

HEALTH CONSUMERS COUNCIL MAY 2003

REFUGEE PRESENTATION

Thank you to the Health Consumers Council for your interest in the health issues of refugees and for asking me to speak. I hope everyone knows about and endorses the aims of the national medical alliance that has unanimous support across medical colleges for the release of children from detention and the end of the mandatory detention of asylum seekers. Its good to be able to speak about this topic as Law Week draws to a close: the purpose of refugee law is human rights protection and Australia stands in breach of international law and treaties in regards to our treatment of refugees and asylum seekers.

Today I want to tell you the kinds of experiences that refugees and detainees have had round their health and health care. I'll outline three main groups for whom there is concern: the refugees with temporary protection, the people who are released with a bridging visa and children in detention.

Refugees with temporary protection

The refugees I shall speak about are those who came here on boats, without authority or documents, and were detained during the process for establishing their status. The refugees who have been recognised to need our protection have grudgingly been provided with only a three-year temporary visa, an idea cribbed directly from Pauline Hanson and supported as law by both major parties. What needs to be acknowledged is both that the assessment process is very strict and also that the conditions of persecution that have forced the people to flee are horrendous: that each one is undoubtedly a refugee. Well over 94% of all the so-called boat people established their claim for protection. Rape, abduction, torture, witnessing murder including the slaughter of children are common and recurring experiences just because they are who they are - a particular ethnic group, a particular religion or have been brave enough to openly defy despotic and murderous regimes.

The temporary visa conditions are qualified, with no access to Federal services normally available to refugees, no English classes and limited Centrelink benefits - but they are allowed to work. At first there was no access to education for children, and a Medicare card could only be acquired if another application for protection was made. Not being eligible for public housing they must find private rental accommodation. As a condition of temporary protection they are denied family reunion, without doubt the source of most ongoing pain for them.

I ask you to imagine how you might function day by day were you in refugee shoes. You are not likely to know the fate of your family either. What would consume your thoughts? How would you sleep, work, think, drive, plan, get to appointments and shop?

CARAD (now the Coalition for Asylum seekers, Refugees And Detainees) formed from January 2000 when the first group of men with temporary protection were released from detention. We have since met about 2,200

refugees on release and about 1200 volunteers, donors and supporters have provided assistance. Most refugees come from Afghanistan and Iraq though there are numbers of Iranians, Tamils and Palestinians. We have always offered and provided very practical assistance, such as accommodation and settlement help, English language classes, finding clothing and furniture, making medical appointments and enrolling children at school. All up we have furnished about 900 households from donated goods, pretty remarkable by any measure. We have also played a substantial role in lobbying Governments.

In WA there are about 1000 refugees with a TPV. (It's interesting for this audience to acknowledge that a few refugees were health care providers in the country they fled, their work ranging from medicine and nursing to locally recruited workers for organizations like MSF and WHO projects).

But by circumstance most of the refugees are not going to be active consumers in their health care. Physical illnesses, disability and injury are the fate of a few - remember most are young and have to be pretty fit to embark on any long and perilous journey. Pregnancy creates its own needs in families. There is often a need for acute dental treatment, but it is the mental anguish of post-traumatic stress disorder that a huge majority of men, women and children succumb to, as well as other mental illness. I shall return to this later. It is not too much of a generalisation to note that most have a fear of hospitals, high expectations of doctors and their status, low knowledge of basic body structure and functions, low compliance with medication instructions, and strong shame about the signs and symptoms of mental ill health. They need effective advocates and instructors within the health care system and along side it.

Post-traumatic stress disorder is something with which all CARAD volunteers have become more or less familiar. Physical symptoms including heart rate increase, gastrointestinal pain, nausea and vomiting, diarrhoea, joint pains are some of the complaints taken to health care providers by refugees. Then, with appropriate questioning the person acknowledges night terrors, altered sleep patterns, weight gain or loss, an inability to concentrate or focus on a task, flash backs and panic attacks, suicidal thoughts, weeping and loss of confidence. We often advise individuals to contact ASeTTS, the torture and trauma services, or refer them there or to general practitioners we know to be alert to these kinds of health problems. Many refugees have required long term counselling with or without medical treatment of their symptoms.

Let me illustrate the problem through recounting the dream of one young man. He has been diagnosed with PTSD and the family is in the throes of making their claim for permanent residence. He told me this: "Last night" he said, "I had a silly dream. I was in this house that was like our house at home in Afghanistan but worse because it looked like an Iraq house (alluding to contemporary television footage). But I knew it was here because there was a television set on. Lots of boys and girls were playing down stairs and then the boys suddenly started trying to lasso the girls with ropes and kill them. I was very frightened and ran up the stairs to get away. The stairs were very narrow and didn't have rails and I was

scared I would fall off the side but at the top there was a door and I could see it was light behind the door. But I knocked very hard and then it opened and then there was another door and I had to knock again and had to keep opening and knocking - about 8 doors and then I woke up. And I never got through the door."

You don't need to be a dream analyst to understand what this dream was about. Here everything is laid out; the terror and killing fields behind you, the feeling that even here it is still not safe; that the path to any freedom here is uphill, straight and precarious, that no matter how many times you knock you will never get through the door into the light. But for this person this dream was almost a relief, standing in contrast to the bloody nightmares that haunt his sleep and that of his family, and for which every member has required skilled counselling.

I think a useful distinction between refugees and migrants is to acknowledge that migrants come with their dreams; refugees with their nightmares.

Children in Detention Centres

Despite official denials, detention centres are prisons, but the conditions for detainees who have committed no crime do not match those for offenders. There are standard guidelines, including for health protection and medical treatment, for prisoners held in other Australian correctional services. At the least, convicted offenders know the length of their sentence.

Much focus has rightly been put at the feet of the Government arrangements to deal with asylum seekers and detainees. The health and medical care of detainees has I believe, been negligent for many. This week three senior Australian doctors have launched medical negligence complaints against Australasian Correctional Management (ACM) over its treatment of two former detainees in Villawood Detention Centre. The doctors say the two complaints are the tip of the iceberg.

About half of the 1100 or so asylum seekers still in mainland detention have exhausted all avenues of appeal and await deportation. Each centre is now a ferment of despair and hopelessness as the residents have nowhere to go, and no hope for their future. Awful as the mainland centres are, at least some people have been able to make community contacts. The 450 still stranded on Nauru have no access to lawyers and little to the outside world. I understand that there are more than 150 Iraqis already found to be refugees who are still there awaiting placement but now fearing deportation back to Iraq. Some of those people are likely to be family members of recognised refugees who have temporary protection in Australia. These desperate and vulnerable people were used as pawns for electoral gain by both major parties

We do know from letters that the detainees say that people there are "going mental". Until the cyclone earlier this year, drinking water was shipped in from the Solomon Islands, now it is sourced from Australia. For several weeks people were fed only one meal a day and I am not sure

that this has been rectified. Because of the water shortage, people find it hard to keep clean and suffer skin rashes. Many contract episodic vomiting and diarrhoea. The Minister even acknowledged in Parliament that several people had contracted dengue fever.

But the awful scandal is the high proportion of children in detention centres - breaching the Convention on the Rights Of the Child. Most of them are in the Pacific. Children would never be incarcerated with adults in any other Australian prison. Yet there are 42/302 children detained at Baxter, 21/132 at Pt Hedland, 37 at Villawood and 114 at Nauru, with others elsewhere. That is there are daily more than 214 sustained and continued breaches of the Convention. Every child has been in detention at least 18 months, some for 4 years. We know from medical reports that the longer children are detained the more they are harmed physically, socially, emotionally and mentally.

Judging by submissions made to the Human Rights Inquiry into Children in Detention Centres, and also a growing body of research and medical experience, it can only be presumed that the arrested physical and emotional development evident in some children in mainland centres, will be augmented for children in Nauru. However we look at it, this is state sanctioned abuse of children. The eminent psychiatrist, Dr Louise Newman gave a public lecture for CASE for Refugees. The audience was left depressed and angry about the harm that is being done to already damaged children, and guilty as Australians who know this harm is done in the name of border protection.

She compared the emotional neglect and deprivation of detained children at Woomera and Villawood to that of children she had seen in Romanian orphanages. Dr Newman outlined the effects of detention, including the long-term impact on infants of delayed neurological development, attachment disorders and relationship disturbance, and chronic depression, anger and alienation. Those infants born in detention are especially vulnerable, one reason being that their mothers are usually so depressed that they are unavailable emotionally for them. Incidentally the Minister has declared that for his purposes depression is not a mental illness.

Just this week a study on the effects of detention on children, was released by the School of Psychiatry in NSW. Twenty children at Villawood were surveyed to find a ten-fold increase in psychiatric illness in child detainees. They came from 10 families and ranged in age from 3 to 19. The highest level of childhood mental illness ever recorded in the medical literature is cause for deep shame. Their illness derives from their experience where children have been witness to riots, violence, self-harm, live with the distress of their parents and are called by number and not by name. One of its most salutary findings is that the children were mostly healthy before being locked up. But after two years in Australian detention camps, they're all suffering at least one psychiatric illness and more than half of them have multiple disorders - most commonly major depression and post-traumatic stress disorder. A lot of children are severely distressed, tearful, mute, unable to eat, to socialise, to play. Detention is

no place for anyone, but certainly not for children; every day they are locked up is damaging. The children with temporary protection who have borne these experiences are also harmed. Evidence to the HREOC Inquiry demonstrated that.

"children of asylum seekers may often exhibit symptoms of anxiety, nightmares, withdrawal, or hyperactivity....Support for these children needs to be multifaceted aiming to provide as normal a life as possible, importing a sense of security, promoting education and self esteem. It is also important to support parents as they may be facing difficulties themselves. The most therapeutic event for a refugee child can be to become part of the local school community and learn and to make friends."

Dr's Burnett & Peel, Medical Foundation for the care of Victims of Torture, London, U.K

Even the Minister acknowledges that less than half of the children in detention centres - in his care - have had access to any education.

In recent years the scandalous treatment of children in days gone by have been unearthed and Governments have had to deal with the consequences. We have learned about the abuses of the well-being and physical, sexual and cultural integrity of child migrants, of orphans and state wards, of indigenous children and relinquished children. We have not learned that children's lives and futures are fragile and precious. Believe me this scandal of state damage to child detainees and refugees will haunt us in years to come - and people will be shocked and say that they didn't know.

Asylum seekers with bridging visas

I want to draw your attention too to the small but growing number of people who are released from detention with a bridging visa - usually because of health problems and from last week because of legal challenges to their status in detention. (Other bridging visas are provided to people who arrived legally say as students or tourists then make a claim for protection. Their claim is assessed while they live in the community).

The ex-detainees are very vulnerable as the visa denies them work rights, social security and Medicare rights. It leaves the individual totally reliant on charity, a terrible situation for anyone. As the reason for release is usually health related, the costs of medications and medical care are picked up by non-government agencies like CARAD or churches. We welcome all donations!! There are some, but very few GPs and specialists who will provide pro bono care. While public hospitals will not turn away anyone needing treatment they will pursue payment, resorting to debt collectors on occasion. Nearly every one of these asylum seekers has post-traumatic stress if not a diagnosed psychiatric illness.

THE REFUGEE EXPERIENCE

After three years, the first group of refugees to be released is in the process of making their claim for permanent protection. A specialised legal service, run by trained volunteers, has been established (CASE for

Refugees, or the Centre for Advocacy, Support and Education for Refugees). This is an extraordinarily difficult time for individuals with their anxiety heightened and the recurrence of symptoms of PTSD as they recount their story and participate in providing the information which will lead to a decision being made about them - a decision which in many cases can be literally a life and death one.

CARAD has always argued that the TPV set refugees up to fail; they are unable to access the services provided to other refugees, unable to make any plans about their lives and unable therefore to put the past behind them.

Psychiatrists have identified three stages of the refugee experience that can contribute to mental illness, in particular the now well-accepted syndrome of post-traumatic stress disorder.

These are

- the conditions of persecution leading to the decision to flee the country,
- the journey to safety and
- the arrival/settlement experience.

There is a reasonable expectation that this sequence will follow, but individual experience and mental health outcomes may not conform in a linear way.

Many of the concerns of asylum seekers and refugees are time related; how long will I be here: our house was burned before the snow came: when can my father come: we lived in the mountains when it was summer, this started when X came to power, our visa time is over. They have no control over any of these matters, a condition to which there are different individual responses. There is nothing precise about refugee timelines; nothing linear, nothing sequential, nothing certain.

Detention is a component of the journey for which safety and freedom are the end goals. But no one knows how long detention will last. They see others in detention who came later and leave earlier. They get no information as to the progress of their claim. There is no end point, no sentence length. And neither is there any end once they are determined to be refugees. The visa conditions mean that they can make no plans.

I think that the uncertainty now generated for acknowledged refugees who are making their secondary claim has returned some of them to the status of persecuted again. Detention and temporary protection can be said to compound the trauma from which they have fled.

Even though objectively safe, detained asylum seekers whose future remains undetermined for months and years, cannot be said to have arrived at any end point. Some of you may have been following the issues related to the East Timorese people who after ten years have suddenly been threatened with return, despite several having married Australians

and producing Australian children. There may not be one for people who came by boat as "unauthorised arrivals". The Parliament ensured that it would be almost impossible for any unauthorised arrival to settle permanently in Australia from September 27th 2001.

The insecurity now generated for refugees about their future, especially those from Afghanistan and Iraq, has pushed them backwards. There is a palpable anxiety building in the temporary refugee community, as the first group has come to the end of their three years and are making their claim for permanent protection again. Uncertainty and insecurity are heightened as they contemplate a future over which they have no control, for which they can make no plans, a future that might take them backwards. Many thought they had left their nightmares and pain behind them as the time passed but have been flawed by their return. I hope they have GPs aware of the symptoms they present with.

So the refugee experience is marked by uncertainty and any ability to plan, a condition that dis-empowers and takes the capacity to make a future away from every person, including children. This contributes in negative ways to the well-being and health of refugees. Their journey can never be over until their status as refugees is resolved. Their vulnerability to the emotional and health impact of this long and unnecessary hardship has been imposed by harsh laws and policies. The associated fear and prejudices of the broader community add to the vulnerability.

But many Australians have become more and more concerned that by punishing and hurting asylum seekers and refugees, we also damage ourselves by a collective lack of compassion, and by standing by while these punishments are meted out when they needn't be.

Australia has reduced its refugee intake from 25,000 to 12,000 a year - a quota that has not been filled most years - during the time that the number of refugees and displaced people worldwide has grown substantially and our population has increased by around 3 million. This year it should be possible to acknowledge that the wars and lawlessness continue in Iraq and Afghanistan and accepted that the 9000 people already judged to be refugees once should be provided with protection and permanent residence. We did this for the Chinese people here at the time of the Tien An Minh Square massacres. The sky is still there, and importantly those men and women have contributed to our national and community life.

No one suggests that we should have open borders. Justice Einfeld and Father Mark Raper have both argued that if Australia shared land borders with oppressive countries, our problem would be thousands of times worse. They claim that our protection is not draconian laws or political deceit, but our geography. We are now the only developed country in the world to practise indeterminate and incommunicado detention of asylum seekers and their children. There are alternatives to detention, which must be explored by Government. One such model is to admit all unauthorised arrivals to a reception centre while their identity, health and security status are checked with 10 to 14 days. A case officer is assigned

to a designated number of asylum seekers and they are free to live and work in the community. Regular reporting to an authority is required and we know from places like Holland and Canada that compliance is high. After all remember that we do have experience in this kind of set up with bail and parole procedures.

In conclusion it must be said that it is not illegal to ask for asylum. A person who has escaped from a country where they have been persecuted is entitled to make an application for asylum in a country that is a signatory to the Convention on Refugees. Australian laws and international laws permit people to seek asylum as refugees. As with other signatories, we have a binding legal obligation to all refugees, not just those we choose.

There has to be a better way - for all of us.

If you would like a copy of any of these policies or submissions please phone (08) 9221 3422 or email info@hcc-wa.asn.au