UNITING CHURCH IN AUSTRALIA
ASSEMBLY

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Committee Secretary
Senate Legal and Constitutional Affairs Committee
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Canberra ACT 2600

The Uniting Church in Australia[1] welcomes this opportunity to make a submission on the *Migration Amendment (Repairing Medical Transfers) Bill 2019*. We urge that the Committee recommend that the Bill be rejected by the Parliament, as the current arrangements are more appropriate to deal with serious health issues being experienced by refugees and people seeking humanitarian protection who are currently located in Papua New Guinea (PNG) and Nauru.

The Uniting Church in Australia has taken the view that as Australia has transferred refugees and people seeking asylum to Manus Island and Nauru, initially in detention, then it has an obligation to ensure they have proper health care while they remain at those locations. The *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019* went some way towards facilitating that outcome when health services in Nauru and PNG are not adequate to treat the health condition in question. It is within the government's power to avoid any transfers if sufficient health services were provided in Nauru and PNG for the refugees and people seeking asylum that had been transferred there. The Uniting Church in Australia notes that the Minister can refuse to allow a transfer to occur where (Section 198E (4 (b) and (c)):

> *(b) the Minister reasonably suspects that the transfer of the person to Australia would be prejudicial to security within the meaning of the Australian Security Intelligence Organisation Act 1979, including because an adverse security assessment in respect of the person is in force under that Act; or*
>
> *(c) the Minister knows that the person has a substantial criminal record (as defined by subsection 501(7) as in force at the commencement of this section) and the Minister reasonably believes the person would expose the Australian community to a serious risk of criminal conduct.*

In such cases there is no right of the person seeking medical treatment to appeal to the Administrative Appeals Tribunal.

There is increasing evidence that leaving people seeking asylum in situations of uncertainty has significant mental health impacts. The Australian Government appears to have largely ignored this evidence, by failing to address the mental health impacts its policy has had on those who have been left with an uncertain future for years on end. These negative mental health impacts have been justified on the basis that they are part of a necessary deterrent to people who would seek asylum in Australia by arriving by boat. This catch-all reasoning has meant that there is no proper examination

[1] This submission has been prepared by the Uniting Church in Australia Assembly, the national council of the Uniting Church in Australia (UCA), and the Synod of Victoria and Tasmania, UCA.

of which parts of the Australian Government measures have been effective at deterring the arrival of people seeking asylum by boat.

The mental health impacts of leaving people seeking asylum in situations of uncertainty mean that greater health services are necessary to deal with the mental health problems than are needed for the local population in Nauru and PNG.

A 2005 literature review of the mental health of refugees and internally displaced people found there were worse mental health outcomes for refugees placed in insecure and temporary circumstances with limited economic opportunities.[2]

A 2004 study of Iraqis seeking asylum in the Netherlands found much higher rates of psychiatric disorders amongst those who had been waiting more than two years for an outcome to their asylum application compared to those who had been in the Netherlands for less than six months.[3] The study examined 143 Iraqis seeking asylum who had been waiting six months or less for their claim to be processed and 151 Iraqis seeking asylum who had been waiting two years of more. The level of psychiatric disorders was 42% for the group that had been waiting less than six months and 66.2% for those that had been waiting two years or more.[4] The prevalence rates of anxiety, depressive, and somatoform disorders were significantly higher in the second group.[5] The level of post-traumatic stress disorder was less pronounced between the two groups.[6] Table 1 compares the results for the two groups.

Table 1. Impact of duration of seeking asylum on psychiatric disorders for Iraqis in the Netherlands.[7]

Psychiatric disorder	**Prevalence for Iraqis seeking asylum who lived in the Netherlands for less than six months**	**Prevalence for Iraqis seeking asylum who lived in the Netherlands for longer than two years**
Post-Traumatic Stress Disorder	31.5%	41.7%
Depressive Disorders	25.2%	43.7%
Anxiety Disorders	14%	30.5%
Somatoform Disorders	4.9%	13.2%

The prevalence of somatoform disorders for both groups was very high compared to a prevalence rate of around 1% in the general population.[8]

The researchers noted that the result contrasted to previous studies on the mental health of refugees after resettlement, who have certainty of their status and greater control over their own future. Such

[2] Matthew Porter and Nick Haslam, 'Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons. A Meta-analysis', *Journal of the American Medical Association,* **294(5),** 2005, 610.
[3] Cornelis Laban, Hajo Gernatt, Ivan Komproe, Bettine Schreuders and Joop De Jong, 'Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in the Netherlands', *Journal of Nervous and Mental Disease,* **192(12)**, 2004, 843-851.
[4] Ibid, P 843.
[5] Ibid.
[6] Ibid.
[7] Ibid.
[8] Ibid, P 849.

studies have found that the prevalence of psychopathology amongst resettled refugees stabilises or declines.[9]

The researchers concluded the length of the asylum procedure was an important risk factor in people developing psychiatric problems.[10]

A 2016 review of the literature reported that post-migration factors are significantly associated with adverse mental health outcomes over and above pre-migration factors.[11] Unemployment has been found to be a strong risk factor for depression and anxiety for refugees.[12] The literature review also found that separation from family overseas is associated with anxiety and somatization in refugee groups.[13] The review reported that the research has found the process of seeking asylum contributes substantially to mental health symptoms.[14] Mental health outcomes deteriorate the longer the asylum seeking process takes.[15] The existing research found that providing temporary protection visas instead of permanent protection visas results in increased levels of PTSD, anxiety disorders and depressive disorders.[16]

An April 2018 report by Médecins sans Frontières (MSF) revealed that many people seeking asylum suffer from mental health problems and that their uncertain life situation in destination countries is the main contributing factor.[17] The report was based on research conducted in Sweden. Between August 2016 and August 2017, MSF ran a project in Skaraborg county, Sweden, as part of its humanitarian support for refugees and migrants. The aim of the project was to contribute knowledge and resources to improve the mental well-being of people seeking asylum living in Skaraborg. The majority of the people seeking asylum and offered support by MSF came from war torn countries such as Syria, Afghanistan and Iraq.[18] During the project, MSF offered psychosocial support to 550 people seeking asylum at four asylum centres and nine homes for unaccompanied minors.[19] Throughout the project, MSF screened 219 asylum seekers for symptoms of mental health distress. Over half of those screened were offered an in-depth assessment and counselling sessions. During this process, people seeking asylum most commonly showed symptoms related to anxiety, depression and post-traumatic stress. MSF found the main factor that affected people seeking asylum's mental health is their uncertain and powerless situation in the destination country. In depth-assessments revealed frequent struggles with the following life experiences:[20]

- Fear of the future (29%)
- Delays in the asylum process (25%)
- Fear of deportation (23%)

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[9] Ibid, Pp 849-850.
[10] Cornelis Laban, Hajo Gernatt, Ivan Komproe, Bettine Schreuders and Joop De Jong, 'Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in the Netherlands', *Journal of Nervous and Mental Disease,* **192(12)**, 2004, 843.
[11] Susan Li, Belinda Liddell and Angela Nickerson, 'The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers', *Curr Psychiatry Rep,* **18:82,** 2016, 2.
[12] Ibid.
[13] Ibid.
[14] Ibid, P 3.
[15] Ibid.
[16] Ibid, P 4.
[17] https://www.msf.org/sweden-uncertain-life-situation-leads-mental-health-distress-among-asylum-seekers
[18] Médecins sans Frontières, 'Life in Limbo', April 2018, 3.
[19] Ibid, P 6.
[20] Ibid, P 17.

Traumatic experiences prior to and during the journey to Sweden were also shown to have left their mark on asylum seekers' mental health. Many of those assessed reported being subjected to some form of violence – in some cases even torture – or having a family member disappear or be killed.[21] The Swedish National Board of Health and Welfare had previously found that 20% to 30% of people seeking asylum in Sweden were suffering from psychological problems.[22] The MSF research shows placing people seeking asylum and refugees in prolonged situations of uncertainty has serious impacts on the mental health of many of them. While the obvious solution would be to provide certainty to their future, high levels of mental health support are needed to address the harm being inflicted on them through decisions to leave them in prolonged uncertainty.

As of 7 May 2019 there were 348 refugees and people seeking asylum that had been transferred to Nauru and remained there. Of these, 324 were men and 24 were women.[23] Of these, 251 have been assessed to be refugees.[24] There were 531 refugees and people seeking asylum in PNG on the same date.[25] Of these 72 were in Port Moresby for medical reasons.[26]

We note that the Australian Government has funded additional health services for the refugees and people seeking asylum on Nauru. The Department of Home Affairs has reported that as at 11 October 2018, there were 65 contracted health professionals, including 33 mental health professionals providing services to transferees on Nauru.[27] As at 30 November 2018, this number had reduced to 61 contracted health professionals, including 29 mental health professionals providing services to refugees and people seeking asylum on Nauru.[28] However, at the time the Department acknowledged "essential health care is not available in Nauru."[29] As of 17 April 2019 the number of contracted health professionals on Nauru had been reduced to 53, including 23 mental health professionals. This meant there was one health professional to every seven refugees or people seeking asylum and one mental health professional to every 15 refugees or people seeking asylum.[30]

In terms of Manus Island, the Department of Home Affairs stated on 3 December 2018 that:[31]

> *The Government's contracted health services provider, Pacific International Hospital, delivers health care to refugees, asylum seekers and non-refugees in Manus Island, PNG, from a clinic*

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[21] https://www.msf.org/sweden-uncertain-life-situation-leads-mental-health-distress-among-asylum-seekers
[22] Médecins sans Frontières, 'Life in Limbo', April 2018, 5.
[23] Independent Health Advice Panel, 'First Quarterly Report', 29 June 2019, 11, https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b/upload_pdf/motion%2022.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b%22
[24] Ibid.
[25] Ibid, P 14.
[26] Ibid.
[27] https://www.homeaffairs.gov.au/news-media/archive/article?itemId=45
[28] https://www.homeaffairs.gov.au/news-subsite/Pages/2018-Dec/statement%20on%20the%20healthcare%20arrangements%20on%20manus%20island%20and%20nauru.aspx
[29] Ibid
[30] Independent Health Advice Panel, 'First Quarterly Report', 29 June 2019, 12, https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b/upload_pdf/motion%2022.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b%22
[31] https://www.homeaffairs.gov.au/news-subsite/Pages/2018-Dec/statement%20on%20the%20healthcare%20arrangements%20on%20manus%20island%20and%20nauru.aspx

based at the East Lorengau Refugee Transit Centre. After-hours healthcare is also available at the East Lorengau Hospital (the local hospital). Healthcare is delivered by medical officers, primary care nurses, paramedics, laboratory technicians, mental health nurses, psychiatrists, radiologists, general nurses and emergency trained medical officers.

Pacific International Hospital maintain a 24-hour emergency medical evacuation capability. Refugees or asylum seekers or non-refugees who require specialist services not available at the East Lorengau Transit Centre Clinic may be referred to the local hospital or to Port Moresby to receive additional clinically indicated healthcare.

The Department did not provide ratios of refugees and people seeking asylum to health professionals on PNG, raising concern that the ratios are not at the level on Nauru. This was confirmed by the Independent Health Advice Panel that reported as of 17 April 2019 there were 29 contracted health professionals on PNG, including eight mental health professionals providing medical services to the refugees and people seeking asylum. That is a ratio of one health professional to every 19 refugees or people seeking asylum and one mental health professional to every 68 refugees or people seeking asylum.[32]

The Independent Health Advice Panel has assessed in their June 2019 report there are significant numbers of mental health workers on Nauru but "there is no access to high-quality inpatient psychiatric care in Nauru and patients with severe mental illness and at high risk of suicide should be transferred to a hospital with appropriate inpatient psychiatric care".[33]

The panel said it was "impressed" with the facilities offered at the hospital at Port Moresby and was "reasonably confident" that acute inpatient mental health treatment could be provided, but it also noted there was no access to electroconvulsive therapy of psychiatric intensive care for patients.[34] It also reported there were no torture or trauma treatment mental health services provided in PNG for the refugees and people seeking asylum.[35]

Further, Pacific International Hospital (PIH) was reportedly given the contract for the health services to refugees and people seeking asylum in PNG after a limited tender process and without a proper contract being in place.[36] The Department of Home Affairs relied on a series of letters of intent with PIH instead of a formal contract.[37]

Serious concerns have also been raised about PIH's expertise and treatment standards, both by refugees and people seeking asylum on PNG and during a 2016 coronial inquest into the death of Hamid Khazaei.[38] PIH's Port Moresby hospital was found sorely lacking in its treatment of Khazaei,

[32] Independent Health Advice Panel, 'First Quarterly Report', 29 June 2019, 15, https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b/upload_pdf/motion%2022.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b%22
[33] Ibid, P 14.
[34] Ibid, P 17.
[35] Ibid.
[36] Christopher Knaus and Helen Davidson, 'Company given $21.5m for Manus healthcare without a contract', *The Guardian,* 22 February 2019, https://www.theguardian.com/australia-news/2019/feb/22/company-given-215m-for-manus-healthcare-despite-poor-track-record
[37] Senate Legal and Constitutional Affairs Legislation Committee, Estimates, 21 May 2018, 160.
[38] Ibid.

who died in 2014 from a treatable leg infection. The inquest into his death by the Coroners Court of Queensland heard PIH staff had failed to comprehend that Khazaei was critically ill and dying, leaving him unattended while he was in the Emergency Department.[39]

The Coroners Court of Queensland found that:[40]

> *The clinicians who received Mr Khazaei at the PIH on that day did not have the necessary clinical skills to deal with the presentation. The significant delay in responding to his critical care needs at the PIH led to cardiac arrest after which Mr Khazaei's condition became irretrievable.*

Dr Mark Little, a Consultant Clinical Toxicologist and Emergency Physician, told the Coroners Court that at the PIH emergency department Mr Khazaei required immediate "aggressive intensive care style management to manage his condition."[41] Dr Little stated in his expert opinion that PIH was "caught flatfooted" and while they recognised the patient was sick or unwell, they lacked the skills or abilities to intervene and manage the patient.[42]

The Coroner concluded that:[43]

> *The evidence confirmed that, upon arrival at the PIH, Mr Khazaei required urgent and aggressive resuscitation with intubation, ventilation, intravenous fluids and broad spectrum antibiotics. This was not done. The fact that the sepsis stabilised when he was later admitted to the Mater Hospital in Brisbane suggests that his life might have been saved at this point, although the extent of his hypoxia could not be ascertained.*

The Coroner reported that Mr Khazaei waited for almost two hours at the PIH before he was intubated.[44]

When registered nurse, Robert Miazek, arrived at the Intensive Care Unit (ICU) of PIH he stated that he immediately noticed alarms going off by the ventilator and the monitor of Mr Khazaei's vital signs. A PIH nurse was standing by taking no action.[45] Mr Miazek attempted to assist Mr Khazaei with a Bag-Valve- Mask with Reservoir (BVMR), which was connected to the oxygen cylinder via tubing. He noticed there was a tear in the BVMR making it useless.[46]

Dr Glied stated to the Coroners Court of Queensland that in the ICU in PIH one of the intravenous lines had been inserted beside the vein, not in the vein, meaning no fluid was being administered to Mr Khazaei.[47]

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[39] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 58.
[40] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 3.
[41] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 83.
[42] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 84.
[43] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 104.
[44] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 104.
[45] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 62.
[46] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 63.
[47] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 64.

Dr Drew Wenck, an Anaesthetist and Intensive Care Specialist, stated to the Coroners Court that an oxygen cylinder being used in the care of Mr Khazaei in the ICU of the PIH was either incorrectly assembled or defective.[48]

The Coroner's conclusions of the treatment Mr Khazaei received in PNG were:[49]

> *As outlined in these findings, Mr Khazaei was entitled to receive care that was "the best available in the circumstances and broadly comparable with health services available in the Australian community". While all those involved in his health care were well intentioned, the health care he received on Manus Island was not commensurate with the care he would have received in a remote clinic in Cape York – the benchmark applied in the matter. Similarly, the health care he received from the PIH in Port Moresby (as it was then configured and staffed) was not adequate. The inquest highlighted many practical and operational issues associated with delivering the appropriate standard of health care in a remote offshore processing centre.*

Guardian Australia has also reported they were told from those currently in PNG about substandard care from the PIH clinic at the East Lorengau refugee transit centre (ELRTC). Among the numerous allegations received by *The Guardian Australia* were accusations of people being refused admission, even as nurses and Paladin security guards advocated for the patient at the door, and of refusals to transfer people to Port Moresby even with medical referrals.[50]

Other allegations include denial of simple pain relief, distribution of expired medication, poor standards of care, and broken or missing equipment and medication. There are repeated reports of the clinic being closed at random hours of the day, despite having daytime and after-hours staff.[51]

The independent health advice panel overseeing medical transfers for refugees and people seeking asylum reported there were 73 admissions covering 43 people at the RPC Medical Centre on Nauru in the first quarter of 2019, with "the majority" relating to mental health conditions.[52] These admissions resulted in stays of up to 44 days.[53]

The panel's report stated the 5,908 consultations to 237 people were provided at the Nauru regional processing centre medical centre, and 2,352 at the IHMS Nauru settlement medical centre, for a range of conditions, but "the commonest reason for consultation was for psychological reasons".[54]

In Papua New Guinea, the report says, there were 1,134 primary health consultations, 472 mental health consultations and 375 specialist consultations performed at East Lorengau refugee transit

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[48] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 89.
[49] Coroners Court of Queensland, 'Inquest into the death of Hamid Khazaei', 30 July 2018, 4.
[50] Christopher Knaus and Helen Davidson, 'Company given $21.5m for Manus healthcare without a contract', *The Guardian,* 22 February 2019, https://www.theguardian.com/australia-news/2019/feb/22/company-given-215m-for-manus-healthcare-despite-poor-track-record
[51] Ibid.
[52] Independent Health Advice Panel, 'First Quarterly Report', 29 June 2019, 12, https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b/upload_pdf/motion%2022.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/3dbc1931-2c4b-44f9-bdd0-fa419b1de55b%22
[53] Ibid.
[54] Ibid.

centre at Manus in the first three months of 2019. There were 21 admissions to Lorengau general hospital for 17 people, again predominantly for mental health conditions.[55]

The high rates of appointments and treatment for mental health issues correlate well with the existing research that placing refugees and asylum seekers in prolonged periods of uncertainty, separated from family and without meaningful employment results in adverse mental health outcomes. For this reason, among others, the provisions introduced by *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019* are needed to deal with the serious health problems that are resulting from the implementation of Australian Government policies.

In conclusion, the Uniting Church in Australia again urges the Committee to recommend that the *Migration Amendment (Repairing Medical Transfers) Bill 2019* be rejected by the Parliament.

[55] Ibid, P 15.