



The Royal Australasian
College of Physicians

**RACP Submission: Conditions and
treatment of asylum seekers and refugees
at the regional processing centres in the
Republic of Nauru and Papua New Guinea**

April 2016

Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit to this Senate inquiry. The RACP released its Policy and Position Statement on Refugee and Asylum Seeker Health in May 2015. These documents, drawing on published evidence and the expertise of Fellows and trainees of the RACP, detail the substantial adverse health impacts of Australia's refugee and asylum seeker policies.

The RACP is calling for the immediate cessation of onshore and offshore held immigration detention for those seeking asylum, due to the severe and often long-lasting physical and mental health impacts on those detained. These impacts are particularly damaging in offshore detention centres.

Immigration detention is harmful to the physical and mental health of people of all ages in the short and long term. Those detained face profound uncertainty, hopelessness and fear for their future which, in combination with the detention environment and lack of meaningful activity, contribute to high rates of mental health problems, self-harm and attempted suicide. Held detention represents a significant breach of human rights, including the right to liberty, to not be detained, and the right to health.

The risks of detention harms are amplified in offshore detention facilities on Nauru, Manus Island and Christmas Island, due to environmental and infrastructure challenges, limited access to specialist health services, and uncertainty around the future and settlement options. The RACP is seriously concerned about the use of offshore detention and considers that asylum seekers requesting protection in Australia or New Zealand should not be transferred to, detained or resettled in, regional processing countries, including Nauru, Papua New Guinea and Cambodia.

The experiences of Professor David Isaacs, RACP Fellow and Clinical Professor of Paediatrics & Child Health at The Children's Hospital Westmead, in the Nauru Regional Processing Centre (RPC) demonstrate the severe conditions within Australia's offshore detention centres and once again underline the urgent need to release all asylum seekers from immigration detention centres and permanently end the policy of mandatory immigration detention for asylum seekers.

Recommendations

That the Australian government, in line with Section 4 of the RACP's Position Statement on Refugee and Asylum Seeker Health:

- 1) Release all asylum seekers from detention and expedite the processing of their refugee claims in the community in order to reduce the negative impact on their physical and mental health, the inherent uncertainty and its impacts, and expenditure.
- 2) Abolish mandatory detention and assess refugee claims while people are in community-based placements.
- 3) End detention on Manus Island and Nauru and urgently establish durable settlement solutions for those people who are found to be refugees.
- 4) Ensure people receive flexible casework support after they are released from detention to facilitate access to health, mental health, education, early childhood, housing, welfare and employment services.
- 5) Release all asylum seeker children and their families from held detention and expedite the processing of their refugee claims in the community.

1. The conditions and treatment of asylum seekers in immigration detention

1.1 The harms of immigration detention, including offshore

The adverse health impacts of immigration detention are well documented. Held detention is harmful to the physical and mental health of people of all ages in the short and long term.¹ Those detained face profound uncertainty, hopelessness and fear for their future which, in combination with the detention environment and lack of meaningful activity, contribute to high rates of mental health problems, self-harm and attempted suicide.²

Held detention of children presents an extreme and unacceptable risk to children's health, development and mental health.³ In held detention, children cannot be protected from and are exposed to physical violence and mental distress in adults, including their parents. They are likely to be at significant risk of physical and sexual abuse and maltreatment, including neglect. These risks arise primarily as a result of the detention environment, yet despite the risk, there remains no clear or consistent child protection framework for children in Australian held detention. The RACP welcomes recent moves to release children from immigration onshore and is calling for the immediate release of all children from detention, particularly offshore.

The RACP has serious concerns relating to immigration detention facilities. Based on reports from our Fellows who have visited them, they are 'prison-like environments' with heavy security presence, restriction of liberty, de-personalising use of identification numbers, and institutional living conditions.⁴ The lack of access to education and appropriate standards of healthcare⁵ are of serious concern.

1.2 Offshore detention centres

As outlined in the RACP's Refugee and Asylum Seeker Health Policy and Position Statement, the risks of detention harms are amplified in offshore detention facilities. This amplification is due to:

- environmental and infrastructure challenges,
- limited access to specialist health services,
- ongoing risk of destabilisation, and
- uncertainty around the future and settlement options.⁶

The RACP has particular concerns regarding the remote location of offshore detention centres and poor living conditions within the centres.⁷ Furthermore, the lack of realistic prospects for settlement, alongside the undue

¹ See amongst others: Robjant K, Hassan R, Katona C. Mental health implications of detaining asylum seekers: systematic review. *Br J Psychiatry*. 2009 Apr;194(4):306-12; Mace AO, Mulheron S, Jones C, Cherian S. Educational, developmental and psychological outcomes of resettled refugee children in Western Australia: A review of School of Special Educational Needs: Medical and Mental Health input. *Journal of paediatrics and child health*. 2014 Jun 27; Green JP, Eagar K. The health of people in Australian immigration detention centres. *Med J Aust*. 2010 Jan 18;192(2):65-70; The Forgotten Children: National Inquiry into Children in Immigration Detention (2014). Sydney: Australian Human Rights Commission; 2014.

² Commonwealth Ombudsman. Suicide and Self-harm in the Immigration Detention Network. Canberra: Commonwealth Ombudsman; May 2013 [13 December 2013]; Available from: http://www.ombudsman.gov.au/les/suicide_and_self-harm_in_the_immigration_detention_network.pdf; Newman LK, Procter NG, Dudley M. Suicide and self-harm in immigration detention. *Med J Aust*. 2011 Sep 19;195(6):310-1; Green JP, Eagar K. The health of people in Australian immigration detention centres. *Med J Aust*. 2010 Jan 18;192(2):65-70; Deans AK, Boerma CJ, Fordyce J, De Souza M, Palmer DJ, Davis JS. Use of Royal Darwin Hospital emergency department by immigration detainees in 2011. *Med J Aust*. 2013 Dec 16;199(11):776-8; Cox W, Young P, Czech R, Shen M, Eagar R. Health Data Set: July - September 2013. Version 1.04. Sydney: International Health and Medical Services; 2013.

³ Robjant K, Hassan R, Katona C. Mental health implications of detaining asylum seekers: systematic review. *Br J Psychiatry*. 2009 Apr;194(4):306-12; Dudley M, Steel Z, Mares S, Newman L. Children and young people in immigration detention. *Curr Opin Psychiatry*. [Review]. 2012 Jul;25(4):285-92; Steel Z, Momartin S, Bateman C, Hafshejani A, Silove DM, Everson N, et al. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Aust N Z J Public Health*. 2004 Dec;28(6):527-36; Newman LK, Steel Z. The child asylum seeker: psychological and developmental impact of immigration detention. *Child Adolesc Psychiatr Clin N Am*. 2008 Jul;17(3):665-83, x.

⁴ RACP. RACP Policy on Refugee and Asylum Seeker Health; 2015.

⁵ Deans AK, Boerma CJ, Fordyce J, De Souza M, Palmer DJ, Davis JS. Use of Royal Darwin Hospital emergency department by immigration detainees in 2011. *Med J Aust*. 2013 Dec 16;199(11):776-8; Christmas Island Doctors. Letter of Concern. International Health and Medical Services. The Guardian; 2013.

⁶ Royal Australasian College of Physicians. RACP statement: The health of people seeking asylum. Sydney: Royal Australasian College of Physicians; August 2013

⁷ United Nations High Commissioner for Refugees. UNHCR monitoring visit to the Republic of Nauru 7 to 9 October 2013. Geneva: United Nations High Commissioner for Refugees; 2013.

secrecy surrounding the conditions in these centres, and lack of independent oversight are further areas of significant concern.

The RACP does not condone held immigration detention of those seeking asylum in Australia under any circumstances. We urge the Committee to recommend that the government cease mandatory immigration detention of those seeking asylum and close the detention centres on Nauru and Manus Island, PNG.

1.3 Case Study: Professor David Isaacs' experience of conditions in Nauru RPC

The RACP's concerns relating to the health impacts of offshore immigration detention are evidence-based and informed by the experiences of RACP members working within Australia's immigration detention network.

Professor David Isaacs is a consultant paediatrician at The Children's Hospital at Westmead, where he has run a Refugee Clinic for over 10 years, and Clinical Professor in Paediatric Infectious Diseases at the University of Sydney. He is a prominent paediatrician and was awarded the prestigious RACP John Sands Medal in 2015. He has direct experience delivering paediatric services within the Nauru Regional Processing Centre (RPC) in 2014. Professor Isaacs' experiences in the centre illustrate the issues of greatest concern regarding the health impacts of offshore immigration detention.

I visited the Nauru RPC in December 2014 to deliver paediatric services.

The living environment of those detained – including children and families – was similar to that of a high-security prison. Movement within the centre was restricted within fences patrolled by guards.

I was appalled by the living conditions of those detained – rows of canvas tents with a total lack of privacy. These conditions are demeaning, inappropriate, and are particularly concerning for families with children.

Ventilation was poor, with mould visible on many tents and no access to running water. Many children and some women told us they wet the bed in their tents during the night, rather than risk the long walk past guards to the bathroom facilities. The sanitary arrangements available in the centre for menstruating women were inadequate and grossly demeaning.

Asylum seekers told us that almost no information was provided to them about the progress of their applications for refugee status and any plans for resettlement. All detainees I met with described feelings of utter helplessness and powerlessness.

Asylum seekers I met and treated reported being treated poorly, even tormented, by some centre guards. On Nauru I was referred a boy who was later transferred with his parents from Nauru to Villawood Detention Centre in Sydney. When I asked the boy's father how the guards in Villawood compared with the guards in Nauru, he replied: *'That would be like comparing an angel with the Devil'*. I even observed dehumanisation and denial of personhood by health care professionals: children and adults coming to the medical centre were routinely referred to by their boat numbers rather than by name.

As a paediatrician I was shocked by the levels of ill health I witnessed in the children detained. The children we saw had a variety of stress-related behavioural problems and physical complaints. I saw several examples of children self-harming, the most chilling being a 6 year-old girl with strangulation marks from a fence-tie, whom we referred urgently to a visiting child psychiatrist.

The lack of transparency around the conditions in the Nauru RPC troubles me significantly, especially as the ethical requirements of my profession require me to act in the best interests of my patients and to advocate on their behalf. The Australian Border Force Act, which has come into effect since my time on Nauru, now threatens me and other health professionals who reveal the harms being done to children and their parents with up to two years' imprisonment for advocating for our patients.

The average length of detention of the children and families was 14 months, and they were still not told when their applications for asylum would be processed.

Prof David Isaacs

2. Conclusion

Immigration detention both on and offshore has serious physical and mental health implications for those detained. It is entirely inappropriate, in particular for children and young people for whom held detention often results in severe and long-lasting physical and mental health issues.

The RACP is calling for an end to the policy of mandatory immigration detention, the closure of detention centres on Manus Island PNG and on Nauru, and the urgent release of everyone held in detention centres.

We urge the Senate Committee to recommend that the Government implement measures without delay to bring this about. We also urge the Committee to recommend that the Government adopt, in full, the remainder of the recommendations in the attached RACP Position Statement on Refugee and Asylum Seekers, which has been endorsed by 14 prominent health and medical organisations.