

RWA0021 Medical Justice

About Medical Justice

Medical Justice is the only charity in the UK to send independent clinicians into all the Immigration Removal Centres (IRCs) across the UK. The medical reports they produce document scars of torture, serious medical conditions, deterioration of health in detention, injuries sustained during violent removal attempts and challenge instances of medical mistreatment. We receive around 600-1,000 referrals for people in detention each year.

We help clients access competent lawyers to harness the strength of the medical evidence we generate. Evidence from our casework is the basis for our research into systemic failures in healthcare provision, the harm caused by these shortcomings, as well as the toxic effect of immigration detention itself on the health of people in detention. Our casework evidence guides our policy, parliamentary and strategic litigation work to secure lasting change.

Evidence

1. Introduction

- 1.1. Since mid-May 2022 Medical Justice has been in contact with 51 people who have received a Notice of Intent (NOI) from the Home Office informing them that they are being considered for removal to Rwanda under the Migration and Economic Development Partnership¹.
- 1.2. In our recent report "*Who's Paying the Price? The Human Cost of the Rwanda Scheme*", Medical Justice collated and analysed anonymous data from 36 of these 51 individuals². We draw from this data in our submission to the Committee here.

2. About the individuals

- 2.1. The nationalities of the 36 individuals included in Medical Justice's analysis are Albanian (1), Egyptian (2), Eritrean (3), Iranian (14), Iraqi (5), Sudanese (5), Syrian

¹ For a copy of the Notice of Intent, see Home Office (2022) [Inadmissibility: safe third country cases, Version 7.0](#) pp.30-31.

² Medical Justice (2022) '[Who's Paying the Price? The Human Cost of the Rwanda Scheme](#)'. The 36 individuals were selected for inclusion on the basis that Medical Justice caseworkers had provided support to them and we had sufficient information on them. It includes 17 people for whom Medical Justice doctors conducted medical assessments. The 36 individuals were referred to Medical Justice between the 16 May and the 21 July 2022. The documents reviewed for each person include their Notice of Intent, Removal Directions, Screening Interview, Rule 35 reports, IRC medical records, and assessments by Medical Justice clinicians. Numbers cited in the report and shared here should be taken as an underestimate, because we do not hold a full set of documents for every individual.

(4) and Vietnamese (2). All the individuals require interpreters. Some speak a little English, but many speak no English at all.

- 2.2. Two of the individuals reported that they are under the age of 18. One has since been found to be a child, after challenging the Home Office's decision that he was an adult. The other is currently challenging the Home Office's decision that he is an adult. The remaining 34 individuals are aged 18 - 50. Thirty-three of the individuals are male and three are female.
- 2.3. At least seven of the individuals have family members in the UK, including parents, siblings, children, aunts and uncles. At least one of the individual's family members in the UK includes people with refugee status and a person who has become a British citizen.
- 2.4. All of the 36 individuals have claimed asylum in the UK. They arrived here between 9 May and 21 June 2022. The majority (32) crossed the Channel by small boat from France, while two people arrived by lorry, and one person arrived undetected. The mode of transport for the remaining person is unknown because he is too mentally unwell to recount his history.
- 2.5. The 32 individuals who travelled by boat were detained under immigration powers immediately upon arrival and held at various sites, including Short-Term Holding Facilities³ and Immigration Removal Centres⁴. Those who travelled by lorry were detained after they presented themselves to or came to the attention of the authorities.
- 2.6. All 36 individuals received their Notice of Intent for removal to Rwanda whilst held in immigration detention.
- 2.7. Eleven of the individuals went on to receive Removal Directions⁵ for the planned removal flight on 14 June 2022. This includes at least three who were amongst the group taken by escorting staff to the MOD Boscombe Down airfield and placed onto the aircraft, prior to the flight's subsequent cancellation.
- 2.8. All 36 individuals have now been released from immigration detention on bail, including two people who were electronically tagged. Despite the cancellation of the planned flight, ongoing legal cases challenging the lawfulness of the scheme, and in some cases recognition by the Home Office itself that a person was highly vulnerable

³ Kent Intake Unit, RAF Manston, Yarl's Wood, Manchester STHFs.

⁴ Dertwentside, Brook House, Colnbrook IRCs.

⁵ Removal Directions is a document issued by the Home Office that specifies the date, destination, time, and flight number of the intended removal. For charter flights (such as the planned flight to Rwanda on 14 June 2022), the time and flight number may not be provided.

and at risk of suffering harm while detained, the majority of individuals were refused bail by the Home Office and therefore had to apply to the Tribunal for bail.

2.9. Decisions that people's asylum claims are inadmissible and to remove them to Rwanda have not been withdrawn.

2.10. Our analysis showed there are many highly vulnerable people in the group. Of the 36 individuals analysed, we found at least 26 who have indicators of past torture, and at least 17 who have indicators of trafficking⁶. Additionally, as noted at point 2.2 the group included one child and one age-disputed child.

2.11. Medical Justice doctors conducted medical assessments for 17 of the individuals. These found:

- a) One person who is likely to have a psychotic disorder and lack capacity to make decisions in relation to his immigration case or to instruct a solicitor.
- b) Fifteen people with a diagnosis or symptoms of post-traumatic stress disorder (PTSD) or complex PTSD.
- c) Fourteen people with a diagnosis of depression and two with symptoms of depression.
- d) One person who required urgent investigations to rule out recurrence of a previous brain tumour.
- e) Eleven people who were experiencing suicidal thoughts, including one person who attempted suicide twice.

2.12. Medical Justice doctors looked at how the prospect of removal to Rwanda was impacting individuals' mental health. They found that it was exacerbating detained individual's mental health conditions, and causing them to experience fear, confusion, uncertainty about their safety, and a loss of hope. For some people, it increased their risk of self-harm and suicide. The fear associated with removal to Rwanda was also found to have reduced some people's resilience to the psychological effects of trauma, contributed to their worsening mental health symptoms, and potentially to interfere with their ability to engage with treatment.

3. Comments on the assurances and safeguards included in the MoU

3.1. Medical Justice works exclusively in the UK and as such, we do not have evidence on the assurances and safeguards in the MoU relating to the treatment of relocated people in Rwanda. However, we provide a number of comments below which we hope are of equal use to the Committee.

⁶ These numbers do not add up to 36 because some people had indicators of both torture histories and trafficking.

Initial screening

- 3.2. Under Article 5.1 of the Memorandum of Understanding (MoU) between the UK and Rwanda, the UK has agreed it will be “responsible for the initial screening of asylum seekers, before relocation to Rwanda occurs”⁷. Through our casework Medical Justice has observed a number of points in relation to screening that we feel it is important to raise.
- 3.3. We note that the UK government has not published any specific guidance on who can be selected for removal to Rwanda⁸. The government has repeatedly stated that the decision to remove an individual to Rwanda “will be taken on a case-by-case basis” and that “nobody will be removed if it is unsafe or inappropriate for them”⁹. Yet, without a published statement of the criteria for selection, for whom exactly removal to Rwanda might be “unsafe” or “inappropriate” remains unclear.
- 3.4. Neither has the Home Office explained what the “initial screening” involves. Based on what Medical Justice has seen, it appears to consist only of an asylum screening interview and an assessment of any submissions a person makes in response to their NOI (see point 4.2).
- 3.5. Home Office policy states that a person’s asylum screening interview will be considered as part of the assessment of inadmissibility and decisions about the suitability for removal to Rwanda¹⁰. However, in our view the screening interview is for various reasons an inadequate tool to inform the decision on whether to remove a person to Rwanda.
- 3.6. The screening interview questions have not been amended in light of the Rwanda scheme: for example, no questions have been added that might elicit information about the likely impact of removal to Rwanda on the individual¹¹. For reference, a copy of the asylum screening interview questions is at Annex A.
- 3.7. Notably, the interview does not include a specific question on whether a person has experienced torture, while the questions on health (Qs 2.1 and 2.3) are brief, and the question on trafficking (Q 2.5) leads with examples of prostitution and sexual

⁷ Home Office (2022) [Memorandum of Understanding \(MoU\) between the UK and Rwanda](#).

⁸ The only known criteria is that people will be eligible for removal to Rwanda if they have arrived by a “dangerous” route after the 1 January 2022, have an asylum claim that the Home Office considers can be deemed inadmissible, and are not an unaccompanied asylum-seeking child. [Home Office written question, answered by Tom Pursglove](#) on 17 June 2022, HC Deb, 17 June 2022, cW.

⁹ Home Office (2022) [‘Factsheet: Migration and Economic Development Partnership’](#).

¹⁰ Home Office (2022) [Inadmissibility: safe third country cases, Version 7.0](#).

¹¹ A response to a freedom of information request made by Medical Justice to the Immigration Enforcement Secretariat dated 25 July 2022 (FOIA reference 71004) confirmed that “There are no additional questions asked in the screening that relate to Rwanda”.

exploitation, meaning many people do not realise that their own experiences are relevant.

- 3.8. In some cases, the asylum screening interview is very brief. Medical Justice's analysis found one which lasted just 8 minutes. Overall, the interviews in our analysis lasted between 8 and 50 minutes¹².
- 3.9. The timing of the asylum screening interview is also problematic. The majority of individuals in Medical Justice's analysis had their interview very soon (between 0 and 2 days) after arriving in the UK¹³. Such accelerated timescales will necessarily limit the amount of information that can be gathered; in relation to vulnerabilities the timescales can cause particular difficulty, since disclosure of traumatic or sensitive information requires trust and it is difficult for this to be developed in such a short space of time. Indeed, we note that several of the individuals included in Medical Justice's analysis subsequently disclosed histories of sexual violence to our caseworkers which they had not disclosed to the Home Office during their screening interviews.
- 3.10. Individuals have reported to Medical Justice that they did not understand the purpose of the asylum screening interview. This is concerning because the individuals may have approached the interview differently if its purpose had been explained to them. Following a Freedom of Information Act request by Medical Justice, the Home Office stated that "(a)sylum claimants are informed at the start of their screening interview what the potential next steps are following the screening interview, including potential inadmissibility and a removal to a safe third country"¹⁴. Based on this response, there does not seem to be any explicit mention of removal to Rwanda.
- 3.11. As noted above, all the individuals in Medical Justice's analysis have been held in immigration detention. Concerns have been raised for many years over the ineffectiveness of safeguarding mechanisms in immigration detention, and the resulting harm to people's health and wellbeing¹⁵.

Provision of information about special needs and health issues

¹² Medical Justice had access to 23 people's screening interview records. 17 of the records stated the length of the interview; these lasted between 8 and 50 minutes.

¹³ Medical Justice had access to 23 people's screening interview records. Of these, we know the arrival date and screening interview date of 22 people; all had their interview either on the day of arrival in the UK, or one to two days after first arriving in the UK.

¹⁴ Medical Justice submitted an FOI request to the Immigration Enforcement Secretariat asking whether people being considered for removal to Rwanda are told "how [their] screening interview will inform a decision about relocation to Rwanda" on 25 July 2022 (FOIA reference 71004).

¹⁵ See for example Medical Justice (2022) [Harmed Not Heard](#), which explains safeguarding law and policy in immigration detention (pp. 13-20) and examines the extent to which these are effective in practice (pp. 21-31).

- 3.12. In addition to “initial screening”, under the MoU the UK government has also agreed to provide Rwanda with key information about each individual being removed to the country. This includes information about “any special needs that they may have that will need to be accommodated in Rwanda” (Article 5.2.1) and “any health issues it is necessary for Rwanda to know before receiving an individual” (Article 5.2.2)¹⁶.
- 3.13. Given our concerns above in relation to screening for vulnerabilities, we question how effectively the UK will be able to meet its obligations under these articles.

Transportation of individuals to Rwanda

- 3.14. Under Article 6.2 of the MEDP, the United Kingdom assumes responsibility for the “safe transportation of Relocated Individuals to Rwanda by aircraft, including the provision of escorts as necessary”.
- 3.15. The first removal flight to Rwanda was scheduled for 14 June 2022. As noted at point 2.7, eleven of the 36 individuals included in Medical Justice’s analysis received Removal Directions for the flight. Of these, at least three were amongst the group taken by secure escorts to the airport and placed into the aircraft, prior to the flight’s subsequent cancellation.
- 3.16. We note that there were media reports of assaults and excessive force used against people during this process by escorting staff, employed by the Home Office’s contractor firm Mitie¹⁷. The reports come in addition to a number of other concerning developments at Mitie in recent months. These include evidence of racist behaviour amongst members of their escorting staff¹⁸ and a failure to properly investigate such incidents¹⁹.
- 3.17. We urge the Committee to investigate these issues further and to seek additional information from both the Home Office and Mitie.

4. Individuals’ access to legal advice in the UK

¹⁶ Home Office (2022) [Memorandum of Understanding \(MoU\) between the UK and Rwanda](#).

¹⁷ See Sky News (2022) [‘Rwanda deportations: Asylum seeker claims he was hit, kicked and pushed before deportation flight’](#); Independent (2022) [‘Like I was going to be executed’: On board the failed Rwanda deportation flight’](#). Mitie hold the contracts holds Home Office contracts to provide secure escorting services for removal and deportation flights, as well as to run Colnbrook, Harmondsworth, Dungavel and Derwentside IRCs.

¹⁸ The Mirror (2022) [‘Racist WhatsApp texts sent by immigration staff at firm paid by Home Office probed’](#); Guardian (2022) [‘CEO of Home Office contractor apologises for racist messages by staff’](#); Guardian (2022) [‘Tribunal ‘deeply concerned’ by racism among Home Office contractors’](#).

¹⁹ The Guardian (2022) [‘Home Office immigration contractor failed to investigate racist staff messages’](#). Mitie is also currently being investigated for suspected anti-competitive conduct in relation to the government contracts it has been awarded for running various IRCs. See Competitions and Markets Authority (2022) [‘Suspected anti-competitive conduct in connection with the procurements for contracts to supply services at Heathrow and Derwentside Immigration Removal Centres’](#).

- 4.1. There have been recent reports of people receiving Notices of Intent (NOIs) for removal to Rwanda whilst accommodated in hotels.²⁰ All the individuals Medical Justice has been in contact with, however, received their NOI whilst held in immigration detention and the information we provide below relates to them.
- 4.2. Access to legal advice and representation is important at all points during the asylum process. The urgency of obtaining such access is heightened for those with an NOI for removal to Rwanda, since, for those in detention, the NOI gives individuals seven days to respond with reasons as to why they should not be sent to Rwanda²¹. If someone is then given Removal Directions (e.g. for the flight on 14 June 2022), only a further five working days' notice needs to be given²².
- 4.3. The main way for people held in immigration detention to access legal advice is via the Detained Duty Advice Scheme (DDAS). Under the scheme, detainees can receive up to 30 minutes of free legal advice from government-contracted legal firms who visit IRCs on a rota basis. We note that serious concerns have been raised about the standard of advice and representation provided by some DDAS firms.²³
- 4.4. Of the 36 individuals in Medical Justice's analysis, at least 24 did not have legal representation when they received their NOI. Only two individuals are known to have had legal representation. For the remaining 10, it is not known whether they had legal representation at the time. The 24 who did not have legal representation upon receipt of their NOI obtained legal representation between two and 22 days after their NOI was issued.
- 4.5. We know of only three people who accessed legal advice through the DDAS. At least 13 were referred to solicitors outside the DDAS by NGOs. We do not have information about how the remaining individuals obtained legal representation. We are aware that many lawyers reached capacity to take on new clients with Rwanda NOIs, and we are concerned that there may be individuals who did not make contact with a lawyer.
- 4.6. The lack of adequate access to legal advice has resulted in individuals not fully understanding the meaning of their NOI, what they may need to do to respond to it, and the short time frame they have to challenge it.
- 4.7. A number of the individuals in Medical Justice's analysis were signposted to the welfare department at the IRC to sign up to the DDAS surgery on receipt of their

²⁰ The Independent (2022) ['More asylum seekers told they could be sent to Rwanda ahead of High Court challenge'](#).

²¹ Home Office (2022) [Inadmissibility: safe third country cases, Version 7.0](#) p.30.

²² Home Office (2022) [Service of removal directions, Version 1.0](#).

²³ The Independent (2021) ['Last-minute legal claims brought by deportees due to 'shambolic' advice system in detention, lawyers warn'](#).

NOI. However, individuals reported difficulty with securing legal representation through the DDAS surgery. On several occasions, individuals told Medical Justice that they did not receive a call from a solicitor when they were promised one, or that they briefly spoke to someone who they believed to be a solicitor, but who did not leave them with contact details and did not call them back.

- 4.8. The expedited time frame of seven days in which to object to a NOI also creates obstacles for the legal representative. Many people affected by the Rwanda scheme have complex histories and find it difficult to disclose details of trauma in a short period of time. It takes time, skill and sensitivity to build trust for an individual to recount their full story. Moreover, individuals require tailored legal advice on multiple fronts, beyond challenging their NOI, including urgent interim relief to prevent removal, on their asylum claim, lawfulness of detention and on admissibility.
- 4.9. Seven days is also a short time frame for expert evidence to be collected, which can include instructing Medical Justice to produce a Medico-Legal Report. Medical Justice has very limited capacity and often relies on volunteer clinicians. The process of conducting the medical assessments, which often involves more than one session, and then writing the report, takes a significant amount of time. This adds further difficulties to the expedited time frame.