



An overview of Doctors of the World medical assessments of asylum seekers accommodated in the barracks

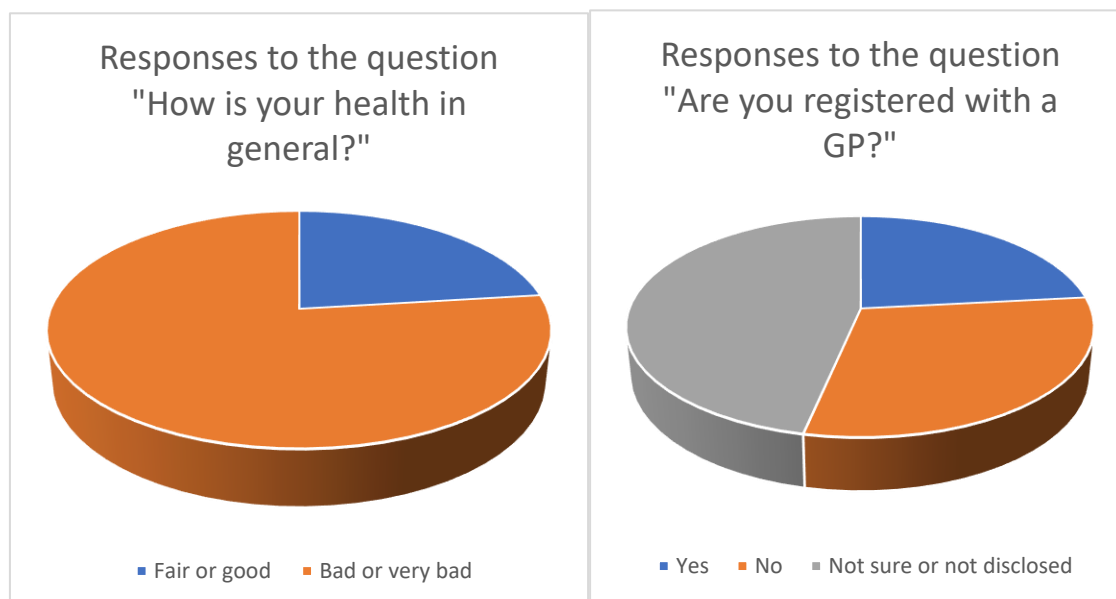
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Doctors of the World (DOTW) UK is part of the Médecins du Monde international network, an independent humanitarian movement. DOTW has been a registered charity in England and Wales since 1998 and runs clinics and advocacy programmes providing medical care, information, and practical support to people unable to access NHS services. Our patients include refugees, asylum seekers, survivors of human trafficking, people experiencing homelessness, sex workers, migrants with insecure immigration status and Gypsy, Roma, and Traveller communities.

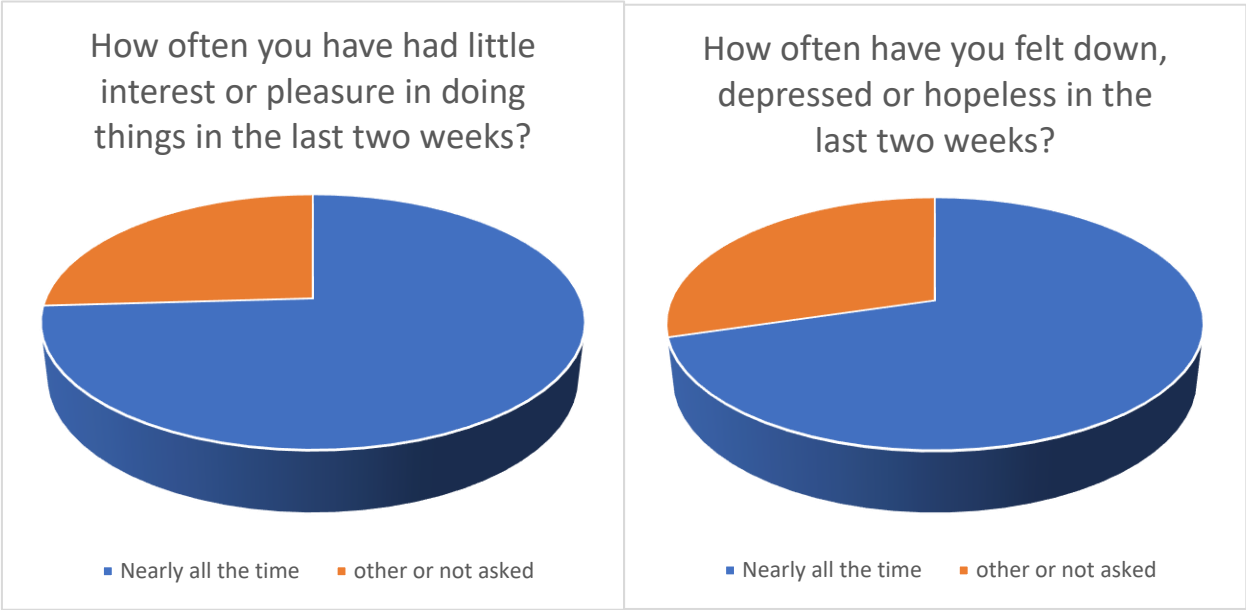
Evidence from medical consultations

For this evidence submission DOTW conducted 30 remote medical assessments from Napier barracks. On average the residents interviewed had been in the UK for five months at the time of consultations. Many of these residents have been moved to the barracks soon after they arrived in the UK. 14 had spent four to five months in the barracks at the time of consultation. All residents needed an interpreter for the consultations.

In the consultations, 74% (20/27) of residents reported that they have bad or very bad health in general. During the consultations 30% (9/30) of residents reported that they are not registered with a GP while 47% (14/30) did not discuss GP registration in their consultation. The fact that these residents sought help from DOTW suggests they did not have meaningful and easy to access to healthcare in the barracks and did not know how to make an appointment with a GP. As GP registration is the main point of access to NHS services, and most secondary care and specialist services are accessed via referral from a GP, existing health provision arrangements leave residents at risk of being cut out of the NHS and unable to exercise their right to access the healthcare they need.



Diagnoses included psychological and physical conditions. 70% of residents interviewed (21/30) had a psychological condition. Reports of depression were common. 40% (12/30) reported suicidal ideation or attempt at some point whilst being accommodated at the barracks. Some residents reported that they have been involved in hunger strikes to protest about conditions in the barracks. 74% (20/27) of residents interviewed reported that they have little interest or pleasure in doing things nearly all the time in the last two weeks at the time of their consultation. 70% (19/27) reported that they have felt down, depressed, or hopeless nearly all the time in the last two weeks at the time of their consultation. Several residents are diagnosed with PTSD, and several have reported suffering from flashbacks and nightmares. There is also a constant feeling of uncertainty of what is going to happen next which further exacerbates these conditions. Diagnoses also included musculoskeletal, neurological, respiratory, urological, eye, skin, and digestive conditions.



Consultations with residents of the Napier site demonstrate that the general wellbeing of those accommodated has been profoundly harmed by the experience. Many residents reported they could not sleep because of the noise generated by more than 20 people in the same room. 43% (13/30) reported they had lost appetite due to conditions in the site, that the food is not fresh or is undercooked, and they have lost weight.

70% (17/24) of residents disclosed that they have had experience of violence in their home or transit country, while nine of them expressed that they applied asylum because of an experience of violence.

33% (10/30) of residents interviewed reported they had had COVID-19 symptoms whilst accommodated at the barracks, 57% (17/30) received a Covid-19 test of which the 59% (10/17) resulted positive. Some residents reported that they had not had a Covid-19 test despite the outbreak in the site in late January 2021. 50% (15/30) of interviewed residents reported that there is no meaningful way to self-isolate or practice social distancing with rooms of up to 30 people living together and using only one toilet and shower.

Case studies

1. *J* fled his home country to escape forced conscription. On his way to the UK, he was imprisoned and badly beaten. He suffered injuries on the journey that he has yet to access healthcare for. The camp is practically nearly all he knows of the UK, where he came to seek refuge. He says it feels like a prison, and he has lost hope. He hates himself for coming to the UK. He says that he does not understand why he is being treated like a criminal. He is scared of getting COVID-19 as he is sharing a dormitory with people who had a positive test result.
2. Since being in the camp, *P* is experiencing flashbacks of previous trauma he endured in his home country. He recognises that his mental health is deteriorating, but he feels powerless to do anything about it. Although he was able to see a nurse at the camp, he was not asked about his mental health, so has been offered no support. DOTW's GP believes that *P* has PTSD and requires access to psychological therapy.
3. *T* feels like the residents of the camp are being housed like animals. He had a positive COVID-19 test but was unable to self-isolate and was not given any advice about what to do. He says no one came to check on his wellbeing in the days following his positive test result. He felt awful that he might be passing the virus on to other people in his dormitory. He had hoped to start a fresh life having had a difficult childhood and having been forced into unpaid manual labour on his journey to the UK, however he feels like he is losing belief in himself and feels constantly depressed.

Andrew's case

DOTW provided a remote consultation to Andrew (pseudonym) who is housed in one of the military barracks.

Andrew fled his home country after experiencing persecution, ill-treatment, and imprisonment. He has been harassed and beaten multiple times by the police. As he was fearful that he would die due to these conditions and lack of food, he arrived in the UK in 2020 to live a '*good life, a normal life*'.

When he arrived in the UK, Andrew claimed asylum and was housed in a hotel by the Home Office for three months. During this time, he had no access to healthcare. At this point Andrew had a swollen ankle and ongoing foot pain, caused by an accident that occurred before he arrived in the UK. He asked to see a doctor when he arrived in the UK, but this was not arranged. Andrew can walk but still feels pain in his foot at times. He also has chronic back pain that affects his everyday activities, which started after he was physically abused and detained before he came to the UK. A later medical assessment revealed a possible type of skin allergy that can cause a rash on his body and face and a history of depression.

After three months Andrew was moved to a disused military barracks. He began to experience severe stomach pain. He reported that the staff at the barracks who took no further action for 24 hours. After 24 hours, an ambulance was called, Andrew was taken to hospital and diagnosed with a medical condition which, if left untreated can rapidly lead to life-threatening complications. NHS guidance for patients with symptoms associated with this condition is to contact their GP or an out-of-hours service immediately. Andrew was advised to have surgery but declined because he was too worried about returning to the camp after the operation and being unable to care for himself due to the living conditions in the camp. He said, "*the life in the camp is very bad even if you are healthy, I was sure I would die if I had the operation and then had to return to the poor conditions of the camp; the people were not willing to help, the food was poor, the situation was bad*". He was given antibiotics instead. His situation was

reviewed a few days later and he was advised again to have the surgery, but he declined with the same reasons. Even though his pain has improved, he still has episodes of pain that can last a few hours.

Two months later Andrew took a Covid-19 test and received a positive result. At the time he was experiencing headaches and breathing problems. After the positive test result the accommodation or clinical staff did not ask him how his health was, and he was not given any opportunity or advice on how to self-isolate. He said that *"the staff treat us as if we are not human, I never expected this in the UK. While I was suffering no one listened to me"*.

Andrew's depression has worsened since his arrival at the barracks. He cannot sleep due to feelings of anxiety. A key source of his anxiety is that he has to sleep in a room with up to 30 people and share a single toilet and shower. He feels unsafe and the rooms are dirty and cold. He reported that he and fellow asylum seekers have been given expired food and drink including juice and milk, and when concerns have been raised, they have been ignored.

DOTW carried out a clinical consultation with Andrew. He has developed a hatred of himself and has lost hope. He says he has always been living in difficult situations but until now has always had hope. He describes it as like living in a prison. He has had thoughts that he would be better off dead; when lying on his bed he admitted to thoughts of hanging himself from the roof or if there was a way to get medication to take an overdose. While he does not express current intent to harm himself, DOTW's medical assessment revealed that he is high risk of suicide if his living situation does not improve.

DOTW's medical assessments found that Andrew had unmet medical needs and the healthcare he was receiving in the barracks was not adequate to meet these needs, and that the accommodation was negatively impacting on his physical and mental health. Andrew was in clear need of improved medical care, including interpretation services in medical appointments, but had low understanding of how to access health services and an interpreter. He has been registered with a GP but does not know what a GP is or how and when to see the GP.

Recommendations

The evidence from consultations and above case studies show that military barracks are unsuitable to house asylum seekers due to the lack of access to adequate and appropriate healthcare services, the public health risks resulting from a lack of compliance with the COVID-19 regulations, and the risk of re-traumatisation triggered by accommodation in former military barracks. DOTW coordinated a letter to the Home Secretary in November 2020 to express concerns around use of an accommodation of this nature during a global infectious disease pandemic and eventually the Covid-19 outbreak in January 2021 showed that the site is a public health risk to the whole population. DOTW recommends the Napier barracks to be closed as accommodation for migrants with immediate effect.

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