

Policy Document

Refugee and Asylum Seeker Health

Position Statement

AMSA believes that:

1. All refugees and asylum seekers should be treated with compassion, respect, and dignity;
2. All refugees and asylum seekers should have equitable opportunity to enjoy good health in Australia, regardless of visa status or financial means;
3. Australia should meet its international human rights obligations regarding refugees and asylum seekers;
4. It is unacceptable for Australia to sacrifice the physical or mental health of any refugee or asylum seeker in order to achieve other political or policy goals, such as deterring new asylum seeker arrivals;
5. The Australian Government must cease its practice of mandatory, prolonged, indefinite detention, in order to minimise the detrimental effects on refugee and asylum seeker health;
6. The offshore detention of refugees and asylum seekers is inhumane and must be ceased; and
7. Coordinated and effective action is required to promote the best possible health outcomes for refugees and asylum seekers arriving and living in Australia.

Policy

AMSA calls upon:

1. The Australian Commonwealth Government to:
 - a. Respect and uphold the fundamental rights and freedoms enshrined within the United Nations Universal Declaration of Human Rights;
 - b. Act in accordance with international law and the human rights treaties to which it is party, including, but not limited to:
 - i. Convention Relating to the Status of Refugees 1951;
 - ii. International Covenant on Civil and Political Rights;
 - iii. International Covenant on Economic, Social and Cultural Rights;
 - iv. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and
 - v. Convention on the Rights of the Child;
 - c. Cease the mandatory and indefinite detention of people seeking asylum in Australia by:
 - i. Re-amending the *Migration Act 1958* (Cth) to prohibit this practice;
 - ii. Removing all children immediately from onshore detention facilities; and
 - iii. Redirecting the associated expenditure towards community assessment and placement models and appropriate healthcare;
 - d. Cease the practice of offshore processing and detention, recognising that offshore detention does not deter the arrival of asylum seekers by boat;
 - e. Increase support (medical, psychological, practical) for those people currently in offshore detention who are waiting to be resettled;

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- f. To cease discrimination or differentiation of asylum claims based on mode of arrival;
 - g. Enforce a reasonable, humane time limit for administrative detention in immigration facilities, modelled on a policy of 'detention as a last resort' and based on the following principles:
 - i. A tiered system of alternatives to detention and/or visa options ;
 - ii. Case based assessment and ongoing management of persons to ensure appropriateness of placement;
 - iii. Use of residence arrangements and Bridging visas with sufficient social and economic permissions to meet the health needs of asylum seekers and refugees; and
 - iv. Adequate and uniform provision of healthcare to asylum seekers and refugees independent of their placement in this model;
 - h. Increase funding in the federal budget for health services that support refugees and asylum seekers in the community;
 - i. Restore publicly-funded legal assistance and income support to all asylum seekers, including those in the 'legacy caseload';
 - j. Abolish the 'Fast Track' refugee status determination process, and grant reviews to those rejected under 'Fast Track' where possible;
 - k. Abolish Temporary Protection Visas (TPVs) and Safe Haven Enterprise Visas (SHEVs) and allow those currently in these visa categories the same access to services, rights, and residency/citizenship pathways as refugees who hold permanent protection visas. This would include, but not be limited to:
 - i. Removing the requirement for those on SHEVs to work or study in regional Australia; and
 - ii. Allowing those on TPVs to apply for family reunification;
 - l. Whilst offshore detention continues to exist, continue supporting the Medevac provisions within the *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019* (Cth) to ensure that medically unwell refugees and asylum seekers have access to urgent medical care;
2. State Governments to:
- a. Work with the federal government to ensure refugees and asylum seekers have access to appropriate services and support, including, but not limited to health, education, employment, language, housing, transport and legal aid.
3. Medical Schools to:
- a. Provide well-integrated, high quality and evidence-based education on refugee and asylum seeker health, including:
 - i. The definitions of refugees and asylum seekers, the traumas that they may have experienced and subsequent mental and physical health risk factors they possess;
 - ii. Health issues and conditions that are more prevalent within refugee and asylum seeker groups; and
 - iii. Common cultural practices and health issues that may be prevalent within refugee and asylum seeker groups, including but not limited to trauma-induced psychological conditions, domestic violence and female genital mutilation;
 - b. Provide opportunities for medical students to improve their intercultural communication skills and provision of culturally sensitive healthcare throughout their medical degree, including:
 - i. Educating students to deliver health care in a culturally safe manner;
 - ii. Increased opportunities for medical placements at adult and/or paediatric refugee health services;
 - iii. Exposure and training in the use of interpreter and translation services; and
 - iv. Informing students about the healthcare facilities and community services that are available for refugees and asylum seekers to utilise;

4. Medical Students to:

- a. Undertake opportunities that will help them learn more about refugees and asylum seekers. This includes but is not limited to:
 - i. Upskilling courses on refugee and asylum seeker health;
 - ii. Refugee health education events organised by health clubs in their universities;
- b. Engage in training to improve cultural competence to have a better understanding of the needs of refugees and asylum seekers;
- c. Advocate for the health and human rights of refugees and asylum seekers;
- d. Be aware of medical and support services available to refugees and asylum seekers;

5. Health professionals to:

- a. Ensure that culturally appropriate care is provided to refugees;
- b. Encourage the appropriate use of professional interpreters during consultations with refugees;
- c. Take care to address specific health issues more prevalent in refugee and asylum seeker populations;
- d. Educate themselves on health needs of this minority group; and
- e. Advocate for the health and human rights of refugees and asylum seekers;

6. Non-government organisations working in their respective capacities with, and for, asylum seekers and refugees, to:

- a. Pursue inter-disciplinary engagement to support asylum seekers and refugees in improving their access to healthcare and services; and
- b. Advocate for the health of asylum seekers and refugees, as a basic human right, to be recognised as separate and superior to matters of immigration.

Background

Introduction

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA actively seeks to advocate on issues that may impact health outcomes in vulnerable populations such as those who are refugees or asylum seekers.

There has been a substantial growth in the number of forcibly displaced people around the world, increasing from 43.3 million in 2009 to a record-high 70.8 million in 2018. [1] According to the United Nations High Commissioner for Refugees (UNHCR), the number of refugees has nearly doubled since 2012, with 57% of UNHCR refugees coming from Syria, Afghanistan and South Sudan. [2] Between 2017 and 2018, the number of applications increased from 1.9 million to 2.1 million. The greatest number of applications in 2018 were from the Bolivarian Republic of Venezuela, followed by Afghanistan and Syria. [1] Australia recognised and resettled 180,790 refugees between 2009 and 2018, thus ranking 25th overall, 29th per capita and 54th relative to the national Gross Domestic Product (GDP). [3]

Besides war, the Global Compact for Safe, Orderly and Regular Migration (GCM) recognises the role of extreme weather and other climate-related disasters in prompting displacement and migration. The GCM calls on its signatories to "better map, understand, predict, and address migration movements", including those resulting from environmental disasters and the adverse effects of climate change. [4] However, Australia withdrew from this agreement due to concerns over our domestic immigration agenda. [5]

Australia's Refugee and Asylum Seeker Policy

Offshore Detention

Since the resettlement of Vietnamese refugees by Prime Minister Malcolm Fraser, there has been a drastic change in position towards refugees and asylum seekers. [1] The timeline below outlines the changes to Australia's policies relating to refugees and asylum seekers:

- 2001: The 'Pacific Solution' was created, establishing detention centres in Nauru for offshore processing of asylum seekers. The first temporary protection visas (TPVs) were also introduced. [6,7]
- 2012: Offshore detention resumed in Australia, detaining over 4000 people in Nauru and Manus Island in Papua New Guinea (PNG) after attempting to seek asylum in Australia.
- 2013: The 'PNG Solution' re-established mandatory detention of unauthorised arrivals in Australia, resulting in detention of over 3000 refugees who have no pathway for settlement in Australia. [8] Both PNG and Nauru were consistently reported to be unfit for the resettlement of refugees due to health and human rights concerns. [9,10] Of the 3,127 people never allowed to apply for asylum in Australia, more than 80% are recognised refugees and have this important legal status. [11,12] There are also groups of people who remain in legal "limbo" after not being recognised as refugees for local settlement, but for whom the UN has deemed it unsafe to return home or who have already been deported. [13]
- 2017: Forced closure of Manus Island as the PNG government ruled it to be unconstitutional, leaving 690 men in hostile conditions. [14] They now live in the community or in transit centres, awaiting transfer to Nauru, the U.S. or removal to their country of origin. [15,14] The Nauru Regional Processing Centre remains open with approximately 359 people remaining, but less than 10 are held in the detention centre and all children have been removed. Most of these people now live in the Nauru community. [15]
- 2019: The Medevac Bill (incorporated into the *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019* (Cth)) was adopted into law, which created a mechanism that allowed refugees and asylum seekers to be assessed by Australian doctors and brought onshore with their families to receive prompt medical treatment. This allowed for 96 detained refugees to be evacuated to receive medical treatment. [16,17,18]

At the time of writing the Coalition government is seeking to remove these provisions by passing the Migration Amendment (Repairing Medical Transfers) Bill 2019, with the Senate Legal and Constitutional Affairs Legislation Committee due to report on its inquiry into the Bill in October 2019. [19] Home Affairs Minister Peter Dutton introduced the legislation by arguing that the provisions in the 'Medevac Bill' were unnecessary and only served to weaken Australia's existing border protection legislation. [20]

Statistical evidence has shown that offshore detention does not deter the arrival of asylum seekers by boat, and this has been attested by both Labor and Liberal Immigration Ministers on oath. [21,22] In refuting the claim that offshore detention is necessary to save lives at sea, the UN High Commissioner for Refugees has observed 'there is a fundamental contradiction in saving people at sea, only to mistreat and neglect them on land'. [21,23] According to the 2019-20 Federal Budget, the Government expects to reduce offshore processing costs by 54%, to a total of \$526 million in 2019-20. However in the 2018-19 Budget, forecast spending on offshore processing was \$760 million but the 2019-20 Budget records that actual spending in 2018-19 on offshore processing will be approximately \$1.158 billion. [24]

Onshore Detention

In 1992, the *Migration Act 1958* (Cth) was amended to mandate the detention of asylum seekers who arrive without visas in Australia. [25] Whilst all children have been removed from offshore detention facilities, children remain in closed detention onshore. [26] This is in stark contrast to the Migration Amendment (Detention Arrangements) Act 2005 which established the principle that "children should only be detained as a matter of last resort". [25]

Under Australian law, a person can be detained indefinitely unless they are granted a visa or leave Australia. [6] The result has seen many people remaining in detention facilities for prolonged periods, upwards of several years in certain cases. [25] For the next four years from 2019 the Government plans to continue to spend over \$1 billion each year for onshore detention and related measures for people seeking asylum in Australia. [24]

Approximately six federally run facilities detain asylum seekers around Australia in the form of either:

- Immigration Detention Centres (IDC) – closed detention centres for those considered to be higher risk.
- Immigration Transit Accommodation (ITA) – lower-security centres.
- Immigration Residential Housing (IRH) – a place where people are able to self-cater and go into the community to shop and take part in community events.
- Alternative Places of Detention (APOD) – places where those who are at the lowest risk, or for people who need medical treatment.

The ‘Legacy Caseload’

Approximately 30,000 asylum seekers who arrived by boat between 13 August 2012 and 1 January 2014 are subject to unique provisions within Australia’s immigration framework, commonly referred to as the ‘legacy caseload’. [27] These asylum seekers were barred from making an application for protection for up to four years after arrival, and had specific legislative restrictions retroactively applied to the processing of their asylum claims: they are not eligible to apply for any permanent visas until formally invited to do so by the Minister, even if found to be refugees. [27] Hence, these asylum seekers are limited to three-year Temporary Protection Visas (TPVs) and five-year Safe Haven Enterprise Visas (SHEVs), which limits their ability to plan for a future in Australia and potentially violates their right to freedom from arbitrary interference with family life. [28,29] ‘Legacy caseload’ applicants are also subject to ‘fast-track’ processing rather than the more comprehensive review system available to other applicants, which includes the opportunity to provide additional supporting material at the review stage subsequent to their initial application. [30]

Health Impacts

Refugees and asylum seekers face numerous challenges both before, during and after migration that may predispose them to having poorer mental and physical health outcomes. [31] They have higher rates of exposure to negative experiences such as physical and/or sexual violence, torture, starvation, and homelessness due to persecution and conflict in their home country. [31,32] This is further exacerbated by the process of migration and resettlement, which can be a highly challenging and dangerous process. [33]

Health impacts of detention

Mandatory detention of asylum seekers in detention centres contributes to poor physical health from a combination of factors, including lack of timely access to appropriate healthcare and substandard living conditions. [34,35] Lack of access to specialist healthcare services results in suboptimal management of acute and chronic health conditions and can result in serious complications. [36,35] The poor conditions associated with detention, including inadequate sanitation, overcrowding and presence of vermin and parasites on detention facilities are also identified as key factors leading to ill health. [34] The Royal Australasian College of Physicians (RACP) position statement on Refugee and Asylum Seeker Health describes Australia’s immigration detention centres as “prison-like”, with “institutional living conditions” that restrict the liberty of detainees. [35] This is compounded by cruel and inhumane practices in detention centres, including deliberate infliction of physical pain and injury. [37]

There is substantial evidence showing the link between detention and worsening mental health in refugees and asylum seekers. [38] In April 2016, 88% of the detainees surveyed on Manus Island were found to suffer from depression, anxiety or post-traumatic stress disorder (PTSD), while 83% of detainees on Nauru were found to suffer from PTSD and/or depression. [34] Incidents of self-harm and suicidal ideation are common, with 1,730 recorded incidents of self-harm in Australian immigration detention between January 2013 and August 2016. [34] Prolonged detention periods have also been associated with worsening mental and physical health outcomes, with those detained for more than 24 months suffering worse outcomes than others in detention. [39] The negative effects of detention can continue to affect these people long after release from detention. [40] The psychological impact of detention can affect self-image, relationships with others and return to life in the wider community. [40] Ongoing feelings of distrust towards health professionals can result in delayed presentation to health services and therefore ongoing health problems in the post-detention period. [40]

Children are particularly affected by the negative impacts of detention. [41] Research consistently shows that detaining children leads to harmful, potentially life-long impact on their physical and mental development. [41] These children are also exposed to high levels of assault and self-harm, and have a high incidence of psychological trauma. [42] Between January 2013 and August 2016, there were 203 documented incidents of self-harm in children in Australian immigration detention. [34] Consequently, there has been a strong international condemnation of Australia's detention of refugee and asylum seeker children. [41,40]

Barriers to the health of refugees and asylum seekers in the community

Refugees and asylum seekers in the community also face numerous barriers that influence their health outcomes. One of their major struggles is learning to access the Australian healthcare system. [43] Due to lack of knowledge of the Australian healthcare system, refugees and asylum seekers may experience uncertainties around the healthcare process and as a result may fail to receive prompt medical care. There may also be an inherent distrust of healthcare professionals due to their involvement in torture administration in their home countries. [43] This can lead to worsened physical health as well as increased psychological distress. Specialist services that cater to refugee health such as torture and trauma counselling and the Asylum Seekers Resource Centre (ASRC) are mostly located in metropolitan regions and are scarce in rural and remote regions. [44-46] This can act as an additional barrier for refugees and asylum seekers in rural and remote areas. Australia's refugees and asylum seekers who are in the community may benefit from ongoing educational sessions that would enhance their knowledge on the important aspects of health and the healthcare system.

Cultural and language differences also act as barriers to refugee and asylum seeker health. The lack of cultural competence amongst some healthcare professionals and shortened consultation times can exacerbate these cultural and language barriers. [46-48] This can lead to poorly established therapeutic relationships between these patients and healthcare professionals and subsequently negatively impact on refugee and asylum seeker health. [46-48] Other factors such as racism and discrimination, along with poor acculturation to the Australian society have also been implicated to reduced access to care. [46,48]

Moreover, refugees and asylum seekers are financially disadvantaged due to the lack of financial support from the government. Government funding to support refugees and asylum seekers will be further reduced from the \$139.8 million spent in the 2017-2018 period to \$52.6 million in the 2019-2020 period, thereby, reducing the program by more than 60%. [49,50] More recently, cuts to the Status Resolution Support Service (SRSS) from 13,299 to 5,000 recipients will see thousands of refugees and asylum seekers lose income support payments (89 percent of Newstart) and casework support. [51] Only families with children under six years old will still be considered "vulnerable" and hence eligible for SRSS, with families with older children losing support. This means that over 7000 refugees could lose their homes, basic income assistance, caseworker support, and trauma counselling services. Subsequently, there is concern that more refugees and asylum seekers will be forced into destitution, which could cause increased psychological distress and worsened physical health outcomes. [50,52]

Human Rights Implications

Australia is a party to a number of key international human rights treaties, granting binding legal force to rights enshrined within the Universal Declaration of Human Rights, including the [53,34]:

- *Convention Relating to the Status of Refugees* (Refugee Convention)
- *International Covenant on Civil and Political Rights* (ICCPR)
- *International Covenant on Economic, Social and Cultural Rights* (ICESCR)
- *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT)
- *Convention on the Rights of the Child* (CRC)

These treaties enshrine, under international law, Australia's human rights obligations in respect of refugees and asylum seekers. [34] Of concern, however, multiple human rights enumerated within the aforesaid treaties have yet to be incorporated into Australian domestic law, and are therefore non-enforceable in an Australian court. [54] Key human rights concerns, as highlighted by the Australian Human Rights Commission (AHRC), include, but are not limited to [34]:

- Arbitrary detention (ICCPR)
- Detention of children (CRC)
- Conditions of detention (CAT)
- Impacts of detention on mental health (CAT)
- *Non-refoulement* (policy developments such as 'fast tracking' and 'enhanced screening' increase risk of *refoulement*)

It is important to note that offshore processing does not relieve Australia of its obligations under international human rights law. As UNHCR affirms, 'the primary responsibility to provide protection rests with the state where asylum is sought'. [34]

Article 12 of the ICESCR affirms 'States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.' [55] Australia's refugee and asylum seeker policy, however, has been criticised for failing to uphold that standard. As UNHCR observes, 'the prolonged, arbitrary and indefinite nature of immigration detention in conjunction with a profound hopelessness in the context of no durable settlement options has corroded these individuals' resilience and rendered them vulnerable to alarming levels of mental illness.' [34]

Offshore detention places refugees and asylum seekers in a health and human rights "grey-zone" where Australian domestic law does not apply and existing PNG and Nauruan health-systems are ill-equipped to cope. [56] Australia has long claimed it does not owe a duty of care to people in offshore detention, however recent Federal Court rulings have rejected such claims, affirming Australia's common law duty of care to refugees and asylum seekers offshore. [57] Nonetheless, the lives of these people provide a torturous example of how international law fails to bind states when it is not implemented into domestic legislation.

Groups that are already vulnerable and marginalised are particularly at risk of human rights violations under this system. Homosexual men and women who have fled their countries of origin due to persecution for their sexuality face settlement in a country where homosexuality remains not only highly stigmatised, but illegal. [58] In Nauru, women have often said they felt safer in detention than in the community, where they are subject to racist abuse and sexual harassment. [59] With numerous cases of rape resulting in pregnancy on the island, abortion remains a crime in Nauru. [59] Human rights breaches in association with violence adversely impacts physical and mental health outcomes.

Alternatives to Immigration Detention

Policies on immigration detention and strategies designed to manage population flows and the integrity of migration programs exist in various forms worldwide. Best practice for models of alternatives to mandatory detention which are recognised as supporting fundamental human rights, and are underpinned by several key components [60,61]:

1. *'Treating people humanely and with dignity throughout the process;*
2. *Ensuring that people are given the information they need to understand the process and to understand their rights and responsibilities and the consequences for not complying with those responsibilities;*
3. *Ensuring that adequate legal advice is available;*
4. *Providing material support to allow the individual to live in the community;*
5. *Individualised case management.'*

Two strategies are used in a complementary manner by countries seeking to increasingly rely on alternative models of immigration control: *ending indefinite detention* by legislating a maximum time a person may be detained while awaiting an outcome, and *replacing* mandatory detention with alternative programs of case management and community placement.

Ending indefinite detention: legislating for time limits

In introducing the *Migration Reform Act 1992* (Cth) to Parliament, mandatory detention was initially intended as an interim measure. [62] The 273 day time limit was repealed in 1994 by the *Migration Legislation Amendment Act*. [63] In the 27 years passed, while mandatory, indefinite detention has been normalised in the Australian political sphere, time limits have been successfully imposed by multiple States, including Taiwan (100 days); France (90 days) and Spain (60 days). [64,65,60] In the United Kingdom, a 28 day limit on time in held detention

has been the subject of consideration by Parliamentary Working Groups and private enterprise. Community case management has been trialled as a proposed adjunct, and provides a viable option for residence in the community for individuals whose migration status is awaiting resolution. [60,61] Cambridge Econometrics evidenced that alternatives to mandatory detention would be simultaneously more economical, and humane; All Party Parliamentary Group's inquiry provided submissions which detailed that the impact on the mental health of detainees was measurable after the first month of held detention. [60,66] Advantageous to this time limit is the parallel enforcement of highly regulated immigration processes which monitor and manage population flows, with the recognition of, and ability to prioritise, health as a basic human right.

Alternatives to mandatory detention: The Community Assessment and Placement (CAP) Model

The Community Assessment and Placement model (CAP) was developed by the International Detention Coalition in conjunction with La Trobe University and reflects data from 20 countries who use alternative models of detention. [67] It comprises five recommendations for Government implementation in immigration decision making processes: first, to presume that detention is not necessary; second, to screen and assess the individual case; third, to assess the community setting; fourth, to apply conditions in the community if necessary, and finally, to detain only as a last resort, in exceptional cases. [67] The CAP model may be used in conjunct with other strategies: for example, the use of a guarantor – an individual, or a community – who is held fiscally responsible for the compliance of an asylum seeker with reporting regulations, and may assist with their social support. [68] This is most evident in New Zealand, where alternatives to detention are legislated in section 315 of the *Immigration Act 2009*. This specifies that, at the discretion of an immigration officer, a person who is liable for detention under section 313 may reside at a specified place, under reporting conditions, with the assurance of a guarantor for matters of immigration compliance. [69]

It should be noted that Australia implements several programs which could be adjusted to support a policy that promotes alternatives to detention in immigration centres. Residence determination (previously referred to as community detention) and Status Resolution Support Services are such examples. The former allows persons to reside in a specified place in the community whilst legally remaining in immigration detention; the latter comprises support services to socially and financially assist asylum seekers who hold Bridging visas in anticipation of the outcome of a visa application. [70,71] In both circumstances, however, accessibility is limited by one's place in a regional detention centre, and by the impact of the Operation Sovereign Borders' policy. [71] This underlines the need for a critical shift in political and social psyche from a focus on 'border control' to 'migration management'; that is, controlling irregular migration through 'processing, management and targeted enforcement rather than... segregation and confinement'. [67]

Medical Student Education

Whilst there have been calls for global health topics such as refugee and asylum seeker health to be taught more at Australian medical schools, there is currently limited research on the extent to which this occurs. [72,73]. There are well-documented benefits of incorporating refugee and asylum seeker health into medical school curricula which include increased knowledge of cultural diversity and improved communication skills. [74] Students are also "more likely to be able to recognize the medical/mental health issues common to refugees, to feel comfortable interacting with foreignborn patients, and to identify cultural differences in understanding medical/mental health conditions". [75] The integration of multi-dimensional refugee health education (including clinical sessions, workshops and electives/placements) into the preclinical phase also proved beneficial. [74,75]

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Appendix

Definitions

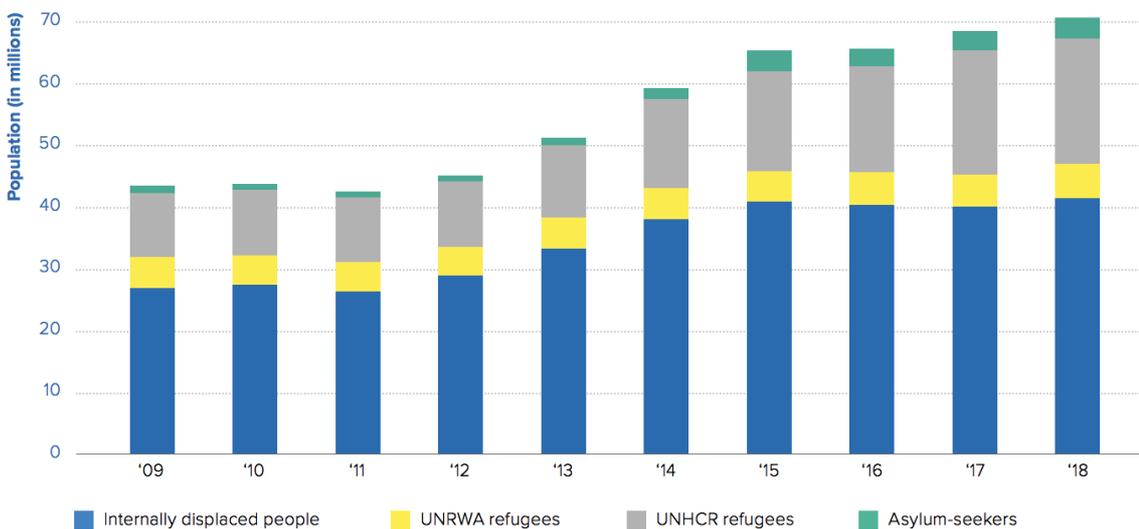
Forcibly displaced migrant	Any person who migrates to escape persecution, conflict, repression, natural and human-made disasters, ecological degradation, or other situations that endanger their lives, freedom or livelihood.
Refugee	The Convention and Protocol define Refugees

	<p>as persons who</p> <ul style="list-style-type: none"> • Are forced to migrate as a result of persecution, or fear of persecution, based on race, religion, nationality, membership of a particular social group, or political group; • Reside outside of their country of nationality, and; • Are unable or unwilling to return to their country of origin due to fear of persecution.
Asylum Seeker	<p>Asylum seekers are defined as persons who have lodged a claim, but are waiting for the country of asylum to accept or reject that claim. [76]</p>
Immigration Detention Facilities	<p>There are various types of immigration detention facilities in Australia that range in security level and services provided: high security immigration detention centres, lower security immigration residential housing, immigration transit accommodation, and various arrangements classified as 'alternative places of detention'. [77]</p>
Bridging Visa	<p>Bridging visas are temporary visas that allow people to legally reside in Australia while their application for a longer term visa is being processed. It can be associated with restrictions, and/or regular reporting. Asylum seekers on bridging visas may not be permitted to work if they arrived on or after the 13th of August 2012, and are also not eligible for social security payments or public housing; they are eligible to receive Medicare, and may apply for various support schemes to assist with their living and other expenses. [78]</p>
Community Detention	<p>Community detention is a form of immigration detention that is carried out in the community. People in community detention are not under direct supervision and free to move in the community as long as they meet their restrictions and/or reporting requirements.</p>
Mandatory Detention	<p>Mandatory detention refers to the policy of compulsory detention of all people who do not have a valid visa and who wish to enter or remain in Australia. This includes those seeking political asylum, regardless of circumstances. In Australia once a person is detained, they must remain in detention until they are either granted a visa or removed from the country. [34]</p>
Temporary Protection Visas and Safe Haven Enterprise Visas	<p>TPVs and SHEVs are the two categories of visa currently available to asylum seekers who arrived in Australia without a valid visa. 70% of 'legacy caseload' asylum seekers have been</p>

	<p>granted either TPVs or SHEVs. [27] TPVs were in place from October 1999 until August 2008, with 90% of these TPV recipients eventually receiving permanent visas, and were reintroduced in December 2014. [28] TPVs are valid for three years, and holders are entitled to work, study, and access government services; but not to apply for family reunification visas. [28] TPV holders can transition to a five-year SHEV if they agree to move to a regional area and engage in approved study or work. [28]</p> <p>SHEVs were created in September 2014 and include requirements to work or study in regional Australia, which means that many physically and mentally ill or disabled refugees cannot meet the visa requirements. [28] Meeting these requirements creates a pathway to apply for standard migration visas that may eventuate in permanent residence, although this is at the discretion of the Department of Home Affairs.</p>
<p>The 'PNG Solution'</p>	<p>The PNG Solution ascertains that any person who arrives in Australia by boat to seek asylum will never be eligible to enter or apply for asylum in Australia, and will be removed and held in mandatory offshore detention centres for processing. [8]</p>
<p>The 'Medevac Bill'</p>	<p>Also known as the The Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019, the Medevac bill was approved in 2019, which limited the power of the Minister for Home Affairs to prevent or delay transfer of those in offshore detention to Australia for medical treatment by establishing an Independent Health Advice Panel consisting of eight members, including the Chief Medical Officer of the Department of Home Affairs, the Commonwealth Chief Medical Officer and six others including [16]:</p> <ul style="list-style-type: none"> • At least one person nominated by the Australian Medical Association; • At least one person nominated by the Royal Australian and New Zealand College of Psychiatrists; • At least one person nominated by the Royal Australasian College of Physicians; and • At least one person who has expertise in paediatric health
<p>S197 C of the <i>Migration Act 1958 (Cth)</i></p>	<p>Section 197C of the <i>Migration Act 1958 (Cth)</i> states, 'it is irrelevant whether Australia has non-refoulement obligations in respect of an unlawful non-citizen', and that the removal of an 'unlawful non-citizen' does not require an assessment of 'Australia's non-refoulement obligations in respect of the non-citizen'.</p> <p>Indeed, UNHCR has previously expressed concerns that Australia is in violation of the</p>

	<p>principle of <i>non-refoulement</i>, in returning Sri Lankan asylum seekers to their country of origin without appropriate consideration or processing of their asylum claims. [79]</p>
The Refugee Convention	<p>The Refugee Convention is the key treaty outlining the rights of asylum seekers and refugees under international law, and the protection obligations conferred upon States Parties. [29] Australia ratified the Convention in 1954 and is obligated, under international law, to comply with the provisions of the treaty.</p> <p>The Refugee Convention contains a number of provisions conflicting with Australia's current refugee and asylum seeker policy. This includes those provisions include those requiring States Parties to ensure refugees have 'free access to the courts of law', equal access to healthcare, are not penalised 'on account of their illegal entry' and are not expelled or returned to 'territories where his life or freedom would be threatened' (the principle of <i>non-refoulement</i>). [34]</p>
'Fast-track' process	<p>The 'fast-track' process is a process for refugee status determination devised by the Australian government in December 2014. Refugees who were yet to make a claim by 2014 were given less time to make claims for their own protection, and had reduced level of oversight to their claims. Furthermore, government-funded legal assistance for refugees to make their claims were also removed. These government strategies have suspended the processing of over 30,000 refugee claims, thus, it was more likely that these people are not found to be refugees. [30, 80-81]</p>

Figure 1 | Global forced displacement | 2009-2018



Global forced displacement of refugees from 2009-2018. [1]

Policy Details

Name: Refugee and Asylum Seeker Health (2019)

Category: G – Global Health

History: Reviewed and adopted, Council 3, 2019

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