Dear Committee Secretary,

**Migration Amendment (Repairing Medical Transfers) Bill 2019 [Provisions]**

At the Committee hearing on 26 August 2019, I offered to table ‘seven years’ worth of reports from people who have been on [Nauru and Manus Island] and have documented progressively deteriorating mental health long before medevac was even suggested’.

For the Committee’s benefit, I extract below a selection of passages from these reports relevant to the ‘progressively deteriorating mental health’ of people transferred to Nauru and Manus Island in Papua New Guinea (PNG), including those detained or formerly detained in the regional processing centres (RPCs).

**2012**

In November 2012, Amnesty International reported ‘a climate of anguish’ inside the Nauru RPC, describing the mental health situation as ‘dire’. ¹ Amnesty also reported that:

> Nine men in the camp are confirmed to be on hunger strike, many more claim they are on one. One hunger striker, Omid, has not eaten for over 40 days. He told the delegation that he has lost 19 kilograms but that “my psychological condition is even worse than my physical one.” Many of the men stated that they felt their only option was starting or returning to a hunger strike, or attempt self-harm or suicide. During the visit one man tried to hang himself from a tent pole. The man who pulled him down told Amnesty International that he had lost hope for any justice from Australia after hearing the news that post -13 August [2012], asylum seekers would be released into the Australian community.²

In December 2012, the UN Refugee Agency (UNHCR) reported that it was ‘deeply concerned about the continued uncertainty and delays in establishment of Nauru’s [refugee status determination] procedures, and its deleterious impact on the mental and physical health of refugees and asylum-seekers if this is not addressed very promptly’.³ It also reported that:

---


² Ibid, 4.

According to medical staff, the sense of injustice, along with the hot and crowded detention conditions, a sense of isolation and abandonment, and a lack of information about their processing and future prospects, has led to widespread depression, instances of self-harm and several attempted suicides.

IHMS staff described a steady and rapid incidence in mental health diagnoses at the RPC, self-harm, including hanging attempts, with more than 10 new referrals each day and an additional 20 refugees requiring daily support and follow-up. At the time of the visit there were approximately 40 asylum-seekers on hunger strike to draw attention to their situation.4

2013

Following its visit to Manus Island in January 2013, UNHCR noted that there had been ‘a hunger strike and other incidents of self-harm’ in the context of escalating community tensions, which were attributed to the arrival of single adult males at the Manus RPC, poor conditions of detention, uncertainty about and duration of processing timelines, and the perceived unfairness and arbitrariness by which some people had been chosen for transfer to Manus Island while others, often from the same boat, remained in Australia.5

By June 2013, UNHCR reported that ‘all asylum-seeker groups [on Manus Island] expressed deep anxiety and said their mental health was deteriorating’,6 and that:

Despite the concerns voiced by asylum-seekers, UNHCR understands that there have been no incidents of self-harm recorded at the Manus Island facility in the period between its visits. It was clear that significant efforts of the Salvation Army and Save the Children, and the positive and empathetic approach of numerous G4S staff and officials on site are helping to defuse tensions and mitigate, as far as possible, the mental health effects of long term detention.

However, a number of officials and service providers to whom UNHCR spoke, expressed concerns over the likely deterioration of mental health of asylum-seekers at the facility if certainty and progress was not made in processing and case resolution.7

By November 2013, UNHCR reported that ‘overall the mental state of asylum-seekers was not as acute as UNHCR observed during its June visit’ to Manus Island.8 However, UNHCR also noted that:

The relative calm and absence of self-harm or other overt signs of deteriorating mental health in the RPC were attributed, in part, to the fact that most asylum-seekers were newly arrived and part of the “post 19 July” cohort. The sense of injustice observed with earlier groups therefore was not present.

However, the longer asylum-seekers remain in detention – without any clarity or certainty regarding the RSD processes and procedures, the length of their detention and future options – the level of tension, anxiety, depression and community unrest are likely to rise. It can reasonably be anticipated that the mental health of asylum-seekers will deteriorate rapidly if these underlying factors are not addressed as a matter of priority. Experience with processing in PNG, Nauru and Australia in earlier years lends weight to this as a factor that will require very close attention.9

---

7 Ibid.
9 Ibid, 22 (emphasis added).
Also in November 2013, in relation to Nauru, UNHCR reported that it was ‘very concerned about the physical and mental health of the asylum-seekers’ at the Nauru RPC, noting that:

Overall, the conditions of mandatory and arbitrary detention within a ‘return-orientated environment’, delays in RSD processing and the absence of clear durable solutions, if left unaddressed, **will inevitably have a detrimental impact on the physical and psychosocial health of asylum-seekers, particularly vulnerable individuals**.10

UNHCR also noted that:

According to medical and security staff, the sense of injustice, along with the hot and crowded detention conditions, a sense of isolation and abandonment, and a lack of information and clarity about their processing and future prospects, has led to widespread depression.11

UNHCR advised that both Australia and Nauru needed ‘to be vigilant about the rapid deterioration of psycho-social health of detainees as prolonged uncertainty continues’.12

In December 2013, Amnesty International published a lengthy report on how the conditions on Manus Island were ‘breaking’ the men detained there.13

**2014**

In 2014, the Australian Human Rights Commission reported that ‘children detained indefinitely on Nauru are suffering from extreme levels of physical, emotional, psychological and developmental distress’.14

In May 2014, Amnesty International published a lengthy follow-up report on how the conditions on Manus Island were ‘still breaking people’ on Manus Island.15

In November 2014, the UN Committee Against Torture noted, in relation to Nauru and PNG, that ‘the combination of the harsh conditions, the protracted periods of closed detention and the uncertainty about the future reportedly creates serious physical and mental pain and suffering.’16

In 2014, the Senate Legal and Constitutional Affairs References Committee conducted an inquiry into the incident at the Manus Island RPC from 16 February to 18 February 2014. The report of that inquiry documented evidence from many witnesses and experts about deteriorating mental health on Manus Island. This evidence pertained to the periods both prior to and following that incident, for example:

---

11 Ibid, 20
12 Ibid, 21
16 UN Committee against Torture, *Concluding observations on the combined fourth and fifth periodic reports of Australia* (CAT/C/AUS/CO/4-5, 23 December 2014), 6.
Mental health problems are widespread, transferees often speak of ending their life, and how they would like to end their life. I regularly engage with transferees to convince them that their life is still worth living. Transferees often self harm and attempt suicide.\textsuperscript{17}

and:

Submitters and witnesses who claimed to be in contact with asylum seekers at the centre reported numerous instances of attempted suicides or serious self-harm at the centre in the weeks and months following the disturbances\textsuperscript{18}

\textbf{2015}

In 2014-15, former integrity commissioner Philip Moss conducted a review into allegations relating to conditions and circumstances at the Nauru RPC. His report noted \textit{inter alia} that children as young as 11 years old had been self-harming.\textsuperscript{19}

Also in 2015, the Senate Select Committee on the Recent allegations relating to conditions and circumstances at the Regional Processing Centre in Nauru heard evidence from many witnesses and experts about the deterioration of mental health of people offshore.\textsuperscript{20} This evidence led the Committee to conclude that there was a ‘high level of physical and mental health problems experienced by the asylum seekers resident’ at the Nauru RPC.\textsuperscript{21}

\textbf{2016}

In February 2016, the Australian Human Rights Commission published a report on the health and well-being of children in immigration detention, noting that ‘[t]hrough observation, interview and formal testing, we have confirmed that closed immigration detention in Wickham Point and Nauru is harmful to the health and mental health of young children and youth’, and that ‘the children interviewed at Wickham Point, most of whom had spent several months in Nauru, are \textit{amongst the most traumatised children the paediatricians have ever seen}'.\textsuperscript{22}

In May 2016, I published a book, \textit{Offshore: Behind the Wire on Manus and Nauru}, documenting critical concerns about the physical and mental health of asylum seekers and refugees offshore, drawing on publicly available sources and confidential interviews with people who were working or had worked offshore in various capacities.\textsuperscript{23}

In August 2016, Amnesty International and Human Rights Watch issued a joint press release reporting that ‘many’ refugees and asylum seekers on Nauru ‘have dire mental health

\textsuperscript{17} Senate Legal and Constitutional Affairs References Committee, \textit{Incident at the Manus Island Detention Centre from 16 February to 18 February 2014} (11 December 2014) https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Manus_Island/Report 46.

\textsuperscript{18} Ibid, 122.


\textsuperscript{20} See, e.g., Senate Select Committee on the Recent allegations relating to conditions and circumstances at the Regional Processing Centre in Nauru, \textit{Taking responsibility: conditions and circumstances at Australia’s Regional Processing Centre in Nauru} (31 August 2015) https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Regional_processing_Nauru/Regional_processing_Nauru/Final_Report para 3.117.

\textsuperscript{21} Ibid., para 5.65.


\textsuperscript{23} Madeline Gleeson, \textit{Offshore: Behind the Wire on Manus and Nauru} (NewSouth, 2016).
problems and suffer overwhelming despair—self-harm and suicide attempts are frequent. All face prolonged uncertainty about their future.  

In October 2016, Anna Neistat, Amnesty International’s Senior Director for Research, reported after a visit to Nauru:

The distressing and heartbreaking accounts of deteriorating mental health, discrimination and violent attacks, sexual violence, inadequate medical care and harassment that I heard from mothers, fathers, adults and children as young as six, paint a picture of people driven to absolute despair.  

In a report entitled ‘Island of Despair’, Amnesty International reported that:

Mental illness and incidents of self-harm among refugees and asylum-seekers on Nauru are shocking commonplace. Nearly all of the people whom Amnesty International’s researcher met on Nauru in July 2016 reported mental health issues of some kind: high levels of anxiety, trouble sleeping, and mood swings were frequently mentioned. Almost all said that these problems began when they were transferred to Nauru.

Dozens of individuals interviewed on the island gave disturbing, detailed accounts of the disintegration of their own or others’ mental health. One man told Amnesty International that he had tried to kill himself twice in the previous 10 weeks: once in May 2016 when he bought petrol and poured it on himself, and a second time in July 2016 when he drank washing-up liquid and had to be hospitalized. An Iranian refugee has tried to kill herself many times, sometimes two or more times a week. Eventually she set the family dwelling on fire, and is now confined to a medical ward in a Refugee Processing Centre. Another man described how his pregnant wife tried to hang herself – he found her in the bathroom with rope marks on her neck. A family with a young daughter spent 18 months in a tent during which time the child developed symptoms of distress and poor health. Her father told Amnesty International how she vomited, wet her bed every night, and would wake up screaming.

Another man described how his wife started having mental health problems after they arrived on Nauru. A week after their daughter was born, she witnessed a young Iranian man set himself on fire, and lost her breastmilk. She has barely talked or left her home since.

Also in 2016, the Senate Legal and Constitutional Affairs References Committee conducted another inquiry into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Manus Regional Processing Centre, and any like allegations in relation to the Nauru Regional Processing Centre. That inquiry heard extensive evidence from witnesses and experts about the critical mental health concerns of people offshore.

For example, UNHCR drew the Committee’s attention to the ‘predictable mental health deterioration of transferred asylum-seekers and refugees’. The UNHCR submission observed that ‘the mental health of transferred asylum-seekers and refugees in Nauru and

---

Papua New Guinea has declined significantly over time,\(^29\) noting that 88 per cent of asylum seekers and refugees surveyed on Manus Island were suffering from a depressive or anxiety disorder and/or post-traumatic stress disorder, while 83 per cent on Nauru suffered from post-traumatic stress disorder and/or depression.\(^30\) Moreover, a number of very severe psychiatric disorders had been identified on Manus Island, including gross psychopathology consistent with psychosis as well as psychotic dissociation.\(^31\) On Nauru:

The interviews by the medical experts, revealed prevalent despair, desperation and a sense of injustice among asylum-seekers and refugees. Many felt that they had no future or sense of hope. Parents interviewed reported acute experiences of hopelessness, stemming from a loss of self-agency, inability to care for their families and safety concerns.\(^32\)

UNHCR also noted that medical experts had concluded that the ‘dire’ mental health issues observed in Nauru and PNG could not be addressed in those countries, and that the data being gathered on self-harm ‘significantly underestimated’ those rates.\(^33\) Finally, it reported:

UNHCR has observed over time an escalating situation with respect to mental illness and distress that is not likely to reduce under the present circumstances and that the establishment of mental illness, distress and suicidal ideation are pervasive and hyper-endemic within the asylum-seeker and refugee population.\(^34\)

### 2017

In April 2017, the UN Special Rapporteur on the human rights of migrants noted that in Nauru:

Mental health issues are rife, with post-traumatic stress disorder, anxiety and depression being the most common ailments. Many refugees and asylum seekers are on a constant diet of sleeping tablets and antidepressants. Children also show signs of mental distress. Although some go to school, they continue to have trouble integrating, due to the presence of often depressed and anxious parental role models, the impossibility of concretely dreaming about a future for lack of tertiary education opportunities, and the prolonged uncertainty of life on the margins without any hope of change in sight. All this takes a heavy toll on the children’s mental health. Many adolescents are themselves already on antidepressants.\(^35\)

A UNHCR medical expert mission to Papua New Guinea in 2017 reported that ‘if refugees are not able to be knowingly placed on a pathway to a suitable destination, there is the risk of catastrophic mental health outcomes including suicide and further harm’.\(^36\)

### 2018

In January 2018, UNHCR reported that its staff had ‘noted a worsening sense of helplessness and hopelessness among asylum-seekers and refugees at all facilities on Manus Island as of January 2018’, which was linked in part to ‘deteriorating mental health’.\(^37\)

\(^{29}\) Ibid, 9.

\(^{30}\) Ibid, 10, 13.

\(^{31}\) Ibid, 10.

\(^{32}\) Ibid, 13.

\(^{33}\) Ibid, 9-15.

\(^{34}\) Ibid, 15


In May 2018, Indrika Ratwatte, UNHCR Director of the Bureau for Asia and the Pacific, told a press briefing at the Palais des Nations in Geneva:

The long term detention – five years plus – in Nauru has taken an immense toll on the people and I think three things struck me as really telling of the condition. One was the mental health situation. Over 80 per cent of the people have been diagnosed by clinical psychiatrists and others as suffering from PTSD and trauma and depression, in both PNG and Nauru. I think the lack of adequate healthcare and psychiatric care really has impacted people. The sense of hopelessness and despair was extremely tangible amongst the group of people here.38

In July 2018, UNHCR reported that:

UNHCR protection staff and medical experts observed a high level of tension and further deterioration in the mental health of refugees and asylum-seekers on Manus Island. Separation from family members and a deep seated fear of being abandoned in Papua New Guinea by Australia without adequate support has contributed to an acute sense of insecurity and helplessness. It can be anticipated that an ongoing lack of support for vulnerable individuals will lead to serious, adverse outcomes, in the context of high levels of anxiety and depression. These negative consequences are clearly foreseeable and preventable.39

Also in July 2018, a spokesperson for UNHCR told a press briefing at the Palais des Nations in Geneva that ‘[i]n more than one instance, children have also remained in Nauru separated from an adult parent sent to Australia for medical care. This has had a particularly devastating effect on their deteriorating mental health’.40

In early October 2018, a spokesperson for UNHCR told a press briefing at the Palais des Nations in Geneva that there was ‘a collapsing health situation among refugees and asylum-seekers at offshore facilities in Papua New Guinea and Nauru’.41 She also said:

In September this year, more refugees and asylum-seekers had to be medically evacuated from Nauru to Australia than in the preceding two years combined. This reflects both the longstanding poor healthcare situation under “offshore processing” and a recent worsening of conditions, rather than any moderating of stance. A number of these re-transfers have taken place in the context of court orders or legal actions more broadly. With approximately 1,420 people still held in Papua New Guinea and Nauru, some 500 have now been returned to Australia on medical grounds – this is more than a quarter of the population.

UNHCR’s monitoring suggests that even this number is significantly lower than the total with acute health needs, particularly with regard to mental health. One of the various cases brought to UNHCR’s attention in September was a suicidal pre-teenage girl. She remains on Nauru despite doctors’ advice to the contrary. Medical details seen by UNHCR record how she doused herself in petrol before attempting to set herself alight and pulling chunks of hair from her head.

In Papua New Guinea, there have been no re-transfers to Australia this year. This is despite a clear and urgent imperative for medical evacuation. Several instances of self-harm or attempted suicide have taken place in Papua New Guinea in the past month. A number of people suffering both acute physical and mental health needs, including

---


some who UNHCR brought to the attention of the Australian Government in 2017, remain untreated.\footnote{Ibid, (emphasis added)}

Later in October 2018, UNHCR appealed to Australia to take urgent action to evacuate all refugees and asylum seekers in Nauru and PNG, noting that ‘lives are at immediate and critical risk’ and that ‘the desperate situation of refugees and asylum-seekers in Papua New Guinea and Nauru is now such that evacuation of only some individuals would heighten the despair and exacerbate severe mental health risks of those left behind’.\footnote{UNHCR, ‘UNHCR appeals to Australia to act and save lives at immediate risk’ (23 October 2018) https://www.unhcr.org/en-au/news/press/2018/10/5bcda38b7/unhcr-appeals-australia-act-save-lives-immediate-risk.html.} UNHCR also recalled that:

As early as 2016, UNHCR medical consultants found that cumulative rates of depression, anxiety and post-traumatic stress disorder exceeded 80 per cent among the surveyed population in both countries. Circumstances have continued to deteriorate since that time.\footnote{Ibid.}

In November 2018, the Australian Child Rights Taskforce and UNICEF Australia reported:


It also noted that:

There are consistent reports of self harm by asylum seeker and refugee children on Nauru, and mental health concerns including Post-Traumatic Stress Disorder, depression, anxiety, learning difficulties, bed wetting, nightmares, behavioural regression, memory loss, separation issues, and some suicidal ideation.\footnote{Ibid, 63-64.}

In December 2018, Médecins Sans Frontières (MSF) reported that ‘the mental health suffering on Nauru is among the worst MSF has ever seen, including in projects providing care for victims of torture’.\footnote{MSF, Indefinite Despair: The tragic mental health consequences of offshore processing on Nauru (December 2018) https://www.msf.org.au/sites/default/files/attachments/indefinite_despair_3.pdf 4.}

2019

The \textit{Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019}, introducing the ‘medevac system’, was passed by both Houses on 13 February 2019.

Yours sincerely,

Madeline Gleeson

Senior Research Associate, Andrew & Renata Kaldor Centre for International Refugee Law, UNSW Sydney

\footnote{Ibid. (emphasis added)}


\footnote{Ibid.}


\footnote{Ibid, 63-64.}