



WELCOME TO DEATH

Asylum seekers and refugees have been enduring a living hell on Nauru, with little or no access to basic healthcare. Despite recent news of a US resettlement deal, their future is still uncertain. Anna Merlin reports

It's a situation millions of Australian women fear – finding a lump in their breast. Three years ago, Dina*, a mother-of-four, felt the cold trickle of panic that follows that exact nightmare discovery. The quietly spoken 39-year-old found multiple lumps in both her breasts, and her left breast began discharging green mucous.

While other mothers, sisters and wives facing a possible breast-cancer diagnosis find reassurance and hope for survival in Australia's modern medical system, Dina feels completely abandoned. That's because she was among

the 1300-odd asylum seekers sent to the Pacific island of Nauru after trying to reach Australia by boat in 2013.

Now living in the community after her family was granted refugee status, Dina's healthcare falls under the Nauru system. Yet the island's facilities are failing to cope with the complex medical conditions of new arrivals like herself.

Adding to the confusion, in November, the Australian government announced a "one-off, not to be repeated" deal to send refugees on Nauru and Manus Island to live in America. At the time of publication, no numbers or timeframes had been

ISLAND

Nauru, the smallest island nation in the world, covers just 21km² and has a population of around 10,000 people.

announced, although women, children and families have been prioritised. The agreement is with the outgoing Obama administration and so far it is unclear whether US president-elect Donald Trump, who will be inaugurated in January, will accept the refugees.

Human rights lawyer George Newhouse describes the quality of medical treatment offered to refugees and asylum seekers on both Nauru and Papua New Guinea as "medieval".

"They are under the direct care and responsibility of the Australian government and the way we treat them is shameful," he says.

Dina's sister, Maha*, faces a similar predicament. For nine months, she has suffered chest pains and has gallstones. More pressing are her gynaecological issues. She has difficulty urinating, blood in her urine and a golf ball-sized uterine growth. Her surgeon at the Nauru hospital says he can't operate because he lacks the proper equipment.

Making the situation even more stressful is the fact that there's a family history of cancer. (The sisters have asked *marie claire* to change their names out of fear of backlash on Nauru.)

"I am crying from my heart. I swear if I knew this will be the situation I

would have preferred to die in my country," says Maha. "This is Death Island."

Doctors4Refugees has examined the sisters' medical records and made urgent requests for both sisters to be treated in Australia. But the pleas have fallen on deaf ears.

The sisters are far from alone in their struggle to access what most Australians would consider basic healthcare. *marie claire* is also aware of a second refugee mother with untreated breast lumps who recently attempted suicide. She was rushed to hospital, but her friends had to take in sheets and blankets from home because ▷

Investigation

there were no clean ones available in the Nauru emergency department.

Amnesty International and Human Rights Watch covertly interviewed 84 asylum seekers and refugees, and issued a report in August 2016 that painted an appalling picture of healthcare standards on the island. The shocking details included a woman being forced to give birth under a hospital bed without a mattress. Her husband had to buy soap and toilet paper because there was none in the bathroom.

"[Refugees and asylum seekers on Nauru] endure unnecessary delays and at times denial of medical care, even for life-threatening conditions," the report found. "Medical equipment is rudimentary, and specialist medical attention is not regularly available."

A government spokesperson says the Nauru government was responsible for providing medical care to refugees and it was delivered "in line with Nauru community standards". However, Nauru is poverty stricken and decades of phosphate mining have rendered the tiny island an environmental wasteland. According to the World Health Organization, in 2014, Nauru's healthcare spend equated to \$512 per person, compared to \$4357 in Australia.

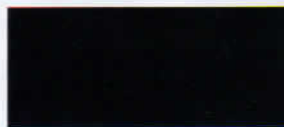
Controversy surrounding the healthcare of asylum seekers and refugees has never been far from the headlines. In May 2016, a refugee, allegedly raped on Nauru and sent to Papua New Guinea (PNG) for an abortion, won a federal court case ruling that the Australian government had a duty of care to ensure she had access to a safe and legal abortion. (Abortions are generally illegal in PNG, unless to save the mother's life.) In another case, in 2015, immigration officials denied they had set an arbitrary "abortion deadline" for a Somali refugee who claimed she was raped.

Another prominent case involves a 12-year-old boy who broke his arm riding a bike in 2015 and has not received a post-operative follow up. He remains in severe pain and has lost feeling in his wrist and fingers. His lawyer fears he could be permanently disabled.

Officials denied they had set an "abortion deadline" for a rape victim



Clockwise from above: held on Nauru for three years, a young refugee chooses what she most needs; more than 400 asylum seekers remain in cramped conditions; the old Nauru hospital reflects the poor standard of healthcare available on the island.



It's an issue likely to stay in the news in coming months with a new Senate inquiry examining abuse, neglect and self-harm allegations at Nauru and Manus Island detention centres in the wake of the leaking of 2000 Nauru incident reports.

The International Health and Medical Services (IHMS), the global healthcare company that runs the detention centre's health service, has denied the claims of poor-quality treatment. Immigration minister Peter Dutton has also repeatedly defended the facilities on Nauru citing Australia's \$11 million upgrade of the medical clinic at the detention centre and \$26 million on the Nauru hospital.

But according to a healthcare insider who has worked on the island and who spoke exclusively to *marie claire* on the condition of anonymity, only some parts of stage one of the hospital upgrade are in use. These include the dental clinic, consulting rooms, ultrasound room and X-ray building. Construction on other new sections is mostly finished, but the facilities are empty and inside no equipment is set up.

Patients are still being treated in the dilapidated and asbestos-ridden emergency department and maternity ward. Photos seen by *marie claire* of

inside the hospital show dubious hygiene standards, mouldy walls, tiles missing from floors and walls, grotty toilets, bedrooms with dirty floors and equipment covered in dust and unidentifiable substances. "There is chronic thieving of equipment and supplies," says the insider. Even bandages and sterile gloves can be hard to come by.

In May, the Nauru government revealed the remote control and modem for the hospital's CT scanner had been stolen during a break-in, rendering the machine unusable for months.

Australia is now the last-resort destination for those in urgent need of medical attention. Refugee supporters lament commonsense and human compassion have been lost in the politically toxic debate over asylum seekers and refugees.

According to the healthcare insider, the number of medical transfers to Australia has been dramatically scaled back since May 2015. Some who have worked on the island believe this strategy was aimed at stopping Australian lawyers from taking legal action to block people being returned to Nauru after their treatment.

In February 2016, there was a 10-day stand-off between staff at a Brisbane hospital and the federal government over the discharge of a baby girl named Asha because doctors >



feared the burns patient would be sent back to Nauru immediately. The one-year-old was eventually released into community detention in Australia.

Pregnant women are no longer sent to Australia automatically at 30 weeks gestation. Since February, the Australian immigration department has mandated medical transfers to PNG rather than Australia for specialist services not available on the island.

"The patient virtually needs to be at death's door in order to be sent to Australia for medical treatment," says a healthcare insider, adding that during the recent federal election campaign some transfers to Australia were undertaken covertly to avoid becoming a potential election issue.

The immigration department would not provide statistics on medical transfers from Nauru to PNG, or to Australia or other countries in 2016. The Nauru government also declined to respond to *marie claire's* questions about the quality of healthcare offered to refugees.

For Dina and Maha, risking the perilous journey from their Middle Eastern homeland to Australia was all about ensuring their children had a future.

In 2013, after an uncle was murdered in front of them, the sisters opted to flee with their kids, leaving their husbands behind. Other family had already migrated to Sydney and Melbourne and had raved about the "best country ever".

After five months the two families made it to Indonesia, where they squeezed into a small, rusty fishing boat that miraculously made it to Christmas Island on July 25, 2013. The families were transferred to Nauru and have been there since. They were in immigration detention for a year before being released to live in overcrowded, mouldy one- and two-bedroom lodgings.

WHO IS RESPONSIBLE?

Where does the buck stop?

This is a tricky question ...

The Australian government insists it is not responsible for the asylum seekers at the Nauru detention centre or the refugees living in the community. Canberra claims it does not run the detention centre, however, the immigration department hands out contracts to companies who do.

The federal government says the Nauru government operates the centre, assesses asylum claims and is responsible for the welfare of asylum seekers and refugees.

The United Nations refugee agency maintains under international law, Australia has responsibility for those it sent to Nauru.

Human rights and legal experts argue they are subject to Australian jurisdiction and "effective control" despite being in a foreign country. They have largely welcomed the US deal, but, at this stage, it is unclear whether the resettlement will still go ahead.

But their hopes for a positive future have not manifested. In September, after months of delays, Dina was finally airlifted to PNG to see a medical specialist. A mammogram confirmed there were lumps in both her breasts. She still doesn't know whether they're malignant or benign. There were no female Arabic interpreters on hand in PNG, which made the medical consultation even more difficult.

Both IHMS and the Australian immigration department declined to comment directly on the sisters' medical cases - citing patient confidentiality - and refused to explain why they haven't been sent to Australia for treatment.

"Decisions about medical transfers are made on a case-by-case basis according to clinical need, in consultation with the health services provider and government of Nauru," says a department spokesperson.

For the few who make it to Australia for medical attention, the process can be traumatising for all involved. One woman told researchers she was sound asleep in her hospital room when suddenly officers barged in demanding she wake up. "There was an officer on each side of me holding my arms, and more officers behind me. My legs were shaking. They didn't even

In August last year, refugee children on Nauru (left) protest against Australia's offshore detention operations.

allow me to put on my glasses. They didn't care about what the doctor had to say. They just put me on the airplane."

The Australian Medical Association (AMA) has been scathing of the lack of government transparency as well as the immigration department's interference in medical transfers. "It's an issue of great concern," says AMA president Dr Michael Gannon. "It's doctors who have the skill and expertise to make clinical decisions about where and how people are treated."

Dr Gannon said doctors are also fearful of speaking out about the deficiencies in asylum seeker and refugee

healthcare because of the Border Force Act, which threatens "entrusted" people with two years' jail if they record or disclose information about conditions in centres on Nauru and Manus Island.

Meanwhile back on Nauru, the recently announced US resettlement deal has created new uncertainty. Speculation is rife that the plan will be rejected by the incoming Trump administration, cementing an unknown future for all. "We don't

have any family in America," says Maha. "I want to know where we will be going and whether it's a good place not just for me and my family, but all the refugees on Nauru."

The anti-Muslim rhetoric of Donald Trump is troubling for Dina and Maha, who both wear head-

scarves as part of their faith. They are contemplating whether to take them off if they move to America, amid a rising tide of Islamophobia. The sisters are also worried about their ability to be reunited with relatives in Australia.

But Maha has other fears too. "I am really only worried about one thing," she explains. "That if I die, who will take care of my kids?" □

HAVE YOUR SAY

Go to getup.org.au and sign the petition to protect the rights and wellbeing of refugees and asylum seekers on Nauru.

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