

General Practice Care for Asylum Seekers and Refugees



Information Pack for GPs in Galway

“I once told my daughter that what keeps
the Earth turning are the thousands of immigrants
walking to new destinations every day,
pushing the planet around and around
with their millions of footsteps.”
(Anonymous)

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Introduction

The arrival of refugees and asylum seekers in Ireland and the ensuing diversity is part of an unprecedented pattern of migration into Ireland.¹ To date, the Irish health sector has not had to address diversity in healthcare delivery on such a large scale or for such a wide variety of cultural groups.

Due to the broad range of health needs of refugees and asylum seekers, this is a challenging area for General Practitioners. A Department of Health and Children/ Irish Medical Organisation workload study² contends that this leads to an increased workload for General Practitioners dealing with asylum seekers, especially initially, while studies in the UK show inequitable distribution of asylum seekers across practices suggesting some practices are reluctant to provide care.^{3,4}

The Department of Primary Care, Health Service Executive West and the Department of General Practice, National University of Ireland, Galway and the Galway Refugee Support Group identified the need for a joint initiative to examine and improve the provision of healthcare services to refugees and asylum seekers in Galway. The post of the Fellow in Refugee and Asylum Seeker Healthcare was established in 2004.

This guide has been developed as part of this post with support of the steering group:

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By no means is this document complete or definitive. Any errors lie with the authors. Its aim is to support the busy General Practitioner in the West of Ireland. It provides brief, practical and hopefully useful information, for General Practitioners caring for refugees and asylum seekers.

Comments and suggestions are very welcome to the address below.

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Chapter 1

Glossary of Key Terms

Asylum-seekers

Persons who seek to be recognised as refugees in accordance with the terms of the 1951 Convention.⁸

Who is a Refugee?

"Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of her/his nationality and is unable, or owing to such fear, is unwilling to avail her/himself of the protection of that country; or (any person) who, not having a nationality and being outside the country of her/his former habitual residence, is unable, or owing to such fear is unwilling to return to it."

*UN (Geneva) Convention on Refugees, 1951*⁵

Refugees

- 'Programme' Refugees, i.e. persons who have been invited to Ireland on foot of a Government decision in response to humanitarian requests from bodies such as UNHCR. (e.g. Bosnians [1992-97]).^{6,8}
- 'Convention' Refugees, i.e. persons who fulfil the requirements of the definition of a refugee under the 1951 Convention and are granted refugee status.^{7,8}

Economic Migrant

An economic migrant is a person who voluntarily migrates to Ireland having acquired a work visa to undertake employment in the state. Migrant workers from outside the EEA must have a work visa or their employer must hold a work permit to allow them to enter employment.⁹

Leave to Remain

Permission granted to a person to remain in the state. This is granted at the discretion of the Minister for Justice and may be granted, for example, to a person who does not fully meet the requirements of the definition of a refugee under the 1951 Convention, but who, the Minister decides, should be allowed to remain in the state for humanitarian reasons.⁸

Direct Provision

Under the 'direct provision' system, introduced in April 2000, asylum seekers are housed in shared, hostel-type accommodation centres across the country. Residents of direct provision centres are provided with food, lodging and a guaranteed weekly cash payment of €19.10 per adult or €9.60 per child.¹⁰

Chapter 2

Myths and Misinformation about Asylum Seekers

Recent Headlines from the Irish Independent Newspaper

“ABUSE OF THE ASYLUM SYSTEM”

(August 1, 2006)

“WHY THE TIME IS RIGHT TO STEM THIS FLOW OF IMMIGRANTS, BEFORE IT'S TOO LATE”

(May 30, 2006)

“ETHIOPIAN OFFICIALS 'PLANNING FOR FAMILIES TO SEEK ASYLUM HERE”

(April 11, 2006)

“RECORD CRACKDOWN BY AUTHORITIES ON 'ASYLUM SHOPPERS”

(December 19, 2005)

“UP TO 50M PAID OVER 'BOGUS WELFARE”

(September 28, 2005)

“ANOTHER PLANELOAD OF FAILED ASYLUM SEEKERS SENT HOME”

(September 14, 2005)

United Nations Secretary General Kofi Annan stated that there was a growing tendency to equate refugees *"at best with economic migrants, and at worst with cheats, criminals or even terrorists"*.⁹

The Numbers of Asylum Seekers Coming To Ireland

There has been much exaggerated and alarmist comment about the number of asylum seekers coming to Ireland in recent years.⁹ Apart from the fact that Ireland, like most other countries in the world, has an international obligation to provide protection to people fleeing persecution, the following points are relevant:

- Asylum seekers are a relatively small proportion of the total inward migration into Ireland in recent years. In the 5-year period 2001-2005:
 - A total of 1,946,200 people sought asylum in Europe¹¹
 - 38,950 (2%) of these sought asylum in Ireland¹¹
 - The UK, France and Germany accounted for a combined total of 881,940 (45.3%)¹¹
 - Ireland was in 13th place behind the Czech Republic and just ahead of Greece and Poland¹¹
 - The total number of recognized refugees in Ireland was only 6,209¹²
 - 36% (106,700) of the total immigration into Ireland was returning Irish migrants, 12% (36,100) came from the UK, 4% (11,400) from the USA, 22% (65,500) from the rest of the EU and 27% (79,900) were from the rest of the world.¹³

- The vast majority of the world's refugees continue to seek asylum in an immediate neighbouring country or within their region, for example, millions of people from Afghanistan sought protection in Iran or Pakistan. In 2005 there were 9.2 million refugees and a total population of concern of 19.2 million.¹⁴

Offensive “Labels”

Offensive labels have been applied to asylum seekers by those who would claim they are work-shy and out to exploit our public services. Aside from the humanitarian considerations of providing adequate shelter and support for the people who need it, the following points are relevant:⁹

- Asylum seekers are not treated more favourably than Irish citizens and are not, for instance, given assistance towards the cost of cars, mobile phones or socializing.
- Asylum seekers are accommodated in full-board accommodation centres across Ireland, and receive €19.10 per adult per week, and €9.60 per child and child benefit.¹⁰ Discretionary needs payment can also be provided in exceptional circumstances.
- If accommodation was not provided to asylum seekers, many would be homeless because of existing shortages and the cost of accommodation in Ireland.
- Asylum seekers are not allowed to enter into employment until they are granted refugee status. There are many asylum seekers who work in a voluntary capacity in community and refugee projects while they are waiting for their asylum application to be assessed.
- Asylum seekers are sometimes referred to as “bogus” or having “unfounded claims”. While some asylum seekers in Ireland are found, following an independent determination process, not to have met the definition of refugee contained in the 1951 Geneva Convention and in the Refugee Act, 1996, terminology such as “bogus” is prejudicial and should be avoided. The use of such terms ignores the fact that many asylum seekers, even though they may not qualify for refugee status under the Geneva Convention, are forced to leave their country of origin because of dire economic, political or social circumstances.

Crime

The Gardai have dismissed the contention that there is a crime-wave among asylum seekers as “hyperbole”, or exaggeration. To label a whole community for the transgressions of the few is both offensive and inaccurate, and completely ignores the fact that asylum seekers and refugees are also the victims of crime, including sometimes violent assault and harassment.⁹

Health

There has been a tendency to inflate the potential risks that asylum seekers and refugees pose to public health in Ireland.⁹ This has included offensive speculation about the risks posed by children in schools and ignores the fact that:

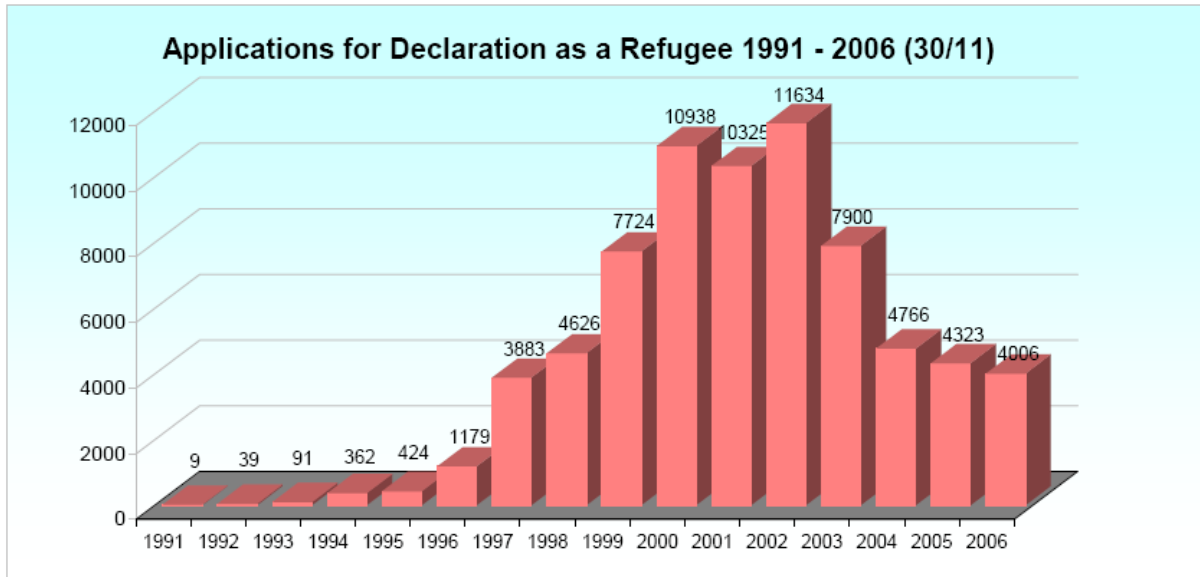
- There is a comprehensive voluntary health screening system in Ireland for asylum seekers and that there has been a high uptake of this service.¹⁵ (see Chapter 8)
- Some of the health needs of asylum seekers and refugees are related to torture or other forms of persecution. (see Chapter 7)

Note: This chapter was written in collaboration with the National Consultative Committee on Racism and Interculturalism (NCCRI).

Chapter 3

Statistics

Asylum Seekers in Ireland (30.11.06)¹⁶



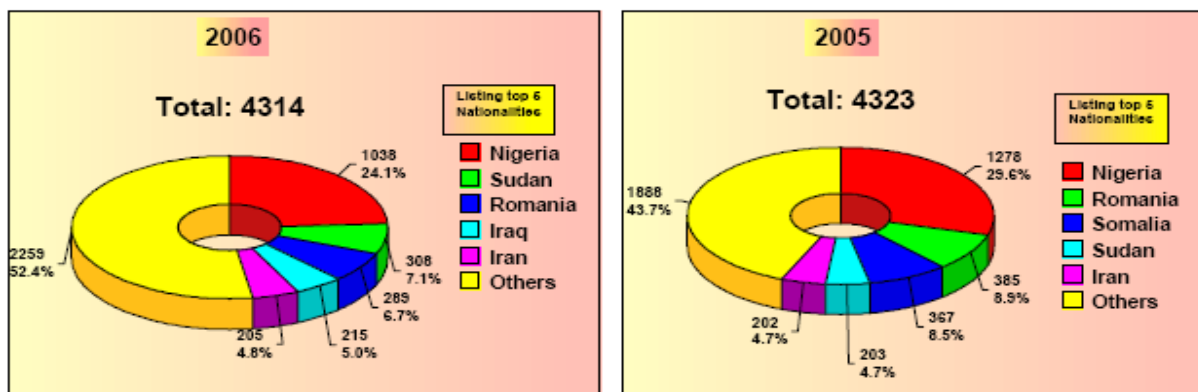
The number of asylum seekers in Ireland is decreasing.

Refugees in Ireland

Year	2000	2001	2002	2003	2004	2005
First Instance	211	458	893	345	430	455
Appeal	394	482	1099	828	708	511
Total	605	940	1992	1173	1138	966

The total number of recognized refugees in the past 6 years is **6,814**. A further **1,533** individuals were recognised as refugees before the implementation of the Refugee Act 1996 in 2000.¹² (numbers for 2006 unavailable at time of print)

Top Countries of Origin of New Asylum Applicants 2006, 2005 (31.12.06)¹⁷



Breakdown of Reception and Accommodation Centres (30.11.06)¹⁶

Reception and Accommodation Centres	Asylum Seekers
4 reception centres	633
41 direct provision centres	4404
9 self-catering centres	692

At the end of September 2006, 1590 asylum seekers (31%) had been residing in centres for over two years.¹⁶

Age Profile of Asylum Seekers in Direct Provision (30.11.06)¹⁶

0-4 years	1018
5-12 years	418
13-17 years	159
18-25 years	964
26-35 years	1803
36-45 years	760
46-55 years	184
56-65 years	47
> 65 years	19
Total	5372

The majority of asylum seekers in Direct Provision are aged 18-45 years or children. (There are 10 children where no dates of birth are available.)

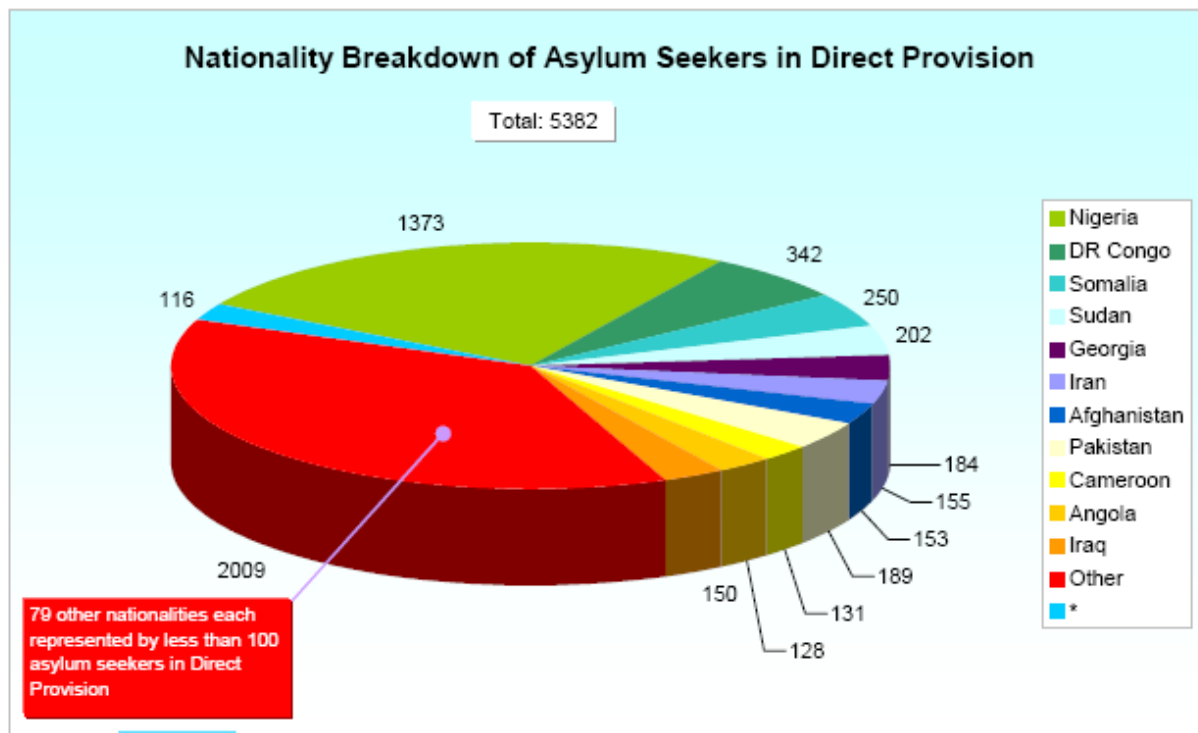
Asylum Seekers in Direct Provision in Co. Galway as Percentage of Population (30.11.06)¹⁶

Population (2002 Census)	Asylum Seekers	Asylum Seekers As Percentage of Population
208,826	366	0,18%

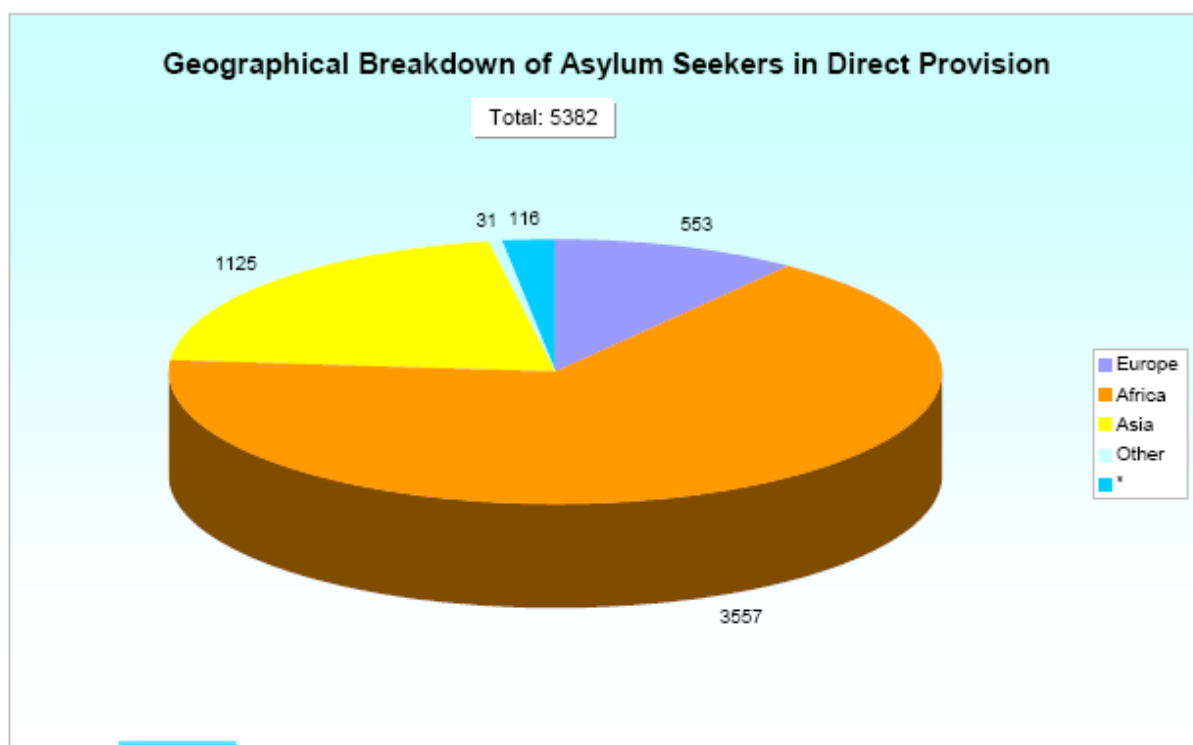
Direct Provision Centers in Co. Galway (30.11.06)¹⁶

Location	Current Occupancy	Family Status of Residents
Eglinton Hostel, Salthill, Galway	219	Families, Single Females
Great Western House, Eyre Square, Galway	147	Couples, Single Males, Single Females

Note: Dunn Gibbons Inn/ Clifden was closed as a Direct Provision Centre in Oct. 2006.



*This chart includes 116 Irish born children living in Direct Provision



*This chart includes 116 Irish born children living in Direct Provision

(Statistical Report November 2006 Reception and Integration Agency)¹⁶

Chapter 4

Cultural Competence

What is Cultural Competence?

“Cultural competence is a set of congruent *behaviors, practices, attitudes* and *policies* that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations”.¹⁸

Key points¹⁹

- Different cultures have different attitudes and beliefs towards illness, disease and healthcare. It is valuable to develop an approach to understanding a patient's beliefs rather than to provide care according to your own beliefs or indeed to presume a stereotype.
- Incorrect assumptions can be seen as disrespectful or can lead to non-compliance with advice or medication. If a patient's cultural belief is that there is no illness without disease (e.g. hypertension, hypercholesterolemia) they are unlikely to take medications when they are symptom free.
- Consider adopting a more formal attitude towards patients from cultures that you are not familiar with and address them by their surname. You can develop a more casual relationship if you can establish that it is appropriate. This approach minimizes the risk of causing offence.

Culturally Sensitive Approach to Asking About a Health Problem²⁰

This list of questions was developed to help to clarify a patient's understanding of their disease. They can be useful when applied selectively in cases where a cultural barrier exists when discussing a disease and its management.

- What do you call your problem?
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How severe is it? How long do you think you will have it?
- What do you fear most about your illness?
- What are the chief problems your sickness has caused you?
- Is there anyone else with the same problem?
- What have you done so far to treat your illness: What treatments do you think you should receive? What important results do you hope to receive from the treatment?
- Who else can help you?

“LEARN” Model (guideline for culturally competent approach to patient care)²¹

- Listen with sympathy and understanding to the patient's perception of the problem.
- Explain your perceptions of the problem and your strategy for treatment.
- Acknowledge and discuss the differences and similarities between these perceptions.
- Recommend treatment while remembering the patient's cultural parameters.
- Negotiate agreement. It is important to understand the patient's explanatory model so that medical treatment fits in their cultural framework.

Chapter 5

Translation and Interpretation

Background

Many people from different ethnic backgrounds may experience language barriers when accessing or using Irish health services. It is recommended that doctors reflect about how they communicate with patients who are limited in English proficiency (LEP).²²

A common way of communication in general practice is that of ‘getting by’ with gestures, basic body language and a heavy reliance on informal interpreters; friends, relatives, family members, including children. Reports of misunderstandings between this patient group and their general practitioners and errors in diagnosis and treatment decisions are common. Significant barriers to good quality general practice care are caused by limited English proficiency (LEP), poor availability of formal interpreters and insufficient knowledge among, and supports for, general practitioners to access and utilise formal interpreters. The overall effect for these patients can be a poor sense of trust in, and compliance with, medical advice received.²³

It is well-established that effective communication and a trusting relationship between doctors and their patients is the heart of good medicine and leads to positive health outcomes.^{24, 25, 26} This status quo is, therefore, not satisfactory and warrants action. Failure to provide for interpretation may amount to institutional discrimination and needs to be addressed.⁴ Some key guidelines are listed below.

Statistics

- Approximately 300,000 people from different ethnic backgrounds are living in Ireland.²⁷
- 80-100 different languages are spoken.²⁷
- 1.9 million tourists visited Ireland in 2004 from countries where English is not spoken.²⁸
- The use of interpreters in General Practice in Ireland is currently rare.²⁹

Informal Interpreters

- The use of family members or friends as interpreters is inappropriate.⁴ Problems include
 - poor English
 - compromised confidentiality
 - embarrassment (e.g. gynaecology, mental health)
 - disclosing information (e.g. domestic violence, child abuse)
- Any patient who presents with an informal interpreter should be encouraged to change to a professional interpreter.²⁹

Professional Interpretation Services

- On-site interpreting
- Telephone interpreting (speaker phone recommended)

Working with an Interpreter^{4,29}

- Allocate extra time if at all possible. A consultation with an interpreter may take 2-3 times longer than one without.
- Arrange seating in a triangle.

- Emphasise confidentiality.
- Introduce all three parties to each other.
- Allow for interpreter to interpret introductions.
- Keep eye contact with the patient rather than with the interpreter so as not to miss non-verbal cues.
- Speak directly to the client using the person “YOU” rather than “he/she”.
- Speak slowly using short simple sentences.
- Avoid medical terminology.
- Avoid thinking out loud or changing your mind in the middle of the sentence.
- Avoid metaphors or colloquialisms.
- Check to make sure the patient has understood. Explain medical terms.
- Allow the patient or interpreter to clarify any issues they may have difficulty with.
- If issues are traumatic, consider debriefing the interpreter, especially if dealing with torture or significant mental illness.

Payment for Interpretation Services

The use of interpretation services for asylum seekers is paid for by the Health Service Executive, Western Area for GPs in this region. The GP must advance the cost to the Interpretation Company and send the invoice with an informal letter to the Primary Care Department HSE West, Merlin Park Regional Hospital, Galway, Co. Galway.

Interpretation Companies:

HSE Western Region

Con[[text](#)], Oranmore, Co. Galway

Tel: 091 790255

HSE Eastern Region

Beatrice Translations 28 Longwood Ave, 8 Dublin

Tel: 01 4545943

Bowne Global Translations, 3 West Pier Business Campus,
Dun Laoghaire, Co Dublin,

Tel: 01 2021234

Newtext Translation Service Ltd, 183 Briarwood Ave
Clonsilla, Dublin 15

Tel: 01 8222452

Word Perfect 58 Fortlawn Pk, Blanchardstown, Dublin 15

Tel: 01 8873966

*Note: This section was written in collaboration with **Con[[text](#)]**.*

Chapter 6

Women's Health & Religious Male Circumcision

Women's Health

“In any refugee population, approximately 50 percent of the uprooted people are women and girls. Stripped of the protection of their homes, their government and often their family structure, females are often particularly vulnerable. They face the rigours of long journeys into exile, official harassment or indifference and frequent sexual abuse even after reaching an apparent place of safety. Women must cope with these threats while being nurse, teacher, breadwinner and physical protector of their families.”³⁰(*UNHCR*)

- The lack of interpreting services creates significant obstacles to delivering sexual health services to ethnic minority women particularly if there is any suspicion of domestic violence or non-consensual sexual activity.⁴
- Ethnic minority women experiencing domestic violence may be particularly vulnerable due to a lack of family or community support.⁴
- Rape and sexual violence have been used systematically in many conflicts. This may be seen as shameful by the women and they may be stigmatised in their own community.⁴
- Infection screening should be offered.⁴

Female Genital Mutilation

Female genital mutilation/cutting (FGM/C) includes “a range of practices involving the complete or partial removal or alteration of the external genitalia for nonmedical reasons”.³¹ This procedure may involve the use of unsterilised, makeshift or rudimentary tools. According to a WHO estimate, between 100 and 140 million women and girls in the world have undergone some form of FGM/C.³² Although overall figures are difficult to estimate, they do indicate the massive scale of this human rights violation. It is important to acknowledge that this practice may be carried out illegally in Ireland, or more often, have been carried out on women before leaving their country of origin.⁴ Effects may include difficulties passing urine and with menstruation, recurring UTIs, problems with childbirth, sexual problems, psychological sequelae and fistulae.^{4,33}

WHO Classification of Female Genital Mutilation (FGM)

WHO is currently reviewing the 1997 classification (three types).³⁴ The new version identifies five types of FGM.³⁵

- FGM I:** excision of the prepuce with partial or total excision of the clitoris (clitoridectomy).
- FGM II:** partial or total excision of the labia minora, including the stitching or sealing of it, with or without the excision of part or all of the clitoris.
- FGM III:** excision of part or most of the external genitalia and stitching/narrowing or sealing of the labia majora (“infibulation”).

- FGM IV:** a range of miscellaneous or unclassified practices, including stretching of the clitoris and/or labia, cauterization by burning of the clitoris and surrounding tissues, scraping (angurya cuts) of the vaginal orifice or cutting (gishiri cuts) of the vagina, and introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it.
- FGM V:** symbolic practices that involve the nicking or pricking of the clitoris to release a few drops of blood.

National prevalence of Female Genital Mutilation % (UNICEF 2005)³⁵

Benin	17	Guinea	99
Burkina Faso	77	Kenya	32
Central African Republic	36	Mali	92
Chad	45	Mauritania	71
Côte d'Ivoire	45	Niger	5
Egypt *	97	Nigeria	19
Eritrea	89	Sudan* +	90
Ethiopia	80	Tanzania	18
Ghana	5	Yemen*	23

* Sample consisted of ever-married women; + Surveys were conducted in northern Sudan.

Galway Rape Crisis Centre (GRCC)

7 Claddagh Quay, Galway. Telephone: 091 589495. Fax 091 583148 **Freephone 1800 355 355** email: administrator@galwayrcc.org Web site: www.galwayrcc.org.

The Galway Rape Crisis Centre has had an increase in survivors of sexual violence and abuse from a diversity of backgrounds looking for help from the Centre over the last few years. In 2005 a more focused service for asylum-seekers and refugees was established with help from the Dormant Accounts Fund, offering emotional support and counselling as well as practical support, advocacy and information, to asylum-seeker and refugee survivors of sexual violence. The service liaises with relevant voluntary and statutory agencies, such as the Galway Refugee Support Group, Refugee Information Service and Refugee Legal Service. The GRCC also offers training on dealing with disclosures for such agencies. Interpretation services are provided if this is required.

Religious Male Circumcision

“Infant dies after home circumcision

The baby, who would have been a month old on Tuesday, died at Waterford Regional Hospital having suffered severe blood loss after what is thought to have been a ritual circumcision.” (Munster Express, Friday, 22 August 2003)

Many people who have come to Ireland in recent years hold the belief that male children should be circumcised sometimes within the first months of life. Others, however feel that this procedure infringes the infant's human rights. Lack of provision of this service in the Irish Health Service may contribute to families seeking this service from unqualified practitioners in their home with no clinical follow up. Many Irish hospitals currently provide this service but surgeons are often unwilling to operate on babies in the first year of life.⁴

Chapter 7

Torture

Torture means

“.. the intentional infliction of severe pain or suffering, whether physical or mental, upon a person in the custody or under the control of the accused.”

Article 7.2 (e) (excerpt), Rome Statute of the International Criminal Court 1998 ³⁶

Torture and Experience of Violence⁴

Estimates of the proportion of asylum seekers who have been tortured vary from 5 - 30%, depending on the definition of torture used and their country of origin.³⁷ However it may not be presented to their doctor because of shame, guilt or mistrust. Survivors of torture or organized violence may have been ill treated by government agents such as the army, police or security forces, or rebel groups perpetrating organized violence.

- The most useful thing that you can do is to listen to people's experiences, as only occasionally do people actually need specialist help.
- Documenting non-scarring torture is difficult.
- Rape and sexual violence including electric shocks rarely leave long-term physical signs. However this may be associated with sexually transmitted disease.
- In the UK the BMA has emphasized the importance of identifying and documenting any evidence of torture at the earliest opportunity.³⁸
- Injuries that may result from torture include fractures and soft tissue injuries, head injuries and epilepsy, hearing loss from slapping around ears and some pain in the eyes if they have been detained in darkness.
- Psychological problems are much more common than physical injuries.

The Centre for the Care of Survivors of Torture (CCST)

213 North Circular Rd., Phibsboro, Dublin 7. Tel: 01 8389664. Fax: 01 8686500.
Web site: www.ccst.ie

The Centre for the Care of Survivors of Torture (CCST) was established in 2001 as part of SPIRASI and is the only independent specialist centre in Ireland providing multi-disciplinary healthcare services free of charge to survivors of torture. SPIRASI is a humanitarian intercultural NGO formed in 1999 to meet the needs of asylum seekers and refugees in Ireland. The CCST provides a comprehensive range of specialist services:

- Medical Assessments
- Counselling
- Complementary Therapies (Chinese Massage, Reiki, Reflexology, Art Therapy)
- Public Education
- Psychosocial & Outreach support
- Physiotherapy
- Medico-Legal Reports

Referral

A health care professional (i.e. GP/AMO) can refer a patient for medical assessment. The person then receives appropriate services depending on their needs established in the consultation. Please find a referral form in the appendices. Referral forms can also be obtained from the CCST. They can be downloaded on www.ccst.ie/MediRefForm.doc.

Translation

Interpretation services are provided for medical consultations or counselling sessions if this is required.

Medico-Legal Reports

The CCST also provides medico-legal reports. However this service is limited to victims of torture by state agents, i.e. those who fall under the definition of torture as defined by the United Nations Convention Against Torture (UNCAT). They must be in the stage of appeal to the Refugee Appeals Tribunal. This is a separate referral which must come from the Refugee Legal Service or a private solicitor.

Accessibility from Galway

The CCST only operates in Dublin. Travel expenses and overnight stays in Dublin are covered by the Department of Social & Family Affairs. Upon receipt of an appointment letter the clients should present themselves with their letter to the community social welfare officer. The social welfare officer should then provide clients with the necessary money to travel, and arrange overnight accommodation if necessary.

Chapter 8

Communicable Disease Screening

Asylum seekers may come from countries where certain infectious diseases are more prevalent than in Ireland and where vaccination programmes are less well developed. Thus it is important that screening for some diseases and some vaccinations are offered to asylum seekers. While at present such persons participate in the screening process on a voluntary basis, it is important that they are encouraged to avail of the screening process.

Screening is offered to asylum seekers but not to migrant workers and other migrants! However, these guidelines can be applied to other late entrants to the Irish health care system, such as migrant workers.

Screening recommended by The Department of Health and Children (2004):

<ul style="list-style-type: none"> • TB • Hepatitis B • Polio Virus 	<ul style="list-style-type: none"> • Varicella Zoster Virus • Appropriate Immunisations • Vaccination status
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Initial screening will usually take place at reception centres in Dublin, where asylum seekers may reside for five days or more. Details of the screening carried out and results should be sent, when available, to the asylum seeker's GP. There is a quadruplicate screening form (see Chapter 15 Appendices): 1st copy for reception centre, 2nd for receiving HSE, 3rd for Senior Area Medical Officer HSE to pass on to assigned GP, 4th for Asylum Seeker. However, when an asylum seeker attends the GP he/she may not have commenced or completed screening. The GP should check with each asylum seeker what screening has been carried out and proceed according to the following guidelines.

TB

Immigrants and asylum seekers from Africa, Asia, South and Central America, Eastern Europe and the former USSR should be screened for TB.

- 1) **A TB screening questionnaire** will be administered to identify people with past history of TB, past history of BCG, current symptoms of TB or recent contact with a case of TB. If the person has symptoms of TB a Mantoux test is performed and referral to a specialist follows.
- 2) **Sputum specimens** for a direct smear should be sent on all individuals with unexplained or productive cough, which they have had for at least two weeks and which is unresponsive to standard interventions.
- 3) **Chest X-Ray:**
 - Asylum seekers over the age of 15 are referred for chest X-ray. If any abnormality is detected a Mantoux test is performed and referral to a specialist follows.
 - With regard to pregnant women, chest X-ray should be deferred until delivery unless they are symptomatic. However if the person is symptomatic, refer for specialist opinion.
- 4) **A Mantoux test** should be offered to:
 - Adults > 15 years and children < 5 years without a BCG scar
 - Children aged 5-15 with and without a BCG scar
- 5) **Contacts of cases of active TB** should be identified and referred for specialist opinion.

6) BCG

- should not be given to symptomatic (immunocompromised) HIV infected individuals.
- **Infants** born to individuals from high incidence countries
 - Where mother had antenatal care in Ireland, and where HIV status is negative or unavailable should be offered neonatal BCG at the maternity hospital.
 - Where mother is HIV positive should have BCG deferred until two HIV PCR tests, the second of which is at or after six weeks of age, are negative.
 - Where mother is very late booker (newly arrived immigrant who has been unable to, or have not availed of antenatal screening), maternal HIV testing is desirable prior to administering BCG to the infant.
- HIV testing should be performed on all over the age of 12 years prior to receiving BCG. In children under the age of 12 years but past the neonatal period, no testing is required if the child's mother has a negative test.

7) If admission to hospital is required a single room is advisable, if possible, pending results.

Hepatitis B

Immigrants and asylum seekers from the Middle East, Africa, Asia, Central and Latin America, Eastern and Southern Europe should be screened for hepatitis B.

- Non-immune immigrants from hyper endemic areas should receive Hepatitis B vaccine - normal schedule (0, 1, 6 months).
- Accelerated vaccination (0, 1, 2 and 12 months) should be considered for specific groups e.g. travellers to high risk areas, post exposure protection and to prevent neonatal transmission of hepatitis B from hepatitis B carrier mothers.
- Accelerated vaccination (1, 7, 21 days, 6 months) can be considered for asylum seekers who may be moved from location to location within a short time frame.
- Pregnancy is not a contraindication to receive the vaccine.
- If screening indicates a carrier status, a history of recent sexual contacts should be ascertained and the immune status of contacts ascertained. A single dose of HBIG (6IU-10 IU) should be offered to all susceptible contacts within 2 weeks of the last sexual exposure.
- Contact tracing should take place in all household contacts and vaccine offered to those who are not immune.
- Chronic hepatitis B carriers should be referred to a specialist.

HIV

- Testing should be offered when requested and encouraged where indicated.

Varicella Zoster (VZV)

- Women of child bearing age (i.e.>12 years) and other at risk groups e.g. those who are immunocompromised should be offered antibody testing for VZV.
- Non-pregnant women who are antibody negative for VZV should be offered varicella vaccine and advised to delay getting pregnant for 3 months.
- VZIG is recommended for non-immune pregnant women who have had significant exposure to chickenpox in the first 20 weeks of pregnancy, after 36 weeks of gestation or at an earlier gestation than 36 weeks if there is a significant possibility of delivering within 21 days.

- VZIG should ideally be given within 96 hours of exposure by intravenous infusion. There is limited evidence that VZIG may modify the illness within 10 days of exposure. The protective effect of VZIG is likely to last about three weeks.
- Accommodation centres with cases of VZV should not admit non-immune pregnant women until 28 days after the onset of the last case of chickenpox.
- Ideally, non-immune women who have had significant exposure to VZV should not attend routine antenatal clinics between day 10 and 28 following exposure to prevent further exposure of other non-immune pregnant women. If the visit is essential they should be seen in a single room.
- Note that the incidence of VZV infection varies between different nationalities, e.g. immunity is lower in certain African countries compared to Ireland.

Rubella

- Screening should be offered to all non-pregnant women of child bearing age.
- If it is negative they should be offered MMR or rubella vaccine.
- MMR should be offered to unimmunised males aged 15-25 years

Intestinal Parasites

- **Indications for screening**

Routine screening for intestinal parasitic infection is not recommended. However screening may be considered for patients with any of the following symptoms: abdominal pain, diarrhoea, nausea, acute or chronic vomiting, bloating, excessive flatulence, constipation, anorexia or insatiable appetite, tenesmus, haematemesis, bloody stools, melaena, sighting a “worm”, failure to thrive, fatigue, anaemia, oedema, food intolerance. Stools should be checked for ova, cysts and parasites.

- **Pathogenic Parasites**

The following intestinal parasites are considered pathogenic and usually require treatment (* require treatment only if symptomatic):

Protozoa

<i>Balantidium coli</i>	<i>Blastocystis hominis</i> *
<i>Entamoeba histolytica</i>	<i>Dientamoeba fragilis</i> *
<i>Giardia lamblia</i> *	<i>Entamoeba polecki</i> *

Helminthes (Worms)

<i>Ancylostoma duodenale</i> *	<i>Necator americanus</i> *
	<i>Trichuris trichural</i> *

- **Non-Pathogenic Parasites**

The following parasites are usually considered non-pathogenic and generally do not require treatment unless symptomatic:

<i>Chylomastix mesinii</i>	<i>Endolimax nana</i>
<i>Entamoeba coli</i>	<i>Iodamoeba buetschlii</i>
<i>Entamoeba hartmanni</i>	<i>Retortamonas intestinalis</i>
<i>Enteromonas hominis</i>	<i>Trichomonas hominis</i>

Syphilis

Syphilis infection is endemic in Africa and south Asia. There is a current epidemic in Russia, which has experienced a 68-fold increase in notifications since 1988. If testing for syphilis has not already taken place at the reception centre clinic this can be offered on an opportunistic basis by the general practitioner. Those assessed as being at risk from sexually transmitted diseases should be referred to a GUM clinic for screening.

Malaria

Malaria occurs in most of sub-Saharan Africa, southern and southeast Asia, Mexico, Haiti, the Dominican Republic, Central and South America, Papua New Guinea, Vanuatu, and the Solomon Islands. Major cities in Asia and South America are nearly malaria free; cities in Africa, India, and Pakistan are not.

Malaria is a serious disease that occurs when an infected *Anopheles* mosquito bites a person and injects malaria parasites into the blood. Although four species of malaria parasites can infect humans and cause illness (*Plasmodium falciparum*, *P. malariae*, *P. vivax*, and *P. ovale*), only falciparum malaria is potentially life-threatening.

Symptoms of malaria are flu-like and may include fever, chills, muscle aches, headache and sometimes vomiting, diarrhoea and coughing. Patients with severe falciparum malaria may develop liver failure, convulsions, and coma. Although infections with *P. vivax* and *P. ovale* may cause less severe illness, parasites may remain dormant in the liver for many months, causing a reappearance of symptoms months or even years later.

Malaria should be considered in the differential diagnosis of asylum seekers from malaria endemic areas who develop unusual fevers. A blood sample should be taken to check for malaria parasites. Immediate treatment of falciparum malaria is critical and thus urgent referral for treatment is advised.

Other conditions

Screening for other conditions should be carried out as considered necessary on clinical or public health grounds.

Note: This chapter is based on “Communicable Disease Screening, Information for GPs, 2004”, Department of Health and Children. It was written in collaboration with Dr Heidi Pelly, Specialist Public Health Medicine, Merlin Park, Galway.

Chapter 9

Immunisation

Immunisation Status

Asylum seekers may have no documentation or knowledge of past immunisations. In the absence of information/documentation to the contrary, children should be assumed to be un-immunised and started on a catch up programme. Children under 1 year should be offered the usual primary immunisation schedule of 5 in 1 vaccine (DTaP/IPV/Hib) and Meningococcal C vaccine at 2, 4 and 6 months of age.

Accelerated Primary Immunisation

Accelerated primary immunisation is recommended for children who were not immunised in the first year of life.

Vaccination schedule for late entrants to Irish health care programme

Vaccine	2-12 months	1-4 years	5-9 years	10-14 years	15 years and over
DtaP/Td, IPV, Hib	5 in 1 3 doses 2 mths apart	5 in 1 1 dose followed by 4 in 1, 2 doses 1 mth apart	4 in 1 3 doses 1 mth apart	Td, IPV 3 doses 1 mth apart	Td, IPV 3 doses 1 mth apart
MMR	No	2 doses given at least 1 mth apart	2 doses given at least 1 mth apart	2 doses given at least 1 mth apart	(see Rubella note page18)
* Hep B if negative on screening	3 doses at 0,1,6 mths	3 doses at 0,1,6 mths	3 doses at 0,1,6 mths	3 doses at 0,1,6 mths	3 doses at 0,1,6 mths
Men C	3 doses 1-2 mths apart	1 dose	1 dose	1 dose	1 dose up to age 22

**Recommended for asylum seekers from areas of high incidence*

Note: Polio immunisation commenced as OPV can be completed with IPV

Adverse reactions

Children and adults who develop a serious adverse local reaction after vaccine should be individually assessed prior to receiving any additional doses of these vaccines. Adverse reactions should be reported to the Irish Medicines Board as per national procedure. Blood should be taken for tetanus antibody titres as these may provide a marker of previous immunisations.

All primary immunisations, Meningococcal C and MMR vaccines can be given at the same visit. BCG immunisation is covered under TB screening.

Diphtheria Immunisation

- Asylum seekers from Eastern Europe and other high-risk areas should be immunised/re-immunised against diphtheria as soon as possible after arrival in Ireland.
- Children should be immunised as above.
- Adults over 15 years of age from Eastern Europe should have a booster of Td.
- For those with no knowledge or evidence of previous immunisation a primary course of 3 doses of Td should be implemented.

Note: This chapter is based on “Communicable Disease Screening, Information for GPs, 2004”, Department of Health and Children. It was written in collaboration with Dr Heidi Pelly, Specialist Public Health Medicine, Merlin Park, Galway.

Chapter 10

Legal Status

The Asylum Process

The asylum process decides whether an applicant is declared a refugee or not. If an applicant is declared a refugee they will have certain rights and entitlements including the right to reside and work in Ireland and the right to apply for family reunification of dependent family members abroad. Refugees have the same rights as Irish citizens to social welfare payments, employment, training and education. They have the right to apply for citizenship after three years of residence. An applicant arriving in Ireland usually will be accommodated in hostel accommodation provided by the Reception and Integration Agency (RIA) in Dublin for a short period and then dispersed to another hostel which could be anywhere in the country. An applicant residing in RIA accommodation, or in private accommodation but without sufficient financial means, is entitled to apply to the Refugee Legal Service (RLS) for confidential and independent legal advice and representation.

The asylum process is inquisitorial in nature and can be divided into three stages:

1. Interview Stage

a) Application Form

The applicant is required to complete an application form provided by the Office of the Refugee Applications Commissioner (ORAC) which sets out the basis of their asylum claim. This form must be returned to the ORAC by the applicant. In certain circumstances, the ORAC may request the authorities of another European country to consider the asylum application and if such a request is accepted, proceed to transfer the applicant to that country. The applicant will have the right to lodge a written appeal against such a decision but this will be non-suspensive and not necessarily delay the transfer proceeding. Such transfers are known as Dublin Convention transfers.

b) Interview

ORAC will call the applicant for interview in Dublin and an interpreter will be provided if necessary. The interviewer will ask the applicant questions based on the answers given in their application form and to ascertain why the applicant left their country and why they are unable to return. Any information left out of the questionnaire or interview cannot be considered by the ORAC so it is important that the applicant provides a full account of their circumstances. At the end of the interview the interview notes will be read back to the applicant who will be asked to sign each page to confirm they are correct. The applicant may submit any documentation they wish at the interview and the interviewer may in turn request the applicant to provide documentation or information within a fixed period of time. It is important that the applicant furnishes all documents to support their case at interview unless a fixed time is extended by the interviewer as no documents can be accepted later.

c) Decision of ORAC

The ORAC will then make a decision in writing as to whether or not to recommend to the Minister that the applicant be declared a refugee. If the decision is a positive recommendation the applicant will be told this by letter and within a short period receive a second letter from the Department of Justice setting out the applicant's rights and confirming the recommendation. If the decision of ORAC is negative, the applicant will be told this by letter

and advised of the right to appeal within either ten or fifteen working days from the date of the letter. A ten day appeal is a written appeal only and a 15 day appeal entitles the applicant to an oral hearing. The applicant usually contacts a solicitor for representation on appeal as soon as a refusal letter is received.

2. Appeal to the Refugee Appeals Tribunal (RAT) Stage

If the applicant has a 15 day appeal and chooses an oral hearing, their case will be heard in about one month from lodging their appeal to the RAT. The appeal is heard and decided by an independent Tribunal Member (TM) and the applicant is examined by his own solicitor or barrister and then also questioned by a representative from ORAC and possibly the TM. New documentation can be furnished to the RAT in support of the applicant's appeal, including medical evidence. A decision is issued in writing after the hearing. If the applicant has a 10 day written appeal, the TM will decide the appeal on the basis of documents sent on behalf of the applicant.

Decision of the RAT

The RAT will issue a decision in writing either recommending an applicant be declared a refugee or not. If the letter is positive the applicant will then receive a second letter from the Department of Justice setting out their rights.

3. Leave to Remain Stage

If an applicant is refused refugee status he will receive a letter from the Department of Justice setting out three options open to him, namely to:

1. make an application to the Minister for Leave to Remain in Ireland
2. voluntarily repatriate
3. consent to a deportation order.

The applicant will then receive a letter from the RLS explaining the above options and offering legal assistance, including drafting an application for Leave to Remain. There is a strict time limit of 15 working days to apply for Leave to Remain. There is no realistic time estimate as to how long such an application will take to be determined.

Deportation Order

A deportation order will be served on an applicant if they are not successful in their application for Leave to Remain. At this stage the option of voluntarily repatriating will no longer apply. The RLS will examine the Deportation Order and written reasons for same and advise the applicant if there is any challenge that can be taken in the High Court to stay or revoke the deportation.

Note: This chapter was prepared by Ms Brid Manifold (Solicitor) and Mr Cormac Faherty (Managing Solicitor) in the Refugee Legal Service Galway.

Chapter 11

Medico-Legal Reports

It is estimated that between 10% and 35% of all refugees settled in Europe have experienced torture or other forms of serious violence prior to their arrival in Europe. Around 10% of asylum seekers whose cases are heard by the Refugee Appeals Tribunal during their asylum application make allegations of torture.³⁹ For many asylum seekers, a medico-legal report would help in indicating the human rights abuses and persecution suffered prior to their arrival in Ireland. **Medico-legal reports can serve an important role in the asylum determination process in supporting a history of physical or mental abuse or torture.**

Template for Medico-Legal Report

Please find a simple and user friendly template design in the appendices. It is based on practical experience and on the Istanbul Protocol.⁴⁰ The Istanbul Protocol is the “United Nations Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment”. General practitioners are invited to take copies and to send the reports to the Refugee Legal Service using this template. Please note that this is just a guide and that it can be altered to suit the specific circumstances of the patient.

Financial Reimbursement

The Legal Aid Board only funds reports at the appeal stage. Standard payment is fixed at the usual department rates and paid upon invoice to the Refugee Legal Service (RLS). Solicitors cannot request reports before or after the appeal stage. GPs will not be paid for reports at interview or humanitarian leave to remain stages.

If a patient requests a medico-legal report without being referred from the RLS the GP must clarify with the patient

- a) if the GP agrees to write a report and
- b) if yes, whether the patient is self funding (considering a weekly income of €19.10!) or whether the GP will provide the report free of charge.

Medico-Legal Reports by SPIRASI:

(The Centre for the Care of Survivors of Torture, SPIRASI, 213 North Circular Rd., D7. Telephone: 01 8389664. Fax: 01 8686500. Web site: www.ccst.ie)

SPIRASI is a non-profit humanitarian organisation, established in 2001 for the care and rehabilitation of those who have survived torture and related trauma in their pre-migratory environments. SPIRASI also do medico-legal reports. However patients must be referred from the Refugee Legal Service and not from GPs.

Guidelines for Writing a Medico-Legal Report (Template in Appendices)

COVER PAGE

<u>CASE INFORMATION</u>	<u>CONTENTS</u>
Date	1. Patient Details
Subject Matter	2. Background Information/Past Medical History
Name of Doctor	3. Allegations of Torture and Ill-Treatment
Specialist Field	4. Physical Symptoms and Disabilities
Address	5. Findings on Examination
Telephone number	6. Current Medical Status
On behalf of	7. Interpretations of Findings/Conclusion

MEDICO-LEGAL REPORT

1. Patient Details

Name
Date of Birth

2. Background Information/Past Medical History

General information (age, occupation, education, family composition, etc)
Past Medical History
Review of prior medical evaluations of torture and ill-treatment
Psychological history pre-arrest

3. Allegations of Torture and Ill-Treatment

Summary of detention and abuse
Circumstances of arrest and detention
Narrative account of ill-treatments or torture
Reviewing torture methods, consider:

<ul style="list-style-type: none">• Beating• Electric Shock• Sexual Assault• Kicks (note type of footwear)• Rape• Suffocation• Cuts	<ul style="list-style-type: none">• Submersion• Burns• Solitary confinement• Suspension• Toe/Fingernail Removal• Other• Who carried out the above?
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Please note, however, that it is advisable not to detail political events or circumstances which led to injuries sustained when writing the past medical history. Conflicting information with other (non-medical) reports can negatively affect the asylum process of the patient.

4. Physical Symptoms and Disabilities

Acute symptoms and disabilities

Chronic symptoms and disabilities

5. Findings on Examination

a) Physical Examination

<ul style="list-style-type: none">• General Appearance• Skin• Face and head• Eyes, ears, nose and throat• Oral cavity and teeth	<ul style="list-style-type: none">• Chest and abdomen• Genitourinary system• Musculoskeletal system• CNS
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b) Psychological History/Examination

<ul style="list-style-type: none">• Current psychological complaints• Past torture history	<ul style="list-style-type: none">• Mental state examination
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c) Diagnostic Test Results

6. Current Medical Status

- 1) Physical Diagnoses
- 2) Psychological Diagnoses
- 3) Medications
- 4) Ongoing investigations, referrals and treatments

7. Interpretations of Findings/Conclusion

In torture cases for each lesion and for the overall pattern of lesions, the physician should indicate the degree of consistency between it and the attribution given to the patient. Consider using the following definitions which are taken from the Istanbul Protocol.⁴⁰

Not consistent	The lesion could not have been caused by the trauma described.
Consistent with	The lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes.
Highly consistent with	The lesion could have been caused by the trauma described, and there are few other possible causes.
Typical of	This is an appearance that is usually found with this type of trauma but there are other possible causes.
Diagnostic of	This appearance could not have been caused in any way other than that described.

Example:

This lady is currently undergoing treatment for Post Traumatic Stress Disorder by her GP and Consultant Psychiatrist. This is *consistent with* the traumatic experiences she told me happened to her in Sudan.

Note: This chapter was written in collaboration with Ms Brid Manifold (Solicitor) and Mr Cormac Faherty (Managing Solicitor) in the Refugee Legal Service Galway.

Chapter 12

Support Organizations

Information

- **Citizens Information Centre (CIC)**, Augustine House, Saint Augustine Street, Galway. Tel: 091 563344 Email: info@galwaycic.ie Web www.galwaycic.ie *Opening Hours: Mon-Fri 9.30-17.00 including lunchtime except Wed from 13.00-14.00. Free confidential information advice and advocacy service for all, on all rights and entitlements including employment, housing, legal matters, health, welfare payment, and immigration issues.*
- **Citizens Information Phone Advice**, Tel: 1890 777121, Augustine House, Saint Augustine Street, Galway. *Opening Hours: Mon – Fri 9.00-21.00. Lo-call service offering free confidential information advice and advocacy service for all, on all rights and entitlements including employment, housing, legal matters, health, welfare payment, and immigration issues.*
- **Galway People's Resource Centre**, Equality Office, Canavan House, Nuns Island, Galway. Tel: 091 564822 Email: gcu@eircom.net *Opening Hours: Mon-Fri 9.00-17.00. Information service and assistance with complaints under equality legislation.*
- **Refugee Information Service (RIS)**, Canavan House, Nuns Island, Galway. Tel: 091 532850 E-mail: infogalway@ris.ie *Opening Hours: Tues 14.00-16.30 in People's Resource Centre. Thurs 10.30-13.00 in Citizen's Information Centre, Augustine Street. Free confidential specialist information, advocacy and referral service for refugees and asylum seekers.*

Support

- **Galway One World Centre**, The Halls, Quay Street, Galway. Tel: 091 530590. E-mail galwayowc@hotmail.com *Opening Hours 14.00-16.30 Tue-Fri. Provides anti-racism training.*
- **Galway Refugee Support Group (GRSG)**, 3 The Plaza, Headford Rd. Galway. Telephone: 091 779083. E-mail: refugee.galway@ireland.com *Full time community development organization working with social, cultural information and health projects.*

Legal

- **Refugee Legal Service (RLS)**, Seville House, New Dock Street, Galway. Telephone 091 562480 E-mail: rlsgalway@legallaidboard.ie *Opening Hours: Mon-Fri 9.30-12.30, 14.00-16.00. Private, confidential and independent legal service to people applying for asylum in Ireland.*

Language

- **City of Galway VEC Adult Literacy Service**, Seville House, Merchant's Rd, Galway. Tel: 091 567660 Email: kieran.harrington@cgvec.ie *Opening Hours: 9.00-17.00 Mon-Fri. Provides English language, Reading, Writing and Numeracy skills classes.*
- **Conradh na Gaeilge**, Aras na nGael, Dominick Street, Galway. Tel 091 567824, Fax 091 563699 Email: conradh@bradan.iol.ie Web: www.gaillimh.cnag.ie *Provides free Irish language group classes to all. Hosts regular Irish/African cultural/music events.*
- **Context**, Oranmore, Co. Galway, Tel 091 790514, www.context.ie, linguist@context.ie *Language Interpreters*
- **Integrate Ireland**, Nico Vennemann Tel 085 1471761 *Provides free daily English classes for refugees and people with Stamp 4 Certificate of Registration.*

Health and Health Related Support Services

- **AIDS West**, Ozanam House, St Augustine Street, Galway, Tel 091 566266, Client help line 091 562213, e-mail aidswest@iol.ie, www.aidswest.ie *Opening times Mon –Fri 9.30am to 17pm, Provide information, education and support.*
- **Area Medical Officer**, Asylum Seeker and Refugees Service, Community Services 25 Newcastle Road, Galway, Dr. Mary Jordan, Tel 091 546359
- **Centre for the Care of Survivors of Torture (CCST)**, 213 North Circular Rd., Phibsboro, Dublin 7. Tel: 01 8389664. Fax: 01 8686500. Web site: www.ccst.ie (*see Chapter 7*)
- **Clerical Officer**, Asylum Seekers and Refugees, Community Care, 25 Newcastle Road, Galway, Ms. Marella Kavanagh, 091 546250
- **Fellow in Refugee and Asylum Seeker Healthcare**, Department of General Practice, NUI Galway, 1 Distillery Rd, Newcastle, Galway, Dr Hans-Olaf Pieper Tel: 091 493608
- **Health Promotion Services**, Community Services, The Annex, Seamus Quirke Road, Galway Contact Ms. Maeve Geraghty Tel 091 548418
- **Hepatology Unit**, University College Hospital Galway, Tel 091 544967
- **Infectious Diseases**, University College Hospital Galway, Tel 091 525200
- **Pregnancy- Life Pregnancy Care Services**, Prospect House Prospect Hill Galway Tel 091 566939
- **Pregnancy- Positive Options Crisis Pregnancy Services**
Text List to 50444 for list of all agencies that support a woman during a crisis pregnancy
www.positiveoptions.ie
- **Public Health Nurse**, Asylum Seeker Services, Community Care, The Annex, Seamus Quirke Road, Galway, Ms. Mary Leahy Tel 091 548497
- **Suicide Resource Officer**, Community Services, The Annex, West City Centre Seamus Quirke Road Galway Ms. Mary O’Sullivan Tel 091 548360

Children

- **Galway County Child Care Committee**, Intercultural Committee, Unit 9a Liosban Retail Park, Tuam Road, Galway, Tel 091 752039, Contact Development Worker Fionnuala Foley *Provides supports for families of minority groups in Galway, to enable greater integration and access to childcare services.*
- **Support Project for Adolescent Refugee Kids (SPARK)**, No 7 Francis Street, Galway. 087 6502349, Email: spark@gyf.ie, Contact Berni Smyth
Project for 12-18 year old refugees and asylum seekers, including unaccompanied minors, living in Galway city, providing information, social activities, individual, group and family work support.

Welfare Services

- **Community Welfare Section**, HSE, West City Centre, Seamus Quirke Rd, Galway. Tel 091 523122 *Opening hours: 9.30-13.00, 14.00-17.00 Mon-Fri. Provides statutory maintenance support and determines eligibility for public health services.*

Police

- **Immigration, Garda Siochana**, Liosbaun Estate, Tuam Rd, Galway. Tel: 091 769002
Opening Hours: 9.00-17.00 Mon-Fri. Provides Stamp 4 Certificate of Registration to eligible applicants.
- **Police Services**, Garda Siochana, Mill Street, Galway, Tel: 091 528000 *Opening Hours 24 hours per day every day.*

Volunteer Groups

- **Asylum Seeker Group Ireland**, c/o World Centre, The Halls, Quay Street, Galway. Tel/Fax: 091 730085 Email: asgireland@eircom.net *Promotes cultural events and integration.*
- **Friendship Club**, Methodist Church, Victoria Place, Galway, *Hosts regular meetings to support friendship and integration for families and children. Meeting: Wed afternoon. Venue: Methodist Church, Victoria Place, Galway*
- **Minority Association Services**, Lokola Mitwali, c/o GOWC, The Halls, Quay Street, Galway. Tel: 086 1776730 Email: mas-association@hotmail.com *Provides assistance and support with integration, representation and education of ethnic minorities.*
- **Support and Information for Russian Speaking Community (SORUSSI)**, Galway City Partnership, 3 The Plaza, Headford Rd, Galway. Tel: 086 3029540/ 086 2982183 Email: sorussigalway@hotmail.com *Hosts regular meetings offering support, information and translation to Russian speakers. Meetings: Wed. 16.00-18.00. Venue: Galway City Partnership.*
- **Voluntary Project for Asylum Seekers**, c/o World Centre, The Halls, Quay Street, Galway. Tel/Fax: 091 530590 Email: asgireland@eircom.net *Encourages integration and skills development through voluntary work placements.*

National Government Organizations

- **Department of Justice, Equality and Law Reform**, 13/14 Burgh Quay, Dublin 2. Tel: 01 6167700 Web: www.justice.ie
- **International Organisation for Migration (IOM)**, 7 Hill Street, Dublin 1, Tel: 01 8787900 Web: www.iomdublin.org
- **Office of the Refugee Applications Commissioner**, 79-83 Lower Mount St, Dublin 2. Tel: 01 6028000, Fax: 01 602 8122 Email: oracmail@orac.ie *Opening Hours: 08.45 to 16.00 Mon - Fri.*
- **Reception and Integration Agency**, Block C, Ardilaun Centre, 112 - 114 St. Stephen's Green, Dublin 2. Tel: 01 4183200 Fax: : 01 4183271 Email: RIA_Inbox@justice.ie Web: www.ria.gov.ie
- **Refugee Appeals Tribunal**, 6/7 Hanover Street, Timberlay House, Dublin 2. Tel: 01 4748400. E-mail: info@refappeal.ie
- **Visa Office**, Department of Foreign Affairs. 13/14 Burgh Quay, Dublin 2. Tel: 01 6331000 Web: www.foreignaffairs.gov.ie *Opening Hours Mon-Fri 2.30-16.00 pm*

Expected updates on list of support organisations

- **Galway Asylum Seekers' Community Newsletter**
(www.galwayasylumseekers.blogspot.com) This website (see Chapter 13) has an excellent list of local support groups. It is planned to update this regularly.
- **Refworld Ireland Directory**
This book was published by SPIRASI in 2002. It contains a list of organisations that are working or dealing with immigrants and / or asylum seekers. Refworld is currently out of print and is in the process of being updated. The 2002 edition is available for download (<http://www.spirasi.ie/publications.shtml>).

Chapter 13

Useful Web Sites

Web Sites Galway

Galway Asylum Seekers' Community Newsletter

This excellent information website (www.galwayasylumseekers.blogspot.com) for Galway-based asylum seekers was set up initially as part of the work carried out within the Internet courses organised for Eglinton Hotel residents by the Outreach section of the Digital Enterprise Research Institute (DERI) at NUI Galway assisted by the HSE's Public Health Nurse office. The original programme of events outlined in this newsletter was compiled by a working committee comprising asylum seekers, representatives of the different Health Services Executive (HSE) departments, SPARK, DERI Outreach & more recently the GRSG.

Web Sites Ireland

Access Ireland	www.accessireland.ie
Africa Solidarity Centre	www.africacentre.ie
Cairde	www.cairde.org
Centre for the Care of Survivors of Torture	www.ccst.ie
Comhlamh	www.comhlamh.org
Department of Justice, Equality and Law Reform	www.justice.ie
European Council for Refugees and Exiles	www.ecre.org
Integrate Ireland Language and Training	www.iilt.ie
Integrating Ireland	www.integratingireland.ie
International Organisation for Migration	www.iomdublin.org
Irish Refugee Council	www.irishrefugeecouncil.ie
Reception and Integration Agency	www.ria.gov.ie
Refugee Appeals Tribunal	www.irlgov.ie/refappeal
Refugee Applications Commissioner	www.orac.ie
Refugee Information Service	www.ris.ie
Refugee Legal Service	www.legalaidboard.ie
Refugee Project Sanctuary	www.catholiccommunications.ie/sanctuary
Spiritan Asylum Services Initiative	www.spirasi.ie
UN High Commissioner For Refugees	www.unhcr.ch
Vincentian Refugee Centre	www.stpetersphibsboro.ie

Chapter 14

References

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- (2) IMO, 'Report of GP Workload Review - Non EU Nationals' by Mr James Doran, March 2003, http://www.imo.ie/index_search.php
- (3) Crowley (2003) “An Exploration of the Mental Health needs of Asylum Seekers in Newcastle, 2003” <http://www.nnt.nhs.uk/asylum/events.asp>
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- (5) UN (Geneva) Convention on Refugees, 1951 <http://www.unhcr.org/cgi-bin/texis/vtx/protect?id=3c0762ea4>
- (6) Refugee Act, 1996, Section 24 Irish Statute Book Database, www.irishstatutebook.ie
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Chapter 15

Appendices

- Record of Health Screening for Asylum Seekers in Dublin Centres
- Referral Form for CCST
- Template for Medico-Legal Report
- Summaries
 - General Practice Care for Asylum Seekers
 - Support Organizations

Form Number _____

Record of Health Screening for Asylum Seekers in Dublin Centres

Asylum Seeker label	Centre label
Name: D.O.B : _____ Gender: _____ Nationality: D.O.J Number: 69/ PPSN: Client Code: Date of Arrival in Ireland: dd/mm/yyyy	Centre Name: _____ Centre Phone & Fax: _____

Date of First Screen: dd/mm/yyyy

Interpreter Required: Yes ☐ No ☐

If yes, specify Language: _____

SCREENED FOR

RESULT

TB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
TB Questionnaire	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
BCG Scar	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Mantoux 2TU	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>mm			
CXR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Normal	<input type="checkbox"/>	See Report	<input type="checkbox"/>
							DNA	<input type="checkbox"/>

Hepatitis B	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Non Immune	<input type="checkbox"/>		
Hepatitis B sAg	Pos	<input type="checkbox"/>	Neg	<input type="checkbox"/>	Carrier eAg Negative	<input type="checkbox"/>	Carrier eAg Positive	<input type="checkbox"/>
Hepatitis B cAb	Pos	<input type="checkbox"/>	Neg	<input type="checkbox"/>	Immune Past Infection	<input type="checkbox"/>	Immune Immunisation	<input type="checkbox"/>
Hepatitis B eAg	Pos	<input type="checkbox"/>	Neg	<input type="checkbox"/>	Acute Infection	<input type="checkbox"/>		

Hepatitis C Yes ☐ No ☐ Negative ☐ Positive ☐

HIV Yes ☐ No ☐ Negative ☐ Positive ☐

Polio (<15 years) Yes ☐ No ☐ Negative ☐ Positive ☐

WOMEN OF CHILD BEARING AGE (12 – 49) years

Rubella	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Immune	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Varicella	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Immune	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Preganant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	LMP: dd/mm/yyyy EDD: dd/mm/yyyy			
Maternity Hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Baleskin	<input type="checkbox"/>	Holles St	<input type="checkbox"/>
							Rotunda	<input type="checkbox"/>
							Coombe	<input type="checkbox"/>

Vaccination Record Yes ☐ No ☐

Vaccines Administered Yes ☐ No ☐

Referrals Made Yes ☐ No ☐ Psychology ☐ SPIRASI ☐ Other ☐

Additional Comments	Dispersed to:

Signed: _____

Dr: _____

Date: dd/mm/yyyy

Date Results Sent: dd/mm/yyyy

White Copy – Person being screened Yellow Copy – S.A.M.O Green Copy – G.P. Blue Copy – Health Screening Team



Centre for the Care of Survivors of Torture (CCST)

MEDICAL REFERRAL FORM

CCST ID NUMBER

To Be Completed By A Health Professional (i.e. GP/AMO) To Request A Medical Assessment Only. Please ensure form is completed clearly, giving as much information as possible.

1. Personal Details of Client:

Name:	TRC No:		
Current Address:	Telephone No:		
	Gender:	MALE	FEMALE
	Date of Birth:		
Marital Status:	Separated Child (unaccompanied)	YES	NO
Number of Dependents in Ireland:	Number of Dependents in Country of Origin:		
Medical Card No:	Country of Origin:		
Ethnic Group:	Native Language(s):		
Interpreter Required:	YES	NO	If YES, which language:

2. Residency Status: (Please tick the relevant box.)

Asylum Seeker ☐

Refugee ☐

Other ☐

If Other, Please Specify: _____

3. Details relating to detention and/or ill-treatment:

(Please ensure all information relating to claims of torture; degrading and inhuman treatment is documented)

a. Detention in country of origin:

Arrested and/or detained? Yes ☐ No ☐ If Yes: Year/Month: _____

Where? Country _____ Facility: _____

Why? _____ By whom? _____

If more than once how many times detained? _____ For how long in total? _____

b. Nature of claimed torture/inhuman or degrading treatment:

1. Beating ☐ With what? _____

2. Kicking ☐ Type of footwear? _____ 3. Cuts ☐ 4. Burns ☐

5. Suspension ☐ 6. Suffocation ☐ 7. Submersion ☐ 8. Electric Shock ☐

9. Toe/fingernail removal ☐ 10. Sexual Assault ☐ 11. Rape ☐

12. Solitary Confinement ☐ 13. Other (please specify): _____

Who carried out the above? _____

4. Current situation:

Please give a brief description of...

a. Current physical and psychological symptoms:

b. Any treatment received/receiving in Ireland:

c. Current medication:

5. Assistance Requested:

In what way do you think CCST may be able to assist your client?

6. Name Of Referrer: _____

7. Please tick relevant box: **GP** ☐ **AMO** ☐

Your Contact Details:

Name		e-mail	
Address		Telephone	
		Fax	

Referrer's Signature: _____ **Date:** _____

Please return or contact for enquiries:

CCST Client Services
213 North Circular Road
Phibsboro
Dublin 7

Phone: 01 838 9664
Fax: 01 882 3547
E-mail: clientservices@ccst.ie
www.ccst.ie

MEDICO-LEGAL REPORT

CASE INFORMATION

Date of Examination	<input type="text"/>
Subject Matter	<input type="text" value="Medico-Legal Report"/>
Name of Doctor	<input type="text"/>
Specialist Field	<input type="text" value="General Practice"/>
Address	<input type="text"/>
County	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
On behalf of	<input type="text"/>

CONTENTS

1. Patient Details
2. Background Information/ Past Medical History
3. Allegations of Torture and Ill-Treatment
4. Physical Symptoms and Disabilities
5. Findings on Examination
6. Current Medical Status
7. Interpretations of Findings/ Conclusion

1. Patient Details

Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>

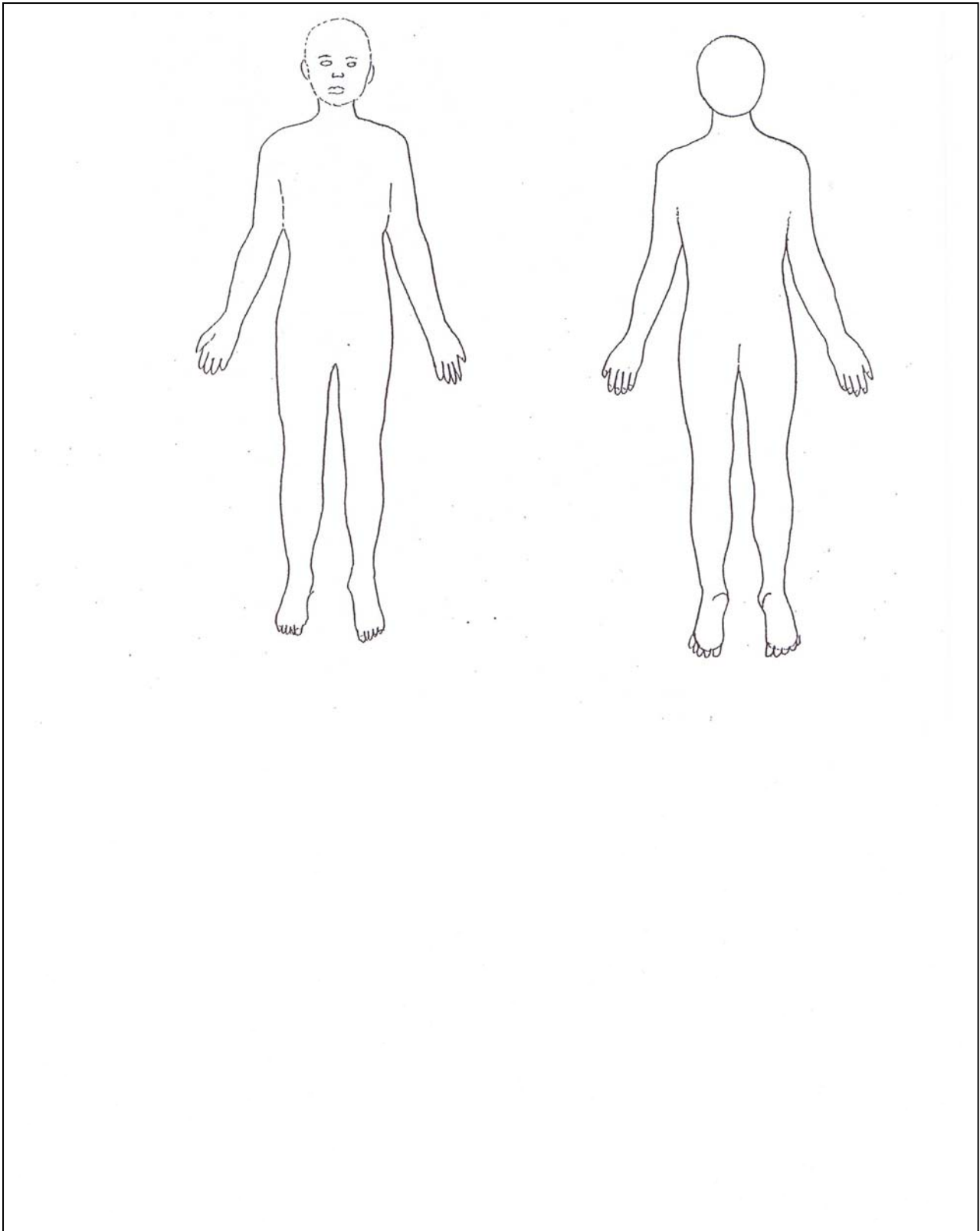
2. Background Information/Past Medical History

3. Allegations of Torture and Ill-Treatment

4. Physical Symptoms and Disabilities

5. Findings on Examination

a) Physical Examination



b) Psychological History/Examination

c) Diagnostic Test Results

6. Current Medical Status

1) Physical Diagnoses

2) Psychological Diagnoses

3) Medications

4) Ongoing investigations, referrals and treatments

7. Interpretations of Findings/Conclusion

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Signature

--

Name of Doctor

--

Date of Signature

--

Surgery Stamp

General Practice Care for Asylum Seekers and Refugees (Summary)

Glossary of Key terms

- **An Asylum-Seeker** seeks to be recognized as a refugee according to the terms of the 1951 Convention
- **A Convention Refugee** fulfills the requirements of the definition of a refugee under the 1951 Convention and is granted refugee status
- **A Programme Refugee** has been invited to Ireland on foot of a Government decision in response to humanitarian requests from bodies such as UNHCR.
- **An Economic Migrant** is a person who voluntarily migrates to Ireland having acquired a work visa.
- Under the '**direct provision**' system asylum seekers are housed in shared, hostel-type accommodation centres across the country. Residents are provided with food, lodging and a guaranteed weekly cash payment of €19.10 per adult or €9.60 per child.

Myths and Misinformation about Asylum Seekers

- Growing tendency to equate refugees "at best with economic migrants, and at worst with cheats, criminals or even terrorists" (Kofi Anan)

Statistics

- The number of asylum seekers in Ireland is decreasing
- Recognized refugees in the past 6 years 6,814
- Top countries: Nigeria, Sudan, Romania, Iraq, Iran
- In Co. Galway 366 Asylum Seekers in Direct Provision Accommodation (31.11.06)

Cultural Competence

- Culturally sensitive approach to asking about a health problem
- LEARN Model (**L**isten, **E**xplain, **A**cknowledge, **R**ecommend, **N**egotiate)

Translation and Interpretation

- The use of interpretation services is paid for by the HSE West
- Con[te]xt, Oranmore, Co. Galway tel: +353 91 790255

Women's Health & Religious Male Circumcision

- Female genital mutilation 100 - 140 million women worldwide
- Galway Rape Crisis Centre (GRCC): 091 589495
- Male Circumcision: Lack of provision of this service in the Irish Health Service

Torture

- Estimated that 5-30% of Irish Asylum Seekers have experienced torture
- Centre for the Care of Survivors of Torture (CCST) 01 8389664

Communicable Disease Screening

Screening recommended by The Department of Health and Children (2004):

<ul style="list-style-type: none">• TB• Hepatitis B• Polio Virus	<ul style="list-style-type: none">• Varicella Zoster Virus• Appropriate Immunisations• Vaccination status
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- Screen for intestinal parasites, syphilis, rubella, malaria, HIV and others when indicated.

Immunisation

- Vaccination schedule for late entrants to Irish health care programme

Medico-Legal Reports

- Can serve an important role in the asylum determination process in supporting a history of physical or mental abuse or torture.
- Useful template developed in collaboration with Refugee Legal Service.

Support Organizations (Summary)

<p>Information</p> <ul style="list-style-type: none"> • Citizens Information Centre (CIC), Galway, Tel: 091 563344 • Citizens Information Phone Advice, Galway, Tel: 1890 777121 • Gaway People's Resource Centre, Galway, Tel: 091 564822 • Refugee Information Service (RIS), Galway, Tel: 091 532850 <p>Support</p> <ul style="list-style-type: none"> • Galway Refugee Support Group (GRSG), Galway, Tel: 091 779083 • Galway One World Centre, Galway, Tel: 091 530590 <p>Legal</p> <ul style="list-style-type: none"> • Refugee Legal Service (RLS), Galway, Tel: 091 562480 <p>Language</p> <ul style="list-style-type: none"> • City of Galway VEC Adult Literacy Service, Galway, Tel: 091 567660 • Conradh na Gaeilge, Aras na nGael, Galway, Tel: 091 567824 • Context, Oranmore, Co. Galway, Tel: 091 790514 • Integrate Ireland, Nico Vennemann, Tel: 085 1471761 <p>Health and Health Related Support Services</p> <ul style="list-style-type: none"> • AIDS West Galway, Tel: 091 566266, 091 562213 • Area Medical Officer, Asylum Seeker and Refugees Service, Community Service, Galway, Dr. Mary Jordan, Tel: 091 546359 • Centre for the Care of Survivors of Torture (CCST), Dublin, Tel: 01 8389664 • Clerical Officer, Asylum Seekers and Refugees, Community Care, Galway, Ms. Marella Kavanagh, Tel: 091 546250 • Fellow Asylum Seeker and Refugee Healthcare, Department of GP, NUIG, Dr Hans Pieper 091 493608 • Health Promotion Services, Community Services, Ms. Maeve Geraghty, Tel: 091 548418 • Hepatology Unit, University College Hospital Galway, Tel: 091 544967 • Infectious Diseases, University College Hospital Galway, Tel: 091 525200 	<ul style="list-style-type: none"> • Pregnancy- Life Pregnancy Care Services Galway, Tel: 091 566939 • Pregnancy- Positive Options Crisis Pregnancy Services, Ballinasloe, Tel: 1850 20 06 00 • Public Health Nurse, Asylum Seeker Services, Community Care, Galway, Ms Mary Leahy, Tel: 091 548497 • Suicide Resource Officer, Community Services Galway, Ms. Mary O'Sullivan, Tel: 091 548360 <p>Children</p> <ul style="list-style-type: none"> • Galway County Child Care Committee, Intercultural Committee Galway, Ms.Fionnuala Foley Tel 091 752039 • Support Project for Adolescent Refugee Kids (SPARK), Ms. Berni Smyth, Tel: 087 6502349 <p>Welfare Services</p> <ul style="list-style-type: none"> • Community Welfare Section, HSE, Galway, Tel 091 523122 <p>Police</p> <ul style="list-style-type: none"> • Immigration, Garda Siochana, Liosbaun Estate Galway, Tel: 091 769002 • Police Services, Garda Siochana, Mill Street, Galway, Tel: 091 528000 <p>Volunteer Groups</p> <ul style="list-style-type: none"> • Asylum Seeker Group Ireland, Galway. Tel: 091 730085 • Friendship Club, Methodist Church, Galway Meetings: Wed afternoon • Minority Association Services, Galway, Lokola Mitwali, Tel: 086 1776730 • Support and Information for Russian Speaking Community (SORUSSI) Galway, Tel: 086 3029540/ 086 2982183 • Voluntary Project for Asylum Seekers, Galway, Tel: 091 530590 <p>National Government Organizations</p> <ul style="list-style-type: none"> • Department of Justice, Equality and Law Reform, Dublin 2 Tel: 01 6167700 • International Organisation for Migration (IOM), Dublin 1, Tel: 01 8787900 • Office of the Refugee Applications Commissioner, Dublin 2. Tel: 01 6028000 • Reception and Integration Agency, Dublin 2, Tel: 01 4183200 • Refugee Appeals Tribunal, Dublin 2. Tel: 01 4748400 • Visa Office, Department of Foreign Affairs, Dublin 2, Tel: 01 6331000
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