RACGP
Royal Australian College *of* General Practitioners

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

RACGP and ACEM Submission to Legal and Constitutional Affairs Committee - Conditions and Treatment of Asylum Seekers and Refugees at the Regional Processing Centres in the Republic of Nauru and Papua New Guinea

The Royal Australian College of General Practitioners (RACGP) and the Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide this submission to the Senate Legal and Constitutional Affairs Committee Inquiry into the Conditions and Treatment of Asylum Seekers and Refugees at the Regional Processing Centres (RPC) in the Republic of Nauru and Papua New Guinea (PNG).

Combined, RACGP and ACEM represent more than 34,000 medical specialists and trainees in Australia. Together with the Australian Medical Association (AMA), the Royal Australasian College of Physicians (RACP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), ACEM and the RACGP have consistently raised concerns about the physical and mental health of asylum seekers, particularly the impact of immigration detention on children and families. The RACGP statement 'Healthcare for refugees and asylum seekers' (March 2015) (1), the ACEM positon statement on asylum seeker health (2), and the position statements of the other colleges (3,-4) provide a clear outline of the respective positions.

As the key professional bodies representing Australian general practitioners, emergency medicine specialists and their respective trainees, RACGP and ACEM oppose the policy of restrictive mandatory detention and the transfer of asylum seekers to offshore processing centres, particularly for vulnerable groups such as children, women and survivors of torture and trauma. This stance is due to the increasing body of evidence in the medical literature that outlines the psychological harms of detention. It is imperative to acknowledge that **the health issues caused by detention cannot be addressed while people remain in detention, regardless of the extent or quality of services available.**

We note the terms of reference for the current inquiry, and provide the following submission in the areas pertaining to health and health service delivery in the RPCs in Nauru and PNG.

A. Conditions and treatment of asylum seekers and refugees at the regional processing centres in the Republic of Nauru and Papua New Guinea.

There is clear evidence that Australian immigration detention is detrimental to the physical and mental health of people of all ages, both in the short and long term (5-26). Asylum seekers in prolonged detention face profound uncertainty, hopelessness and fear for their future, which, in combination with the restrictive environment and lack of meaningful activity, contribute to high rates of mental health problems, self-harm and attempted suicide (7, 12, 14, 26-28).

We note the relative paucity of evidence on the health and wellbeing of people in the regional processing centres, with more information available for those in Nauru compared to Manus Island. Information is available in relation to Nauru through the Moss Inquiry (*Review in recent allegations relating to conditions and circumstances at the Regional Processing Centre in Nauru*, 2014),(29) the (indirect) findings of the Australian Human Rights Commission Inquiry (*The Forgotten Children: National Inquiry into Children in Immigration Detention*, 2014) (5), the 2015 report on children in Wickham Point Alternative Place of Detention by RACP members (30) and information on developmental screening for children in Nauru provided by the Surgeon General, Dr John Brayley, to Senate Estimates in February 2016 (31). We also note previous Senate Committees (32, 33), and

the external monitoring reports of both Nauru and Manus Island, Papua New Guinea (PNG) through the United Nations High Commissioner for Refugees (UNHCR) (34, 35) and Amnesty International (36-38). These reports and inquiries are consistent in their description of serious human rights and safety concerns, including child protection concerns, however there is a notable absence of systematic health data. Further information is available from International Health and Medical Services (IHMS) Health Datasets (39) as they are released under Freedom of Information (40), although the format of these reports is challenging, some of the data presented are implausible, and they are only available retrospectively. Finally, media reporting on the deaths of Reza Berati in February 2014, and Hamid Kehaezei in September 2014, and contact with patients from held detention also provide a perspective on conditions for people in the RPCs.

Through these sources we submit:

- Australian immigration detention causes harm to individuals' physical and mental health, and has a strong negative impact on children's development. This damage will almost certainly have long-lasting effects on these individuals, particularly children. The impact of detention on health is likely to be heightened in the offshore setting, through local conditions, and the loss of self-agency and control occurring through placement in a third country.
- The delays in processing and duration of detention are profound influences on health, particularly in relation to mental health and resilience. Given many individuals subject to offshore processing have now been detained and/or living in RPC conditions for years as a consequence of Australia's immigration policy, there is a moral imperative, or 'duty of care', to redress this impact, and offer durable and realistic pathways to settlement.
- Individuals who are determined to be refugees in the RPCs are at further risk of ongoing mental ill health due to the prolonged duration of their detention, placement in a third country with lack of long-term settlement options, and barriers to employment, education and family reunion.
- There are serious child protection concerns, arising through the environment and duration of detention, predominantly in relation to neglect, emotional maltreatment and the impact of parental mental illness; there are also concerns around child sexual abuse, and problematic sexualised behaviour in children.
- Individuals who have been transferred to Australia from the RPCs frequently express fear and horror at their conditions in Nauru, in particular their i) day-to-day living environment, ii) ability to cope and mental health, iii) witnessing of and experiencing self-harm, and iv) lack of long-term prospects or settlement.
- Many of the individuals transferred from the RPCs in Australia for medical reasons, including women who have delivered infants in Australia, are unlikely to recover to a point where return to Nauru could be considered from a health or safety perspective. The reasons for this are varied and include women who have alleged sexual assault and express fear for their safety, individuals for whom the primary cause of their psychological ill health is their detention experience and individuals with complex mental and or physical health care needs which are unable to be met by health services on Nauru.

B: Transparency and accountability mechanisms that apply to the regional processing centres in the Republic of Nauru and Papua New Guinea.

The RACGP and ACEM express serious concern over the transparency and accountability for health screening, health services, and health outcomes for individuals within the RPCs, noting the limited information available in relation to Nauru, and lack of information in relation to Manus Island.

There has been no dialogue with either the RACGP or ACEM on physical or mental health status, and there is no evidence that long-term health outcomes related to the detention experience or subsequent settlement of refugees are monitored. There is no transparency around the clinical governance, oversight structures/reporting, the frequency of review/visits, or even physical/mental health screening protocols. Thus, none of these areas are open to informed discussion between the Department of Immigration and Border Protection (DIBP), IHMS and representative peak health bodies, or the other Colleges, despite the intersection with our expertise in clinical practise.

We also wish to raise concern over reporting and complaints mechanisms for health providers working in the RPCs. Whereas Australia has a clear system of registration for health practitioners through the Australian Health Practitioner Regulation Agency (AHPRA), the jurisdiction of AHPRA in relation to long-term health employees in the RPCs is unclear. The oversight processes for non-Australian trained providers in the RPC are also unclear, and warrant further inspection by the Inquiry.

We note the findings of the 2005 Palmer Inquiry (41):

> *The question of service quality and standards extends beyond the detention services contract. The Inquiry concluded the delivery of adequate and appropriate health care for immigration detainees, and their welfare in general, need to be safeguarded by continuous oversight by an independent, external review body to complement the operations of the Health Advisory Panel. At the highest level of oversight, it should be able to initiate reviews and audits of health care standards and the welfare of immigration detainees… A primary consideration is that it must be overtly independent and be staffed by people of integrity. It should also have statutory powers to protect its independence and should not be involved in commercial undertakings…it would need to be adequately resourced to sustain effective professional operations and win credibility. The overwhelming conclusion reached by the Inquiry is that, in the light of the many health care difficulties and deficiencies that were raised, there is an urgent need to carry out an independent assessment of the structure of health care arrangements at immigration detention facilities and of the adequacy and quality of the health care services provided.*

These principles remain entirely relevant; and both Colleges endorse these findings, As per the 2015 RACP position statement, it is suggested that an independent health advisory body should include expertise across the health disciplines, with transparency on governance and terms of reference, agreement to consult with relevant Colleges and peak bodies, access to longitudinal data to monitor health outcomes, and agreed timelines for the DIBP to consider and respond to recommendations.

C: Implementation of recommendations of the Moss Review in relation to the regional processing centre in the Republic of Nauru

Review of the publicly available (redacted) version of the Moss inquiry report(29) reveals multiple allegations of sexual abuse and assault of both children and adults, as well as information on self-harm. The RACGP and ACEM commend the recommendations of the Moss review, recognising that children in detention are extremely vulnerable and this is a matter of significant urgency.

It is unclear as to the state of the implementation of the nineteen recommendations of the Moss review, including the large-scale recommendations around the Nauruan criminal code (Recommendation 5) and developing a robust child protection framework (Recommendation 6). Further, it is unclear whether there is a DIBP child protection framework in place (11, 42).

The RACGP and ACEM call for transparency and accountability in monitoring how these recommendations are implemented. We emphasise the presence of a child protection framework and incorporation of child protection offences into legislation does not mitigate or prevent the child protection risks arising from policies of offshore detention.

D: The extent to which the Australian-funded regional processing centres in the Republic of Nauru and Papua New Guinea are operating in compliance with Australian and international legal obligations.

The RACGP or ACEM are not placed to comment on compliance with international legal obligations.

E: The extent to which contracts associated with the operation of offshore processing centres are:

i. Delivering value for money consistent with the definition contained in the Commonwealth procurement rules

ii. Meeting the terms of their contracts

In the absence of direct information, neither College is able to comment on value for money or contractual arrangements; however, the scale of expenditure stands in contrast to the information available on service delivery and health outcomes. We note a 2014 analysis of the contracts for immigration detention reported the IHMS contract value was AUD$1,255,633,652 (43), and the 2014 National Commission of Audit found the estimated costs of immigration detention were more than AUD$430,000 per person per year for offshore detention (44). This approximates to $1180/day, which is more than the average daily cost of an acute hospital admission (45).

iii. Delivering services which meet Australian standards

In the absence of accurate reporting, transparent oversight, and oversight by regulatory bodies such as AHPRA, coupled with overseas trained staffing and reliance on local health systems, we do not feel confident that health services in Nauru or PNG meet an Australian standard of care.

The premise that healthcare within immigration detention is ‘broadly comparable with health services within the Australian community’ (46) is misleading and not a sensible paradigm for this group. There are no applicable healthcare standards for the situation of long-term internment/imprisonment of children and families, with indefinite endpoints, and the consequent deterioration in mental health, both inside restrictive detention and after release for those refugees who are settled in the Nauruan or PNG communities. In addition, an Australian standard of care may be an unachievable/unrealistic goal in the Pacific context, although Pacific development objectives, including aid allocation and spending, should also be afforded priority.

There are few data that define the risks for this group, particularly the long-term outcomes of mental illness arising from detention and the developmental impact on children. Individuals in the RPCs, and those found to be refugees in Nauru and PNG are likely to have health needs that are dramatically different from the Nauruan and PNG communities where they are located. While this may provide an opportunity to enhance the care provided to these communities, any care delivery model must acknowledge the harms caused by, and health issues arising from detention. Further, mental illness is likely to be ongoing where people have restricted opportunity in settlement, employment and education, and health service provision will not address these underlying risk factors.

It should be noted that in 2007 the then Australian Department of Immigration and Citizenship (DIAC) commissioned the RACGP to develop Standards for healthcare in Australian immigration detention centres (47), following the Palmer (41) and Comrie (48) inquiries. This was a positive step in developing a framework for accountability and provision of safe and quality healthcare to this

population. The Standards were written with the aim of reducing risk, recognising it is not possible to mitigate risk fully in these environments. They were developed at a time when populations within the detention system were very different, and are not structured to address the complexities of offshore detention or provision of care to the current long-term detention populations. These standards were due to be revised three to four years after their publication to ensure that they remained relevant and applicable; to date, this has not occurred. The interval is now approaching ten years.

We recommend revision of these standards and implementation of an accreditation framework in the RPCs and any Australian contracted health service providers in the Nauruan and PNG communities to ensure that there is robust governance of quality and safety, and accountability mechanisms in place.

iv. Any other related matter.

Finally, we would like to comment on the Australian Border Force Act; which has attracted widespread media commentary around the implications for health providers, and is relevant for individuals from the RPCs currently located in Australia. The RACGP and ACEM support all doctors and health professionals in their duty of care to their patients, in maintaining professional standards, and in best practice and ethical care. Medical professionals are bound by ethical responsibilities codified in the Declaration of Geneva, which reads in part: “I will not use my medical knowledge to violate human rights and civil liberties, even under threat”. These principles arose following the precedents set at the Nuremburg Trials following the Second World War.

The provisions of the Border Force Act are deeply concerning to our profession. While there has been clarification that the Border Force Act is not intended to affect health care provision, there is a strong case for specific exclusions for health care providers; including clarifying the definition of ‘entrusted persons’ in relation to health providers and standard healthcare practice, which includes peer review, discussion of clinical cases, audits, and academic publications.

Thank you for the opportunity to provide this submission.

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