

Briefing paper to Oireachtas Justice Committee members on the International Protection Act 2025

16th October 25

Five evidence-based amendments to
strengthen health provisions while
protecting dignity and supporting
reform objectives.



Introduction

This is a short briefing paper intended to provide observations on the International Protection Bill 2025 before it is published and moves through the Oireachtas for debate.

While we welcome some aspects of this Bill, including the alignment and improved efficiency. However, we recommend five amendments based on operational experience that would strengthen the health provisions and prevent avoidable harm while supporting the Bill's goals.

1. CLOSE THE CONSENT FRAMEWORK GAP

- Head 18(5) allows health check results "to be accessible to the Minister, competent authorities, and the Second Instance Body" without explicit consent requirements
- Head 59(6) requires applicant consent for medical examinations concerning "signs and symptoms that might indicate past persecution or serious harm such as torture"
- Head 59(8) gives authorities access to medical information for evaluating torture claims

Clinical Impact:

We see daily how fear of authorities causes applicants to hide serious health conditions—diabetes, heart disease, infectious diseases, mental health crises—leading to deterioration and eventual emergency presentations at far higher cost.

Our Recommendation:

Amend Head 18(5) to require informed consent before sharing medical information with authorities, except where:

- Required under existing public health legislation (e.g., section 38 of the Health Act 1947)
- Necessary for immediate medical emergencies

Ensure Head 59 examinations are conducted by independent medical practitioners with appropriate training in:

- Istanbul Protocol methodology for documenting torture
- Trauma-informed care approaches
- Cultural competency

Clarify that Head 48(10) fitness-to-interview determinations require assessment by medical practitioners with expertise in trauma and mental health, not just general medical practitioners.

Impact: Improved disclosure, earlier intervention, better health outcomes, reduced emergency costs, protection of constitutional rights to bodily integrity

2. GUARANTEE HEALTHCARE AFTER DEPORTATION ORDERS

Currently, if someone is issued a Deportation Order, they are no longer entitled to use their Medical Card. This is our most urgent concern and is happening right now. This means that for most people, they cannot get medication, including medication such as insulin, without which a person would quickly become very ill and die.

Clinical Impact: The period between the deportation order and actual deportation can be months or years. People with diabetes, heart conditions, HIV, psychiatric conditions, or who are pregnant cannot access essential care during this entire period.

Our Recommendation:

Create a new Head explicitly guaranteeing continued healthcare access for people subject to deportation orders, at a minimum for:

- Life-sustaining medications (insulin, cardiac medications, psychiatric medications)
- Communicable diseases (public health protection)
- Emergency care
- Maternity care

Impact: Saves lives, prevents suffering, reduces emergency costs, protects public health, respects human dignity.

3. PROTECT MEDICAL CARE CONTINUITY DURING ACCOMMODATION TRANSFERS

Short-notice transfers (24-72 hours) disrupt ongoing medical care for people with serious health conditions.

Clinical Impact:

Safetynet supported a blind man scheduled for transfer from Dublin to Clare tented accommodation with 24 hours' notice, after 6 months of establishing independence and attending the eye clinic for sight-preserving treatment. Hotel staff raised concerns through various channels. The issue eventually reached us, and we documented the situation, contacted IPAS, and the transfer was reconsidered. Emphasise: "This only worked because of chance connections—what happens when those don't exist?"

Common Problems We See:

- Cancer treatment was interrupted mid-chemotherapy cycle
- Cardiac rehabilitation programs disrupted post-heart attack
- Trauma therapy ended abruptly after months of establishing a therapeutic relationship
- Medications run out with no local GP established
- Pregnant women in the third trimester lose specialist obstetric care
- Children with special needs lose established supports

Our Recommendation:

- Prohibit short-notice transfers for people with significant ongoing medical needs
- Require a minimum of 14 days' notice when transfers are necessary for medical cases
- Create formal mechanisms for accommodation staff to raise medical concerns
- Ensure medical records and care coordination before transfers occur

Impact: Continuity of care, completed treatment protocols, better health outcomes, reduced emergency presentations, and respect for human dignity.

4. INCREASE MEDICO-LEGAL ASSESSMENT CAPACITY

Many torture survivors and trauma victims need Istanbul Protocol reports to support their applications, but the current capacity is grossly insufficient.

Clinical Impact:

- Wait times: Many months to over a year
- Limited providers: Primarily Spirasi, a few private practitioners
- New timelines worsen this: Border procedure (3 months), accelerated procedure (3 months), standard procedure (6 months), making it virtually impossible to obtain reports before decisions.

The Consequence: Torture survivors cannot adequately document their experiences. Medical evidence unavailable for first-instance decisions. Higher refusal rates. More judicial reviews when evidence emerges later.

Our Recommendation:

- Significantly increased funding to organisations like Spirasi
- Establish a state-funded medico-legal assessment service with dedicated practitioners trained in the Istanbul Protocol methodology
- Target: Reports available within 4-6 weeks of request
- Ensure nationwide availability (not Dublin-only)

Impact: Fair assessment of applications, reduced judicial reviews, protection for torture survivors, and efficient use of system resources.

5. ESTABLISH HEALTHCARE STANDARDS FOR DETENTION

Part 14 of the Bill significantly expands detention of international protection applicants. However, the Bill is largely silent on healthcare standards in detention facilities. Based on our experience visiting 28 accommodation centres with our Mobile Health and Screening Unit, we understand how healthcare challenges amplify in congregate settings.

Given the absence of an NPM and the expansion of detention, this Bill must include explicit healthcare standards for detention facilities, as Ireland is the only EU country implementing the Pact without OPCAT ratification (as noted by the Irish Human Rights and Equality Commission).

- No independent monitoring body exists for detention facilities
- The Bill creates expanded detention without independent safeguards
- Healthcare standards must be written into primary legislation since no NPM oversight exists

Detention facilities will face these same challenges amplified by:

- Security restrictions
- Psychological impact of detention itself
- Potential mix of vulnerable populations
- Risk of inadequate healthcare if left to contract specifications alone

Our Recommendation:

The Bill must include explicit healthcare standards for detention facilities.

Add a new Head under Part 14, establishing minimum healthcare standards:

- Access to registered medical practitioners, including mental health professionals
- Independent medical assessment (not provided by detention facility operators or staff)
- Medication continuity guaranteed when moving to/from detention
- Medical confidentiality is protected from detention/immigration staff
- Clear medical exemptions from detention (pregnancy, severe mental illness, severe physical conditions)
- Trauma-informed care protocols (many detainees have experienced torture)
- Ensure an explicit ban on the detention of children.

ADDITIONAL TECHNICAL RECOMMENDATIONS

Our detailed written submission includes further recommendations on:

Head 18 Improvements:

- Change "access" to "timely and meaningful access" (addressing transport, childcare, and financial barriers)
- Change "acute medical care" to "acute or essential medical care" (preventing deterioration)
- Specify "suitably qualified registered medical practitioners" with trauma-informed training
- Clarify the State provision of health checks

Other Provisions:

- Food provision in accommodation addressing medical dietary needs (diabetes, lactose intolerance, allergies)
- Interpreter requirements considering gender, ethnicity, and community connections for sensitive health discussions
- Age assessment procedures for unaccompanied minors (when drafted)
- Training and quality assurance for health screening practitioners

Conclusion

As the HSE-funded organisation providing health screening to international protection applicants nationwide, we bring direct operational experience to this analysis.

Our overarching concern is that health provisions throughout the Bill lack sufficient detail and safeguards. From screening through to detention, the Bill creates healthcare obligations without clarity on delivery mechanisms, quality standards, or protections for vulnerable persons. Early intervention produces better health outcomes whilst reducing emergency presentations and system costs – but only if the healthcare framework is robust from the outset.

We note with concern that several Heads remain incomplete and implementation details are largely absent, which limits comprehensive analysis and raises serious questions about healthcare protections.

We welcome the opportunity to support the department in ensuring that detailed medical services are provided to ensure fair and equal access to healthcare across all stages of processing.

About Safetynet

Meeting vulnerable people where they are, overcoming barriers together

Safetynet Primary Care is a specialised healthcare service provider delivering GP and nursing services to Ireland's most vulnerable adults & Children, populations who face significant barriers to accessing mainstream healthcare. We are also the only organisation providing nationwide health screening and medical assessments for international protection applicants.

We work in partnership with numerous state and voluntary organisations, including HSE Social Inclusion, HSE Health & Wellbeing, Dublin Simon Community, The Irish Red Cross, Merchants Quay Ireland, Capuchin Day Centre, & Inclusion Health teams in St James's Hospital & the Mater Hospital.



Our Reach

1,374 IPAs Screened in 2024 through our mobile Health & Screening Unit.



Accommodation Centres

28 accommodation centres visited nationally.



Screenings

747 TB screenings (chest x-rays) completed.



Consultations

3,772 GP consultations for IPA's in 2024.

Delivered nearly **10,000** consultations across all our services in 2024.



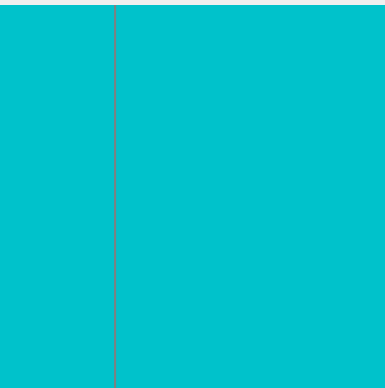
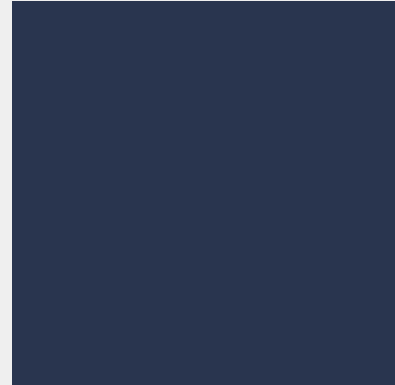
Clinics

Operate five weekly GP clinics at the National Transite Centre.



Shared Medical Record Network

Operates Ireland's only shared medical record network for vulnerable populations, serving as data controller for 23 organisations across statutory and third-sector primary care settings.



Delivering high-quality primary healthcare to Ireland's most marginalised communities by breaking down the barriers of language, location, culture, and circumstance.



01 2336990



60 Amiens Street, Dublin 1, D01 E086



www.primarycaresafetynet.ie