

Women's ASYLUM NEWS

Refugee Women's Resource Project - Asylum Aid - Issue 23 July 2002

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Women asylum seekers with HIV/AIDS: the legal challenges (Part II)¹

Home Office policies on people affected by HIV/AIDS, effective from 19 December 2000, have important implications for women seeking refuge under either refugee conventions as well as those seeking medical treatment in the UK.

Although the Home Office stresses that a woman (or a man) who declares on arrival she has HIV/ AIDS or another serious illness is not grounds for refusing entry, they will not be dealt with by the Entry Clearance Officer but rather referred back to the Home Office where they will be required to disclose their ability to fund any treatment during their stay in the UK.

If a person does not have the money to pay for the treatment for, in this example, HIV related conditions, which can prove extremely costly, they may be faced with removal. It is at this point that a claim under Article 3 may be made, and thus access to the National Asylum Support Service activated.

Advice on claiming either under the 1951 Geneva Convention or the Human Rights Act is contained in this article and it aims to discourage women from looking exclusively at the medical implications on their return.

The Home Office instructions to its Caseworkers regarding asylum seekers affected by HIV/AIDS are contained in Chapter 1, Section 8 of the Immigration Directorates' Instructions (IDI's).² At paragraph 3.4, the IDI's consider the application of the Human Rights Act 1998 and state:

"The UK's obligations under Article 3 of the ECHR will be engaged in all medical cases where the following requirements are satisfied:

- (i) the UK can be regarded as having assumed responsibility for a person's care; and*
- (ii) there is credible medical evidence that return, due to a complete absence of medical treatment in the country concerned, would significantly reduce the applicant's life expectancy; and*
- (iii) subject them to acute physical or mental suffering."*

¹ Part I in June edition of WAN.

² IDIs can be found on the Home Office website at <http://www.ind.homeoffice.gov.uk>.

Where the above conditions are satisfied, removal will be unlawful as it would not be in accordance with the Home Office practice. However, it is certainly questionable whether requirements that there be a complete absence of medical treatment, significant reduction in life expectancy and acute physical or mental suffering are *all* necessary to demonstrate that a person would be returned to conditions that are inhuman or degrading (i.e. contrary to Article 3). If, therefore, the IDI's are more restrictive than Article 3, it is the latter that must take precedence: Article 3 must never be violated because it provides an absolute right.

Nevertheless, UK and European Court caselaw is not promising. The lead European case is **D v UK**,³ in which the Court upheld a complaint against the United Kingdom that it would be degrading to return a HIV sufferer to St Kitts. There was no treatment available for AIDS on the island. Moreover, there was no evidence to show that D would receive any care, moral or social support if returned; his already limited life expectancy would be further reduced and in circumstances of acute mental and physical suffering. It is clear that the factors considered by the Court are reflected in the IDI's.

The Home Office, within the IDI's refer to **ex parte Kasasa**, which in turn draws support from **I v SSHD** [1997] Imm AR, CA. Kasasa was, however, decided before the coming into force of the Human Rights Act: in his judgment Scott Baker J expressly refers to this.

The crux of the case was that in Uganda, to which Kasasa faced removal, drugs were widely available and very highly subsidised by manufacturers and various AIDS agencies. It was argued that this was irrelevant where such treatments remained unaffordable for the individual; and it was accepted that this was a factor for consideration.

Nevertheless, and without finding whether Kasasa could or could not afford any treatment, on the old-style and more hands-off judicial review (such Home Office decisions should now be subjected to more intensive scrutiny under the Human Rights Act) it could not be said that the decision to remove was contrary to the policy or otherwise impermissible.

SSC v Sweden held that a person is not entitled to remain merely in order to benefit from medical, social or other forms of assistance from the expelling state.

Ex parte K held that where treatment would not be available to a person due to cost, this alone did not amount to inhuman and degrading treatment.

The greater part of the caselaw focuses upon Article 3. Yet, it would be wrong to consider this as the only avenue by which a woman affected by AIDS/HIV might seek to challenge their removal. Article 8 provides a right that a person's private and family life shall not be interfered with. This has been interpreted to include a right to physical and moral integrity so conditions or treatment not so severe as to be degrading may nevertheless interfere with Article 8: see **Bensaid v UK**. The difficulty in such cases is that Article 8 does not provide

³ For full legal references not included in this article, see www.ein.org.uk and use the key word 'HIV' when searching the case database.

absolute rights; and maintaining immigration control is regarded as a powerful reason for the State to interfere with human rights (removal will be said to be proportionate).

Ultimately, Bensaid was not able to show his removal would interfere with his physical and moral integrity because, although there might be some deterioration in his psychotic illness, for which he was receiving medication, this was too speculative: even if Bensaid remained in the UK it could not be discounted that he would suffer a relapse.

In contrast, the Tribunal allowed an appeal in **M v SSHD** (01/TH/3623) because removing a Kosovar Albanian woman suffering severe psychological trauma following her rape by Serbs would violate her physical and moral integrity (Article 8). However, the Tribunal stressed this was a rare case: M had suffered particularly appalling treatment and been receiving substantial therapy, which was ongoing and vital to her. Usually immigration control would outweigh any interference to a person's physical and moral integrity.

It follows that the Home Office are likely to take a hard line with most applications based upon a person's with HIV/AIDS; and the Immigration Appellate Authorities and Higher Courts are likely to be generally sympathetic to such a hard line.

There is, therefore, a premium upon obtaining detailed and expert evidence about a person's current condition, treatments and life expectancy and general prospects if removed. Of course, in particular cases, strong evidence upon the situation in the country may be available.

Women may often be disproportionately disadvantaged in societies with various sexual taboos and where HIV infected individuals are shunned.

Moreover, a substantial number of asylum seeking women, who are infected, are also pregnant or have children.⁴ Removing these mothers to their home countries may withdraw any social, or other, support from both the woman and her children; and in many instances may all too quickly orphan the children. It can be seen that the human rights of children, as much as the mother, may be violated by removal: either because the child is to be returned to degrading circumstances or it would interfere with the child's private or family life (including physical and moral integrity).

In conclusion, some approaches that those advising and representing women asylum seekers with HIV may wish to pursue are set out below. These are mere suggestions and neither exclusive nor exhaustive.

- Considering the medical prognosis on return more broadly: i.e. looking at the opportunistic infections or illnesses that the individual will contract and prevailing conditions for those suffering from these. For instance, someone returned to a refugee camp where an identified illness is rife would face an imminent and clearly foreseeable risk of contracting it.

⁴ See below, 'HIV/AIDS website links' pp. 5-6.

- Perhaps, although there are HIV treatments in the country concerned, there is a 'complete absence of medical treatment' for the identified condition, in which case the IDI's may be useful. In any case, conditions for a woman in the camp suffering from this identified illness may be inhuman or degrading.

- Considering the position of any children involved: i.e. looking at the position of a child in the country of origin, who may be stigmatised through its HIV status or having a mother who has HIV; and who may be at risk of being orphaned. Being a child in such conditions may itself be degrading; as may being a mother, who has to suffer the indignity and despair of her child's situation. There may be circumstances where it is necessary to make an application or appeal on behalf of the child, upon whom the mother may need to be dependent: e.g. where the mother is at the end of the line but the child's situation has not been adequately considered.

- Children's human rights may be raised in the mother's claim in one of two ways, however, **Kehinde** (01/TH/2668)* (starred so binding on all Immigration Appeal Tribunals and Adjudicators) appears to raise problems. In Kehinde the Tribunal indicated that it was the human rights of the appellant(s) that were in issue; not third parties. However, in Article 8 claims Kehinde has been expressly considered and explained in **Met Sula** [2002] UKIAT00295 and **Beqiri** [2002] UKIAT00725: dependents and close family members, whose private and family life is intrinsically linked with the appellant's must have their interests considered in order to adequately assess whether removal is proportionate. As for Article 3, while this may be more problematic, it is arguable that, as was suggested at the previous bullet point, a mother may be degraded by being forced to bear the situation of her child.

- As regards a child's human rights, it would be important to consider her family and private life. For instance, a child at real and foreseeable risk of being orphaned because of her mother's illness unless her mother is allowed to remain in the UK and continue treatment, may claim that removal would constitute a massive interference with her family life: the loss of her mother.

- If removing someone would reduce their life expectancy to such an extent that they will die imminently, it may be arguable that the UK authorities – assuming they are fully aware of the extent of the risk – would be in violation of Article 2 (the right to life) or Article 3. So a person receiving a course of treatment in the UK, with good prospects of a significant life expectancy but with almost no prospects if removed from the particular treatment, should not be removed if the UK authorities are fully aware of the situation. This would be so even if some medical treatment was available in the country to which return was planned.

- Generally, 'physical and moral integrity' arguments (Article 8) will be difficult if the approach in M is maintained. The Tribunal has indicated more than once that it considers removal to be proportionate in the face of a risk of anything short of degrading treatment: see for instance **Kacaj** (01/TH/0634)* and **Bakir** [2002] UKIAT01176. However, if there is substantial private or family life established in the UK, the risk that a person's physical and

moral integrity may be violated should also weigh in the balance as to whether interference with the private or family life here is disproportionate.

Removals should not take place if the person is terminally ill and has "only a few months to live". In such cases leave to remain on compassionate grounds should be given.

Advisers should press for a grant of leave to remain. The general policy on removal is that removal should be effected unless the person is not fit to travel. The Home Office interpretation of this appears to be that removal action should take place as soon as possible in case the person becomes ill.⁵ (Putting Children First by Alison Stanley).

HIV/AIDS website links⁶

Africa Action's website contains database of health related sites by category, policy and research documents and current news.

Areas of focus include general African health issues, women's health, HIV/AIDS

Malaria and River blindness:

www.africaaction.org/action/health.htm

AIDSchannel.org is a multimedia Web portal on issues relating to HIV/AIDS worldwide with information and resources from civil society organisations, governments, research institutions, media and other stakeholders working in the field.

<http://www.aidschannel.org/>

Aidsmap is the website by the publishers of the National AIDS Manual.

<http://www.aidsmap.com> Regularly updated contact details for AIDS services; latest treatments information; links to other HIV/AIDS sites

The **EU HIV/AIDS Programme in Developing Countries** reports on HIV/AIDS issues and interventions at national, regional and international level in at least 90 developing countries. These include preventative and care measures, multi-sectoral support, studies and communication initiatives.

<http://europa.eu.int/comm/development/aids/index.htm>

Also a report on Women and HIV/AIDS worldwide including case studies from Senegal and Ecuador is available at <http://europa.eu.int/comm/development/aids/html/nl0601.htm> .

Global Health Council is the largest membership alliance dedicated to improving the quality of and access to health worldwide (www.globalhealth.org/).

⁵ For more on this issue, see 'Putting children first: A Guide for immigration practitioners', full reference below (p. 9).

⁶ Please note that these links were correct at the time of going to press. If you are unable to access any documents, please search from the organisation's home page.

Click on the following sub-links for information on: [Child Health and Nutrition](#); [Reproductive Health](#); [Maternal Health](#); [HIV/AIDS](#); [Infectious Diseases](#); [Disaster and Refugee Health](#); [Health Systems](#).

The **International Women's Health Coalition** (www.iwhc.org/) promotes the protection of the rights and health of girls and women worldwide, but particularly in Africa, Asia, Latin America, and countries in postsocialist transition (with information on Adolescent health and Rights; Sexual rights and Access to safe Abortion)

London East AIDS Network (LEAN) provide welfare rights advice, housing advice, advocacy, money advice, volunteer services, support groups and treatment support to people living with and affected by HIV and AIDS in the east London area. www.lean.org.uk/ also includes links to other HIV-related information.

Medecins Du Monde (Doctors of the World) **International's** HIV/AIDS Strategic Plan 2001-2006 gives useful background information on country situations as it runs projects in many countries worldwide. www.mdm-international.org/international/pages/sidainternationalanglais.htm .

Pan American Health Organisation – regional office of World Health Organisation (www.paho.org) covers all health topics in the Americas; has section on AIDS and sexually transmitted infections which includes data on prevalence & treatment as well as a searchable database of HIV/AIDS indicators by country.

The Terrence Higgins Trust is the leading HIV & AIDS charity in the UK and the largest in Europe; the site (www.tht.org.uk) provides information on UK based support services as well as issues, treatment and rights for people living with HIV/AIDS, including advice on welfare and immigration matters.

On **UNAIDS'** website, www.unaids.org/ , one can find worldwide information on prevalence, treatment, and international responses. For the latest epidemiological fact sheets by country with detailed data on prevalence and access to healthcare see: www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm. Or for regional rounds-up go to: www.unaids.org/barcelona/presskit/factsheets.html

A list of **UNICEF** publications on children's issues, many on health and HIV/AIDS, is searchable by subject or region at: www.unicef.org/infores/pubssubject.htm

The **World Health Organisation** site contains information on HIV and AIDS (www.who.int/health-topics/hiv.htm) but also links to other sources on health (www3.who.int/whosis/links/links.cfm?path=whosis,links)

Related Information: **UNAIDS releases new 'Report on the global HIV/AIDS Epidemic 2002'** available online (pdf) at: www.unaids.org/barcelona/presskit/barcelona%20report/contents.html. One figure that drew

our attention is the fact that 'in Kenya it is estimated that AIDS accounts for up to three-quarters of all deaths in the police force' (Chapter 3 'The mounting impact', p.58). Notwithstanding the impact on society and security issues, this is also a worrying trend for women persecuted by the police at home or detained in police stations, where there are known to be at risk of sexual assault (see RWRP report 'No Upright Words' on the human rights of women in Kenya, www.asylumaid.org.uk).

ICASO Releases 'Update on the UNGASS Declaration of Commitment on HIV/AIDS'

This Update contains information on how the Declaration has been promoted by NGOs at the local and national level; by the central and regional secretariats of ICASO; and by the Joint United Nations Programme on HIV/AIDS (UNAIDS). A progress report is provided on the development of indicators to assist in monitoring and evaluating the implementation of the Declaration.

See also 'Advocacy Guide to the Declaration of Commitment on HIV/AIDS' published by ICASO in October 2001. Both documents are available in English, French and Spanish in the UNGASS section of the ICASO website www.icaso.org.

International News

Muslim women 'primary victims of internationally recognized war crimes' during India's violence⁷ In a report produced on Muslim women targeted during India's violence, a six-member team of Indian women, representing various independent organizations,⁸ revealed how they had been 'shaken and numbed by the scale and brutality of the violence (...) in Gujarat' which saw 'women[s] basic human right to live a life of dignity [being] snatched away from them'. The report, 'How has the Gujarat Massacre Affected Minority Women? The Survivors Speak' recounts that many of the Hindu killed were women and that 'women have been the central characters in the Gujarat carnage and their bodies the battleground': some testified how they witnessed or had been physically and sexually abused in the streets (including mass rape) and subjected to appalling forms of torture and violence.

For a copy of the report, see: <http://167.216.192.97/gujarat/sec1.shtml>, also www.ektaonline.org.

Honour Crime: Tribal council orders rape of teenager as 'family punishment' in Pakistan⁹ A 18 year-old Pakistani teenager's right to dignity was also snatched away from her when a local tribal council ('panchayat') ordered four men to gang-rape her to punish her family after 'her 11-year-old brother was seen walking [unchaperoned] with a girl from a

⁷ All information from Barbara Crossette, 'Report says women targeted during India's violence', *WomensEnews*, May 2002, at www.womensenews.org.

⁸ Including the Muslim Women's Forum in New Delhi and the National Alliance of Women in Bangalore.

⁹ All details from Homaira Usman, ' "Jury" ordered rape of Pakistani teenager', *The Independent*, 3 July 2002.

higher tribal caste' from the Mastoi tribe. This was seen as an insult the Mastoi tribe's collective dignity.

The tribal jury had threatened all of the women in the family with rape unless the teenager submitted herself to the punishment, according to *The Independent*: *'Four men, including one of the "judges" of the tribal jury, dragged the woman from the public meeting and took turns raping her, police said. The teenager said she was taken to a hut and assaulted as hundreds of Mastois stood outside, laughing and cheering. Afterwards, she was forced to walk home naked in front of hundreds of onlookers'*.

Whilst police claimed they only learnt about this honour crime days after the rape, the secretary general of the private Human Rights Commission of Pakistan (HRCP), Hina Gillani, declared that the police only opened a formal investigation *'to protect the government's image after the incident was made public'*. She further added that the incident could not have happened *'without the connivance of the law'* and that as long as systems such as *panchyats* and *jirgas* (councils) are tolerated, *'the writ of the state [will not] be applicable throughout the country'*.

She also believes the community as a whole is implicated, which will make it difficult to get witnesses to come forward. However the police said criminal charges against the men involved have been filed by the father's victim.

Sources: www.womensenews.org and www.independent.co.uk/story.jsp?story=311397.

US-Canada 'safe third country' agreement will fail women asylum seekers. This refugee agreement, still to be finalized after consultations with refugee advocates, drew criticism from many lawyers and NGOs in Canada: the system in the United States is known to be more restrictive in its interpretation and application of the 1951 Refugee Convention.

Thus, a woman fleeing sexual violence at the hands of an armed militia has a better chance of being recognized as a refugee in Canada than she does in the US.

The US asylum system is also more likely to be subjected to the government's political bias and many asylum seekers, including children, are placed in detention where they stay sometimes for months living alongside criminals; a cruel predicament for those fleeing imprisonment and abuse in their home countries (Source: CCRLIST@YORKU.CA)

Birth of International Court for Crimes against Humanity On 1 July 2002, the International Criminal Court began its existence and convened for the first time. The ICC has jurisdiction specifically over war crimes, genocide and crimes against humanity including massacres, slavery, arbitrary detention, torture, rape and apartheid by state agents and armed political groups committed after 1 July 2002.

The ICC will be complementary to existing national and local courts: only when a state cannot and will not act with reference to any of these crimes will a case be able to be brought to the Court. Currently the Rome Statute of the ICC has 139 countries signatories and 76 ratifications. Australia and Honduras became the latest State Party members to ratified the Rome Statute on 1 July 2002.

Opponents to the ICC include the USA, China, India and Israel and Pakistan. The USA fear politically motivated persecution against its peace-keeping forces and would like to see UN staff exempted from prosecution.

However there may be controversy over the selection of judges for the Court. A coalition of over 1,000 NGOs have already warned that there is a risk that the selection of judges (there will be 18 in total, plus a General Prosecutor), would be politically motivated, thus undermining the credibility and moral authority of the Court. In the past some countries have exchanged their votes in order to select their own representation in other international institutions, including the United Nations.

William Pace, a spokesperson for the Coalition for the ICC said that not only should judges have extensive expertise in international law, but also that the selection should reflect both a gender and regional representation. The number of female judges were very low in the International Courts for the Former Yugoslavia and Rwanda.

For full detail of the Rome Statute, the Rome Statute Signature and Ratification Chart (incl. per country), see the Coalition for the ICC's home page, www.iccnw.org.
Sources: www.iccnw.org, CCRLIST@YORKU.CA and Inter Press Service (IPS) via femmes-afriques-info.

Programme on prevention of trafficking in women starts in Belarus The Young Women Christian Association of Belarus BYWCA and La Strada launched the programme in June this year, following a growing trend in trafficking in women in Belarus. Belarussian women are trafficked in almost all countries in Western Europe whilst women from Russia and Asian region transit through Belarus.¹⁰

BYWCA/La Strada Belarus Program
would like to establish contacts with NGOs in foreign countries, who are engaged in these issues (contact: lastrada@infonet.by)

BCWYA's experience in working with trafficked women include pilot projects using interdisciplinary approach by working with different specialists, such as psychologists, social workers, lawyers, doctors. The Program La Strada Belarus incorporates three major spheres of activities: a press and Lobby Campaign in Belarus; a prevention and education Campaign aimed at informing potential victims about the risks of traffic; social assistance to (potential)

¹⁰ BYWCA has been working on trafficking issues since 1998

victims of trafficking with free services for medical and psychological assistance; shelter for few days (in cooperation with women's NGOs in Belarus) and legal aid.

A hot-line number is available on Tuesday and Wednesday from 10.00 to 19.00 (375-17) 245 31 67.

UK News/Events/Projects

Peers highlight RWRP concerns about gender issues during latest House of Lords debate on Immigration, Nationality and Asylum Bill Baroness Uddin and Baroness Kennedy among others have mentioned welfare of women & children during the 2nd day debate on the Bill at the Lords committee stage (Tuesday 9 July 2002), after Asylum Aid briefed a number of peers on accommodation centers. Asylum Aid also wrote to peers on its position about the proposal to abolish in-country appeal and several Lords mentioned decision-making and access to advice as crucial. Earl Russell also referred to AA's reports 'No Reason At All' (1995) and 'Still No Reason at All' (1999) and recommended the Minister to read them!

These issues were highlighted by Asylum Aid in its response to the White Paper and other position papers, all available online: www.asylumaid.org.uk/AA%20pages/policy.htm Full texts of the House of Lords debates can also be found online at: www.parliament.the-stationery-office.co.uk/pa/ld/ldhansrd.htm

Notice Board: Change of Address

The Greater London Domestic Violence Project is moving on Friday 12 July 2002 to: Third Floor, City Hall, The Queen's Walk, London, SE1 2AA. Phone numbers and email addresses remain the same: Tel: 020 7983 5772 / 4238 E: rachel.carter@london.gov.uk or davina.james-hanman@london.gov.uk

Publications/Resources

Putting children first: A Guide for Immigration Practitioners Legal Action Group are just publishing a new title for the immigration lawyer. [Putting Children First: A Guide for Immigration Practitioners \(1st edition 2002 1903307112\)](#) by Jane Coker, Nadine French and Alison Stanley will focus on the human rights principles that protect the right to enjoy private and family life in the context of immigration law.

Drawing on domestic child legislation and immigration law including the Immigration and Asylum Act 1999, the book will include sections on family aspects of asylum, adoption and human rights and will give guidance for the practitioner in taking instructions from children. Source: <http://www.lawbooks.freeseve.co.uk/>

ICJ New Trial Observation Manual The International Commission of Jurists' Trial Observation Manual contains five sections aimed at addressing the trial observation from its initial stages to its conclusion. Almost 50 years ago, ICJ pioneered the practice of sending trial observers where there were grave concerns about the integrity of legal proceedings.

The first three sections - Before, During and After the Trial Observation - encompass the main body of the operational guidelines. A section on International Standards provides an easy reference to human rights standards applicable to fair trial and their basic interpretation under international law. For hard copies of the Manual submit request to publications@icj.org.) or download in pdf from: www.icj.org/article.php?sid=195&mode=thread&order=0&thold=0 .

Report on immigrant and refugee women's health in Canada The Centres of Excellence for Women's Health have published a new research report, '*Advancing Policy and Research Responses to Immigrant and Refugee Women's Health in Canada*'. This document presents an overview of Canadian research on immigrant and refugee women's health, drawn from a number of sources.

For orders (in English or in French), please contact Barbara Bourrier-La Croix at clearhse@cwhn.ca, or tel +1.888.818.9172, ext. 15. This report is also available online at: www.cewh-cesf.ca/en/resources/im-ref_health/immigration.html.

New initiative to improve access to health services for refugees

HARP WEB is a new project developed by a partnership comprising the East of England NHS Consortium, West Norfolk Primary Care Trust and the University of East London and is the result of a new national initiative to improve access to health services for refugees, offering practical help for health professionals and voluntary agencies working with asylum seekers and refugees.

It comprises a dedicated online service, www.harpweb.org.uk, with information and resources concerning the health needs of asylum seekers and refugees divided in various sections.

A section on 'women information' offers a range of gender specific and general resources for female asylum seekers, including information on specific health conditions and other issues which will help maximise health provisions to women asylum seekers.

A 'social information' section provides a range of materials on social issues influencing the well being of asylum seekers which health professionals may need to explain to their clients. This includes information on their legal rights in the UK, the law on domestic violence, sexual age of consent, women's rights etc. A 'cultural information' section provides some basic information about different cultures to enable health professionals to develop their culturally sensitive practice. The section is not intended to provide a list of ready made rules for working with different cultural groups, merely to raise awareness about such issues.

This new online service will be soon followed by a site tailored specifically for refugees with information on health conditions and services in the UK. Initially in English, the site will be translated in a range of languages but a first resource – a multi-lingual, multi-agency appointment card – is already available online.

The Refugee Studies Centre (Univ. of Oxford) launches new digital library

The Forced Migration Digital Library is now available online at www.forcedmigration.org and is the first component of Forced Migration Online (FMO) which will be launched in November 2002, and will provide instant access to a wide variety of online resources concerning the situation of forced migrants worldwide. Although hosted by the Refugee Studies Centre, FMO will rely upon a network of international partners to create a global information resource.

Currently the site includes approximately 3,000 full-text documents in electronic format which can be searched, read and printed as required. The documents have been selected from the library of the Refugee Studies Centre at the University of Oxford and Tufts' University Fletcher School and Feinstein Famine Center and include both recent and historical grey (unpublished) literature and research materials. In future, the Digital Library will also include documents from Columbia University's Program on Forced Migration and Refugee Studies Program at The American University in Cairo. In addition, full-text articles from back issues of key journals in the field will be available.

There is also an updated Guide to Forced Migration Resources on the Web and Guide to Forced Migration Periodicals (under 'about us') In addition to the digital library, users will be able to read specially commissioned research guides, search through selected web resources, refer to an organizations directory, and check out relevant news stories - all in one place. Please contact fmo@qeh.ox.ac.uk for more information.

Sources: <http://fmo.qeh.ox.ac.uk/>, <http://users.ox.ac.uk/~rspnet/TextWeb/fmo.html> and refed@yahogroups.co.uk

IOM creates new website in the framework of the IOM Information Campaign in favour of People in Need of International Protection. Go to: www.iom.int/InternationalProtection (Source: ecran@ecre.be).

Free PCs for community and voluntary groups The BT Community Connections award scheme is offering more than 1,700 Internet-Ready PCs to community and voluntary groups and organisations throughout Scotland, Northern Ireland, Wales, and nine English regions. The closing date for applications is 9th August 2002. For applications forms and more information contact BT Community Connections PO Box 30775, London, WC1B 4QE or visit BT's website: www.btcommunityconnections.com/

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Asylum Aid provides free advice and legal representation to asylum seekers and refugees, and campaigns for their rights. Registered as a charity no. 328729
Please fill in and send us the form below if you would like to join or make a donation.

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Postcode: _____ Fax: _____
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| <input type="checkbox"/> | Standard Member | (£25.00 p.a.) |
| <input type="checkbox"/> | Unwaged Member | (£10.00 p.a.) |
| <input type="checkbox"/> | Affiliated Group | (£100.00 p.a.) |

I also wish to make a donation of:
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Please make all cheques payable to **ASYLUM AID**

GIFT AID DECLARATION

From April 2000, Asylum Aid can recover the basic tax paid on any donation and increase the value of your gift by up to a third. If you are a taxpayer and would like to take advantage of this Gift Aid scheme, please tick below.

? **Please treat all donations made on or after the date of this declaration as Gift Aid donations until I notify you otherwise.**

Signature: _____
Date: _____

Remember to notify us if you no longer pay an amount of income tax equivalent to the tax we reclaim on your donations (currently 28p for every £1 you give).

BANKER'S ORDER FORM

Make your money go further by paying by Standing Order. This reduces the bank charges we pay and the amount of time we spend on administration - money and time which should go towards helping refugees.

To: The Manager, _____ Bank
(Address of Bank) _____
Postcode: _____

Please pay **ASYLUM AID** the sum of £ _____ each month / quarter / year (delete as appropriate) until further notice and debit my Account no: _____ Sort Code: _____ starting on (date): _____

Name: _____
Address: _____
Postcode: _____

Signature: _____

[FOR OFFICE USE ONLY] To: National Westminster Bank plc, PO Box 3AW, 104 Tottenham Court Road, London W1A 3AW. Sort Code: 56-00-31, account no. 63401711