

Chapter 3

Conditions and service provision at the Manus Island RPC

3.1 The committee heard a significant amount of evidence throughout its inquiry in relation to the physical conditions and infrastructure in place at the Manus Island RPC, and how these factors affected transferees. Ms Nicole Judge, a former employee of the Salvation Army, gave the following account to the committee of the impact detention at the Manus centre had on transferees:

When I arrived on Manus Island during September 2013, I had previously worked on Nauru for one year. I thought I had seen it all: suicide attempts, people jumping off buildings, people stabbing themselves, people screaming for freedom whilst beating their heads on concrete. Unfortunately I was wrong; I had not seen it all. Manus Island shocked me to my core. I saw sick and defeated men crammed behind fences and being denied their basic human rights, padlocked inside small areas in rooms often with no windows and being mistreated by those who were employed to care for their safety.¹

3.2 This chapter examines the conditions and provision of services to asylum seekers at the Manus Island RPC, and how serious deficiencies created an environment that contributed to the unrest at the centre in February 2014.

Size and composition of the population of asylum seekers

3.3 As discussed in chapter 1, at its re-establishment in November 2012, the Manus Island RPC was intended to be temporary and had the capacity to house somewhere around 500 people, with the population of the centre including families with children. From mid-2013, the total number of asylum seekers detained at the centre increased rapidly. An official from the Department of Immigration and Border Protection (department) explained to the committee:

The build-up of transferee numbers in the middle of last year was sudden. In seven weeks, from 19 July 2013 to the election on 7 September 2013, the centre's population grew from 130 to 723—an increase of almost 600 per cent.²

3.4 In October 2013, the number of asylum seekers detained at the centre reached approximately 1100.³ By February 2014, at the time of the incident, there were 1338 asylum seekers⁴ at the centre of a range of nationalities, as shown in Figure 3.1.

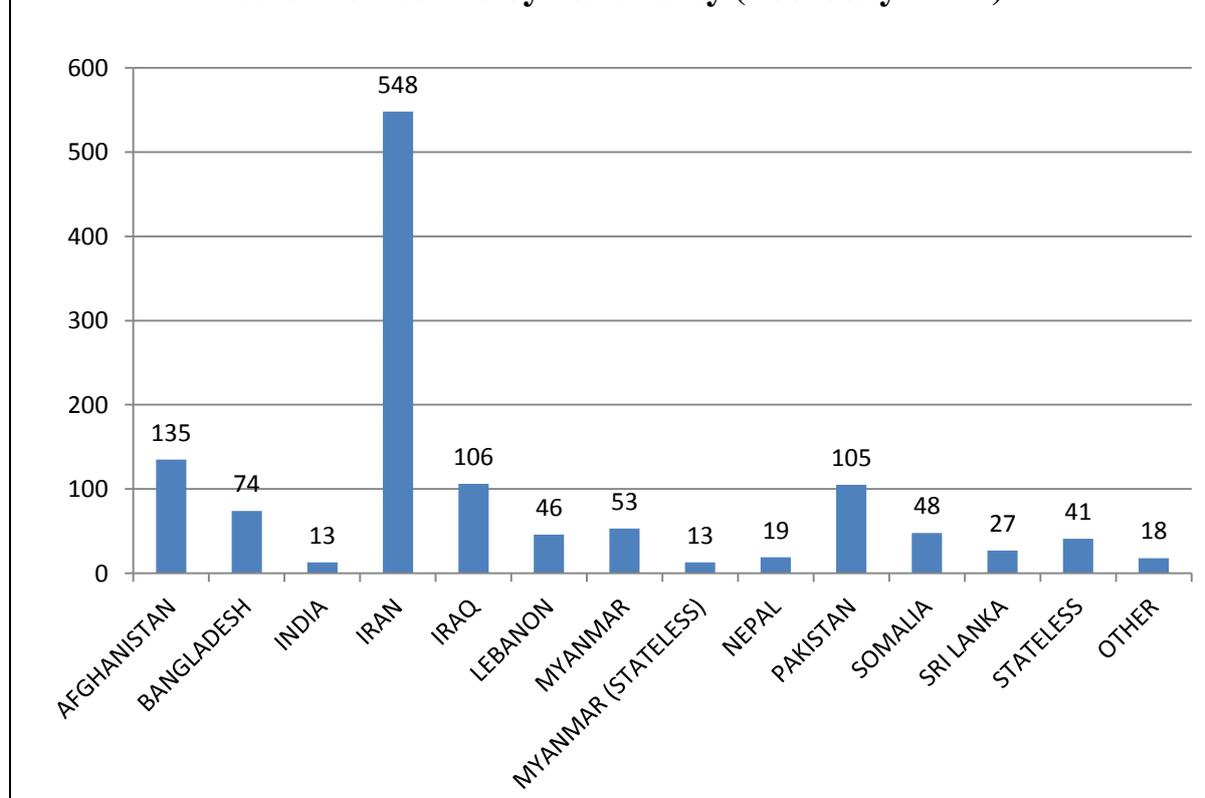
1 *Committee Hansard*, 12 June 2014, p. 31.

2 Mr Mark Cormack, Deputy Secretary, Department of Immigration and Border Protection, *Committee Hansard*, 11 July 2014, p. 19.

3 G4S, *Submission 29*, p. 3.

4 *Additional Information provided by the Department of Immigration and Border Protection – population at Manus Island detention centre* (received 6 June 2014), p. 1.

Figure 3.1. Number of transferees at the Manus Island detention centre by nationality (February 2014)



Source: Information provided by the Department of Immigration and Border Protection.⁵

3.5 A representative from the department explained that the decision to remove families with children from Manus Island RPC and convert the centre to one only for detaining single adult males (SAMs) was made on the basis that accommodation at the centre was unsuitable for families.⁶

3.6 The contract between the department and Transfield Services (the contractor currently responsible for management of the RPC), signed in March 2014, indicates that the number of asylum seekers at facilities on Manus Island was intended to almost double from the February 2014 level:

The current focus for the Department is on rapidly increasing OPC infrastructure, operations and service capacity to support and effect an

5 Nationality groups of fewer than 10 individuals have been de-identified by the department due to privacy concerns.

6 Mr Kenneth Douglas, First Assistant Secretary, Department of Immigration and Border Protection, *Committee Hansard*, 11 July 2014, p. 29.

increase in Transferee numbers. Manus Province is to accommodate 2400 Transferees[.]⁷

Changing security profile of the centre

3.7 The increase in the number of asylum seekers detained at Manus Island RPC coupled with the change in the composition of the population significantly increased security risks. G4S described the presence of families and children at the RPC as 'a moderating influence on the behaviour of the SAMs'⁸ and stated:

This change [to a SAM only facility] was implemented early in July 2013 and as a result, this increased the risk profile of the Centre significantly due to the increased likelihood of tensions leading to violence amongst a SAMs only group...This large number of adult males housed within a Centre intended for family use posed additional security risks.⁹

Impact on infrastructure and services

3.8 The Salvation Army suggested that the change in the composition of the population and the increased risk profile 'did not require a greater level of complexity in our service delivery' but 'it effectively required us to make sure the right staff were in the right place'.¹⁰ However, the Salvation Army stated that the rapid increase in overall numbers 'put incredible strain on existing infrastructure':¹¹

For example, there were insufficient telephones, computers and internet access for asylum seekers. Faith rooms for asylum seekers were inadequate to allow them to practise their religion. Recreation spaces were taken away to allow buildings for accommodation to be constructed.

There were insufficient dedicated education classrooms, which meant that classrooms had to be frequently undertaken in the hot, unsheltered, outdoor environment. There were insufficient dedicated interview rooms for case management...There were insufficient and, in some circumstances, no interpreters at all for certain cultural groups.¹²

7 Schedule 1, Clause 1.1.8 (page 35), 'Contract in relation to the provision of garrison and welfare services at Regional Processing Countries', *Additional Information provided by the Department of Immigration and Border Protection – contracts* (received 30 May 2014), [p. 634].

8 Mr Chris Manning, Managing Director of Immigration Services, G4S, *Committee Hansard*, 10 June 2014, p. 60.

9 G4S, *Submission 29*, p. 5.

10 Mr Luke Geary, Salvos Legal, *Committee Hansard*, 11 June 2014, p. 31.

11 Mr Luke Geary, Salvos Legal, *Committee Hansard*, 11 June 2014, p. 33.

12 Ms Sharon Callister, CEO Humanitarian Mission Services, Salvation Army, *Committee Hansard*, 11 June 2014, pp 21-22.

Physical facilities and environment at the RPC

3.9 The conditions and facilities at Manus Island RPC were variously described to the committee as harsh, inadequate and inhumane.¹³ Submitters and witnesses who had been employed at the RPC identified numerous concerns, and in some cases expressed their shock, about the poor living conditions including cramped and over-heated sleeping quarters, exposure to the weather, poor sanitation and sewage blockages, unhygienic meals and poorly managed service of meals. Concerns were also expressed about the provision of health—in particular mental health—services. These concerns are set out in greater detail below.

Adequacy of accommodation

3.10 After visiting the Manus Island RPC in December 2013, Amnesty International described the centre as 'resembling a combination of a prison and a military camp' comprising:

...a network of single-storey buildings, staff facilities and "compounds" that house asylum seekers, all divided by fences of about 2.4 metres in height and connected by uneven dirt tracks. The structures are a combination of World War II-era buildings with concrete walls and corrugated iron roofs, temporary structures such as marquees and "demountables" (similar to shipping containers), and basic buildings used as offices by staff.¹⁴

3.11 Amnesty International raised particular concerns about the sleeping quarters, describing them as 'cramped' and lacking privacy or private space.¹⁵ Mr Martin Appleby, a former G4S employee working at the centre, described the accommodation provided for asylum seekers as follows:

I was quite taken aback, as the accommodation set-up for them was much more primitive than I had imagined, particularly by Australian standards. Most were just in tents or old World War II huts that were made of tin with tightly packed double-bunk beds in them. Even at that point [August 2013] they were cramped and things got worse later on as the number of transferees rose significantly over the period I was there.

...

I have heard the word "inhumane" used about the conditions in which the transferees were expected to live at the MIRPC and I think that's probably the best description for them, especially those living in the old World War II sheds like the P Dorm. Expecting people to live packed like

13 See, for example: United Nations High Commissioner for Refugees (UNHCR), *Submission 21*, p. 4; Human Rights Law Centre, *Submission 17*, p. 8; Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, p. 5; Amnesty International, *Submission 22*, p. 3.

14 Amnesty International, 'This is breaking people: human rights violations at Australia's asylum seeker processing centre on Manus Island, Papua New Guinea', December 2013, (included as *Submission 22*, Attachment 1), p. 36.

15 *Submission 22*, Attachment 1, p. 38.

sardines into tin sheds in 35–40 degree heat with only four fans to cool the place down just shouldn't be allowed. It's just ridiculous. Some of the newer accommodations in Mike and Oscar were somewhat better, but the variation in the standard of the accommodation was itself a cause of tension between different groups of transferees.¹⁶

3.12 Mr Steven Kilburn, another former G4S officer, was also concerned about the sleeping quarters:

...one particular area in Foxtrot compound called Papa block, which was an absolute disgrace by any standard. I wrote an extremely long report to G4S about the fact that it breached every fire safety—I was a fireman, previously—regulation. It was a deathtrap and a hazard to everyone who lived in there. It was concrete; there was no air. It was just an appalling place to put people. There were 160 people living in there. The beds were [very close together]. They were not allowed to even put a sheet around their bed to get any privacy, so they never got any privacy at all. The whole time they are there, they are sleeping next to strangers.¹⁷

Exposure to the weather

3.13 Several submitters with experience working at the centre told the committee that asylum seekers were exposed to the elements and that there were insufficient outdoor shaded areas. In particular, the committee heard evidence that asylum seekers were often forced to queue for lengthy periods in unshaded outdoor areas during extreme heat or rain in order to receive meals, medication or to attend medical appointments. Mr Appleby told the committee '[t]here was virtually no shade in any of the compounds and despite the intense heat the guys weren't given any hats and very limited sunscreen'.¹⁸

3.14 Amnesty International raised concerns about the lack of shade and protection from the sun in its December 2013 report:

There is almost no shade to protect people from the sun, heat, or rain, particularly in Oscar compound. International Health and Medical Services (IHMS) staff reported that the lack of shade has led to numerous health issues, including people collapsing from heat stroke...no action has been taken to provide greater protection from the sun and rain despite repeated acknowledgement of those shortcomings.¹⁹

16 Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, pp 3 and 5.

17 *Committee Hansard*, 11 June 2014, p. 7.

18 Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, p. 5.

19 *Submission 22, Attachment 1*, p. 41.

3.15 In response to concerns raised by Amnesty International about protection from the elements at the centre, the Australian Government stated in June 2014:

At meal times, transferees may be required to queue for a short period of time for their meals in the air-conditioned dining room. Transferees may also wait for a short period of time for medication in shaded areas.

Shaded communal areas are provided in each compound for use by transferees. The design of the Manus OPC expansion works also includes large outdoor covered recreation areas for use by transferees.²⁰

Sanitation and hygiene

3.16 Several submitters and witnesses commented on the state of sanitary facilities at the centre. Mr Christopher Iacono, a former Salvation Army employee, described conditions as follows:

The toilets and showers were highly unhygienic and in poor condition. Most showers and toilets had moss and fungi growing on the walls and floors. Many of the showers in Oscar had, had their doors damaged and [were] not working limiting privacy greatly. The toilets were filthy with toilet paper constantly on the floor. The floors in all the facilities were constantly wet and there was a strong smell of sewage around the centre at all times...

Many times soap ran out in the centre. A G4S guard told me that "we ran out of soap two days ago and are waiting for the barge to come in". There were no washing facilities located near mess halls for asylum seekers to wash hands before eating ever.²¹

3.17 Mr Appleby made similar comments:

The toilets got filthy and weren't cleaned often enough. Most of the detainees weren't used to Western-style toilets, so that didn't help matters. Sewage was pumped out by small pumps and it didn't take long for the detainees to work out that if they dropped a cap into the toilets, it would cause grief and some of them did that I think as a way of protesting. The only hand sanitizer was for staff—the detainees didn't get any. We were only allowed to dole out very limited amounts of shampoo and soap to them, and even the toilet paper was given to them in individual sheets because management said they would just use it to block up the sewage system. So the detainees had to come and ask for toilet paper whenever they wanted it, which I found really demeaning and embarrassing. I've never seen anything like that—they were treated as less than children.²²

20 'Australian Government's Response to Amnesty International reports arising from visits to Manus Offshore Processing Centre', *Additional Information provided by Amnesty International* (received 23 July 2014), pp 3-4.

21 *Submission 20*, [pp 4 and 5]. See also: UNHCR, *UNHCR monitoring visit to Manus Island, Papua New Guinea 23 to 25 October 2013*, November 2013, p. 18.

22 Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, p. 5.

3.18 Mr Appleby also commented on the availability of fresh water at the centre:

There was limited running water at the facility, even when it worked, but it wasn't drinkable. All the detainees had to be given bottled water for drinking, but a lot of them were using that for cleaning themselves when they went to the toilet as well, because that was what they were used to, which meant that the quantity for drinking was inadequate. Plus it was always warm because the bottles were just left out on pallets in the sun, which meant they got really hot.²³

3.19 Amnesty International also raised these concerns in its December 2013 report. The Australian Government responded in June 2014:

Hand soap is supplied in all toilets in all compounds and is replenished as required...Toiletries are supplied for each transferee and are replenished as required. Transferees are also able to purchase additional products from the canteen.

...Remedial works have taken place to address the drainage issues adjacent to the ablutions in the Oscar compound. The department is working with Transfield Services to deal with drainage and other issues at the Lombrum OPC site.²⁴

Food services

3.20 The quality and service of food at the Manus Island RPC was also questioned by submitters. Ms Judge, a former Salvation Army employee, stated:

Food for transferees is of poor quality, I have personally found small worms and flies baked into bread and also in meat being offered to staff and transferees. I have found small dead flies in my bread on a daily basis, this was such a regular occurrence it was to be expected.²⁵

3.21 Mr Appleby agreed:

The quality of the food at the facility was also shocking and cases of diarrhoea and food poisoning were rampant...We had an isolation bay both for staff and for the detainees and both were constantly in use.

...

There was a lot of unnecessary grief and tension caused in my view by the way that the food was delivered to the transferees. In the Oscar compound for instance...often the line was 200 metres long and people had to queue

23 Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, p. 5. See also: Miss Nicole Judge, *Submission 12*, p. 4.

24 'Australian Government's Response to Amnesty International reports arising from visits to Manus Offshore Processing Centre', *Additional Information provided by Amnesty International* (received 23 July 2014), p. 4.

25 *Submission 12*, p. 4.

for hours to get each meal...Every day there were tensions and arguments about the queue and whether someone had taken someone else's place.²⁶

Concerns relating to the adequacy of healthcare services

3.22 As noted in chapter 2, International Health and Medical Services (IHMS) is responsible for the provision of healthcare services at the Manus Island RPC. IHMS's contract outlines performance standards for the delivery of health care to transferees, including a requirement that a transferee must have a consultation with a health care practitioner within 72 hours of a request for a medical consultation.²⁷

3.23 IHMS stated that the process for a transferee to request medical assistance was to complete a Medical Request Form and give this to a garrison or welfare provider staff member, who would then provide this to IHMS. An appointment would then be booked 'on the basis of clinical acuity and an appointment provided within 72 hours'. IHMS explained that a triage system was employed to assess the severity of cases:

[C]ases are referred to the clinic and a senior nurse performs the initial triage. More urgent or acute cases are brought to the resuscitation area and managed by the emergency physician. Less acute cases are seen in the consultation rooms by a GP...Critical cases are seen immediately. The response times for acute events occurring in the centre are within recommended timeframes and are clinically appropriate. This is due to the onsite presence of clinical staff and the proximity of the medical centre to the areas of accommodation.²⁸

3.24 IHMS's evidence that cases are treated appropriately and in a timely manner was disputed strongly by other stakeholders to the inquiry. Amnesty International expressed concern after its November 2013 visit to the centre that the medical facility within the camp was unable to cope with the growing demand for health and mental health services, stating:

IHMS receives around 110 appointment requests per day and cannot meet demand for appointments...

A number of detainees raised concerns that sometimes it takes between three and 10 days to receive a medical appointment after submitting a request. Some felt that they needed to make several requests in order to be taken seriously and many complained that water and paracetamol was common treatment. The lack of ability to self-administer paracetamol for headaches or antiseptic cream for minor cuts means asylum seekers...often have to seek many appointments for even basic medical care. One doctor

26 Mr Martin Appleby, *Document tabled at public hearing on 12 June 2014 – Witness statement*, p. 6.

27 Schedule 2, Clause 18 (page 37), 'IHMS Regional Processing Countries Health Services Contract', *Information provided by the Department of Immigration and Border Protection – contracts* (received 30 May 2014), [p. 321].

28 IHMS, *Responses to written questions on notice* (received 14 August 2014), [p. 1].

commented on the absurdity of requiring people to return to medical appointments several times to receive medication.²⁹

3.25 Mr Iacono contended:

Waiting times for IHMS appointments were extremely long. I was told by management to alert asylum seekers that waiting times were a minimum of three days at one point. Asylum seekers were told to fill in medical request forms and wait for an appointment. Most often no appointment ever arrived and the asylum seeker had to enter numerous requests.

Many asylum seekers had skin conditions caused by the constant wetness, humidity and aforementioned unhygienic cleaning facilities. While I was on Manus I witnessed cases of scabies, typhoid, regular gastroenteritis, rashes and skin infections...

At numerous times over my 5 months on Manus island anti-malarial drugs had been exhausted and could not be handed out. Asylum seekers were very concerned about mosquito born [sic] diseases and any side effects of the anti-malarial medication. Asylum seekers and staff also questioned the safety of breathing in the mosquito fogging fumes that were used every 2-3 days across all compounds all without receiving adequate answers.³⁰

3.26 Ms Judge also commented on the state of healthcare provision at the centre:

Transferees and staff suffer regularly from foot infections. I have seen small cuts turn into large infections over the matter of days before access to medical services is approved. Very often medical provisions is panadol and water. Transferees may have to wait several days to receive panadol for an ailment, prompting staff to hide medicinal products such as panadol in their pockets to treat transferees headaches and pain. Staff are threatened that they will lose their job for offering transferees panadol or hydralyte medication for dehydration.³¹

Vector control and 'fogging' practices

3.27 Some submitters and witnesses expressed concern that the 'fogging' practices used at the centre to control mosquito populations resulted in transferees suffering respiratory problems or asthma attacks.³² IHMS responded to these concerns as follows:

The risks associated with normal fogging operations is very minimal as the amount of insecticide used (concentration per unit of space) is actually no greater than what is contained in commercial household insecticide aerosols dispensers.

On occasion, there will be individuals who might be sensitive to the spray (more likely the hydrocarbon carrier than the insecticide), for example

29 *Submission 22*, Attachment 1, pp 53 and 54.

30 *Submission 20*, [pp 4-5].

31 *Submission 12*, pp 3-4.

32 See, for example: Mr Steven Kilburn, *Submission 18*, pp 3-4.

presenting with breathing problems or minor skin irritation. This might be more perceived than real and would normally be very transient in nature.³³

3.28 IHMS representatives contended that the fogging program at the centre had been very effective in limiting mosquito-borne disease:

We have had vector control now almost since we started on Manus. We have done a phenomenal job there, with the department's support. We have only had three cases of malaria in almost 18 months. That is extraordinary...Of those three cases, we think that two came in from outside—they were in PNGers. We think only one was actually caught inside.³⁴

Provision of mental health services

3.29 Evidence presented to the committee from individuals with experience working at the centre included accounts of transferees engaging in self-harm, suicide attempts and displaying symptoms of poor mental health. Ms Judge stated:

Mental health problems are widespread, transferees often speak of ending their life, and how they would like to end their life. I regularly engage with transferees to convince them that their life is still worth living. Transferees often self harm and attempt suicide. I personally saw a Iranian transferee cut his wrists in Delta compound, his injuries looked significant and there was a great deal of blood loss. Mentally ill transferees are held in 'Delta 9' where they are monitored by security guards. This area has no recreational facilities, poor lighting, it is cramped, and their rooms have no windows. The gate is boarded up so transferees cannot see outside this area. I have heard transferees screaming inside this area, and shaking the fence as I walked past.³⁵

3.30 IHMS representatives informed the committee that transferees undergo mental health screening three monthly while in immigration detention.³⁶ IHMS stated that, based on transferee screening at the Manus Island RPC from April to June 2014, 27 per cent of the transferee population reported high or very high levels of psychological distress.³⁷ Data provided by IHMS showed that between January and April 2014, there were on average 25 new cases each month of transferees being diagnosed with a mental illness by a psychiatrist or GP at the centre.³⁸

33 IHMS, *Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 4].

34 Dr Mark Parrish, Regional Medical Director, IHMS, *Committee Hansard*, 11 July 2014, p. 10.

35 *Submission 12*, p. 6. See also: Mr Steven Kilburn, *Submission 18*, pp 4-5; Name Withheld, *Submission 33*, [pp 2 and 4].

36 Dr Mark Parrish, IHMS, *Committee Hansard*, 11 July 2014, pp 2-3.

37 IHMS, *Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 4].

38 IHMS, *Responses to questions taken on notice at a public hearing on 11 July 2014* (received 11 July 2014), pp 1-3; and IHMS, *Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 6].

Adequacy of services for dealing with mental health issues

3.31 Amnesty International's report stated that, as at November 2013, IHMS's mental health team at the Manus Island RPC consisted of seven staff.³⁹ IHMS noted that by the time of the incidents in February 2014, its mental health team on Manus Island comprised 11 staff, including six mental health nurses, one psychiatrist, one psychologist and three counsellors.⁴⁰ IHMS also confirmed that since the incident, the mental health team has increased by seven positions, being additional mental health nurses and psychologists.⁴¹

3.32 Dr Mark Parrish, IHMS's Regional Medical Director, expanded on the way IHMS's mental health team operates at the Manus facility:

It is very similar to a community mental health service in Australia. Our team does a lot of outreach clinics in the compounds. We have a number of classes that we run with groups and sometimes with individuals who we do outreach services to. For the percentage we have particular concerns with we will take a closer interest and manage them. If necessary they will be seen by a general practitioner and if necessary they will be seen by a psychiatrist and if necessary they will be on medication to help them with their conditions.⁴²

3.33 In relation specifically to psychiatric services available, the department provided the following information:

Full time psychiatric services have been available at the Manus OPC from 21 January 2014. There is a single full time position which is filled on rotation using the fly-in fly-out model, typically providing a five day per week service of approximately 38 hours each week. Since the end of February, there has been regular provision of psychiatric services although the health services provider has at times, found it difficult to recruit suitable staff. To further support health services on Manus, including psychiatric consultations, telemedicine infrastructure has been established on Manus and is currently [June 2014] undergoing testing.⁴³

3.34 IHMS provided additional information about the frequency of visits by the psychiatrist to the Manus Island RPC, stating that there were five visiting psychiatrist visits in the six months prior to the February 2014 disturbances at the centre, and there

39 *Submission 22, Attachment 1, p. 57.*

40 *IHMS, Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 1].

41 *IHMS, Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 4].

42 Dr Mark Parrish, IHMS, *Committee Hansard*, 11 July 2014, p. 3.

43 *Additional Information provided by the Department of Immigration and Border Protection – health services* (received 6 June 2014), p. 1.

has been an increase since the events with nine visits occurring in the subsequent six month period.⁴⁴

Security infrastructure at the centre and related issues

3.35 Given the violence that occurred during the disturbances at the Manus Island RPC in February 2014, the nature and adequacy of security infrastructure and services at the centre was a key issue discussed during the inquiry.

3.36 G4S representatives discussed the importance of security infrastructure at a facility such as the Manus Island RPC:

In a facility housing over 1,300 single adult males—and tensions rising—proper security infrastructure is essential. Fencing in particular is critical as it provides the first line of defence during any riotous behaviour. It prevents transferees from exiting the centre in a controlled manner. It protects transferees from external threats, and, when there is a large-scale unrest, internal fencing prevents the congregation of large groups of transferees into unmanageable numbers.⁴⁵

Risk assessments and requests for infrastructure upgrades from G4S

3.37 G4S informed the committee that it provided a risk assessment of the centre to the department in June 2013, highlighting that security infrastructure including internal and external fencing at the centre was inadequate for the facility.⁴⁶ The department did not act on this initial risk assessment by G4S. The department offered the following explanation about the lack of action in response to this request:

...the department's view at that time was that the centre under the then government's policy was a temporary centre pending the construction of the new centre, the permanent centre at East Lorengau, and that an appropriate response was not to make significant investment in infrastructure when there were alternative responses possible through the deployment of personnel to meet the security requirements.⁴⁷

3.38 The committee heard that G4S provided additional requests to the department in relation to the need to improve security infrastructure at the centre in October 2013, December 2013 and January 2014.⁴⁸ No construction work on security infrastructure upgrades had been completed at the time of the incidents in February 2014.

44 IHMS, *Responses to questions taken on notice at a public hearing on 11 July 2014* (received 1 August 2014), [p. 4].

45 Mr Darren Boyd, Southern Pacific Regional Managing Director, G4S, *Committee Hansard*, 10 June 2014, p. 37.

46 Mr Darren Boyd, G4S, *Committee Hansard*, 10 June 2014, p. 37.

47 Mr Kenneth Douglas, Department of Immigration and Border Protection, *Committee Hansard*, 10 June 2014, p. 22.

48 G4S, *Submission 29*, pp 2-4.

3.39 G4S argued that, had proper security infrastructure been in place at the centre at the time of the disturbances, including appropriate fencing, 'the severe injuries and the fatality would probably not have occurred'.⁴⁹

Force protection review

3.40 The Minister for Immigration and Border Protection (minister) first visited the RPC in September 2013 and following that first visit commissioned the 'force protection review', which took place in October 2013.⁵⁰ An unclassified summary of the report's recommendations and their implementation at the centre was provided to the committee at a public hearing on 11 July 2014.⁵¹ The report summary noted nine issues requiring attention, namely:

- the need for service provider personal safety training;
- inadequate service provider staffing depth, requiring changes to ensure sufficient staff levels at all times;
- inadequate physical security fencing and lighting;
- personnel security and access procedures;
- search warrant processes at the centre;
- the need to relocate a logistics hub located within the centre to an external location;
- a review of the centre's incident management practices;
- community engagement to improve external facilities including provincial police accommodation, Lombrum hospital and road maintenance; and
- ensuring potable water self-sufficiency at the centre.⁵²

3.41 The report summary provided to the committee noted the progress made in each of these areas, both as at the time of the incident on 16 February 2014, and as at 23 June 2014. It states that as at 16 February 2014, only one of these issues had been completely addressed (access to potable water), with the other eight areas being 'partially complete'. By June 2014 a further three areas had been fully addressed (service provider safety training, staffing depth, and personnel security and access

49 Mr Darren Boyd, *Committee Hansard*, 10 June 2014, pp 37-38.

50 Lt Gen. Angus Campbell, DSC, AM, Commander, Joint Agency Task Force, *Committee Hansard*, 11 July 2014, p. 18.

51 Lt Gen. Campbell, *Committee Hansard*, 11 July 2014, p. 33; Lt Gen. Campbell, *Document tabled at a public hearing on 11 July 2014 – Operation Sovereign Borders Manus OPC Force Protection Review*.

52 Lt Gen. Campbell, *Document tabled at a public hearing on 11 July 2014 – Operation Sovereign Borders Manus OPC Force Protection Review*, pp 1-2.

procedures), with the remaining five areas having been progressed further but not yet fully completed.⁵³

3.42 The minister has stated that he approved construction of additional infrastructure including security fencing at the centre 'immediately' after he received the recommendations of the Force Security Review:

When I became Minister I visited Manus Island within the first fortnight and instructed General Campbell to undertake a security review. That again recommended that that security infrastructure fencing and lighting, CCTV be put in place. I authorised that immediately. In November [2013] the resources were made available through the cabinet process. It is a source of frustration that these things take longer frankly than I think they should but that was authorised and that was endorsed and the action was being taken.⁵⁴

Implementation of security infrastructure upgrades

3.43 Departmental officials stated that infrastructure projects at the Manus Island RPC can require a timeframe of up to six months to complete.⁵⁵ Mr Mark Cormack, a Deputy Secretary at the department, defended the time taken to commence and implement infrastructure upgrades at the centre:

It is important to note...that in any facility—onshore or offshore—building infrastructure takes time. This is further complicated when you are trying to build in another sovereign country, especially in tropical situations where little mainstream infrastructure already exists. There will be impacts on time frames due to local conditions such as weather and rising sea levels, and there are major logistical challenges in bringing in machinery, materials and specialist workers over long distances to largely unmaintained sea and air arrival infrastructure.⁵⁶

3.44 At a public hearing on 10 June 2014, Mr Martin Bowles PSM, Secretary of the department, explained that security infrastructure upgrades were still in progress at that time:

[E]nhancements to security are well underway with survey and design of an upgraded fencing solution completed and construction work commenced. Consultants and a contractor have been engaged to design and manage the construction of a new logistics hub; critical infrastructure such as water production, water storage, fuel storage and communications will be moved to this logistics hub. CCTV and improved lighting solutions are being

53 Lt Gen. Campbell, *Document tabled at a public hearing on 11 July 2014 – Operation Sovereign Borders Manus OPC Force Protection Review*, pp 1-2.

54 The Hon Scott Morrison MP, Minister for Immigration and Border Protection, 'Manus Island incident', *Press Conference*, Canberra, 26 May 2014.

55 Mr Martin Bowles PSM, Secretary, Department of Immigration and Border Protection, *Committee Hansard*, 10 June 2014, p. 17.

56 *Committee Hansard*, 11 July 2014, p. 19.

developed to provide coverage of critical areas. Lighting, including mobile lighting, is being continually enhanced.⁵⁷

3.45 The minister provided further information in relation to the progress of infrastructure upgrades at Manus Island on 10 September 2014:

On Manus, the Australian Government has delivered a significant upgrade to the Lorengau Hospital, including supply of a range of dental and medical equipment, including a digital x-ray device, a machine to test blood samples quickly and an incubator. We are upgrading security infrastructure. The exterior fencing upgrade has been completed and work continues on the interior fencing, lighting and CCTV. We are also currently refurbishing ablution blocks, staff housing, establishing a new medical facility and relocating the logistics block.⁵⁸

3.46 Representatives from Transfield informed the committee that Transfield was not responsible for delivering infrastructure upgrades, which were managed through separate contracts. Transfield did note that the department had requested comment from Transfield 'on a number of occasions on designs [and] other aspects of the infrastructure that they propose to deliver'.⁵⁹ Transfield also informed the committee that it had taken opportunities to provide suggestions to the department for 'minor operational improvements to infrastructure' at the centre.⁶⁰

Tension between PNG locals and asylum seekers

3.47 It was apparent as early as August 2012, when the then Australian Government announced it would be re-opening Manus Island RPC, that some PNG locals had concerns about the centre (see chapter 1). Poor communication by both the PNG and Australian governments with PNG locals together with their exclusion from the construction of the centre served only to exacerbate these concerns and resulted in blockades of the airport and the road leading to the RPC in November 2012.

3.48 In addition to these concerns known from the outset, during the course of the inquiry the committee heard that there was animosity between asylum seekers and PNG locals. It was suggested that this was based on cultural and religious differences,⁶¹ and appears to have been exacerbated by misinformation and misunderstanding on both sides. Ms Judge believed that the catalyst for the events of 16–18 February was 'significant anger towards the operations of the centre, its staff

57 *Committee Hansard*, 10 June 2014, p. 2.

58 The Hon Scott Morrison MP, Minister for Immigration and Border Protection, 'Restoring integrity and public confidence in Immigration and Border Protection' *Address to the National Press Club*, Canberra, 10 September 2014, at: <http://www.minister.immi.gov.au/media/sm/2014/sm217736.htm> (accessed 4 November 2014).

59 Mr Derek Osborn, Executive General Manager Logistics and Facilities Management, Transfield Services, *Committee Hansard*, 11 June 2014, p. 57.

60 Mr Fraser Douglass, Executive General Manager Government Business, Transfield Services, *Committee Hansard*, 11 June 2014, p. 58.

61 See for example: Mr Steven Kilburn, *Committee Hansard*, 11 June 2014, p. 7.

and asylum seekers' by the local community which she described as 'a direct threat to the centre's overall safety from outside, not from the inside'.⁶² Mr Iacono had a similar view:

The threat posed by the PNG nationals was very real and was often the source of intimidation used by G4S against asylum seekers. Stories of cannibalism being rampant, of high levels of criminal activity especially towards foreigners, as well as of the high level of HIV in the PNG population were told to asylum seekers constantly. In September the asylum seekers learnt of a fatal attack against a group of Australian trekkers in PNG. They had been attacked by locals armed with machetes. This scared the asylum seekers and reinforced the belief that they would not be safe anywhere in PNG.⁶³

3.49 Both Ms Judge and Mr Iacono described an incident on 18 October 2013 between PNG police and PNG navy personnel in which firearms were discharged and staff at the RPC were evacuated but 'asylum seekers were left to fend for themselves'.⁶⁴ Mr Iacono stated that 'the asylum seekers they were shaken and afraid at having been left alone. From this day forward, asylum seekers were very wary of PNG nationals and questioned their own safety'.⁶⁵ Ms Judge said of the incident:

This left me and my colleagues wondering how it would be possible to run from weapon fire inside a padlocked compound. After this event it was commonly and openly discussed that, in the event of a potential riot or protest, PNG police or nationals would fire weapons into the compounds, which would most likely result in deaths.⁶⁶

3.50 Ms Judge recalled another incident in which PNG locals armed with machetes attempted to invade the RPC. According to Ms Judge, this event heightened asylum seekers' fears about PNG locals:

Again, on my second rotation, an attempted invasion into Delta compound by locals armed with machetes occurred. I was told I could not evacuate. I was told by an expatriate G4S guard that I was safer inside with the asylum seekers as my security. At this time, the asylum seekers told me they would protect me from any threat from the outside. On top of these events and comments to transferees by staff that PNG nationals were cannibals and murderous people, local PNG nationals walked outside the facility daily carrying machetes, evoking fear into the transferees. PNG navy police regularly stood outside the centre in numbers chewing the stimulant betel

62 *Committee Hansard*, 12 June 2014, p. 31.

63 *Committee Hansard*, 12 June 2014, p. 33. See also Mr Steven Kilburn, *Committee Hansard*, 11 June 2014, p. 17.

64 *Committee Hansard*, 12 June 2014, p. 32. See also Mr Martin Appleby, *Committee Hansard*, 12 June 2014, p. 41.

65 *Committee Hansard*, 12 June 2014, p. 32.

66 *Committee Hansard*, 12 June 2014, p. 32.

nut, waiting for any form of disturbance, minor or not, for the opportunity to showcase their authority of numbers.⁶⁷

3.51 Miss Judge continued:

The attacks on asylum seekers [in February 2014] were not unpredictable and unforeseen. The attacks were not due to asylum seekers insulting PNG nationals in February or asylum seekers feeling discontent with their processing time frames. The attacks were due to the entire system. The attacks were due to the lack of due care for asylum seekers' safety and wellbeing, the acceptance by staff that PNG was just a dangerous place and that there was nothing we could do to change that. With reports going unheard and incidents being covered up, with no-one really to report to and the threat of danger being from outside, I am unsure of how anyone can guarantee the asylum seekers' safety. Regardless of how high fences are built around the centre, how many CCTV cameras are installed or how many extra guards are employed, I do not believe anything can change the fact that the key threat to the asylum seekers safety is, in fact, simply being detained on Manus Island.⁶⁸

3.52 Mr Steven Kilburn cautioned that improving conditions and the standard of living for asylum seekers detained at Manus Island RPC could be a further source of tension between PNG locals and asylum seekers,⁶⁹ and further warned that asylum seekers re-settled in PNG 'would never be safe':

Anyone who has ever spent any time in PNG understands that PNG is a bit different to Australia in that it is the landowners—the landholders—that really have the power. It is not all just government land and the government decides what it is going to do with it without negotiating with the landholders. There are a number of things that G4S wanted done, but they had to get permission from the landholders to do...

I had a conversation with a group of local people and Papua New Guinean guards. I said to them: "What's going to happen when these people are released from here and go and live in the community?" They said, "That's never going to happen." ...I said, "Okay, just imagine that it happens." Their words were—I do not want to use their actual words, but let us put it this way: they made it quite clear that those people will never be safe. They will have to watch over their shoulder the whole time they are there because they are not going to let them live in Manus Island. So when I hear the plan that, supposedly, we are going to put 13 in a compound closer to town and start the process, I will tell you now that is going to end in violence. We knew this was going to end in violence. I will tell you that what is going to end in even worse violence is when they try to impose those people into the

67 *Committee Hansard*, 12 June 2014, p. 32.

68 *Committee Hansard*, 12 June 2014, p. 32.

69 *Committee Hansard*, 11 June 2014, p. 17.

local community. Unless there is some massive payoff those people are in danger; there is nothing surer.⁷⁰

3.53 In addition to the animosity of PNG locals towards the RPC generally and cultural and religious tension between asylum seekers and PNG locals, Mr Kilburn identified environmental management in the RPC surrounds as a further source of friction. In particular, Mr Kilburn described resentment amongst locals as a result of waste from the RPC being inappropriately disposed of and dumped in the bush:

...People told me about the environmental damage that the site is doing. Everything is disposable—every knife, fork, cup. We go through thousands and thousands and thousands of disposable plates, knives, forks and bottles of water every day. There are no facilities on Manus Island for recycling. There is no proper transfer station. It all gets taken away and dumped in the bush. People are resentful about that...The locals are resentful of the fact that we are destroying their island basically and just turning it into a tip. There is bubbling tension going on the whole time, all the way through.⁷¹

Educational modules presented to asylum seekers at the Manus Island RPC

3.54 The Salvation Army was responsible for delivering educational modules to asylum seekers at the Manus Island RPC about life in Papua New Guinea, which were developed jointly with the department and PNG officials. These modules were delivered through a series of PowerPoint presentations, copies of which were provided to the committee, and covered topics including: the land and people of PNG; family life in PNG; public health issues; living, working and learning in PNG; public safety; and law and policing.⁷²

3.55 The module covering public safety in Papua New Guinea included information on criminal gangs, tribal wars, risks associated with going out after dark, and guidance on appropriate attire for women.⁷³ It was suggested at a public hearing of the committee that one module also included information to the effect that PNG police may request bribes, or commit crimes themselves in return for bribes, and that this information contributed to transferees' fear of PNG locals;⁷⁴ however, this was not corroborated in the PowerPoint versions of the modules provided to the committee.

70 *Committee Hansard*, 11 June 2014, p. 11.

71 *Committee Hansard*, 11 June 2014, p. 5.

72 *Additional Information provided by the Salvation Army – introduction to PNG presentation* (received 11 June 2014).

73 *Additional Information provided by the Salvation Army – introduction to PNG presentation* (received 11 June 2014), [pp 105-121].

74 See: *Committee Hansard*, 11 June 2014, p. 37.