Australian Government

January 29, 2004

# REPORT OF HEALTH TEAM ON HEALTH SERVICES FOR ASYLUM SEEKERS IN NAURU: 12-14th JANUARY 2004

## OBJECTIVE

1. To assess any additional needs of the Government of Nauru (GoN) in providing medical care for Off-shore Processing Centre (OPC) residents beyond the care that can be provided by the International Organisation for Migration (IOM);
2. To establish a clear agreed process with the GoN for handling any future requirements of the GoN directly on a government-to-government basis.

## APPROACH

1. To discuss the needs of the Nauruan health system in relation to OPC residents, rather than to assess the care provided by IOM at the OPC.
2. The team will, however, need to discuss with IOM the care it is providing at the OPC in order to make an informed assessment of GoN's needs.

## BACKGROUND

Medical services for asylum seekers are provided by four medical practitioners employed by IOM, paramedicals drawn from IOM staff and support from the Nauruan Health Services where basic primary health needs cannot be met on site. Medical specialists provide a regular visiting service and when necessary residents are air evacuated to Australia for specialised treatment.

During a recent hunger strike by up to 45 of the asylum seekers the Nauruan Health Services considered that resources were being stretched beyond their limits. As reported by Dr Kieren Keke, December 10th saw the commencement of a hunger strike by 9 asylum seekers, of whom 8 had been previously assessed and treated by IOM staff mental health staff and who were on anti-depressant medication until the time of the strike. Of the 9, there were 4 asylum seekers who had stitched their lips together.

The following morning IOM met with Dr Keke to discuss the situation. It was anticipated 5 of the asylum seekers would need hospitalization by December 12th as they were refusing all fluids as well as food and were choosing to sit in direct sun, increasing the rate of dehydration. Arrangements were made for additional IV fluids at the hospital and a formal communication process was established.

The following day, December 12th, IOM met again with Dr Keke to discuss issues relating to additional nursing staff required by the hospital for the management of asylum seekers requiring admission, and to discuss additional security requirements to ensure the safety of both staff and the asylum seekers.

Over the next few days there was a rapid escalation in the numbers of hunger strikers, to 24, then 35, then 40; reaching a peak of 45. Of these, the numbers requiring inpatient care rose from 3 to 8 to 15 per day, to peak at 22. Each day new patients would be admitted and others discharged, with 118 separate admissions during the hunger strike.

To put these numbers in context, Nauru hospital has a 3-4 bed capacity for their emergency department, and a usual bed occupancy of 5-25 (occupancy peak in the preceding 3 months being 38).

Additional ward space was made available by utilizing a disused ward with mattresses and linen supplied by IOM, and funds were made available for additional nursing staff and security shifts.

Dr Keke reported that while it was possible to provide additional nursing resources through extra shifts being worked by local nurses on penalty rates paid by IOM, such arrangements were not sustainable for any period of time.

Dr Keke was happy that the asylum seeker hunger strikers were transferred in an appropriate condition, with mild or moderate dehydration. Of the 118 admissions, 1 was admitted complicated by hypotension and 1 with cellulitis. The average IV replacement given was 1-2 litres.

It was noted the whole situation represented a considerable demand on Nauru's health services and placed a particular burden on Dr Keke's time, and capacity to keep up with his usual paperwork and administrative requirements.

## ASSESSMENT

### OPC Facilities

The health team consisting of Tony Kingdon, Assistant Secretary, Department of Health and Ageing, Dr John Primrose, Medical Officer, Department of Health and Ageing and Dr Sue Page, Rural medical adviser started the review with an hour of consultation with IOM leader Cy Winter and senior IOM medical officer Dr Zenaida Nihill (surgeon). This was followed by a visit to the OPC facility to meet with other IOM primary health care staff (a number of paramedical staff (in-country trained to Australian Life-Guard standards), the other doctors, and the psychologist) and for an assessment of the available medical equipment and facilities.

The IOM staff raised a variety of issues relating to the care of asylum seekers, both general and specific.

In general, the IOM staff were confident in their ability to assess and treat the asylum seekers in a timely fashion, with care being available 24 hours daily and always with

practitioners of both genders and in sufficient numbers. There was an expressed commitment to the maintenance of quality medical records, and to communication between the different members of the medical team.

The health facilities at Topside Centre were basic, but well maintained and judged sufficient for the primary health care needs. There were 3 main clinic areas with a variety of consulting rooms enabling both confidentiality and security. The clinics were supplied with emergency equipment including oxyviva resuscitation gear and intravenous medications, with an additional set of equipment stationed at the police unit at the main gate. The emergency equipment was portable to enable rapid transportation should the need arise. There was a good variety of medical supplies including bandages, with medications dispensed from a separate site by staff trained in pharmacy. (The previous pharmacist has so far been unable to be replaced). There was a small autoclave to enable the sterilization of suture packs and other minor-op sets, although most procedures are performed instead at the Nauru hospital in keeping with an earlier understanding between Dr Keke and IOM staff. Pathology services are available through the Nauru hospital with collection and reagent supplies maintained through IOM. There was no defibrillator on site; however transport to hospital could be effected rapidly using a troop carrier refurbished as an off-road-capable ambulance. **It is recommended that one or more defibrillators be made available on site with appropriate training for the paramedical staff.**

The main presentations by asylum seekers were reportedly requests for repatriation to Australia. As these expectations were not able to be met by the medical staff, the comment was made that this could make work emotionally stressful. Of the physical concerns, the most common presentations by the asylum seekers were skin infections, eye infections, respiratory tract conditions including asthma, and minor injuries. The gender specific concerns were usually able to be managed in the OPC facility including vaginitis and other genital infections, and antenatal care. A number of asylum seekers had required admissions for conditions including appendicitis and cholecystitis.

The mental health needs of the asylum seekers are met through a psychiatric service at a separate facility based at Statehouse Centre. The mental health team again made available a gender mix of providers, who included a psychologist and a specialist psychiatrist. A small number of asylum seekers had required admission for self-inflicted injuries including suturing of abdominal lacerations (photographs were available for a number of these, where the lacerations were visually shallow and not life-threatening)

Specific to the hunger strike, the IOM staff was happy that the process of medical review, and transfer for inpatient care when required, had worked effectively. Accurate records had been kept of each asylum seeker involved in the strike, with graphic representation of the fluctuations in level of hydration ensuring timely intervention.

Hospital Facilities

The second phase of the review included discussions with the acting President, the Hon Derog Gioura MP and key government of Nauru officials and a tour of the Nauru hospital under the guidance of Dr Keke, where they met with the other doctors and key health service providers.

Nauru hospital had been extensively assessed by AusAID consultants and the Delegation medical team did not attempt to duplicate the information available in those earlier reports (which have included assessments of the water and electricity services). In summary, however, the hospital is of a good size to service the combined health needs of the asylum seekers and the local population, but has been poorly maintained. Areas such as the emergency department had water damage to the ceilings, many plumbing fixtures were corroded or absent entirely, and there was a general lack of adequate equipment organization and storage. Notable exceptions were the operating theatre (fully renovated and equipped through AusAID) and the emergency room resuscitation gear (including oxygen and cardiac monitoring, and portable ventilation equipment).

Staffing at the hospital has been difficult to maintain due to funding shortages. Apparently six RNs on the island now refuse to work any shifts for the hospital, representing a significant loss of the most senior qualified nursing staff. Of the 7 nurses usually rostered on duty for a given day shift (the most senior one is dedicated to the ED), it is common for between 1 and 4 to not turn up for work. If ever a patient is required to be ventilated, an extra nurse is called in to care for the patient 1:1. There are 4 doctors at present: Dr Keke, GP-Anaesthetist who manages the hospital; Dr Liu, surgeon; Dr Weidabo, GP, who manages outpatient clinics; and an additional doctor who works part-time at the smaller NGH site. The doctors are on-call, not on-site. In addition there are 2 pathologists from Sri Lanka, and a Nauruan lab technician. Dr Keke is confident that a medical team which is due to arrive soon from Cuba will meet Nauru's medical officer requirements over the next two years as well as relieving some of the pressure on nursing resources.

The team noted that Dr Keke was confident that in the event that another health crisis arose among the asylum seekers, such as an outbreak of salmonella poisoning or indeed another hunger strike, he has sufficient front line workforce resources to respond in the immediate term. However, this could only be a short term measure and **it is recommended that a quick assessment of human resource requirements is made and if necessary early action is taken to supplement local resources with those from overseas**.

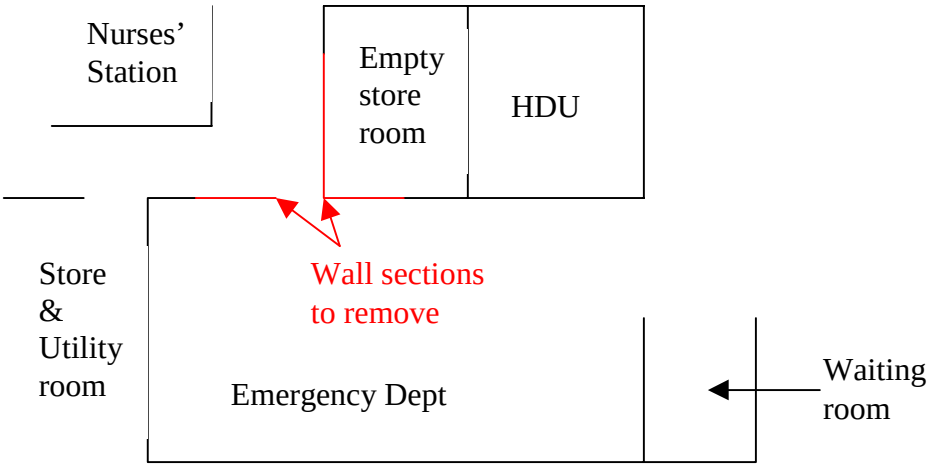
The hospital has difficulty recruiting from overseas due to a lack of suitable accommodation. However, the government is in process of renovating the old nurses quarters that will provide 12 rooms in time for the anticipated arrival of the Cuban health staff. In addition, the Nauruan government has negotiated the purchase of the old weight lifters' village that will require some major upgrading work if it is to become habitable. This would help reduce the pressure on accommodation if it is necessary to bring in overseas medical staff for short or long term contracts.

There were a number of specific additional needs of the GoN in providing medical care for OPC residents beyond the care that can be provided by the IOM:

Land Communication Channels
The most reliable form of communication is by satellite phone, but the hospital has insufficient Motorola handsets for their medical staff to communicate to the base set. Dr Keke will reassess the situation once it is known how many are arriving in the Cuban team, but it is **likely about 12 additional handsets will be needed.**

Emergency Department (ED)
The external approach to the ED is heavily pot-holed and low lying so floods easily, limiting access in wet weather. **This needs to be upgraded.** The doorways are wide enough to permit easy access by ambulance stretcher.

The current configuration (see floor plan diagram) does not allow the patients in either the ED or the High Dependency Unit (HDU) to be adequately observed from the nurses' station. **This could be achieved fairly simply by removing short non-load-bearing sections of the walls as indicated. There should also be attached swinging doors to the adjacent store room so as to reduce airborne contaminants reaching these areas.** The nearest staff toilets are some distance down the corridor and have broken plumbing fixtures, so staff return to the one sink in the ED to wash their hands. (One suggestion could be that **a staff toilet be incorporated into the adjacent end of the larger store room area**) There are exposed electrical wires and a broken air-conditioner, and the ceiling shows signs of previous extensive water damage. The entire facility is dirty and needs repainting, but appears otherwise structurally sound and of appropriate size for the combined populations. It is **recommended that minor renovations to the ED would be appropriate.**




There is one full set of resuscitation gear, including equipment for automated BP, cardiac and oxygen monitoring. This is kept on a mobile trolley in the ED and so can be easily moved to any of the 3 beds in the department. It appears well maintained and organized, and is covered with a clean dust-cloth. There is a wall of shelving for storage of other stock and equipment, including a portable ventilator on the top shelf, but these appear to be less well organized. **Attention needs to be given to the absence of chest drains and central venous lines**.

The High Dependency Unit
The previous equipment has disappeared, leaving one standard hospital bed and a half-stocked resuscitation trolley without monitors. There is no hand washing facility, nor a desk for staff to use. **It is recommended this room be restocked and refurbished at the time of the ED renovations.**

**It is recommended these ED and HDU deficiencies be rectified as a matter of priority.**

The Operating Theatre
The theatre is well equipped to Australian country hospital standards, including a new anaesthetic machine and full monitoring ability including CO2 analyser. There are a large variety of tube and mask sizes available, but only one chest drain and underwater seal set. There is no Anaesthetic Bay or Recovery room, however the attendant anaesthetist can perform anaesthetic and recovery room activities quite comfortably in the operating theatre since operating lists are typically only 2-3 patients in length. The lack of a dedicated anaesthetic bay and recovery room is not, therefore, a cause for concern. There is no scrub room, but handwashing facilities are adjacent. There is an autoclave for instrument sterilization.

General Wards
There are multiple ward buildings at Nauru hospital, but a number of these are currently vacant. **It is recommended that one be refurbished to allow rapid expansion of capacity should the need arise to admit several asylum seekers simultaneously.** A ward previously renovated has been identified as the most suitable. The previous furniture disappeared before the hospital security was improved. With new fencing, this should not now recur.

The wards are spacious, sunlit, and well-ventilated. The paediatric ward was not occupied the day of our visit, but there were a number of patients in both the male and the female wards. One patient with TB was being treated in an isolation ward. Meals are provided by the IOM facility and are reportedly of excellent quality. Linen is washed at the hospital laundry, with assistance by IOM as the electricity fluctuations mean the laundry is often closed. (There have been problems with the hospital's emergency generator due to the high corrosion rates, however this is to be rectified as part of an existent AusAID assistance program.)

Maternity Ward
There are 39 adult women asylum seekers, although some are past child-bearing. The Nauruan unit currently delivers 5-6 babies each week and has both Neville-Barnes and Suction-cap forceps available in addition to the availability of theatre back-up. There is a small nursery with 2 functioning humidicribs, neither with phototherapy capacity. However, it is likely a severely jaundiced infant would be evacuated in any case. The air-conditioner is broken.

Mental Health facility
There is no mental health facility at Nauru hospital, if patients are required to be admitted they are cared for in a general ward. The asylum seekers with mental health needs are cared for by the mental health team in the separate State House facility; so

should only require admission to Nauru hospital if acutely and severely psychotic and requiring physical restraint (until sedation can be achieved chemically). **However, consideration could be given to the most appropriate way this restraint could be achieved in a small hospital setting.**

XRay
The hospital has a functioning mobile XRay unit with a Fijian-trained Nauruan technician. There is also basic ultrasound equipment which has been used by Dr Keke for cholelithiasis and obstetrics. Dr Keke has not been formally trained, but believes his skills are adequate for his needs, given his other time commitments.

There is also an established process through AusAID to complete the installation of a fluoroscopy unit (with Image Intensifier capacity) that had been purchased some 8 years ago. This will include the redesign of a vacant free-standing, concrete-walled ward block to be a new XRay facility; as well as an assessment and servicing of the machine by the original company.

Pathology
The local laboratory has antiquated machinery and erratic supplies of reagents, reducing the ability to provide mass biochemical analysis such as was required during the hunger strike. **It is recommended this be supplemented by the purchase of a multi-channel biochemical analyzer and by IOM, if appropriate, maintaining the supply of reagents.**

Blood Bank
There is no blood bank on the island, nor is there a blood fridge. A list of donor blood types is kept so the donor can be contacted; fresh blood can be collected and checked by basic typing, then screened for HIV and Hep B before being administered. Usually whole blood is given; if serum is required, there is no separator available so sedimentation over some hours will delay the administration of the blood product. There is no available list of the blood types of the asylum seekers and **it is recommended this be developed so that they can be called upon should the need arise.**

Pharmacy
The pharmacy currently has inadequate storage and only a domestic style fridge for vaccine storage. It is understood this is to be upgraded shortly including regular cold-chain monitoring. The Island has been unable to recruit a pharmacist, however there are a number of staff with in-country pharmacy training who can dispense prescriptions supplied by the doctors

Oxygen Plant
The hospital has an excellent oxygen plant, kept secure in a container truck facility and reports no problem with supply of oxygen; nor of nitrous oxide or anaesthetic gases which are regularly flown in.

Nauru General Hospital Facility
This site is where the main laboratory is sited but main water pipe to the Nauru hospital has corroded and burst underground and there is only one rainwater tank. If supplies are low then microbiology in particular cannot be performed. This will be

part of the AusAID water supply program, however in the interim **it is recommended an additional tank be installed.**

In addition, it is **recommended that the Australian Government assist the process of developing a Memorandum of Understanding between the GoN and IOM to confirm their international protection status, and to ensure all the doctors are able to assist each other without impediment in an emergency situation requiring both staff to work together.** As an aside, it is further recommended the Australian government consider developing a medical indemnity policy to cover IOM staff required to work outside their IOM roles in treating non-asylum seekers, including the Nauruan people and their own staff if this is required – they are not covered for this situation currently.

OPC Residents

The third phase of the review was to complete the tour of the OPC facilities and to meet with the asylum seekers.

The asylum seekers who were met by the team seemed generally well and none showed obvious signs consistent with recent prolonged lack of nutrition. The team did not conduct however, physical examinations of individuals. The asylum seekers were free to follow the team, but because the number present was clearly the vast majority of people at the Centre, efforts were made to not overwhelm the team at any one location. They had obviously taken care to dress well, the children in particular wearing bright and colorful clothes. Their collective manner was open and friendly and the delegation was appreciative to be made to feel welcome.

The majority of requests made to the health team were for assistance toward achieving relocation in Australia, and this theme was woven into every comment about health care. However, it was also striking that the health care concerns raised were generally of a minor nature.

At one stage in the tour the team was asked to inspect the toilets as they had apparently not been cleaned and represented a health hazard. The toilets were seriously soiled, further complicated by not being squat-style designed originally. (Problems appear to have arisen from protest action at the time of the hunger strike, as well as a wages dispute by the asylum seeker cleaners. IOM staff will make arrangements for their cleaning and will continue negotiations until the dispute is resolved)

A separate consultation was made with women in the privacy of the women's recreation centre. Dr Page, accompanied by Dr Zenaida Nihill and several interpreters, spoke with approximately 20 women. The first concern raised was their intense desire for relocation in Australia. Being asked to focus on health concerns the primary issue raised was that the current lack of fresh water for bathing meant many women had recurrent skin infections. (the examples offered for examination were a mix of pityriasis versicolor and tinea).

There were a number of small children with the women, who all appeared in good health, well nourished and with appropriate developmental and social skills for what appeared to be their age (roughly judged by their size). They made eye contact and smiled, and were seen playing a variety of jumping and singing games.

One mother was concerned that her 7 year old daughter (not present at the time) had had a significantly turned eye throughout her stay. (IOM staff were able to confirm the child was under the care of a specialist ophthalmologist and they will clarify whether the condition (presumed strabismus) was surgically correctable). In the process of discussing this individual case, a number of women then raised concerns for other relatives whose conditions were chronic, including those with asthma, back pain, and mental illness. All agreed they could see a doctor at the Centre when required, although one woman said she believed gynaecology could only be dealt with at the hospital (actually, Nauru hospital does not have a dedicated gynaecology service and so the female IOM doctors provide intermittent women's health outpatient clinics for the Nauruan people).

The main concerns raised by the men were again the desire to be relocated in Australia. A couple raised concerns about the availability of spectacles. Specific complaints included eye problems, inadequate treatment for back pain, prosthesis problems, dental problems and the after effects of the hunger strike.

Another case raised in the Australian media during the time of the review related to an older boy with recent unilateral vision deterioration who had received thioruridicil. IOM staff were alerted in the morning so they could review the case and answer the team's questions later in the day. Visual damage including Retinosa Pigmentosa is unlikely at the reported doses present, however the IOM staff had examined his eye at the time vision was first reported as decreased. Appropriate examinations had been carried out and no abnormality detected. He had been booked for review by the visiting specialist ophthalmologist later this month.

## CONCLUSION

In summary, the team is satisfied that the level of care capable of being provided at the Nauruan Off-shore Processing Centre is appropriate for the primary health care needs of the asylum seekers. However there are a number of recommendations made toward meeting the additional needs of the Government of Nauru (GoN) in providing medical care for Off-shore Processing Centre (OPC) residents beyond the care that can be provided by the International Organisation for Migration (IOM).

## SUMMARY OF RECOMMENDATIONS

It is recommended that:

1. one or more defibrillators be made available at Topside with appropriate training for the paramedical staff.

2. in the event of a future emergency, a quick assessment of human resource requirements is made and if necessary early action is taken to supplement local resources with those from overseas.

3. approximately 12 additional communication handsets will be needed for the medical team.

4. outside Access to the Emergency Department be improved

5. the Emergency Department be upgraded

6. a staff toilet be incorporated into the adjacent end of the larger store room area)

7. attention needs to be given to the absence of chest drains and central venous lines.

8. the high dependency room be restocked and refurbished at the time of the ED renovations.

9. one general ward be refurbished to allow rapid expansion of capacity should the need arise to admit several asylum seekers simultaneously.

10. consideration be given to the most appropriate way that restraint could be achieved in a small hospital setting.

11. purchase of a multi-channel biochemical analyzer with IOM, if appropriate, maintaining the supply of reagents.

12. a list of blood types and potential donors from the asylum seekers be developed so that they can be called upon should the need arise.

13. an additional water tank be installed at the general hospital

14. the Australian Government assist the process of developing a Memorandum of Understanding between the GoN and IOM to confirm their international protection status, and to ensure all the doctors are able to assist each other without impediment in an emergency situation requiring both staff to work together.