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Rt Hon Matt Hancock MP
Secretary of State for Health and Social
Care
Department of Health and Social Care
39 Victoria St
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26 November 2020

Dear Home Secretary and Secretary of State for Health and Social Care,

As organisations representing medical professionals and patients, we are writing to raise concern about the use of Ministry of Defence (MoD) sites to house people seeking asylum and survivors of modern slavery. We believe that these sites are unsuitable for this purpose 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. We call for an end to the use of MoD sites as accommodation for migrants.

In September 2020, the government commissioned previously disused MoD sites in Penally in Pembrokeshire and Napier in Kent as accommodation for people who are seeking asylum in the UK. Despite the sites being defined as contingency (temporary) accommodation, the Home Office announced that the sites will be used for 12 months. Currently 665 people are to be accommodated across the two sites.

We are concerned about inadequate provision of primary and specialist healthcare services for those accommodated at the MoD sites. Lack of capacity amongst local GPs means the residents of the sites are not seeing a GP and are instead dependent on outreach support from a nurse and from paramedics. 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, this arrangement leaves residents at risk of being cut out of the NHS and unable to exercise their right to access healthcare. Healthcare screening services are not in place and there are no specialist trauma-focussed therapeutic services within a distance that residents can reach.

Although these sites are not classified as detention centres, the sites bear many of the hallmarks of detention and operate like an open prison¹. The barracks are in isolated locations, residents are required to sign in and out and observe a recommended curfew of 10:00pm. Residents fear they will be designated as 'absconders' if they leave the sites, which could harm their immigration case.

Many people seeking asylum have experienced torture, exploitation and abuse, have lived through war and conflict and have witnessed atrocities. Some have experienced abuse and trauma during an unsafe journey to the UK. The high prevalence of disability and chronic

¹ <https://www.walesonline.co.uk/news/wales-news/unacceptable-conditions-inside-dilapidated-army-19261601>

health needs, including mental health needs, amongst this population is well documented. It is inappropriate to provide accommodation without links to the local community to this inherently more vulnerable population. People may also have experienced persecution from or conflict with particular groups who, in a large camp setting, they may be housed with, creating additional risks of conflict and trauma. From a clinical perspective, this type of accommodation is highly inappropriate for survivors of captivity, human trafficking, torture, who are very unlikely to regard a military camp as a safe place and for whom this environment is more likely to trigger a trauma response and further deterioration in mental health and welfare.

We are also concerned that the government is using accommodation of this nature during a global infectious disease pandemic and with a BAME cohort that has a recognised heightened risk of infection and death from COVID-19. Over 665 people are to be accommodated in the barracks, sleeping in dormitories of up to eight people and using shared bathrooms, eating places, waiting areas, prayer spaces and living spaces. People have been moved to the barracks from a wide range of different local authorities, including local authorities in London with high COVID-19 rates. It is reported by a local health board that many residents had not been in self-isolation for 14 days and the risk of a COVID-19 infection on site is high.² At a time when COVID-19 infection rates and mortality are rising and strict social distancing measures are in place, we are disappointed that public health is not being prioritised in asylum accommodation. This places residents, non-residents in the community, staff and emergency services/clinical personnel at an unacceptable level of avoidable risk.

Healthcare professionals have a duty to protect and promote health and wellbeing. As organisations representing healthcare professionals in the UK, we are committed to promoting equality and fundamental rights in healthcare and cannot ignore a policy that is detrimental to the health and wellbeing of those seeking sanctuary in our country. Given the lack of adequate health provision for those accommodated in the sites and the inappropriateness of former barracks as housing for people fleeing persecution and survivors of torture, as well as the current public health risks, we urge the government to immediately end the use of MoD sites as accommodation for migrants.

Yours sincerely,

Dr Adrian James, President, Royal College of Psychiatrists

Professor Maggie Rae, President, Faculty of Public Health

Ellen Waters, Director of Development, Doctors of the World UK

Dr Juliet Cohen, Head of Doctors, Freedom from Torture

Kerry Smith, Chief Executive, Helen Bamber Foundation

² <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/>