

**IN THE IMMIGRATION APPEAL TRIBUNAL**

**Decision no. AH (Medical Facilities) Serbia and Montenegro CG [2002] UKIAT  
07478**

Appeal no. HX 41531-01

Heard: 31.01.2003  
Typed: 31.01.2003  
Sent out: 28/03/2003

**IMMIGRATION AND ASYLUM ACTS 1971-99**

Before:

**John Freeman** (chairman)  
and  
**Mrs ML Roe**

Between:

**Agron HASANI,**  
appellant

and:

**Secretary of State for the Home Department,**  
respondent

**DECISION ON APPEAL**

Mr J Melvin (counsel instructed by Howe & Co, N22) for the appellant  
Mr J Morris for the respondent

This is an appeal from a decision of an adjudicator (Mrs EB Grant), sitting at Taylor House on 20 February 2002, dismissing an asylum and human rights appeal by an Albanian citizen of the Preševo valley in Serbia. Leave was given on the basis that the adjudicator might have been wrong in expecting the appellant to be able to get medical treatment on return by crossing over to Kosovo; and Mr Morris did not argue that she was right about that.

2. The question remains as to whether the appellant could now get the treatment he needs in Serbia itself. He has produced a good report from a GP, which shows exactly what he is suffering from, and what treatment he is now getting. What it does not show is the prognosis, because since this appeal last came before the Tribunal on 25 July 2002, he has been waiting to see a consultant in gastroenterology. The solicitors have tried several times, through the GP, to bring that forward; but to no avail. We were asked to adjourn the hearing once more; but there is still no appointment date, and it is high time this case was heard.

3. This is what the GP said on 2 September 2002:

*In a previous medical report dated 21<sup>st</sup> January 2002 [the appellant] identified as suffering form persistent epigastric pain, resistant to two levels of antacid treatment. He also suffers from depression with sleep disturbance. He was initially treated with triple therapy for one week for the eradication of Helicobacter infection of his upper intestine. As this failed he was on review in May 2002 commenced on a two week course of Heliclear (triple therapy consisting of Amoxycillin 19m twice daily, Lansoprazole 30mgs twice daily and Clarithromycin 500mgs twice daily. This time for two weeks.*

*His symptoms persisted in spite of this he was referred in June 2002 the Gastroenterologist at the North Middlesex Hospital. The consultant assessment is awaited, but meanwhile he continues on treatment with Lansoprazole 30mgs daily. Anxiety and sleep disturbance were more prominent features of his depression and his anti-depressant treatment was revised to Trimipramine 50 mgs one at night, which remains his current treatment.*

4. It follows that the appellant is getting treated for his depression, for which no further investigation has been advised. That has been sought for his gastric problem; but so far to no avail, and he is getting Lansoprazole meanwhile to deal with the symptoms. As neither side could tell us what kind of drug that was, we consulted the British National Formulary, and showed them what it said. It is recommended for ulcers of various types, and specifically “gastritis associated with H[elicobacter] pylori”.
5. The evidence before us about medical treatment available in Serbia is to be found in the current [October 2002] CIPU report, and in an exchange of e-mails between the Home Office and the British Embassy in Belgrade. The CIPU report says:

#### *Medical Services*

5.24 *A recent UNICEF report concluded that the public health system in Serbia does not meet the minimum needs of the population. Although Serb citizens are legally entitled to free health treatment, years of neglect and corruption under the Milosevic regime have seriously damaged the health service.*

5.25 *A comprehensive survey of Serbia’s health service in 2001 was undertaken by the Helsinki Committee for Human Rights in Serbia. The report observed that "Hospitals are - ruined, doctors impoverished and corrupt and patients are compelled to pay for all services and medicines." [7g] In hospitals, as well as paying for the bed and food, patients usually have to pay for everything else they need for their treatment. Most hospitals are very old, some lacking running hot water and heating. The ratio of hospital beds to patients is very low (1 bed for 184 patients) and yet they-are under-utilised (70%) because of inefficiency.*

5.26 *When the new government took over in October 2000, it found widespread abuses and misappropriation of funds, describing the situation in the health service as “critical”. In late 2000, the entire health system subsisted on foreign aid in kind. The health services in 2001 remained characterised by an extreme lack of resources at all levels and spheres of work; an urgent*

*need for restructuring; poor organisation and chronic inefficiency; and a heavy reliance upon foreign donor support-to enable the system to function even at the low level that it does. The pay of health workers is very low and the quality of services suffered because some employees were reduced to moonlighting to earn a minimum subsistence.*

*5.27 The state of the health service in Serbia is paralleled by the deterioration in the health of its population. As well as inadequate treatment, likely causes are stress, poverty and poor living conditions. The 1999 statistics indicate the highest death rate, the highest suicide rate (among the highest in the world) and the lowest birth rate since 1945. [54b] Infant mortality is up by 3% in the last ten years. Cases of tuberculosis, heart disease and cancer have also increased in recent years, with numbers of cancer cases in 2000 up by 63% from 1991. The mental health of the population has also deteriorated. Massive consumption of Bensadine, Bromazepam and Diazepam suggests that one in every two people in Serbia are reliant on sedatives.*

The e-mail, dated 7 June 2002, gives details of numerous drugs available in Serbia both for depression and for gastric ulcers (said also to be common there).

6. The position in which the appellant is likely to find himself, if returned, is one where he will continue to suffer depression of a fairly ordinary kind, not amenable to further investigation or treatment; and unexplained gastric pain, which should be investigated, which might or might not raise a possibility of further treatment. There can be, and is no suggestion that the sort of “out-patient drugs” required to palliate both conditions are now available in Serbia. While gastric investigation would be desirable, it has not been given a high priority by the medical authorities in this country. We cannot say that the likely lack of it in Serbia would make sending the appellant there an invasion of his “physical and moral integrity”, contrary to art. 8 of the European Convention on Human Rights, let alone “inhuman or degrading treatment” contrary to article 3. So far as his recurrent symptoms of both conditions are concerned, he is likely to receive appropriate treatment there.

**Appeal dismissed**

**John Freeman** (chairman)