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## **AMA submission to Senate Legal and Constitutional Affairs Committee into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre**

**Committee Secretary**  
**Senate Legal and Constitutional Affairs Committee**  
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### **Terms of Reference:**

*The serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre, with particular reference to:*

- a. the factors that have contributed to the abuse and self-harm alleged to have occurred,*
- b. how notifications of abuse and self-harm are investigated,*
- c. the obligations of the Commonwealth Government and contractors relating to the treatment of asylum seekers, including the provision of support, capability and capacity building to local Nauruan authorities,*
- d. the provision of support services for asylum seekers who have been alleged or been found to have been subject to abuse, neglect or self-harm in the Centres or within the community while residing in Nauru,*
- e. the role an independent children's advocate could play in ensuring the rights and interests of unaccompanied minors are protected,*
- f. the effect of Part 6 of the Australian Border Force Act 2015,*
- g. attempts by the Commonwealth Government to negotiate third country resettlement of asylum seekers and refugees,*
- h. additional measures that could be implemented to expedite third country resettlement of asylum seekers and refugees within the Centres, and*
- i. any other related matters; and*

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*(2) the committee be granted access to all inquiry submissions and documents of the preceding committee relating to its inquiry into the conditions and treatment of asylum seekers and refugees at the regional processing centres in the Republic of Nauru and Papua New Guinea.*

The Australian Medical Association (AMA) is pleased to provide a submission to the Senate Legal and Constitutional Affairs Committee. This submission is relevant to all terms of reference except (g) and (h). The AMA has previously made a submission to the Legal and Constitutional Affairs Committee Inquiry, *Conditions and Treatment of Asylum Seekers and Refugees at the Regional Processing Centres in the Republic of Nauru and Papua New Guinea*. This submission updates the Committee on the AMA's engagement on the health care of asylum seekers and detainees (hereafter referred to as asylum seekers).

### **AMA involvement in health care of asylum seekers**

The AMA has been active in calling for the provision of proper health care services for asylum seekers being held in offshore immigration detention facilities. In February 2016, the AMA convened a national Forum on the Health Care of Asylum Seekers. The Forum was attended by approximately 350 doctors, nurses and others concerned about the state of children held in detention facilities. The speakers included Professor Elizabeth Elliott AM, Professor David Isaacs and Ms Alanna Maycock, experts involved in working with children in offshore immigration detention facilities. The AMA called on the Commonwealth Government to act immediately on four key points:

1. a moratorium on asylum seeker children being sent back to detention centres;
2. the immediate release of all children from offshore and onshore detention centres into the community where they will be properly cared for;
3. the establishment of a transparent, national statutory body of clinical experts, independent of Government, with the power to investigate and report to the Parliament on the health and welfare of asylum seekers in Australia; and
4. if the Government or the Opposition cannot provide satisfactory health care to people seeking asylum, then their policies should be revisited.

The AMA has written to the Hon Peter Dutton MP, Minister for Immigration and Border Protection, and his (then) shadow counterpart, the Hon Richard Marles MP, reiterating these calls for action.

Following the Forum on the Health Care of Asylum Seekers, the AMA was contacted by a number of advocates for asylum seekers regarding the provision of health services in offshore detention facilities. These representations requested the AMA's help in ensuring that medical services were being provided and, in some cases, that asylum seekers be transferred to Australia for appropriate medical care.

On 19 January 2016, (then AMA President) Professor Brian Owler, wrote to Dr John Brayley, Chief Medical Officer and Surgeon General, Australian Border Force, regarding the health care

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being provided to a particular asylum seeker on Manus Island and Nauru. The AMA was advised by the Department of Immigration and Border Protection (the Department) to provide written consent from asylum seekers for the release of their medical records to a third party, and that asylum seekers must “sign consent to release medical information, which is then provided to Australian Border Force and the health services provider to verify the signature, before the medical information can be released.”

The AMA, with some difficulty, was able to provide signed consent forms through third parties for some of the asylum seekers who asked the AMA for assistance in regard to their health conditions and medical care.

The AMA found the process of obtaining consent from asylum seekers difficult and frustrating. Inability to access the necessary information technology (a computer with scanner, for example) meant consent forms were often hand written then photographed on a mobile telephone and texted to the AMA. The AMA is concerned about asylum seekers not able to communicate in English, and notes that we were unable to obtain consent from some asylum seekers whose health conditions were raised with the AMA.

### **Meetings with the Department of Immigration and Border Protection**

The AMA President and Secretariat met with Dr John Brayley on 4 February 2016, where specific cases of several asylum seekers were discussed. The AMA provided Dr Brayley with photographs and health records of a [REDACTED] (see below) as an example of an asylum seeker not receiving adequate health care. Following this meeting, the AMA understands that [REDACTED] was transferred from the Manus Regional Processing Centre to Brisbane, however his current situation and location are not known to the AMA. A number of other cases (detailed below) were also raised with Dr Brayley.

On 9 September 2016, the AMA President, Dr Michael Gannon, met with Dr Brayley to discuss the health care of those in offshore detention and to raise specific cases brought to the AMA’s attention. A further meeting is tentatively scheduled for March 2017.

The AMA continues to forward information to the Department and seeks updates on the health care of certain asylum seekers. While the Department does provide brief responses on some asylum seekers, the AMA is not always able to ascertain whether quality and appropriate health services, management and treatment is being provided as there is no independent, transparent body of clinical experts that can verify or report on this.

### **Asylum seekers cases raised with the AMA**

As noted above, the AMA has been contacted by asylum seekers seeking intervention with their health care. The process is that the AMA requests consent from the asylum seeker to obtain their health records and then the AMA makes representations to the Department. This process is complicated and lacks transparency.

*Examples of the cases brought to the attention of the AMA are detailed below, however for privacy and security reasons, the AMA recommends that their names and identities be redacted in the public/online version of this submission.*

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[REDACTED]. The AMA was contacted about [REDACTED], a 70 year old Rohingya asylum seeker. Reportedly, [REDACTED] was a patient in Port Moresby Hospital for seven months with very little treatment available to him. He was then removed from the hospital with no prior warning and returned to Manus Regional Processing Centre, where he waited 20 days for a doctor's appointment. [REDACTED] was diagnosed with a heart condition and high blood pressure. His symptoms included extremely swollen feet and legs, and being unable to walk or stand for longer than a few minutes.

The AMA provided Dr Brayley with photographs showing the extent of [REDACTED]'s condition. Dr Brayley had not seen these photographs before the AMA provided them. In the discussion on the health of [REDACTED], Professor Owler told Dr Brayley that he believed [REDACTED] "was likely to die without treatment" and strongly argued that he needed immediate health care. On 10 February 2016, the office of Dr Brayley wrote to the AMA Secretariat saying that a request for [REDACTED] to be transferred to Australia "should have been put in train last week by IHMS". The AMA has not been formally notified about the outcomes of [REDACTED]'s treatment, where he is currently located, or any other details about his health care.

[REDACTED]. The AMA was contacted by several advocates about [REDACTED]'s health problems. [REDACTED] was reportedly returned to the Manus Regional Processing Centre following tests carried out at the Pacific International Hospital in Port Moresby. He presented with symptoms including loss of vision, severe headaches, exhaustion, dizziness and nausea. [REDACTED] underwent an MRI and blood tests in Port Moresby, however the hospital did not have the medical facilities to treat this patient any further, and he was returned to the Manus Regional Processing Centre. The AMA was advised that his symptoms, particularly his eyesight, worsened following his return. [REDACTED] had a teleconference with an endocrinologist based in Darwin (15 January 2016), however the AMA was also informed that a neurosurgeon with pituitary specialisation had instructed that he would need a full panel blood testing (which was only possible in Australia), as well as an investigation by a neurosurgeon.

An email the AMA received about health care of [REDACTED] stated:

"IHMS finally organised for him [REDACTED] to speak to an endocrinologist in Darwin via teleconference. This took place on the 15th January. When he spoke to this doctor, she had not seen any of his records. She was read selections of his reports by a doctor sitting with him on Manus. She prescribed Cabergoline twice weekly for two years during this appointment. The Darwin endocrinologist was signing off when the patient said: 'Don't you want to hear my symptoms?' She expressed that she had forgotten and supposed she should hear his symptoms.

He was also told he would be referred to an optometrist next time one visits: within six months. After this appointment, the patient submitted a request for a second consultation. Usually a complaint is responded to within a week. Two weeks later he has heard nothing.

He was in the medical area today and the nurses said he was looking unwell. The doctor/s were consulted about his condition. They said they would not give him any medication, including anything for dizziness and he'd just have to wait for the

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optometrist. The South African doctor who selected the symptoms and material from the report to read to the endocrinologist has now left the island (reportedly) and two other doctors have been passing the patient's issues between them over the course of the last 24 hours. He does not know what is going on or why they won't help him."

The AMA was subsequently sent [REDACTED]'s health records on computer disc, which was also provided to him. An email to the AMA on 26 January 2016 noted:

"They [REDACTED]'s health records] were given to him on a disk, which makes it very difficult for him to inspect them, since access to technology is severely rationed. Even swapping allocated times with a friend is forbidden."

The discs provided to the AMA were password protected, however the password was inadvertently not provided, causing further delays in the AMA receiving clinical information on [REDACTED]'s health. The Department subsequently advised that [REDACTED] held a teleconference with an endocrinologist on 4 June 2016 and that his condition was improving. On 6 September 2016, the AMA was advised that [REDACTED]'s eye had turned yellow and he was very concerned about the tumour and said his sight had significantly deteriorated.

[REDACTED], a Kurdish Iranian asylum seeker, who witnessed the murder of Reza Barati. [REDACTED] wrote to the AMA explaining that he suffers from:

- "headache & chest pains, getting worse all the time"
- "weakness in left leg & left arm, it feels like someone is needling my left arm & sometimes it's numb"
- "excruciating headache always - taking painkillers, not provided by IHMS (Panadol provided each night by IHMS)"
- "can't sleep at night in compound - I feel I have to be alert always, I always feel someone might kill me (I have received many threats before testimony & after)"
- "IHMS always say different things. They say 'your heart is OK', but I always have pain. I ask 'what is this pain?' they say 'I don't know.'"

The AMA advised the Department that [REDACTED] appeared to be experiencing post-traumatic stress disorder (PTSD) and deteriorating mental health, and suggested that his detention in the location where he witnessed a brutal murder, may be contributing to his PTSD. The AMA was advised by the Department (22 July 2016) that "[REDACTED] is currently taking prescribed medication for his mental health condition" but noted that he "has not engaged with the mental health team [on Manus] since 18/6/16. Further update has been sought from IHMS..."

Again, having made repeated requests to the Department for information about [REDACTED]'s health care and recommending that he be removed from the location which may trigger his PTSD, the AMA does not have timely and transparent information about his health and well-being, or the quality of care being delivered.

[REDACTED], known as '[REDACTED]', [REDACTED]. [REDACTED]'s health is most concerning to the AMA. The AMA Secretariat received photographs depicting her self-harm and was advised that [REDACTED] was suicidal. [REDACTED] had been in detention for over three years and is, from accounts received from several advocates in direct contact, mentally and emotionally unwell, and with no support

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whatsoever. She was reportedly abused verbally, physically and sexually while on Nauru, with no action taken by the Nauru authorities. There is additional evidence of an internal injury/problem causing excruciating pain. [REDACTED] had been provided with Quetiapine, Lorazepam and Mirtazapine, with severe side effects.

The AMA contacted the Department on several occasions expressing concern about [REDACTED]'s mental and physical health and, reporting the information received that she may be suicidal and at heightened risk. The AMA is not satisfied with the information from the Department, which includes findings such as:

“Whilst [REDACTED] [REDACTED] did state that she continues to hear voices, these are much less than previously and the voices did not contain any derogatory or command hallucinations. [REDACTED] increased her anti-psychotic medication to 20mg at night and recommended another review in 1 month.”

At the time of writing this submission, the AMA has no further information about this asylum seeker, whether she continues to self-harm or if her hallucinations and ‘voices’ indicates more severe mental illness requiring specialist psychiatric care.

[REDACTED] ( [REDACTED] , Nauru asylum seeker). [REDACTED] has a substantial family history of heart disease and kidney disease. She has been suffering severe depression and apparently other undiagnosed psychiatric disturbance in recent time. The AMA was told [REDACTED] is not eating and her weight is down to 30kg from 64kg. Reports suggest that her kidneys are failing. The AMA was advised that “IMHS do not consent to share any health related information” and so the AMA is unaware of her condition, medications or treatment being provided.

[REDACTED] is a 37 year old Iranian asylum seeker and qualified mechanical engineer living in the community on Nauru. The AMA was told he has a background of torture in Iran but was functioning well on Nauru. Since arriving on Nauru he had married another asylum seeker. On Saturday, 5 March 2016, [REDACTED] was apparently attacked by two locals and was hit on the back of his head with a machete, a wound that required stitching. The AMA was told [REDACTED] suffers from worsening headaches, repeated vomiting, nausea, confusion, dizziness, tired eyes and weakness; that he does not sleep or eat properly and was urine incontinent. The AMA was later told [REDACTED] remains in a foetal position on his bed, unable to be left alone.

On 9 April 2016 [REDACTED] had a CT scan, and was told that there was a broken bone in the centre of his skull. The AMA was advised that this diagnosis was later revised to suffering from a mental illness. The AMA had been told [REDACTED]'s condition continues to deteriorate and that his wife was advised by a mental health doctor that they could not help [REDACTED] anymore and would recommend electric shock treatment. Later, [REDACTED] was brought to RPC1 Medical within the Nauru Regional Processing Centre for monitoring by the psychiatrist on rotation, [REDACTED]. It was reported that he was placed on 16 medications and has lost 24kg since the attack. As the AMA has been unable to obtain consent from [REDACTED], we do not know about his health care or condition.

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[REDACTED]. The AMA was told of a polyp in [REDACTED]'s large intestine that needed to be removed, and that he had experienced bleeding for over two years, and worsening pain. Medical files recommend surgery, but this could not be done in Papua New Guinea. The AMA was told a transfer had been recommended as there were indications of carcinoma, but the AMA was unable to verify this.

[REDACTED] ( [REDACTED] ). [REDACTED] was hospitalised in Port Moresby Hospital on two occasions. It was reported that he was to require surgery, but heart problems made this too dangerous. He was unable to walk and had experienced breathing difficulties. The AMA was told he was not receiving treatment for his heart. As the AMA has been unable to obtain consent from [REDACTED], we do not know about his health care or condition.

[REDACTED]. [REDACTED] was detained on Manus Regional Processing Centre. The AMA was advised that [REDACTED] sustained a head injury on 11 February 2016. He reported feeling dizzy and shaky at that time and has had ongoing nausea since that point. On 12 February 2016, approximately 20 hours later, he collapsed and lost consciousness. There was no abnormal movements nor incontinence associated with this collapse. On 13 February, approximately 38 hours after the incident, he collapsed again. The AMA was advised that a neurosurgeon stated that he definitely needed a brain scan, at minimum a CT, and possibly an MRI: "Possibilities are a simple concussion, a brain contusion or a subdural haematoma related to head trauma."

The Department advised the AMA that [REDACTED] "is not prescribed any regular medications [and] no recent health issues have arisen." This is at odds with what the AMA had been advised, however with no transparency or independent medical assessment, his condition is unknown.

## Summary

The AMA has provided in this submission details of some, but by no means all, of the asylum seekers who have requested intervention in regard to their health care in Nauru and Manus.

The AMA acknowledges that the information provided cannot be independently verified.

The AMA does not believe those detained on Manus and Nauru, either within detention facilities or within the community, are able to access a health care service of the same standard that a person in the Australian mainland would receive.

Without an independent oversight body of clinical experts, the AMA is concerned that many asylum seekers are not receiving appropriate, timely and quality medical care. The AMA is also concerned that there is insufficient follow-up and reporting on medical cases it raises with the Department.

As the AMA position statement on the Health Care of Asylum Seekers (previously submitted) makes clear, the AMA affirms that those who are seeking, or who have been granted, asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay. Like all people seeking health care, asylum seekers in Australia, or under the protection of the Australian Government, should be treated with compassion, respect, and dignity.

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All asylum seekers should have access to the same level of health care as all Australian citizens. In addition, it should be ensured that their special needs, including cultural, linguistic, and health-related, are addressed.

**28 SEPTEMBER 2016**

**Contact**

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