



JULY 2024

CRUELTY BY DESIGN: The health crisis in offshore detention

PREPARED BY
THE ASYLUM SEEKER
RESOURCE CENTRE



Introduction

“ I’m sick for such a long time and stress about my situation here and I don’t know what to do so please do something. I need proper treatment and deserve a better life because I already spent 11 years here spoiling my life and nothing’s here in my hand. I’m waiting for a good life and freedom from here.

- Anonymous refugee in PNG

During the past 11 years, Australia’s policy of offshore processing has caused at least 14 deaths and significant physical and mental harm to the thousands of refugees and people seeking asylum subjected to unimaginable cruelty in detention centres in Nauru and Manus Island (PNG).

The policy has proven to be a cruel failure, not only due to the significant costs to operate the contentious detention regime - over \$12 billion from July 2012 to June 2024 - but due to the widely-documented cases of medical neglect, sexual violence, suicide attempts, mental and physical abuse and countless other human rights violations that have occurred offshore.

“ Few other countries go to such lengths to deliberately inflict suffering on people seeking safety and freedom.”

- Anna Neistat, Senior Director for Research at Amnesty International

Medical experts, including those who witnessed firsthand the destructive effects of detention in Manus and Nauru, have continued to speak up about the deliberate secrecy surrounding people’s welfare and conditions, difficulties in escalating medical care, lack of appropriate access to basic medications and treatment, and minimal emergency medical training of local health staff.

Coronial inquests into deaths in offshore detention have also confirmed that lack of early intervention and significant delays in medical evacuation led to the deterioration of treatable conditions and ultimately to loss of life.

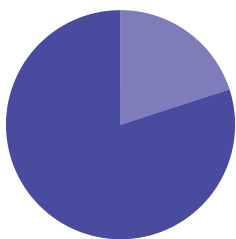
Today, the Asylum Seeker Resource Centre (ASRC) continues to advocate alongside medical experts and those still held offshore, for the Australian Government to be held accountable for the safety, medical care and welfare of approximately 47 refugees and people seeking asylum held in Papua New Guinea (PNG) and 96 people detained in Nauru.

Current health data

ASRC's Detention Rights Advocacy Program (DRAP) currently provides support to 66% of the 96 people detained in Nauru and 66% of the 47 refugees formerly detained in Manus Island, who remain stranded in PNG.

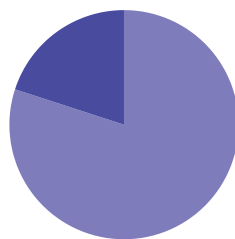
Of the people ASRC is currently in contact with:

- 20% of refugees in PNG are so unwell that their lives are at imminent risk
- 100% of the refugees in PNG, and 65% of people held in Nauru suffer physical health conditions
- 88% of the refugees in PNG, and 22% of people held in Nauru suffer severe mental health conditions
- 100% of people in PNG reported difficulty accessing medical care, including being declined care, and being asked to pay for care when they have no financial support
- 60% of people in Nauru reported concerns with the limited healthcare available in Nauru
- 100% of people detained in Nauru and in PNG have reported experiences of trauma (including persecution, the journey to seek asylum by sea, family separation, medical trauma, experiences of violence in detention)
- 40% of the refugees in PNG suffer chronic suicidal ideation and a history of suicide attempts
- 10% of people held in Nauru experience suicidal ideation



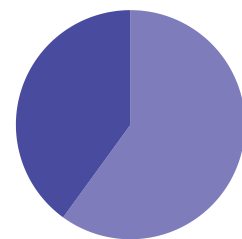
20%

of refugees in PNG are so unwell that their lives are at imminent risk



88%

of the refugees in PNG suffer severe mental health conditions



60%

of people in Nauru reported concerns with the limited health care available

Medical foreword

Dr Nilanthy Vigneswaran, Infectious Diseases Fellow

In reflecting on the role of healthcare professionals, it is inevitable to also reflect on points in history where our high, universal standards of healthcare have failed those most in need of it. Nowhere is this more apparent than when examining Australia's policy of mandatory offshore detention.

Since the reintroduction of offshore processing for those seeking asylum in Australia in 2013, the facilities in Nauru and PNG have garnered international infamy as sites of human rights abuses.

Multiple, preventable deaths have occurred in these settings, from treatable conditions. Healthcare workers in the employ of contracted companies tasked with medical oversight of these facilities have blown the whistle on disastrous, inhumane living conditions, and have described them as akin to 'torture'. Inadequate provision of care and unacceptable delays in escalation of care in offshore detention have contributed to morbidity and mortality.

Overcrowding, lack of sanitation or appropriate standards of hygiene, and accounts of sexual and physical assault have been documented and are only the tip of the iceberg regarding the endemic medical issues in offshore detention. Moreover, indefinite and mandatory immigration detention has been cited by human rights organisations and the United Nations as a method of torture and degrading treatment. The fact that children have been subject to this treatment, is an unimaginable and cruel reality.

The mental health of those seeking asylum is significantly affected by many traumas already experienced by this vulnerable group. Symptoms of post-traumatic stress, depression and anxiety are exacerbated in indefinite detention. There have been countless reports of suicides and self-harm attempts by refugees and people seeking asylum in detention facilities, both onshore and offshore.

The repealing of Medevac legislation, intended to facilitate urgent transfers and medical, including psychiatric, assessment of people seeking asylum in Australia, highlights the legislative barriers preventing the provision of critical medical care to people held in offshore detention.

It is a testament to how far Australia has fallen, that despite more than a decade of evidence of the harms inflicted on human beings detained in offshore detention facilities, these immigration policies endure. Many remain in PNG, without a clear path to resettlement, with chronic and deteriorating health conditions that remain inadequately addressed. Despite ending its offshore processing agreement with PNG in 2021, Australia is not fulfilling its responsibilities for the welfare of refugees and people seeking asylum transferred there by our government.

Healthcare professionals have continued to shine a light on the urgent need for reform of a system that is destructive to the health of refugees and people seeking asylum, however the lack of transparency around Australia's immigration policies and data persists.

Punitive measures that have historically been imposed on whistleblowers, including medical professionals contracted to work in offshore detention (i.e. the now defunct Border Force Act 2015 (Cth)), remain a shameful attempt to silence rather than address the failings of Australian offshore immigration detention.

Healthcare professionals welcome this timely report from the ASRC. New reports of transfers of individuals to Nauru in recent months raise alarms that successive governments have committed to a continuation of offshore detention that puts people's health at risk. The 11-year history of medical neglect, trauma and human rights abuses as a direct result of Australia's offshore processing policy is clear evidence that decisions regarding medical care should be in the hands of medical professionals.

Time is of the essence when considering the need for urgent evacuation and adequate medical assessment of those who have languished in PNG for periods of more than a decade. The welfare of people recently transferred to Nauru should not be concealed from the Australian public. Renewed calls for inquests into the medical care provided in offshore detention over the past decade and deaths in detention are accompanied by urgent demands for independent, medical oversight and evacuation for those held offshore to ensure their safety and provisions of appropriate medical treatment.

Now, more than ever, is the time for open discourse about the need for an overhaul of a failed policy and the healthcare provision to refugees and people seeking asylum.

ASRC's detention casework service

ASRC has the oldest detention casework service in Australia, working with refugees and people seeking asylum who have been held offshore since the Tampa Crisis in 2001. The Detention Rights Advocacy Program (DRAP) provides trauma-informed, phone-based support to people held in Nauru and PNG.

DRAP provides a critical lifeline to people - including assessment, information, referrals, advocacy, emotional support and crisis response through triage and case management services. Detention caseworkers write risk notifications, provide referrals to legal and counselling services and advocate for access to vital medical treatment, and release from detention. They advocate for the medical evacuation of people to Australia, support people to engage in resettlement pathways, monitor conditions of detention and document human rights abuses.

Over the past 11 years, DRAP has submitted more than 400 risk notifications to the Australian Border Force, International Health and Medical Services (IHMS), the Pacific International Hospital (PNG), the Department of Home Affairs and the Minister for Home Affairs.

These notifications detail critical incidents of self-harm, suicidality and severe and deteriorating physical and mental health conditions requiring urgent treatment. Responses to risk notifications to date have been minimal, generic and often unhelpful, and have very rarely resulted in the medical transfer, or proper medical and mental health care required.

In 2018-19, the ASRC successfully aligned with refugees, Australian legal firms, doctors and sector partners to campaign for 'Kids off Nauru'. Firms ran legal challenges or threatened legal action in the Federal Court to evacuate people to receive life-saving medical care. DRAP coordinated the safe transfer of 109 children and their families from Nauru to Australia.

In 2019, the ASRC helped establish the Medevac legislation which provided a clear pathway for people in offshore detention to receive urgent medical treatment in Australia. Several specialist refugee, medical and legal organisations, including the ASRC, came together nationally to form the Medical Evacuation Response Group (MERG) to facilitate and manage transfer requests under the Medevac laws (in the absence of any government process). Of the 273 people approved under Medevac for urgent medical care in Australia, DRAP helped facilitate the transfer of approximately 200 people to Australia before the law was repealed in December 2019.

As of July 2024, ASRC's specialist caseworkers have regular contact with 32 of the 47 refugees remaining in PNG and 64 of the 96 people currently detained in Nauru.

With 100% of the refugees in PNG, and 65% of people held in Nauru suffering physical health conditions, health remains one of the most significant risks facing people offshore. 88% of the refugees in PNG and 22% of people held in Nauru also suffer severe mental health conditions.

Unless refugees and their families are urgently evacuated to Australia, where they can access appropriate medical care and support while their resettlement is prioritised, the threat to health and human life becomes more critical by the day.

Papua New Guinea

“ People held offshore and their families must be urgently brought to Australia for their healthcare needs to be addressed. Appropriate and accessible medical care is not subject to the whims of Australia’s immigration policies – they are fundamental and undeniable human rights.

- Dr Nilanthi Vigneswaran, Infectious Diseases Fellow

Background

In July 2013, then Prime Minister Kevin Rudd announced that no person seeking asylum by sea would ever be allowed to settle in Australia as refugees. Instead, people would be detained offshore while their protection claims were processed at brutal offshore detention centres in Manus Island (PNG) and Nauru - both operated and funded by the Australian Government.

In 2016, the Manus Island Detention Centre was found to be unlawful by the PNG Supreme Court. In 2017, the Government officially closed the Manus Island Detention Centre, ordering all staff to leave the island - abandoning more than 600 people still left there. Most of the people were eventually transferred to Port Moresby where they would wait, often many years, to be resettled.

In 2021, then Prime Minister Scott Morrison announced the end of offshore processing in PNG. With more than 100 people still remaining in PNG, people were given the option to transfer to detention in Nauru or continue to wait in PNG for resettlement to third countries including the US and Canada.

Most chose to remain in Port Moresby, but resettlement to third countries has proven to be slow and drawn-out. There are approximately 47 men remaining in Port Moresby with at least 18 partners and 34 children. After being exiled to PNG nearly 11 years ago, the mental and physical health of the remaining refugees and their families continues to deteriorate.

Despair, destitution and sickness

“ There is a long history of dehumanisation of refugees in this country. This violence has been normalised, but it is not normal, it should never be normal. When you dehumanise people, it is easy to kill them, torture them, starve them and banish them.

This tragedy in Papua New Guinea has been created by the Australian Government, yet the Government says it is not responsible for refugees. The refugees came to seek asylum in Australia – you cannot just leave them behind.

- Behrouz Boochani, Author, Journalist and refugee formerly held on Manus Island

After suffering years of trauma in detention on Manus Island, inadequate medical care, medical neglect, human rights abuses, family separation, and now in the midst of a life-threatening humanitarian crisis, it is unsurprising that refugees abandoned in PNG have developed serious physical and mental health conditions.

ASRC's Detention Rights Advocacy Program (DRAP) can confirm that 100% of the PNG refugees they are in regular contact with suffer physical health conditions and 88% suffer severe mental health conditions. At least 40% of refugees remaining in PNG have reported chronic suicidal ideation and a history of suicide attempts.

Their health issues include, but are not limited to:

- Autoimmune disorders
- Cerebrovascular disease
- Gastrointestinal conditions
- Stroke
- Diabetes
- Hypertension
- Poor nutrition
- Chronic pain and untreated physical injuries
- Liver and kidney issues

- Prostatitis
- Dental issues
- Chronic anxiety, severe depression, post traumatic stress disorder, psychosis
- Complex trauma and high levels of distress
- Chronic suicidality, self harm
- Other serious and debilitating mental health conditions.

In the past 12 months, DRAP has sent 33 risk notifications and 11 requests for urgent medical evacuation of refugees in PNG.

After some time, the ASRC received a response from the Department of Home Affairs stating that the Australian Government ended Australia's regional processing association with PNG on 31 December 2021. There was no meaningful response regarding the life-threatening situation of the men and their families.

The situation for refugees and their families grew more critical in November 2023 when, amid corruption claims, humanitarian service providers in Port Moresby withdrew support from refugees and their families claiming they had not been paid in over a year by the Australian Government.

This has left people without food, money, transport, security services and with insecure accommodation and intermittent access to public healthcare and electricity.

Charities, including the ASRC, have stepped in to provide emergency donations to ensure refugees and their children have access to basic essentials for survival - that money has now run out and the refugees are destitute.

20% of the 47 refugees require urgent medical care and immediate evacuation for medical treatment. A small group are also acutely mentally unwell and unable to care for themselves or to consent to receive support of any kind. Without electricity, food and medical care they are terrified, paranoid and at risk of death.

The only lifeline for the remaining refugees and their families is resettlement to New Zealand, US and Canada, yet the resettlement process has been drawn-out over several years and bureaucratic. Many refugees are now becoming too unwell to engage in the resettlement process.

Despite the Australian Government claiming no responsibility for the people left in PNG, on 4th July 2024, The Guardian reported that the Albanese Government will strike a new funding deal with the PNG Government to provide support to the Manus Island legacy cohort. It is still unknown when the support will start, what it will include, how long it will be provided for, and what checks and balances are in place to ensure the support reaches the men and their families. Meanwhile, the health and humanitarian crisis continues to grow more critical each day, and without urgent intervention and evacuation, the situation remains dire.

What healthcare is provided in PNG?

Some healthcare is provided to the 47 refugees by Pacific International Hospital (PIH) in Port Moresby, which offers limited access to imaging, dental care, mental health care, psychiatric care and surgery.

However, since the cessation of the PNG Humanitarian program, all of the 32 refugees whom the ASRC works with have reported difficulty accessing medical care, including being declined care or being asked to pay significant costs for care when they have no means to do so.

The lack of financial support also makes travelling to and from PIH extremely difficult. Due to high instances of violence, bus travel is unsafe so refugees and their families must pay approximately \$20 each way in taxi fares to travel to the hospital safely.

Wives and children of refugees are not eligible to access PIH. They can attend Port Moresby General Hospital, however it is under-resourced, there are significant wait times, and refugees and their families have experienced discrimination due to competition for scarce resources. This leaves families having to borrow money to pay costly fees for care at PIH that they have no way of repaying. Recently, Australian charities reported paying \$2,000 to ensure a pregnant mother in the PNG cohort would be able to give birth safely in hospital in the weeks ahead.

Many refugees have also been told by PIH doctors that they require overseas medical transfer for medical care not available in PNG, however no one has been medically evacuated since 2021.

Other contributing factors to poor physical and mental health

“ The rates of mental and physical illness in people who were held offshore were higher than observed in comparable onshore populations and markedly higher than mainstream populations.

This included extremely high rates of mental disorders such as major depression and post-traumatic stress disorder. The lack of access to appropriate specialist health care and medicines would perpetuate illness as would psychosocial disadvantage and poverty.

- Professor Suresh Sundram, Head of Psychiatry, School of Clinical Sciences, Monash University

Denied access to food, secure housing and basic essentials

Refugees and their children are facing imminent starvation. They are without money and food as financial allowances and food vouchers have ceased and parents are unable to provide formula and nappies for infant children.

Frequent violence and threats to human life and safety

Refugees and their families continue to experience discrimination, violent attacks, thefts and home invasion. Many fear for their lives and the safety of their children and are too frightened to leave their accommodation. Refugees have been threatened with eviction, they are transient and at risk of homelessness, and some have been relocated to unsafe areas and are isolated. Without access to secure accommodation and security, people are at further risk of violent attacks.

“ I don't know what I will do and where to stay. Me and my family will sleep on the street. I am very scared for my family because it is not safe if they kick us out from my apartment. The Australian Government needs to send all the refugees to Australia to get the proper treatment. Papua New Guinea is not safe.

- Faisal Elzeiny, refugee in PNG

CASE STUDY

Mahtab sought safety in Australia in 2013, and was exiled to PNG. After nearly 11 years of suffering family separation and harmful conditions, he remains there. Now in his fifties, he is so unwell that he is unable to engage in any resettlement pathway and fears that he will die in PNG.

Mahtab suffers from a myriad of debilitating physical and mental health conditions including cerebrovascular disease, heart disease, hypertension and an autoimmune disorder. He has a history of complex trauma, and his mental health is worsening every day with severe anxiety, depression and chronic suicidality.

Mahtab requires a high level of medical support which has not been given to him in PNG. He has had to arrange his own medical equipment to monitor his health daily. Mahtab has had a range of negative experiences with Pacific International Hospital (PIH) staff denying him medical treatment. As a result, he has experienced a lot of medical trauma.

Without allowance and food vouchers, Mahtab is experiencing food insecurity, is unable to access appropriate food supplies to manage his health conditions, and is eating only one small meal a day. Mahtab was relocated to alternate accommodation far from the shops and PIH and due to a lack of transportation, he has to walk which is extremely challenging due to his poor physical health.

This precarious situation is compounding all of the other risks to Mahtab's health and safety.

Mahtab's family have been torn apart due to Australia's immigration policy. He has family in a refugee camp in Asia, and a son with a disability in another country who is being supported by the UNHCR. Mahtab does not know if he will meet his family again. He has no social support in the community and is isolated.

Mahtab has a poor quality of life and continues to deteriorate, resulting in impaired decision-making capacity such that he is now too unwell to engage in any resettlement pathway.

Mahtab requires health investigation and treatment not available in PNG. His physical and mental health has continued to decline due to the ongoing stress and trauma of being held offshore for several years, and should he not receive adequate physical and mental health care, the consequences will be dire. Medical evacuation is the only option to save Mahtab.

Ongoing uncertainty and engagement in resettlement pathways

Slow resettlement has led to poor mental health of those remaining in PNG, and a sense of despair and hopelessness about the future. This is now impacting the wives and children of the remaining men, many who were brought to Port Moresby after years of separation, with the hope they would soon be resettled to third countries as a family unit.

The resettlement process has proven to be drawn-out and bureaucratic. Refugees are required to be interviewed multiple times, and due to the length of time, police and health checks lapse and need to be redone.

There is a lack of information and communication regarding a person's progress or barriers to progressing their applications, and very little support to assist people to engage. When refugees are declined resettlement, they are often not provided with an explanation.

As a result, people in PNG have lost trust and confidence in the resettlement process. After years of indefinite detention, deleterious conditions and inadequate healthcare, people are suffering poor mental health and despondency. Many refugees are now too unwell to engage in the resettlement process, or experience significant challenges in engaging. Without a social safety net, refugees in PNG experience challenges such as being unable to fund the cost of a police check, or having to make the impossible decision of whether to use the small amount of money they receive from charities to feed their family or pay taxi fares for safe transportation to a resettlement interview.

Impacts on children

The children and babies of refugees abandoned in PNG by the Australian Government are suffering the impacts of deprivation, with many isolated, at risk of starvation and facing homelessness. The ASRC has received messages from distressed parents who cannot afford to buy nappies and formula for their babies, with some saying their children have not eaten in a number of days.

Children are also at risk of illness with parents cut off from food, water, financial assistance, power, transport and access to medical support. Their mental health is also impacted by not being able to attend school and socialise, spending most of their time in transient and insecure accommodation as families wait for outcomes of drawn-out resettlement processes.

The ASRC is currently working with two families seeking counselling referrals for their children as the impact of living in cramped isolation, with no chance to learn and play, takes its toll on their mental health.

“ **The scientific evidence is incontrovertible – adverse childhood events (ACEs) have dire consequences, in childhood and adult life..We must not turn a blind eye to the plight of these men and their dependents. The time to act is now.**

- Dr Julie Stone, AM, FRANZCP, retired infant, child & family psychiatrist

CASE STUDY

Haniya is a 12-year-old girl living with her parents and three-year-old sister in Port Moresby. Her father is a refugee who sought safety in Australia in 2013 and was exiled to Manus Island when Haniya was a baby.

After years of family separation, Haniya and her mother joined him in 2020. The family remain stranded and destitute in Port Moresby, waiting in uncertainty for an outcome in the New Zealand resettlement process.

When Haniya first arrived in Port Moresby, she was healthy and happy. However, three years later her health has deteriorated significantly. Haniya has developed Vitiligo, a chronic, long-lasting autoimmune disorder that causes patches of skin to lose pigment or color, caused by stress. The condition started with changes to her hands, and has now spread all over her body.

Haniya is socially isolated and unable to attend school as PNG Immigration has not provided documents for admission. She does not leave the house due to the prevalence of violent attacks in Port Moresby and the risk of sunburn to her skin. She desperately wants friends but has none as other children fear her vitiligo is contagious and shun her. As a result, Haniya has developed low mood.

Haniya's family has faced many hardships since the funding for PNG humanitarian services was cut in 2023.

During the January 2024 riots in Port Moresby, the shop that Haniya's father worked in was invaded and looted while he was threatened and robbed at gunpoint. The shop has now closed and he has no job. Haniya, her mother and sister have also been attacked twice and now stay at home all day every day. Her father is the only one that goes out.

Haniya's family has no income. They have been relying on occasional donations from Australian charities, and whilst these have helped keep them alive, they do not cover their basic needs. Haniya's family often run out of food, and miss meals. They have intermittent access to electricity and water. They use the electric heater as a means to cook their food because it also allows them to warm their living space at the same time.

Haniya, her mother and sister are ineligible for PIH healthcare, and her father has only had inconsistent access, despite the multitude of physical and mental health issues he suffers after nearly 11 years of detention and limbo. Haniya's family received a lockout notice and were evicted due to unpaid arrears as PNG accommodation providers have not been paid. They were then asked to return, however the threat of eviction looms.

All of these hardships contribute to Haniya's stress, which exacerbates her vitiligo. Her future is uncertain but she holds onto a simple dream:

"I dream for me and my family to have a normal life, to be safe and happy again in a new country, go to school and have friends."

History repeating in Nauru

Background

In June 2023, after a decade of trauma and inhumane treatment, almost all refugees were finally evacuated from Nauru. However, since September 2023, transfers to Nauru have restarted and there are now 96 people facing medical neglect, further trauma and an uncertain future in detention on the isolated island.

Despite the clearly documented failings of the Australian Government's brutal offshore processing and detention regime, which includes at least 14 deaths, human rights abuses, medical neglect and physical and mental abuse, the Albanese Government continues to pour money into operating a detention centre in Nauru.

A staggering \$604 million has been set aside for offshore management in 2024-2025, and \$563 million was spent last financial year alone on offshore management. There appears to be no clear pathway out of the financial and moral vacuum with the Department of Home Affairs remaining tight-lipped about what - if any - third country resettlement options are available for people in Nauru if their protection claims are successful.

In keeping with the Australian Government's long history of secrecy surrounding the welfare and future of people held offshore, people currently detained in Nauru have had smartphones removed which prevents them contacting their families, humanitarian websites blocked on shared computers and they are only given limited phone credit to make outgoing calls.

Despite this deliberate attempt to obstruct people's ability to speak with family and support agencies, the ASRC's Detention Rights Advocacy Program (DRAP) has made contact with over 64 of the people being detained - and they continue to make attempts to contact more people.

“ We can’t see our future, everyone is uncertain, everyone is afraid, they ask ‘what will happen to us?’ Will they forget us, just leave us here? How many years, 10 years?

- Mohammad Bashir Anjum, person seeking asylum trapped in Nauru, 2024

An emerging health crisis

From a series of in-depth intake calls, DRAP caseworkers can confirm that due to inadequate medical support and mental health care, family separation, and uncertainty about the future, people in Nauru are already experiencing mental and physical health issues that are not being treated adequately.

Of the 64 people DRAP is currently in contact with, 65% have reported suffering from physical health conditions and 22% are already experiencing severe mental health conditions. **All have reported experiencing trauma, and 10% of those held in Nauru suffer from suicidal ideation.**

60% of people held in Nauru have also shared concerns with the ASRC about the limited healthcare available in Nauru, and 10% are considered high risk of further deterioration by DRAP social workers due to serious physical and mental health conditions.

Health issues reported to the ASRC include, but are not limited to:

- Eye and ear conditions
- Urological conditions
- Hypertension
- Heart complaints
- Chronic pain conditions
- Dental issues
- Physical injuries
- Anxiety and depression
- Insomnia
- Complex trauma and high levels of distress
- Suicidal ideation and self-harm attempts

Given the long history of untreated conditions leading to serious harm and even death, the ASRC is concerned that without evacuation to Australia where people can receive appropriate medical care, the potential for loss of life in Nauru continues to loom.

Key areas of concern

Inadequate mental health support, no psychiatric care facility and limitations of new torture trauma counselling model

People who have been sent to Nauru have reported to the ASRC that they are in shock to find themselves in detention. They are distressed about separation from loved ones, and fearful for their future. They are experiencing anxiety, depression, sleeping issues, suicidal feelings and there have been at least two self-harm attempts.

The ASRC has been told that mental health concerns are being minimised or dismissed by IHMS staff and that some people are being asked to repeatedly tell their stories to different staff members when seeking mental health support, in contrast with what should be trauma-informed best practice. There is also no inpatient psychiatric care facility in Nauru.

The Department of Home Affairs claims to be hiring experienced torture trauma counsellors to work for IHMS, however there are unique issues with this model. The nature of short-term contract counsellors means that refugees have to repeat their stories to different workers, interpreters are not always available, and there are concerns that people's records are accessible to the Australian Government, which can have various implications for them. All of this is counter to trauma-informed care.

Limited and delayed dental care

A number of people held in Nauru have reported dental issues to the ASRC, however dental care is only provided in Nauru by the Republic of Nauru (RoN) Hospital. People in closed detention need Nauruan public health medical clearance before they can be treated at the RoN Hospital, and this is taking some months. Once they have access, care is basic and limited to fillings and extractions.

Left untreated, dental problems can lead to serious issues such as fever and seizures, speech and eating issues, lung and heart disease, stroke, anxiety, depression and cognitive impairment.

Lack of specialist care

People currently held in Nauru are reporting a lack of specialist care and assessment with inconsistent availability of doctors.

No after hours primary care or emergency care

People held in Nauru are reporting that there is no after hours primary care or emergency care, and access to medication is also extremely limited.

“ Nauru has no air ambulance stationed on the island. In the event of an emergency medical evacuation, it would take a minimum of 16 hours for a flight to leave Australia and return with the patient, assuming there is an available medevac aircraft in Australia, with available crew.

- Dr Barri Phatarfod, Doctors for Refugees

Issues with access to medications

People in Nauru have reported that IHMS sometimes runs out of medications and provides expired items.

“ I talked to the doctor several times. They just say they are restocking, but it is always an issue.

- Anonymous asylum seeker on Nauru

CASE STUDY

Abbas was recognised as a refugee after he first arrived in Australia in 2013. However, family separation and waiting for resettlement for years caused significant mental health deterioration. In 2021, he felt he had no choice, and returned to his country of origin. As he had feared, he was persecuted when he returned and had to flee again. Abbas was transferred to Nauru in 2024.

Abbas requires healthcare not available in Nauru. He has been given no healthcare plan, or timeframe in which to expect care. Abbas suffers from chronic pain due to an accident. A doctor in Nauru told him that he requires an MRI, however there is no MRI machine in Nauru. Abbas has asked several times when he can see an eye specialist, and has been told there is no specialist in Nauru. He has been told he is registered for further treatment but that nothing can be done for him in the interim and there is no medicine to help him. He has been given no timeframe for when he will receive any treatment.

Abbas also expressed concerns about the inappropriateness of available mental health care.

“After three sessions I was sent to another nurse, then another one, and passed onto a third one. We keep repeating our story and trauma. I have told them not to call me again for a mental health appointment. I get traumatised by repeating myself.”

Abbas is the subject of Australia’s failed offshore detention policy which has meant that 11 years after he first sought safety, he is still caught up in the same system that keeps him trapped and sick.

Since 2012, IHMS has been paid a staggering \$593 million to be the offshore detention health provider by the Australian Government, with their current contract in Nauru due to expire in August 2025.

“ Our doctors received several cases of refugees on Nauru who were either diagnosed with cancer or who had symptoms suggesting possible malignancy that were never appropriately investigated. At least two of these refugees have since died of their cancers.

- Dr Barri Phatarfod, Doctors for Refugees

What healthcare is provided in Nauru?

International Health & Medical Services (IHMS) deliver health services in Nauru, in conjunction with the Republic of Nauru (RoN) Hospital. Despite numerous reports since July 2013 of medical negligence and mistreatment of people in both offshore and onshore detention, IHMS will be paid \$57 million by the Australian Government to provide health services on Nauru for a three-year period ending in August 2025.

Amnesty International / Human Rights Watch detail IHMS negligence in 2016 investigation

“Refugees and asylum seekers reported that both the IHMS medical staff and Nauru’s hospital often refuse to take their complaints seriously, and in most cases reported to Human Rights Watch and Amnesty International prescribe nothing but painkillers. Some of those interviewed said that they had developed serious medical problems in Nauru and that they had received virtually no specialized medical attention.

“They had heart and kidney diseases, diabetes accompanied by weight loss and rapidly deteriorating eyesight, and back problems leading to reduced mobility, among other conditions. When Amnesty International and Human Rights Watch raised these concerns with senior IHMS staff in Australia, they “strongly refuted” allegations of poor quality medical care.”

Source: Australia: Appalling abuse, neglect of refugees on Nauru, Amnesty International Australia and Human Rights Watch, April 2016

IHMS key services are listed as including:

- Primary healthcare: GPs and registered nurses deliver primary healthcare to patients
- Mental healthcare: Psychiatrists, psychologists and mental health nurses provide mental health care
- Health assessments: IHMS undertakes physical and mental health assessments of patients upon entry, and regularly thereafter, as well as prior to departure from detention

IHMS claims to provide “patients with healthcare at a level consistent with that available to the wider Australian community”. However, this is untrue particularly in the context of Nauru.

There have been numerous instances recorded over time of IHMS staff mistreating people in Nauru detention, with staff whistleblowers also publicly condemning IHMS practices and the inadequate provision of care.

“ We have here an environment that is inherently toxic... It has characteristics which over time reliably cause harm to people’s mental health. We have very clear evidence that that’s the case.

- Dr Peter Young, Former Chief Psychologist for IHMS, The Guardian 2014

Dr Young detailed a number of concerns with the Department of Home Affairs’ decision-making and oversight of IHMS’s treatment of people in Nauru, including: delays in evacuating people to Australia for medical treatment, knowingly leaving people in detention who were suicidal and directing IHMS doctors to exclude information in reports that showed how the detention environment was making people sick.

Due to its geographical isolation and small population of approximately 12,500 people, Nauru does not have the infrastructure, facilities or staffing to provide specialist care for its general population, or for outpatients from the detention centre.

Some health services are provided to people in held detention by the Republic of Nauru Hospital, however there has been no information and transparency around the scope of those services.

Currently in Nauru there is:

- No access to specialist assessment and treatment
- Limited and delayed dental care
- No inpatient psychiatric care facility
- No MRI equipment- essential for emergency diagnosis and for identifying cancers, tumours, brain injuries and spinal injuries
- No after hours or weekend primary care or emergency care
- No air ambulance stationed on the island

“ Of course, our medical facilities are not as what may be expected by others but what we do is send them overseas.

- Nauru President David Adeang

With limited ability to provide adequate care in Nauru and evidence already emerging of medical neglect, it is the fear of refugees, advocates and medical experts alike that it will be a case of history repeating itself unless Nauru's doors for offshore processing are closed once and for all.

“ In 2016, it took over 24 hours for a medevac aircraft to even reach Omid Masoumali on Nauru, and he later died in agony at a Brisbane hospital. The coronial inquest into this death heard he had a '90-95% chance of survival had he been treated in a timely manner', and also that the standard of care provided at Royal Nauru Hospital (RON) was 'barely acceptable'.

- Dr Barri Phatarfod, Doctors for Refugees

Conclusion

“ There is absolutely no justification for keeping already severely traumatised individuals in an environment consistently described as ‘hell’ and ‘the Island of Despair’ (Nauru) simply to obtain electoral advantage.

- Dr Barri Phatarfod, Doctors for Refugees

RECOMMENDATIONS

- Evacuate all refugees and people seeking asylum currently in Nauru and PNG to Australia to access critical medical care and social support while awaiting resettlement or processing of their protection claims
- Provide clear, accessible and swift resettlement pathways for all people subjected to offshore detention
- Establish a royal commission into Australia’s immigration detention regime

The evidence pointing to a failed policy of offshore detention is overwhelming. Year after year, report after report, the mountain of evidence grows. This is another report on a pile of expert reports documenting the failure. 11 years of failure. In any other situation where the majority of people were reporting mental and physical health conditions as a result of a Government policy, there would be an outcry and immediate action.

Yet successive governments have knowingly engaged in a harmful practice, sending people offshore to situations and conditions of abuse. Continuing to turn their backs on people who arrived on our shores seeking safety.

All because of politics. It is said that politics poisons policy and nowhere is this more evident than in our policy of offshore detention.

Rudd’s Regional Processing Arrangement with Papua New Guinea - and later Nauru - has led to successive governments rubber-stamping thousands of men, women and children enduring years of torture and unspeakable human rights abuses at offshore detention centres in Nauru and Manus Island.

The capacity to act inhumanely continues and the excuses are endless.

Unless people currently held in Nauru and PNG are evacuated to Australia where they can receive the appropriate medical and social support while their protection claims are processed, there will undoubtedly be further, preventable loss of life.

It's what refugees are demanding, it's what healthcare professionals are demanding, it's what the public are demanding.

The time for change is now and people's lives depend on it.

Appendix

A shameful legacy: The physical and mental health impacts of detention

It is well documented by national and international humanitarian organisations and medical experts that indefinite detention, family separation, unsafe conditions, medical neglect and living in constant uncertainty has a debilitating and lasting effect on people's physical and mental health.

Despite this overwhelming evidence, successive Australian governments continue to create and maintain cruel policies that deny people the right to adequate medical care and safe conditions while they exercise their legal right to seek safety.

Below are key moments in the past 11 years which detail the neglect of people held offshore by the Australian Government.

2023 | Open letter by Australian healthcare experts calling for the immediate evacuation of people held in Nauru and PNG

A group of 400 + Australian healthcare professionals and organisations (doctors, nurses, and allied health professionals) penned an open letter to the Prime Minister and Australian Members of Parliament, calling for the immediate evacuation of those held in PNG and Nauru. The open letter reiterates the medical community's long-held concerns about the inadequate healthcare and harmful conditions of offshore detention.

“ Conditions such as cellulitis (easily treated in Australian healthcare settings) have progressed to septicemia and death in offshore detention without early intervention. Multiple reports of physical and sexual assault have been reported in offshore and onshore immigration detention.

As medical professionals, we have already seen the destructive effects of indefinite detention on an individual's physical and mental health; this is recognised by the United Nations as a form of torture.

- Excerpt from Open Letter 2023

2023 | PNG Chief Migration Officer reports imminent medical evacuations from PNG to Australia

On 23 October 2023, the [Guardian reported the PNG Chief Migration Officer](#) had spoken publicly about discussions with the Department of Home Affairs and UNHCR regarding the imminent transfer of 16 people seeking asylum and refugees with high needs to Australia for special medical treatment. However, no transfers eventuated.

2023 | Albanese Government reauthorises Nauru as a regional processing country & the Migration Amendment (Evacuation to Safety) Bill 2023 was introduced and defeated

The Government reauthorises Nauru as a regional processing country after the instrument from 2012 expires in October 2022.

2023 | ASRC report: Finish this Crisis: Stories exposing the horrors of offshore detention

[ASRC's in-depth report](#) brings voices of lived experience to the fore, with seven stories documenting the horrors of offshore detention in Papua New Guinea and Nauru. Survivors interviewed by the ASRC speak about the poor healthcare, human rights violations, physical and mental torture, sexual abuse, violence and horrific conditions experienced offshore.

“...that is not offshore detention, that is not a processing centre, that is a suicide centre... Even the kids learnt about suicide. The kids should be in the park, they should be in the education centre but the kids were in a jail and they were watching people kill themselves.

- Qudratullah Qhausi on his time in Nauru Detention Centre

2023 | [UN Human Rights Council in Geneva](#) raises concerns about Australia's detention policies

Australia's human rights performance comes under scrutiny at the UN Human Rights Council. 47 UN member states raise concerns about the Government's asylum and detention policies.

2022 | The UN Committee Against Torture calls for the Australian Government to end offshore processing

The [UN Committee Against Torture's 2022 report](#) on Australia's performance against the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, calls for the Australian Government to end its policy of offshore processing. It also details the need to improve immigration detention conditions by ensuring people have access to adequate mental and physical health services.

2020 Médecins Sans Frontières (MSF) concludes tele-health programme in Port Moresby

[MSF psychologists held over 140 tele-health counselling sessions](#) over a three-month program with refugees and people seeking asylum held in Port Moresby. They found that 90% had experienced suicidal thoughts, and 50% had attempted suicide. The case histories of patients revealed their mental health had deteriorated from moderate to severe mental health disorders over the years of detention on Manus Island and being forced to live in limbo in Port Moresby.

2019 | Independent Health Advisory Panel Quarterly report

The [Independent Health Advisory Panel reported](#) that “there is no access to high-quality inpatient psychiatric care in Nauru and patients with severe mental illness at high risk of suicide should be transferred to a hospital with appropriate inpatient psychiatric care”.

2019 | The introduction and repeal of the Medevac Law

In March 2019, the ‘Medevac Law’ came into effect to introduce a framework for the transfer of refugees and people seeking asylum held in offshore processing countries to receive critical medical care in Australia not available in Nauru and PNG at the recommendation of medical professionals.

At this time, several specialist refugee, medical and legal organisations, including the ASRC, came together nationally to form the Medical Evacuation Response Group (MERG) to facilitate and manage transfer requests under the Medevac Law (in the absence of any government process). During the eight-month window when the Medevac Law was in place, approximately 192 refugees and people seeking asylum were transferred to Australia for urgent medical care. The Medevac Law provided a safe, orderly and timely process for sick refugees and people seeking asylum to access medical treatment. The Medevac Law also ensured that there was no political interference with the transfer system, and transfers were purely based on expert and unbiased advice from medical professionals.

Despite the success of the Medevac Law, the re-elected Morrison Government sought its repeal as a political tactic. In December 2019, the Migration Amendment (Repairing Medical Transfers) Bill 2019 was passed, which removed the lifeline of vital medical care to refugees and people seeking asylum in PNG and Nauru. Since the repeal of the Medevac Law, the only pathway for people subjected to offshore processing to access urgent medical care is via the previously broken, bureaucratic medical transfer process.

2018 | Australian coroner finds offshore death related to inadequate medical care

Queensland coroner finds that the death of 24-year-old Iranian asylum seeker Hamid Kehzaei on Manus Island was directly related to inadequate medical care and the Australian Government's failure to transfer him to Australia for appropriate medical treatment in a timely manner.

2018 | Médecins Sans Frontières (MSF)/Doctors without Borders report on Nauru

In 2018, the medical care charity Médecins Sans Frontières (MSF) was forced to leave its role as a healthcare provider in Nauru. Two months later, the organisation released 'Indefinite Despair: The tragic mental health consequences of offshore processing on Nauru' based on what they witnessed during their time on Nauru.

Doctors reported that mental health suffering in Nauru was among the worst they had ever seen, with 62% of people treated having moderate or severe depression, 3 % who had attempted suicide and a quarter who had experienced violence. Disturbingly, the report noted the prevalence of a rare psychiatric condition called Resignation Syndrome, a psychiatric condition where people enter a comatose state. MSF also found that the local Nauruan health system was ill-equipped to manage the mental health crisis, with insufficient staffing and no inpatient facilities.

2017 | ASRC visits Manus Island Detention Centre

In 2017, ASRC representatives went to the Manus Island Detention Centre. The visit was prompted by the events of 31 October 2017 when the Turnbull Government ordered all staff and personnel on Manus Island to abandon hundreds of people in the detention centre, leaving them without any food, water, medicine and utilities. During the nearly month-long resistance and protest from the 400 people remaining, 150 people were suffering serious illnesses, including seizures, kidney stones, undiagnosed episodes of unconsciousness, infected cuts, ear and eye infections, skin abscesses, skin rashes, chronic diarrhea and serious mental health issues. None were evacuated to Australia for medical treatment.

During this time, the ASRC's Detention Right Advocacy Program worked with people held offshore who suffered from a wide range of treatable physical illnesses. The lack of appropriate medical treatment caused these illnesses to escalate and result in organ failure, blindness, repeated incidents of self-harm and suicidality, mood disorders and symptoms relating to ongoing trauma.

2016 | Human Rights Watch and Amnesty International report 'Appalling abuse, neglect of refugees on Nauru'

In July 2016, an Amnesty International researcher and a Human Rights Watch researcher were able to enter Nauru and remained there for a total of 12 days in July 2016. Their investigation detailed "Australia's atrocious treatment of the refugees on Nauru" and the impacts on men, women and children held there.

“ Refugees and asylum seekers interviewed said they have developed severe anxiety, inability to sleep, mood swings, prolonged depression, and short-term memory loss on the island. Children have begun to wet their beds, suffered from nightmares, and engaged in disruptive and other troubling behavior. Adults and children spoke openly of having wanted to end their lives. However, refugees on Nauru do not receive adequate support or mental health treatment

- [Amnesty International/Human Rights Watch Media release 2016](#)

2014 | International Health and Mental Services (IHMS) whistleblower Dr Peter Young describes Manus Island conditions as akin to ‘torture’

Dr Peter Young, the former director of mental health services for IHMS (health provider at Manus detention centre), describes conditions on Manus as “torture” and designed to harm people and coerce them to return to their home countries. At the Human Rights Commission Inquiry held in 2014, Dr Young also stated that IHMS had been asked to withdraw alarming statistics from reports about mental health issues in children held on Manus Island.