



## **All-Party Parliamentary Group on Immigration Detention**

### **Inquiry into quasi-detention**

#### **Oral evidence session – Legal and health issues**

Thursday 1 July 2021, 10.00 - 12.00 (online via Zoom)

#### **Part Two – Health issues**

#### **Attendees**

##### **Witnesses:**

Dr Yusuf Cifti – Policy and Advocacy Manager, Doctors of the World  
Dr Juliet Cohen – Head of Doctors, Freedom from Torture  
Dr Jill O’Leary – GP / Head of Medical Advisory Service, Helen Bamber Foundation  
Dr Piyal Sen – Member, Working Group on the Mental Health of Asylum Seekers and Refugees, Royal College of Psychiatrists

##### **Parliamentarians:**

Alison Thewliss MP (SNP) – Chair  
Wendy Chamberlain MP (Liberal Democrat)  
Mary Kelly Foy MP (Labour)  
Richard Fuller MP (Conservative)  
Helen Hayes MP (Labour)  
Baroness Lister of Burtersett (Labour)  
Bell Ribeiro-Addy MP (Labour)  
Lord Roberts of Llandudno (Liberal Democrat)

##### **Other attendees:**

Over 50 guests, including experts by experience, parliamentary staff, and representatives from external organisations.

## Transcript

Alison Thewliss MP Hello, everybody, welcome back. In the next session, we're going to look at some of the health issues related to the barracks and again we're going to go to some MPs for some questions. I'd first like to ask those giving evidence to briefly introduce themselves. So first Dr Juliet Cohen, Head of Doctors, Freedom from Torture.

Dr Juliet Cohen Thank you. As you said, I'm the Head of Doctors at Freedom from Torture, where I'm heading up a team of doctors, mainly writing medico-legal reports on the evidence of torture. And I've also written a number of witness statements about the barracks accommodation and the hotel accommodation and the attempts to turn the detention-like settings at Yarl's Wood into asylum seeker accommodation.

Alison Thewliss MP Thank you very much. Dr Jill O'Leary, GP, Head of the Medical Advisory Service at the Helen Bamber Foundation.

Dr Jill O'Leary Thank you so much for having me. Yes, I'm a GP and I have a special interest in refugee health. I'm the lead doctor at the Helen Bamber Foundation. I'm part of a larger consortium of clinicians, lawyers and volunteers that have been raising concerns about the unsuitability of the barracks as accommodation since they've been opened in September of last year. On the instructions of resident solicitors, I've been conducting remote clinical assessments for residents of both Napier and the closed Penally Barracks, who have been reporting a deterioration in their health since being moved in there. In February this year, I gave oral evidence to the Home Affairs Select Committee on barracks accommodation, and I co-wrote a literature review on the effects of contingent accommodation, such as the barracks on physical and mental health, and this was submitted as evidence as part of the recent successful legal challenge with regard to the lawfulness of the barracks that was brought about by Deighton Pierce Glynn and Matthew Gold Solicitors to the High Court.

Alison Thewliss MP Thank you very much. Piyal Sen, a member of the Working Group of Mental Health of Asylum Seekers and Refugees, Royal College of Psychiatrists.

Dr Piyal Sen Hello, I'm a consultant, a forensic psychiatrist by background and a member of the Asylum Seeker and Refugee Working Group. We recently, on behalf of our group, published a position statement on immigration detention, and I was a contributor to that. We also run a support group for all psychiatrists who are interested in the treatment of refugees and asylum seekers, which I co-facilitate too. I do a lot of teaching on this. And also to say that there is a book coming out from Cambridge University Press supported by the Royal College on the

treatment of asylum seekers and refugees, which I'm contributing to. Thank you.

Alison Thewliss MP Thank you. And lastly Dr Yusuf Ciftci, Policy and Advocacy Manager, at Doctors of the World,

Dr Yusuf Ciftci Hi, thank you very much. I'm Yusuf Ciftci from Doctors of the World - policy and advocacy manager. At Doctors of the World, we've been looking at institutional accommodation and access to healthcare in these situations for a few years now. And recently, we've been involved in providing medical consultations for patients in Napier Barracks since November and we have done 30 medical consultations and our evidence is coming from these consultations. So, happy to be here and contribute to the conversation. Thank you.

Alison Thewliss MP Thank you so much. So we move to the questions for our speakers from our panel Members. If I could first ask Bell Ribeiro-Addy MP from Streatham now to ask your questions.

Bell Ribeiro-Addy MP Thank you very much. Thank you so much for joining us today, everybody on the panel.

I want to ask Dr Cifti, could you explain to us about the healthcare provisions at Napier Barracks and what access the residents have to it? And we specifically want to know who provides it - I know there are a lot of private companies that are occasionally asked to provide it. And an overview of whether or not you think this health care is adequate?

Dr Yusuf Ciftci Of course, thank you very much for the question and for having us. So we understand that the healthcare provision is done via a private nurse on the side funded by the Home Office. So we understand that people seeking asylum in the barracks are asked to see this nurse first to assess their medical problems, and then this nurse would triage the medical conditions and would refer to a GP or specialist health services. This is what we've been told by the authorities at this stage.

But I want to note that people seeking asylum, including these people in the barracks, are fully entitled to access primary and secondary care services in the UK. So, like everyone else, they are entitled to reach out to their local GP practice, ask to be included in that GP practice as a patient, and make appointments and access a GP practice.

And it's very essential that a GP practice is provided for everyone because it's the main access point for the NHS services. Most secondary and specialist services are done via a referral from a GP practice. Having these entitlements in place, we have seen a designated healthcare provision in

the barracks with this private nurse. Even though they have links with the GPs, people are not encouraged to register with a GP, but to see the nurse on site.

And what we have seen from our consultations is that the healthcare is inadequate at the moment, provided with the nurse and the existing system. We have done 30 consultations, and 74% of all people we've spoken to said that they have a bad or very bad health in general, and 70% are diagnosed with psychological conditions. So, these figures show the unmet health needs in the barracks at the moment.

So, we understood that there have been some GP registrations being done automatically on behalf of the people in the barracks. But in our evidence, we've seen that actually people are not aware of this or they are not registered with the GP. So 9 residents from Napier Barracks told us that they have not registered the GP and four of them were actually in the last three months. So since April four residents told us that they are not registered and this is the second cohort in the barracks.

This is really concerning for us because we know that we are still living in a pandemic. And there has been a huge effort to vaccinate everyone, and the main access point to vaccination is also through GP practice. So it's very unclear whether these people are registered with the GP or if they've received a letter or a notification about their NHS number or whether they have registered with a GP practice. So the only thing they are told is to go to your nurse.

We don't have robust evidence on the vaccination, but we've heard that the first dose of vaccinations has been provided. And obviously there are other ways to provide vaccination for people on the site. But I mean, yesterday we have seen a press release about a booster vaccination that will be provided for people who are most vulnerable from Covid-19 and influenza. Just yesterday this has been published. So if you look at the vaccination program and how it goes on, the main way to get the vaccination is actually through GP registration and having your NHS records, not the outreach vaccination models. So this is just one concerning part really; not having a GP access, apart from not having access to secondary care services.

So the existing provision at the moment, we believe is not enough and it just puts people at risk of being cut out of all NHS services, as it stands at the moment.

Apart from that, we also have seen that there is inadequate support for urgent medical care needs as well in the barracks. The nurse is there during

daytime - so in the evening and on weekends, people are asked to call either 111 or speak to a member of staff on the site.

So we spoke to a man who had begun to experience severe stomach pain, but there was no action for 24 hours by the staff members on the site. And after 24 hours, an ambulance was called and the man was taken to a hospital and diagnosed with a medical condition which, if untreated, could easily lead to life threatening medical complications. The man was also offered surgery, but he refused to take the surgery because he thought that he wouldn't be able to take care of himself in the recovery stage when he was sent to the barracks. So this actually shows that people are not trusting the existing healthcare system within the barracks, and that urgent care needs as well are not addressed in the barracks.

So just to provide a summary: the living conditions as well in the barracks are not making it helpful for people to get the healthcare in the place. So, of the people we have spoken with, 70% of them told us that they have felt stressed, hopeless or depressed or they didn't have any pleasure in doing things nearly all the time in the last two weeks, when they did the consultation with us. So the conditions as well in the barracks, are not helping them to improve their health and wellbeing. And the existing healthcare provision is inadequate at the barracks.

Bell Ribeiro-Addy  
MP

Thank you very much, Dr Cifti.

My next question is for Dr O'Leary. Are you aware of any safeguarding arrangements or arrangements for vulnerable people - for example, suitability assessments and health screenings, monitoring or management of mental health issues, and for anybody who might be at risk of self-harm or suicide? And also, do you think that, if there are any, are these adequate?

Dr Jill O'Leary

Thank you so much for the question. So I suppose thinking first about what kind of screening processes are used prior to people being moved into the barracks: as far as we're aware, this just involves reviewing residents' initial asylum screening interview, as well as their ASF1 application for asylum support that they do via Migrant Help.

But neither of these are likely to flag any significant vulnerabilities prior to entry into the camp because they're just not appropriate tools to identify things like a history of trafficking or exploitation or torture.

And from what we've been able to ascertain inside the camp, vulnerability screening just isn't really taking place. There doesn't seem to be any kind of proactive method for identifying vulnerable people within the barracks -

unless they themselves take the initiative and have the English language skills to present themselves to the nurse on site.

But what Care4Calais volunteers have noted, is that the residents are really reluctant to disclose any vulnerabilities to the nurse on site, because from their point of view, this is an individual who's been employed by the Home Office. So they're very unlikely to view this person as a safe professional to whom they can disclose their vulnerabilities - even the people who might have the initiative or the language skills, as I say, to go and present themselves and say that they're vulnerable.

So it's very, very unlikely and it's very difficult to then identify people who've got vulnerabilities in the camp, for this reason. They're worried about information being shared to the Home Office.

My colleagues at MSF who've been engaging with the camp residents as well have tried to establish from the onsite nurse, from the Home Office and from Clearsprings, if there is any kind of standardised process for identifying mental health vulnerabilities for residents prior to them being moved in, and as far as they could gather, there just aren't any.

And since the reopening of Napier Barracks earlier this year, there has been a peak of 280 residents in there and out of them, 65 have been moved out following a legal intervention - so that's to say a pre-action protocol letter from their lawyers, which has identified their vulnerabilities. This is all after the people have been moved in.

So that's just under 1 in 4 residents being moved into the barracks since April who have then promptly been moved out, and as a result of identifying the vulnerability that wasn't identified before them going in. So this suggests to me that whatever vulnerability screenings prior to moving people in, they're not happening - and if they are, the screening processes are not fit for purpose, if almost a quarter of the people have been moved out again and since April.

We're not aware of any form of safeguarding provision for mental health support channels within the camp. The CCG has stated that the nurse on site can prescribe medication and can refer onto the community mental health services if needed. But it's not clear to us whether or not this is actually happening.

And what I think is really important to say today as well is that my colleagues and I spoke to a resident on Tuesday this week to try and get a better idea of what the situation was like on the ground for him and his

fellow residents. And this is a man who's extraordinarily resilient, who, despite his own challenges of being placed in Napier, has dedicated a huge amount of his energy into making the camp a better place for his fellow residents and assisting us in our efforts as well. And what was immediately clear to us was the level of hopelessness and despondency that he was displaying on Tuesday as a result of his really lengthy stay in the camp, he's been there for about two months now and it was very upsetting for us to see. And from what he said, it seemed clear to us that his current mental state is echoed throughout the camp. And we asked him if there is anything that we could do or what could be provided to make life better for him and his fellow residents. And he asked for some kind of psychologist on site to provide psychological first aid. So the fact that he felt that psychological first aid was the most important and acutely needed thing, I think speaks volumes about the state of life in the camp.

Bell Ribeiro-Addy  
MP

Thank you very much, Dr O'Leary.

I want to ask as well about some of the serious concerns that have been expressed by public health officials and inspectors relating to Covid-19 safety at the barracks. I know Dr Cifti touched earlier on this earlier. This month, the government said that they had taken measures to combat the virus in the barracks and that these measures would be enhanced. Are you aware of what specific changes they've put in place? And are these sufficiently Covid safe?

Dr Jill O'Leary

I think it's important to say at the beginning that Public Health England advised the Home Office that opening any kind of multi occupancy dormitory style accommodation during a pandemic was just not in line with their guidance. And they made it very clear that they didn't think it was advisable to open this type of accommodation during the Covid crisis at all. And the concerns involved the safety of the site, the ability to isolate any positive cases and cohorting arrangements to contain any outbreaks. Earlier this year, the inspectors from HMIP and ICIBI in February considered that the cramped communal conditions and the inability to cohort effectively at Napier meant that once one person was infected, a large-scale outbreak of Covid-19 was virtually inevitable. And sadly, we did see that happen late last year. They also felt in their reports that it was very unlikely that the camp could realistically be made secure.

Since the reopening of Napier bi-weekly lateral flow tests and have been introduced for the residents. But it's unclear if these are administered by camp staff and how the results are collated, we're not quite sure about. Two kind of macro bubbles have been introduced and which divides the camp into two large cohorts. And residents have been brought to the Folkstone Vaccination Centre to receive their Covid vaccination and reports from the

camp state that most of the residents have had at least one shot of their vaccination.

But Public Health England advised, and this was echoed in the judgment handed down by the High Court last month, that if dorms do have to be used, then no more than six people should be placed in the dorm at time, which allows for a bubble of six people, which would be in line with the sort of broader Covid guidance. But we know that up to 12 people are in each dorm in Napier. I mentioned earlier that there are two large bubbles that exist within the camp right now, but there are 220 people in Napier. So, this means that each bubble consists of 110 people. There's no prevention of people mixing in the common areas, for example, when they're eating. And so this method of cohorting within the camp still falls well short of the recommendations made by Public Health England.

So, I would say despite the cohorting and the lateral flow tests that have been put in place, it's still very clearly against Public Health England guidance to have residents staying in dormitory style accommodation of up to 12 people per block in a pandemic.

Bell Ribeiro-Addy  
MP

And just one final question, as the barracks have been designed for military personnel and looking specifically at what's happening with the spread of Covid, I wanted to ask what the needs of people seeking asylum would be compared to the needs of military personnel and why the barracks might be unsuitable?

Dr Jill O'Leary

Well, I think it's important to say in the first instance that military personnel have not been occupying the barracks for a number of years. So they were disused for a reason. And even when they were being occupied by military personnel, it was for one to two weeks at a time. It certainly was not expected that anyone would live there for months rather than weeks, which is what we're seeing with the residents who are staying there at the moment. And the report from HMIP and ICIBI describe the barracks as decrepit, filthy and just not fit for human habitation whatsoever.

I'm sure that my colleagues on the panel will expand on this a bit more as well, but people who are seeking asylum, they're inherently vulnerable as people and they have significant health care challenges. We've assessed people who've displayed symptoms consistent with post-traumatic stress disorder, anxiety, depression, insomnia. And a lot of the residents that we spoke to have had symptoms indicative of more than one of these diagnoses at the same time.

The report that was published in February: the residents that responded to the report, all of them at Napier reported having felt depressed since they



arrived there and a third of them said they had felt suicidal. This is much higher rates of suicidal ideation than one would expect among asylum seekers living in the community. And the impact of the environment of this military site has had a huge effect on people's mental health. We know that, it has been very clearly demonstrated in the assessments that we've done. So the barracks specifically is a semi closed environment, there's very limited freedom of movement and there's a fear of jeopardising people's asylum claims if they break curfew. It's a military site and everything that this implies - so there's barbed wire and the presence of security, a prison kind of atmosphere which is particularly problematic for people who have previous experience of imprisonment or torture in their country of origin or indeed on their asylum journey. There are very limited facilities within the barracks for independent living. There aren't any facilities to cook and the food that's there is of quite poor quality. There's very little choice for people. And the location of the barracks means that people are really, really isolated from communities. And there are perceptions of being unwelcome that go along with that, and that's been enhanced by the presence of far right protesters outside the camp. There are also shared facilities, and my colleagues in the first hour spoke about the lack of privacy.

So all of these together just compound a mental distress for everyone who's living there. And so I think that the difference between military personnel and the people who are living there now is most importantly, the length of stay and also the significant set of vulnerabilities that come with being an asylum seeker.

Bell Ribeiro-Addy  
MP

That was my last question.

Alison Thewliss MP

Thank you very much, Bell. Best of luck in the Windrush debate next as well. I'll move now to Mary Foy, MP for the city of Durham.

Mary Foy MP

Thanks, Alison, and welcome to our speakers.

My first question is to Dr Cohen. Doctor, we know that everyone accommodated at the barracks are people seeking asylum. But could you begin by explaining if and how the health needs of asylum seekers may differ to those of the general population? And could you also explain what's known about the impact of large-scale institutional settings like the barracks on the health of people seeking asylum?

Dr Juliet Cohen

Thank you very much. So to take the first part about the differing health needs of asylum seekers: if we look at where they've come from and what sort of likely experiences anyone seeking asylum must have passed through, the first things that come to mind are the conditions in their country of origin where they may have had limited access to health care. If they

come from a tropical country, they may have been exposed to tropical infections. If they have been detained and possibly tortured in their country of origin, then they may have injuries and effects of that. Particularly prolonged detention will have significant impact on health in terms of malnutrition and exposure to infections like tuberculosis and vitamin deficiencies.

And then anybody who's seeking asylum here is likely to have had a very lengthy journey where, again, it will be difficult or impossible to access health care if they need any. And further exposure to risk of harm from smugglers and from the general dangers of the journey.

So what people have then is an accumulation of impacts on their health for which they haven't been able to seek any treatment likely for a long time. They may have some specific physical injuries if they've been tortured or treated, not just in the country of origin, but for example, we know a lot of people in Libya are kept in more or less effectively detention conditions for an indefinite period while further money is extorted from them or their family or they are put into slave labour conditions to raise the money for that onward journey. So people may have untreated fractures, they may have soft tissue injuries, they may have infected wounds.

And then, as Jill was saying, there's a lot of mental health conditions and many people would put those top of that list of problems. Stress, anxiety, depression, post-traumatic stress disorder; all of these are much more common in this group of asylum seekers than in the general population. And again, they will have not been able to access any psychological or psychiatric treatment in their country or during their journey.

And what they need is for psychological therapy, which is the primary treatment for most of these conditions that's recommended. And it needs to be in a calm and supportive and stable environment in order to actually engage in therapy and benefit from it. And - I'm sure Piyal will fill in further details - it's just not possible to create such an environment in barracks or similar quasi-detention like places. It's not just because that place of detention triggers so many flashbacks and memories of past experiences of detention, but because the nature of it - the control, the lack of autonomy, the lack of access to support groups and places of worship denies people any kind of holistic management of their condition.

A further impact on health will be from those who've experienced sexual violence. And again, this may be in the context of torture and detention in their country of origin, or it may be something they've been subject to during that journey, part of trafficking, part of sex for payment for their journey.

There are so many ways in which people are vulnerable to sexual violence and exploitation. And again, this requires specialist treatment, both of the physical consequences and the mental health impacts.

But above all that, is the difficulty for people to disclose that experience. Now, we know that in this country, around 38% of people don't tell anybody at the time of sexual assault and around 80% plus will never disclose it to the police. It's even more difficult if you're in a strange country without the language or the shared culture or understanding of what services might be available to you.

So we can safely assume that there will be a significant number of people in places like Napier who are victims of sexual violence and who will find it extremely difficult to disclose that unless they feel that they can develop a trusting relationship with a healthcare provider and it will be safe to disclose. They need to feel that that information will be confidential. And from everything that Jill was describing, I think you can easily understand that that's very unlikely to be the situation, if somebody has to pass the barrier of the nurse in the camp who they see as a state employee, an agent of the state, and the very nature of torture is that it destroys your trust in the state, and it's almost impossible for people to disclose these things in that environment.

In particular, where the nature of the sexual violence has transgressed sexual orientation or gender identity boundaries, as it often does, it's even harder because people may be in even greater fear, not just of what happens to that information, but of being further targeted for violence and bullying from other people resident in the camp.

I was just going to sum up that many of those sent to places like Napier then have so many different vulnerabilities on health grounds and a lot of different health care needs that need quite specialist input. And as Jill said, the screening prior to sending people there just isn't done that. People are not routed to the place where they can best receive the care that they need.

Mary Foy MP

Thanks for that, Doctor, very sobering description of those needs.

Dr O'Leary - you already have mentioned the fact that some of these health issues are being observed with the residents at Napier Barracks. Do you want to expand on that and some of those some issues that we've just had described to us?

Dr Jill O'Leary

Yes, of course. Apologies for my faulty Wi-Fi - I'm not sure how long I was speaking before I realised I was no longer in the meeting.

The residents that we've assessed, as I say, have got significant mental health problems: anxiety, depression, post-traumatic stress disorder. This is compounded by the fact that you're placing all of these people with these very complex needs in a dormitory style environment. I think Shu Shin spoke about this in the first hour, people are trying to share a dormitory, they're traumatised, they have flashbacks, they have nightmares. They may wake up very, very distressed. Then they wake up other people who are getting cross with them. It's just a really, really inappropriate environment for people with these specific set of vulnerabilities to be in.

People who have post-traumatic stress disorder or who have experienced the kind of things that that Juliet was just speaking about, they need consistent safe care. They need a consistent GP who understands their health needs. They need plugging into trauma focused services. They need to be in a community where they get wrap-around support, not just for their mental and physical health, but help with their asylum claims, help with housing and welfare. It's just not good enough that people are placed in these types of accommodation. It's not beneficial to anyone.

Earlier on, I think about one month ago, there was an outbreak of scabies in the camp, which is an inevitable consequence of crowding people together in this dormitory style accommodation. And what was most upsetting about this outbreak is that there was not sufficient treatment for the scabies provided to the residents. So they had to share the creams between them. And there were no facilities on site; when you have scabies, you have to wash your bedding and your clothes at a minimum of 60 degrees. There were no facilities for people to do that. There really isn't a justification for treating people in this way - anybody, but let alone people who have such significant vulnerabilities that that need very, very specific care.

Mary Foy MP

Thanks for that, Doctor. Unbelievably inhumane conditions you've described. My final question is to Dr Sen, around mental health. Dr Sen, could you tell us how mental health impacts observed at the barracks compare with those observed in settings such as the immigration removal settings? And are there some similarities and differences?

Dr Piyal Sen

Yes, thank you for that question. I represent the Royal College of Psychiatrists and in our group, it's not just psychiatrists. We also have people with lived experience who are part of our group within the College. We also have people who do advocacy work and are in regular contact with such residents in the barracks, but also in detention centres.

With regards to your question, I guess it's worth starting by saying that this is a group - and this is well recognised in all the literature and all the research - who have a higher prevalence of mental health vulnerabilities.

That has been said in in all the previous evidence, and this is recognised. So that is an important first principle.

Now, the next stage is if you have a group with a higher level of mental health vulnerabilities, you want a recognised screening program to screen out if you have a mental health vulnerability, to identify those, and then to take appropriate action. Of course, as you heard in previous evidence, that screening program is extremely inadequate for barracks. It is also inadequate for detention centres, but probably slightly better than what we have for barracks. I mean, there are all kinds of problems with that as well - but it's worth saying that there's virtually no screening program for identifying mental health vulnerabilities for this group.

Then you come to the next stage where they are actually in these places, in these barracks. So it has been said before, a lot of them come from histories of trauma. We know from a lot of research we've carried out that post-traumatic stress disorder, depression, anxiety disorders and suicidality is extremely common amongst this group. Now, just to mention suicidality, it is worth saying that for young men, who tend to go into the barracks most, this is world data, that suicidality is actually the highest. So you're putting these men, already previously vulnerable, into this kind of setting without adequate screening.

And then you talk about, obviously, health care within the barracks: so, as you've heard from the very excellent evidence given by my predecessors, that health care is bordering on nonexistent. You have one nurse who is there, who is, if you like, the gatekeeper for care. You don't even have primary mental health care. They are eligible for GP services, but as you've heard in previous evidence, we know from our contact with number of people in there, it is not something which is all pervasive. Some of them do get access to - or get registered with the GP, I correct myself, not access, they get registered. A lot of them don't.

So effectively, we also know within that context, mental health obviously is important, but also to mention physical health. We know from a lot of literature, incidence of diabetes, hypertension is much more common in an asylum seeker or refugee. And of course, there is very little facility for treating some of these.

Then, of course, we come to what we call psychiatric emergencies, which is a self-harm and suicide event and how that is dealt with. Well, we clearly have heard previously there is one nurse for a population of essentially more than 400 residents. At the moment, it might be less, but there's every

indication it can go up. So one shudders to think how one would address that.

So clearly, we have a vulnerable population, without any screening, a high-risk group, going into an environment, which you've heard previously, lack of privacy, clustered together. The only recourse, if you like, the only support system they have are these lawyers who give them the hope. And that's very important, when you have mental health problems, what you look for is hope. And lawyers bring that hope to them. And, of course, that is also extremely compromised: they are taking part in asylum interviews, which is their lifeline, if you like, to the world they will inhabit in the UK. And the asylum interviews are conducted in extremely non-private settings where you can be overheard, as you've heard from the very elegant evidence provided to you. So in actual fact, there is very little hope provided to somebody who is already vulnerable. I'm not saying all of them are, but the ones who are, we know from research a substantial proportion of these individuals are vulnerable by virtue of previous experiences. We are not really giving them an adequate chance. And that's where the unfairness and the human rights element of this comes in.

With regards to differences with immigration detention. I would say, well, there is some. It was heard under the Shaw review and others - and again, the courts raised lots of concerns about immigration detention - so now we do have, if you like, primary care available for everybody in a detention centre, so that is worth saying. There is some degree of mental health support, but probably not adequate, well definitely not adequate. But at least there is some degree of mental health support. And that, of course, is clearly lacking in the barracks.

So those would be some of the differences where immigration detention would be marginally better than the barracks. The area where detention centres are probably worse - we have seen from our contact with the residents and from the research - it's the prospect of deportation, which is the greatest trigger for suicide and what we call psychiatric emergencies. That within the barracks, perhaps due to lack of knowledge about what is ahead in front of them, they are hopeful that they will probably be treated fairly and get asylum.

So probably there's more sense of hopelessness. On that particular risk factor ground, the prospect of deportation and that triggering a psychiatric emergency, is probably slightly less in the barracks purely because of lack of knowledge, purely because of lack of access to advice which might tell them what their chances are, things like that. So I think that sort of broadly

is how there are some differences, and hopefully that answers your question

Mary Foy MP Thank you, doctor. And thanks to the panelists for really describing a very unacceptable and shameful situation for this group of vulnerable human beings. Thank you.

Alison Thewliss MP Thank you very much. Moving now to Lord Roberts of Llandudno.

Lord Roberts of Llandudno Thank you for such an invaluable session. It's been a tremendous joy to be here.

And my question is to Dr Cohen and Dr Sen. The Home Secretary states that military barracks were suitable for British service personnel. Therefore, they must be OK for those seeking asylum. Do the panelists agree, is that the case? And from a health perspective, is there any difference between the two groups that should be taken into account?

Dr Juliet Cohen Thank you very much for the question, and I well remember that comment being made. So firstly, I think it's very evident that the two groups cannot be the same. Service personnel are fit, young, well-nourished individuals with no active health conditions - otherwise they wouldn't be in active service. So they start from a very different place.

And secondly, as Jill already described, Napier and Penally were not suitable for service people: there had been many complaints, they were run down and seldom used and only used for very short periods. The conditions are in very poor repair. And I've also heard that there is a lot of asbestos present in these sites, which is a particular hazard to anybody, whether they're a service person or an asylum seeker. When premises are run down and not under good repair, that's when you get leaking of asbestos fibre, which is a serious and potentially fatal risk to health.

Thirdly, there are just these specific impacts of the setting itself, this quasi-detention like environment - which if you're someone who's been a detainee, a prisoner somewhere and perhaps also suffered torture in that environment, makes it a very different experience from someone who is a service person who has volunteered to live in that kind of institutional environment. So all of the things that remind asylum seekers and victims of torture about their past experiences, the high fences, the barbed wire, the regulation and lack of autonomy in their own life, perhaps they wouldn't impinge on someone else who's chosen that way of life. But they have a very different effect on someone with such different past experience.

Lord Roberts of Llandudno Thank you.

Dr Piyal Sen

And I will just add to that. Yes, I mean, broadly, to build on what Juliet has said, choice is very important here, that somebody who is going into the military is going in making a choice to go in there. That's the first thing to say, which is not the case for the residents of barracks.

The second, perhaps equally important factor is that there is training provided - in the military you are actually trained up to withstand difficult conditions. You are trained up in the term we use "resilience". And of course, that is not the case for residents of barracks.

Also, the third point, which again Juliet made, is that a lot of them are coming from settings where they have been the subject of state persecution, imprisonment and any authority figure is problematic for them or anything that reminds them of authority figures is problematic. And of course, the militarised features of barracks would itself be a traumatising experience.

So going back to that point about somebody vulnerable to mental health difficulties - being put into an environment like that effectively would be traumatising. I mean, to use a physical health analogy, you take a group with high risk of diabetes and you put them into a chocolate factory and you give them no facilities for monitoring their blood sugar. And of course, what would be the result of that? It is very similar, and that's what we are talking about for this group going into the barracks. Big differences with the military.

Lord Roberts of Llandudno

Thank you.

My second question is to Dr Yusuf, I think that's how you pronounce it? It's not Welsh. Can I just say all the massive highlighting of all the drawbacks - have you brought anything to the notice of the authorities? And what changes have you achieved please?

Dr Yusuf Ciftci

Thank you, Lord Roberts, for the question. Yes, the panel members and we have been submitting evidence and sharing what we see on the ground in the military barracks from a medical access perspective with relevant parties, with the Home Office, with accommodation providers. We have submitted evidence to the Home Affairs Select Committee and Independent Chief Inspector of Borders and Immigration as well, who have published reports on this issue.

We also coordinated a letter to the Home Secretary in November, just two months after the barracks had started to be used to highlight issues about access to health care, but also using quasi-detention accommodation like this at a time when we have a global infectious disease pandemic. We informed them in that letter that this is not suitable and it is likely that it will



affect the residents' abilities to be safe from coronavirus itself. But not just the residents, but also the local community and also the local clinical system will be undermined in terms of Covid-19 safety.

We received the response in December, which included statements like “the accommodation provider is following the public health guidance” without referring to which guidance it is and also that “the barracks are Covid safe”. But not long after that, obviously one month after that in January, we have seen an outbreak of 178 positive cases as confirmed by the Permanent Secretary later on, in a single outbreak which could have been prevented, which we have highlighted before. And this shows that our efforts to inform the concerns have not been effective and it has not been easy to communicate these issues and make a meaningful change on this platform.

But I wanted to highlight that there has been some positive conversations going on in different areas of accommodation. For example, in London initial accommodation centers - there has been a recognition by the authorities that GP registration is essential and there have been some changes made. There's some instructions went to the accommodation providers to make sure that GP registrations are in place. And I have heard that there is a 93% uptake in London in initial accommodation centres when it comes to GP registering, which is positive.

We've also had verbal commitments from the Home Office saying that GP registration will be put in the accommodation providers' contracts so that it is monitored and put as an important determinant of accommodation providers' work. And I've recently come to realise that there are some groups being set up to look specifically at access to health care or maternity or mental health during the process of asylum.

But when it comes to the Napier Barracks and the military barracks, we have not seen any meaningful consideration of our calls at all. I think it's partly because of the wrongful justification of placing people in accommodation, because a generous accommodation would undermine the public perception of the asylum system, which was revealed from internal reports in the media in the last couple of months. So it feels and it seems like the decision to use barracks is a political one. It is not a human rights centred one or a person centred one, unfortunately. But our evidence clearly shows that as of May, the last person we had a medical consultation with was in May (but I know other panel members have still been getting evidence), we still see problems about access to health care. We still see other outbreaks apart from Covid-19, and we still see that wellbeing and the living conditions are not enough for people.

So we would really appreciate any support from this group as well. I know you've been supporting to really kind of make a strong case to stop using the barracks. We do not need to wait until September when it will be one year. We need to really make sure that these are not used anymore for people seeking asylum.

Lord Roberts of  
Llandudno

Well, thank you for all your efforts, really appreciate it. Thank you.

Alison Thewliss MP

Thank you. We have a little bit of time just now, if any of the panel members want to bring in anything else they feel hasn't been raised so far that they would like to have on the record.

Dr Jill O'Leary

I think there's just one thing that I'd like to quite strenuously assert, which my colleague Yusuf has already said, is that we're not advocating for improvement of conditions in the barracks. We want the barracks shut. And I think that has to be a very clear objective here. We don't want to see the continued use of this army barracks with cosmetic modifications being made to it. They're not appropriate and they're not necessary places of accommodation for vulnerable asylum seekers. So they do need to be shut as soon as possible.

Alison Thewliss MP

Thank you very much, I think that is very important to get on the record, because quite often there is a move towards some kind of mitigation of these things rather than the recognition that they're not suitable in the first place. I don't know if any of the other witnesses had anything they would like to add?

Dr Piyal Sen

Yes. One from me. Just something which hasn't been said as yet in that kind of detail is about the capacity to be interviewed because clearly we do know that a number of residents, as you've heard in evidence today, are having their asylum interviews while in the barracks.

And we do know if there are mental health vulnerabilities, capacity to go through an interview can be impaired. And we are not at all certain, in fact we feel that is not being given due regard to when they are going through what is essentially an extremely important process for them - and that is the interview which will determine their future in that case. In that sense, the legality of those interviews also has to be questioned. But the capacity is something that we have been very exercised by within the College. We have published a separate statement on that, not just for barracks residents, but for others as well. But particularly for barracks residents, it becomes a real source of concern.

Dr Juliet Cohen

I'd like to echo that. It is so critical and we see so often in the decisions that are made by the Home Office about that interview evidence that's given

where people are criticised for failing to give a coherent account, for inconsistencies or discrepancies in their account - no allowance is made for the clinical impact of their experiences, on their ability to remember everything and to describe it in an exact and detailed way.

So when people are highly stressed, depressed, suffering from PTSD without any treatment for these conditions and then suddenly asked to give all this information about their past experiences and reasons for seeking asylum in an interview, in a setting where they don't feel secure, they don't feel the information is confidential and private - it's very, very difficult for them to describe everything in perfect detail. And there may be some very important events which they do not feel able to disclose in that setting, but which would make a very big difference to the outcome of their application. So it is simply not a just or fair way to go through this critical legal process.

Alison Thewliss MP Thank you, that's very useful. Dr Cifti, did you have anything you wanted to add?

Yusuf Ciftci I would echo my panelists and just to say that again, there can be some improvements in the medical access situation, but that's not really enough. The living conditions are there and that's not enough for people to maintain their health condition. So, we would strongly urge that the barracks are shut as soon as possible.

Alison Thewliss MP Thank you very much for all of your good evidence, that's incredibly helpful and very detailed in what you've been able to lay out to us. And thank you to my colleagues for their questions as well. And I also want to extend my thanks to the people who have come to join and observe the session, a high number of participants all the way through this, paying close attention to what's said here.

I hope very much that we'll be able to take this evidence and use this in the most meaningful way possible to try and achieve the closure of the Barracks and the support of those people who need that support the most desperately, who have come to this country under difficult circumstances and whose needs are not at the moment being fully met.

The concerns that you have raised are incredibly serious, and this will help to inform the report that we produce as an APPG. If there is anything further that you think of that you think that we should have in front of us - any further evidence or any further thoughts that you have - please feel free to get in touch and we can try to incorporate those into the report.

And we always, of course, try to raise any issues that come up through parliamentary questions, through debates, through things that we can do

within Parliament as well, and in writing Ministers, which we do regularly to raise concerns. And I think the point was raised around the Covid outbreak is certainly something we will be looking to pursue as a matter of urgency. Thank you very much for all your expertise, all your evidence. We're incredibly grateful for your time this morning and for everybody who's come along. Thank you very much indeed.