Submission Regarding the Migration Amendment (Repairing Medical Transfers) Bill 2019

Combined Refugee Action Group (CRAG) is based in Geelong, Victoria. CRAG is a network for over 700 individuals and community groups across the Geelong, Bellarine Peninsula and Surf Coast region, all working for people seeking asylum to be treated with fairness and decency. Several CRAG members have been in regular contact over the past six years with people who fall under the current offshore processing cohort, and have assisted some of them to access much-needed medical care.

The Urgent Medical Transfer legislation, which was passed by both Houses of Parliament in February 2019, ensures that people held in the offshore centres are able to access urgent medical treatment in a timely manner. It ensures that assessments regarding the appropriateness and urgency of medical transfers are made by qualified medical professionals rather than by government officers.

CRAG members have supported a number of people who have tried to access medical care on Manus Island and Nauru.

In one case, a man who suffered an injury, while in a Regional Processing Centre, did not receive a medical assessment until three months after the injury occurred, despite being in considerable pain and making repeated formal requests for medical care. His medical records showed that an eventual assessment and further specialist examination recommended surgery. However, the man reported that he was told by departmental officials that he must wait for a second opinion. Six months later, and nine months after the injury occurred, the man had not received any further assistance. He reported that he was suffering significant pain and loss of function during this time. We made contact with the office of the Red Cross Pacific Regional Detention Delegate to request advocacy for him. However treatment was still not provided more than 12 months after the injury occurred. Unfortunately, we lost contact with the man around this time when he deactivated his social media accounts in frustration. We do not know if he ever received the treatment he needed.

In other cases, people have suffered with chronic health conditions and unrelenting pain for years without being able to access appropriate medical treatment and pain relief. At times people have been moved to Port Moresby on the promise of medical care, but have been returned without receiving any appropriate treatment. Others have been flown to third countries for treatment, but that treatment has not provided an ongoing solution to their medical issues.

Even when people have been the victims of assaults in local PNG and Nauruan communities, they have often been unable to access the tests required to make assessments for head injuries and internal organ damage. At times, local staff in hospitals/clinics have ignored requests from refugees and asylum seekers for medical attention after these events. It appears this may have been to avoid the generation of medical records which could assist with bringing the perpetrators of the violence to justice. In these cases, access to medical professionals in Australia, who can make assessments and recommendations for medical transfers, is crucial.

Ongoing constant pain and discomfort, together with being held indefinitely on the islands, separated from loved ones, without a time frame for resettlement, and without opportunities to engage in meaningful activity and move on with their lives, has had a serious impact on the mental health of the people CRAG has been in contact with. In some cases, people

have slipped into deep depression to the point that they have lost their appetite, any regard for personal care and hygiene, significant cognitive function and the will to live. As a result, they have experienced substantial weight loss, have become more susceptible to infections and other health complications, and have engaged in acts of self-harm. Prior to the Urgent Medical Transfer Legislation passing Parliament, obtaining medical transfers for people in this situation required months of work by doctors and lawyers to gain departmental approval. Cases would often have to be lodged in the courts before that approval was granted, and people's mental and physical health would continue to deteriorate in the meantime.

Our experience is that people who have been provided with some form of mental health care in PNG have often been prescribed inappropriate and/or excessive doses of medication which has necessitated review and adjustment by Australian doctors. The side effects of these medications have had further implications for physical and mental health.

In publically reported cases:

- Hamid Khazaei was a 24 year old man held on Manus Island, who died after an infected leg led to severe sepsis. Queensland State Coroner, Terry Ryan, found that Mr Khazaei's death was preventable. The inquest concluded, in accordance with expert witness evidence, that if Mr Khazaei's clinical deterioration was recognised and appropriately responded to in a timely manner, including being evacuated to Australia within 24 hours of developing the condition, he would have survived. The Coroner found that "significant delays in his retrieval from Manus Island" contributed to his death.
- Fariborz Karami, Salim Kyawning, Rajeev Rajendran and Hamed Shamshiripour all died in the offshore centres in PNG and Nauru without being able to access the mental health care they needed.

Tragedies like these must not be allowed to occur again. It is essential that the Urgent Medical Transfer legislation is kept in place to prevent further deaths. We strongly recommend that the Legal and Constitutional Affairs Legislation Committee does not support its amendment or repeal.

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