

Chapter 5

Health and border control measures

5.1 Having outlined the strategies and programs aimed at resolving health concerns and related matters on the PNG side of the border, the committee turns its attention to border control as a means to counter some of the problems associated with health and the free movement provisions of the Treaty. In this chapter, the committee considers the cross border measures that Australia has in place to dissuade or prevent PNG citizens from entering Australia to access medical services in the Torres Strait. The committee also looks at the funding arrangements for the provision of health care in Australia for PNG visitors.

Key border control measures

5.2 Although the Treaty does not provide for traditional inhabitants from PNG to travel across the border to access health facilities in the Torres Strait, many do so. Australia implements a number of measures to manage the movement of people across the border.

Treaty awareness visits

5.3 Education and a sound understanding of the provisions of the Treaty are vital to achieving a high level of compliance with the free movement provisions. To raise awareness and disseminate information about the provisions of the Treaty, a number of government agencies together with their Queensland, Torres Strait and PNG counterparts undertake regular Treaty awareness visits to traditional communities.¹ The visits are conducted by the DFAT Treaty Liaison Officer in the Torres Strait, who is accompanied by officers from several other Australian government agencies such as DIAC and DoHA.²

5.4 One of the important messages conveyed during these visits is that attending health clinics is not a traditional activity. Mr Brett Young, Australia's Torres Strait Treaty Liaison Officer, explained 'we make it very clear at every community we visit that you are not to visit Australia for health purposes'.³ In addition to these visits, the written guidelines for traditional visitors, which make clear that visits to medical clinics are not traditional activities, are distributed to the communities.⁴

1 See for example Mr Brett Young, *Committee Hansard*, 18 December 2009, p. 12.

2 *Committee Hansard*, 17 December 2009, p. 14; DIAC, *Submission 16*, p. 16.

3 *Committee Hansard*, 18 December 2009, p. 12; DIAC, *Submission 16*, p. 16.

4 Copy of the 'Guidelines for Traditional Visitors' Under the Torres Strait Treaty', provided by DFAT to the committee.

Refuse entry

5.5 Despite efforts to inform PNG nationals about arrangements under the Treaty, many continue to cross the border to access health clinics. To prevent such breaches of the Treaty provisions, Australia resorts to border enforcement measures. Mr Young informed the committee that during the Treaty awareness visits, local residents are informed that if they do visit the Torres Strait for health reasons, they:

...will be turned around by an immigration officer, that immigration officers are on the ground in the Australian communities, and we draw a line under that. It is quite clear.⁵

5.6 To enforce the free movement provisions, Australia has Immigration Movement Monitoring Officers (MMOs) based on most Torres Strait Islands. Upon arrival, PNG traditional inhabitants are met by an MMO and asked to identify the reason for their visit. Entry is 'generally refused' if the main purpose is to visit for health reasons.⁶ DIAC noted that travel for the purposes of accessing health care 'is the most common reason for people being refused immigration clearance on Saibai and Boigu Islands'.⁷

5.7 Mr Stephen Allen, DIAC, informed the committee that before MMOs turn people back to PNG, they are required to consider the travellers' health and wellbeing 'to ensure that there is no risk involved' in returning them to PNG.⁸ Traditional inhabitants will undergo a 'fitness to travel' assessment conducted by Queensland Health at the local health clinic.⁹ PNG nationals seeking treatment at island health clinics are 'automatically tested for STIs [sexually transmitted infections] and HIV'.¹⁰

5.8 If the assessment reveals only minor ailments, the traditional inhabitant will not be allowed to stay. However, as noted in chapter 3, if the health problem upon arrival requires further treatment or appears while the person is on the island, PNG nationals 'are in the same position as anyone else in the community who may become ill and may require health treatment'. In deciding whether a person is allowed to stay, immigration officers follow usual procedures.¹¹ In general, PNG nationals seeking medical treatment who become unlawful non-citizens in these circumstances are not detained.¹² Rather, their presence 'is monitored and their departure is facilitated at the

5 *Committee Hansard*, 18 December 2009, p. 12; DIAC, *Submission 16*, p. 16.

6 Stephen Allen, *Committee Hansard*, 17 December 2009, p. 20.

7 DIAC, *Submission 16*, p. 16.

8 *Committee Hansard*, 17 December 2009, p. 19.

9 DIAC, *Submission 16*, p. 16 and Stephen Allen, *Committee Hansard*, 17 December 2009, p. 19.

10 Jennifer Lean, *Committee Hansard*, 18 December 2009, p. 24.

11 Stephen Allen, *Committee Hansard*, 17 December 2009, p. 27.

12 DIAC, *Submission 16*, p. 13.

earliest point at which it is reasonable to do so taking account of their health, well being and safety'.¹³

A more rigorous approach

5.9 Recently, Australian border enforcement agencies in the region have applied a more exacting and thorough procedure to screening visitors. Mr Allen explained that a comparison of last year's statistics on traditional movements with this year's statistics demonstrates the success of the 'much more rigorous approach' taken to assess these movements. He informed the committee that this new system has produced 'a substantial increase in the number of refused immigration clearances' and a decline in the number of traditional movements.¹⁴ The statistics show that from 1 July 2009 to 31 May 2010, 1,157 were refused entry on health grounds, with an undisclosed number also refused entry because they were accompanying a person seeking health treatment.¹⁵

5.10 This figure coincides with an 11.7 per cent drop in the number of traditional visits. Mr Andrew Heath, DIAC, explained that this year [2010], particularly on Saibai, MMOs were refusing clearance to people who perhaps should have been denied entry in previous years.¹⁶ He stated further:

Since 1 July last year [2009] we have implemented the new recording structure and protocol, so each of our MMOs on all of the islands are refusing clearances consistently. A case in point is Boigu, for example. Its refusal rate is double, but the difference between Boigu's refusal rate and Saibai's refusal rate over the last 12 months is a lot less.

We established some business rules, and all MMOs are assessing the purpose of their visit.¹⁷

5.11 Mr Allen explained that the new approach is intended to continue into the future and to be a permanent change in DIAC's operations'.¹⁸ The committee considers the effectiveness of this more rigorous system and the overall trend in refusing immigration clearances to PNG visitors to the Torres Strait in the chapter on law and order.

13 DIAC, *Submission 16*, p. 13, and *Committee Hansard*, 17 December 2009, p. 19.

14 Stephen Allen, *Committee Hansard*, 18 June 2010, pp. 12–13; also, *Committee Hansard*, 17 December 2009, pp. 16–17.

15 DIAC, Tabled document, 18 June 2010, p. 2.

16 *Committee Hansard*, 18 June 2010, p. 21.

17 *Committee Hansard*, 18 June 2010, p. 22.

18 *Committee Hansard*, 18 June 2010, pp. 12–13.

Closing the border

5.12 Under the provisions of the Treaty, Australian or PNG authorities may close the border to minimise the risk of transmission of diseases across the border in the Torres Strait. Paragraph 2 of Article 16 determines that both countries shall bear in mind the 'importance of discouraging the occurrence, under the guise of free movement or performance of traditional activities' of practices that could damage effective health protection and control.¹⁹ Therefore, in accordance with sub-paragraph (3)(c) of Article 16 of the Treaty, each party to the agreement may limit or prevent free movement by applying 'such immigration, customs, health and quarantine measures, temporary or otherwise, as it considers necessary to meet problems which may arise'.²⁰

5.13 Free movement may be restricted, for example, when there is a shortage of food or water or concerns exist about the transmission of disease. This provision was used at the time of the H1N1 (swine flu) epidemic in 2009 when authorities closed the border due to concerns about the virus spreading to PNG.²¹ In DIAC's view, the use of these provisions was very effective in limiting the potential spread of the H1N1 influenza virus.²² More recently, all cross border travel under the free movement provisions was restricted due to a cholera outbreak in Daru.²³ As another example, Queensland Health informed the committee that cases of MDR TB would present a valid reason to close the border between Australia and PNG because of 'the inability to treat it and the potential for its spread'.²⁴

5.14 This provision has also been used to relieve the strain on essential services. For example, in June 2010, Mr Young informed the committee that:

Only two weeks ago, the councillor on Badu requested that movement be restricted under the free movement provisions of the treaty while they had a large influx of people and pressure on their water.²⁵

19 Australian Customs and Border Protection Service, *Submission 14*, p. 6.

20 DIAC, *Submission 16*, p. 4.

21 Queensland Government, *Submission 20*, p. 17.

22 DIAC, *Submission 16*, p. 7.

23 DFAT website, 'Travel Advice, Papua New Guinea, 11 November 2010, http://www.smartraveller.gov.au/zw-cgi/view/Advice/Papua_New_Guinea (accessed 11 November 2010).

24 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, pp. 21–22. The World Health Organisation (WHO) has introduced medication (fixed dose combinations of tablets) against tuberculosis that simplifies the prescription of drugs and the management of drug supply, lessening the risk of MDR TB developing, House of Representatives, Standing Committee on Health and Ageing, *Regional health issues jointly affecting Australia and the South Pacific: Report of the Australian Parliamentary delegation to Papua New Guinea and the Solomon Islands*, March 2010, paragraph 3.99, p. 96.

25 *Committee Hansard*, 18 June 2010, p. 14.

5.15 On a more regular basis, the border has been temporarily closed 'to restrict the days on which visitors may arrive on Saibai Island to Tuesdays and Wednesdays to address the shortage of water in the latter part of the dry season'.²⁶ According to Mr Young, his office had supported all requests by community leaders for a temporary restriction on cross-border movement, explaining:

There have been a dozen occurrences in the past 12 months of islands requesting that and it has been granted on every occasion—and article 16 of the treaty clearly gives us the power to do that.²⁷

5.16 As discussed later in chapter 7, some local leaders would like to see a strict enforcement of this border measure when communities request a closure.

Providing health care and mixed messages

5.17 The committee has noted that on many occasions, traditional inhabitants are allowed to remain in Australia to receive medical assistance on humanitarian or public health grounds. The committee provided details on the care they receive at Australian health clinics, including being evacuated to the mainland for medical treatment.

5.18 During the course of the inquiry, witnesses did not raise issues about the quality of health care delivered to PNG nationals while in Australia. However, some witnesses raised concerns about the provision of these services generating demand in PNG for Australian services. They argued that by providing health services to visiting PNG nationals, Australia was encouraging more people to seek access to those services. For example, Mayor Gela drew attention to the new health facility on Saibai which has received a 'substantial amount' of Australian Government funding. He stated:

Here we are, utilising taxpayers' money to build a brand-spanking new facility, but I was told it is not only to accommodate the needs of my people; it is to accommodate the people from Western Province who come through.

5.19 Mayor Gela asked, 'what signal are we sending?'²⁸ Ms Nardi appreciated that improving the delivery of health services in the Torres Strait that cater for the needs of PNG visitors sends a mixed message:

It is a strategy to try and see how we can maintain the balance where we treat that which we need to treat but, at the same time, do not make it so attractive that we find that we have an onslaught of Papua New Guineans coming to receive our health services.²⁹

26 DIAC, *Submission 16*, p. 7.

27 *Committee Hansard*, 18 June 2010, p. 14.

28 *Committee Hansard*, 18 June 2010, p. 9.

29 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 21.

5.20 Evidence to the inquiry and the committee's conversations with local health professionals indicated that the inconsistency between the Treaty provisions and the reality of PNG nationals presenting at island health clinics has produced confusion among health workers regarding the treatment of these visitors. The Queensland Nurses' Union (QNU) argued that there had been 'continuing lack of clarity about the level of support' that should be provided to PNG nationals visiting Australian health clinics and called for the Australian Government to provide a clear strategy and funding to meet the demand for these services.³⁰

5.21 Responding to calls of this kind, Queensland Health established a policy and issued guidelines for its staff for the treatment of PNG nationals at Torres Strait health clinics.³¹ The guidelines state that treatment should be confined to:

- emergencies;
- where 'timely and appropriate care' in PNG is unlikely; or
- where there is a risk of communicable diseases spreading within the local community.³²

5.22 The guidelines have been submitted for consultation through the HIC and the policy is to be reviewed on a six-monthly basis.³³

Committee view

5.23 The committee acknowledges the significant contribution that health care professionals in the Torres Strait are making to improve the health and wellbeing of PNG nationals seeking medical attention at their clinics. Often they face quite difficult circumstances in delivering these health services. The committee takes this opportunity to acknowledge their work and commend their dedication.

5.24 The committee also understands the need to discourage or deter PNG nationals from crossing the border for medical assistance. In this regard, the committee believes that the tightening-up of protocols for entry and their enforcement is helpful. Ultimately, however, the committee believes that a satisfactory and lasting solution to the problem will only be achieved through marked improvements in the provision of health services in PNG.

5.25 Such improvements will take time and for the foreseeable future, Queensland Health will be called on to continue to provide health services to PNG nationals presenting at its clinics. On humanitarian and public health grounds, the committee fully supports Queensland Health in this endeavour. This situation, however, raises the

30 Queensland Nurses' Union, *Submission 29*, pp. 1–2.

31 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 21.

32 Queensland Government, *Queensland Health: Management of PNG Nationals*, p. 2.

33 Fay Gardner, *Committee Hansard*, 17 December 2009, pp. 78–79 and TSRA, *Submission 18*, pp. 12–13.

question of responsibility and funding. The committee now turns to examine the cost of treating PNG nationals at Torres Strait health clinics and elsewhere in Queensland and funding arrangements between the state and federal governments in this regard.

Cost of health care to PNG nationals in Torres Strait

5.26 During the course of the inquiry, the committee became aware of the significant and increasing expenditure associated with providing health care to PNG nationals at Australian health facilities. These high costs are borne by Australia.³⁴ Over the five years from 2004–05 to 2008–09, bed-day costs have risen from \$1,405 to \$1,875.³⁵ The Queensland Government indicated that pharmaceutical costs for a single admission for the treatment of tuberculosis at Thursday Island hospital in 2008 alone were \$24,588.³⁶ The table below indicates some of the costs of treating PNG nationals in Torres Strait health clinics.³⁷

Table 5.1: Estimated cost to Queensland Health for treatment of PNG nationals, 2004-2009

Year	2004–05	2005–06	2006–07	2007–08	2008–09
Number of patients	242	322	296	260	198
Patient days	2,314	2,486	2,112	3,392	1,940
Patient costs	\$3,247,624	\$4,016,397	\$3,357,552	\$5,809,098	\$3,638,559
At island clinics (underestimations due to inconsistent data capture)					
Patient days	1,636	1,733	1,831	1,759	1,380
Patient costs	\$369,736	\$391,658	\$413,806	\$397,534	\$311,880
Medical transfers	\$688,800	\$705,600	\$769,000	\$763,000	\$637,600
Pharmacy	n/a	n/a	n/a	n/a	\$261,807
Total cost	\$4,306,160	\$5,113,655	\$4,540,358	\$6,969,632	\$4,600,561

34 Queensland Government, *Queensland Health: Management of PNG Nationals*, Appendix 2, p. 11.

35 Queensland Government, answer to question on notice, 'Estimated Cost to Queensland Health for the Treatment of PNG Nationals 2004–2009', 25 March 2010.

36 Queensland Government, *Submission 20*, p. 16.

37 Queensland Government, answer to question on notice regarding 'Estimated Cost to Queensland Health for the Treatment of PNG Nationals 2004–2009', 25 March 2010. Regarding island clinic data, Queensland Health indicated that it is inconsistent due to data capture issues and noted that presentations were mainly on Saibai and Boigu. Regarding medical transfers, data is inconsistent and the data for 2008–09 pertains to nine months only.

5.27 The Queensland Government observed that the figures reflect 'a very conservative estimate of the costs of service delivery to PNG nationals', with actual expenditure likely to be higher.³⁸ It also explained that PNG nationals are more expensive to treat as a result of co-morbidities, interpreter services, etc.³⁹ According to the Queensland Government, a review is being conducted to establish the actual costs of patient transport.⁴⁰

Australian Government funding to Queensland Health

5.28 The division of responsibilities and funding between the state and federal governments regarding the treatment of PNG nationals at Australian health clinics and hospitals has been an issue for a long time.⁴¹ While the Australian Government is committed to providing health care to PNG nationals on humanitarian and public health grounds, it is the Queensland Government, through Queensland Health, that provides that care.

5.29 QNU called on the Australian Government to provide a clear strategy and funding 'to meet the demand for health services'.⁴² Both the Community and Public Sector Union and QNU called for adequate funding towards the treatment of PNG nationals in the Torres Strait.⁴³

5.30 According to DoHA, the Australian Government acknowledges the additional burden imposed on Queensland Health and is keen to reduce it. The Government also recognises the role of Queensland Health in minimising the risk of the transmission of communicable diseases to Australian communities from PNG. In its 2009–10 Budget, the Australian Government provided \$16.2 million over four years towards Queensland Health's costs for providing services to PNG nationals.⁴⁴ In 2009–10, the grant was \$3.8 million, rising to \$4.4 million in the forward estimates for 2012–2014.⁴⁵ The funding comes from DoHA's portfolio budget.⁴⁶

38 Queensland Government, answer to question on notice, 25 March 2010, p. 3.

39 Queensland Government, answer to question on notice, 'Estimated Cost to Queensland Health for the Treatment of PNG Nationals 2004–2009', 25 March 2010.

40 Queensland Government, answer to question on notice, 25 March 2010, p. 3.

41 Graham Simpson, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 21.

42 Queensland Nurses' Union, *Submission 29*, p. 2.

43 Community and Public Sector Union (CPSU), *Submission 28*, p. 2, and Queensland Nurses' Union, *Submission 29*, p. 2.

44 DoHA, *Submission 11*, p. 2.

45 Jennifer Bryant, *Committee Hansard*, 18 June 2010, pp. 30–31; Commonwealth Budget 2010–11, Budget Paper No. 3, Part 2: Payments for Specific Purposes, National Partnership on health services, table 2.2.40.

5.31 Queensland Health pointed out that the \$3.8 million allocation in 2010 would meet only part of the actual costs of providing health services to PNG nationals and that the gap was widening.⁴⁷ Even with the grant rising by \$0.6 million in the forward estimates, the funding still falls short by over two million dollars. Queensland Health made clear that the Australian Government is aware of this shortfall and that there is an 'expectation that there will be a negotiated outcome'.⁴⁸

5.32 DoHA informed the committee that apart from direct funding, 'Additional funds are provided to the Queensland Government through broader agreements', including the National Healthcare and other National Partnership Agreements.⁴⁹ DoHA also provides annual funding for the delivery of health services in the Northern Peninsula Area and the Torres Strait, including funding to Queensland Government, amounting to \$12.2 million dollars in 2009–10. In addition, the Australian Government provides funding for the Torres Strait Health Protection Strategy as follows:⁵⁰

Table 5.2: Funding for Torres Strait Health Protection Strategy

Year	2009/10	2010/11	2011/12	2012/13
	\$4.7m	\$4.8m	\$2.1m	\$2.2m

Committee view

5.33 The committee notes that the Australian Government provides funding to the Queensland Government for the provision of health care to PNG nationals. However, it is concerned that the gap between that funding and the actual costs incurred by Queensland is significant. Furthermore, it is aware that statistics suggest that the demand for health services is increasing. Even though data regarding the treatment of PNG nationals at Torres Strait health facilities is incomplete, the committee believes that Australian Government funding to Queensland Health should adequately reimburse the state for providing these services.

46 Fay Gardner, *Committee Hansard*, 17 December 2009, p. 76. \$3.8 million has been allocated in the 2009–10 Budget.

47 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 24; Queensland Government, *Submission 20*, p. 17.

48 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 24.

49 DoHA, answer to question on notice 2, 17 December 2009; Fay Gardner, *Committee Hansard*, 17 December 2009, p. 75.

50 DoHA, *Budget 2009–2010*, Budget Paper No. 2, Part 2: Expense Measures, Health and Ageing. Torres Strait Health Protection Strategy is part of the HIC package of measures.

Recommendation 6

5.34 The committee recommends that the Australian Government review its funding to Queensland Health to ensure that such funding is commensurate with the actual costs incurred by Queensland Health in providing health care to PNG nationals.

5.35 Comprehensive and reliable data is needed to be able to assess accurately the costs associated with providing health services to visiting PNG nationals. In this section, the committee looks at the current data regarding PNG nationals using Torres Strait health clinics.

Collecting data

5.36 Discussions between the Queensland and Australian governments about the costs of delivering health care to PNG nationals have been complicated by the lack of reliable data on the nature and number of services provided and associated costs. DoHA explained that data regarding the treatment of Australian nationals in the Torres Strait is reported directly to its national surveillance systems.⁵¹ However, under the healthcare agreements, DoHA is not required to keep statistics on PNG visitors.⁵² Queensland Health has collected some data on PNG nationals visiting the island health clinics but the coverage has been incomplete. DIAC collects statistics regarding traditional movements and activities but does not collect information about the number of PNG nationals who subsequently visit the health clinics.⁵³ Immigration statistics 'go so far as to tell us how many of the visitors' were refused immigration clearance.⁵⁴

5.37 Ms Nardi informed the committee that past data capture issues 'have been recently resolved through a process that commenced on 10 March 2010'.⁵⁵ She explained:

The data has been essentially a manual collection. There were also some community issues in relation to the gathering of data around Papua New Guinea nationals. The information system that we used was actually a recall system, so the clinicians who were looking after the Papua New Guinean patients did not want to enter them into the system because they did not want to be in a position where they had to recall them because they were across the border. So there was a lot of myth from that particular community in relation to what capturing the Papua New Guinean data would do. It has taken some time to get the process in place, but we have

51 Jennifer Bryant, *Committee Hansard*, 17 December 2009, p. 80.

52 Fay Gardner, *Committee Hansard*, 17 December 2009, p. 77.

53 Stephen Allen, *Committee Hansard*, 17 December 2009, p. 21.

54 Stephen Allen, *Committee Hansard*, 17 December 2009, p. 26.

55 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, pp. 20–21.

been able to address those concerns and those needs and have been able to get a robust process in place. There is also the issue that data was captured in a whole range of different areas for different purposes. So the primary healthcare data was captured separately from the acute care data. We now have a process, we believe, that will bring all that data together in a meaningful way.⁵⁶

5.38 The type of data now to be collected by Queensland Health staff consists of a range of standard data fields, which include people's names, their home address and presenting conditions. Data would record a person who has been redirected home but returned for a subsequent visit as 'two presentations'.⁵⁷ Queensland Health expressed confidence in its new data-gathering process which, in its view, would render them 'in a far stronger position to provide reliable and robust data'.⁵⁸ For example, the Queensland Health guidelines state that all patients should be recorded on an electronic information system and identified as PNG nationals, if applicable.⁵⁹ DoHA acknowledged the Queensland Government's efforts to develop reporting arrangements to support the improved data collection system.⁶⁰

Committee view

5.39 The committee recognises the importance of having complete and accurate data on PNG nationals accessing health services in the Torres Strait that provides a comprehensive coverage on the nature, number and costs of PNG nationals accessing these services. The data should take account of the costs of transporting patients and the number of patients returning to PNG needing follow-up treatment.

5.40 The committee is encouraged by Queensland Health's assurances about improved data capture and its potential effect on negotiating adequate funding arrangements between state and federal governments. This data should be compatible with that collected by DIAC to provide a comprehensive picture of PNG nationals who enter Australia through the Torres Strait, including the number, nature and length of visits.

Recommendation 7

5.41 The committee recommends the Australian Government offer assistance to help the Queensland Government fund the implementation of the new data collection systems for PNG nationals accessing health services in the Torres

56 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 24.

57 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 28.

58 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 24; Queensland Government, *Queensland Health: Management of PNG Nationals*, draft policy, Appendix 2, p. 11.

59 Queensland Government, *Queensland Health: Management of PNG Nationals*, Appendix 2, p. 13.

60 Fay Gardner, *Committee Hansard*, 17 December 2009, p. 77.

Strait; and provide funding, if required, for a review of the effectiveness of this system.

Recommendation 8

5.42 The committee also recommends that the Department of Immigration and Citizenship ensure that its statistics on PNG nationals visiting Australia, including those in Australia receiving medical treatment, are complete and complement those collected by Queensland Health.

5.43 The committee heard evidence during its visit to the Torres Strait regarding PNG women choosing to give birth in Australia due to a belief that they would be eligible for the baby bonus and an improved chance of obtaining Australian citizenship. It also heard of concerns regarding PNG nationals taking up housing commission accommodation on Badu.⁶¹ The committee urges the Australian Government to investigate the origins, extent and veracity of these claims so that it is better placed to dispel any misconceptions and to devise education programs that will convey correct information to all in the region about entitlements.

Recommendation 9

5.44 The committee recommends that relevant Australian government agencies combine their efforts to ascertain whether, or the extent to which, PNG nationals are coming to Australia to access social services, whether they are misinformed about their entitlements and, if so, the source of this misinformation and how best to correct it.

61 Malawap Ali Benjamin Nona, *Committee Hansard*, 24 March 2010, p. 35.