

BROOK HOUSE INQUIRY

FIRST WITNESS STATEMENT OF D643

1. My name is D643 I was born on DPA in DPA
DPA St Vincent and the Grenadines.
2. I am a Sensitive/Irrelevant
3. This statement was prepared with the help of my solicitor at Duncan Lewis who spoke to me by telephone call and in person to take instructions. This statement is also based on:
 - i) The documents as disclosed by the Inquiry;
 - ii) Documents collated in the course of judicial review proceedings challenging my unlawful detention, including disclosure provided by the Home Office; and
 - iii) Documents I have since provided to my solicitors including letters of complaint I made to Brook House.
4. I continue to suffer from mental ill-health and recalling some of the treatment I was subjected to at Brook House has been challenging. I have sought to recall the details of these events to the best of my knowledge.

Immigration Background

5. I served in the British Army from 2001 – 2012. During this time I completed three tours of combat in Kosovo, Bosnia and Iraq. I was discharged from the Army on 17 August 2012 as a result of Sensitive/Irrelevant and Sensitive/Irrelevant

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6. The traumatic incidents I witnessed during my time as a serviceman had, and continues to have, a significant impact on my mental health and resulted in me developing Post-traumatic Stress Disorder (PTSD). For example, in Iraq in 2005 I was part of an escort service at **DPA** Airport when a vehicle I was travelling in was overturned, I was injured and airlifted to hospital. On another occasion in **DPA** I was out on patrol when a Major was blown up in a 'Snatch' LandRover. I had to use a black plastic bag to take the body parts from the ground. I have watched friends be killed in open fire or lose limbs in explosions. These are just a few examples of the traumas I have experienced.
7. I began to experience symptoms of PTSD in 2007 when I returned from Iraq. I suffered from flashbacks, insomnia, anxiety and depression.
8. In 2011 I attempted to end my life by taking an overdose. I spent three weeks in a hospital in Germany.
9. I believe that the Ministry of Defence failed to offer me the treatment and support I needed whilst I was in the army and after I was discharged. I was awarded an interim compensation award of **Commercially sensitive** in November 2017 for the PTSD I suffer from as a result of my service.
10. I was granted leave to remain which expired on 14 September 2012. During this time I turned to alcohol as a coping mechanism for my PTSD. I lost my wife and children and was convicted of a criminal offence for which I was sentenced to **Sensitive/Irrelevant**. Prior to my imprisonment I had been receiving therapy from Combat Stress, an organisation which specialises in providing specialist treatment for individuals suffering from military-related PTSD.
11. I served my sentence at HMP Channing Wood during which time I was referred for treatment for PTSD in or around May 2015.
12. On 20 August 2015 I was served with a Deportation Order. With respect to my medical condition, the Notice of Decision stated that;

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“You state that you suffer from post traumatic stress disorder however; you have submitted no evidence to support this fact.”¹

This was despite my referral for treatment whilst in custody.

13. I instructed a private immigration solicitor to assist me to challenge the certification of the deportation decision by way of judicial review in November 2015 based on my Article 8 rights (this was part of the ‘deport first, appeal later’ process in place at the time). This challenge was not successful. Permission was refused in January 2016 and permission to appeal to the Court of Appeal was also refused. The certification of my human rights claim was withdrawn on 20 July 2017 following the Supreme Court judgment in *Kiarie and Byndloss*, and I was afforded an in-country right of appeal. My appeal was dismissed by the First-tier Tribunal on 6 October 2017. I made a number of further representations during my time in detention which are not set out in detail in this statement save where relevant.
14. I was detained at Brook House IRC for four periods between 2016 and 2018 as follows:
1. 15 June 2016 – 08 July 2016 (24 days)
 2. 10 August 2016 – 16 August 2016 (7 days)
 3. 16 October 2016 – 07 November 2016 (23 days)
 4. 21 December 2016 – 08 May 2018 (504 days)
15. During the first and second periods of detention, I was still serving my sentence and was transferred to Brook House in an attempt to remove me from the UK prior to the completion of that sentence. It was therefore only the third and fourth periods of detention at Brook House that I was detained under immigration powers.
16. This statement addresses each period of detention at Brook House in turn. I have included the wing on which I was detained where I can remember this. I have included my experiences of all periods of detention at Brook House, not just during the Relevant Period,

¹ Deportation Order served 20.08.2015, Annex D643/1, page 6

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because I believe it is important for the Inquiry to understand the full context of my experience and that cannot be viewed in isolation over a single five month period.

17. My release from Brook House on 8 May 2018 was as a result of judicial review proceedings issued on my behalf by Duncan Lewis, challenging my unlawful detention. This case was subsequently transferred to the County Court where the Home Office agreed to pay me Commercially sensitive in compensation for my loss of liberty, vexation, distress, anxiety, pain and suffering and personal injuries I sustained as a result of my detention.

First period of detention at Brook House IRC - 15 June 2016 – 08 July 2016

18. Whilst in prison at HMP Channings Wood I was suffering from symptoms of PTSD. My solicitor has shown me my medical records from prison and I can see that the entry by Dr Wallace on 26 May 2015 states:

“Surgery: Brink, Wallace (Dr) (Psychiatrist) @ HMP Channings Wood

I met with D643 for an assessment of his mental wellbeing and treatment needs. We were accompanied by Mr John Pattison, Veteran’s Lead for Devon Partnership NHS Trust.

Diagnosis: Post-traumatic stress disorder.”²

19. I received therapy from a psychiatrist at ‘PTSD Resolution’ on a weekly basis and I was taking medication to help alleviate my symptoms.³
20. My PTSD symptoms were triggered in prison by banging doors and loud noises. I have seen the letter of Tony Gauvain from PTSD Resolution (undated) which states:

D643 *was first referred to PTSD Resolution by HMP Channing Wood on 11th May 2015. He was seen ten times and although some improvement was made it was undermined by the toxicity of his environment and the threat of deportation.”⁴*

² Medical Records, entry dated 26 May 2015, Annex D643/2, page 17

³ Letter from Tony Gauvin, PTSD Resolution, Annex D643/3, page 122

⁴ Letter from Tony Gauvin, PTSD Resolution, Annex D643/3, page 122

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21. The first time I was detained at Brook House was, as stated above, prior to finishing my prison sentence. I was transferred from HMP Channings Wood to Brook House on 15 June 2016 because I had received removal directions for a flight to St Vincent and the Grenadines on 16 June 2016.

Induction Process

22. Every one of the four times I was transferred to Brook House I received a similar induction. I recall that the induction was on arrival, regardless of the time of day. Often, I would wait for up to 3 hours in the reception area. There was a coffee machine but no food was provided so I would get very hungry. For example, I can remember that the first time I arrived at Brook House was early evening, around 7pm and see from my medical records that my initial healthcare assessment on 15 June 2016 was at 10.07pm.

23. I remember that as part of the induction process I was provided with some papers, I think they were the centre's rules but I did not fully understand them, they were not read or explained to me nor was I asked if I could read them myself.

24. At no point on any of my four inductions do I recall being informed of my rights as a detainee or being introduced to a detainee welfare officer. There may have been welfare officers but I was not informed of who they were, their role or what support I could expect to receive from them.

25. Each time I was transferred to Brook House I had a brief assessment with the healthcare team. I would describe this as a 'tick box' exercise and, as set out at para 72 and 115 below, there were occasions when information was recorded without me having been asked the relevant question and/or where my answer was not accurately recorded.

26. From my recollection I was not given a tour of the building or an interview of any sort. I also do not recall there being a mechanism by which I could have followed up on any aspect

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of the induction had I wanted to. Overall, I cannot say that I was satisfied with the induction process.

27. On my arrival, I informed the nurse that when I heard banging noises it reminded me of bombs. According to my medical records I was taking [Sensitive/Irrelevant] per day.⁵

28. I can see that an entry on my medical records on 15 June 2016 by Hannah Christian (healthcare assistant) states:

“SystmOne Outgoing Record Sharing consent changed to: Not asked – Record shared.”

...

“History: new admission transferred from HMP Channings wood, states he has a bad [Sensitive/Irrelevant] ear from the amry [sic] states he hears bangs from bombs and often has to ask people to repeat themselves.”⁶

29. I can also see that two days later, on 17 June 2016, I self-reported to the mental health nurse, Mr Omoraka. The medical records state:

“Detainee attended nurse clinic, he reported having history of post traumatic disorder PTSD. He currently denied any suicidal or self harm thoughts or ideation. He was referred to mental health team for assessment and support.”⁷

30. I had a mental health assessment on 20 June 2016 with Mrs Anne Herbert (staff nurse). The medical records state as follows:

“Mood: Presents as flat and withdrawn... Reports losing interest in daily routine and lacking energy. Informed me of past suicide attempt in 2011 whereby he overdosed on painkillers...”

⁵ Medical Records, entry dated 15 June 2016, Annex D643/2, page 28

⁶ Medical Records, entry dated 15 June 2016, Annex D643/2, page 28

⁷ Medical Records, entry dated 17 June 2016, Annex D643/2, page 29

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Sleep: Disrupted sleep due to flashbacks. Reports only having 1-2 hours, before regularly awakening...

Appetite: Reports poor appetite, struggles to eat food but realises he has to...

Discussed Ground techniques, which he has said he will and adapt when experiencing flashbacks. We also discussed the Emotional Health group.”⁸

Physical environment on E wing

31. I remember that I was initially placed on E-wing. My recollection of E wing is that there were around 6 cells which were closed off as a Case and Separation Unit which held detainees who were mentally unwell. I believe that I was initially placed in E wing to ensure that I was compliant and could be produced for my flight. This is because as soon as my removal directions were cancelled, I was relocated into the general population.
32. There was a pool table and two computers on E wing. The atmosphere was very tense because all the detainees on E wing were either suffering from extreme mental ill-health or waiting to be put on a flight.
33. As I mention above, loud noises trigger my PTSD. The heavy prison doors at Brook House made sudden loud banging noises that could be heard throughout the corridors. The number of people going in and out of cells meant that there was a constant banging of doors and the noise echoed across the building. I remember that there was a detainee just around the corner from my cell who was very mentally unstable. He used to bang the door to his cell and shout at all hours of day and night. To me, the banging sounded like explosions and that triggered my PTSD. I told the officers on E wing at the time that the banging of doors triggering my PTSD but they did nothing to address this
34. There were also numerous fights in E wing which I found very troubling and reminded me of my experiences of combat in the army.

⁸ Medical Records, entry dated 20 June 2016, Annex D643/2, page 29

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35. I was due to be removed from the UK on 16 June 2016 but my removal directions were cancelled because the Home Office did not have a valid travel document for me. I remember that the officers at Brook House were very frustrated when my flight was cancelled even though it was out of my control. This was something I experienced every time I had removal directions which were cancelled, officers would become more aggressive towards me and make comments about how I was 'avoiding' going back to my country and 'trying to stay in our country.' I remember Graham Purnell, in particular, making these comments.

Clinical Care

36. My medical records of 27 June 2016 as recorded by Dallah Dowd (mental health nurse) state as follows:

"Entry by Jo Hobbs, Senior OT – Sussex Partnership Trust

Emotional Health Group

*[D643] attended the group for the first time today. He made positive contributions but expressed his concerns with regard to getting help for PTSD. Being in Brook House is increasing his symptoms. RMN advised him to request a solicitor, to come to the clinic tomorrow morning. Currently being seen by RMN. In the community he reports being seen by a professional in the community and had a referral to Combat Stress."*⁹

37. Being at Brook House was making my PTSD symptoms worse because:

- 1) I did not have access to therapy which I had been receiving regularly at prison;
- 2) The loud noises and banging at Brook House were louder and more regular than they had been in prison; and
- 3) The presence of foreign nationals, particularly from Iraq and Afghanistan, reminded me of my time in the army and triggered my PTSD.

⁹ Medical Records, entry dated 27 June 2016, Annex D643/2, page 29

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38. I tried to explain to the healthcare team at Brook House that my mental health was deteriorating and I needed help. I can see from my medical records that I attended Mr Omoraka (mental health nurse) on 28 June 2016, the records state:

“Detainee attended nursing clinic appears low in mood, but currently denied any self harm or suicidal thoughts. He reported that his mental health condition is deteriorating and he is experiencing insomnia. He was advised to continue attending MHT group and engaging with the mental health team.”¹⁰

39. I was not offered a Rule 35(1) assessment. At the time I did not know what a Rule 35 assessment was or that I could ask for one. The ‘MHT group’ or ‘Emotional Health Group’ was a group of detainees who met up on a weekly basis to express their emotions. Typically, it was a discussion about deportation and issues relating to detainees’ immigration status. My PTSD is very specific to my time in the army and I needed help to deal with the specific triggers and flashbacks. The Emotional Health Group was not helpful to me at all, if anything it was unhelpful for me to listen to other people’s immigration issues.

40. From my recollection, at this time I was repeatedly informing the healthcare team that I had been receiving PTSD therapy in prison and I needed to resume this as soon as possible as my symptoms were being regularly triggered and I needed help with coping strategies. I was seen by Dr Gascoyne on 29 June 2016, the medical records state:

*“History: referred by RMN, on **Sensitive/Irrelevant** for 3 months for PTSD, says he [sic] it is helping but his depression is getting worse and he is not sleeping.*

Attended the emotional group once and felt his needs were not met, gets anxiety attacks flashbacks, startle responses when the doors are shut or doors are kicked which triggers his PTSD, when outside he was getting psychological therapy once weekly when he was in HMP, Channings Wood, but would like to be referred to a psychiatrist...”¹¹

¹⁰ Medical Records, entry dated 28 June 2016, Annex D643/2, page 30

¹¹ Medical Records, entry dated 29 June 2016, Annex D643/2, page 30

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41. The impression I got from the healthcare team was that they were frustrated with me when I asked for help. I felt that they were 'going through the motions' such as signing me up to the Emotional Health Group but were not actually making any effort to offer me meaningful medical support. Whenever I went to see the healthcare team, rather than listen and ask about my medical needs, they would ask me about my removal directions. I remember time and time again both mental health nurses and doctors asking me questions such as 'When are you going home?' 'Don't you have a plane ticket yet?' 'When is your flight?' It made me feel as though they were waiting for me to leave rather than trying to help me.
42. When I was at HMP Channings Wood I was able go to the doctor and they would listen to me and give me the assistance that I needed. This was in contrast to the healthcare team at Brook House who I found intimidating because they treated me with hostility and suspicion.
43. The attitude the healthcare team had towards me is reflected in my medical note of 6 July 2016 in which Mrs Karen Churcher (mental health nurse), stated:
- 'He expressed he was unwilling to attend emotional groups as he feels there is nothing that will benefit from the group... appeared disinterested and dismissive of techniques taught... unwilling to take ownership for his mental wellbeing however reluctant [sic] to accept or use techniques taught to him by the team.'*¹²
44. I do not recall this specific interaction but in general I recall that the mental health team expressed frustration with me for being mentally unwell. I was, in fact, attempting to take ownership for my mental wellbeing by repeatedly asking for specialist support for my PTSD. I did not feel that the healthcare team were sympathetic to my suffering from PTSD and I was treated as an inconvenience. This sort of response also shows that they did not fully understand my PTSD symptoms and why such therapy would be ineffective and actively worsen my mental health.

Rule 35 Request

¹² Medical Records, entry dated 6 July 2016, Annex D643/2, page 31

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45. I learnt what a Rule 35 assessment was from a fellow detainee at Brook House who I went to Small/cult/religion with. I explained to him that I had PTSD and that my mental health was at breaking point. He told me that if I went to the doctor and asked for a Rule 35 assessment then I might be transferred to another detention centre which might have a quieter environment. I had heard of Tinsley House and believed that this was supposedly a nicer place to be.

46. I can see that from my medical records that I saw Dr Puvanendran on 7 July 2016, the entry states:

“came for rule 35 (unfit for detention). Says he has suffered combat stress was an infantry soldier in the british army... has seen people being blown up has to administer first aid to people whose legs were blown up.. has been in a vehicle which was turned upside down... he is apparently going back to prison

...says what he really wants is to access the combat stress services advised that he is not unfit for detention or prison and he can access these services once he is released.”¹³

47. At the time I did not fully understand what a Rule 35 assessment was. I remember that Dr Puvanendran spoke to me very harshly. She refused to conduct a Rule 35 assessment and interrupted me when I tried to explain my PTSD symptoms and that detention was having an extremely negative impact on my mental health. I remember that she informed me that Rule 35 assessments were only for detainees who were victims of torture or modern slavery.

48. My solicitors have shown me Chapter 55 of the Enforcement Instructions and Guidance which states:

“Rule 35 of the Detention Centre Rules 2001 sets out requirements for healthcare staff at removal centres in regards to any detained person:

¹³ Medical Records, entry dated 7 July 2016, Annex D643/2, page 31

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- whose health is likely to be injuriously affected by continued detention or any conditions of detention;
- suspected of having suicidal intentions; and
- for whom there are concerns that they may have been a victim of torture.

Healthcare staff are required to report such cases to the centre manager and these reports are then passed, via Home Office contact management teams in centres, to the office responsible for managing and/or reviewing the individual's detention. The purpose of Rule 35 is to ensure that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention. The information contained in the report needs to be considered in deciding whether continued detention is appropriate in each case."

49. I had expressly informed Dr Puvanendran that I was at the time suicidal, suffering from PTSD and believed my health was being injuriously affected by my continued treatment. As set out above, she was of the opinion that Rule 35 did not apply to my situation. She dismissed my request and did not take any further action.

Complaints

50. Following this incident, I spoke with a fellow detainee about how I had been treated. He informed me that there was a complaints box in the library and that I could fill out a form and place it in the box to lodge a complaint. Prior to this I had never been informed that there was complaints process at Brook House. This was not mentioned in any of my inductions nor did any officers make me aware of it.

51. I wrote a complaint about Dr Puvanendran's conduct the same day, 7 July 2016. I made a number of complaints in this way during the time I spent at Brook House. My understanding was that a G4S officer would read the complaint and act as a gatekeeper, deciding if the complaint would be passed onto the relevant person. Sometimes I would send complaints straight to my caseworker to avoid them being taken out of the box by an officer and not passed on.

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52. My impression was that officers treated detainee complaints with suspicion. They assumed that a complaining detainee always had an agenda linked to avoiding deportation. In general did not feel that complaints were taken seriously or acted upon by G4S staff.
53. I did not know what the PSU, IMB or PPO were until my solicitor recently explained this to me. The Chaplain was there to listen and he was nice to talk to but he did not act on complaints. A woman from Gatwick Detainees Welfare Group used to come and visit me and she was very nice. She felt that the officers treated detainees very badly but she was powerless to do anything to stop it.
54. I have seen Home Office disclosure provided to my solicitors as part of my unlawful detention Judicial Review. This includes a letter from the Complaints Manager of NHS England South (South East), Pat Duffy, dated 23 February 2017. This is 8 months after my original complaint. I was still detained at Brook House at this point but I am unable to recall receiving this letter. In the letter, Mrs Duffy apologised for the delay in responding to my complaint regarding the healthcare services and stated:

"I can advise that a response was received from Brook House in January this year, however this was returned to them for additional information. We had also requested copies of medical records which have not yet been provided.

*This matter has been escalated to the Health of the Health and Justice Commissioning Team. As soon as we receive the required Information from Brook House your complaint will be reviewed by one of our advisers following which we will respond to you."*¹⁴

55. On reviewing the letter, I believe that this was a response to my complaint in relation to the above incident with Dr Puvanendran. I do not think I received any further correspondence in relation to this from the NHS or from Brook House.

¹⁴ Letter from Mrs P Duffy, Complaints Manager NHS England South to **D643** dated 23 February 2017, Annex D643/2, page 114

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56. I was returned to HMP Channings on 8 July 2016 and I resumed my therapy with PTSD Resolution.

57. On 5 August 2016 I submitted handwritten representations to the Home Office which included the following statements:

“My mental health is deteriorating am suffering from depression anxiety and constant flash back [sic] wich [sic] make it impossible to sleep which has been caused by my forces experiences.

Every day is a constant fight for me to battle my mental illness PTSD. In 2011 my illness PTSD got to a critical state that I nearly commit suicide by having an overdose. I spent three weeks in hospital because of the overdose. If I don't get the support and help for my PTSD combat stress it can cause me to go back to that critical stage which can cause my early death.”¹⁵

58. The Home Office refused these further submissions on 16 August 2016 stating that adequate treatment for PTSD is available in St Vincent and the Grenadines. With respect to my continued detention, there was no mention of my being an adult at risk, the letter stated only:

“As it has been decided that you are to deported from the UK, you may be detained pursuant to paragraph 2 of schedule 3 to the Immigration Act 1917.”¹⁶

Second period of detention at Brook House IRC - 10 August 2016 – 16 August 2016

59. I returned to Brook House for another short period from 10 – 16 August 2016 as I had removal directions scheduled for 11 August 2016. As had occurred the first time I was detained at Brook House, I was placed in E wing prior to my removal directions and then relocated into the general population after my removal directions were cancelled. I do not

¹⁵ Further Representations dated 5 August 2016, Annex D643/4, page 126

¹⁶ Home Office letter dated 16 August 2016, Annex D643/5, page 135

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remember which wing I was relocated to. I was transferred back to HMP Channings Wood on 16 August 2016.

Criminal sentence expiry

60. My conditional release date from prison was 27 September 2016. My solicitor has shown me a Home Office GCID entry by Hannah Southworth, SEO Detention Gatekeeper. The date is redacted and the entry states as follows:

“Any case where the subject has been involved in military service (or a dependant of ex-military personnel) must have Director approval for detention. It does not appear Director-level sign-off has been agreed in this case...”¹⁷

61. There is a further entry in the Home Office GCID Records dated 18 September 2016 by Hannah Southworth which states:

“Chase up email send to CC colleagues. Email received stating detention has been authorised by Andrew Jackson due to the ex-armed forced aspect of the case.

With regards to the medical issues, the subject claims to have depression and PTSD however there is no evidence of this... There is no evidence that the subject’s detention would be injurious to his health. The subject’s detention has been authorised to effect his removal.”¹⁸

62. It is unclear on what basis the Detention Gatekeeper stated that there was no evidence of my PTSD. I was diagnosed with PTSD in prison and my symptoms were well documented in my medical records. It is not clear why the Detention Gatekeeper did not seek to obtain this information from my medical records.

63. On my release date, 27 September 2016, I was given a form to sign where I had to indicate whether I wished to be detained under immigration powers at a detention centre or remain in prison. I indicated that I would prefer to go to a detention centre because of the privileges

¹⁷ Home Office GCID Case Records (undated entry), Annex D643/6, page 139

¹⁸ Home Office GCID Case Records Entry dated 18 September 2016 Annex D643/6, page 139

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such as phone usage. However, I was transferred to HMP Exeter on the same day, 27 September 2016. I remember being very upset by this because HMP Channings Wood is a category C prison and HMP Exeter is a category B prison. I was therefore transferred to a higher security prison even after I had completed my prison sentence and was assessed as posing a low re-offending risk in my Oasys Assessment.

64. I can see from my medical records that I was on ACCT when my sentence ended at HMP Channings Wood, an entry in my medical record dated 27 September 2016 from HMP Channings Wood states:

*"...Currently on ACCT. Re-referred by Primary Care. Discussed how no further intervention is now available, as he has received everything that is on offer and he can continue to be supported through ACCT process."*¹⁹

65. The medical record for 28 September 2016, the day after my arrival at HMP Exeter, states:

D643 *has transferred in from Channings Wood yesterday, he states he suffers with PTSD from his time in the Army and has been engaging with services while at Channings. He has served his sentence and is being detained on deportation issues. He is on an ACCT.*²⁰

66. Duncan Lewis Solicitors made an application for Temporary Admission on my behalf on 29 September 2016. This stated:

"We submit our client should be released as our client is suffering from post-traumatic combat stress disorder as a result of serving with the British Army in Bosnia/Kosovo and Iraq for which he does not appear to have received sufficient medical treatment and we would need to refer him to a relevant medical expert in order that he may be

¹⁹ Medical Records, entry dated 27 September 2016, Annex D643/2, page 42-43

²⁰ Medical Records, entry dated 28 September 2016, Annex D643/2, page 43

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properly assessed. He is on medication but is of the opinion that he requires additional support.”²¹

67. I became suicidal during my time at HMP Exeter and began storing medication, with a plan to overdose and attempt to end my life. I was seen by psychiatrist Dr Ian Rodin on 10 October 2016. The notes of this assessment state:

“History: Has PTSD, with flashbacks, anxiety, panic and poor sleep, all exacerbated by noise and helped by distraction and exercise. Condition much worse since came to HMP Exeter from Immigration Detention Centre, as these exacerbating/ameliorating factors have all changed for the worse in C1. The uncertainty of his situation is also having an adverse effect. He was suicidal during a period of uncertainty in the past and two weeks ago began to think of killing himself by overdose or hanging.

...

*Plan: His mental health is being adversely affected by the noisy environment in which he is now placed and his reduced access to education/work and other distractions, exercise and interaction with others. I reminded him that there is a limit to what can be within the prison to improve the situation and advised he maintain contact with his solicitor, but did say I would ask if anything could be done to improve his situation.”*²²

68. My solicitor has explained to me that as an immigration detainee held in a prison, no Rule 34 or 35 reports were required to be carried out under the Detention Centre Rules 2001 and therefore no information was passed from the prison healthcare unit to the Home Office about detention having a negative impact on my mental health. I was informed by the prison officers that as a result of this assessment, I was to be transferred from HMP Exeter to the Verne IRC on 14 October 2016. I was there for only two days before being transferred back to Brook House.

²¹ Letter from Duncan Lewis to the Home Office dated 29 September 2016 requesting client’s Temporary Admission, Annex D643/8, page 201

²² Medical Records, entry 10 October 2016, Annex D643/2, page 46

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Third period of detention at Brook House IRC - 16 October 2016 – 07 November 2016

69. I was transferred to Brook House on 16 October 2016 ahead of Removal Directions scheduled for 18 October 2016. I went through the same induction process as outlined at para 22 above.

70. This time I was initially placed in the general population, I cannot remember which wing. From my medical records it seems that I was in D wing.

71. The record of my initial healthcare assessment on 16 October 2016 by Katie Bramwell, healthcare assistant, states:

“Examination: Ex UK Army, suffers from PTSD. Open ACDT. Been using talking therapy to try and help and on medication which the Verne did not send with him...advised to talk to healthcare when feels low and is struggling.

...

No thought of deliberate self harm.

No suicidal thoughts.”²³

72. I was surprised to read this because I remember that I was being regularly observed by officers at the Verne for suicide risk. From my recollection the officers at the Verne brought a red file with them to Brook House which I believe contained information relating to this suicidal intention. I do not remember being asked on arrival at Brook House if I had suicidal thoughts or whether I had tried to harm myself previously. Had I been asked this I believe that I would have disclosed that I was feeling suicidal at the time.

73. Despite being on medication in prison and at the Verne IRC, I was not provided with medication on arrival at Brook House.

Clinical Care/Racial Abuse

²³ Medical Records, entry 16 October 2016, Annex D643/2, page 49-50

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74. On the night of 18 October 2016, I remember suffering from cold sweats and experiencing chest pain. I started banging on my door, it was after lock-in so I could not leave my cell to visit healthcare. I do not remember exactly what happened until after I woke up on the floor of my cell having passed out in my own vomit.

75. My medical records from the night of 18 October 2016 as entered by staff nurse, Nombulelo Sihlali, state as follows:

“23:20 - called to wing detainee was hyperventilating. Complaining of chest pain. According to him he had this problem in Germany but cannot remember what was given to him. While he is in centre he never complained about this episode. Given 400mg Ibuprofen.

00:48 – called again to wing on arrival detainee lying on the floor. According to the officer when she had tried to open door he tried to block the door. Declined to talk to staff noted his eyes were blinking. Moved to E wing for constant supervision. According to officers he tried to block the lift using his leg but still not responding to staff.

01:41 – called again to wing now complaining he ate chicken and he thinks its food poisoning.

06:20 – escort came in but complained against of chest pain. Without medical escort was unable to take him, when escort left he was no longer holding his chest able to take his belongings to be seen. Claiming that I was not doing anything for him and was denying that he was seen by M/O yesterday complaining that he was not getting any medication explain to him his medication was discarded was not attending for his medication which he denied. Remained on constant till reviewed today.

11:36 – attended review with M Brown, DCM A Lyden DCM S Webb. States feeling better. Emphasised genuine pain – not faking in order to stop flight. Concerned that his medication has not been prescribed, advised that this will be seen to ASAP. Plan: Continue on open ACDT; 1 observations every 3 hours.”²⁴

²⁴ Medical Records, entry 18 October 2016, Annex D643/2, page 51-52

Witness Name: D643

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76. The above account is not an accurate reflection of what happened. My recollection of this incident is that once I had come round from passing out on the floor I heard Graham Purnell, a G4S officer, say to me, *'why don't you go home, you fucking nigger, why are you pretending that you are sick?'*
77. I was very unwell at the time and was falling in and out of consciousness. I recall that four officers (including Graham Purnell) lifted me up and strapped me into a chair using white plastic straps. Then all four of them lifted up the chair and escorted me from D wing to E wing.
78. When I saw the managers (I can see from the medical notes and with help from my solicitors that this was Michelle Brown, DCM Andrew Lyden and DCM Steve Webb) the following morning, they made it clear to me that they thought I had been faking my illness to avoid being put on the flight. I remember that they mocked me, laughing about how I was just 'pretending to be sick' to avoid my flight. I do not recall who it was, but I remember a comment being made that *'these people will do anything not to get on a flight'*. They made clear to me that, in their view, I had purposefully made myself sick to avoid being removed from the UK.
79. As is stated in the medical records above, I complained on two occasions that I was still not receiving my medication. I had not, as was suggested, failed to collect my medication. In fact, I remember clearly that I had repeatedly asked for it.
80. During this time on the E wing I isolated in my cell. There was fighting between detainees and constant banging. I remember begging the officers to move me somewhere quieter but they refused. I remember at that time trying to think of ways to end my life because my uncontrollable mental and physical reactions to the noises became unbearable. Each time I heard a door banging I thought it was an explosion in a war zone and I would throw myself to the floor and I would become breathless and panicked.
81. I was not allowed to go anywhere without an escort while I was on E wing, which had a negative impact on my mental health because I did not have the freedom to go to Sensitive/Intervent or to see the healthcare team without an escort. There was often only one escort on E wing

Witness Name: D643
Statement No: First
Exhibits: Annex D643

and so I would typically have to wait hours before I could leave the wing to go anywhere. I found this very isolating.

82. The pain in my chest persisted in the following days and on 20 October 2016 I was taken to the hospital. My medical records from this date state:

“Presented in MO’s clinic with chest pain, MO reported ECG done was abnormal and advise detainee should be given 300mg of Aspirin and taken to A&E Brighton.

Plan: Aspirin 300mg given and Dr Priya has arranged an ambulance.”²⁵

83. On 22 October 2016 an entry in my medical records by mental health nurse Dallah Dowd states:

“...Reported that he had not been sleeping for more than about 1 ½ hours at night, his concentration is getting poor and he has been experiencing flashbacks and anxiety. Asked about his prescribed medication which he said has been helping his [sic] with his condition, but has not been given since he arrived at Brook House. Said he was told that the medication is still to be delivered on several occasions. This issue was brought to the attention to the duty doctor.”²⁶

84. It seems from the medical records that I did not receive my medication until 25 October 2016, 9 days after I had arrived, when it was prescribed by Dr Oozeerally.²⁷ I remember that the impact of not taking my medication was that I felt even more depressed and I could not sleep.

85. Around this time I was informed by one of the Brook House Managers that I was going to be sent back to prison. I was offered no explanation for this planned relocation. My medical records of 24 October 2016 contain an entry by mental health nurse, Dallah Dowd, which states:

²⁵ Medical Records, entry 20 October 2016, Annex D643/2, page 52

²⁶ Medical Records, entry 22 October 2016, Annex D643/2, page 53-54

²⁷ Medical Records, entry 25 October 2016, Annex D643/2, page 54

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*"Was very flat and tearful when seen on E wing this evening. Said immigration is sending him back to prison although he has completed his sentence. Claimed he does not know why they are sending him back. Stated that "I will kill myself before I go". Custody officer on E wing was informed. He continued that they are aware and his ACDT observation has increased. Reassurance was given, advised to speak to a DCM who might be able to gather information about the reason for his returning to prison."*²⁸

86. I was informed by a DCM (I cannot recall the name of the individual) that because of my criminal conviction I was not safe to be around detainees. This made no sense to me because this was my third period of detention at Brook House and this had never been raised as an issue previously. I spoke with my parole officer who confirmed that when I left prison I was assessed as 'low risk'. He advised that I speak with the Home Office.

87. I questioned this in a detailed note to my Home Office caseworker on 8 November 2016, asking them to explain this decision which made no sense to me. I did not receive a response.

Use of Force

88. On 7 November 2016 I was forcibly removed from Brook House and transferred to HMP Exeter. The incident is set out in detail in my letter of complaint which I typed at the Verne on 8 November 2016, the day after the incident:

"...I was at [redacted] when one of the officer came to me and said that escorts are here to escorts me back to Exeter Prison. He said I know that you refuse the last time and if you don't want to go just go down and tell them you don't want to go it won't be a problem you will be back at [redacted] in 5 minutes, I went down to tell them that I am not going because I haven't had my question answered from my immigration case worker. I went down and there was four escorts there three of them knew from previous movement.

²⁸ Medical Records, entry 24 October 2016, Annex D643/2, page 54

Witness Name: [redacted] **D643**
Statement No: First
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One of them said to me we are here to take you back to prison. I said can I see a warrant are any paper works with any reason why you are taking back to prison and they said that they have none this time I starts to panic. I said to the escorts I have not done anything wrong, have not broken my licence condition, you don't have any paper works to say why I am going back to Prison, I finish my time, for these reason I am going to refuse. One of the escort said one way are another there taking me back to Prison. I said to them that I prefer to die than go back to Prison, because it is my rights to refuse. If you don't have a reason to take me back to Prison. I said to them that I will resist if they try to take me to Prison. I said to the escorts that I will use no violent against any one of them i will just resist. They grab me all four of them one of them put the hand cuffs on my left hand and start pressing down on it make it really painful, the bigger guy out of them pressing down on my neck make it hard to breath, I then shouted that I can't breath [sic], but he was not easing up. They manage to get a jacked on me and tie my hands in front of my body cross way in the strait jacket style while still pressing down on my head and pulling down on the hand cuffs by then I was in so much pain all I am thinking about is ways I can kill myself. I didn't want to live anymore." ²⁹

89. To clarify, when I wrote that the officers 'grabbed me', I recall that one of the officers put his arm under my neck and pulled my head back. One of the other officers then lifted my feet and put me face-down on the ground. While I was lying face-down, an officer pressed his knee into my neck which made it hard for me to breathe. The officers handcuffed my hands behind my back and bound my legs together with white plastic straps. I was then put into a strait jacket with my arms crossed in front of my body and taken to the van.

90. I remember being in a lot of physical pain, specifically in my back and my wrists. Psychologically, the only way I can describe what was happening in my mind at that time is that I had gone to another reality. I thought that I was in a war zone and I was being kidnapped by insurgents. It was an out of body experience. My body shut down and I was in a state of panic which meant that I could not hear anything or speak. I remember banging my head against the wall because I wanted to die.

²⁹ Letter of Complaint dated 8 November 2016, Annex D634/8, pages 205-206

Witness Name: D643

Statement No: First

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91. I cannot remember the names of the officers involved. I am not aware of any assessment officers made of the effects of such force on my PTSD.

92. An entry in my medical records made by staff nurse Lyn O'Doherty on 7 November 2016 states:

"Seen in external escort van – informed that unplanned for[ce] was required by the external escorts – states he hit his head again the wall while exiting the centre – No obstruction of airway breathing, not complaint [compliant] – refused observation, slight mark on forehead – swelling absent F213 completed." ³⁰

93. My solicitor has shown me the F213 form which states as follows:

"Called to departures after being informed that [D643] had attempted to hit his head against a wall in departures, seen in the external escort van, small mark on front of head, when asked if I could inspect he refused to co-operate, unable to assess further due to lack of compliance." ³¹

94. I remember that a nurse came to the van before we left and looked very briefly at my head but did not properly assess my injuries. I remember, as stated above, that I banged my head against the wall because I was trying to end my life or at least knock myself out. I did not, as was suggested, refuse the observation from healthcare. At the time I believed I was being kidnapped by insurgents and I was in a state of panic. As a result, I was not able to communicate at all, I was not being deliberately non-compliant.

95. As is set out in my letter, I was tied up in a restraint jacket and put in the van where I was in extreme discomfort for nearly 3 hours. When we arrived at Exeter Prison they refused to accommodate me. My letter states that I became aware that my Home Office caseworker had not made the necessary arrangements with HMP Exeter. Alternatively, I believe it is possible that HMP Exeter may have refused to accept me because they had already

³⁰ Medical Records, entry 7 November 2016, Annex D643/2, page 56

³¹ Form F213 Report of Injury to Detainee, dated 7 November 2016, D643/2, page 120

Witness Name: [D643]

Statement No: First

Exhibits: Annex D643

conducted a medical assessment in October 2016 which concluded that detaining me in prison was injurious to my health.

96. As stated in my letter, we stopped at a police station in Bristol and the G4S escorts untied my legs. They took me into the police station through the front entrance which I found extremely humiliating. They took me to the toilet even though I did not need it but I was unable to communicate this to them because I was still in a state of extreme mental distress. I remember that the escorts were laughing at me because I was so traumatised I could not speak. It was only once we were back in the van that they offered to release me from the restraint jacket.

97. The escorts were about to take me back to Brook House when they got confirmation to move me to the Verne. From my recollection, I heard the escorts call the Verne to ask if they would take me, because they said did not want to drive back to Brook House as it was a longer journey.

98. Following this use of force, I do not recall being asked to fill out a form where I could give my account of what happened. Instead, I wrote my letter of complaint in the library at the Verne. I did not receive a response to this letter.

99. I was detained at the Verne between 07 November 2016 and 21 December 2016. During this time I was visited by Dr Wright who was instructed by my then solicitors, Tremont Midwest, to prepare a Medico-Legal Report. Dr Wright prepared a report dated 5 December 2016 which concluded that I was suffering from learning difficulties, severe anxiety, depression and PTSD.³²

First Rule 35 Assessment

100. I went to see Dr Jane Fowler at the Verne on 9 December 2016³³ (I have confirmed this date with reference to my medical records) and I explained to her that the sirens at the Verne sounded almost identical to those that I heard in the military in Sensitive/irrelevant Iraq. As a

³² Medico-Legal Report by Dr Wright dated 5 December 2016, Annex D643/9, page 212

³³ Medical Records, entry 9 December 2016, Annex D643/2, page 64

Witness Name: D643

Statement No: First

Exhibits: Annex D643

result, every time the sirens sounded (which was three times a day at mealtimes) it triggered an uncontrollable reaction in me and I fell to the ground as though there was about to be an attack. I provided Dr Fowler with a copy of the medical report by Dr Wright.

101. I remember that Dr Jane Fowler listened to what I said to her and she read the report from Dr Wright. There was a stark contrast between the treatment I received from the healthcare team at the Verne and the healthcare team at Brook House. At the Verne, I was treated with respect and dignity whereas at Brook House I was not listened to and I was treated with suspicion and hostility.

102. The Rule 35(1) Report by Dr Jane Fowler dated 9 December 2016 states:

“I write in respect of the detainee named above in my capacity as an Immigration removal centre medical practitioner. I hereby report that this detainee’s health is likely to be injuriously affected by continued detention or the conditions of detention.

...

D643 *has been diagnosed with post-traumatic stress disorder – this relates to events from when he was serving with the British Army in **sensitive/relieved** in 2004-5 and 2007-8. The base had radar sensors for rockets and mortar fire which sounded alarms. At IRC Verne the alarm that sounds three times daily sounds the same as this previous alarm. This is triggering symptoms where as he has [sic] been attempting to avoid triggers.”³⁴*

I believe that this report accurately reflected what had happened to me and what I had said.

103. I have seen the Home Office GCID records dated 14 December 2016 which state:

“Updated report confirming fit to fly and fit to be detained. Confirmed PTSD and medication. Sirens in centre triggering flashbacks. Request made to be moved to another IRC due to effect of siren at The Verne.”³⁵

³⁴ Rule 35(1) Report, Annex D643/11, pages 258-259

³⁵ Home Office GCID Records entry dated 14 December 2016, Relativity Code: HOM032277

Witness Name: **D643**

Statement No: First

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104. This assessment appears to contradict the Rule 35 Report by Dr Jane Fowler and Rule 35(1) of the Detention Centre Rules 2001 which states that doctors only issue Rule 35 reports when they have concerns that a detained person's health is likely to be injuriously affected by continued detention.

105. My solicitor informs me that the guidance in Chapter 55b – Adults at risk in immigration detention states:

“On receipt of a rule 35 or rule 32 report the caseworker concerned must review the appropriateness of the individual's continued detention in light of the information in the report (see Detention - general guidance) and respond to the centre, within 2 working days of receipt, using CID Doc Gen form IS.335.

...

Once an individual has been identified as being at risk, by virtue of them exhibiting an indicator of risk, consideration should be given to the level of evidence available in support.”

106. I was not provided with a R35 Response until 20 December 2016, 6 days after the assessment was submitted to the Home Office. The Response stated:

“Given the concerns raised by the GP are accepted as professional evidence you are accepted as an adult at risk. However, the Adults at Risk policy does allow immigration detention to continue in certain circumstances.

...

In the report, the medical healthcare practitioner confirms the diagnosis of PTSD and provides an opinion of the effect that detention is having on your condition. However, the Home Office note it is the alarm system in the Verne which has triggered this and steps are being made for you to be moved to another IRC such as Colnbrook where there is no alarm and so your PTSD will not escalate.

...

Witness Name: D643

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On the basis of this evidence, your condition can be adequately managed within an IRC just not the Verne.

Generally you have been assessed as fit to fly and there are currently no barriers to your return...

When balancing indicators of vulnerability against the negative immigration factors and the imminence of your removal, it is considered that you being moved to another IRC and that you have shown a disregard for both immigration and criminal law lead me to consider the immigration on-compliance factors outweigh your vulnerability in your particular circumstances. There, a decision has been made to maintain your detention”³⁶

107. I have seen the Home Office GCID Records dated 21 December 2016 which state:

“Updated Part C from Kirsty Druce at the Verne. Confirmed as AAR. Experiences PTSD symptoms which are being worsened/triggered by the IRC centre’s siren which sounds 3 times a day – trigger flash backs and he cries.”³⁷

108. As set out above, the Rule 35(1) Response did not include an Adult at Risk level. I can see that my Detainee Detention History records include an email from the Detention and Escorting Services to the Detention and Population Management on 21 December 2016 which states:

“Just to provide an update regarding the subject referenced above. The Verne HC have confirmed the subject is an AAR due to him suffering from PTSD... The subject’s symptoms are said to be triggered by the current IRCs siren (which sound 3 times daily). This then impact him directly and in order to alleviate this concern the subject is due to be moved to IRC Brook House on 22/12/2016

³⁶ Home Office Rule 35(1) Response dated 20 December 2016, Annex D643/11, pages 266-267

³⁷ Home Office GCID Case Records entry dated 21 December 2016, Relativity Code: HOM032310

Witness Name: D643

Statement No: First

Exhibits: Annex D643

DGK/Caseworker, as HC have not stipulated what level the subject falls under in the AAR policy could I request this be confirmed in order for DEPMU to give prior notice to Brook House and ensure the best case to the subject.”³⁸

109. A response from the Detention Gatekeeper was sent on the same day, 21 December 2016, which states:

“This subject was accepted by the DGK on 18/09/2016... and was adjudged, at the time, as being AAR 1 due to the claimed nature of his medical condition (PTSD and depression). However, staff at The Verne IRC have now noted that his PTSD condition has become evidence due to the siren being sounded at the centre which causes him distress.

...

Sub is now being moved to Brook House where his condition may be better managed.

RDs are NOT in place as yet.

Are you content to maintain detention, please?”³⁹

110. A response received from the National Removals Command Gatekeeper the same date, 21 December 2016, states:

“As this is a poss detention incident it will be for CC to make an assessment of their suitability for continued detention.

There are high harm elements in the case and arrangements do appear to be in place to manage the incident in another IRC.”⁴⁰

111. I have seen Home office Detainee Detention History records⁴¹ which include the following:

Special Condition Type	Lodged Date	Closed Date	Notes
------------------------	-------------	-------------	-------

³⁸ Detainee Detention History Records, email dated 21 December 2016, Annex D643/12, page 282

³⁹ Detainee Detention History Records, email dated 21 December 2016, Annex D643/12, page 282

⁴⁰ Detainee Detention History Records, email dated 21 December 2016, Annex D643/12, page 282

⁴¹ Detainee Detention History Records, undated, Annex D643/13, page 270

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Adult at Risk – Level 1	21-Dec-2016	07-Feb-2017	SUFFERS FROM PTSD
Adult at Risk – Level 2	07-Feb-2017	23-Mar-2018	Rule 35/medical

112. It is not clear to me, having reviewed the Adult At Risk policy as set out above, why my Adult at Risk level was not updated from Level 1 to Level 3 once professional evidence had been submitted by a medical practitioner on 9 December 2016, stating that I was at risk, and that a period of detention would be likely to increase the severity of my symptoms.

Fourth Period of detention at Brook House IRC - 21 December 2016 – 08 May 2018

113. I was transferred back to Brook House on 21 December 2016. I was detained in the general population but was on an ACDT. I can see from my medical records that I was detained at this time on B-wing.⁴² I have been informed by my solicitors that this is the induction wing, but I do not remember if I was subsequently moved to another wing.

114. I specifically asked the officers when I arrived that I not be put in a cell with detainees from Iraq or Afghanistan because this triggered my PTSD. I had been trained in the army to perceive Iraqi and Afghan nationals as potential threats to my safety and being around them in a confined space made me very upset. However, I was placed in a cell with a detainee from Iraq. I found this extremely distressing, particularly when he wore traditional dress to visit the mosque. I was afraid to sleep and I felt extremely anxious.

115. The record of the initial healthcare assessment that was conducted upon my arrival does not contain any mention of my PTSD or recent suicidal intention.⁴³ It says that I complained of a 'slight' pain in my chest. It is not clear to me why the initial healthcare assessment did not include the full and correct information relating to my mental health. I cannot recall the questions I was asked during this initial assessment but, as set out at para 25 above, my memory is that the initial health screenings on arrival at Brook House were rushed and were not a meaningful assessment of medical needs. I believe that had I been asked about my mental health I would have provided a full detailed answer and I would have explained that

⁴² Medical Records, entry 21 December 2016, Annex D643/2, page 67

⁴³ Medical Records, entry 21 December 2016, Annex D643/2, page 67

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I had been suffering from suicidal thoughts and given a full account of my PTSD and how it was being triggered by detention.

Alleged Escape Attempt

116. I remember that I suffered from chest pains and I was taken to the hospital before Christmas. I can see from my medical records that on 22 December 2016 I went to A&E at East Surrey Hospital for a [Sensitive/Irrelevant]⁴⁴ The doctors found that I had some [Sensitive/Irrelevant] There were two escorts who took me to the hospital that day in handcuffs. One of them was a very young man. In my opinion he did not understand his job and was not properly trained. When I said I wanted to go to the toilet but I could not because I had handcuffs on, he got a long chain and tied it round my wrist like a leash.

117. When I went to the toilet, the door would not close properly because of the leash attached from my wrist to the escort. It was extremely humiliating not have proper privacy and be treated this way in front of the general public. There were children at the hospital who were witnessing me being pulled around on a leash. I remember thinking how ashamed I would feel if my own daughter saw me being treated with such indignity. I do not think that the young officer was acting out of malice but I think he was not properly trained and was himself afraid of his seniors at G4S if he was perceived to be 'lax' with me. I remember that I cried the entire journey back to Brook House because I felt so humiliated and degraded by this experience.

118. The doctor put her number on a form requesting that I return to the hospital the following day for a scan. Normally, when detainees go to hospital any notes or forms from the doctor are handed to the escorts so we do not even see them. That is what happened in

⁴⁴ Medical Records, entry 22 December 2016, Annex D643/2, page 67-68

Witness Name: [D643]
Statement No: First
Exhibits: Annex D643

this instance, the form from the doctor was given directly to the escorts to pass back to the healthcare team at Brook House.

119. My medical notes of 23 December 2016 state as follows:

*"I contacted the number given after the conversation had finished, there was no answer and the call went to a BT answer machine. I contacted ESH Acute Medical Unit, spoke with Stephanie the ward clerk was informed that the number given was not theirs, and she did not know of a Dr Chi. Note left in the observation book, SIR submitted and Oscar1 informed... Received phone call from a female stating her name was Dr Chi and she was contacting us to bring [redacted] D643 to East Surrey hospital AMU department for his [redacted] Scan. She gave her contact number [redacted]. I informed her it was highly unusual for a doctor to be making such a request, she responded by saying she preferred to do so herself to avoid the queue."*⁴⁵

120. The fact that the doctor provided a form with her mobile number was treated by Brook House as an escape attempt. I only found this out when I received my monthly report which I remember referenced that I had tried to plot an escape with outside help. Officers had not spoken to me about the incident to offer me an opportunity to provide an explanation. I remember feeling extremely upset by this. Complying with the rules at Brook House was very important to me. I was a member of the British armed forces for over a decade and was taught to comply with strict rules. I made it a matter of priority to be on my best behaviour to show that I had retained these high standards. To be accused of attempting to escape was not only far-fetched but deeply offensive to me.

121. I wanted to find out exactly how this allegation had been made and on what evidence. I wrote a complaint addressed to the head of security which I placed in the complaint box on the day I received my monthly report. I do not recall the exact date but I believe it was sometime at the end of December 2016. I recall that at the time the head of security was a woman, my solicitor has suggested that it may have been Michelle Brown and on hearing this name I am quite sure that it was her. I received a letter of response from her around a week later, I cannot recall the exact date, explaining that when the doctor's number on the

⁴⁵ Medical Records, entry 23 December 2016, Annex D643/2, page 69

Witness Name: [redacted] D643
Statement No: First
Exhibits: Annex D643

form had been called, they (healthcare), could not get through and therefore reached the conclusion that this had been a deliberate attempt by me to try and attend the hospital the following day and escape with the help of this individual. I replied stating that I was not responsible for a doctor at the hospital providing a seemingly personal number and that, in any case, the form had been passed directly to the escorts and not to me. I never received a reply. I asked the wing manager for a number I could call to speak to security but I was never able to get through. I also sent a complaint to my Home Office case worker but I did not receive a reply. I remember that I complained to DCM Steve Loughton about this but he did not listen to me.

122. This is what I believe is referred to at the G4S Security meeting in April 2017:

*“D643 – believed an escape plot with outside help. Ex military.”*⁴⁶

123. Never during the periods during which I was detained at Brook House did I have any intention of escaping. This is not something that would have even crossed my mind. This felt like a deliberate attempt to frame me and it made me even more distrusting of the Brook House staff. I felt that I was being victimised for having been in the military. My impression was that officers were more wary of me and saw me as more of a danger because I was highly trained.

Clinical Care

124. As set out in the undated letter from Tony Guavain of PTSD Resolution, I was referred to PTSD Resolution for the second time on 30th December and assigned to Dr Owen Davis.⁴⁷ I knew from my previous experience of the Brook House healthcare team that they would not arrange therapy for me so I arranged this myself. I emailed PTSD Resolutions and asked if there was a therapist who could come and visit me. They found someone, and I saw him weekly. It was difficult to benefit from the therapy because we did not have a quiet space for the sessions. We had a room just next to the visiting area so there was a lot of noise and we were often interrupted which made it difficult for me to feel relaxed.

⁴⁶ Notes from G4S Security meeting, April 2017, Relativity Code: CJS0072763.

⁴⁷ Letter from Tony Gauvin, PTSD Resolution, to Ineyab Solicitors, Annex D643/3, page 123

Witness Name: D643

Statement No: First

Exhibits: Annex D643

125. I did not have any interaction with the healthcare team in relation to my PTSD and suicidal thoughts for the first few weeks during this period at Brook House, and as stated above it seemed they were not aware of my ongoing condition. The entry in my medical records by Mental Health Nurse Skeete Jitta, on 5 January 2017 states:

“Call from DCM Hailey stating she had opened a raised concern [sic] for [D643]. She said that [D643] [sic] said he has seen the RMN previously but not seen anyone since returning to Book. Also asking for a medication review. DCM Hailey asked if he could be given a doctors appointment. Informed DCM Hailey that [D643] [sic] needs to come to the nurse triage clinic. The nurse would have been able to see him and book the relevant appointments. [D643] is aware of this and had he done so he would have been given an appointment.”⁴⁸

126. The reason I had not gone to see the mental health team since my arrival in December 2016 was because I had had enough interactions with them previously to know that it was better for my mental wellbeing not to engage as I knew I would be treated with hostility. I knew that they would not offer support to me and I did not want to put myself in a position where I would be further upset by their behaviour.

127. I can see that I did attempt to reengage with the mental health team in January, my medical notes state on 11 January 2017:

“He said that he has been feeling lonely since Christmas which made him feel depressed and had been told previously he should speak to someone when this happens. States that he suffers from PTSD as a result of him serving in the army and being posted to Iraq. This causes him problems at night when he starts to think about what happened to him and is unable to sleep. Feels that he should be having treatment with Combat Stress who specialise in this disorder. He says that he has been in contact with them however has been told that he needs to be referred by his GP. He has asked if the referral could be done via healthcare. I have advised him that as this was an

⁴⁸ Medical Records, entry 5 January 2017, Annex D643/2, page 70

Witness Name: [D643]
Statement No: First
Exhibits: Annex D643

immigration removal centre we would be unable to refer him however I suggested he could always speak to the GP here."⁴⁹

128. I was advised to continue attending the Emotional Health Group, which I did, but as with my previous experiences, I did not find the group at all helpful. Around this time I recall that my depression had worsened and I felt like ending my life. I was suffering from anxiety attacks and was isolating in my cell.

129. **Second Rule 35(1) Assessment**

130. On 29 January 2017 Dr Puvanendran carried out a Rule 35 assessment and produced a Rule 35(1) report. It stated that my health was likely to be injuriously affected by continued detention. It stated:

"I hereby report that this detainee's health is likely to be injuriously affected by continued detention or the conditions of detention.

...

Detention is bringing to home, all those tragic scenes. He states that at night, when every [sic] has been locked up in their rooms, he often hears other detainees banging on the doors and this reminds him of when he was on duty in Iraq. It makes him bundle himself up on the bed and cry. Also in detention there are refugees from Iraq and the sounds of their speech also brings home the painful scenes in Iraq. He says he does not talk to anyone since he believes no one would understand, so he shuts himself in his room and waits there but this is no good for his PTSD.

...

Continued detention will only make him loose [sic] confidence, as it is, he talks to no one, thinking they will not understand. He is constantly reminded of the traumatic scenes he witnessed in Iraq. It makes him anxious, agitated and depressed. On going detention would only perpetuate these problems.

⁴⁹ Medical Records, 11 January 2017, Annex D643/2, page X71-72

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...

I will be referring to a psychiatrist who attends Brook House weekly.

I would think that the best cure would be to take him out this [sic] environment by releasing him so that he can return to his family. He would also need to continue with his antipsychotic medication and antidepressants and needs to have counselling.

...

The risks are to the [sic] detainee's health is already very serious”⁵⁰

131. The assessment recommended that I be released from detention to enable me to access combat psychotherapy. I believe that this report accurately reflected what had happened to me and what I had said.

132. On 31 January 2017 I can see from my medical records I approached the nurse about chest pain. As set out above, I had previously been taken to hospital as a result of similar chest pains and I had had an injection to treat it. The entry in my medical records by Armanath Persuad (‘Other Community Health Service’) from later that afternoon states:

D643 *approached nurse in H/Care and said that the day nursing staff said to him that he should observe chest pain during the night and inform H/Care. Looking in his nursing record for today he did not see any one from H/Care. IMPRESSION: **D643** is getting himself ready to be sent out to outside hospital tonight. He has done this behaviour before where he has chest pain and was sent out to A/E.”⁵¹*

133. I can see from my medical notes that I had, in fact, seen the nurse that day twice at 2:16am and at 10:02am.⁵² I do not recall this specific interaction but I remember being called a liar by the healthcare team around this time when I complained about my chest pains. It was clear that they were still of the impression that I was trying to leave the centre

⁵⁰ Rule 35(1) Report by Dr Puvanendran, 29 January 2017, Annex D643/13, page 286-289

⁵¹ Medical Records, entry 31 January 2017, Annex D643/2, page 76

⁵² Medical Records, entries 31 January 2017, Annex D643/2, page 76

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to go to hospital as part of some kind of escape plan. I was, in fact, just concerned about my heart given my previous hospital appointments.

134. I found that the aggressive and hostile behaviour of the healthcare staff towards me was worsening my anxiety. I continued to have suicidal thoughts and I emailed Combat Stress on 12 January 2017 asking if they could help me.⁵³ Unfortunately they replied stating that I was not eligible for their services due to my immigration status. I was not receiving any therapy for my PTSD during this time.

135. I received the response to the Rule 35(1) assessment on 9 February 2017, 11 days after the assessment had been submitted to the Home Office by Brook House healthcare. This response stated:

“The doctor has confirmed PTSD. Given the concerns raised by the medical practitioner you are accepted as an adult at risk. However, the Adult at Risk policy does allow immigration detention to continue in certain circumstances.

...

In the report, the medical healthcare practitioner confirms the diagnosis of PTSD and provides an opinion of the effect that detention is having on your condition. She has indicated that your health is likely to be injuriously affected by continued detention. However, you pose a significant public protection concern and were sentenced to

Sensitive/Irrelevant

...

*Your condition is currently being controlled by medication, and you have also been referred to a psychiatrist. It is noted that when you were seen by a psychologist previously, you found this to be very helpful. You are currently supported by the mental health team in Brook House.”*⁵⁴

⁵³ Email exchange between **D643** and Combat Stress, 12 January 2017, Annex D643/14, page 295

⁵⁴ Home Office Rule 35(1) Response, 9 February 2017, Annex D23/15, page 298-300

Witness Name: **D643**

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136. I can see from my medical records that no referral to a psychiatrist was, in fact, made. On 10 February 2017 an entry in my medical records by Dr Saeed Chaudhary states:

*"Pt had a rule 35 rejected. Come in as would like us to help with his PTSD. Mentions he was referred to a specialist dealing with PTSD in army personnel, mentioned he was due to have an appointment with them and mentioned being brought here instead. Advised patient we will inform the mental health team for them to see about getting him seen for his PTSD. As home office rejected his rule 35 he is feeling more vulnerable, explained we are unable to overturn their decision but are able to help him medically and with help for PTSD. I have temporarily increased his [Sensitive/irrelevant]"*⁵⁵

137. The healthcare team at Brook House never referred me to a psychiatrist or made arrangements for me to receive specialist treatment for my PTSD. I was referred to Dr Owen Davies at PTSD Resolution by my solicitors, Tremont Midwest Solicitors. I first met Dr Davies on 23 February 2017 and had 10 sessions with him at Brook House between February and May 2017.

138. On 6 March 2017 an entry in my medical records by Dallah Dowd, mental health nurse stated:

*"[D643] is now getting specialist PTSD therapy and is looking forward to his next session."*⁵⁶

139. I wish to make clear that this treatment was arranged by me, through my solicitors and not by the healthcare team at Brook House.

Treatment by Officers and fellow detainees

140. I can see from my medical records that an entry by mental health nurse, Dallah Dowd, dated 20 February 2017 states:

⁵⁵ Medical Records, entry 10 February 2017, Annex D643/2, page 77

⁵⁶ Medical Records, entry 6 March 2017, Annex D643/2, page 80

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“...said he was getting worse, came in angry talking about an interaction with an officer which had upset him. He continues to talk about another of minor incidents which had upset him during the week.”⁵⁷

141. I find it highly concerning that Ms Dowd would comment on my concerns about officers as being ‘minor incidents’ and in a way (“He continues to talk”) which suggests they had little sympathy for my concerns or that I should not have been sharing this with them. I cannot pinpoint the exact interaction with an officer which was being referred to in this entry, however the type of commonplace behaviour by officers at Brook House which I found upsetting included:

142. *Racial Abuse*

- Referring to black detainees as ‘the blacks’. For example, I remember an officer saying ‘*why don’t these blacks go back to their country?*’
- As set out above, I was referred to as a ‘nigger’ and I heard officers use this term to refer to other black detainees.
- I remember on one occasion I heard an officer say ‘*all the blacks are the same*’ in reference to some Nigerian detainees who were trying to seek last minute legal advice to avoid deportation.
- My solicitor has shown me photos of some of the officers and I can identify that some of the officers who I recall making racist comments include Graham Purnell, Joseph Marshal and Luke Instone-Brewer. As stated at para 76 above, Graham Purnell is the officer who called me a ‘nigger’.
- I remember that detainees of particular nationalities were treated differently and stereotyped. For examples Jamaican detainees were particularly targeted.

143. *Abuse relating to mental health and criminal convictions*

⁵⁷ Medical Records, entry 20 February 2017, Annex D643/2, page 79

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- Officers would mock and laugh at detainees who were mentally unwell. They would watch detainees in states of distress and stand around laughing.
- When mentally unwell detainees on E wing made noise such as shouting or banging on door officers would routinely swear at them, telling them to '*shut the fuck up*'.
- I remember officers stating that detainees were pretending to be 'crazy' to avoid deportation when in reality they were suffering from mental health conditions.
- Officers would joke and tease detainees about their criminal convictions. I understand they had access to our documents so could see our previous offences and would use that as a form of discrimination. They would mock us and gossip in front of us about our offences.
- I remember occasions when detainees had passed out because they had taken spice. Officers would look on and laugh at them.

144. *Physical violence*

- Typically when officers were violent towards detainees they would do it after lockdowns so that other detainees could not see. I think they did this to ensure there were no witnesses.
- I once saw officers throw a detainee to the floor and an officer had his knee pressing into the back of the detainee's neck. I cannot remember when this was but I found it extremely disturbing.

145. *Intimidation tactics*

- Officers would deliberately rotate detainees into different cells and would say that this was to ensure they did not become 'too comfortable'. In my opinion this was a form of arbitrary punishment to ensure that detainees were constantly on edge.
- Sometimes if I asked for every-day essentials the officers would be deliberately rude. For example, I remember on one occasion, I cannot remember the date, I said to an officer (I cannot recall who) that my cell had run out of toilet paper and he replied '*what*

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do you want me to do about it? The officers would sometimes refuse us basic essentials. It felt like they enjoyed the power they had over us.

- Officers would put letters from the Home Office and/or Removal Directions under our cell doors at night. They knew that a significant proportion of detainees could not understand written English but they refuse to explain the contents of these letters or provide interpreters. They would laugh when detainees became confused and panicked.

146. *Detainee abuse*

- When I was in the British Army I had to adhere to a certain standard, including keeping a neat cell and physical appearance. Because of this, some of the detainees would bully me. They would call me 'gay' or 'faggot'.
- Some of my fellow detainees would also racially abuse me and call me 'Uncle Tom'. They said *'you try to pretend you're white but you'll always remain a nigger'*.
- Officers could see this bullying take place and they would stand around laughing and sometimes even partake in the bullying.

147. I do not remember many of the officer's names however, my solicitor showed me some pictures. I remember that Callum Tulley was the only officer that would really listen. He sympathised with us and he would say things like 'this is not right' 'why do they still have you here'.

148. I can see that my Detention Review of 11 March 2017 stated that I *'claim[s] to suffer from PTSD'*.⁵⁸ This had already been conclusively evidenced by the two Rule 35(1) assessments to-date which the Home Office had had sight of and responded to. It is not clear to me why the Home Office did not treat this as an established diagnosis. I found it so distressing and dehumanising that a department of the UK government - the country that

⁵⁸ Detention Review dated 11 March 2017, Annex D643/16, page 305

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I repeatedly put my life at risk to uphold and protect their beliefs and interests - would disbelieve I suffered from PTSD as a result of my service in the British Army.

149. On 20 March 2017 I issued judicial review proceedings as a litigant in person challenging my removal from the UK. Another detainee assisted me with filling out the forms. I sent a fax to the Home Office on 22 March 2017 which stated:

"Please find faxed proof of my judicial review lodged on 20 March 2017 on Monday before I received your removal directions you have just served upon me today. I respectfully ask you to defer/cancel the removal direction set for Saturday the 25th March 2017 on Virgin Airline flight number VS33 to St Vincent & The Grenadines.

...

*Just being served with this ticket has worsened my PTSD and Combat stress to the extent that I am vomiting and shaking uncontrollably repeatedly and have not slept well at all."*⁵⁹

150. My solicitor has shown me the Home Office GCID Notes which state:

"30.03.2017

SGD have been approved but cannot be expedited because AoS date has passed, it was 12.04.2017.

06.04.2017

*Detainee seen. I asked him to sign Medical consent form, he said his sol has asked him not to sign any doc from HO unless he sees the doc. Took form to show his sol first and then he will sign it."*⁶⁰

151. My recollection of this is that my solicitors at the time, Tremont Midwest, who I was paying for privately, had advised me not to sign a form if I did not understand its contents. No one at Brook House explained to me that this was a medical consent form which would

⁵⁹ Fax from **D643** to the Home Office dated 22 March 2017, Annex D643/18, page 323

⁶⁰ Home Office GCID Case Records, Relativity Code: HOM0331659

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enable the Home Office to access my medical records. Had they done so, I believe I would have signed the form. As I recall, I was struggling to get hold of my solicitor to ask them if I should sign the form. For context, I later complained about the inaction of Tremont Midwest and this was upheld by the Legal Ombudsman.

152. I can see from my Monthly Progress Report that permission in this judicial review was refused by the High Court on 13 July 2017.⁶¹

153. On 3 April 2017 I can see that my medical records from the Emotional Health Group as recorded by Eavan Owens (healthcare assistant) state:

“Shared a couple of events from the last week, firstly when he was in the library he heard a loud bang and had a panic attack. He had a flashback to his combat times fell to the floor and took time to calm down and realise he was safe. He also described feeling distressed and suicidal yesterday. He talked about his anger at the system and the impact it is happening [sic] on his mental health.”⁶²

154. This is an example of how I attempted to clearly communicate that being detained at Brook House was making me suicidal. No action was taken by healthcare to assess or support me following this. No Rule 35 assessment was conducted.

155. I can see that the entry in my medical records on 25 April 2017 by Donna Batchelor (staff nurse), states:

“Incident on wing yesterday where detainee was baning [sic] on floor with item loudly, found himself on floor (ducking for cover) after a while he found himself attacking the detainee, states very out of character for him and he is very concerned his medications and symptoms ar [sic] deterioring [sic] and feeling out of control.”⁶³

156. While I cannot recall this particular incident, I do remember that at this time my PTSD was debilitating and, as set out in the entry above, loud noises were triggering my condition.

⁶¹ Monthly Progress Report dated 25 April 2018 , Annex D643/18, page 326

⁶² Medical Records, entry 2 April 2017, Annex D643/2, page X84

⁶³ Medical Records, entry 25 April 2016, Annex D643/2, page 86-87

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Physical Environment in general population

157. We were locked in our cells during lock-ins which, from my recollection, were between 9pm - 8am at night time, 12-1pm for lunch and 5-6pm for dinner. I found lock-ins very difficult for my PTSD because during a lock-in people would be banging their doors. As set out above, I find loud noises triggering. I would curl up on my bed but I remember shaking with panic and sometimes I would hit my head on the door to try to knock myself out and escape from the noises which made me feel like I was in a war zone.
158. In terms of activities, there was nothing organised by the centre. I used to visit the gym and some of the other detainees used to play pool or cricket but they arranged this informally between themselves. I was never aware of any classes or training.
159. I remember that in the general population (i.e outside E wing) there were times when I had to share with 2 detainees so there were 3 of us in total in the cell. Cells are supposed to accommodate 2 detainees and it was extremely cramped when there were 3 of us.
160. Throughout my period of detention at Brook House I was never in a cell with any sort of privacy screen or curtain in front of the toilet. I found it extremely humiliating. My cellmate and I would agree that we would only use the toilet during recreational times so that one of us could leave the cell and give the other some privacy. It meant that during lock-ins we would try to hold it in or wait until our cellmate was asleep. Often the toilets did not flush properly so faecal matter would remain there for hours and the cell would smell awful. It was extremely degrading and humiliating. I remember complaining to the officers when the flushes did not work but they would tell me to sort it out myself. I would try to use the plunger but this was not always effective. Officers did not respect our privacy and would sometimes enter the cell when I was on the toilet. If this happened, they would not excuse themselves, they would laugh and leave the door open. This was especially humiliating when a female officer would come to our door. Female officers did not enter detainee cells unaccompanied, but I recall a few occasions when I was using the toilet and a female officer (I do not recall their name(s)) opened the door to my cell. I felt exposed and disrespected.

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161. The cells were very poorly ventilated. I recall that there an incident when I had one particular cellmate in my cell. He had received a paper from the Home Office which had upset him and he lit it on fire and put it in the bin. The flames caught and the smoke filled the cell. I rang the bell for 5 minutes but no one came. I remember that we had to lie on the floor as close to the ground as possible to try and breathe the air through the gap under the door. I found this extremely frightening, I thought I was going to die. Eventually someone came and the fire was extinguished but I believe the delay was likely a result of the centre being under-staffed. I lodged a complaint about this incident (I do not have a copy of this complaint) but I did not get a response. To this day I suffer from recurring nightmares about this experience.

Rule 35 request

162. I can see from my medical records that I was referred to Dr Oozeerally for a Rule 35 assessment on 26 April 2017. Dr Oozeerally's notes from this appointment are as follows:

*"He feels in last 2 weeks there has been a change in his behaviour... I have advised that in this instance I feel it more appropriate that he contacts the mental health teams and they can consider referral to psychiatrist if appropriate and monitor his progress. I do not feel a R35 is appropriate at this time as I have not observed a deterioration and he does not appear acutely unwell. I have spoken to the MH team and they have informed me that with regards to treatment there are options for him. I also acknowledge that he feels this environment has more triggers for his PTSD that he cannot avoid. He politely excuses himself from the room, disappointment with my suggestion which I had to repeat a number of times."*⁶⁴

163. The note above as recorded on my medical records is not an accurate reflection of what happened. I remember that I tried to explain to Dr Oozeerally that the loud noises were triggering my PTSD and that I had an updated medical report from Dr Wright which had not been seen by the healthcare team at Brook House yet. Dr Oozeerally was dismissive of

⁶⁴ Medical Records, entry 26 April 2017, Annex D643/2, page 87

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my concerns and refused to consider the medical report by Dr Wright. He was extremely hostile towards me and I was very upset when I left.

164. My Detention Review of 5 May 2017 confirmed that I was an Adult At Risk Level 2.⁶⁵ My solicitor has explained to me what there are three levels and I understand that given the evidence I had submitted to-date (including the Rule 35 assessment of January 2017 which clearly stated that I was at risk and a period of detention would be likely to cause harm) I should have been deemed an Adult At Risk Level 3.

165. The Detention Review also states that 'medical information refers to 2012 and 2016'.⁶⁶ It is not clear to me why the Home Office did not have up-to-date medical information, particularly given a Rule 35 assessment was submitted to the Home Office in January 2017. The judicial review application I made in March 2017 also included detail relating to my PTSD and deteriorating mental health which should have been on my records.

166. In the following weeks I continued to experience severe PTSD symptoms, as is reflected in entry by Dallah Dowd, mental health nurse, in my medical notes of 9 May 2017:

*"Complain that whenever he sees detainee from Afghanistan or Iraq it reminds him of when he was at war. Flashbacks. Sounds similar to that of a gunshot he lost control of his mind. Sometimes he gets suicidal thoughts."*⁶⁷

167. I became so anxious about hearing loud noises or seeing nationals of Iraq or Afghanistan which would trigger an uncontrollable reaction, that I isolated myself in my cell. I remember feeling very out of control and suicidal.

168. On 10 May 2017 I issued a Judicial Review application challenging the legality of my continued detention. I was, again, a litigant in person and received help only from my fellow detainees in completing the forms and lodging this JR. I do not have copies of the

⁶⁵ Detention Review dated 5 May 2017, Relativity Code: HOM032286

⁶⁶ Detention Review dated 5 May 2017, Relativity Code: HOM032286

⁶⁷ Medical Records, entry 9 May 2017, Annex D643/2, page 88

Witness Name: D643

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paperwork. I recall that I included arguments relating to how my mental health was being injuriously affected by continued detention.

169. I can remember that the Manchester bombing on 22 May 2017 triggered my PTSD very intensely. My cellmate would watch the news coverage in our cell on the television and I would have flashbacks and cry.

170. On 12 June 2017 I can see from the Home Office GCID that a request was made to the Brook House healthcare team asking the following:

- 1) Whether **D643** is fit for detention if not please state the reason?
- 2) Is **D643** receiving adequate care?
- 3) Is he on any medication is so please can we have a list?
- 4) Is **D643** fit to fly? ⁶⁸

171. The response from Dr Chaudhary was faxed to the Home Office on 15 June 2017 and stated only:

*"This patient is fit to be detained and fit to fly."*⁶⁹

172. I can see from my medical records that I had not been seen by Dr Chaudhary since 24 March 2017, 3 months prior. I cannot understand how Dr Chaudhary was able to provide this assessment to the Home Office without having seen me. I cannot understand why he did not explain to the Home Office that I was diagnosed with PTSD. I cannot understand why there was no information about the risks of being kept in my detention with my PTSD or why he did not reference my previous Rule 35(1) reports. He did not respond to confirm if I was receiving adequate care or to confirm my medication. The response from Dr Chaudhary suggests I had no physical or mental health problems.

173. I was seen by a psychologist, Dr Lucy Ansari in June 2017. She worked for a prisoner treatment programme and assessed me in Brook House as part of a rehabilitation course I

⁶⁸ Home Office GCID Case Records, entry dated 12 June 2017, Annex D643/6, page 165

⁶⁹ Medical Records, fax from Brook House Healthcare to Home Office dated 15 June 2017, Annex D643/2, page 121

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had started at HMP Exeter. I have seen an extract from her report as disclosed by the Inquiry dated 16 June 2017 which states:

*“He has recognised the D643 has and continues to report distress associated with symptoms of [redacted] related to trauma from serving in the British Army. He reports that his experience of custody and now residing in an IRC exacerbates his symptoms as a result of the unpredictability of the environment and the diversity of people, some of whom are from Iraq and Afghanistan.”*⁷⁰

174. I received a report by psychologist Dr Owen Davies dated 20 June 2017. As set out at para 137, I had been receiving therapy from Dr Davies from March 2017 after my solicitors, Tremont Midwest, instructed him to assess me and draft a report to support my immigration representations. His reports stated the following:

“...the presence of other detainees constantly reminds him of the environment he encountered whilst on operational tours in the army. He told me his often unable to sleep at night, partly because of noise from other detainees, but also because of the negative thoughts and images that he is preoccupied with. When he does manage to sleep, he is troubled by bad dreams and often wakes in a state of fear.

His condition during this visit was not conducive to effective therapy apart from trying to reframe and be positive about the future.”

...

“Given his present environment, whilst his material needs are met, in my view the context is such that treatment is not likely to be productive in terms of reducing PTSD symptoms. In order that effective treatment take place [D643] would need be in a less stressful environment and have emotional needs, such as contacts with his family, met as fully as possible.”

...

⁷⁰ Medical Report by Dr Lucy Ansari dated 16 June 2017, Relativity Code: HOM0331661

Witness Name: [D643]
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D643 *has experienced traumatic events during his army service which have caused severe mental distress. Subsequent behaviours are likely to be associated with this, together with his learning difficulties and early childhood experiences which have rendered him more vulnerable. He has been diagnosed with PTSD, but it is the view of this report that his PTSD is not accessible to effective treatment whilst he is in his current situation or his present mental state.*"⁷¹

175. I can see that my Detention Review of 29 June 2017 again stated '*He claims to suffer from PTSD, he states a report is being sent from his psychiatrist*'.⁷² It also noted that my deportation had been delayed by the case of *Kiarie and Byndloss* the case that concluded that the 'deport first, appeal later' regime was unlawful and which afforded me an in-country right of appeal. My detention was maintained on the basis that I could still be removed within a reasonable period of time.

176. I received a second report by Professor Fox, consultant psychiatrist, on 3 July 2017. This was, again, commissioned by my solicitors, Tremont Midwest. The report confirmed that I was suffering from severe PTSD:

*"Unfortunately he is currently held in detention which is aggravating his mental health difficulties as it puts him back into the traumatic situation because of the noises at night and the environment but also because of the other inmates, many of whom come from Iraq where he experienced his trauma. In addition the environment is noisy as I witnessed and this further traumatises him as he is sensitive to noise. It is my view that the current detention centre is not conducive to him receiving adequate therapy and it is likely that he will continue to deteriorate mentally."*⁷³

177. I remember that I tried to give copies of the reports by Dr Davies and Professor Fox to a nurse in the healthcare team at Brook House but they refused to accept them. I cannot remember which nurse I spoke to regarding this and there is nothing recorded on my medical records.

⁷¹ Medico-Legal Report by Dr Owen Davies dated 20 June 2017, Relativity Code: HOM032372

⁷² Detention Review dated 19 June 2017, Relativity Code: HOM032284

⁷³ Medico-Legal Report by Professor Fox dated 3 July 2017, Relativity Code: HOM032459

Witness Name: **D643**

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178. As set out above, I had been saying to the officers at Brook House very regularly that loud banging by detainees was triggering my PTSD. My solicitor has shown me the Detention Services Security Information Report of 8 July 2017 which states that DCO Mark Brewster initiated a report into my cellmate on D wing who was banging the cell door:

*“D643 suffers from PTSD and the constant banging is upsetting him and keeping him awake. He states he is feeling upright (sic) and asks that we do something about this behaviour of D2953.”*⁷⁴

179. I understand that my cellmate was subsequently moved to another detention centre. I do not recall the details of this specific incident but I had at this point been detained for around 10 months and in my view relocating a detainee from my cell was not a satisfactory response to the constant and unavoidable PTSD triggers at Brook House.

180. I submitted further representations to the Home Office on 23 July 2017 enclosing the medical reports by Dr Davies, Dr Ansari and Dr Fox as set out above. In this letter to my Home Office caseworker I stated the following:

“Whilst I am aware that you have been previously informed of my medical condition, it is has [sic] imperative to put you on notice of the exceptional circumstances surrounding my medical condition which requires your anxious scrutiny and unbiased consideration.

....

Time and time I again [sic] I have been asking for help from you medical practitioners to addressed [sic] my mental health issues. But they don't give any help to me, instead they told me to contact my case worker.

Continues detention is making my mental health more injurious, I am struggling with some of the detainees from Iraq and Afghanistan. When they wear their culture dress and when they made they screams and talk in Arabic language. It remind me of being on the front line and therefore triggers my PTSD symptoms...

⁷⁴ Detention Services Security Information Report, dated 8 July 2017, Relativity Code: CJS004777

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...

Even your medical practitioners told you that continue detention [sic] is making my mental health more injuriously [sic]. I am on medication for my mental health but it is not taking me away from all of the PTSD triggers am getting in this detention. So please I asking you again to take me away from this situating and that is damaging my mental health.” ⁷⁵

181. The Home Office responded to these further submissions 10 months later, on 11 May 2018. The response addressed my Article 3 medical argument with reference to the availability of adequate treatment in St Vincent and the Grenadines but did not comment on the suitability of my continued detention in light of these medical reports.

182. I can see that my Detention Review of 25 August 2017 confirmed that I am an Adult At Risk Level 2 but maintained my detention with no further consideration of the impact that detention was having on my mental health. I can see that the case owner stated on the Detention Review:

“We should request an up to date medical report as [D643] medical conditions did not stop him from committing a serious crime.” ⁷⁶

183. I do not understand what is meant by this and how the fact that I committed a crime while I was mentally unwell is relevant to the lawfulness of my continued detention. I am also aware that the Home Office had, at this point, been provided with the updated medical reports of Dr Professor Fox, Dr Owen Davis and Dr Lucy Ansari. It is not clear to me why these findings did not form part of the Home Office evaluation of my suitability for detention.

184. I was moved to Harmondsworth IRC for 2 days at the start of October to attend my criminal appeal and I returned to Brook House on 3 October 2017. I had an initial health assessment and I can see from my medical records that I was placed on an open ACDT. ⁷⁷

⁷⁵ Further Representations submitted 23 July 2017, Relativity Code: HOM032423

⁷⁶ Detention Review dated 25 August 2017, Relativity Code: HOM032277

⁷⁷ Medical Records, entry dated 3 October 2017, Annex D643/2, page 99-100

Witness Name: **D643**
Statement No: First
Exhibits: Annex D643

185. I can see from the documents disclosed by the inquiry that at the Brook House Independent Monitoring Board meeting on 18 October 2017, the following was noted:

*“LH wanted to get more information from PG on D643 R35 report on his mental health concerns. MM agreed to follow this up on her rota visit.”*⁷⁸

186. I do not know who ‘MM’ refers to but I can see from my medical records that I was receiving no attention from healthcare at this time. Around this time, I also stopped taking my medication. I did not want to stop taking my medication, because it was helping my PTSD however I was afraid to go to healthcare to collect my medication because of the way they had treated me. I thought that it was better for my mental health to suffer the consequences of having no medication than risk having more distressing interactions with the healthcare team.

187. I have seen the Rota Visit notes by Louise Gledhill from IMB of 8 November 2017 of Brook House which states:

*“I was asked to look further in to the case of D643 who suffers from [redacted] has a R35 assessment. HO looked up his case for me and confirmed he has had 2 rule 35 assessments the outcome of which was that he does suffer [redacted] and is an AAR but that the HO were satisfied that his continued detention was justified because of the risk of harm to the public. This was based on the nature and history of his previous convictions. D643 has had a letter confirming all this.”*⁷⁹

188. There are GCID Case Records from 20 November 2017 which my solicitor has shown me which state:

⁷⁸ Minutes of Independent Monitoring Board Meeting dated 18 October 2017, Relativity Code: IMB0001646

⁷⁹ Rota Visit Notes by Louise Gledhill, IMB, Relativity Code: IMB0001647

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*“After reviewing **D643** at the case progression panel on 21.11.2017 a recommendation was reached. After considering the evidence... the panel is satisfied that continued detention is appropriate, justified and proportionate.*

Panel Chair: Michael Camp

Chair Unit: DPRC

Chair Grade: G7

...

Factors in favour of Release: Outstanding Appeal

...

Panel decision: Maintain detention, as there is a realistic prospect of removal within a reasonable timeframe and there are no other factors outweighing the detention decision.”⁸⁰

189. I am not sure why the assessment contained no mention at all of the impact of continued detention on my mental ill-health.

Rule 35(2)

190. My solicitor has explained to me the requirements of Rule 35(2) of the Detention Centre Rules 2001 which provides that:

“The medical practitioner shall report to the manager on the case of any detained person he suspects of having suicidal intentions, and the detained person shall be placed under special observation for so long as those suspicions remain, and a record of his treatment and condition shall be kept throughout that time in a manner to be determined by the Secretary of State.”

191. There were many times during my periods of detention at Brook House where I had suicidal intentions and alerted the healthcare team to this:

⁸⁰ Home Office GCID Case Records, entry dated 20 November 2017, Annex 634/6, page 174

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- As set out at para 49, I informed Dr Puvanendran on 7 July 2016 that I was feeling suicidal. This was not recorded in my medical records of this appointment.
- As set out at para 153, the entry on my medical records of 3 April 2017 by Eavan Owens (healthcare assistant) states '*feeling distressed and suicidal yesterday.*'
- As set out at para 155, the entry on my medical records of 25 April 2017 by Donna Batchelor (staff nurse) states '*symptoms are deteriorating and feeling out of control.*'
- As set out at para 166, the entry on my medical records of 9 May 2017 by Dallah Dowd (mental health nurse) states '*sometimes he gets suicidal thoughts.*'

192. There were also periods during my detention at Brook House when I had suicidal intentions which were not expressly communicated and/or recorded on my medical records but which the healthcare team and/or officers ought to have suspected:

- As set out at para 115, on arrival at Brook house on 21 December 2016 I was experiencing suicidal ideation though I did not have the opportunity to communicate this in my initial healthcare assessment. I was placed on an open ACDT. The healthcare team at Brook House had access to my medical records which indicated that at HMP Exeter on 10 October 2016 I was assessed by a psychiatrist who noted that I '*began to think of killing himself by overdose or hanging*' and that the Rule 35(1) assessment of 9 December 2017 had stated that my health was likely to be injuriously affected by detention conditions.
- As set out at para 80, following my transfer to E wing on 18 October 2016 I isolated myself and was experiencing suicidal ideation. I was 'begging' the officers to move me elsewhere, exhibiting clear signs of distress as a result of the constant PTSD triggers on E wing.
- As set out at para 134 above, I was suicidal in January 2017 though this is not recorded on my medical records. I was attempting to arrange my own PTSD treatment as a result of healthcare's reluctance to help me to manage my symptoms.

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- The mental health team encouraged me to write a ‘stress diary’ in May 2017. I provided this to the healthcare team, my diary entry of 8 May 2017 includes the following:

*“Everyday: flashbacks, keep myself to myself, struggling mentally
Crying and isolate myself and don’t talk to anyone.”⁸¹*

My entry of 11 May 2017 states:

*“Flashbacks while sleeping, grief stricken, depressed and anxious and guilty
also crying”⁸²*

My entry of 23 May 2017 states:

*“Struggling with my situation. Struggling on the wing to be around people from
Iraq and Afghanistan, bringing back memory from Iraq.”⁸³*

193. It is do not understand why, when repeatedly presented with both express and implied indications that I had suicidal intentions, the healthcare team never issued a Rule 35(2) report.

Grants of Bail in Principle

194. I was first granted bail in principle on 13 December 2017. I can see from the grant of Bail by IAC Judge Simpson, in her reasoning she stated:

*“There was before we (sic) a strength of medical evidence concerning the Applicant’s
diagnosed mental disorder, in particular, from Prof Fox, Consultant Psychiatrist of
03/07/2017, who described the disorder as severe “due to the nature of his traumatic
exposure and multiple episodes”... In a prior report from Dr Davies, Consultant
Psychologist of 20/06/2017, there was also concluded that the traumatic events he
experienced during his Army service had caused him “severe mental distress”...*

⁸¹ Medical Records, entry 8 May 2017, Annex 634/2, page 115

⁸² Medical Records, entry 11 May 2017, Annex 634/2, page 116

⁸³ Medical Records, entry 23 May 2017, Annex 634/2, page 117

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...

Above all, he has been in prolonged immigration detention over a year, notwithstanding having been found to be someone who suffers from a severe mental disorder, caused by the traumas he suffered when serving with HM Armed Forces and during that detention recognised by the Respondent to be a Vulnerable Adult at Risk.

....

There is incumbent upon the Respondent to treat those within her case with due care and respect, and with strength, there is suggesting that that duty encompasses ensuring that those with severe mental disorders do not as a result of immigration detention likely suffer an aggravation and or deterioration in their mental suffering.”⁸⁴

195. My conditional bail lapsed on 3 January 2018 because the Home Office failed to provide section 4 bail accommodation.

196. I was granted conditional bail for the second time by FtT Judge O A Munonyedi 9 February 2018 in light of the ‘exceptional circumstances’ in my case.⁸⁵ My bail again lapsed because of the Home Office’s failure to arrange bail accommodation.

197. I was granted conditional bail for a third time by FtT Judge C Bart-Stewart on 23 March 2018 subject to the provision of accommodation by the Home Office.⁸⁶

Request for Rule 35 and Clinical Care Complaint

198. In January 2018 I requested another Rule 35 assessment from Dr Chaudhary. My solicitor does not hold copies of my medical records from November 2017 onwards, however my letter of complaint dated 22 March 2018 addresses this appointment. It states the following:

⁸⁴ Grant of Bail in Principle dated 13 December 2017, Annex 634/19, page 333

⁸⁵ Grant of Conditional Bail dated 9 February 2018, Annex 634/20, page X336

⁸⁶ Grant of Conditional Bail dated 9 February 2018, Annex 634/21, page X338

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"I would like to make a formal complaint on two Doctors at Brook House Immigration Removal Centre. Dr Choudary and Dr Azhar Ali." ⁸⁷

199. I can confirm that the named doctors that I was referring to above are in fact Dr Chaudhary and Dr Oozeerally. I had not seen their names spelt before, so I guessed the spelling phonetically when I wrote the letter of complaint. The letter continues:

"I have been detained at Brook House IRC for over 18 months now. I sustained numerous injuries as a result of my 12 years' service with the British Army. I was medically discharge [sic] from the HM Forces because of those injuries. These injuries

Sensitive/Irrelevant

 and Post Traumatic Stress Disorder (PTSD).

I have two rules 35 done and deem me as an adult at risk. Having been lock up [sic] for 18 months with a lot of elements that triggers my PTSD condition is causing me a great deal of distress.

I therefore made all efforts to help my self dealing with my PTSD condition, this includes self help, therapy and asking for help from the medical staff here at Brook House IRC.

On the second week of January 2018, I went to the health centre to see the medical staff to let them know that I felt low [low] and stress out, as I was getting suicidal thoughts and would like to speak to some one for help. I took with me three of my psychiatrist's reports, as I wanted the staff know more about my PTSD condition and what was affecting me in detention. They took me to see a Dr Choudary. I tried to talk him about how I was feeling at the time and asking for help. But Dr Choudary wasn't listening to me, instead he was asking me about my immigration case and tell me to report to my problem to my case worker as he can't do anything about my problem. He took the reports from me with my consent. He scan the reports and add them to my medical records. I felt that Dr Choudary did not deal with my case correctly; instead, he concentrated more on my immigration case, which were irrelevant at the time. Dr

⁸⁷ Letter of Complaint dated 22 March 2018, Annex 623/22, page 342

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Choudary told me he was going to report his concern at a staff meeting about the length of my detention and he would get back to me in a week. One month had past and he did not get back to me. However, when I went to see him he refused to see me, he give me no information at all. I felt Dr Choudary had no interest in my medical condition and my complaints; he made me feel useless and unwanted. I left the medical centre more stress out that when I went in. The fact that he did not listen to my complaint it made me never want to go back to him again.”⁸⁸

200. On 15 January 2018 Dr Oozeerally wrote to the Home Office using form IS91 Part C stating:

“I am writing to inform you that the above detainee feels his mental health is deteriorating due to his prolonged detention and the multiple triggers for his PTSD within the centre. He has disengaged from the mental health team as he feels they do not help him. He has a report from a psychiatrist (independent) verifying his mental health June 2017.”⁸⁹

201. My letter of complaint dated 22 March 2018 states that in February 2018 I went to see Dr Oozeerally for a rule 35 assessment. As set out above, my solicitor does not have my medical records for this time but my account of this interaction in my letter of complaint is as follows:

“In February 2018 I went to see Dr Azhar Ali [Dr Oozeerally] for a rule 35 assessment as my two previous rule 35 assessments I had was over one year old. My circumstances have changed and I had new independent evidence to support my claim. When I arrived in Dr Ali’s [Dr Oozeerally] office he asked me if I have been torture because that is the reason people usually do rule 35. I try to explained that I am an adult at risk and my circumstances has changed from the last time I had my 2 rule 35 done. I also had these independent evidence with me. But Dr Ali [Dr Oozeerally] refused to listen to what I have to say and started to be very aggressive with me. By then I was very upset, stress out and emotional. Dr Ali [Dr Oozeerally] refuses to take my evidence. Again, he

⁸⁸ Letter of Complaint dated 22 March 2018, Annex 623/22, pages 342-343

⁸⁹ Form IS91 Part C by Dr Oozeerally, dated 15 January 2018, Annex 634/23, page 345

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concentrates on my immigration case instead of what I was saying to him. He refuse to give me the assessment and ask me to leave his office because he did not have time to waste on my [me]. He said is not getting any way [where] with me, it was if I was in a difficult negotiation and the other party was making it extremely difficult for me. It made me come to a conclusion never to go back to the medical centre again as it making me feel more worst coming out that [than] going in.”⁹⁰

202. I struggle to speak about the way that Dr Oozeerally treated me, he shouted in my face and I began crying. It was a deeply distressing incident and afterwards I went to the wing manager to complain, I think it was DCM Steve Dix. He could see that I was very upset. He told me that I could write a complaint, which I did and I put in the complaints box. The next day, (I do not recall the date in February exactly) he took me to have an informal meeting with Dr Oozeerally. My understanding is that this meeting was ‘off the record’ and was therefore not recorded in my medical records. The wing manager and Dr Oozeerally said that if I was willing to drop the complaint then they would look at the medical reports by Dr Wright, Dr Fox and Dr Ansari. I felt threatened to drop the complaint and that I had to ‘bargain’ with a medical professional in order to have my medical records updated and to receive adequate medical care. I agreed to drop the complaint at the time because I felt under pressure to agree to this.

203. On 6 March 2018 my solicitors sent a letter before claim to the Home Office challenging the lawfulness of my continued detention. It stated:

“The Claimant has been detained since 23 September 2016, more than a year and five months ago. He made a section 4 application for bail accommodation on 31 March 2017, more than 11 months ago. As observed by the Tribunal judges granting bail in principle and conditional bail, the Claimant’s detention has been prolonged as a consequence of the failure of the Defendant to act reasonably and fairly to arrange suitable bail accommodation to facilitate him to seek and secure his release on bail. The Claimant’s detention, in the circumstances, is not reasonable

⁹⁰ Letter of Complaint dated 22 March 2018, Annex 623/2, page 342

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...

We submit that the findings of the Claimant's Rule 35 report, as well as external evidence detailed below, demonstrate that the Claimant should be considered a Level 3 Adult at Risk. ”⁹¹

204. I can see from the Home Office GCID Case Records that on 9 March 2018 the Detention Minute reads:

*“...he will be raising a formal complaint about service he has rec'd from doctors in the Healthcare Team who he believes continue to disregard his medical concerns that he is an Adult at Risk and he needs their help in coping with his 19 month detention.”*⁹²

205. I can see from the Home Office GCID records that on 12 March 2018 the Home Office requested an update on my medical condition from Brook House Healthcare. I can also see from documents disclosed by the enquiry that on the same date, Dr Oozeerally sent a letter to the Home Office stating the following:

*“In response to the Home Office enquiry, the detainee is fit for detention. We believe he is getting adequate care. He is not on any medication. He remains fit to fly.”*⁹³

206. I remember that I found out that this assessment had been submitted to the Home Office in the monthly report I received around a week later. I remember being extremely shocked and upset that this assessment had been submitted without my knowledge. I had not seen Dr Oozeerally for a medical assessment so I do not know how he was qualified to comment on the suitability of my continued detention or the adequacy of the care I was receiving. At this time I was in fact not receiving any care at all from the healthcare team at Brook House. I spoke to my Immigration Representative at Brook House who dismissed my concerns. I then submitted a letter of complaint on 22 March 2018 (as referenced above).

⁹¹ Letter Before Claim dated 6 March 2018, Annex 634/24, page 273-375

⁹² Home Office GCID Case Records, entry dated 9 March 2018, Annex 634/6, page 187

⁹³ Home Office GCID Case Records, entry dated 12 March 2018, Relativity Code: HOM032406

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207. A Response to the letter before claim of 6 March 2018 was received by my solicitors on 20 March 2018, it stated:

“The Claimant requires a Level 3 –Self contained property which are hard to source due to the lack of availability. The Claimant’s case has been expedited with the property providers...

*The Criminal Casework Accommodation Team are unable to respond to the challenges of unlawful detention. However, your letter dated 6 March 2018 was referred to the Claimant’s case owner to respond.”*⁹⁴

208. I can see the from the Home Office GCID records that the Detention Minute of 22 March 2018 stated the following:

“As an update from our meeting on 12th, he said he had submitted a formal complaint about his treatment by healthcare soon after– but had not rec’d an acknowledgement.

On return to the office I checked with the HO Compliance Team who advised that a complaint had not been rec’d.

Separately, he said that he was becoming increasingly agitated by:

- *His 19 month detention*
- *The failure of HO to identify suitable bail accommodation*
- *The failure of Healthcare here to recognise his issues*
- *The delay in CWK responding to his reps”*⁹⁵

209. On 22 March 2018 Dr Chaudhary sent a fax to the Home Office stating the following:

*“I have spoken at length to the above detainee. Information has been reviewed in light of his PTSD symptoms and diagnosis. He is in need of specialist help from PTSD clinics. This is not available in detention. He is therefore not fit for detention.”*⁹⁶

⁹⁴ Home Office Response to Letter Before Claim, dated 6 March 2018, Annex 634/25, page 380

⁹⁵ Home Office GCID Case Records, entry dated 22 March 2018, Annex 634/6, page 189

⁹⁶ Fax from Dr Chaudhary to the Home Office dated 22 March 2018, Relativity Code: HOM032403

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210. I remember that I was provided a copy of the above fax and I sent it to my Home Office case worker. I also handed a copy to the head of my wing. I said to him that I understood they did not have the power to release me from detention but asked if they could request that I be transferred to another detention centre where I would be able to receive treatment for my PTSD and have a healthcare team who I felt safe around. This request was refused.
211. There was a meeting regarding my complaint about the healthcare team on 23 March 2018. I can see from the Consultation Information sheet that the meeting was with Sandra Calver and Dr Chaudhary. The following notes of the meeting were taken by Dr Chaudhary:

“Pt complaining that he tried to explain to the doctor that he needed a rule 35 and he felt frustrated as the doctor said he could not help him. He has shown the doctor documents regarding his documents [sic] and fel thte [sic] doctor wasn’t interested.

He was upset to learn a letter had been done stating he was fit to fly (which he had no cc test with) and fit to be detained (which he wanted to contest)

He mentions he had stopped coming to healthcare as he felt they were not listening to him.

He admits he got two reminder to come to get his medications but felt that by not going no one appeared concerned.

He mentioned not coming here often but comes when he is struggling and this has not been recognised.

He says he would like someone to listen to what he is saying. He feels like a cjhild [child] being told what to do but not being listened.

...

We explored his treatment needs and he appears to be needing PTSD specialised treatment. We explained that this cannot be offered from the detention centre and normal procedures would be to explain this to home office which has been done in a part c.

We have given him another letter stating he is not fit for detention.

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...

Patient happy with how the complaint was handled and agreed he didn't want it to go any further.

...

Pt left happy that issues were dealt with. ⁹⁷

212. My recollection from that meeting is that I was not happy with the way the issues were dealt with. I was pleased that a formal meeting had taken place because it was the first time I felt that I could explain my grievances. I was also relieved that the Home Office had been informed that I was not fit for detention. I do not remember agreeing that I did not want the complaint to go any further.

213. I can see from the documents disclosed by the Inquiry that on 26 March 2018 the Home Office responded to the fax of 22 March 2018 from Dr Chaudhary stating:

"To help us progress his case and possibly consider his release from the Detention Centre we would like more information to help us decide the best way to help him. First and foremost I would like to bring to your attention that [D643] does not have any valid Leave to Remain in the UK and as such he is not entitled to any benefits nor to free NHS treatment. Furthermore, on 3 occasions [D643] was granted Immigration bail in principle subject to provision of an approved Section 4 release address and to date Scheduled 10 Accommodation has been unable to source an appropriate property for him.

On 12 March 2018 you confirmed that [D643] is fit for detention and getting adequate care. He is not on any medication. He remains fit to fly.

Your attention is brought to the fact that on 14 December 2016 we received an up to date medical report for [D643]. The report confirmed he was fit to fly and fit to be

⁹⁷ Consultation Information Sheet of Meeting with Healthcare dated 23 March 2018, Annex 634/26, page 383

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detained. The report confirmed his [redacted]. It also confirmed his claim that the siren in the centre triggered flashbacks and he was referred to the mental health team.

...

In order us to [sic] help [D643] I would be grateful if you could provide us with the following;

- *Was Brook House Health aware of [D643] [redacted]? If so when.*
- *Was [D643] prescribed any medication for [redacted] during his stay at Brook House IRC? If so what medication*
- *Was [D643] referred to Mental Health Care team at Brook House IRC for his [PTSD]? If not please can state [sic] reasons*
- *Has been assessed by the Psychiatrist who regularly attends Brook House IRC?*
- *On 12 March 2018 you confirmed that [D643] was fit to be detained and getting adequate care. He was not on any medication. Within a period of 2 weeks you reviewed his case in light of his [redacted] and diagnosis and concluded that his is not fit to be detained. For us to fully address his release, please can you confirm the following:*
 - *Has [D643] been on any medication within the last 2 weeks. If yes we need a follow-up assessment on the medication*
 - *How is he reacting on any current medication.*

...

I would also like to reiterate that [D463] is not entitled to the free NHS treatment that he is currently receiving once he is released because of his Immigration Status. In addition, to date we have been unable to source an approved release address for him.”⁹⁸

⁹⁸ Home Office fax to Brook House Healthcare dated 26 March 2018, Relativity Code: HOM032273

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214. The documents disclosed by the Inquiry show that Dr Oozeerally responded on the same date, 26 March 2018 stating:

“He has been seen numerous times by the Mental health team in regards to his mental health issues. He was last seen and assessed by Psychiatrist in June 2016 but has repeated [sic] been offered general health and mental health and emotional support group appointments most recently which he has failed/refused to attend (by his own admission). He has disengaged from healthcare except to let us know about issues relating to his immigration case such as Rule 35 requests and reviews of his Adult at Risk status. He has stopped taking any medication, and has not had any in the last 2 weeks. It should be noted that whilst healthcare have questioned his detention, this is because of his own declaration of deteriorating symptoms and also the fact that PTSD treatment is not available within the IRC. It should also be noted that his failure to engage prevents a detailed reassessment from a psychiatric point of view... The release from detention prompted by a Rule 35 would only be merited if he was able to access PTSD treatment. I am quite sure thought that his general mental well-being would be improved if he is out of the IRC environment, as I understand he has had a prolonged detention. Finally we are happy to re-refer to the mental health team but he has already shown little interest to engage. He is fit to fly but I would suggest a medic (and no possible chance of a failed flight).”⁹⁹

215. There are a number of inaccuracies in this account. First, I had not been last seen and assessed by a Psychiatrist in June 2016. I had submitted a medico-legal report by psychiatrist Professor Fox dated 3 July 2017, an assessment by psychologist Dr Lucy Ansari dated 6 June 2017 and a Psychiatric Report by Dr Wright dated 19 January 2018. Second, I had resumed taking my medication because nurses had begun visiting my cell to administer it. So, in the two weeks Dr Oozeerally refers to in the above letter I had in fact been taking medication. When Dr Oozeerally states that I have shown little interest to engage with the mental health team I find this very unfair. I had been detained for 18 months during which time I had tried very hard to engage with the mental health team, but they had

⁹⁹ Fax from Dr Oozeerally to Home Office dated 26 March 2018, Relativity Code: HOM032273

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treated me with such disrespect and failed to offer me any support that I felt I had no option but distance myself to protect my own mental wellbeing.

216. My Detainee Detention History contains a record of internal Home Office emails as follows:¹⁰⁰

Date sent	From	To	Email
26 March 2018 10:46	Criminal Casework Team	DEPMU Detention Requests; DEPMU Population Management	D643 is currently being detained at Brook House IRC. He is suffering from Post Traumatic Stress Disorders (PTSD). We are in the process of setting his removal directions and would appreciate if D643 D643 can be moved to another Detention Centre where there are adequate medical facilities for him.”
26 March 2018 12:05	Operations Manager – Detention & Escorting Services	Criminal Casework	“A bit confused re. your request as according to our records he has spent most of his time in detention at Brook House (479 nights in total so far) and as far as we are aware Brook House has sufficient medical facilities to deal with such conditions. Unless Brook House advise they are unable to continue to provide him with the care that he requires he will remain at Brook House.”
26 March 2018 12:22	Criminal Casework	DEPMU Population Management; DEPMU	“On 23 March 2018, Brook House Healthcare informed us that D643 is now in need of specialist help for his PTSD.”

¹⁰⁰ Detainee Detention History Records, email exchange dated 26 March 2018, Annex D43/12, 273 - 275

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		Detention Requests	
26 March 2018 12:26	Operations Manager – Detention & Escorting Services	Criminal Casework	<p><i>“Perhaps they mean outside specialist care, hospital etc.</i></p> <p><i>The most sensible thing to do is to liaise with Brook House to confirm what they meant by specialist care and to discuss the next best course of action in terms of his onward care.”</i></p>

217. I can see that the Home Office GCID Records contains an entry on 4 April 2018 by ‘Jan CCAT’ which states:

“CCAT received email from BID [Bail for Immigration Detainees] regarding the length of detention and claiming that FC is medically unfit for detention. I responded that I had forwarded onto caseworking team and emailed to HEO and caseworker for their response.”¹⁰¹

218. On 12 April 2018 there is an entry in my Home Office GCID Records by ‘A Ramyeed CC 19’ which states:

“This case has been discussed with Rachel (CEO) and Michesh (WFM) regarding [D643] [D643] AAR level. On 23 March 2018 healthcare informed us that [D643] is no longer fit to be detained because of his PTSD symptoms and diagnosis. He needs specialist help from PTSD clinics which is not available in detention.

On 27 March 2018 Healthcare confirmed that they are happy to re-refer [D643] to the mental health team but he has shown little interest to engage. He is fit to fly but a medic is required.

¹⁰¹ Home Office GCID Case Records, entry dated 4 April 2018, Annex D643/6, page 192

Witness Name: [D643]
Statement No: First
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Before increasingly his AAR level from 2 to 3 was advised we need an update on [D643] [D643] current health situation and whether he is engaging with the mental health team.

Please note that to date, CCAT has been unable to secure a property for [D643] release despite he was granted [sic] bail in principle”¹⁰²

219. Having spoken to my solicitor about the above records, it is not clear to me why increasing my AAR level from 2 to 3 was contingent on my engagement with the mental health team. My understanding is that the AAR level is dependent on the weight of evidence, not a detainee’s engagement with the health services offered – particularly when the doctor from those health services has confirmed that the treatment I required for my PTSD could not be provided.

220. I can see, however, from my Detainee Detention History records that my Adult at Risk level was updated¹⁰³:

<u>Special Condition Type</u>	<u>Lodged Date</u>	<u>Notes</u>
Adult at Risk – level 3	23 March 2018	“Healthcare informing us that [D643] is no longer fit to be detained because of his PTSD symptoms and diagnosis. He needs specialist help from PTSD clinics which is not available in detention.”

221. My solicitor has explained to me that the Adult at Risk Policy states that detention can be maintained for a detainee found to be a Level 3 adult at risk where they have been subject to a 4 year plus custodial sentence. This is regardless of whether they pose a risk of reoffending. My Oays Assessment found that I posed a low risk of reoffending, as was noted in my Detention Review of 11 March 2017.¹⁰⁴

222. However, I understand that the policy also states:

¹⁰² Home Office GCID Case Records, entry dated 12 April 2018, Annex D643/6, page 193

¹⁰³ Detainee Detention History, entry dated 23 March 2018, Annex D643/6, page 271

¹⁰⁴ Detention Review dated 11 March 2017, Annex D643/16, page 304

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“The above is intended as a guide rather than a prescriptive template for dealing with cases. Each case must be decided on its own merits, taking into account the full range of factors, on the basis of the available evidence.”

223. On 25 April 2018 I received a response to my letter of complaint of 22 March 2018 from Sandra Calver, Head of Healthcare IRCs. The letter states:

“You complained that you were unhappy with the attitude of the doctors and the responses you received from them

- On receiving your complaint I arranged a meeting with yourself, one of the doctors and myself*
- All of your complaints were discussed and were addressed in the meeting (see attached document of consultation as recorded in medical records)*
- I am pleased to say at the end of the consultant you were happy that no further action needed to be taken with your complaint as you felt you had been listened to*
- Thus I concluded that medical staff at Brook House acted in a reasonable way.*

I have been unable to uphold your complaint that concerned the medical management of your condition.”¹⁰⁵

224. I do not remember receiving this letter but on reviewing it I can see that this does not satisfactorily address my concerns, it merely states that all issues were dealt with at the meeting which, as set out at para 212 above, was not the case in my opinion.

Lock-in 26-27 March 2018

225. All detainees at Brook House were locked in their cells between 9pm on 26 March and 1:30pm on 27 March 2018. At the time we were not told why we were locked in our cells for this extended period of time. Afterwards we found out that the officers had been conducting a centre-wide drug search.

¹⁰⁵ Letter from Sandra Calver dated 25 April 2018, Annex D643/27, pages 386-387

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226. We did not receive any food during this 16 hour period. I set out further detail in a letter of complaint which I believe I wrote a few days after this incident, I do not recall the exact date:

“Detainees at the centre started to bang on there [sic] doors, making loud noises, because of the length of time they lock us up behind our doors. No one was informed to us let us know what was going on. They came to our room without explanation and tell us they are going to search our cells. First they search us then searched the cells and after that they lock us back up and moved on the next cell.

The loud banging on the doors was triggering my PTSD condition, for it was like a mental torture. The constant noise made me feel like as [sic] was back in a war soon [sic] again, all I wanted to do is to get out and get away from that situation. So I can get back some normality that day a carry on with my daily routine.”¹⁰⁶

227. My solicitor submitted a formal complaint on my behalf on 26 April 2018, noting that the Detention Centre Rules 2001 state as follows:

“The purpose of detention centres shall be to provide for the secure but humane accommodation of detained persons in a relaxed regime with as much freedom of movement and association as possible, consistent with maintaining a safe and secure environment, and to encourage and assist detained persons to make the most productive use of their time, whilst respecting in particular their dignity and the right to individual expression.” [Rule 3(1)]

“Due recognition will be given at detention centres to the need for awareness of the particular anxieties to which detained persons may be subject and the sensitivity that this will require.” [Rule 3(2)]¹⁰⁷

228. My solicitor never received a response to this letter.

Use of Force and Removal from Association

¹⁰⁶ Letter of Complaint re. Use of Force to Brook House IRC, undated, Annex D643/28, page 389

¹⁰⁷ Formal Letter of Complaint from Duncan Lewis to Home Office dated 26 April 2018, D643/29, page 395

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229. I refer to my letter of complaint written in the days after the incident (this is the same letter referred to at para 226) which sets out what happened on 27 March 2018 when I was released from the lock-in. I have re-read this letter and can confirm that it accurately reflects what happened:

“The door open at 1:30 pm [sic] and we had lunch. After I finish lunch I went to the association door and waiting for them to call time for association. I sat on a table next to the door talking to one of the officer.

A detainee from Iraq or Afghan was bullying a other [sic] detainee. I said the to the [sic] Iraq or Afghan detainee to leave the other detainee alone. The Afghan detainee who was bullying the other detainee came over to me and ask me to box with him. I said come on as we always joke. But he was shouting in and [sic] aggressive way. I did not want the situation to escalate so I moved and sat down back on the table were [sic] I was.

The detainee from Iraq or Afghan went away and came back appear to carry some form of weapon in his packet. He came up in front my face and started ti shout at me in a very aggressive way as if he was going to hit me. At the time I felt threaten and push him away with the palm of my hand. He then went to his packet as if he was going to pull a weapon. So I went for a broom stick that was next to the table I was sitting on. The situation was neutralised and no one get hit with or hurt officer pull us apart and take us away. He had a pool ball in his pocket to used as a weapon.

After that the officer asked me what happen I explained what happened. He then told me that I would have to go to the block in isolation confinement. I said to him that I am not going because I felt like I haven't done anything wrong and if he want me to go he will have to physically take me there.

I then went to work as I am a [Sensitive/Irrelevant] I worked for two hours and stopped with association time finished. I walked back to my cell an officer say he want to have a word with me. He asked if he can come to my cell I replied yes. We walked to the room he sat on a cheer [chair] while I sat on my bed. He asked me about the altercation that happen earlier I explained what happen and he said that they going to take me to

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isolation. He said I should walked [sic] with him. I said that I did not do anything wrong so am not going, he then said ok and walked out of the room.

Ten minutes later I was just getting change for gym when the door of my cell open, there were at lease [sic] six people there in riot gear. One of the officer said to me that I need to come with them to E wing which is the isolation confinement wing. I said am not going, am here do what you want. The office tell the office to get him. One of the officer rush me and hit me in my head with riot gear and knock me unconscious. My hand was at my side and I was not speaking aggressively or act in and [sic] aggressive motion, I was not aggressive at all. He hit me with the shield in my head and knock me unconscious. By then I past [sic] out I don't know what happen after that. But when I came back around I was in extreme pain. My face was press down on the wall with there hands, my was hand cuff [sic] being my back, my legs was fold back words [sic] towards my back and two officer was standing on my shoulder. I did not know what was going on because I knock unconscious and confuse [sic]. In my confused sated [sic] I can herd [sic] the nurse saying that I am breathing so I am ok. They did no check to see if I had concussion as I was knock unconscious she just look at me and said am ok.

The officer then ask me to stand on my feet and walk, but I did not reply my stress level has gone sky high and my brain shut down uncontrollable all I could think about is die [sic]. I felt that I in a war zoon [zone] and I been capture by the enemy. That was what was going in my head I was not replying to any question they asked. I can hear them talking but I couldn't hear what they were saying because my mind was not there. They left me up and carry me that even made the situation more painful. The two persons the was [sic] holding my hands was pulling them apart making the hand cuffs tighter which then cutting into my hands made it extremely painful. "¹⁰⁸

230. I remember that the nurse from healthcare who came to check that I was okay only checked that I was breathing, nothing more. Healthcare were fully aware that I was suffering from PTSD and that officers in riot gear instigating a violent attack on me without

¹⁰⁸ Letter of Complaint re. Use of Force to Brook House IRC, undated, Annex D643/28, pages 390-391

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warning would trigger my condition. To my knowledge, no consideration was given to how this might be a traumatising and psychologically damaging experience for me.

231. The only additional detail I would add, which is set out in the letter of complaint by my solicitor of 26 April 2018,¹⁰⁹ is that when the officers were escorting me to E wing they were deliberately slamming my head into the door frames. They were laughing at me, they saw it as a sport.

232. No one else witnessed this incident as the detainees were locked in their cells after dinner. The only other people who may have witnessed this were the cleaners but I cannot remember if they were present.

233. I was segregated for approximately 17 hours. During this time I believed that I had been kidnapped by insurgents and I was banging my head against the wall. I was only in my gym clothes, shorts and a T shirt and I was not provided with any clothes so I was very cold.

234. I have first aid training from the army, so I know that when someone is knocked unconscious it is important to check for concussion or other head injuries. I had a bad headache but I was not seen by a doctor.

235. In terms of the officers involved, I believe that Steve Dix was overseeing the incident. It was difficult to identify the officers who was in riot gear. The Record of Complaints disclosed by the Inquiry states that the following staff members were linked to the complaint:

Shane Farrell

Nassir Chowhdury

Abid Qureshi

Reginald Clark (from TH)

Jason Murphy

Alex Powell

Darren Grant

¹⁰⁹ Formal Letter of Complaint from Duncan Lewis to Home Office dated 26 April 2018, Annex D643/29, page 397

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236. I remember that I told Luke Instone-Brewer that I had not had anything to eat since I had been taken to the CSU but he did not do anything.

237. My solicitors have explained to me what Rule 40 of the Detention Centre Rules means and when it can be used. Until then I had not heard of Rule 40 and it was not explained to me at the time. I understand it provides that:

(1) Where it appears necessary in the interests of security or safety that a detained person should not associate with other detained persons, either generally or for particular purposes, the Secretary of State (in the case of a contracted-out detention centre) or the manager (in the case of a directly managed detention centre) may arrange for the detained person's removal from association accordingly.

(2) In cases of urgency, the manager of a contracted-out detention centre may assume the responsibility of the Secretary of State under paragraph (1) but shall notify the Secretary of State as soon as possible after making the necessary arrangements.

(6) Where a detained person has been removed from association he shall be given written reasons for such removal within 2 hours of that removal.

238. I do not remember being provided with written reasons relating to my removal from association at any time. As is clear in my account set out above, I posed no risk to the safety and security of the centre because:

1) I had not acted in an aggressive manner at any time;

2) Even if I had acted in an aggressive manner, no altercation took place and the situation was neutralised. The fact that there was no urgency is reflected in the 2 hour gap between the 'incident' and when I was informed that I would be removed from association.

239. In my view, Rule 40 was used as a form of punishment against detainees and not as a mechanism to ensure the safety or security of the centre.

¹¹⁰ Entry in Record of Complaints dated 9 April 2018, Relativity Code: CJS0000651

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240. I can see from the Record of Complaints from Brook House as disclosed by the Inquiry that the 'Nature of Complaint' column states as follows:

"Simon Murrell emailed to ask "Have you received a complaint from [REDACTION – D643]? He was complaining of excessive use of force when relocated during the full centre search". He also emailed Mark Demian "Mark – Did you view the footage of the relocation?" There was nothing on our system & Detention Services had nothing.

It appeared that [REDACTION – D643] had raised concerns during a Rule 40 review with Simon Murrell & Mark Demian on 28/03/18. It was written in the report by Simon Murrell "gave a calm version of events, on how he believed that another detainee wanted to assault him. Had an altercation & was requested by staff to walk to CSU. He refused & relocated by C&R team. States he has PTSD & manages it himself through going to the gym, his job as [Sensitive/Irrelevant] Unhappy the level of force used on him by staff. M Demian to review use of force footage. M Demian offer for him to make a complaint if unhappy. Stated he is happy to meet with other detainee & will not cause any problems. Rule 40 regime concluded. States he was not given dinner on Rule 40 regime. Noted that he did not have more than shorts & trainers".

As the detainee made a verbal complaint whilst in CSU about excessive force Simon Murrell asked - can this be looked into?

*Sent to Mark Demian & Dave Killick to request review of footage & to provide findings to Steve."*¹¹¹

241. I understand the CCTV footage of this incident was requested in the formal letter of complaint sent by my solicitor dated 26 April 2018. To-date, to my knowledge, G4S has not disclosed this footage.

242. The 'Brief outcome of case' column of the Brook House Complaints Records states:

"20/04/18 - Dave Killick emailed "I have reviewed the [REDACTION – D643] use of force, log 63. 'DCM Dix ran the use of force well and spoke to D643 checking he was

¹¹¹ Entry in Record of Complaints dated 9 April 2018, Relativity Code: CJS0000651

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ok and had healthcare there checking in D643 too/ The use of force was necessary reasonable, proportionate and no more force the necessary was used.’¹¹²

243. On 23 April 2018 I received the letter of response to my complaint which stated:

“To date, we have not received anything in writing from you, but I wanted to reassure you that I have viewed the footage of the use of force on you, and so has our Use of Force Coordinator. I can confirm from the footage that the supervising Detainee Custody Manager (DCM) informed you what would happen if you did not walk down by yourself and that you were given chances throughout the use of force to walk, but you did not communicate. To ensure the use of force was controlled in a safe manner, the team were rotated so staff did not get fatigued and it was felt by our use of force coordinator that the supervising DCM ran the use of force well, speaking to you and checking that you were ok and we had healthcare there checking on you too.

The opinion from both our Use of Force Coordinator and I is that the use of force was necessary, reasonable and proportionate and no more force than necessary was used. Any use of force is always a last resort and it was felt that in your circumstances, due to your non-compliance, there was no other alternative....

If you would like to raise a formal written complaint you are welcome to do so and I have enclosed a copy of the Home Office complaints form(called a DCF9 form) for you to complete...”¹¹³

244. I do not know why my written complaint was not received, as set out above, it was submitted on 22 April 2017 and I placed it in the complaints box. The response does not address why use of force was used in the first place when there was no justification for placing me on Rule 40 some hours after a potential altercation had already been neutralised. There is no reference to if and how my mental health issues were taken into consideration when force was used. The letter also fails to recognise that as a result of my PTSD I was unable to verbally communicate with officers in the midst of a mental ‘meltdown’. In my

¹¹² Entry in Record of Complaints dated 9 April 2018, Relativity Code: CJS0000651

¹¹³ G4S Letter of Response dated 23 April 2018, Annex D643/30, page 403

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opinion both the officers and healthcare professionals should have been trained to recognise when a sufferer of PTSD has gone into such a meltdown and act accordingly.

Release from detention

245. My solicitor emailed the CCAT team on 29 March 2018 following my third grant of conditional bail on 23 March 2018 requesting an update on what steps had been taken to expedite my case.¹¹⁴ No response was received.

246. My solicitors emailed the CCAT team again on 13 April 2018 stating:

“It is submitted that the inaction of the CCAT team constitutes an abuse of power for its effect of circumventing three order of the First-tier Tribunal and for preventing [D643] from securing actual release further to a grant of bail in principle. It is submitted that the failure to source accommodation is unlawful as in breach of [D643] Article 5 ECHR rights.”¹¹⁵

No response was received.

247. On 3 May 2018 my solicitors issued a judicial review on my behalf challenging my unlawful detention. The Order of Whipple J dated 3 May 2018 provided that the Defendant file and serve their response by 4pm on 11 May 2018 with a hearing to be listed on 18 May 2018. The observations stated:

“There is plainly some urgency about this matter.”¹¹⁶

248. The Home Office sourced a release address and I was released from detention on 8 May 2018. My case was subsequently transferred to the County Court and on 5 November 2019 by consent order it was agreed that the Home Office pay me [Commercially sensitive] in full and final settlement of the claim for unlawful detention.¹¹⁷ They offered no apology and they did not accept any responsibility for their unlawful actions.

¹¹⁴ Duncan Lewis email to CCAT Team dated 29 March 2018, Annex D643/31, page 406

¹¹⁵ Duncan Lewis email to CCAT Team dated 29 March 2018, Annex D643/31, page 405

¹¹⁶ Order of Whipple J dated 3 May 2018, Annex D643/32, page 408

¹¹⁷ Consent Order dated 5 November 2019, Annex D643/33, page 411

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249. I address in the following paragraphs some of the additional information requested by the Inquiry in the Rule 9 Request and areas which I have not yet covered in this statement.

Legal Advice/Visits

250. I was not eligible for legal aid during the periods I was detained at Brook House. I instructed solicitors privately. I found it difficult to contact my solicitors because when there was a flight the internet would invariably go down. Initially I believed this to be a coincidence but I was in Brook House long enough to notice that without fail every time there was a flight the internet would be down and very often our phones would lose signal and the fax machine would also fail.

251. Staff would not allow detainees to use fax machines in other wings which meant that there were often long delays and you could not rely on being able to send a message to your lawyers with any urgency. We were provided a phone and credit but if the credit ran out you were required to top it up with your earnings. Therefore if you were not working you would often run out of credit and be unable to call your lawyers.

252. I did not have any visitors during my time at Brook House other than a woman from Gatwick Detainee Welfare Group who used to come and visit me.

Impact of Charter Flights on Centre Environment

253. Charter flights had a huge impact on the atmosphere at Brook House. In addition to the inevitable anxiety to detainees when the internet went down (as set out at above), the entire centre descended into a panic.

254. I remember seeing detainees attempting to eat razor blades, jumping onto the 'suicide safety nets, self-harming with whatever implements they could find and trying to overdose on medication. The frequency of these incidents coincided very obviously with charter flights. The hardest time to be detained at Brook House was undoubtedly when a flight was imminent, which was around twice a month during the time I was detained.

Drugs

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255. I have never taken drugs in my life. I witnessed the widespread drug problem at Brook House but I was never part of this.

256. Every day I would see detainees high on spice, I saw detainees hallucinating and harming themselves. In my opinion the staff did not have adequate training to handle drug use and did not know how to deal with such situations. I have first aid training so would help to put detainees into the recovery position – some of the officers did not even know the basics such as this. I had to report to the office when detainees had passed out because there were often not enough staff on duty to help keep everyone safe.

257. I was aware that staff were smuggling drugs into the centre. I cannot recall exactly who, but I remember there were rumours that there was a woman who worked for G4S who would offer drugs to the detainees.

Protests/food refusal

258. I never took part in any protests. I did observe some forms of protest such as detainees jumping on to the safety netting or refusing food. I believe that this is what happens when people with mental health conditions are contained in poor conditions without access to adequate medical attention. My understanding is that most of the protests which took place were against the attitudes and behaviour of the medical staff and officers.

Impact of detention at Brook House since release

259. I would say that I endured psychological torture at Brook House, the effects of which I am still suffering. I continue to suffer from PTSD and I believe that my experiences in detention and not having access to adequate specialist treatment during this 20 month period has hindered my recovery.

260. When I was released from detention I was referred by my GP to receive treatment from a psychiatrist at Warneford Mental Health Hospital in DPA My faith in medical professionals had been so shaken by the treatment I had received by the Brook House Healthcare that I was extremely anxious. I did not feel able to trust the psychiatrist on meeting her, it was as though I was waiting for her to disbelieve me or act in the hostile manner than I had become accustomed to at Brook House. I was unable to move past my

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fear that she would turn out to be like the healthcare staff and doctors at Brook House and, as a result, I did not feel able attend any further sessions with her.

261. I was referred to a psychologist who works for the **DPA** Veterans Mental Health Partnership. I received face-to-face therapy from her for 2 and a half years. During this time I also received weekly sleep therapy. I found it helpful to receive face-to-face therapy outside a detention environment. A lot of the treatment I received focused, however, on recovering from the trauma I suffered at Brook House.

262. Even now, almost 4 years later, I do not feel that I have fully recovered from the treatment I was subjected to at Brook House. I still suffer from flashbacks, in particular in relation to the use of force incidents outlined above and the way I was treated by the healthcare professionals, in particular Dr Chaudhary and Dr Oozeerally.

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: **Signature**

Dated: 14 February 2022

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TABLE OF DOCUMENTS - ANNEX D643

Footnote	Document Name	Date	Annex/page number/Relativity Code
1.	Deportation Order	20.08.2015	Annex D643/1, pages 6
2.	Medical Records	26.05.2016	Annex D643/2, page 17
3.	Letter from Tony Gauvin, PTSD Resolution, to Ineyab Solicitors	Undated	Annex D643/3, page 123
4.	Letter from Tony Gauvin, PTSD Resolution, to Ineyab Solicitors	Undated	Annex D643/3, page 123
5.	Medical Records	15.06.2016	Annex D643/2, page 28
6.	Medical Records	15.06.2016	Annex D643/2, page 28
7.	Medical Records	17.06.2016	Annex D643/2 page 29
8.	Medical Records	20.06.2016	Annex D643/2 page 29
9.	Medical Records	27.06.2016	Annex D643/2 page 29
10.	Medical Records	28.06.2016	Annex D643/2 page 30
11.	Medical Records	29.06.2016	Annex D643/2 page 30
12.	Medical Records	06.07.2016	Annex D643/2 page 31
13.	Medical Records	07.07.2016	Annex D643/2 page 31
14.	Letter from Mrs P Duffy, Complaints Manager NHS England South to D643 D643	23.02.2017	Annex D643/2, page 114

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15.	Further Representations	05.08.2016	Annex D643/4, page 126
16.	Home Office letter refusing further representations	16.08.2016	Annex D643/5, page 135
17.	Home Office GCID Case Records (undated entry)	undated	Annex D643/6, page 139
18.	Home Office GCID Case Records Entry	18.09.2016	Annex D643/6, page 139
19.	Medical Record	27.09.2016	Annex D643/2, page 42-43
20.	Medical Record	28.09.2016	Annex D643/2, page 43
21.	Letter from Duncan Lewis to the Home Office requesting client's Temporary Admission	29.09.2016	Annex D643/7, page 201
22.	Medical Records	10.10.2016	Annex D643/2, page 46
23.	Medical Records	16.10.2016	Annex D643/2, page 49-50
24.	Medical Records	18.10.2016	Annex D643/2, page 51-52
25.	Medical Records	20.10.2016	Annex D643/2, page 52
26.	Medical Records	22.10.2016	Annex D643/2, page 53-54
27.	Medical Records	25.10.2016	Annex D643/2, page 54
28.	Medical Records	24.10.2016	Annex D643/2, page 54
29.	Letter of Complaint re. Use of Force	08.11.2016	Annex D643/8, pages 205-206
30.	Medical Records	07.11.2016	Annex D643/2, page 56
31.	Form F213 Report of Injury to Detainee	07.11.2016	Annex D643/2, page 119-120

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32.	Medico-Legal Report by Dr Wright	05.12.2016	Annex D643/9, page 212
33.	Medical Records	09.12.2016	Annex D643/2, page 64
34.	Rule 35(1) Report by Dr Jane Fowler	09.10.2016	Annex D643/11, pages 258-259
35.	Home Office GCID Records	14.12.2016	HOM032277
36.	Home Office Rule 35(1) Response	20.12.2016	Annex D643/11, pages 266-267
37.	Home Office GCID Case Records	21.12.2016	HOM032310
38.	Detainee Detention History Records	21.12.2016	Annex D643/12, page 282
39.	Detainee Detention History Records	21.12.2016	Annex D643/12, page 282
40.	Detainee Detention History Records	21.12.2016	Annex D643/12, page 282
41.	Detainee Detention History Records	Undated	Annex D643/12, page 270
42.	Medical Records	21.12.2016	Annex D643/2, page 67
43.	Medical Records	21.12.2016	Annex D643/2, page 67
44.	Medical Records	22.12.2016	Annex D643/2, page 67-68
45.	Medical Records	23.12.2016	Annex D643/2, page 69
46.	Medical Records	April 2017	CJS0072763
47.	Letter from Tony Gauvin, PTSD Resolution, to Ineyab Solicitors	Undated	Annex D643/3, page 123
48.	Medical Records	05.01.2017	Annex D643/2, page 70
49.	Medical Records	11.01.2017	Annex D643/2, page 71-72

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50.	Rule 35(1) Report by Dr Puvanendran	29.01.2017	Annex D643/13, page 286-289
51.	Medical Records	31.01.2017	Annex D643/2, page 76
52.	Medical Records	31.01.2017	Annex D643/2, page 76
53.	Email exchange between D643 and Combat Stress	12.01.2017	Annex D643/14, page 295
54.	Home Office Rule 35(1) Response	09.02.2017	Annex D643/15, page 298-300
55.	Medical Records	10.02.2017	Annex D643/2, page 77
56.	Medical Records	06.03.2017	Annex D643/2, page 80
57.	Medical Records	20.02.2017	Annex D643/2, page 79
58.	Detention Review	11.03.2017	Annex D643/16, page 305
59.	Fax from D643 to the Home Office	22.03.2017	Annex D643/17, page 323
60.	Home Office GCID Case Records	Various	HOM0331659
61.	Monthly Progress Report	25.04.2018	Annex D643/18, page 326
62.	Medical Records	03.04.2017	Annex D643/2 page 84
63.	Medical Records	25.04.2017	Annex D643/2, page 86-87
64.	Medical Records	26.04.2017	Annex D643/2, page 87
65.	Detention Review	05.05.2017	HOM032286
66.	Detention Review	05.05.2017	HOM032286
67.	Medical Records	09.05.2017	Annex D643/2, page 88
68.	Home Office GCID Case Records	12.06.2017	Annex D643/6, page 165
69.	Medical Records, fax from Brook	15.06.2017	Annex D643/2, page 121

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	House Healthcare to Home Office		
70.	Medical Report by Dr Lucy Ansari	16.06.2017	HOM0331661
71.	Medico-Legal Report by Dr Owen Davies	20.06.2017	HOM032372
72.	Detention Review	29.06.2017	HOM032284
73.	Medico-Legal Report by Professor Fox	03.07.2017	HOM032459
74.	Detention Services Security Information Report	08.07.2017	CJS004777
75.	Further Representations submitted by D643 to the Home Office	23.07.2017	HOM032423
76.	Detention Review	25.08.2017	HOM032277
77.	Medical Records	03.10.2017	Annex D643/2, page 99-100
78.	Minutes of Independent Monitoring Board Meeting	18.10.2017	IMB0001646
79.	Rota Visit Notes by Louise Gledhill, IMB	08.11.2017	IMB0001647
80.	Home Office GCID Case Records	20.11.2017	Annex 643/6, page 174

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81.	Medical Records	08.05.2017	Annex 643/2, page 115
82.	Medical Records	11.05.2017	Annex 643/2, page 116
83.	Medical Records	23.05.2017	Annex 643/2, page 117
84.	Grant of Bail in Principle	13.12.2017	Annex 643/19, page 333
85.	Grant of Conditional Bail	09.02.2018	Annex 643/20, page 336
86.	Grant of Conditional Bail	23.03.2018	Annex 643/21, page 338
87.	Letter of Complaint to Brook House Healthcare	22.03.2018	Annex 643/22, page 342
88.	Letter of Complaint to Brook House Healthcare	22.03.2018	Annex 643/22, page 342-343
89.	Form IS91 Part C by Dr Oozeerally	15.01.2018	Annex 643/23, page 345
90.	Letter of Complaint to Brook House Healthcare	22.03.2018	Annex 643/22, page 342
91.	Letter Before Claim from Duncan Lewis	06.03.2018	Annex 643/24, page 372-375
92.	Home Office GCID Case Records	09.03.2018	Annex 643/6, page 187
93.	Home Office GCID Case Records	12.03.2018	HOM032406
94.	Home Office Response to Letter Before Claim	06.03.2018	Annex 643/25 page 380

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95.	Home Office GCID Case Records	22.03.2018	Annex 643/6, page 189
96.	Fax from Dr Chaudhary to the Home Office	22.03.2018	HOM032403
97.	Consultation Information Sheet of meeting with Healthcare	23.03.2018	Annex 643/26, page 383
98.	Home Office fax to Brook House Healthcare	26.03.2018	HOM032273
99.	Fax from Dr Oozeerally to the Home Office	26.03.2018	HOM032273
100.	Detainee Detention History Records	26.03.2018	Annex D643/12, page 273-275
101.	Home Office GCID Case Records	04.04.2018	Annex D643/6, page 192
102.	Home Office GCID Case Records	12.04.2018	Annex D643/6, page 193
103.	Detainee Detention History Records	23.03.2018	Annex D643/12, page 271
104.	Detention Review	11.03.2018	Annex D643/16, page 304
105.	Letter from Sandra Calver, Head of Healthcare to D643 D643	25.04.2018	Annex D643/27, page 386-387

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106.	Letter of Complaint to Brook House IRC re. Use of Force	Undated	Annex D643/28, page 389
107.	Formal Letter of Complaint from Duncan Lewis to Home Office	26.04.2018	Annex D643/29, page 395
108.	Letter of Complaint to Brook House IRC re. Use of Force	Undated	Annex D643/28, page 390-391
109.	Formal Letter of Complaint from Duncan Lewis to Home Office	26.04.2018	Annex D643/29, page 397
110.	Entry in Record of Complaints	09.04.2018	CJS0000651
111.	Entry in Record of Complaints	09.04.2018	CJS0000651
112.	Entry in Record of Complaints	09.04.2018	CJS0000651
113.	G4S Response Letter to Complaint	23.04.2018	Annex D643/30, page 403
114.	Duncan Lewis email to CCAT Team	29.03.2018	Annex D643/31, page 406
115.	Duncan Lewis email to CCAT Team	13.04.2018	Annex D643/31, page 405
116.	Order of Whipple J	03.05.2018	Annex D643/32, page 408
117.	Consent Order	05.11.2019	Annex D643/33, page 411

Witness Name: D643

Statement No: First

Exhibits: Annex D643