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### 1 Evidence for the Enquiry into the use of Immigration Detention.

I am an Independent Medical Practitioner and I have been visiting Immigration Detention Centres (IRCs) since 2006. In the first instance I visited because the detainees were complaining of poor medical management. The requests came from friends, and family, clergy, lawyers, and self referrals. When I started all my visits were arranged via Medical Justice, but I am now independent. From advising on the health care management I went on to write Medico Legal Reports (MLRs) in order to further asylum claims. I also assessed detainees who had been allegedly assaulted on attempted removal. I made over 300 visits and saw a great deal of distress. I have also seen some asylum seekers who have been detained in prison.

I see mainly asylum seekers but I have also seen over 50 foreign national offenders (FNOs). The lawyers (rather than the detainees) supplied us with the information about the offences; they were mainly connected with false papers, drugs and driving offences. I have not been involved with ordinary over-stayers, illegal immigrants or economic migrants.

### 2 My views on the current conditions within the detention centres:

The detention centres are huge forbidding buildings, like high security prisons. The majority of my cases only offence was to claim asylum and they told me they were very intimidated by the secure environment.

They are able to use mobile phones which is essential as they need to be in contact with their lawyers, friends and families. They also have access to FAX machines. Their internet access is limited.

The detention is arbitrary, administrative and indefinite. I have seen many cases who had been detained for many months. I need hardly say that indefinite detention is extremely depressing. The FNOs told me that they were given occupations in prison and that they found little to do inside an IRC. I imagine that the IRCs were built to house people briefly prior to them being sent back to their own countries. This simply has not happened in many cases, and the IRCs seem full of depressed and fearful detainees.

### 3 Supporting the needs of vulnerable detainees

Why are failed asylum seekers detained? In Breakthrough Britain (Asylum Matters Report from the Asylum and Destitution Working Group 2008) page 68 *“At most only 8-9% of asylum seekers who get bail subsequently attempted to evade the asylum system”*. The main IRCs are situated near airports,

Harmondsworth and Colnbrook at Heathrow, Brook House and Tinsley House at Gatwick. So I assume that the intention was that the asylum seekers and others who are to be removed should have a short stay prior to their departure. The reality is that there are very many detainees who have been detained for months, sometimes because their cases are still under review, sometimes because their own country refuses to recognise them, and many cases for no apparent reason.

4 I have seen disabled detainees, how can you abscond in a wheel chair ? Indeed, I saw one wheel chair bound detainee who was stuck in the mud in the courtyard of Harmondsworth and had to get several other detainees to push him on to the concrete path so he could move again.

5 Pregnant women simply should not be detained. Please see the Medical Justice dossier 'Expecting Change, the case against the detention of pregnant women'. The research found that only 5% of pregnant women were successfully removed, because in most cases there was no safe way to remove them. I have heard it suggested that women might try to become pregnant in order to avoid being detained, I certainly have not seen any evidence of that and in my opinion that is an absurd idea.

6 It is very distressing for children to be detained. Although this government announced that they are not detaining children, there are still children being detained in Cedars IRC. I have visited Cedars and I can see that although an effort is being made, there are huge locked doors, jailers with many keys, and barbed wire surrounding the exterior walls. Having toys in the playroom is just putting lipstick on a pig. "What did I do wrong, Mummy?" said one child in my presence... in perfect English as he had been born here, but his mother was not British and had been given 'Removal Directions'.

7 I have seen many detainees who were undergoing medical treatment, waiting for surgery or under the watchful care of the community mental health team prior their detention. They have missed important out patients appointments, planned operations, and have seriously regressed mentally when taken away from familiar surroundings, family, and the mental health team. These people would have been most unlikely to want to abscond.

8 There is a high incidence of HIV infection in the detainees from Sub Saharan Africa. Sometimes they have been picked up during a 'dawn raid' and taken to an IRC and either do not have their medication or the clinic staff do not believe that the tablets they have with them are truly theirs. Patients are often moved about within the detention estate without their notes, and there is a delay in the course of anti retroviral treatment. This is very serious because disruption in therapy can lead to drug resistance. See 'Detained and Denied' Medical Justice dossier on detained asylum seekers who are HIV positive. This dossier came to the conclusion that HIV positive asylum seekers should not be detained at all.

9 I have frequently been called to a detention centre because a detainee feels that the medical care is inadequate. Indeed, I have found medical mismanagement in most of the cases that I have seen. I will not detail them here, and I would explain first that I had the advantage over the detention centre doctors in that I could spend over an hour with each case if I wished. IRC doctors have told me that they have a very short time with their cases, and sometimes do not have the notes. There does not seem to be much continuity of care with the detainees GP and consultants, either before their detention or after they have been released. However, I understand that with advances in IT this may improve.

10 The detainees often view the IRC medical staff with suspicion as being part of the UKBA system and not independent. They do not reveal everything to them, in particular if they have been a victim of rape (male or female).

11 In my opinion in order to reach the goal of equivalent health care there should be equivalent organising of the Practice within the IRC health centres. I was part of a very successful GP Practice in Twickenham. We had regular meetings between the doctors, nurses and trainees, and regular staff meetings. We discussed difficult cases, problem patients and training. We were entirely focussed on the patients and we did not of course, have to comply with UKBA rules. I am hoping that when the NHS takes over the care in the IRCs the clinics will be run like a good Practice in the community and be entirely independent of the demands from UKBA that large quotas of asylum seekers are returned to their country of origin.

## 12 Rule 35

The DSO (Detention Centre Order) rule 35 states that: *'The medical practitioner shall report to the manager on the case of any detained person who he is concerned may be a victim of torture.'* There are forms for the doctors to fill in with space for a diagram of torture scars. I have seen several of these forms in the detainee's notes. They are often inadequate, and even with the better ones the UKBA case worker writes an inadequate reply and the states that the detainee is fit to remain detained. See 'The Second Torture' Medical Justice dossier on this subject. I have spoken to several IRC doctors, some have told me that they were not given enough time to fill in the forms, some said that they had no training and were asked to assess the detainee without any information. Others clearly have a culture of disbelief in the detainee's accounts of the torture. This culture of disbelief permeates the IRCs and is also held by many of the clinical staff for the physical and mental health problems of the detainees while they are in detention.

13 In my opinion there should be a comprehensive training for the medical staff in the IRCs as the care of asylum seekers is very complex, not only the possibility that they have been tortured, but the fact that they may have tropical diseases; may have been living rough and have a high incidence of TB; need

immunisation and malaria cover if they are returning to a country where tropical diseases are endemic; and have considerable mental health problems because they find that the indefinite detention is very distressing. In some cases the very fact of imprisonment increases their Post Traumatic Stress Disorder because it reminds them of imprisonment in their own country.

14 I don't think I saw one detainee who was not depressed with their situation, feeling hopeless and in despair, and often self harming and with suicidal thoughts. Some of the detainees have been on hunger strike in desperation, and some have nearly died.

15 The rule 35 also states that detainees should be released if their medical and psychological care cannot be managed in detention. Doctors are reluctant to admit that they can't manage certain conditions, and in spite of many people explaining that some sick cases would be better off in the community with their family, friends, and the GP and consultants who know them, these doctors hang on to the detainees and state that they are fit for detention.

#### 16 Time Limit

Indefinite detention is deeply traumatising and depressing. Normally prisoners know the time they are to be 'Detained at Her Majesty's Pleasure'. But the detainees that I have seen in IRCs have no idea when they will be given removal directions, or whether their lawyers will be able to obtain bail, temporary admission or leave to remain. Many have self-harmed in their distress, some very seriously. There have been many hunger strikers, I have seen some who nearly died. Yet it seems that the Home Office, rather than recognise the extreme distress that precipitates such extreme actions, prefers to keep them in until they have nearly fasted to death. I have been told that "If we give in to hunger strikes, they will all start doing it." With no regard to the desperation that leads to such actions. In the cases I have seen the desperation is born of fear of return to a country where they are sure they will be tortured again, and maybe killed. In fact I know of some cases who have been returned, to Cameroon and Sri Lanka in particular, and have then been arrested at the airport and tortured again.

#### 17 Foreign National Offenders

Among the FNOs that I have seen, many have lived in the UK for many years, and have families here. They give in to persuasion to help to supply papers to a friend or family member, or have heavy penalties for driving offences. I saw one young man who had lived here for many years and had a wife and a settled job. When I examined him I found him to have a low score on cognitive function tests, and he explained to me that he continued to drive when he had been disqualified "Because I am a good driver"; he simply did not understand the rules here. For these offences he was being sent back to a country where he knew no one and

would be exposed to exploitation. He was a very vulnerable young man, and he was bewildered by his detention.

18 The FNOs have served their 'time' for their crimes, and it seems pointless to send them from prison to an IRC unless they are dangerous people. This is a group which often gets 'stuck' in the IRC as their own country does not recognise them. It seems futile to mete out a prison sentence to an FNO and then spend more money incarcerating him/her in an IRC when he/she would be better returned to their community in the UK. One man I know who was on dialysis was sent back to his own country and died there of renal failure, leaving a wife and children in the UK where he had lived and worked for very many years.

Of all the cases I have seen (around 300) most of them have been released later and some have now got status. So it seems a huge wasted effort that they should ever have had to go through the 'Second Torture' of being incarcerated in an IRC.

### 19 Wider consequences of immigration detention

The expense. It is obviously more expensive to detain a person rather than support them in the community. In any case, many are supported by their families, churches or ex-patriot communities and are not receiving benefits. I do not have the figures, but I am sure you have access to them.

According to the Press, our prisons are over flowing and in crisis. If the asylum seekers and non-violent FNOs were released into the community, there would be many places available for those detained in HMPs. This is bound to result in considerable cost saving.

### 20 Training

The IRC doctors, who will be employed by the NHS from now on, should have training in the speciality of health in IRCs. Either by the RCGP, which I hear is thinking of a training package with 10 hours on the computer and a day workshop, IRC medicine being part of that training. Or by MEDACT's Torture and Human Rights section as a day training for IRC doctors only, which is also being planned.

### 21 To summarise

In my opinion asylum seekers and FNOs who are waiting for removal to their country of origin should not be incarcerated at all. It has been widely proved that it is detrimental to their mental and physical health. However, as that is going to

be a big step for any government in the present climate, I would stress that torture victims, pregnant women, children, patients with HIV or TB, and patients with mental health or physical problems should not be detained at all. And hopefully in the future an enlightened Government will either close the IRCs down altogether or use them for ordinary prisoners, thus relieving the pressure on the secure environment estate.

Suggested reading :

'The Second Torture' Immigration detention of torture survivors. Medical Justice.

'Detained and Denied' The clinical care of immigration detainees living with HIV. Medical Justice.

'Detention, Removal and people living with HIV' Nat / BHIVA guidelines.

'Expecting Change' The case for ending the detention of pregnant women. Medical Justice.

'State sponsored Cruelty' Children in immigration detention. Medical Justice.

Mental Health in Immigration Detention Action Group. Medical Justice initial report.