data is taken from our full financial report which will be available on our website and also at Companies House and the Charity Commission.

## SUMMARY OF INCOME & EXPENDITURE

Income	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Donations	£ 30,251	£ 20,060	£ 22,988	£ 31,969
Grants	£ 632,837	£ 465,349	£ 406,694	£ 352,633
Other	£ 1,451	£ 4,201	£ 239	£ 392
MLR* & training fees	£ 30,736	£ 20,140	£ 53,169	£ 53,002
<b>Income</b>	<b>£ 695,275</b>	<b>£ 509,750</b>	<b>£ 483,090</b>	<b>£ 437,996</b>
Donated professional services	£ 149,766	£ 129,932	£ 119,749	£ 222,438
<b>Grand total</b>	<b>£ 845,041</b>	<b>£ 639,682</b>	<b>£ 602,839</b>	<b>£ 660,434</b>



Expenditure	FY2022-23	FY2021-22	FY2020-21	FY2019-20
Salaries	£ 485,965	£ 371,423	£ 337,626	£ 336,966
Rent and rates	£ 32,371	£ 31,615	£ 25,778	£ 20,679
Volunteer expenses	£ 946	£ 155	£ 485	£ 588
Interpreter costs	£ 30,021	£ 19,580	£ 25,836	£ 8,946
Other running costs	£ 82,859	£ 93,964	£ 74,685	£ 52,652
<b>Running costs</b>	<b>£ 632,162</b>	<b>£ 516,737</b>	<b>£ 464,410</b>	<b>£ 419,831</b>
Donated professional services	£ 149,766	£ 129,932	£ 119,749	£ 222,438
<b>Grand total</b>	<b>£ 781,928</b>	<b>£ 646,669</b>	<b>£ 584,159</b>	<b>£ 642,269</b>





## STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds general 2023 £	Unrestricted funds designated 2023 £	Restricted funds 2023 £	Total 2023 £	Total 2022 £
<b>Income from:</b>					
Donations and legacies	180,017	-	-	180,017	154,153
Charitable activities	631,896	-	31,677	663,573	485,489
Investments	1,451	-	-	1,451	40
<b>Total income</b>	<b>813,364</b>	<b>-</b>	<b>31,677</b>	<b>845,041</b>	<b>639,682</b>
<b>Expenditure on:</b>					
Raising funds	216	-	-	216	216
Charitable activities	750,035	-	31,677	781,712	646,453
<b>Total expenditure</b>	<b>750,251</b>	<b>-</b>	<b>31,677</b>	<b>781,928</b>	<b>646,669</b>
<b>Net incoming/(outgoing) resources before transfers</b>	<b>63,113</b>	<b>-</b>	<b>-</b>	<b>63,113</b>	<b>(6,987)</b>
Gross transfers between funds	(70,000)	70,000	-	-	-
<b>Net expenditure for the year/net movement in funds</b>	<b>(6,887)</b>	<b>70,000</b>	<b>-</b>	<b>63,113</b>	<b>(6,987)</b>
Fund balances at 1 February 2022	314,960	80,000	-	394,960	401,947
<b>Fund balances at 31 January 2023</b>	<b>308,073</b>	<b>150,000</b>	<b>-</b>	<b>458,073</b>	<b>394,960</b>

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



## BALANCE SHEET

	2023		2022	
	£	£	£	£
<b>Fixed assets</b>				
Tangible assets		13,750		4,436
<b>Current assets</b>				
Debtors	5,458		863	
Cash at bank & in hand	454,840		422,485	
	460,298		423,348	
<b>Creditors: amounts falling due within 1 year</b>	(15,975)		(32,824)	
Net current assets		444,323		390,524
Total assets less current liabilities		458,073		394,960
<b>Income funds</b>				
<u>Unrestricted funds</u>				
Designated funds	150,000		80,000	
General unrestricted funds	308,073		314,960	
		458,073		394,960
		458,073		394,960

## DONATIONS & LEGACIES

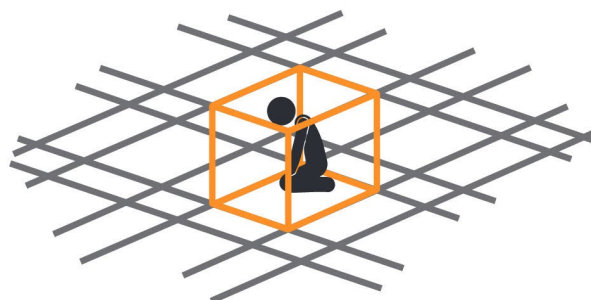
	Unrestricted funds general	Unrestricted funds general
	2023 £	2022 £
Donations & gifts	30,251	20,060
Furlough payments	-	4,161
Donated professional services	149,766	129,932
	180,017	154,153
<b>Donations &amp; gifts</b>		
Donations	30,251	20,060
	30,251	20,060

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 2023, the value of the donation £149,766 (2022: £129,932) is shown in Donations and Legacies, note 3 and the corresponding cost in Charitable Activities, note 7.

## CHARITABLE ACTIVITIES

	2023 £	2022 £
Staff costs	485,965	371,423
Medico-legal report fees	5,408	9,362
Interpretation	30,021	26,845
Consulting	33,254	60,396
Staff recruitment and training	1,350	1,955
Events	720	125
General expense	372	35
Donated professional services	149,766	129,932
Staff expenses	6,578	5,201
Former client expenses	<u>1,958</u>	<u>368</u>
	715,392	598,377
Share of support costs (see note 8)	67,311	46,756
Share of governance costs (see note 8)	<u>(991)</u>	<u>1,320</u>
	<u>781,712</u>	<u>646,453</u>
<b>Analysis by fund</b>		
Unrestricted funds	750,035	528,774
Restricted funds	31,677	117,679
	<u>781,712</u>	<u>646,453</u>

NOTE 1 Consulting includes the following: £ 23,779 for 12 months legal research for the Brook House Inquiry, £2,225 for anti-discrimination training for recruitment practices, £ 4500 for Trauma Treatment International (one-to-one counselling for all staff, monthly group supervision sessions, and facilitated discussion sessions), £2,500 for Brook House Inquiry expert report, and £250 for strategy development.



## SUPPORT COSTS

	Support costs £	Governance Costs £	2023 £	2022 £
Depreciation	2,480	-	2,480	594
Rent and rates	32,371	-	32,371	31,615
Communications	4,526	-	4,526	2,711
Postage, printing and stationery	1,385	-	1,385	402
Insurance	7,741	-	7,741	344
Volunteer expenses	946	-	946	155
Subscriptions	687	-	687	594
IT expenditure	8,674	-	8,674	6,184
Other office costs	511	-	511	2,163
Accountancy and payroll	2,713	-	2,713	1,991
Website costs	5,277	-	5,277	-
Legal and professional	-	(2,621)	(2,621)	-
Independent Examination and accounts preparation	-	1,416	1,416	1,320
Trustee Expenses	-	214	214	-
	67,311	(991)	66,320	48,076

## 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:

	2023 NUMBER	2022 NUMBER
Employees	17	14
	<hr/>	
Employment Costs	2023 (£)	2022 (£)
Wages and salaries	406,223	313,688
Social security costs	37,259	28,672
Other pension costs	42,483	29,063
	485,965	371,423
	<hr/>	

# TREASURER'S REPORT



In spite of the external turmoil, Medical Justice has managed its finances reasonably well this year.

Grant income has just about kept up, thanks to the continued generosity of existing and new donors, enabling us to continue with the core business of assisting those in detention. Where there have been modest increases in staff numbers and hence staff spend, this has mostly related to specific projects. In the last year, as well as some investment in computers, there was work on the website and communication systems to increase efficiency, important in the light of continued hybrid home/office working. Medical Justice remains a lean organisation, maybe too lean, so flagged up for next year is a potential reorganisation to make the organisational burden more manageable. Only a very small sum is identified in this year's accounts for fundraising and publicity, for example, and this is an area where greater investment would be sensible. Although the immediate financial future looks un-concerning, many grants are short-term, with no guarantee of renewal, and some donor's policies rule out renewal anyway. This means looking at the currently secured income, we face a modest deficit in the current financial year ending 31st January 2024, with a sizeable one the following year and thereafter. Hence fundraising, and the publicity upon which it feeds, remains an important priority.

In recent years we have been cautious over chasing better interest rates for the sums we hold as reserves, but this may need to be looked at again. The reserves look substantial, but still fail to match the 9 months running costs asked for in our internal policies. The rationale for holding substantial reserves is that we only have enough ongoing grants to meet our current salary costs in the short term. Also, with the current uncertainty over the fall-out of national policy which has a stated aim to increase the detention of irregular migrants, we expect an even greater demand for our services, meaning new posts could well be needed going forward. Whilst positioning itself to continue to be able to respond to best help detained clients, Medical Justice's policy work aspires to make this unnecessary, of course.

We continue to see more clients who are new arrivals, so interpretation continues to grow in importance. We are very grateful for volunteer interpreters who help attenuate increasing costs here. Another modestly increased spend is on insurance, since we now pay the professional indemnity costs for those of our volunteer doctors who had recently retired from NHS employment and for whom this would otherwise be a barrier to participation. Work with individual detained clients is the bedrock of the work of Medical Justice, which relies heavily on volunteer clinicians, hence this investment in insurance represents excellent value for money. Nearly £150k is attributed in the accounts to the work done by our volunteers, but for our detained clients, this can be priceless.

**Dr Hilary Pickles**

*Trustee and Hon Treasurer*



# 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

ACTION FOUNDATION

ALISON THEWLISS MP AND HER TEAM

ALLIES FOR JUSTICE

ANNE MCLAUGHLAN MP

ANTI TRAFFICKING AND LABOUR EXPLOITATION UNIT

APPG MEMBERS INCLUDING

ASSOCIATION OF VISITORS TO IMMIGRATION DETAINEES

ASYLUM AID

ASYLUM MATTERS

BAIL FOR IMMIGRATION DETAINEES

BARONESS BENNETT OF MANOR CASTLE

BARONESS HAMWEE

BARONESS LISTER OF BURTERSETT

BARONESS LUDFORD

BELL RIBEIRO-ADDY MP

BEVERLEY COSTA AND THE PASALO PROJECT

BEYOND DETENTION

BHATT MURPHY SOLICITORS

BINDMANS

BIRNBERG PEIRCE & PARTNERS

BRITISH MEDICAL ASSOCIATION

CALLUM TULLEY, BBC

CARE4CALAIS

CITY OF SANCTUARY

DEIGHTON PIERCE GLYNN

DETENTION ACTION

DOCTORS OF THE WORLD

DOUGHTY STREET CHAMBERS

DUNCAN LEWIS SOLICITORS

EQUALITY AND HUMAN RIGHTS COMMISSION

EXPERTS BY EXPERIENCE EMPLOYMENT INITIATIVE

FACULTY OF PUBLIC HEALTH

FOCUS ON LABOUR EXPLOITATION

FREEDOM FROM TORTURE

GARDEN COURT CHAMBERS

GATWICK DETAINEE WELFARE GROUP

HELEN BAMBER FOUNDATION

HELEN HAYES MP

HIBISCUS INITIATIVES

HUMANS FOR RIGHTS NETWORK

IMMIGRATION LAW PRACTITIONERS ASSOCIATION

INQUEST

INSTALAW

JESUIT REFUGEE SERVICE UK

JOHN MCDONNELL MP

LEIGH DAY

LIBERTY

LIFE SEEKERS AID

LORD DUBS

MATTHEW GOLD SOLICITORS

MÉDECINS SANS FRONTIÈRES

MICRO RAINBOW

MIND

NICOLA DAVID

ON THE TIN LIMITED

PAUL BLOMFIELD MP

PUBLIC LAW PROJECT

REFUGEE ACTION

REFUGEE COUNCIL

REFUGEES AT HOME

REFUGEES FOR JUSTICE

ROYAL COLLEGE OF GPs

ROYAL COLLEGE OF MIDWIVES

ROYAL COLLEGE OF OBSTETRICS AND GYNAECOLOGY

ROYAL COLLEGE OF PSYCHIATRISTS

SOAS DETAINEE SUPPORT GROUP

STUART MCDONALD MP

SUTOVIC AND HARTIGAN

TOGETHER WITH REFUGEES

TRAUMA TREATMENT INTERNATIONAL

TURPIN MILLER

UNHCR

VOICES IN REFUGE

WILSON SOLICITORS LLP

WILSONS SOLICITORS

WOMEN FOR REFUGEE WOMEN

ZORA JACKMAN

## **Bhatt Murphy Solicitors**

Not only did they represent Medical Justice and its clients, but they even raised funds for us too ! We received £291 in 2022 in sponsorship from the Bhatt Murphy Solicitors London Legal Walk.

## **The legal team representing Medical Justice as Core Participant for the Brook House Inquiry**

Stephanie Harrison KQ at Garden Court Chambers, Shu Shin Luh and Laura Profumo at Doughty Street Chambers, and from Bhatt Murphy Solicitors ; Hamish Arnott, Raju Bhatt, and Olivia Anness.

The legal team representing us for the challenge to the second opinion policy: Jed Pennington and Gabriel Tan at Wilsons Solicitors and Shu Shin Luh and Laura Profumo at Doughty Street Chambers.

## **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.

ALEX WULF

ANGIER C

BECKY DRISCOLL

BHATT MURPHY

BOND NJP

CAMILLA GREGOR

CAROLYN MILLER

CHARITIES TRUST

DOMINIC CLARKE

FOX A D

GENE-COS NURI

JOHN BENFORD

LAZOU JAMES

LUCIE GEGG

LUCY SUMMERS

MARGARET SHERWEN

MARHABTAYN TRUST

MARIA WESTPHAL

MICHAEL DALY

MILLER, BECKETT & JACKSON

MR WORTHY

MS BAYLEY

PETRA MAKELA

PHILIP MATTHEWS

PRICE TOMES

RAVI CHEEDELLA

REBECCA MARCUS

RICHARD SOPPITT

ROSANNA FARRELL

ROSSI HRK

RUTH SAGOVSKY

SARAH WIKELEY

SOPHIE HARWOOD

STEFAN WILSON

SYLVIE KEUMAJOU

TANTOLUWA LTD

VERNOICA BUTLER

WILHELM SKOGSTAD

WILLIAMS K

## **FUNDERS**

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

AB CHARITABLE TRUST

BALCOMBE TRUST

BROMLEY TRUST

SAM & BELLA SEBBA CHARITABLE  
FOUNDATION

GRIFFSOME TRUST

THE BLUE THREAD

OAK FOUNDATION

SC & ME MORLANDS CHARITABLE  
TRUST

SIGRID RAUSING TRUST

TREEBEARD TRUST

TRUST FOR LONDON

THE KURT & MAGDA STERN  
FOUNDATION

COMIC RELIEF

## STAFF

DR ANGELA BURNETT	Responsible Officer
DR ANGELINA JAYAKUMAR	Clinical Assessor (joined January 2023)
ANTHONY OMAR	Office Manager
ARIEL PLOTKIN	Researcher
DEEPA SHAH	Researcher (maternity cover – joined June 2022)
ELIZA LASS	Caseworker (joined February 2022)
ELSPETH MACDONALD	Parliamentary & Research Analyst
EMILY LAWTON	Caseworker (left April 2022)
EMMA GINN	Director
HANNAH CHAMBERS	Legal researcher (Consultant)
IDEL HANLEY	Policy, Research and Parliamentary Manager (joined May 2021)
DR JOE BOURDILLON-SCHICKER	Clinical Trainer
DR KATHRYN ALLINSON	Clinical Trainer
LISA INCLEDON	Senior Caseworker
DR LIZ CLARK	Clinical Advisor (Joined February 2022)
LUJAIN ALARNAOUT	Caseworker (joined January 2023)
DR MARY KAMARA	Clinical Assessor (re-joined October 2022)
NAOMI OLANIYI	Caseworker
DR RACHEL BINGHAM	Clinical Advisor
ROBIN WHITE	Caseworker (left November 2022)
DR SARAH CLARK	Clinical Assessor (joined November 2022)
THERESA SCHLEICHER	Casework Manager

“They come over as people who care deeply but also as people who are prepared to hold to account, whatever that takes.”

*Lawyer, interview for the independent Evaluation of Medical Justice*

“They are unbelievable – their knowledge is really encyclopaedic. They are always my first port of call for information.”

*Sister NGO, interview for the independent Evaluation of Medical Justice.*

## Trustees

RUTH TALBOT	Chair
BRIDGET BANDA	Vice-Chair
HILARY PICKLES	Treasurer
AMRAN HUSSAIN	
EMMA NORTON	
JANAHAN SIVANATHAN	
LINDA BURKE	
PHIL HAYWOOD	



Top row: Emma Ginn, Liz Clark, Anthony Omar, Idel Hanley

Bottom row: Rachel Bingham, Ariel Plotkin, Eliza Lass, Naomi

## VOLUNTEER CLINICIANS

ALISON CRAIK	HELEN SINCLAIR	SARAH WOOKEY
ANDREW WHITE	IAIN PRYDE	SHARON KANE
BRIAN BRIGGS	IONA STEEN	SIMONE CIUFOLINI
CHRISTINA CURRY	JANE MOUNTY	SOPHIE QUARSHIE
CORNELIUS KATONA	KEMI KOMOLAFE	STANIA KAMARA
ELIZABETH HUBBARD	LAURA TARRIER	STEVEN REID
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GABRIELLA SHANKS	LUCIA CHAPLIN	TAMSIN GLASGOW
GLORI-LOUISE DE BERNIER	MANUELA SAVINO	TERESA WOSNIAK
GRAHAM EASTON	MARIA GODDARD	THANOS TSAPAS
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HANNAH CAMPLING	MIRIAM BEEKS	TIMOTHY FETHERSTON
HEATHER DIPPLE	MYRA STERN	VALERIE HAWES
	PETRA MAKELA	

## VOLUNTEER INTERPRETERS


ANA SILVA	MICHAEL OWEN
AREZO ZOHORRAHIMI	MOHAMMAD KUNBOS
CHARANJEET KAUR	NGOC PHAM
DIANA BISIUK	NICK SALTER
GIAY ABDULLA	PRINCESS CHINE
HADDA BLACKBURN	SABA KEBEDE GERESSU
KALPANA RAVIVARUMAN	XINYU YAO
KARINA KHOKHAR	ZAHRA GHAFORI
LATIFA CHENTOUF	ZEINA EID
MARIE-FRANCE ROWLAND	

“I cannot emphasise strongly enough that the relationship I have now with them has been nothing but supportive and helpful and they have enabled us to do amazing things.”

*Sister NGO, interview for the independent Evaluation of Medical Justice.*

“This has been a particularly challenging year for people on the move trying to live safely, and for those fighting alongside them. We have seen horrendous abuses of power that seek to deny those who migrate their ability to simply exist and avail themselves of their rights under the law. In the midst of this maelstrom, Medical Justice strives to ensure that, despite state attempts to disappear human lives in detention, those in need of medical evidence which could turn their cases around have access to it. Being part of a team that provides urgent practical assistance with such tangible effects is so motivating and I love that casework for individuals is never done in isolation at MJ-- our work is always fed into wider critique and public challenges documenting and exposing the racist harms of the government's detention and other bordering policies.”

*Eliza Lass, Caseworker, Medical Justice*



**END**  
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**ION**





COMPANY REGISTRATION NO. 6073571

REGISTERED CHARITY NO. 1132072

BANK: CAF

SORT-CODE: 40-52-40

ACCOUNT NUMBER: 00021167

GENERAL INQUIRIES:

[info@medicaljustice.org.uk](mailto:info@medicaljustice.org.uk)

MEDICAL INQUIRIES & REFERRALS:

[med@medicaljustice.org.uk](mailto:med@medicaljustice.org.uk)

MEDIA INQUIRIES:

Emma Ginn on [emma.ginn@medicaljustice.org.uk](mailto:emma.ginn@medicaljustice.org.uk)

PHONE: 0204 551 1280

FAX: 0044-207-900-3346

WEBSITE: [www.medicaljustice.org.uk](http://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](http://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 people detained by immigration and/or assist remotely. We hold Medical Justice clinicians training days about 3 times a year.

INTERPRETERS – needed to speak to detained people on the phone or visit with doctors. We especially need speakers of Albanian, Kurdish, Mandarin, Polish, 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 people detained by immigration 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