Submission to the Senate Committee inquiry into the administration and operation of the Migration Act 1958.

Terms of Reference: (e) Any related matters

We submit that the Australian Government should give all asylum seekers living in the Australian community entitlement to the benefits of Medicare.

Approximately three quarters of asylum seekers in Australia do not live in detention centres but in the Australian community. Asylum seekers who arrive in Australia without a valid visa are detained until their refugee status has been determined. Those who arrive with a valid visa live in the community. If they apply for refugee status within 45 days of arrival they receive a Bridging Visa that entitles them to work and to Medicare. This '45-day rule' is not widely advertised and many asylum seekers apply too late. Consequently they are not allowed to work and are not eligible for Medicare or income support while their refugee claim is processed (1). Of the 5,000 community based asylum seekers in NSW in 2003 (more recent data are not available) around 1,500 men, women and children were in this situation, which may last from three months to three years (2).

As a result, health care professionals in the community and service providers in hospitals come across asylum seekers in need of health care who are not able to pay for services. They are faced with the dilemma of turning these people away, or aiding them without financial compensation. In either case they are unable to provide the necessary standard of care while the need for care is pressing.

Asylum seekers and refugees have common health needs, such as the need for a GP, health care for pregnant women and preventive care for children, and specific health needs due to their exile (3-13). In the United Kingdom, a comprehensive review of refugee health needs identified many specific health problems. They include physical and mental after-effects of war, torture, displacement and the travel from their country of origin; communicable diseases such as tuberculosis; and social and psychological problems arising from coping with a new culture, loss of status, and uncertainty about their asylum claim (3: vi).

In Sydney, a 1996 study in a community-based asylum seekers centre examined asylum seekers' general health. It showed that asylum seekers were significantly more impaired in their emotional health than a control group of patients with minor or serious medical illnesses, and suffered substantial levels of somatic problems (13). In 2001 another study in the same centre examined health problems of 102 Medicare ineligible community-based asylum seekers. It found that 26% suffered from psychological problems including depression, anxiety and post-traumatic stress disorder, 24% had musculoskeletal problems including previous injuries and trauma, and 18% experienced circulatory problems including hypertension and heart disease (6)

Some opportunities for health care are offered by a small number of individuals and institutions that are sympathetic to the plight of Medicare ineligible asylum seekers. In

this way, some of their basic health needs can be addressed. The sympathisers give some of their professional time or donate money directly or indirectly, to pay for their health care. However, the services they offer fail to address the full range of health services that the asylum seekers need. Obtaining access to secondary care, particularly admission to hospitals is very difficult (14-15).

We have estimated that if all Medicare ineligible asylum seekers in NSW were to have the same access to health services that other Australians have, the total annual cost of their health care services would be about $3.4 million. This is about 0.015% of total annual recurrent health expenditure in NSW in 2000-01 (15). Clearly, this comparatively small economic cost cannot justify the denial of health care to these people.

The Australian Government's policy of not allowing some asylum seekers to work and leaving them ineligible for Medicare substantially denies them access to health services. This causes them unnecessary suffering and creates inequity in health in a land that prides itself on the "fair go" it gives. It also distresses health professionals who cannot offer care that accords to their professional standards. Our submission, for the health and well-being of these people and the good of the greater community, is that the Australian Government should give all asylum seekers rights to access Medicare benefits, including free health care in public hospitals.

Signed,

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