



Josephite Justice Office
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SUBMISSION TO SELECT COMMITTEE

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

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Submission to the Inquiry on the Migration Amendment (Repairing Medical Transfers) Bill 2019

INTRODUCTION

This submission is presented on behalf of the Josephite Justice Office, a ministry of the Congregations of the Sisters of St Joseph. The Sisters of St Joseph and our Associates (numbering approximately three thousand women and men) were founded in the mid-nineteenth century by Mary MacKillop and Julian Tenison Woods to work with those suffering from poverty and social disadvantage. We serve, educate, advocate and work for justice, for earth and for people, and especially for those pushed to the margins of our world.

The Sisters of St Joseph are totally opposed to the repeal of the Medevac legislation. We do not support therefore **THE MIGRATION AMENDMENT (REPAIRING MEDICAL TRANSFERS) BILL 2019**. This Bill, which proposes to repeal the Medevac legislation, is contrary to the human rights of asylum seekers and refugees on Nauru and Manus Island.

The Sisters of St Joseph have had extensive experience in the Asia Pacific region, including in Papua New Guinea. They first began serving in PNG in the mid 1960s, and have familiarity with both the culture and the health services of that country. These sisters are well qualified to assess the reality of health care services and related issues.

NEED FOR THE MEDEVAC LEGISLATION

The Medevac legislation, passed by the Parliament in February 2019, provides a specific and limited process, which affords a medical solution to a medical problem. Medical professionals rather than politicians, are placed at the centre of decision-making. The minister however, retains appropriate veto power.

There is little doubt that those affected by the harsh conditions on Nauru and Manus Island have had their health and lives placed in severe jeopardy. Contrary to the Minister's claims, the calls for urgent medical attention this year are not simply a response to the Medevac Legislation. In 2016, the UNHCR reported that 88% of the people on Manus Island were suffering from depression, anxiety and/or post-traumatic stress disorder. In 2018, Medecins

Sans Frontieres confirmed this finding in its report, *Indefinite Despair*. The acute medical crises in Australia's offshore detention centres have seen 12 people die in the last five years and numerous incidents of suicide and self-harm, including from children as young as 7, have been recorded.

The Medevac legislation and the care of the medical practitioners who have implemented it, have gone some way to providing the urgent treatment needed by an increasing number of sick people on Manus and Nauru.

Any repeal of this legislation runs the risk of a return to the bureaucratic obstruction and political agenda that we have witnessed in the past 20 years, as the Josephites can attest. Prior to the passing of the Medevac legislation, medical decisions were decided by political leaders governed by political agenda. The Sisters of St Joseph joined the Sanctuary Movement in 2016 in response to the proposed state-sanctioned abuse by the Government in its determination to return seriously ill children to Nauru.

Prior also to the introduction of the Medevac legislation, as the Josephite Justice Coordinator, I spent some time in Geneva, representing 10,000 Sisters of St Joseph worldwide, researching issues related to asylum seekers and refugees. One thing that struck me was the fact that almost every person I met commented on Australia's questionable and unjust treatment of asylum seekers. People were horrified by what they deemed to be our country's cruelty and lack of justice and compassion. One woman summed up the comments of so many:

'I can't understand how Australia can do this. Your country used to be so good in its treatment of refugees and asylum seekers. Welcoming and ready to share its wealth! Now, it locks up some of the people most at risk in the world in concentration camp conditions, with no hope, and no justice or compassion. How can you do this?'

Following the introduction of the Medevac legislation, one of the religious brothers in Geneva commented:

'Perhaps this is the beginning of a return to a more humane and compassionate approach by Australia'

The implementation of Medevac has certainly gone a considerable distance to improving the health of critically ill people. The independent panel (appointed in fact by the Minister for Home Affairs) comprises the Commonwealth Chief Medical Officer, the Department of Home Affairs Chief Medical Officer and six others, including a nominee of the AMA, the Royal

Australian and New Zealand College of Psychiatrists and the Royal Australasian College of Physicians and an expert in paediatric health. These medical experts have ensured that medevac legislation is working, and that lives have been saved and improved because of their decisions.

The Bill is supported by the Australian Medical Association, the Royal Australian College of General Practitioners, Doctors without Borders, the Law Council, the Asylum Seeker Resource Centre, The Refugee Council, Catholic Religious Australia, the Edmund Rice Centre, the Sisters of St Joseph, and numerous community organisations.

For the sake of those on Manus and Nauru, and for the sake of the citizens of this country, we cannot afford to repeal the Medevac legislation.

MEDICAL CARE IN PNG AND ON NAURU

Religious Sisters who have worked in PNG over the past 50 years, have possess first-hand knowledge of the medical care in that country. They have spoken extensively of the limitations of health care and the small number of health professional available to provide expert care.

One Sister who worked in PNG for 11 years commented on health generally:

Malaria is the normal sickness and even with medicine, the results are extremely serious and so often lead to physical and mental health issues and death. Then you have all the normal illnesses – pneumonia, TB, leprosy, malnutrition, cuts that quickly become ulcers. Imagine life without medicine – and this happens frequently!

Helen Sullivan rsj

Commenting on the medical situation and hospitals generally, a Sister who has worked in PNG for 20 years, commented:

Like any third world country the hospitals are:

- *continuously short of medical supplies, or have none at all*
- *are lacking in personnel especially those with anything more than basic training.*
 - *The country has some well-trained doctors and nurses but very few for the number of people living in PNG*
- *are always over crowded.*
 - *Add to this the fact that any hospital that I know in the country was always short of beds, mattresses and had no linen.*

THE ROLE OF RELATIVES:

- *Relatives are essential in the medical situation to care for/actually nurse the sick person and their presence adds to the overcrowding in the wards*
- *I would think one would also need to take into consideration this cultural role of the relative as the main carer (nurse, provider of food, cook etc) and ask who would do this on behalf of a sick refugee if they had to remain in a local hospital?*

In my opinion, even the most basic of medical conditions is a challenge, while anything serious is life threatening, simply because it cannot be treated in the local health facility. For ministers to state otherwise is just plainly not true.

Kathy Jennings rsj

A further comment focusses on the health system generally:

In general, I could say that the public health system is very basic and does not offer health assistance in more complex areas. People with mental health issues receive very little assistance and only in the major towns. In Port Moresby there are Private Hospitals where the health support might be a little better but very expensive. The number of people needing medical assistance far outweighs the medical assistance offered. The rural areas are very disadvantaged.

Anonymous

IMPACT ON LOCAL COMMUNITIES

One sister who has spent time in PNG and has friends who live on Manus has commented that they have said little to her about the situation of asylum seekers and refugees, perhaps because of the fact that she is Australian!

Others however have spoken of the scarcity of medical supplies generally, the shortage of specialist care, the lack of availability of beds, and the fact that relatives are expected to take responsibility for the care of patients.

A Daughter of Our Lady of the Sacred Heart who has worked on Manus Island for a number of years has provided the following information:

“Manus Island itself is an island but is surrounded by many small islands, all of which rely on Lorengau and to which they need to travel by outrigger canoes or in some cases by speedboat for medical treatment. The hospital in Lorengau is staffed by some doctors and nurses, and there is always a long line of patients waiting to

receive treatment. With the added burden of the asylum seekers, many of those who have travelled long distances by canoe, would find it difficult to get the medical treatment they so urgently need.”

Evelyn Page fdnsc

IMPACT OF SUBSTANDARD HEALTH CARE ON PEOPLE

Many religious sisters have worked with refugees and asylum seekers over a long period of time. They have become keenly aware of the impact of substandard healthcare. Sr Helen Sullivan narrates a story that encapsulates clearly the impact of substandard health care in offshore detention, and the huge challenges of dealing with these problems in the long term.

I could write a book about this! Where to start?

For over 18 years I worked with Refugees and Asylum Seekers in Sydney.

Here, I heard unbelievable stories, yet the one that stands out in my mind was that of ‘Anna’ who was born in Nauru and was I think about 3 years old.

The parents and the daughter left the ‘Hell Hole’ of Nauru to come to Australia for urgent medical treatment (after having to fight the Australian government for that right).

While Anna looked like a healthy little girl, she suffered mental problems. The mother was unable to take her out as she screamed all the time.

My experience with Anna and her mother occurred when I was driving down Parramatta Rd and Anna screamed and screamed, and was totally out of control. In the end I had to stop and say I could not continue to drive.

That poor family shared with me the hell they have been through in Nauru and how relieved they were to come to Australia. Now however, they faced the nightmare of Anna. They had become prisoners in their own home, with little help or guidance to assist with Anna’s trauma.

To this day I still feel guilty and often wonder what happened to that family.

Helen Sullivan rsj

In Australia, we are witnessing the results of the substandard health in the offshore detention. On Manus and Nauru, the long-term impact of the trauma of those currently suffering has been well documented by the AMA, UNHCR and the prisoners themselves. Behrouz Boochani is the classic proponent of the cruelty and substandard treatment there.

The cutbacks in health services and particularly of torture and trauma services on both Nauru and Manus Island have accelerated the problems being experienced, and will, without doubt, affect the ongoing long-term health of those languishing in these camps.

RECOMMENDATIONS AND SUMMARY

The effects of Australia's failure to exercise justice and compassion in its treatment of asylum seekers are real and corrosive, and have been clearly demonstrated in the destructive and abusive situation that has developed on Nauru and Manus Island. Both major parties, by maintaining politically expedient policies, must bear responsibility for this.

The Medivac legislation has gone some way to rectifying the injustices that are rampant in the offshore Detention Centres. To repeal this legislation would shame us as Australians, and undermine what is emerging as a saving grace in our national character.

We therefore urge all Parliamentarian (even those who have already passed this Bill) to do all in your power

- To ensure that the Medevac legislation is retained
- To refuse to support THE MIGRATION AMENDMENT (REPAIRING MEDICAL TRANSFERS) BILL 2019
- To counter truthfully the major lies being claimed by the Minister of Home Affairs:
 1. *That this (the Medivac legislation) is Labor's medevac law, or 'bring them all here' law:* in fact, this legislation was introduced by the Independent, Kerry Phelps, and passed by Labor, Greens and Independents
 2. *That There is no medical emergency on Manus or Nauru:* The AMA, UNHCR, Medecins Sans Frontieres have demonstrated clearly that there is an undeniable crisis
 3. *That it effectively removes the ability of the government to decide who comes to Australia:* the legislation states unequivocally that the minister has the power of veto

4. *That it has only served to weaken Australia's border protection policies:* there is no evidence that this has occurred

5. *That acts are undertaken for the explicit purpose of manipulating the system:* the system was already in crisis; the Medevac legislation has eased this crisis

We urge all members of Parliament therefore to commit to The Medevac legislation, which acknowledges the rights of each person seeking asylum to request and receive needed medical care, and which demands careful administration that honours the spirit and legal requirements its reality.

More fundamentally, we urge Government and Opposition to put aside short-term political advantage and work together to solve this critical issue. We find ourselves at a decisive turning point in our country's history. The challenges we face provide us with new possibilities for developing an approach, which can demonstrate clearly our commitment to the international law and the rights of each person. This commitment will be seen in the way we respond to issues such as those facing us as we determine whether or onto to repeal the Medevac Legislation. The question for all of us must be faced. What sort of country and planet will our children, grandchildren and great grandchildren inherit, if we do not choose justice and compassion over short-term political gain?