

16 August 2019

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Committee Members,

**Submission to the Migration Amendment (Repairing Medical Transfers) Bill 2019
[Provisions] Inquiry**

We welcome the opportunity to provide a written submission to the Senate Legal and Constitutional Affairs Legislation Committee regarding the Inquiry into the Migration Amendment (Repairing Medical Transfers) Bill 2019 (Provisions).

In 2016, we opened the Cabrini Asylum Seeker and Refugee Health Hub in Melbourne's northern suburbs to provide free primary health care, specialist mental health services and access to pharmaceuticals to people seeking asylum. Our service complements Monash Health's Refugee Health Service in Melbourne's south and Asylum Seeker Resource Centre's health service in the west. We prioritise people who do not have access to Medicare and/or income, those who are vulnerable due to previous self-reported experiences of torture and trauma and people with evidence of prolonged uncertainty due to their migration status. Since 2016, we have had more than 660 referrals and are currently caring for 373 clients on a regular basis. Many of our clients are currently or have been held in immigration detention and a number were detained in offshore processing countries for a prolonged period.

Cabrini Outreach has also been involved in healthcare delivery projects in Papua New Guinea for more than 20 years. Thus, we have an understanding of the limited capacity of offshore health services, and particularly mental health services, to respond to complex health and mental health issues.

This submission is informed by our experience providing clinical services to people seeking asylum within Australia and our knowledge of the capacity of primary health care and mental health services within Papua New Guinea.

1. Recognition of the Unique Health Care Needs of People Seeking Asylum

Our work and experience in the asylum seeker health sector has highlighted the unique vulnerabilities and typically complex mental and physical health care needs of people seeking asylum. They have often had pre migration and migration stressors including torture and trauma, persecution and experiences of interpersonal violence and broader conflict. Further, the countries of origin and transit countries for asylum seekers generally have limited access to healthcare, nutrition, vaccinations, chronic disease management and other requirements for good health.

We have observed a correlation between long term uncertainty in the protection application process with concurrent limited access to income and material needs, and a high prevalence of mental health issues and complex physical health issues.

In our experience, these complexities are compounded in the population affected by offshore processing. The individuals and families to whom we provide healthcare have reported:

- Deteriorating mental health as a result of lack of meaningful activity, and pervasive fear and uncertainty due to overcrowding and perceptions of lack of safety in the camp environments;
- Difficulties in accessing basic material needs for long periods, including difficulties in accessing appropriate footwear, clothing and nutrition;
- Difficulties in managing activities of daily living in the camp environments, including sleeping in tents and on stretchers for long periods, particularly for those with chronic pain, illness or those who are elderly or have limited mobility;
- Long term separation from family members as a result of policy decisions, including the transfer of some members of the family to Australia while retaining other members of the immediate family unit in Nauru or Papua New Guinea.

Among our clients who have experienced offshore processing, common health and mental health problems include:

- Chronic health issues, including diabetes, cardiac disease and renal impairment;
- Post-traumatic stress disorders, anxiety disorders, major depression, psychotic disorders with associated suicidal ideation and self-harming behaviours;
- Physical and mental health complications of sexual assault and other sexual violence experienced while in offshore processing countries;
- Physical injuries as a result of assault and other physical violence experienced in offshore processing countries.

We find the management of people with these health and mental health complications to be extremely difficult in the context of ongoing uncertainty in protection and settlement outcomes, continued restrictions on freedoms (including that to work or study) in community detention and lack of access to sufficient income support and mainstream healthcare services.

2. Support for the Continuation of the Medevac Legislation

We note that 12 people have died in offshore processing countries while under the duty of care of the Commonwealth of Australia. We are concerned about the significant level of risk in the current environment without a timely and effective independent medical transfer process.

We are aware the majority of requests for transfer to access medical and psychiatric care in the past 6 months have been approved. We note that these individuals have been under the duty of care of the Department of Home Affairs / Immigration and Border Protection for many years. The fact that these cases, identified by healthcare providers in Australia, were accepted for transfer suggests the processes to identify people at risk on Nauru and Manus Island administered by the Department and its contractors are not working effectively.

The intent of the Medevac legislation is to provide a timely and effective independent medical transfer process. We believe it is essential to maintain a process where trained and experienced health care professionals undertake a health assessment and make subsequent recommendations about required treatments and appropriate access to health care for significantly ill individuals with ongoing medical and/or psychiatric illnesses.

We have found a clear and transparent process, within a strong clinical governance framework, is helpful in reducing risk and optimising health outcomes for people seeking asylum who have been detained offshore.

We strongly support the maintenance of the current process, including the maintenance of the Independent Health Advice Panel (IHAP).

3. Consideration of Improvements in the Medical Transfer Process to Reduce Risks.

The IHAP also has an important role in monitoring and reporting on health service provision and conditions in the regional processing countries. We recommend that this monitoring role be expanded to improve transparency and access for IHAP doctors to health clinics, hospitals and other clinical environments in the regional processing countries so that meaningful recommendations can be made.

Conclusion

Based on our experience with the people seeking asylum we are treating in Australia and our involvement in health care in PNG, we support the maintenance of legislation that allows relevant transitory persons to be temporarily transferred to Australia to receive appropriate medical, surgical and/or psychiatric care, that otherwise would not be available to them.

The duty of care owed to this group of individuals by the Australian Government obligates the Department of Home Affairs to have confidence in its ability to monitor the quality of care provided by services funded by our government, and to identify deteriorations in health status in a timely fashion to reduce the risk of further deterioration and further deaths.

We offer both primary care and a specialist mental health service designed to meet complex mental health needs of people seeking asylum and are willing to provide care to people who are transferred to Australia through this legislation.

We understand the complex health needs of this vulnerable cohort and strongly encourage the Australian Government to strengthen all processes that support appropriate health care access for people seeking asylum and those who have refugee status on Nauru and Manus Island to reduce the risk of further preventable deaths and morbidity.

Please do not hesitate to contact me if we can be of further assistance in this inquiry.

Yours sincerely

Catherine Garner
Group Director Mission and Cabrini Outreach