

2. I think! From

ABCC FRANCO -
TIA MOUL

Intervention 3

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I am a medical practitioner with Central Gippsland Health in Victoria. I spent a fortnight in September on Manus Island - one of Australia's two offshore processing centres - and witnessed first hand the conditions there.

There is an escalating medical and psychiatric emergency amongst the 1200 stateless refugees scattered across both Nauru and Manus Island.

There are 600 adult men indefinitely detained on Manus Island for the last five and a half years.

The medical morbidity is broad and local management falls well below any acceptable standard for healthcare within a refugee community. There is a deliberate lack of transparency with muzzling of journalists on Manus Island and Nauru and a gag clause enforced on expatriate medical practitioners sent to the region - barring reporting of substandard conditions and offences such as physical and sexual abuse of detainees by local and Australian staff. A two year prison sentence is enforced for whistle blowers.

Australia removed primary health care provider IHMS from Manus Island in July and local medical skill and hospital facilities are inadequate to treat the critically ill.

There is no ICU, no ventilator, nor staff capable of managing either. The clinic is ill equipped to deal with medical emergencies such as myocardial infarction, diabetic ketoacidosis or severe sepsis requiring intravenous antibiotics.

Radiology facilities are inadequate with no CT scanner and sterility is poor. Death occurs from sepsis due to poor sanitation, and inadequate medical care, suicide and injuries caused by violence and assault from guards and hostile locals.

There are enormous delays for medical access and basic asthma medications, oral hypoglycemic and even blood glucose strips are not readily available.

No education exists for patients with chronic illnesses. Diabetes and hypertension are uncontrolled in males in their mid-twenties, with a physiological anatomy comparable to those in their fifties.

Ophthalmology services are poor, with two young detainees to date having lost their sight, uninvestigated.

Fracture dislocations are left unreduced and untreated and others complicated by permanent and disabling contractures.

FROM ASCC FRANCO

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TIAMUL

Unequal access to tertiary level medical care for refugees that are transferred to Port Moresby's primary hospital is palpably noticeable.

Mental health is by far the largest concern on the island and ranges from reactive depression to outright psychosis in previously well men, with three deaths by suicide to date. The incidence of self harm and suicide attempts have escalated to daily occurrences. There is no credible psychiatrist on the island and no inpatient psychiatric services. Any outpatient services provided incur a fortnights delay and ill equipped to address the acute mental health needs of suicidal men.

There have been 13 deaths in detention – 12 on Manus Island alone.

There are multiple reports of mistreatment of detainees including beatings and assault and finally the murder of an Iranian refugee by local and Australian guards during the riots in 2014 – all with no liability.

Several Australian medical speciality Colleges have urged the transfer of detainees to Australia. But, our legislation remains unchanged. 10 children now remain on Nauru (from 100) largely due to public advocacy rather than government initiative. 600 adult men are still on Manus Island.

Australia remains responsible under international law for those who have sought its protection. There have been enough deaths.

I reiterate UNHCR's recent call for ALL refugees and asylum seekers to be moved immediately to Australia, where they can long last receive adequate care and support. We have ample capacity.