

Foreword

This study has grown out of a personal involvement in the refugee scene over a number of years. As a researcher and lecturer at Makerere University, Kampala, Uganda in the 1960s and early 1970s I met Rwandaise and Sudanese refugees, and gained my first insights into what it means to be a refugee, separated from one's homeland and often from family members, and dependent on others for protection. In the late 1970s, when teaching at Nairobi University, I found myself immersed in the plight of former colleagues from Uganda who had been forced to flee from Amin's terror. Back in Britain in the 1980s I was asked to represent Amnesty International on the Refugee Council's Africa Committee where, several times a year, representatives of many of the major aid agencies met to consider the refugee situation in that continent. That committee eventually came to an end in the late 1990s when electronic communication rendered it obsolete.

Out of these experiences, and contacts with Helen Bamber and the newly established Medical Foundation for the Care of Victims of Torture, Antonia Hunt and I became aware that refugees seeking asylum in the UK were facing increasing difficulties. Charter '87 for Refugees was the result of that concern. This set out minimum standards for those seeking asylum in the UK under six heads. It urged that they should be treated with dignity and generosity in accordance with international standards; that there should be just and humane entry procedures with a right to legal representation; that there should be an in-country right of appeal for all those initially refused asylum; that only in the most exceptional circumstances should those seeking asylum be detained and that detention should be brought under judicial supervision; that asylum-seekers should be adequately provided with the necessities of life and that children should be given special protection.

Antonia Hunt and I found ourselves involved in an ongoing campaign. Charter '87 was signed by around ten thousand people, including several hundred of the great and the good, and nearly a hundred MPs from all political shades of opinion. We were able to help a number of individuals, and to contribute a little towards a better understanding of the plight of refugees, but it quickly became clear that the government of the day was reluctant to take notice of a campaigning group. However, whether or not government would listen, an ethical stand had to be made over the increasingly narrow interpretation of the UN Convention on Refugees, and the growing problems facing those who sought refuge from oppression.

Ten years later, in 1997, it was felt that Charter '87 was becoming redundant. Other organisations, with far better facilities than we had, were campaigning more effectively than we could do. The Steering Group which had guided us, and to which Charter '87 owed so much, agreed that this was so. Antonia wanted to move on to an increased commitment to the Medical Foundation, I to researching and writing up this study of asylum. So we held a final ceremony in the Jerusalem Chamber of Westminster Abbey in the autumn of 1997, just a decade after we had launched our campaign.

My involvement with the refugee scene has continued. I have frequently been asked by solicitors to provide expert witness reports for asylum-seekers from Kenya and Uganda who were appealing against refusal of asylum, and in 1999 I found myself involved in campaigning for the rights of asylum-seekers once again when a new reception/detention centre was opened near Cambridge.

I want to express my gratitude to the many people who have helped me with this study, including the members of the refugee organisations that I have got to know and with whom I have worked over the years. First must come my gratitude to the members of Charter '87's Steering Group who guided us so ably and from whom I learnt so much, and especially to Antonia Hunt, Joint Co-ordinator of Charter '87. The experience of being a member of the Co-ordinating Committee of the Asylum Rights' Campaign made this overview possible in the first place, and I owe a special debt to all the members of that group and of ARC's Consortium representing refugee community groups and refugee agencies, as I do also to present colleagues on the Board of Asylum Aid. Picking out individual names is always invidious, but particular thanks for help with this research are due to Sherman Carroll and Alison Harvey at the Medical Foundation, Natalia Berkowitz, Richard Dunstan, Liz Hales, Barbara Harrell-Bond, Jan Shaw, Peter van der Vaart, and many others who have answered questions and sent me material. Particular

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