Evidence to the Joint Committee on Human Rights:

Treatment of Asylum Seekers

October 2006
Liberty

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Introduction

1. Fundamental human rights, like the right to a fair trial and to freedom from inhuman and degrading treatment, are not earned by paying taxes; do not come from the possession of a particular passport. The rights and freedoms protected by the post-war human rights framework belong to every human being, by virtue of their humanity and regardless of race, religion or nationality. This is why the Universal Declaration of Human Rights proudly announces belief in the “inherent dignity” and “equal and inalienable rights of all members of the human family” [emphasis added].

Asylum seekers in the UK have the same human rights and fundamental freedoms as British citizens (subject only to such qualifications as are truly necessary and proportionate to the fair administration of the asylum system), and the UK has the same obligations to respect and to protect them.

Following the horrors of the Holocaust and the Second World War, the international community also recognised the right of people fleeing persecution to receive protection elsewhere in the world. Those claiming asylum in the UK are exercising rights recognised in international instruments and domestic law.

2. Despite this asylum seekers in the UK have been treated in inhumane, degrading and discriminatory ways as a result of laws passed by Parliament, Government policies and insensitive decision-making. We are delighted that the Joint Committee on Human Rights (the “JCHR” or the “Committee”) has decided to undertake an inquiry into the many human rights concerns raised by the treatment of asylum seekers. We provide a number of stories of the unacceptable treatment suffered by some of the asylum seekers that Education Action has worked with. We urge the JCHR to hear, first hand, some of these compelling stories and to call for and end to the inhumane laws and practices their stories reveal.

3. We also urge the Committee to consider why “asylum” has become a dirty word, why asylum seekers have been demonised and marginalized and why there is so much political capital in inhumane asylum policies and laws. To some extent this must be attributed to the misrepresentation of asylum seekers in some parts of the media as

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1 Preamble
2 Cf Article 1 and 14 of the European Convention
3 Cf Article 14 of the Universal Declaration of Human Rights and the Refugee Convention 1951
scroungers, a drain on state resources, a threat to British identity and even a danger to our health and national security. The stereotypes have inflamed public prejudice, inciting violence and damaging social cohesion and personal esteem. The Committee may wish to invite the media executives responsible for these damaging portrayals to give evidence to its inquiry. However, the media alone cannot be responsible for the damaging and widely held misconceptions about asylum seekers. Political actors must bear equal responsibility. The “politics of asylum” has operated not only to create and/or reinforce hostile public perceptions; it has also served to undermine the developing values and law of human rights in this country.

Political and Media Representation

4. “The media”, as an apparently homogenous group, is often blamed for the irresponsible reporting of asylum issues. There is also a tendency to focus blame on the “right wing media”. Of course, these blanket assertions are far from true. Some parts of the media, from across the political spectrum, have been instrumental in highlighting laws and practices which have seriously damaged the human rights of asylum seekers. The press has also provided an important mechanism for telling the compelling stories of individual asylum seekers, vital to the pressing need to re-humanise this group of people. The local media has, in particular, played an important role in this, providing support for groups campaigning against the destitution, detention and removal of local asylum seekers and families. We greatly welcome the Greater London Assembly’s Press Awards scheme which aims to recognise and reward the fair and balanced coverage of refugee and asylum seeker issues. As the Mayor commented when he launched this year’s awards:

“It is essential that the reality of the positive contribution of asylum seekers and refugees to London is reflected in our media. Too often unbalanced and even

http://www.enfieldindependent.co.uk/misc/print.php?artid=894180
racist reporting in our press can isolate communities and deny them their right to fair coverage and voice.”

5. Sadly there is no shortage of the kind of reporting to which the Mayor refers. Some sections of the media, again from across the political spectrum, have misrepresented asylum seekers as a homogenous group of scroungers, a drain on state resources, a threat to British identity and even a danger to our health and security. Examples of such coverage are numerous. The following examples are merely illustrative:

- Over the last few years there have been a number of stories which create the erroneous impression that asylum seekers are connected with the spread of AIDS in the UK. In 2003 the Daily Mail ran a story with the headline “HIV refugee crisis” arguing that the number of HIV-positive asylum seekers is overwhelming hospitals in the UK and that “a rise in infection in Britain suggested that recently arrived patients are having unsafe sex”. In 2004 there was a story in the paper misleadingly entitled “Asylum seekers raising HIV risks” (in fact the story was about how asylum seekers with HIV faced increased risks as a result of dispersals which interrupted their treatment). In September of this year it ran a story with the headline “Asylum seeker gave six women HIV”.

- In May of this year, Tony Parsons wrote a piece in the Daily Mirror entitled “Rights Mess Makes Britain a Soft Touch” in which he commented that because of the Human Rights Act “We are stuck with a Nigerian woman shrieking for a free operation for her dodgy ticker.” This story is illustrative of the hysterical approach often taken to asylum seekers and immigrants and to complex questions relating to the provision of vital care and support and the cost to the public purse. The story pointedly overlooked the terrible facts of the Nigerian lady to which it refers. Mrs Alabi suffered from serious heart disease which could only be cured by a heart transplant. She was put on a low-priority transplant list due to her immigration

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7 www.london.gov.uk/mayor/equalities/pressawards
8 16th March 2003, Tim Utton
9 6th August 2004
10 14th September 2006
11 15th May 2006
status, as a result of a policy designed to deter health tourism.\(^\text{12}\) She died three days after Mr Parson’s piece was published leaving behind two three month old children. She would not have been in a fit state to be “shrieking” for anything when the piece was written.

This de-humanisation of asylum seekers in some sections of the media is encapsulated in the comment in the *Daily Express* that “Refugees are flooding into the United Kingdom like ants.”\(^\text{13}\)

6. This type of media coverage has been very damaging to the public’s perception of asylum seekers. Nevertheless, we are committed to free speech and would vehemently oppose legal restrictions on press freedoms to prevent such coverage. Of course we will not always agree with the content or angle of a story in the press but that is inevitable. As the post-war human rights instruments demonstrate, in a democratic society a free press plays a vital role. A responsible media is central to informed public debate about difficult questions relating to immigration control, conflicting demands on limited state resources and public safety. This is not assisted by misleading, scare-mongering and sensationalist stories like those referred to above. Ethical restraint on press coverage in this context must, however, result from editing and self-regulation, perhaps by further development of agreed industry codes of practice policed by the Press Complaints Commission.\(^\text{14}\)

7. Another dominant theme in the reporting of asylum has been the suggestion that there is a connection between asylum and immigration, on the one hand; and serious crime and terrorism, on the other. Underlying this coverage is a worrying political tendency to treat counter-terrorism as though it were primarily a question of immigration control. Since 9/11 we have seen a growing tendency to treat counter-terrorism as a question of immigration control. For example, the Government’s immediate legislative response to the events in the United States was to create

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\(^{12}\) Mrs Alabi came to Britain legally on a short-term visa to visit her husband who was legally here. There is no evidence that she came here to take advantage of our NHS, in fact she had a return ticket to Nigeria. Sadly, while she was here she fell ill and could not return home. Despite her critical illness she was not given priority status for a heart transplant due to rules designed to prevent health tourism.

\(^{13}\) 7th November 2001

\(^{14}\) There are a number of guidelines that promote the accurate and unbiased reporting of asylum and refugee issues in the media. These include topic-specific guidance notes, as well as more general codes
discriminatory powers to detain foreign nationals who were considered a threat to national security. The House of Lords in the *Belmarsh Case* declared these powers to be discriminatory and incompatible with fundamental rights. Unfortunately, despite this unequivocal judgment, the Government does not seem to have learnt that unnecessary and excessive powers, targeted solely at unpopular minorities, are unacceptable in a modern liberal democracy. Immigration and asylum played a similarly part of the response to the events in this country on 7th July. Promises were made to “secure our borders”, to “extend powers to strip people of citizenship” and to “refuse asylum to anyone who has … anything to do with [terrorism] anywhere in the world”.15 Many of these proposals were realized in the Immigration, Asylum and Nationality Act 2006.

8. From a political perspective the benefits of treating counter-terrorism as a question of immigration control are obvious – such measures appear “tough” on terrorism without being “tough” on the majority of the voting population. Eliding counter-terrorism and immigration does, however, have its downsides. It suggests that there is a connection between someone’s nationality and the question of whether they pose a threat to national security. Although of course untrue, this suggestion has fed into community unrest, as well as racial and religious discrimination and even violence. Immigration measures also fail to tackle the threat of terrorism posed by British citizens. As July 7th so tragically demonstrated, terrorists are not exclusively foreign nationals. Finally, many of these measures seek to deport individuals who are considered to be a threat. Rather than exporting risk, it is better for world and national security if, wherever possible, truly dangerous suspects are prosecuted.

**Policies of Forced Destitution**

9. Asylum seekers are often, through no fault of their own, in acute need of accommodation and financial support:

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15 The Prime Minister’s 12 Point Anti-Terror Package (5th August 2005)
• They are prohibited from being employed unless, exceptionally, they have written permission to work from the Home Office.\textsuperscript{16} It is therefore almost impossible for them to earn the money to support themselves.

• They are likely to be without family, friends or contacts in the UK.\textsuperscript{17}

• Only rarely will they be able to speak English as a first language.\textsuperscript{18}

• Often they will be subject to the stress of fleeing, and the inexperience of life in the United Kingdom.\textsuperscript{19}

In this context, it is hardly surprising that the failure to provide accommodation and support to asylum seekers will lead to serious human rights concerns.

10. Without state assistance an asylum seeker will often be unable to provide for him/herself and to meet his/her basic needs. Given the shortage of voluntary assistance, s/he will often be forced into destitution, a degrading and dangerous life sleeping on the streets and begging for food. Such treatment may well amount to inhuman or degrading treatment, prohibited by Article 3 of the European Convention on Human Rights and the Human Rights Act 1998. This was the situation created by the Government’s application of Section 55 of the Nationality, Immigration and Asylum Act 2002. Under s55 those who did not apply for asylum at the earliest opportunity were not provided with the limited support normally made available to destitute asylum seekers. The House of Lords has acknowledged that in many cases this would constitute treatment prohibited by Article 3.\textsuperscript{20} The JCHR rightly expressed concerns about s55 as the Bill was passing through Parliament.\textsuperscript{21} In light of \textit{Limbuela}, we urge the Committee to undertake post-legislative scrutiny of s55 and to recommend that it be repealed.

11. Another statutory provision restricting the availability of support to the destitute which has given rise to serious human rights concerns is Section 9 of the Asylum and

\textsuperscript{16} Section 8(1) Asylum and Immigration Act 1996 and Immigration (Restrictions on Employment) Order 1996 (SI 1996/3225)
\textsuperscript{17} As the Court of Appeal noted in \textit{R v. Secretary of State for Social Security, ex p. JCWI} [1997] 1 WLR 275
\textsuperscript{18} Ibid
\textsuperscript{19} As the Court of Appeal recognised in \textit{R v. Westminster CC, ex p. M and Others} (1997) 1 CCLR 85, the asylum claimant
\textsuperscript{20} \textit{R (Limbuela) v. Secretary of State for the Home Department}, [2005] 3 W.L.R. 1014
Immigration (Treatment of Claimants etc) Act 2004. It allows support to be withdrawn from a failed asylum seeker, even where s/he has a dependant child, if the Home Secretary considers that s/he has failed to take reasonable steps to leave the United Kingdom voluntarily. This could lead to an asylum seeker’s children being taken into care. Failed asylum seekers have been threatened with this if they do not “voluntarily” leave the UK. This constitutes a severe interference with the right to respect for family life guaranteed by the European Convention and the Human Rights Act (Article 8). It also violates rights protected by the UN Convention on the Rights of the Child, which the UK has ratified, i.e.:

“State parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities … determine … that such be necessary for the best interests of the child.”

Like s55 we urge the Committee to recommend that this provision be repealed.

12. The above provisions and the restrictive application of Section 4 of the Immigration and Asylum Act 1999 are designed to use destitution or the threat thereof as a means of immigration control. Not only do such policies have serious consequences for the human rights of those concerned, they are also founded on a doubtful premise. Research carried out by Barnado’s and the Refugee Children’s Consortium has shown that, as a result of the implementation of s9, no families left the UK but 35 went into hiding. This is neither a legitimate nor an effective tool of immigration control. It is likely to create a sub-class of illegal workers, children excluded from health and education services and ultimately a group hidden from the immigration service itself.

13. Ms A’s case, described below, demonstrates that it is not only how asylum seekers are treated in law which gives rise to human rights concerns but also mistakes and carelessness by those responsible for arranging support and assistance. Ms A’s

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22 A local authority has a continuing responsibility for providing accommodation for the child under section 20 of the Children Act 1989 if the adult claimant is unable to provide it.
24 Article 9
25 The End of the Road: Families and s9 of the Asylum & Immigration (Treatment of Claimants) Act 2004, Barnardo’s and the Refugee Children’s Consortium
treatment by the National Asylum Support Service (“NASS”) shows a complete lack of respect for her basic needs, and left her in a situation in which she was unable to maintain her dignity and self-respect. Given the level of suffering caused, Article 3 may have been violated by her treatment. Her case would clearly engage “the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing”. We urge the Committee to consider what safeguards could be put in place to make this kind of treatment less likely. In particular, we would suggest that the Committee consider the ability of those in receipt of NASS support, to challenge the adequacy of their accommodation.

Ms A - inadequate accommodation

Ms A is a 36-year-old asylum seeker from Pakistan. She has disabilities which stop her from standing up or walking for long periods of time. As she cannot climb stairs, Ms A’s accommodation must be on the ground floor flat or have a working lift. She also requires a toilet with handles and either a bath that is not too high for her to climb into and out of or a shower with a chair.

In April 2005 Ms A was dispersed from London to Middlesbrough. She was concerned that her new accommodation in Middlesbrough would not be suitable. She visited NASS three times before being dispersed to check whether the accommodation would be suitable. On each occasion she waited from 11am till closing (5pm). On the final day she was reassured that she would be provided with adequate accommodation.

She arrived in Middlesbrough at 4am and waited for the asylum support office there to open. When she was finally taken to the new flat she discovered that it was on the 2nd floor, that the lift didn’t work and that no provision had been made for her disability. The landlord said that she hadn’t been informed of her disability needs by NASS and Ms A was told to wait a few hours while they sorted it out. In fact, ten days passed without any assistance. Ms A was unable to bath for that whole period, causing distress and humiliation.

When Ms A tried to resolve this problem she was told that NASS was not concerned about the unsuitable accommodation as they were intending to withdraw her support because her asylum claim had been rejected. Ms A had, in fact, made an appeal and faxed the documents to prove this to NASS. They did not respond and sent an eviction notice. Ms A was traumatised by the idea of being evicted in a city where she knew nobody and would have to live on the streets.

Ms A finally left the flat and went to the library to find out how to get the coach back to London, as nothing was being done about her situation and she was about to be evicted. She couldn’t carry her luggage so left it behind, carrying only her legal documents, medication and two changes of clothes.

26 Article 11 of the International Covenant on Economic Social and Cultural Rights, which the UK has ratified
When she returned to London, she went to NASS where they denied any knowledge of her disability (even though she had NASS documents to prove she had informed them of it) and said they had no record of her appeal (even though she had re-faxed it to them). It took her a further two and half months to argue her case and ask for them to bring her luggage back from Middlesbrough (they told her she should get it herself).

Ms A suffers from severe depression and anxiety due to circumstances in her country which made her seek protection in the UK. She was very frightened and traumatised by this experience. She couldn’t sleep properly for three months afterwards; such was her anxiety that she would be evicted. She felt humiliated by not being able to wash herself. Sadly this was not the last time that she was moved to unsuitable accommodation. In December 2005 she was moved to a flat which had a toilet she could not use. She suffered an injury trying to use it and ended up in hospital as a result.

14. The case of Afshin Azizian demonstrates the importance of ongoing support for the many failed asylum seekers who have to stay in the UK when there is no safe route of return. It also shows how long asylum determinations and appeals can take, the impact that this uncertainty can have on the well-being of asylum seekers and the importance of information being provided to the individuals concerned.

Afshin Azizian

Afshin is a 37 years old male asylum seeker from Iran who has been in the UK for 11 years. His asylum claim was refused in 2002 but he is still awaiting a decision on what happens to him. In the meantime he was left destitute and homeless for 4 years, until he was taken in by the Columban Fathers (Monks) in Hampstead earlier this year.

During this time he suffered severe psychological and physical damage. Whilst homeless he feared for his life. He also became severely malnourished. He has various physical problems as a result, including with his stomach and eyesight. Afshin was already suffering psychological trauma from his experiences in Iran. He suffers from severe depression and has attempted suicide on 3 different occasions. He has medical records to support this.

Afshin is completely bewildered by the length of his case and has never received adequate information from the Home Office about why his case has not been granted. Afshin has campaigned tirelessly for his case to be resolved once and for all, so he can live a normal life, have the right to work, and not rely on charity. He feels that his treatment is ‘worse than an insect’. He came to the UK to seek protection from human rights violations in his country, and yet feels further violations to his rights and devastating impact on his self-worth by the Home Office.

See also: http://www.ncadc.org.uk/archives/filed%20newszines/oldnewszines/newszine49/afshin.html
Healthcare

15. Asylum seekers, failed asylum seekers and refugees will often have complex and pressing healthcare needs: 28

- Some will have been beaten, tortured, detained for lengthy periods of time or raped in their country of origin. Their persecution is likely to have caused acute mental and physical suffering, requiring treatment.
- As the cases of Ms A and Patrick demonstrate, the poor treatment of many asylum seekers could itself create or increase their healthcare needs.
- Practical difficulties in accessing healthcare services in the UK may be caused by a lack of information, a lack of money to pay for travel to a hospital or surgery and language difficulties.

16. The failure to provide vital medical care gives rise to a range of human rights concerns. The Universal Declaration of Human Rights provides that “Everyone has the right to a standard of living adequate to the health and well-being of himself and of his family, including … medical care”. 29 Some healthcare rights are also recognised by the European Convention on Human Rights. 30 A failure to meet the acute healthcare needs of asylum seekers could violate the right to life, to freedom from inhuman and degrading treatment, to respect for family life and the right against discrimination. In Cyprus v. Turkey, for example, the Strasbourg Court stated:

“an issue may arise under Article 2 of the Convention where it is shown that the authorities of a Contracting State have put an individual’s life at risk through the denial of health care which they have undertaken to make available to the population generally … Article 2(1) of the Convention enjoins the State not only to refrain from the unlawful taking of life but also to take appropriate steps to safeguard the lives of those within its jurisdiction.” 31

28 For further information, see www.arrivalpractice.com
29 Article 25(1). See also Article 12(1) of the International Covenant on Economic, Social and Cultural Rights, the UK is bound to “recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.
17. We have concerns about the human rights and practical implications of refusing primary and secondary healthcare to failed asylum seekers. This has led to asylum seekers and refugees, legally entitled to free healthcare, being turned away from surgeries, refused healthcare or charged for it. This has occurred because medical staff may not have sufficient understanding of the (now relatively complex) rules governing entitlement, people have been mistaken for failed asylum seekers or because they have not been given the right documents. It is unrealistic to expect frontline NHS staff (i.e. GP receptionists) accurately to assess people’s immigration status and eligibility for NHS treatment. Failure to provide non-emergency treatment to failed asylum seekers is also likely to lead to more serious illness later on. As emergency treatment, rightly, continues to be provided free of charge to failed asylum seekers, we have serious doubts about whether it makes any financial sense to refuse non-emergency care. We are aware of pregnant failed asylum seekers who have been refused antenatal care, creating serious health risks for both mother and child and the risks associated with an unassisted home birth. It must also be remembered that many failed asylum seekers remain in the UK because it has not been possible for them to return to their country of origin, including due to the lack of a safe route of return. Denying such people free healthcare is unacceptable - they have no choice but to remain in the UK and could not for example return to their country of origin to seek treatment there. For those former asylum seekers in receipt of support under s4 IAA 1999 (which is only provided to those who are making efforts to return to their country of origin or those for whom return is acknowledged to be impossible) it is difficult to ascertain any rational basis for the refusal of treatment. Charging asylum seekers for medical treatment seems likely to be fruitless in all but the most exceptional cases, and we question the financial sense of attempting to administer such a scheme.

Children

18. The Convention on the Rights of the Child recognises the rights of children who are seeking asylum to appropriate protection and humanitarian assistance. We agree with the conclusion of the JCHR and the Committee on the Rights of the Child that the UK should withdraw its general reservation from the Convention regarding the entry,
stay in and departure from the UK, of those children that are subject to immigration control. This reservation withdraws the protection of the Convention from a particularly vulnerable group of children and calls into question the UK's commitment to a Convention central to international human rights protection.

19. As noted above, we have profound concerns about the potential impact of Section 9 of the Asylum and Immigration (Treatment of Claimants etc) Act 2004 on children and believe that the provision should be repealed. Other areas of concern that we urge the Committee to consider are as follows:

- The continued detention of children in immigration detention centres. The Refugee Council has estimated that over 2000 children were detained in 2004 and that over 30% of them are detained for over 7 days.33

- The age-assessment of unaccompanied asylum seeking minors and concerns that people are being wrongly-assessed as adults and thereby potentially detained with adults and denied the services available to children.34

- We believe that the Government is presently considering proposals to deny primary health care to failed asylum seekers/overstayers which could have devastating consequences on the health of children and the wider population generally through lack of public health provision.

**Detention and Removal**

20. We are delighted that the Committee has decided to look at the human rights implications of the detention and removal of asylum seekers. This is an important and pressing issue which has not received sufficient political attention, despite the dedicated work of a number of organisations working specialising in this field.35 We are particularly concerned about the amount of time people are spending in immigration detention, the failure to consider more proportionate alternatives to

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32 Article 22
33 [http://www.refugeecouncil.org.uk/gettinginvolved/campaign/our_campaigns/no_place_for_a_child.htm](http://www.refugeecouncil.org.uk/gettinginvolved/campaign/our_campaigns/no_place_for_a_child.htm)
34 Cf [http://adc.bmjournals.com/cgi/content/full/90/6/612](http://adc.bmjournals.com/cgi/content/full/90/6/612)
detention, the levels of self-harm of immigration detainees,\textsuperscript{36} the brutality experienced on journeys to and for airports, the lack of follow-up (particularly in respect lone young adults when returning to hostile home country environments) and difficulties experienced by detainees in communicating to outside world from within centres.

21. Patrick’s story demonstrates the trauma associated with the often lengthy periods of immigration detention of those who are seeking or have sought asylum. It also shows the importance of detained asylum seekers being able readily to obtain advice about their legal rights to reduce the risk of illegal detention, illegal returns and ill-treatment. We are concerned about the existing levels of access to legal advice for detained asylum seekers. We fear that current legal aid proposals could make things even worse. The Legal Services Commission is presently consulting on proposals to award ‘exclusive’ contracts from April 2007 to provide all legal services in detention centres.\textsuperscript{37} The LSC envisages contracting with fewer providers than at present in order to reduce its administration costs. While the specific provision of legal advice to detainees is essential, we are concerned that the LSC’s administrative convenience should not restrict a detainee’s choice of representative. Some detainees will already have representation. Contracting with very few providers may mean that some detainees are unable to secure advice due to interruptions in service provision and/or conflicts of interest. Those few firms seeking to provide routine outreach sessions at immigration detention centres may not be best placed to launch higher-level or non-routine challenges, and the contracting system must not preclude the possibility of appropriate referrals to ensure that detainees’ needs are properly met.

\begin{center}
\textbf{Patrick Ramazani - Prolonged Detention}
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Patrick is an asylum seeker from the Democratic Republic of the Congo (the “DRC”). He has spent 10 months in detention during which time he was twice threatened with illegal removal.

The most recent time was December 19\textsuperscript{th} 2005 when he was handcuffed and taken to Heathrow airport, despite his case pending at the High Court. It was only because he was able to use one of the immigration officer’s phones that he was able to contact his solicitor and take out an injunction to prevent his removal. On his return, he was held in a room for ‘difficult cases’ for 3 hours. In response to a letter about the incident to John McDonnel MP, Patrick was given a

\textsuperscript{36} Cf http://politics.guardian.co.uk/print/0,,329557847-110247,00.htm
\textsuperscript{37} ‘Legal Aid: A Sustainable Future’ consultation paper published by the Legal Services Commission, July 2006
written reply admitting a ‘mistake’. If he hadn’t been able to make the important call, this “mistake” could have had terrible consequences.

Being in detention was very traumatic for Patrick due to the experiences he had faced in his home country. On top of that, his detention was prolonged. Patrick went on hunger strike two times in protest against the length of his detention. He has also suffered depression due to the continued anxiety of being removed, despite having a legal right to stay until his case is exhausted. His suffering has been exacerbated by the ill-treatment and self-harming of those around him.

In addition to this, since being in detention he has lost contact with his wife and 2 children. They apparently left the DRC but he has no idea where they are. He has contacted the British Red Cross tracing service to find them but has had no luck. He believes that being moved around different detention centres “like luggage” has meant that his communication with his family was lost. He is very distressed by this and the ongoing uncertainty of his case and whether they will try to remove him again.

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