

SUBMISSION TO THE INQUIRY ON THE MIGRATION AMENDMENT (REPAIRING MEDICAL TRANSFERS) BILL 2019

FROM THE BLUE MOUNTAINS REFUGEE SUPPORT GROUP INC.

Joy Connor Chairperson

I write on behalf of the Blue Mountains Refugee Support Group inc. of which I am the Chairperson. We are an entirely voluntary group based in The Blue Mountains NSW with members in urban and rural NSW. We are probably the largest voluntary community group in the country supporting refugees. We have over 400 members and an active on-line presence with 3,000 followers.

Since 2001 our Villawood Detention Centre visitors have provided friendship and connection to people seeking asylum, many of whom are medical transfers from off-shore processing centres. We continue this friendship and practical support when people are released from detention.

Members of our group have an in depth knowledge of the health situation on Manus and Nauru over several years. Since 2014 several members have been in direct regular contact with people in the offshore processing centres of Nauru and Manus Island. One of our members, a senior mental health practitioner, is involved on a full time basis supporting people on Nauru and Manus and acts as a consultant to others in our group who also have regular contact. We provide ongoing training and professional support to all our volunteers.

Summary of our concerns with the bill

Our organisation does not support this bill. We are concerned that this bill will slow the evacuation of seriously ill people from Manus and Nauru to Australia for specialist treatment thus exacerbating their disorders. Doctors and medical personnel must always be able make the decision for rapid medical evacuation in a society which values human life.

The previous system involved many levels of bureaucracy and constant court battles to enable medical transfers, an expensive and time wasting business.

Contrary to the Minister’s claim in the second reading speech ¹, and the explanatory memorandum of the Migration Amendment (Repairing Medical Transfers) Bill 2019 ²there is a medical emergency in our offshore processing centres. Appropriate treatment is not available either in Nauru, Manus or Port Moresby. The diseases and health issues that people seeking asylum on offshore islands suffer from are often complex. They are exacerbated by earlier trauma in the countries from which they have fled and by the tropical environment, which impacts severely on non-locals who have no immunity to diseases and conditions particular to the area.

Concerns that appropriate medical transfers for people who have been in offshore processing centres for more than 6 years will “breach border security”² or “undermine the Australian Government’s regional processing arrangements”³ goes against all common sense and information received from people seeking asylum currently in Indonesia.

The claim in the explanation memorandum ⁴for the bill that the Medivac process does not allow enough time to collect evidence assumes that medical people do not know their job and ignores the urgency of the majority of medical situations, which require removal to Australia for treatment. The minister has accepted the vast majority of cases.

The claim that the Medivac Bill undermined the sovereignty of the PNG government⁵ has not been substantiated.

Australia put these people in harm’s way; therefore we have a duty to care for these people.

¹ Minister Dutton 2nd reading speech <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansard%2Fce759aa1-47bf-467d-a58b-3bf640990032%2F0101%22>

² As above

³ MIGRATION AMENDMENT (REPAIRING MEDICAL TRANSFERS) BILL 2019 EXPLANATORY MEMORANDUM –

⁴ As above

⁵ As above

Submission

Contrary to the Minister's claim in his second reading speech ⁶, there is a medical emergency in our offshore processing centres.

Medical care in Nauru

A coronial inquest into the death of an Iranian refugee from the regional processing centre on Nauru has revealed a system which is not functioning effectively for people who have come out of trauma situations, face an indefinite future and are susceptible to various tropical infections and diseases. Evidence included multiple witnesses detailing unhygienic conditions, broken and antiquated equipment, and under-trained staff.⁷

The excellent report by Dr Nick Martin prepared for the Refugee Council of Australia mirrors the understanding of our volunteers who are in touch with the refugees there. See <https://www.refugeecouncil.org.au/nauru-report/7/>. We would affirm the findings of that report.

Medical care in PNG

The medical system in PNG is currently under great pressure ⁸ with the loss of mining revenues and some corruption. There are reports of lack of basic medications and long periods of waiting for equipment to be renewed as well as a drop in supervision and training opportunities.

The Pacific International Hospital in Port Moresby has been given the Australian Government health funding for the Manus Island transferees. Chairman, Avei, was deputy prime minister from 2004 to 2006, before being suspended pending the misconduct probe. (Around misuse of government health funding)⁹

⁶ Minister Dutton's 2nd reading speech
<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansard%2Ffce759aa1-47bf-467d-a58b-3bf640990032%2F0101%22>

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⁷ <https://www.sbs.com.au/news/nauru-defends-dead-refugee-s-hospital-care-amid-damning-inquest-evidence>

⁹ Right on our doorstep: Papua New Guinea's health crises hit home Matt Wade SMH Nov 17th 2018

Medical care at East Lorengau and Port Moresby

The current situation on Manus is dire for those who are unwell. The diseases and health issues that people seeking asylum on offshore islands suffer from are often complex. They are exacerbated by earlier trauma in the countries from which they have fled and by the tropical environment. Transferees have no resistance to common tropical diseases and indefinite restriction to the island is a major cause of mental health issues. Having lived as a volunteer in the lowlands of Papua New Guinea I can testify that I was far more prone to skin diseases, tropical ulcers which didn't heal and tropical diseases than the locals who had developed some resistance. As well as the problems with diseases and skin conditions for which they have little resistance, the local hospital conditions are far from ideal for the treatment of mental health conditions.

We received the report below from one of the refugees on Manus concerned for his friend's situation in early 2019.

"Refugee has been depressed and wanting to die for a long time. When he could not get help from Pacific International Hospital (PIH) Manus clinic so he tried to hang himself. Then he stopped eating & drinking 5 days ago. Now he is too sick in Lorengau Hospital."

The refugee went on to say

"Lorengau hospital as they call it is just like a farm. Local people going in and out into his room and touch him the whole time. Babies crying, people screaming from their pain, kids playing ball inside, people playing loud music and talking next to the patients, noise of the cars outside all time. This is where the Australian Border Force takes the refugees who are mentally sick. They put this man there now for 4 days and PIH didn't even try to check on him. His condition is getting worse there and he's been not eating or drinking much for 6 days. The nurses there have nothing to offer him other than Panadol. Is that how the men who suffer from depression should be treated?"

There is concern around the services delivered by Pacific International Hospital at the transit centre clinic in Lorengau which despite its allegedly high staffing level seems to be regularly closed without warning.

The Guardian has been told that:

“The transit centre clinic in Lorengau employs 13 health care professionals including three medical officers, three nurses, one paramedic, an after-hours GP and one after-hours nurse. The five mental health workers include just one psychiatrist.”¹⁰

However our informants tell us only one mental health nurse is ever available and only during business hours. Only one doctor is available most of the time, they may be funded but they aren't there. Transferees report that they cannot get pain relief, which is normally panadol, after business hours and have to make an appointment to be given it. This may take days, especially over the weekend.

Unfortunately the Pacific International Hospital in Moresby, to which people are evacuated, does not have the capacity to assist adequately either. Pacific International Hospital has five health care professionals and three mental health professionals, but no psychiatrist.¹¹ Our informants tell us that the access to sophisticated medical equipment and the expertise to operate this equipment is limited. Podiatry, tests for skin infections, sophisticated eye-testing equipment, complex surgery expertise are not available.

The general secretary of the Catholic Bishops Conference of PNG and Solomon Islands, Giorgio Licini, returned to Port Moresby at the end of January 2019 and visited about 20 Manus refugees at Pacific International Hospital (PIH).¹² *“In extremely serious conditions as far as their mental health is concerned. At least two of them are on the verge of death,”* he said.

“There is an Iraqi who is refusing food and drink, he's almost unconscious... This guy, he's going in a few days. Another man, who had swallowed “pieces of metal” and was unlikely to receive surgery at Pacific International Hospital was among a number at the hospital who had given up and were “just waiting to die”, he said. *“Other refugees at Pacific International Hospital with complaints including kidney stones, respiratory and heart problems were practically unattended. Pacific International Hospital is not equipped in*

¹⁰ Guardian Feb 12th 2019

¹⁰ The Guardian Feb 12, 2019

¹² <https://www.radionz.co.nz/international/pacific-news/380827/enough-is-enough-catholic-church-condemns-manus-detention>

any way for serious cases," Fr Licini warned. "If you want to save their lives you have to take them to Australia or another country."

"There is one and only one solution," he said. "For the prime minister of Papua New Guinea to tell the prime minister of Australia, either incoming or ongoing, that enough is enough. These people have paid a price that is beyond what humans can tolerate... They are giving up on their lives.

The people mentioned by Father Lucini are, we believe, now in Australia receiving appropriate medical treatment thanks to the Medivac Bill.

Impact of substandard healthcare on people

Many of the people-seeking asylum that we are in contact with have suffered lasting damage both physically and emotionally from the substandard care available on Manus and Nauru.

One young man whom we visited regularly in Villawood, came to Australia under the previous system through a court order. Like many of the people seeking asylum who have been in the offshore processing centres, he suffered from eye problems. He was losing his sight due to an infection contracted in the tropical environment. He was diagnosed by the Pacific International Hospital and told that he was facing blindness in a few years and that his condition was untreatable. He developed severe depression, which has had a lasting impact on his mental health. However due to specialist treatment in Australia his sight has not deteriorated any more and is gradually returning after 12 months of treatment and his mental health has stabilised. Seeing him move from utter depression to hope has been a great delight to our entire group.

Effectiveness of the Previous System for Transferring Transitory Persons Requiring Medical Care to Australia

The explanatory memorandum to the proposed migration amendment (repairing medical transfers) bill 2019 claims that the previous existing medical processes for the transfer of transitory persons from regional processing countries were effective. We would dispute that claim. .

Previously many of the cases were brought to Australia after court challenges, which are a waste of the court's time and of taxpayer's money. The cost to the Australian taxpayer in time spent by public officials and extra legal costs of the previous system were

considerable. In 2017-2018 the Australian government spent \$275,000 on external legal fees opposing medical transfers, this was on top of their in house legal officers time. The court approved all of the transfers which went to court.¹³

We cannot check the claim in the Ministers second reading speech that 900¹⁴ people have been transferred to Australia for medical treatment over an un named period, however we do know that at least a dozen of these medical evacuations during the last 18 months came after court orders obtained by the National Justice Project¹⁵, just one of the legal organisations advocating for medical help for transferees in offshore processing centres

Before Medivac, bureaucratic processes interfered with medical outcomes.

For example: one man arrived on Manus Island with a significant knee injury. He was relocated to Australia for this operation then forced back to Manus prior to the operation due to visa issues and failed bureaucratic processes. He is now in a dangerously depressed state in Moresby after several failed operations at the Pacific International Hospital. His capacity to ever work again has been severely compromised by failed processes and the lack of adequate health care.

Medivac has enabled people with multiple problems to be brought to Australia for treatment of a high standard thus relieving pain and enabling people to regain their health.

Our senior mental health practitioner reported on one case last year that was particularly worrying.

"I am very worried about him. He has several critical illnesses. We talk to him every night to try to distract him from the pain. He cannot lie down without waking at 2 or 3 am & crying in pain. He needs to be in critical care unit and is at risk of fatal consequences of not being treated. He is not in hospital, is in the camp. Is given pain relief that does not relieve the pain. He is sent for repeats of the same tests and promised that specialists will review the results, but this does not happen. "

¹³ <https://www.theguardian.com/australia-news/2018/sep/29/australia-spent-320000-fighting-requests-for-urgent-medical-transfers-of-asylum-seekers>

¹⁴ Minister Dutton's 2nd reading speech <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansard%2Fce759aa1-47bf-467d-a58b-3bf640990032%2F0101%22>

¹⁵ <https://justice.org.au/what-we-do/#off-shore-refugees>

Since medivac came into operation this man has been transferred to Australia and is receiving treatment for multiple problems. He is gradually regaining a measure of health

The senior mental health practitioner from our team who is constantly in touch with people seeking asylum on Manus reported early this year

“ A depressed young man attempted to set himself on fire. This was not the first time that he has attempted to die this way. He was rescued by the fire rescue team with police support. He was returned to the camp, after being given medication by the mental health nurse. He promptly overdosed by taking twice what was prescribed. He remains in the camp. He has been depressed for a long time but things have changed lately. He slipped from depression to psychosis. Then he experienced command hallucinations - friends in his head told him to burn things and kill himself. I suspect that it could be that the command hallucinations are a reaction to the drugs he was being given. The medications were Risperidone & Valium. Valium can cause hallucinations. Risperidone can cause mania. He was suffering but not being treated with the appropriate professional skills. He was a danger to himself and others, but was expected to care for himself. The whole camp and the local population was endangered.”

Since being medivaced to Australia he is now on the road to recovery and no longer speaks of suicide.

Impact on local communities

Our volunteers in touch with people seeking asylum on Manus tell us that refugees are taking up beds at Lorengau hospital and locals are not able to access the limited services available. Locals are particularly angry with mental health patients making everything worse. Staff at the hospital now regularly refuse to accept mental health patients as they have no facilities for them and have limited pharmacy supplies.

Other Issues Raised By The Minister's Speech and Migration Amendment (Repairing Medical Transfers) Bill 2019 Explanatory Memorandum ¹⁶

1. The medical transfer provisions "breach border security" and undermine the Australian Government's regional processing arrangements¹⁷

Refugees connected with our group, who have come from Indonesia earlier and are in contact with asylum seekers still there, say there is no appetite to get on boats to Australia as there has been a blanket advertising of "You are not wanted in Australia" all over Indonesia. People no longer believe the smugglers' lies as there has been growth of refugee run schools (13 now) that are providing communities in which people can get accurate information. People know that Australia is turning back boats to Indonesia and they don't want to waste their money.

2. The timeframes to make decisions do not allow a sufficient amount of time to gather and consider all the relevant information ¹⁸

The claim that the Medivac process does not allow enough time to collect evidence assumes that medical people do not know their job and ignores the urgency of the majority of medical situations, which require removal to Australia for treatment. The minister has accepted the vast majority of cases.

The medical transfer provisions impinge on the sovereignty of Papua New Guinea and Nauru, the Governments of which are responsible for the management of regional processing arrangements in their respective countries and people residing under those arrangements¹⁹

The Prime Minister of PNG and the Mayor of Manus have made quite clear in their recent trip to Australia that they want the transferees out of PNG as quickly as possible and do not want to be responsible for adverse health outcomes. They did not note any fear of interference with their sovereignty.

¹⁶ Minister Dutton's 2nd reading speech <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansard%2Fce759aa1-47bf-467d-a58b-3bf640990032%2F0101%22>
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¹⁷ As above

¹⁸ as above

¹⁹ As above

Summary and recommendations

We are concerned that this bill will slow the evacuation of seriously ill people from Manus and Nauru to Australia for specialist treatment thus exacerbating their disorders. Doctors and medical personnel must always be able make the decision for rapid medical evacuation in a society that values human life.

The previous system involved many levels of bureaucracy and constant court battles to enable medical transfers, an expensive and time wasting business.

Appropriate treatment is not available either in Nauru, Manus or Port Moresby. The diseases and health issues that people seeking asylum on offshore Islands suffer from are often complex. They are exacerbated by earlier trauma in the countries from which they have fled and by the tropical environment which impacts severely on non-locals who have no immunity to diseases and conditions particular to the area.

Concerns that appropriate medical transfers for people who have been in offshore processing centres for more than 6 years will “breach border security” or “undermine the Australian Government’s regional processing arrangements” goes against all common sense and information received from people seeking asylum currently in Indonesia.

Claims that the Medivac Bill undermined the sovereignty of PNG and Nauruan government have not been substantiated. Australia put these people in harm’s way; therefore we have a duty to care for these people.

Recommendation

The Blue Mountains Refugee Support Group recommends that the Senate Committee does not support the Migration Amendment (Repairing Medical Transfers) Bill 2019