

Migrants detained during the corona crisis



Migrants detained during the corona crisis

A report by Sofia Häyhtiö, Annika Lindberg, Anna Lundberg, Elisabet Rundqvist and translated from Swedish by Michael Williams.

Table of Contents

Introduction	2
Approach and method of analysis	3
Survey design	4
Processing of respondents' replies.....	5
Starting points for the analysis	5
Findings	6
Prerequisites for maintaining social distancing	6
Routines to prevent the spread of infection	7
Protective equipment in cases of suspected infection	8
Mealtime routines	10
Instructions and information on preventing the spread of infection	10
Illness symptoms and access to healthcare	11
Anxiety and mental health	14
The Swedish Migration Agency's (SMA) responsibility in the event of socially dangerous infections	16
The Swedish Ombudsman's Opcat inspection at the SMA's detention centre, Mårsta.....	18
Summary	19

Originally published in Swedish October 30, 2020

Introduction

“Here in the detention centre no one cares about us and we are afraid of being infected. The staff have more contact with the outside world and there is no information on which of them has covid-19. There is a lot of staff and they change all the time, and we are very worried because staff have told me that if we catch Corona we will die. None of those who oversee us, neither the police nor the Swedish Migration Agency (hereinafter SMA) nor their staff have informed me, therefore we have not been eating these last six days. It might come from the food or from those who cook, no one knows if they have covid-19”.

"[Purposeful manner] means providing places for detainees according to the government's instructions and that activities at the detention centres are carried out so that the detainee is treated in a dignified, humane manner and in accordance with the rule of law. The work must be organised so that the safety of both the staff and the detainees is ensured and that the detainee is available so that decisions on removal or expulsion may be implemented".¹

The first two quotes above are derived from a survey conducted at five Swedish immigration detention centres during the spring of 2020.² The second quotation is an extract from the Swedish Migration Agency's (SMA's) annual report in 2019, which describes the authority's interpretation of what the concept of expediency means for immigration detention centre operations.³ Immigration detention centre operations refer to operations at the SMA's six closed detention centres (so-called *förvarsenhet*) for persons who do not have a permit to stay in Sweden, and who must be expelled.⁴

Detained asylum seekers and other non-citizens who have no formal right to stay in Sweden are a group that has been completely absent in the public discussions about the spread of infection during the ongoing pandemic. Not a single one of the hundreds of articles published on the Swedish Public Health Agency's website during spring 2020 mentions the situation at the detention centres. Since covid-19 started spreading in Sweden, this group has not been mentioned one single time in connection with the Public Health Agency's daily press conferences. In news reports, the situation for detainees has only been described from the SMA's perspective during the pandemic and the authority's statements have solely focused on the challenges associated with enforcing deportations in a time when many countries have closed their borders'.

Another picture emerges when we examine the immigration detention centre operations by focusing on those who are detained. During the spring, the SMA produced action plans for the prevention and management of covid-19 in its operations. The authority has also adapted the immigration detention centre operations as a step in implementing the Swedish Public Health Agency's regulations to prevent the spread of infection. The question is what effect this has had on persons in custody and to what extent the action plans have been applied in practice. How are people in detention affected by the pandemic? What rules apply and how are they followed?

To obtain answers to these questions, a digital questionnaire was designed and sent to detainees from the Swedish Network of Refugee Support Groups (Flyktinggruppernas Riksråd, FARR). The initiative was taken by members of FARR's board after receiving signals from inside the immigration detention centres. Detainees reported difficulties in keeping social distance, limited access to hand

¹ The Swedish Migration Agency's annual report 2019 section 6.6. Custody.

² Quotes from the survey responses have been adjusted linguistically

³ This is regulated in Section 3 of the Ordinance (2019: 502) with instructions for the SMA up to and including SFS 2020: 103.

⁴ See more about the grounds for detention in the Aliens Act, chap. 10.

sanitisers, and shortcomings in the SMA's action plans regarding infection control. The purpose of the survey was to shed light on how the SMA had implemented the action plans issued in response to covid-19 and relevant legislation on infection control. Responses were received from detainees in five of six immigration detention centres.⁵

This report presents the results of the survey responses collected mainly during April 2020.⁶ Firstly, we present the research approach and method of analysis. We then report and discuss the results of the survey. These are based on detainees' responses and comments about how their health and well-being were affected during the pandemic. The last part of the report contains a summary analysis of the survey results.

The report has been produced within the framework of an ongoing research initiative - the Asylum Commission, which is a collaboration between FARR and the Department of Culture and Society (IKOS) at Linköping university.⁷ The group that has worked on the report includes Sofia Häyhtiö and Elisabet Rundqvist, who have been responsible for the collection of data along with Annika Lindberg and Anna Lundberg, who have contributed with views on the survey questions and design. The quantitative processing of the questionnaire responses was done by Häyhtiö and Rundqvist. The analysis of the responses received in relation to current guidelines has been carried out jointly.

Approach and method of analysis

During March 2020, FARR received indications that the SMA had failed in the implementation of its own instructions and action plans for how to prevent the spread of covid-19 within its institutions. Initiatives were therefore taken to implement a targeted investigation within the Asylum Commission directed at accommodation units for detainees.

The questionnaire was designed in Swedish and English together with visual support and communicated as a digital link. Since it was not practically possible to distribute the questionnaire to everyone at the respective immigration detention centres, the survey link was disseminated via Messenger and e-mailed directly to detainees. Through their networks, FARR involved a number of contact persons, who helped communicate the link. The distribution of the survey was thus facilitated through already established networks as well by the link being shared between the detainees. The approach has consequently been a form of random selection. We cannot say how many people have received the link to the survey. The calculations made and reported in this report have been based on the 58 responses received (see calculations below). It was important to formulate the survey in both Swedish and English, and to support cognition by using visual representation - so-called image support. However, people who could not understand Swedish or English with associated image support were thus not able to participate in the survey.

The questionnaire responses were collected between April 20 and May 11, 2020 and a total of 58 responses were received. To gain an understanding of how the number of responses per detention centre relates to occupancy (based on SMA statistics for the month of April) these are compared in

⁵ The link to the questionnaire was not disseminated at the SMA's immigration detention centre in Kålleröd, which is why there is no answer from Kålleröd in this study.

⁶ The replies have mainly been received in two batches: 37 answers were received 20 - 22 April 2020, while 19 replies were received 30 April - 1 May 2020. The last two responses were received on 11 and 13 May 2020.

⁷ The research initiative is described in more detail in the Commission's platform (<https://liu.se/forskning/asylkommissionen>). The background to the Asylum Commission is to analyse changes in Sweden's asylum and migration legislation in recent years and their consequences.

table 1. Märsta and Åstorp have the highest response rate with 35.2%⁵ and 36.8% respectively, based on the number of people detained at the time of the survey. The number of responses distributed over each immigration detention centre, is shown in table 1.⁸

Detention centre	Number of responses	Occupancy level, April
<i>Flen</i>	8	64
<i>Gävle</i>	5	34
<i>Ljungbyhed</i>	3	19
<i>Märsta</i>	28	108
<i>Åstorp</i>	14	38
<i>(Källered</i>	0)	-
Total	58	263

Table 1: Occupancy numbers during April 2020. Statistics from the SMA.

The ensuing analysis is based on the SMA's action plans, which include:

- Action plan 035 RED - Covid-19 - version no: 20–1 applying from 20 03 06.
- Minutes of a decision to temporarily limit the possibility for detainees to receive visitors, dated 20 03 15.
- Systematic working environment measures, risk assessment, dated 20 03 04.
- Supporting documents or counteracting the Corona infection at Detention, Accommodation and Service centres and for case-related contacts, last updated 20 03 04.

These are referred to below as the SMA's action plans. After comparison between the SMA action plans and the Public Health Agency's regulations and general advice⁹ a number of problem areas could be identified. The survey questions were designed for the purpose of examining the perceptions of detainees and their experiences of these problem areas.

Survey design

This study provides insights into how the SMA's measures to limit the spread of infection were perceived by and affected the detainees. The report does not claim to convey statistically confirmed results, which among other things is due to lack of access when the immigration detention centres at that time banned physical visits, making it impossible to reach all detainees. Consequently, it was not possible to reach all detainees at a given time or to randomize one representative sample from the entire population. Instead, the survey method has been based on the principles that are used in

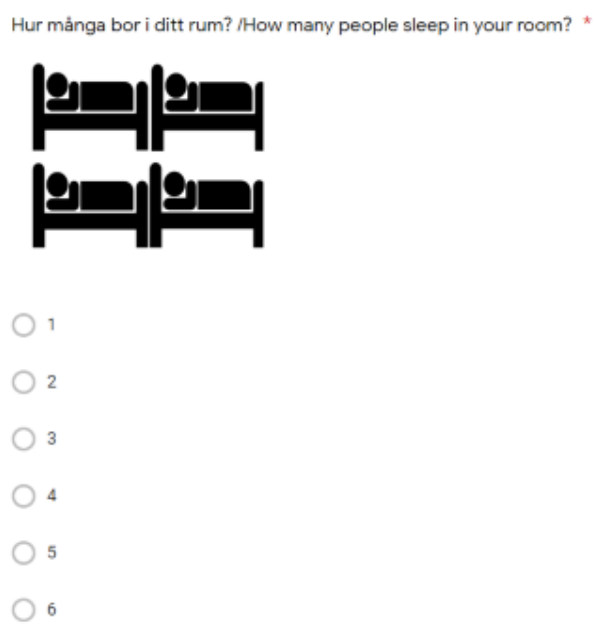
⁸ As the survey does not have a fixed sampling frame, a regular response rate cannot be calculated. Instead, this is done by comparison.

⁹ HSLF-FS 2020: 12 decided on 1 April 2020, HSLF-FS 2020: 9 decided on 24 March 2020 and the Swedish Communicable Diseases Act (2004: 168) dated April 5, 2020.


qualitative research with a floating sampling frame and the snowball method.¹⁰ The sampling frame is thus the responses received.

The survey was created in the Google Forms program and was designed for computer use as detainees are not allowed to have smartphones. Computers are available in day rooms, among other places, and they must be accessible for everyone in each accommodation unit.

Since we did not hold prior knowledge of which languages were relevant for the detainees, Swedish was chosen along with English as the survey languages. To facilitate understanding, the text was supplemented with images, which were mainly taken from the health care system's developed image support for health discussions with newly arrived persons.



Hur många bor i ditt rum? /How many people sleep in your room? *



☐ 1

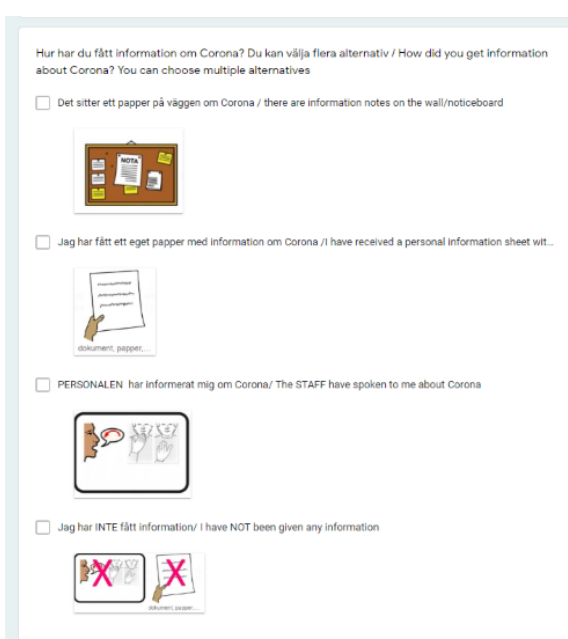
☐ 2

☐ 3

☐ 4


☐ 5

☐ 6




Hur har du fått information om Corona? Du kan välja flera alternativ / How did you get information about Corona? You can choose multiple alternatives


☐ Det sitter ett papper på väggen om Corona / there are information notes on the wall/noticeboard



☐ Jag har fått ett eget papper med information om Corona / I have received a personal information sheet with...



☐ PERSONALEN har informerat mig om Corona/ The STAFF have spoken to me about Corona



☐ Jag har INTE fått information/ I have NOT been given any information




Figure 1: Example of how image support was used in the survey questions.

The survey was tested on two persons who have experienced seeking asylum in Sweden to check their understanding and whether the images worked as intended. The control persons reported that the construction and linguistic level of the questions were comprehensible.

Processing of the respondents' responses

The respondents' responses were transferred to Excel where we processed the responses. Calculations and analysis were done mainly by using Excel's filter functions. The base number in all calculations is 58, i.e. as many responses as were collected in total. Some questions are multiple-choice questions, which meant that the total could be greater than 58. The number of people who did not answer, so-called internal non-response, is reported for each respective response in the report.

¹⁰ See Norrman, Maria. 2005. "The challenges of the snowball method for a victimological study of Finnish-Swedish homosexual women", p. 8. Department of Criminology, Stockholm University.

The survey covered five focus areas with issues related to: occupancy, hygiene routines, meal routines, information efforts and health care. Each focus area concluded with the opportunity for the respondent to express their thoughts in the open comments.

Starting points for the analysis

The questionnaire's responses were compared and interpreted in relation to guidelines and general advice from the following documents:

- HSLF-FS 2020: 12 general guidelines for the Swedish Prison and Probation Service, the SMA and the National Board of Institutions issued on 1 April 2020.
- The SMA and the National Board of Institutions.
- The SMA's action plans to counteract the spread of infection (see above).
- The Swedish Communicable Diseases Act (2004: 168)

Results

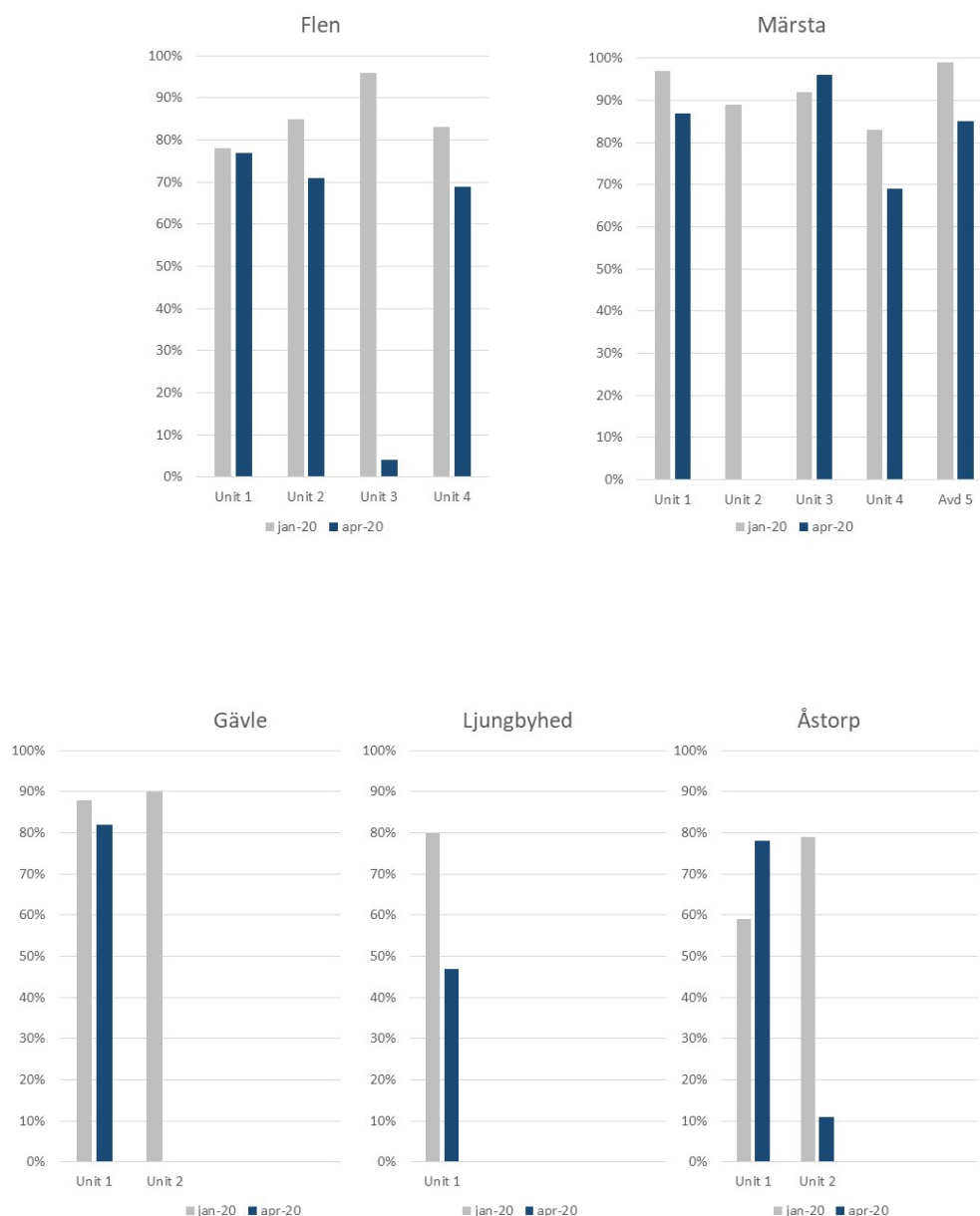
Prerequisites for maintaining social distancing

By the end of April, the SMA had reduced the immigration detention centres' capacity from 519 to 300 places, which can be interpreted as a way of ensuring compliance with the Public Health Agency's general advice. However, it is questionable whether this measure has been effective. It is clear that the reduction in occupancy rate has essentially freed up one accommodation unit per immigration detention centre, reserved for in case there would be a need to isolate sick people. In Flen it was accommodation unit 3, Mårsta, accommodation unit 2, Gävle accommodation unit 2 and Åstorp accommodation unit 2.

In Ljungbyhed, there has been a real thinning out, from an occupancy rate of 80% to 47%.¹¹ In the other accommodation units many detainees still live together, which means that the problem of lack of space and possibilities to maintain physical distance remained.

The reduction in detention capacity has not led to any direct thinning out of accommodation units. The bar graphs show the occupancy rate for each immigration detention centre for January and April, in 2020. The survey results show that almost 57% of the respondents stated that they share a room with four or more persons.

¹¹ In Ljungbyhed there is one unit



Statistics provided by the SMA, January-April 2020.

Two open comment responses shed light on how the detainees experience difficulties in maintaining physical distance:

“Here we have people who are infected, and we eat food at the same table. One was seriously ill when they wanted to take him to the hospital where he died later. When they got there he had passed away. We have seen on TV that you have to keep your distance from each other, but you cannot do this because when you eat food you are at least 6 people at a table. When you want to use a computer to talk to your family, you have to sit close to each other. We have 20 computers in a room that is 4x5 meters, so

you can imagine for yourself how close one sits. Almost everyone is sick, but you cannot get the help you get outside since they do not take it so seriously "¹²

"The information does not help here. Because we are too many in here, it is not possible to keep a distance from each other, we lack space. Nobody seems to take it seriously, neither the staff nor the residents. Nothing has changed in here."

Routines to prevent the spread of infection

The questionnaire responses revealed that the hygiene routines within the immigration detention centres' premises are deficient and that the ability to maintain social distancing and maintain hygiene norms is very limited. In the open comments survey response, the problems were described as follows:

"There are no hand sanitisers at all. When we ask for alcohol or some other disinfection, they tell us that they do not have enough disinfection. Our rooms are not safe and secure, some of the people even sleep outside the room because this phenomenon threatens their lives."

Protective equipment in cases of suspected infection

Excerpt from the Swedish Work Environment Authority's regulations and general advice on infection risks, AFS 2018: 4 states the following:

"Furthermore, special hygiene measures must be taken if there is a risk of entering in contact with body fluids from humans. For working situations that involve a risk of contact with body fluids, personal protective equipment should be used, such as disposable protective gloves and visor. For working situations that involve a risk of serious airborne infection, respiratory protection should be used. (14 § 7-8)."

Judging by the survey results, no special hygiene measures are applied at all. The staff wear the same working clothes as before the covid-19 pandemic. Only one respondent answered yes to the question whether staff wear protective clothing in addition to protective gloves.

Extensive shortcomings were identified in compliance with the Public Health Agency's general advice § 1 and also in relation to the SMA's action plans, according to which there must be, among other things access to hand sanitisers. Section 1 of the Public Health Agency's General Council states:

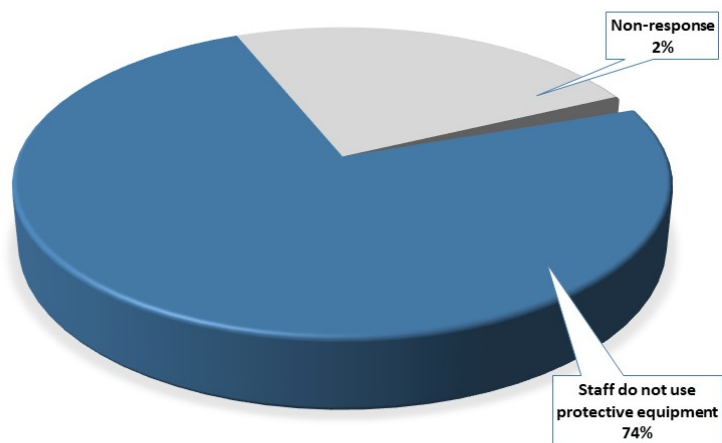
"Measures to prevent the spread of infection can for example be to

1. post information for members, staff, clients and other visitors.
2. mark out distances on the floor.
3. re-furnish or otherwise create space to avoid congestion.
4. hold digital meetings.

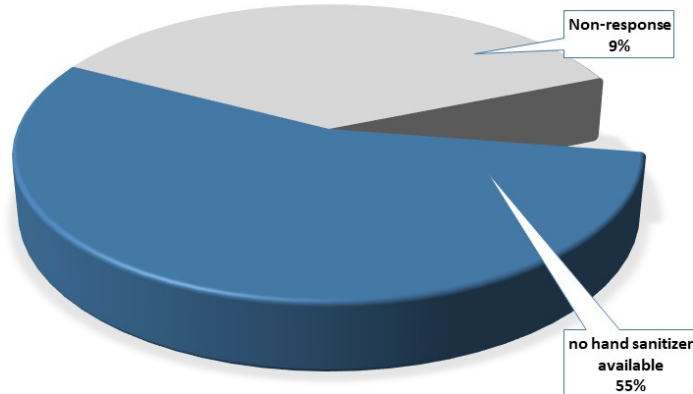
5. offer the opportunity to wash your hands with soap and water and provide hand-sanitiser as well.
6. avoid several people gathering, especially in cramped rooms. "



74% of the respondents stated that the staff did not use protective equipment inside the accommodation unit when in contact with detainees. 22.4% stated that protective gloves are used. Internal non-response: 1 reply.

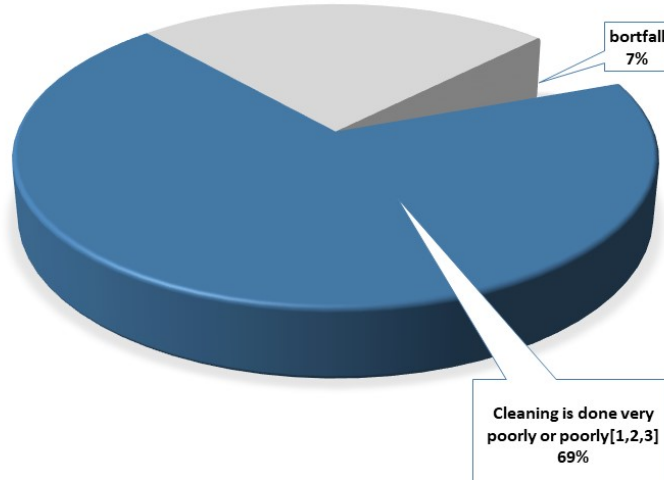


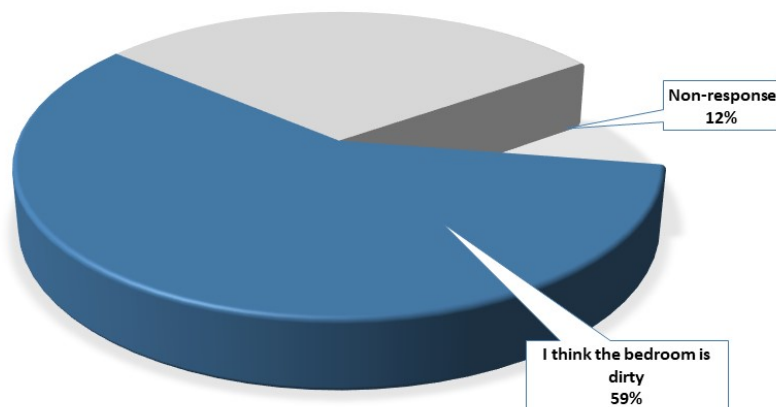
55% of the respondents indicated that there was no hand sanitiser at all in their accommodation unit.



31% stated that hand sanitiser is available when food is served; 15.5% stated that it is available in the toilets. Of those who replied that hand sanitiser is available in the toilets, 7 out of 9 replies came from Åstorp. This indicates that hand sanitiser is lacking at the other immigration detention centres. Internal non-response to the question is 5 responses.

More than half of the respondents replied that cleaning is very poorly done. They stated that individual rooms as well as common areas, especially toilets and bathrooms, were dirty. On a scale where 1 is the worst and 10 the best, 69% of the respondents answered 1, 2 or 3.





Mealtime routines

In addition to problems with the cleaning of individual rooms, toilets and bathrooms, great concerns were expressed in the open comment fields that it was impossible to keep a distance at meals in designated lunchrooms as well as in the computer room (see inter alia the introductory quote).

The questionnaire responses showed that meals are served in portion packs, while coffee, drinks, yoghurt, biscuits, cakes and bread are placed openly on the table or have already been poured. This is especially true in Mårsta. Several detainees expressed concern about uncovered food in front of them, especially bread, and that people could cough and sneeze on the food. Sick persons may have eaten at the same table as the others, even though several of the detainees had exhibited symptoms (fever, cough, sore throat, runny nose, stomach pain). This is described in one of the open comment replies as follows:

“The staff have not informed me about Corona. They say it's not dangerous. We're 30-35 persons in a small dining room and sometimes there is no place we can all sit.”

“Sometimes we are 5 to 6 in number in one room. I just saw information about the corona virus on the notice board. We do not have any social distancing in our detention centre. We all go and have lunch, dinner and supper together and we are like 6 to 7 people at one table.”

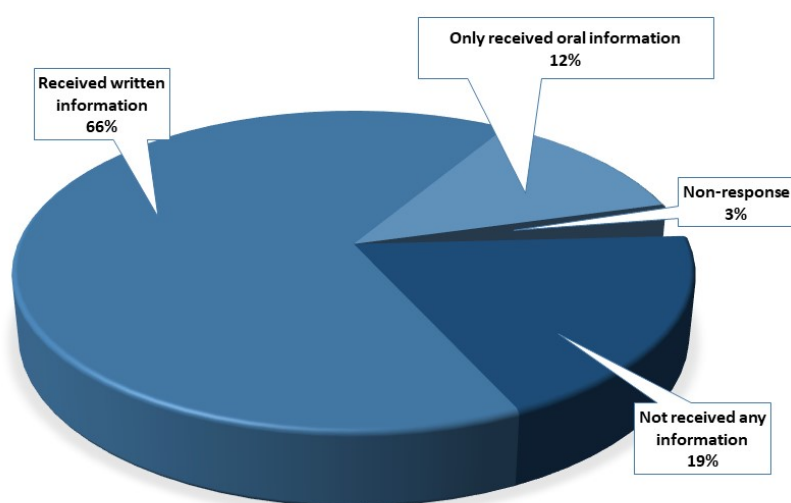
In summary, hygiene routines are deficient in relation to several points in the Public Health Agency's general advice. There are limited opportunities to keep a social distance, little access to hand sanitiser and many staff changes means that those who have been detained feel a great deal of anxiety before meeting with the employees.

Instructions and information on preventing the spread of infection

The survey results show shortcomings in information and instructions to detainees on how they can prevent the spread of infection (General advice, point 1¹²).

Detainees stated that they are mainly asked to wash their hands to limit the spread of infection to others. They are also urged to some extent to keep their distance and not to touch each other.

65.5% had received written information about the pandemic while 12.1% stated that they had only received oral information from staff. 19% stated that they had not received any information at all about Covid-19



The open comments stated:

"I have watched the news myself I have not received any info from staff"

"No one has talked to me about corona"

Of those who were reached by information, 50% stated that they had received information only in Swedish. Written information had to some extent been provided in other languages. English, Arabic, Farsi, Russian, Somali and French were highlighted among the survey's response options¹³. Oral information has been given in Swedish, English, Arabic and Farsi.

34.5% of the respondents stated in the questionnaire responses that they did not understand the information provided to them.

Given that the Swedish Public Health Agency and all other community services' media channels have been used to reach as many people as possible with information on the importance of social distancing, hand hygiene and how covid-19 is transmitted, it is worrying that such a large portion –

¹² The Swedish Public Health Agency's regulations and general advice on everyone's responsibility to prevent infection by covid-19 m.m. (HSLF-FS 2020: 12).

¹³ The languages listed were: Swedish, English, Farsi, Arabic, Pashtu, Russian, Somali, French, Spanish and Other, where the respondents could write their own choice.

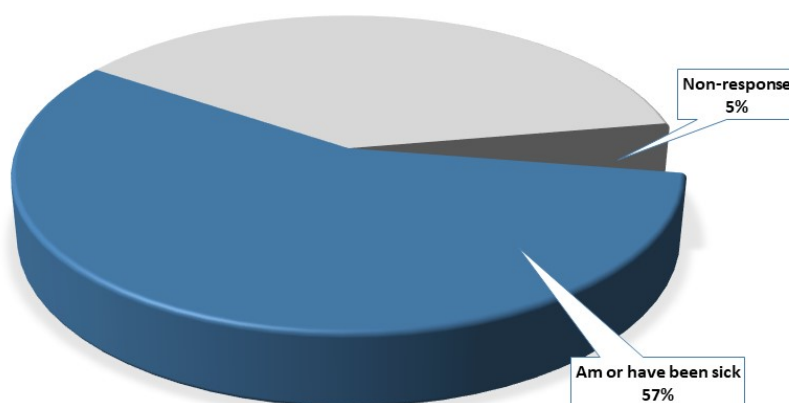
around ⅓ of the respondents – stated that they had not received information or had not understood the information.

Illness symptoms and access to healthcare

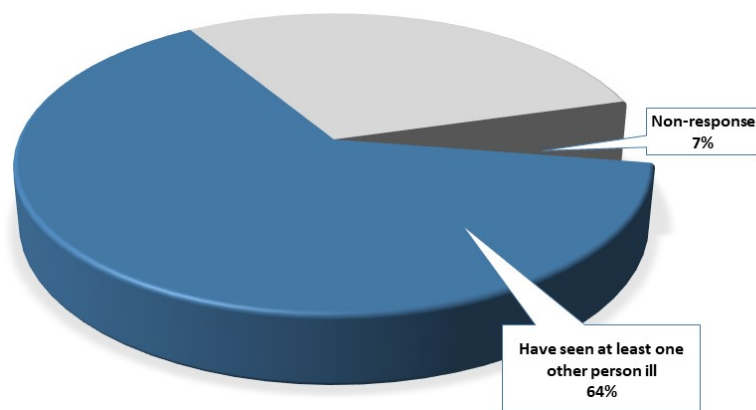
In the open comments, it appears that there is a lack of systematic screening of new detainees carried out by professional healthcare staff. In two of the open comment responses, the respondents' concerns were described as follows:

“They bring lots of people from outside at this moment without any medical checks, and when we complain they tell us that we have no capacity to check these people. Because they know we can’t do anything, no one will listen to our voice” "Sweden has no conscience, it is just a matter of business with regard to us."

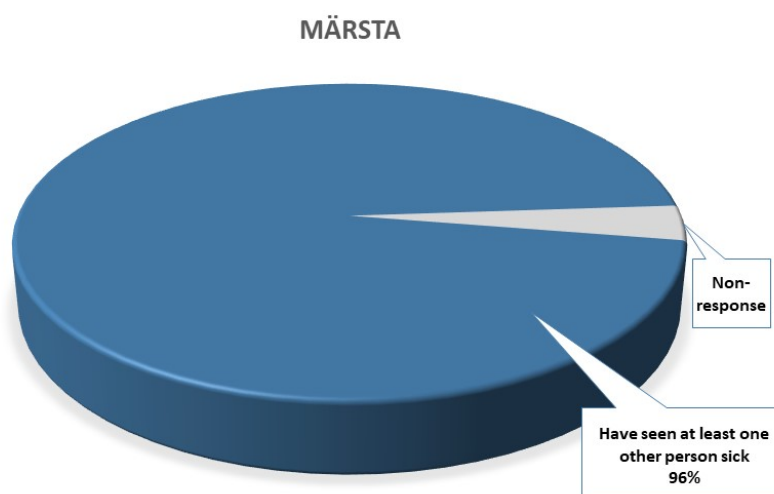
Over 57% of the respondents stated in their replies that they felt sick with covid-19 related symptoms. Only 13.8% had seen a nurse and 5.2% had seen a doctor. 32.8% of the respondents indicated in their answers that they were healthy, but three of these had yet noted symptoms.



64% stated that they had seen one or more others who had been ill with covid-19 related symptoms at the time they answered the questionnaire.

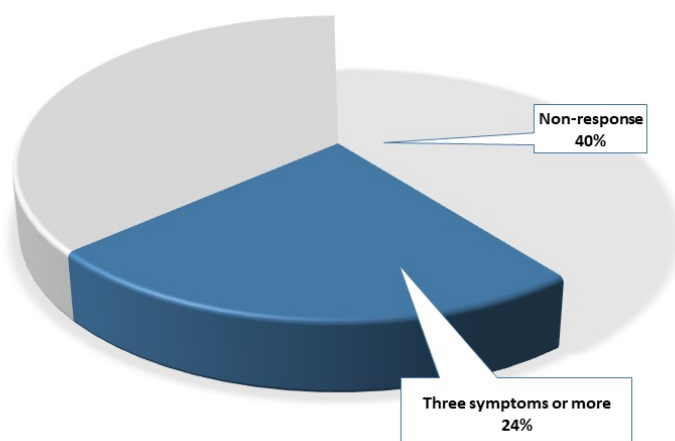


Among respondents from Märsta, 96% stated that they had seen at least one who was ill in covid-19 related symptoms. Only 7% of those who all respondents who answered the question stated that they had not seen someone who is / has been ill during the first phase of covid-19 (March-April 2020).



The most commonly reported symptoms in those who indicated that they were or had been ill¹⁴ were coughing, stomach-ache, sore throat, chest pain/ difficulty breathing and having a temperature.

Of those who noted symptoms, 14% had marked 3 or more symptoms in combination, all of whom were detained at the SMA's immigration detention centre in Märsta. Two respondents had marked 4 and more symptoms and two people had marked 5 symptoms in combination. Of those with 4 or 5 symptoms in combination all except one detainee are in Märsta, one person is in Flen.



Only 37% of those who stated in the survey that they felt ill had been in contact with a doctor or nurse. Of those who had healthcare contact, all but two were detained in Märsta¹⁵. The detainees shall be offered care according to the table below. There is no information on whether access to health checks increased during the pandemic.

The county councils are responsible for health and medical care in the detention centres but differ in their assessments of the need to carry out systematic health checks in detention centres. Anyone who is detained and wants to get in contact with healthcare must book an appointment with the county council's doctor or nurse by placing a note in a mailbox set up in each unit.

The table below shows access to health care for each immigration detention centre.

Detention centre	Nurse	Doctor	Counsellor/psychologist /psychotherapist	Health checks
Märsta	120%	8 h / week	60 % or if necessary	discussion ongoing
Gävle	100%	When needed	50 % or if needed	all are offered
Flen	100%	When needed	Psychiatric nurse	offered on request
Göteborg (Kållered)	80%	When needed	40% or when needed	offered if needed

¹⁴ The symptoms to choose from were: temperature, cough, sore throat, chest pain, difficulty breathing and stomach ache.

¹⁵ This calculation does not use the base number 58 but is calculated on the group that indicated that they are or have been ill. Healthy people are not included in the calculation, as they had no reason to ask for help from a nurse or doctor.

Ljungbyhed	60%	When needed	discussion is ongoing	offered if needed
Åstorp	100%	When needed	40 % or if needed	offered if needed

Information from the SMA, 2019 ¹⁶.

It is unclear what measures have been taken as a result of symptoms shown among detainees. The SMA's action plans describe a number of initiatives that must be implemented in the event of a suspected infection among detainees (see Action Plan Red 2020-03-06). These include isolating the persons suspected to be infected in the accommodation unit as well as those who shared a room with the person; contacting healthcare, informing all employees, nurses, external parties and detainees if feared or found to be infected; following health care directives and informing site coordinators so that upcoming new placements can be redirected to other units.¹⁷

In summary, it can be stated that life in Swedish immigration detention centres described in the survey results is in sharp contrast to the SMA's action plans. The authority lives according to what has emerged in the questionnaire responses are not up to the rules in the Infection Control Act and AFS 2918: 4. Most instructions in the action plans are ignored, and the survey results show that the operating was not adjusted during the spring, despite action plans and recurring recommendations from the Swedish Public Health Agency. Further it emerged that detainees have only been informed to a limited extent of the measures that were taken or could be expected to be taken when indicating infection.

Anxiety and mental health

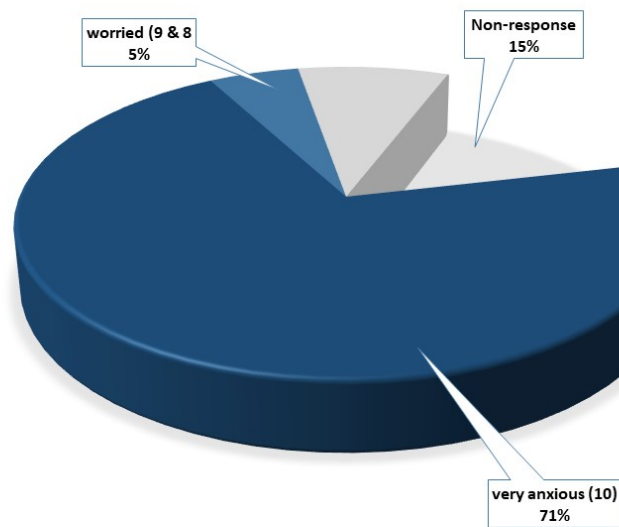
The incidences of symptoms of illness among detainees and the reportedly limited access to healthcare raise questions about how far the immigration detention centre's activities comply with Chapter 1 of the Infection Control Act. § 6, which indicates that:

"Those who are active in infection control must protect both the uninfected and those who have a contagious disease. Those infected should receive the required support and care from an infection -control point of view."

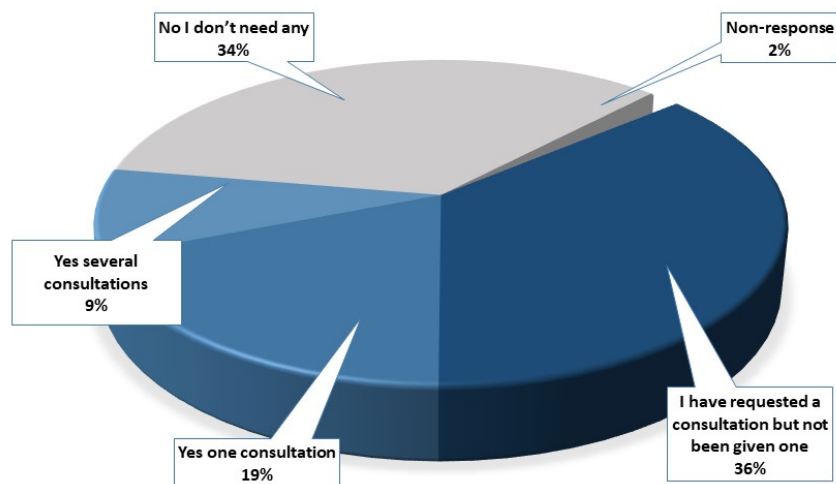
In addition to the presence of physical symptoms of infection, the survey results show that the pandemic has been psychologically highly stressful for detainees, who are already living under very stressful conditions. In the survey, respondents were asked to highlight their concerns about becoming ill on a scale where very worried corresponds to the figure 10 and no concern at all to the figure 1. 71% of the respondents stated themselves to be very worried about getting sick, they marked 10 on the scale. When the scale steps 10, 9 and 8 are counted together in a common set, 76% felt great anxiety about getting sick.

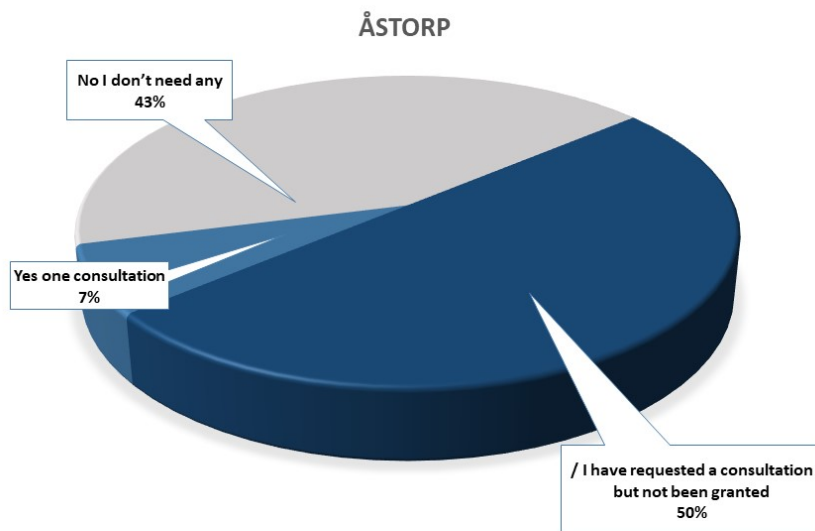
¹⁶ The table was presented at the National NGO meeting on 23 May 2019 in Sundbyberg, arranged by the SMA.

¹⁷ From Action Plan Red and Systematic work environment tasks, assessment of risks. From the survey results and oral information, we understand that only those who show disease symptoms have been isolated, but not the others in the rooms.



Furthermore, 37% stated that they did not have access to help from a nurse or psychologist, even when they requested this. 19% stated that they had received a support call once and 9% that they had received one call more than once. Half of the detained respondents in Åstorp answered that no healthcare staff arrived despite their requests.





The last question in the survey was an open-ended question formulated: *I want to tell you more about my illness or anxiety*. In the comment area several respondents described that their concerns are not taken seriously by the staff:

"Because there is only one nurse and I have said I want to talk but no one comes and even those who have been to the nurse only get a sleeping pill"

"When we see a doctor, it takes a long time to get to the doctor and then I am afraid of being infected with Corona but unfortunately, no one cares."

"Help us. I do not want to die in here."

"I am afraid of the staff and have met those who have been infected and also those who have died."

"I do not know if I will live here. For every day that goes by, people get infected and I am afraid."

"If you think you have covid-19, they will put you in a room for 7 days without taking you to the hospital."

"The biggest risk is that we can be infected by staff. There is not much protective equipment."

In addition to the conditions described above and the widespread concern and lack of routines several respondents expressed great concern about the fact that a detainee in Mårsta died of covid-19, and that several people (both staff and detainees) had met the person in question inside the immigration detention centre.¹⁸

¹⁸ JO has criticised the SMA in decision dnr O 18 2020 for not arranging for the sick person to leave the immigration detention centre after the immigration detention centre detention decision was revoked. <https://www.jo.se/PageFiles/15869/O%2018-2020.pdf>

The respondents were not only worried about getting infected but also because their health condition was not taken seriously by the staff. A couple of respondents explicitly stated that they were afraid of retaliation for the reported symptoms or expressed criticism of how the situation was handled by the immigration detention centre:

One person stated that detainees do not dare to tell the staff if they are ill because they fear being placed in an accommodation unit with a person with covid-19 and become "more infected".

Another person stated that after he protested against the circumstances he was placed in solitary confinement (separated from others) for 72 hours.

It happened that people did not dare to sleep in their room at night for fear of being infected by the others in the room. Instead, they slept in the common areas.

In the open comments, it became clear that many feel constant fear and a strong sense of resignation because they cannot keep their distance from others so that they can protect themselves from possible infection.

The survey also shows that detainees are not offered sufficient support in dealing with emotions such as fear, anxiety and powerlessness. To reconnect to the duty of efficacy noted in the introduction regarding the activity it "shall be designed so as to ensure the safety of both staff and detainees." ¹⁹

The survey results show that neither sufficient information nor visits by a nurse and / or doctor have been offered to the extent that met the detainees demands.

To sum up, the survey shows that the SMA has not fulfilled its responsibilities according to the Swedish Communicable Diseases Act 2004: 168, Chapter 4 § 1 regarding access to psychosocial support for infected people.

The SMA's responsibility for socially dangerous infections

The Swedish Work Environment Authority's regulations and general advice on infection risks, AFS 2018: 4, uses the term "risk categories" as a way of assessing the level of infection risks. The SMA's document *Systematic work-environment measures "Assessment of risks"* dated 200304, states the following:

"We have chosen not to rate the risks [no risk, risk or serious risk] as these change over time based on events in society and within the authority. Thus, all risks are handled urgently."

Risk categories 3²⁰ and 4²¹ are regulated in section 11 and in section 17 AFS 2018: 4: Section 17 states:

¹⁹ The SMA annual report 2019

²⁰ Infectious substance in risk class 3; Infectious agent that can cause serious diseases in humans and can pose a serious danger to a worker. There is often effective treatment, or preventive measures, such as vaccination. There may be a risk of contagion in society.

²¹ Infectious substance in risk class 4; Infectious agent that can cause profoundly serious diseases in humans and can be a serious danger to workers. There is rarely the possibility of effective treatment, or preventive measures, such as vaccination. They can have major consequences if the infectious agent is spread in society.

“When care and nursing is given to people who are or are suspected of being infected by contagious substances in risk category 3 or 4, the employer must ensure that the protective measures required based on the result of the risk assessment are chosen and applied. ”

According to the above-mentioned document *Systematic work-environment measures (200304)*, the SMA must also document infection in the work environment in the RITA²² system to comply with the Swedish Work Environment Authority's regulations and General Advice on Risk of Infection (AFS)²³:

“The employer must ensure that workers can wash or disinfect their hands when working with risks of infection. If possible, hand sanitiser should be provided to applicants as well. The employer must also take measures to ensure that employees do not eat or drink in the applicants’ zone with a risk of infection. To meet the requirements in AFS 2018: 4 §11 infections must be documented in RITA. One notification per case of infection with all the exposed named.”

According to AFS 2018: 4, the employer must further:

“... Document when exposure to infectious substances in risk categories 3 or 4 has been ascertained in connection with incidents, accidents or other undesirable events.

The following information must be documented:

1. Names of the persons exposed.
2. Type of work performed.
3. To which infectious substance or substances, in risk categories 3 or 4, was the worker exposed, to the extent that knowledge of this exists.
4. A description of how the exposure occurred. The information must be saved for ten years after the last known exposure, or for forty years if the exposure applies to infectious substances that may have long-term effects [...]. (Section 11) ”

According to its own description, the SMA has "chosen not to grade the risks". What “handled urgently” means in practice cannot be elicited, but we can conclude that it is difficult to follow up what measures the SMA has undertaken to protect both detainees and staff at the immigration detention centres. Not calibrating the risks further means that it becomes impossible to hold the SMA accountable for not following the action plan.

Personnel who have encountered suspected infected detainees must be registered in RITA on each potential occasion for infection. How this was fulfilled is not clear from this survey. It is noteworthy, however, that staff should not eat and drink in a zone with suspected infection while there is no regulation which protects detainees' intake of food and drink. In the open comments in the survey, it is mentioned that it is crowded at mealtimes and that it is difficult to keep your distance. Thus, they could not know about whether the persons they ate with were infected or not.

Because the SMA has not clearly linked its action plans and measures to the protection classes in AFS an external review is hampered by how the agency complied with the legislation. Through the

²² RITA is a reporting system for incidents used by the Swedish Migration Board.

²³ AFS 2018: 4 §11.

answers received from the detainees, several important deviations emerge between AFS, the SMA's action plans and actual everyday life at the immigration detention centres. It appears that the SMA's concern to limit the spread of infection between detainees has been insufficient even though the number of detainees has been reduced. Whether the obligation to document has been fulfilled should be the subject of review by other authorities.

An important conclusion in this report is that the SMA has largely failed in its implementation of all the rules and recommendations in the field. However, since the authority has avoided categorising the risk of the pandemic, no one can be held responsible for the shortcomings. The SMA is thus in clear breach of its responsibility, both in relation to its staff and persons placed in detention.

The Parliamentary Ombudsman's (JO) Opcat inspection at the SMA's detention centre, Mårsta

During the time the final analysis of the collected data was carried out, the Parliamentary Ombudsman, JO, made a pre-notified Opcat²⁴ inspection at the SMA's detention centre in Mårsta.

The inspection was carried out on 26-27 May 2020 through video interviews with both staff and detainees (Dnr O 23-2020). The report from the inspection states that the occupancy rate of accommodation units has been high and that the reduction in the number of places from 151 to 115 mainly served to free space for a quarantine unit. The temporary admission ban introduced in some accommodation units was lifted in early April. This is reflected in the respondents' replies in this survey, where several responses testify that new admissions kept on being made to the detention centres, which could potentially introduce covid-19.

The SMA stated to the Ombudsman that about 30 people had stayed in the quarantine unit, at most six people at a time. Anyone who had been symptom-free for two days returned to the regular accommodation unit. The SMA stated that two different measures have been taken depending on whether the person in question is found to be infected with covid-19 or shows symptoms without having caught the virus. Someone who is diagnosed as infected with covid-19 is placed separately or in a corridor in the quarantine unit, while a person exhibiting symptoms is assigned to an individual room in the quarantine accommodation unit.

During the Opcat inspection, it also emerged that full access to protective equipment for personnel was not secured until the beginning of May 2020, when knowledge of the risk of infection spreading had existed for more than two months.

In conversations with the staff, it was revealed that the detention centre did not have full access to protective equipment until the beginning of May 2020. Above all, it was difficult to obtain face masks, but there was also a shortage of hand sanitiser for a short period.²⁵

This tallies well with the replies in the survey which indicate a lack of protective equipment. Also, when it comes to occupancy of bedrooms, the survey responses conform with the information the Opcat Inspectorate obtained. On May 18, there were rooms shared by six people.

²⁴ Opcat is the English abbreviation for the Optional Protocol to the Convention Against Torture. Countries that have acceded to the Protocol have committed themselves to setting up a National Visiting Body that regularly visits places where people can be detained. In Sweden, the Ombudsman has been assigned this task.

²⁵ The Ombudsman "Pre-notified Opcat inspection of the SMA, immigration detention centre in Mårsta, 26 and 27 May 2020", p.4.

The immigration detention centre's staff talk about difficulties in keeping a distance between staff and detainees. The Opcat's minutes also state that no special measures have been taken to control how the detainees sit in the canteens in Mårsta. The staff believes that there is room for everyone, while the replies to the questionnaire distributed by FARR indicate that it has been crowded at mealtimes.

One of the detainees who took part in the Opcat inspection mentioned shortcomings regarding cleaning and dishwashing in the regular accommodation units and pointed out that cigarette butts were left behind, which risked becoming a potential source of infection.

In the Opcat protocol, staff in Mårsta state that there were no detainees belonging to risk groups. FARR has, however, received information that at least one person belongs to a risk group. No special arrangements had been made to enable them to maintain physical distance to other detainees during the spring. Only at the end of May, after pressure from support networks, was a single room arranged.

With regard to information on covid-19 and measures to limit the spread of the infection it emerged from the inspection that some information has been provided orally to detainees and that certain written information has been distributed in several different languages.

In conversations with staff and detainees, it was revealed that information addressed to them about the importance of hygiene and washing hands was provided orally and in writing. Some information from the Swedish Public Health Agency has been distributed in several languages.²⁶ Deficiencies in the authority's dissemination of information are thus substantiated by the inspection, which confirms the lack of special information given to those suspected of being infected, and lack of information disseminated among detainees in general. From the Ombudsman's conversations it also became clear that staff felt insecure about how the prevalence of symptoms and infection among detainees should be handled. The inspection report and the survey responses thus clearly point to a lack of information to detainees. The survey results also showed that many are hesitant to tell staff that they feel sick. They do not want to be placed in the quarantine accommodation unit. This was repeated in interviews during the Ombudsman's inspection.

The Ombudsman's Opcat inspection has not particularly highlighted the detainees' need of psychological support. Based on the record of what staff and detainees raised in the conversations, there is nothing to indicate that the SMA has offered supportive counselling to meet concerns and fears linked to the pandemic. On the other hand, the inspectorate's report shows that unrest and turbulence have occurred in the units due to the detainees' fear of becoming infected with covid-19.

Summary

This report has intended to shed light on how the situation of people in Sweden's detention centres has been affected during the ongoing pandemic and to investigate what measures the SMA has taken to prevent the spread of covid-19 in these centres. The survey results collected from detainees at five of the six Swedish detention centres reveal serious shortcomings in the agency's implementation of

²⁶ The Ombudsman "Pre-notified Opcat inspection of the SMA, immigration detention centre in Mårsta, 26 and 27 May 2020", p.5

the Infection Control Act, the Public Health Agency's regulations and the SMA's own instructions and action plans to prevent the spread of infection.

To sum up, the survey results indicate that:

- The reduction of occupancy at the immigration detention centres, a measure taken by the SMA to reduce the risk of infection, has not created sufficient conditions for maintaining social distancing. At all the immigration detention centres except Flen, the reduction in the number of detainees has meant that roughly the same number of detainees stay in the accommodation unit areas, bedrooms, common areas and dining areas as before the covid-19 outbreak. Reducing the number of detainees has freed up space for an entire quarantine unit but has not alleviated congestion in the remaining units.
- The immigration detention centre has deficiencies in its hygiene routines: fewer than a quarter of the respondents stated in their survey responses that protective gloves are used, and more than half indicated that there was no hand sanitiser in their unit.
- Cleaning and mealtime routines were reported to be deficient.
- There is a lack of systematic screening of new detainees by trained health-care staff.
- Inside the immigration detention centre there is a great fear of being isolated with other infected people, especially by people who feel sick.
- Nearly 60% of respondents have felt ill or had symptoms of covid-19.
- Detainees who explicitly ask to consult medical staff are ignored or denied consultation.
- Psychosocial support is not available despite requests from detainees.
- Several detainees have not dared to sleep in their rooms and refrained from eating, for fear of infection.
- The review of the SMA's action plans in relation to current legislation shows that the claim of liability is made more difficult by the fact that the Risk Protection Act's risk classification is not used by the SMA, although this is assumed to be the case.

As stated in the introduction to this report, the SMA has the task of ensuring that detainees are detained and treated in a dignified and humane manner in accordance with the rule of law, and to ensure security for both staff and detainees. Based on the survey responses, it appears that the authority has failed in this assignment and either completely ignored or failed to implement the laws and regulations that should ensure the safety of detainees.

Both the survey results and the Ombudsman's Opcat inspection show that the immigration detention centre operations have largely been continuing to operate as usual, despite the risks this entails for both detainees and staff. Among the detainees, the situation has given rise to significant anxiety and fear, mental strain, and a feeling that their health and lives are not taken seriously. In several places, detainees have protested being kept locked up and thus endangering their health.²⁷

²⁷ Reports of protests and riots among detainees have been received from the immigration detention centres in Åstorp, Ljungbyhed and Mårsta during the spring of 2020. These have been published in articles in Helsingborgs Dagblad (15 April 2020) and in Svenska Dagbladet (1 April 2020).

Given the ongoing pandemic, several international organisations and bodies, including the Council of Europe's Commissioner for Human Rights, have called on states to immediately end detention and release all detainees from custody to protect them from infection, especially since deprivation of liberty is no longer appropriate when deportations and expulsions cannot be implemented in the foreseeable future²⁸. The European Committee against Torture (CPT) calls on the authorities to avoid detaining people as far as possible on the basis of migration law.²⁹ In other words, migration law objectives must not be given priority over people's right to health and safety.

The CPT further calls on states to ensure that those detained are guaranteed dignified and humane treatment, access to information in a language they understand and to testing for covid-19, psychosocial support, opportunities to maintain hygiene routines and that special consideration is given to risk groups.

This report, and the survey that formed its basis have shown how the SMA is not delivering on all of these points. This is important to emphasize, in light of the fact that an immigration detention centre is a closed institution with limited transparency and control. The fact that there is a lack of control mechanisms that detainees can turn to when their rights have been violated or they have been subjected to some form of abuse is challenging.³⁰

²⁸ The European Commissioner for Human Rights. "The Commissioner calls for release of immigration detainees while covid-19 crisis continues" Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic" (CPT / Inf (2020) 13), issued 20 March 2020.

²⁹ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). "[Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease \(COVID-19\) pandemic](#)" (CPT/Inf(2020)13), issued 20 March 2020.

³⁰ The SMA ombudsman system, to whom detainees have previously been able to turn with their complaints, has been discontinued. Instead, general complaints are now referred to an e-mail address: Service@migrationsverket.se. For specific complaints, it is also possible to contact the SMA's contact centre: <https://www.migrationsverket.se/Kontakta-oss.html>. Whether detained people have received information about this or not is unclear.