Written evidence submitted by Doctors of the World, the Helen Bamber Foundation, Forrest Medico-Legal Services and Freedom from Torture (COR0245)

Asylum Accommodation: clinical harm caused by the use of barracks as housing for asylum seekers

1st February 2021

Introduction

1. This briefing constitutes a joint statement by Doctors of the World (DOTW), the Helen Bamber Foundation (HBF), Forrest Medico-Legal Services (FMLS) and Freedom from Torture (FfT) of our clinical concerns relating to the use of barracks as housing for asylum seekers in the UK.

2. Since the sites opened in September 2020, clinicians from DOTW, HBF and FMLS have been undertaking remote medical screening assessments of people housed in the Napier and Penally sites. These assessments have taken place at the request of legal representatives and those supporting residents or following self-referral from residents themselves. These assessments form the basis of the evidence and conclusions within this briefing, with case studies to illustrate specific points.

Background

3. In September 2020 the Home Office established full board accommodation for asylum seekers at two former Ministry of Defence sites at Penally training camp in Pembrokeshire, Wales and at Napier Barracks in Kent, England ('the barracks'). The barracks are said to have been acquired in order to expand the provision of 'contingency' accommodation to meet the increased need for asylum housing during COVID-19.

4. While recognising the need for an urgent response to the crisis in asylum accommodation, the decision to use this form of housing significantly diverges from the community dispersal model which has been a core feature of the provision and planning of asylum accommodation to date. People were moved into the barracks rapidly, with little warning given to local authorities or communities, and before appropriate healthcare systems, pathways and facilities were fully in place.

5. In our expert clinical view, the barracks have caused and continue to cause severe harm to residents. Given the deteriorating conditions in the Napier site (including mental health crises, the aftermath of the fire and arrests, locking COVID-19 positive residents in alongside other residents and without proper clinical care) there is a critical need to evacuate the barracks immediately, where in our view conditions breach Article 3 ECHR.

1. The barracks are harmful to health and well-being

1.1 People seeking asylum and who have fled persecution are an inherently more vulnerable population,[1] because of their experiences of war, conflict, torture, human trafficking, and other forms of abuse. As a result of their experiences they face significant healthcare challenges and have a high prevalence of trauma symptoms (which can meet diagnostic thresholds for post-traumatic stress disorder [PTSD] and/or for anxiety and depressive disorders).

1.2 DOTW's clinical consultations with residents of the Napier site demonstrate that the general wellbeing of those accommodated has been profoundly harmed by the experience. Many residents cannot sleep because of the noise generated by more than 20 people in the same room. Some reported they cannot eat due to poor appetite, that the food is not fresh or is undercooked, and they have lost weight.

1.3 During DOTW's assessments of people housed at the Napier site, the majority of people reported that they had felt down, depressed or hopeless nearly every day over the previous two weeks, and the majority reported they had little interest or pleasure in doing things nearly every day over the last two weeks.[2] Many people reported trauma from past experiences and DOTW doctors identified several residents with PTSD, as well as many others with poor mental health including depression, anxiety and suicidal ideation. 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.

1.4 Many reported that the accommodation reminded them of their past experiences of exploitation and abuse including experiences of illegal imprisonment, and other negative experiences including violence. One person stated that: "*we're being housed like goats*" and another stated: "*this is the same as when we were imprisoned in Libya, just without the physical violence*".

1.5 PTSD is often linked with symptoms of irritability, nightmares, intrusive thoughts, flashbacks, and hypervigilance which can be aggravated by the shared facilities used in the barracks. Prior to the introduction of the barracks sites, our patients in shared accommodation frequently reported that the presence of others in the room at night contributes to sleeplessness and risks escalating tensions and conflict. This has been echoed in our assessments of those at the barracks.

1.6 The isolation from communities, placement in a male-only facility with large dormitories, very limited, or no perceived, privacy and substantially reduced access to community spaces and services all amplify the residents' sense of being isolated, discriminated against, and/or punished. Poorer mental health is also associated with asylum seekers living in institutional

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[1] Porter and Haslam (2005), *JAMA* Aug 3;294(5):602-12. '*Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis';* and *MSS v Belgium and Greece* available at: https://www.asylumlawdatabase.eu/en/content/ecthr-rahimi-v-greece-application-no-868708-1

[2] This is a finding revealed as a result of our consistent application of Patient Health Questionnaire (PHQ-9) which is used to monitor severity of depression.

accommodation even without the connotations and privations of being in an isolated ex-military facility.[3]

2. The barracks are COVID-19 insecure and a risk to public health

2.1 Our evidence suggests that the barracks are not COVID-19-compliant and we believe this is unacceptable during a global pandemic and in light of public health guidelines to limit contact in order to reduce transmission.

2.2 People have been transferred into the sites from numerous different local authority areas, some of which have experienced very high incidences of COVID-19, and they are then kept together in close proximity with shared facilities (most notably lavatories and bathrooms) that make social distancing and good hygiene practices impossible.

2.3 It is our understanding from residents that self-isolation on arrival was not facilitated after they were moved to the camp from other areas of the UK. Indeed, there are no, or no adequate, facilities on site for residents to self-isolate should they develop symptoms of COVID-19 or test positive, as demonstrated in our experience in one case of suspected tuberculosis.

2.4 From a public health perspective this creates an unacceptable risk of infection for residents, non-residents in the community, staff, emergency services and clinical personnel.[4]

2.5 It has been established and documented that BAME people in the UK are at heightened risk of infection and death from COVID-19. Furthermore, at the time of writing viral variants are spreading in the UK and the 'r' number and UK death rate will, it would seem, remain high for some time notwithstanding efforts to counter this.

2.6 There has been a major outbreak of COVID-19 amongst residents at the Napier site. As at 25th January 2021, 120 of the 390 residents tested positive for COVID-19. Those with positive and negative results, symptomatic or not, continued to share the same spaces and the same facilities. The residents have now been put into quarantine, and people are not allowed to leave the site. Some of the residents have since been re-located off-site to other accommodation allowing them to self-isolate appropriately, but we continue to hear reports from those remaining on the site, of COVID -19 positive residents housed in dormitories with those who have received a negative test result. Those remaining on the Napier site are terrified of the risk of contracting COVID-19 due to the lack of self-isolation space, and the shared facilities.

2.7 The living conditions have worsened following the recent fire which impacted on facilities such as potable water, heating and electricity, with potentially serious health risks for residents including those with positive COVID-19 diagnoses. In these circumstances it is

[3] Ibid. at 3.

[4] For example the Hywel Dda University Health Board in Penally recorded high risks from COVID-19: https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/quality-safety-and-experience-assurance-committee-qseac/qseac/extraordinary-quality-safety-and-experience-assurance-committee-meeting-13-november-2020/item-2-3-health-response-to-the-use-of-the-mod-tra/

our view that the conditions have crossed the threshold of harm to inhuman and degrading treatment, particularly given the psychological distress caused by residents being contained together during a COVID-19 outbreak.

2.8 This situation was entirely foreseeable and should have been prevented. We wrote to the Home Secretary and the Secretary of State for Health and Social Care on 26th November 2020 warning of the risk of a COVID-19 outbreak at the barracks. Instead of evacuating before or at the first sign of the outbreak, residents were trapped on the site and exposed to an unacceptably high risk of infection. We understand that reported resultant levels of distress have been exceptionally severe.

2.9 This outbreak represents a public health risk to the whole population and the continued use of barracks is undermining the efforts and sacrifices made by the British public to stop the spread of COVID-19.

3. There is not adequate access to healthcare

3.1 We understand that NHS trusts who have clinical responsibility for residents at Penally and Napier were given only approximately two days' notice before the sites opened and the residents were moved in. It is both unsafe and unethical for healthcare pathways not to have been developed before people were moved into the sites.

3.2 DOTW's medical assessments with people housed in Napier barracks show that people do not have ongoing access to a GP, and that they only have access to a nurse or occasionally a doctor on site. One clinician cannot possibly adequately address the health needs of a population of approximately 390 people. In the assessments conducted by DOTW, all the people consulted had complex health and wellbeing needs. In the application of Patient Health Questionnaire (PHQ-9), no one reported that they have a 'good' or 'very good' general health, with most people reporting they have 'very bad' or 'bad' health. DOTW GPs recorded physical and mental health conditions (PTSD and anxiety, sleep disturbance and other mental health issues; headaches, migraine, dysuria, rash, back pain) which could be treated with a meaningful and easy access to GP and secondary care referral pathways. However, we understand that seven people who attempted to access Kent Mental Health Single Point of Access team have been declined.

3.3 Even though the sites have been open for several months, healthcare pathways remain inadequate. Residents at the Penally site generally have to go through a member of the contractor's staff (Clearsprings Ready Homes) in order to access an NHS medical appointment. The use of such untrained personnel as gatekeepers and, effectively, as *de facto* GP receptionist is a breach of the residents' right to confidentiality. We understand that residents have been required to share their medical information (some of which is necessarily intimate) with an untrained third party and, without interpreter support.

3.4 An HBF GP assessed a torture survivor suffering urinary incontinence who had to disclose private medical information to Clearsprings Ready Homes staff. The patient reported that he found this humiliating and his mental health trauma symptoms were objectively worsened thereby. The same HBF GP assessed another survivor of abuse who

had suffered a severe one-sided headache for several days and whom she identified as in need of urgent medical assessment, but camp staff had wrongly triaged his presentation as 'non-serious'.

4. By failing to protect the most vulnerable, all residents are at risk

4.1 The barracks are clearly inappropriate for particularly vulnerable people including survivors of torture and those who have been subjected to human trafficking or enslavement. People who have experienced such trauma are unlikely to regard an ex-military camp as a place of safety given that, as DOTW evidence shows, it is likely to be a reminder of their previous experiences. Such an environment is highly likely to trigger a trauma response, and potentially retraumatisation, and lead to the deterioration of mental health and well-being.

4.2 The Home Office recognises that some limited categories of people should not be accommodated in the barracks[5] and claims to be 'screening' to ensure that 'the most vulnerable' are not sent to Penally and Napier. However there is no specific vulnerability assessment questionnaire and the process appears to be no more than a desk-based review of the evidence that happens to already exist on file. Such a review is unlikely to provide sufficient information to identify vulnerability, particularly for those whose asylum claim has not been substantively considered (which is the case for all of those in the barracks) because details of history will be very limited prior to their substantive asylum interview. We are aware that some particularly vulnerable persons have been moved out of Penally having been recognised as such on FMLS or HBF clinical assessments, but others, who have also been so assessed still remain in Penally.

4.3 Our findings suggest that the Home Office 'screening processes', such as they are, are not working. Fundamentally and in our collective professional experience over decades of clinical work in this area, it will simply not be possible for the Home Office to identify hundreds of people seeking asylum who could safely live in conditions like the barracks when refugee populations are an inherently vulnerable group suffering a high prevalence of trauma.

4.4 As a result of the failure to screen effectively, our clinicians have identified many vulnerable people[6] who have inappropriately been placed in the barracks. In October 2020, an HBF GP independently assessed an asylum seeker placed in the Penally site who clearly stated in his asylum screening interview that he had injuries due to torture and who reported trauma symptoms. Having assessed the patient the GP found that the placement in the camp was harmful to his health and well-being.

4.5 As time as gone on and the conditions of the sites have taken their toll there have been increasing reports of suicidality and mental distress.[7] In the absence of a functioning

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[5] Page 3 '*Contingency asylum accommodation, Ministry of Defence sites Factsheet'*, October 2020.
[6] Even applying the Home Office's own restrictive definition of vulnerability, as in their internal policy '*Suitability assessment for contingency accommodation, v.6'*.
[7] See for example *'Asylum seeker 'tried to take own life' in ex-military base where hundreds are being held'* 19 November 2020, Bulman, *The Independent*.

screening process or adequate safeguards to identify and respond to vulnerability, and in recognition of the high rate of trauma amongst this population, it is our belief that the barracks are potentially harmful for the health and wellbeing of all those accommodated on the sites.

5. Use of the barracks breaches the Home Office public sector equality duty

5.1 The creation of the sites failed to take the legally required anticipatory approach to disability as a protected characteristic. Given the prevalence and seriousness of mental health issues amongst asylum seekers and victims of modern slavery, it is not good enough to take a purely reactive approach, i.e., responding only once medical evidence of vulnerability and harm has been provided. Conditions that are frequently seen among these populations often amount to a disability, such as physical injuries due to torture, post-traumatic stress disorder, depression and anxiety, and these conditions should be anticipated and information from specialist bodies obtained to inform appropriate decision making and onward treatment and care.

5.2 Shared facilities in asylum seeking accommodation can also create enhanced risks of harassment for LGBTQ+ asylum seekers which can have a damaging impact on their health and well-being and can result in homelessness and potentially in exploitation.[8] Within the dormitories in the barracks, with comparatively limited staffing presence, there are particular risks of social stigma, discrimination, harassment, and hate crime to people who are perceived as being LGBTQ+, who are perceived as expressing gender diversity, or who are LGBTQ+ and speak about this openly or are involved in same sex relationships. For LGBTQ+ people in particular, the shared accommodation in the barracks is inherently unsuitable.

5.3 We are not aware of any support or processes in place for LGBT+ residents, or others with protected characteristics who may be perceived as not 'fitting in' such as religious converts, to be identified and safeguarded, to access specialist support, and to share and communicate concerns as they would be able to do in mainstream community settings.

About the Authors

Doctors of the World

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. For this evidence submission DOTW conducted 15 medical assessments from Napier barracks.

[8] See for example 3.5.2 '*Over not out*', Refugee Support (2009). See also '*No safe refuge: experiences of LGBT asylum seekers in detention*', UKLGIG and Stonewall (2016).

Helen Bamber Foundation

The Helen Bamber Foundation is an expert clinical and human rights charity. Our multidisciplinary and clinical team works with survivors of human trafficking/modern slavery, torture, and other forms of extreme human cruelty. We provide a bespoke Model of Integrated Care for survivors which includes medico-legal documentation of physical and psychological injuries, specialist programmes of therapeutic care, a medical advisory service, a counter-trafficking programme, housing and welfare advice, legal protection advice and community integration activities and services.

Forrest Medico-Legal Services (FMLS)

FMLS is a Community Interest Company operating on a not-for profit basis. Its members and associate members are experts in the field of the assessment and documentation of clinical evidence of human rights abuses. This remit includes consideration of issues such as the lack of access to necessary care. FMLS experts have (as at the date of preparing this submission) examined 15 residents of Penally and two former residents shortly after their departure.

Freedom from Torture (FfT)

Freedom from Torture is a UK-based human rights organisation and one of the largest torture rehabilitation centres in the world. Each year we provide clinical services to more than 1,000 survivors of torture in the UK, the vast majority of whom are asylum seekers or refugees. We provide medico-legal documentation and have a Legal Advice and Welfare Service that provides support to torture survivors in treatment at a Freedom from Torture centre. The experiences of people who have survived torture drive and inform everything we do.

Annex 1: Clinical letter to the Home Secretary and Secretary of State for Health dated 26th November 2020
Annex 2: Response from Chris Philp MP to the clinical letter dated 23rd December 2020
Annex 3: Paper prepared by 'Camp Residents of Penally' for the APPG on Immigration Detention on 26th November 2020

An overview of Doctors of the World (DOTW) and the Helen Bamber Foundation (HBF) medical assessments of asylum seekers accommodated in the barracks

17th February 2020

6.1 This evidence is presented as an addendum to our submission to the Home Affairs Committee dated 1st February 2021 concerning clinical harm caused by the use of barracks as asylum accommodation. It contains further clinical data and case studies illustrating the points made in that submission. The data is drawn from 25 remote medical consultations conducted by Doctors of the

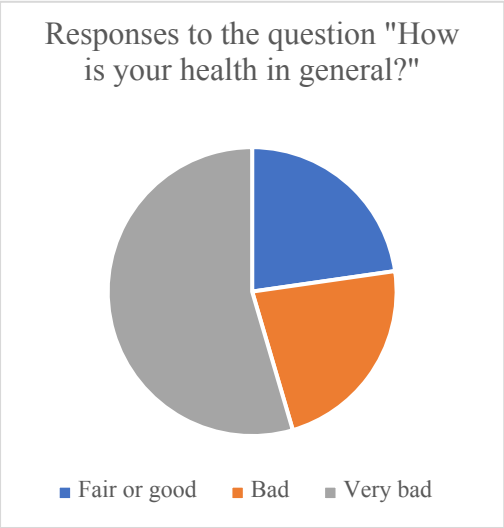
World (DOTW) with people housed in Napier barracks, and eight assessments conducted by Helen Bamber Foundation (HBF) clinicians, of which five were conducted by HBF's medico-legal report service.

6.2 This evidence is accompanied by a report by Professor Richard Coker, Emeritus Professor of Public Health at the London School of Hygiene and Tropical Medicine, in which he found that the barracks create an unacceptable risk of COVID-19 transmission. Key sections are extracted below:

- *"any barriers to diagnosis and treatment in the barracks would likely exacerbate the impact of COVID-19 clinically. Being BAME, socio-economically disadvantaged, and male are all factors that contribute to either/or greater exposure risks and worse clinical outcomes" (3.20);*
- "*congregate settings like detention centres and barracks provide almost the perfect settings for outbreaks of diseases spread through the respiratory route*" (6.6);
- *"attempting to isolate symptomatic patients, limiting the 'churn' of residents and staff, enhancing the ventilation in the barracks, and isolating residents with COVID-19 early (before symptoms), may alter marginally the rate at which outbreaks expand, but none of these will stop outbreaks occurring or even, in the end, reduce significantly the ultimate magnitude of outbreaks. The critical issue here is that this disease, which is highly transmissible, is affecting an immunologically naïve population in a closed setting."* (6.10);
- Quarantine in a barracks environment is fundamentally unrealistic: "*separating, or 'cohorting', exposed and infected individuals and non-infected individuals in a closed environment for periods long enough to hinder onward transmission is extraordinarily difficult*" (6.13);
- "*Outbreaks to date in barracks confirm that measures to prevent onward transmission are inadequate. With more rapidly transmissible variants outbreaks are only likely to become more frequent and more widespread until residents and staff are vaccinated. Restriction of the movement of residents to only within the barracks will likely compound the situation*" (7.14).[9]

DOTW's assessments

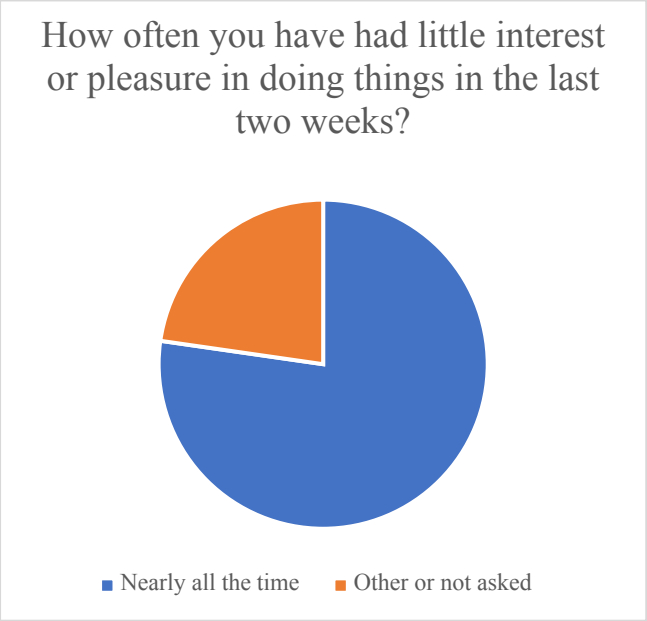
6.3 On average the residents interviewed had been in the UK for five months at the time of consultations. Many of these residents have been moved to the barracks soon after they arrived in the UK. Nine had spent four months in the barracks at the time of consultation. All residents needed an interpreter for the consultations.

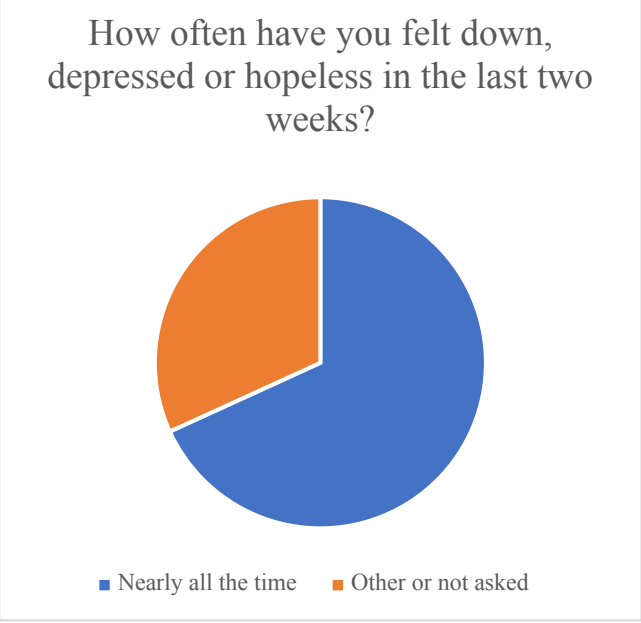


6.4 In the consultations, 77% (17/22) of residents reported that they have bad or very bad health in general. During the consultations 20% (5/25) of residents reported that they are not registered with a

GP. 52% (13/25) of residents interviewed 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.

6.5 Diagnoses included psychological and physical conditions. 68% of residents interviewed (17/25) had a psychological condition. Reports of depression were common. 36% (9/25) 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. 68% (17/25) 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. 60% (15/25) reported that they have felt down, depressed, or hopeless nearly all the time in the last two weeks at the time of their consultation. Diagnoses also included musculoskeletal, neurological, respiratory, urological, eye, skin, and digestive conditions.





6.6 56% (14/25) of residents disclosed that they have had experience of violence in their home or transit country, while six of them expressed that they applied asylum because of an experience of violence.

6.7 40% (10/25) of residents interviewed reported they had had COVID-19 symptoms whilst accommodated at the barracks, 60% (15/25) received a Covid-19 test of which the 60% (9/15) resulted positive. Some residents reported that they had not had a Covid-19 test despite the recent outbreak in the site. 60% (15/24) of interviewed residents reported that there is no meaningful way to self-isolate or practice social distancing with rooms of up 30 people living together and using only one toilet and shower.

HBF's assessments

"I feel broken psychologically, mentally and emotionally", quote from Penally resident, October 2020.

6.8 HBF's assessments were undertaken by GPs who are specialists in refugee health and HBF's Medical Director who is an eminent psychiatrist. Six of the residents who were assessed by HBF clinicians had been moved to Penally barracks and two to Napier (one of those was assessed soon after he had been transferred out of the barracks due to a legal challenge but still had symptoms of poor mental health).

6.9 All of the residents assessed by HBF clinicians displayed symptoms of worsening mental health following transfer into the barracks. Five out of eight residents assessed were experiencing a worsening in their Post-Traumatic Stress Disorder (PTSD) symptoms since placement in the barracks and every resident assessed presented with clinical symptoms of depression.

6.10 Residents assessed to be experiencing poor mental health included a domestic abuse survivor who was experiencing suicidal thoughts for the first time in his life since transfer to the barracks and a Syrian war survivor whose mental health had deteriorated into a clinical range for depression and anxiety, but who had no history of mental illness prior to being placed in the camps.

6.11 HBF clinicians undertaking these assessments frequently found that in their clinical opinion the resident's mental health was likely to continue to deteriorate whilst they were placed in the barracks. Alongside the damaging impact on mental health, HBF's clinicians also documented barriers to healthcare for physical health conditions. For example, one resident of Penally who was assessed had had a persistent right-sided headache for several days, which was assessed by an experienced HBF clinician as requiring medical attention, but he had been denied an appointment with a clinician and given painkillers by camp staff instead.

DOTW 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.

HBF case studies

4. *M* fled his home country after being subject to torture on more than one occasion. He was placed in Penally barracks. He was assessed by a specialist HBF GP as suffering from PTSD and Depression symptoms. He also suffered urinary incontinence and had been housed a long way from any toilet facilities. The humiliation of having to share medical information with non-medical camp personnel, of having no quick access to a toilet and no private space to wash/change interacted with his mental health to cause a severe deterioration in his welfare.

5. *I* was tortured by a para-military group in his home country before he fled to the UK and was placed in Penally barracks. He suffered ongoing pain from torture injuries and this was untreated. He presented with symptoms of worsening Depression and PTSD, which was connected to issues such as the lack of privacy and the military context of the barracks, which reminded him of when he was tortured.

6. *O* was tortured in his home country and then trafficked and abused on his journey to the UK, where he was placed in Penally camp. He presented with worsening symptoms of Anxiety, Depression and PTSD and the barracks environment prevented his recovery. He felt like he was back in one of the camps he had been in on his journey to the UK when he had experienced severe abuse.

Andrew's case

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

6.13 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'*.

6.14 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.

6.15 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.

6.16 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*".

6.17 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.

6.18 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.

6.19 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.

February 2021