AUSTRALIA’S MAN-MADE CRISIS ON NAURU: Six years on
This report focuses on Australia’s offshore processing in Nauru. A companion report will look at Papua New Guinea, another place where people have been broken by Australia’s offshore processing. By publishing this report first, we do not mean to suggest that the situation in Papua New Guinea is any better than on Nauru, or that we should be any less concerned with the welfare of people on Papua New Guinea’s Manus Island.

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Executive summary

Six years after the Australian government began sending people seeking asylum to Nauru, there are still around 900 people left on the island, including an estimated 109 children.¹ All of them will have been there for over four years. Almost 200 people lived in a processing centre, including 14 children,² until they were cleared out along with tents and temporary accommodation they were living in for the Pacific Islands Forum.³

In 2013, Amnesty International reported that Australia’s policy of offshore processing was breaking people.⁴ Six years on, people are broken. Children as young as 7 and 12 are experiencing repeated incidents of suicide attempts, dousing themselves in petrol, and becoming catatonic. At least two people have killed themselves, and three others have died. Many more are trying to kill or harm themselves. People are losing their hope and their lives on this island. This is Australia’s man-made refugee crisis in the country it still treats as a colony, Nauru.

Experts are saying that the people transferred to Nauru by Australia are among the most traumatised they have seen, even more traumatised than those in war zones or in refugee camps around the world. Despite repeated calls by the United Nations, medical bodies, hundreds of charities and community groups, both major political parties in Australia continue to believe that it is politically necessary to punish a small number of highly vulnerable people at extraordinary cost. Those costs are borne not only by those people, but also by Australian taxpayers and by Australia’s democracy and sense of itself as a humane, decent country.

Despite unprecedented efforts at secrecy by both governments, Australians and the world cannot claim they do not know what is happening on Nauru. There have been many reports by the Australian Parliament, by civil society organisations and the UN documenting sexual and other forms of abuse, of seriously deficient medical treatment and appalling conditions amounting to cruel, inhuman or degrading treatment. Many of those living there have spoken out and shared their suffering at great risk to themselves, as have brave whistleblowers who have worked there.

What is happening now on Nauru has gone well beyond our worst fears when this policy was resumed in 2012. Australia’s policy has traumatised children so much that they are giving up eating and trying to kill themselves. Australian courts are increasingly forced to step in so that people can get the medical treatment they urgently need, as the Australian Government repeatedly ignores doctors’ advice and does everything it can to avoid people being transferred to Australia, including sending them to Taiwan and Papua New Guinea. It has even tried to coerce a 63-year-old man to die in Taiwan, and to send a woman to Papua New Guinea to terminate her pregnancy, despite it being illegal there.

It has also separated around 35 people from their families, between Nauru, Papua New Guinea and Australia. There are fathers who have never held their babies, mothers who have had to leave behind their children on Nauru. By insisting that family members stay behind when others need medical treatment, the Australian Government puts people’s lives at risk. In one case, by the time the Australian Government agreed to let a young boy with traumatic withdrawal syndrome be transferred with his family, he was 36 kilograms and could not even stand. Every family member of every child (except for parents staying in hospital) has been detained once they got to Australia.

For many there is no end in sight. While the Government of the United States of America has offered to resettle up to 1,250 refugees, only around 371 people have so far left, almost two years since the agreement. At least 121 refugees have already been refused resettlement, and many people are from countries subject to ‘extreme vetting’. Of the seven people who took up Cambodia’s offer of resettlement, only one is reported to still be there.

Australia still adamantly refuses to even accept the offer of the New Zealand government to resettle 150 people, even though it has conceded that there will be no other third countries coming forward to resettle those left. It continues to double down on its position that they will never come to Australia, even for the handful of people who have family in Australia or for those raped in Nauru.

There are many real and very complex refugee crises in the world. There are more refugees in the world than people in Australia at the moment. Yet there is a very simple solution to the man-made refugee crisis on Nauru—and six years on, it is clearer than ever that it is the only possible solution: the suffering must end, and Australia must bring them all here now.

¹ As of 29 August 2018. The number is constantly changing due to medical transfers.
The trauma

Despite extraordinary efforts to suppress information coming out of Nauru, Australians and the world cannot claim they did not know what was happening to people. There have been widely publicised reports by the UN, the Australian Parliament, and human rights advocates documenting in grim detail the suffering we are inflicting. Both those who have worked on Nauru, and those trapped there, have spoken out movingly and bravely.

Breaking minds

To watch someone break over a period of months was a different thing altogether. To see eyes go from shining to dull, to watch shoulders slowly droop and hang, as if the arms themselves were too heavy. To [see] a man .. become a hopeless case, no longer even angry enough to fight against the injustice of it all, was something I’d never seen. That’s what I saw as a doctor on Nauru working for International Health and Medical Services (IHMS).

— Dr Nick Martin

This is what we know. There are increasing incidents of self-harm and spiralling mental health problems. People, including young children, repeatedly try to kill or harm themselves. They have tried to do so by pouring petrol on themselves, drinking washing-up liquid, hanging themselves, and setting their houses on fire. At least two people have suicided, one by lighting himself on fire in front of UN officials.

8 Omid Masoumali, a 23-year-old man from Iran, set himself on fire during a UN monitoring visit in protest at his indefinite detention. He waited several hours for painkillers and treatment. His transfer was delayed and he died several days later. Shortly after, a 19-year-old woman also set herself on fire. She was airlifted to Australia.

Depression, anxiety, short-term memory loss, bedwetting, nightmares, and anti-social behaviour is widespread, and is treated mostly through sedation. Over 80% of people have been diagnosed as suffering from post-traumatic stress disorder (PTSD) and trauma and depression. Those who have seen this suffering say it is worse than anything they have seen, including in war zones. This is suffering that Australia is responsible for.

As many medical organisations have pointed out, you cannot treat the mental health condition without addressing the context of prolonged detention that is causing or compounding that condition. As the Royal Australian and New Zealand College of Psychiatrists put it, trying to treat mental illness while somebody is in this situation ‘is like trying to fill the bath with the plug out’.

A 26-year-old Iranian, Fariborz Karami, who had been severely traumatised when he was held captive as a 10-year-old child in Iran, suicided. His mother, who had written repeated letters seeking help for her children, and his 12-year-old brother were hospitalised afterwards.

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Breaking the children

As of 29 August 2018, an estimated 109 children are held on Nauru. The ASRC and National Justice Project, among other legal partners, together have secured the transfer of 25 critically ill children through legal action, either through a court order or because the government conceded to legal pressure.

The details are especially harrowing when we look at the children of Nauru. We have heard of children swallowing razor blades and stones, trying to overdose, hanging themselves, attempting to jump from high places and dousing themselves in petrol. Children are hallucinating, withdrawing socially, repeatedly expressing a wish to die, unable to speak or speaking in a flat tone, and live in constant fear. Many bang their heads and bodies regularly and repeatedly against walls in their distress. The former director of mental health services on Nauru, Dr Peter Young, has said that offshore detention amounts to torture.

These children cannot be treated on Nauru, as there are no inpatient mental health facilities for children. Instead, those children who repeatedly attempt suicide are locked into small compounds and watched by security officers, who physically restrain them to prevent them from harming themselves in their distress.

The causes of this are also well-documented: the compounding effects of prolonged detention, including feelings of hopelessness and helplessness; pre-existing trauma; separation from families; and bullying and harassment and feeling unsafe in the local community.

Children have also been physically and sexually assaulted by those paid to protect them. There have been reports of incidents of centre staff sexually assaulting a child, choking a child, hitting at and spitting on children, and other physical assaults and threats to children.

Nauru is not equipped to deal with child abuse, with an official report finding that responses to child abuse were inadequate in nearly 70% of cases, while 20% of incidents couldn’t even be reviewed because of lack of data. Despite Nauru belatedly developing a child protection system in 2016, UNICEF has concluded offshore detention cannot be in the best interests of a child.

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Yet the abuse of children is now at fever pitch. In 2018, reports began surfacing that children on Nauru were developing a rare psychiatric condition called ‘Traumatic Withdrawal Syndrome’ (also known as ‘resignation syndrome’). Professor Louise Newman, former government advisor and psychiatrist, has explained that:

Traumatic Withdrawal Syndrome is found in children exposed to ongoing trauma where they feel hopeless and helpless resulting in a giving up on engagement with the world. There is an urgent need for treatment with a medical and mental health team in a high level hospital facility with capacity for intensive care, re-feeding and support for psychological recovery.

Traumatic Withdrawal Syndrome

Information provided courtesy of Professor Louise Newman and Dr Vernon Reynolds

Children on Nauru are displaying symptoms of Traumatic Withdrawal Syndrome with mental health conditions worsening due to prolonged illness and non-treatment.

Traumatic Withdrawal Syndrome is a rare condition and a syndrome of extreme severity that can be life-threatening. It is most commonly seen in children and young adolescents, and has the clinical features of dramatic social withdrawal, with severe reduction or inability to walk, talk, eat, and drink, self-care or socialise. It is most often seen in girls aged 7–15 years, but has been documented in males and in a patient as young as 4 years and through the adult age range.

A similar syndrome has been found in overwhelmingly traumatic environments such as people seeking asylum in Sweden, referred to as Resignation Syndrome.

Generally accepted criteria for diagnosis include:

- Partial or complete withdrawal in three or more of the following domains: eating, mobilisation, speech, attention to personal care, including self-toileting
- Active resistance or non-response to acts of care and encouragement
- Social withdrawal

No organic condition accounts for the severity of the degree of symptoms. No other psychiatric disorder could better account for the symptoms.

The science suggests there is a trauma related neurobiological overdrive process resulting in sympathetic and parasympathetic nervous system hyperarousal. This leads to maximal internal physiological arousal and maximal behavioural withdrawal.

This isolate/withdrawal response to trauma is well known as a component in the Flight/Fight/Freeze triad of responses to very stressful situations. In this group of people the options for Flight are unavailable and the options to Fight have been suppressed and drained from the individuals and families.

The increasing prevalence of this Freeze-Isolate-Withdrawal response is predictable in circumstances of sustained detention and trauma which include the following factors:

- Pervasive uncertainty
- Lack of freedoms — strong external controls and little internal control or choice, which create feelings of extreme helplessness
- Ongoing re-traumatising experiences
- Little or no opportunity for positive emotions

These factors affect all family members and undermine the parent's ability to buffer and support the child to cope with traumas.

The endangered state of the patient requires hospitalisation. Parents — who also suffer trauma related mental health challenges — are currently caring for children with TWS in the home environment, struggling to get food and water into their bodies in states of withdrawal.

We estimate there are at least 30 children on Nauru currently experiencing symptoms of Traumatic Withdrawal Syndrome, but some staff members and clients on Nauru are reporting significantly higher numbers.

Most children on Nauru have symptoms of mental health conditions, including suicidality, that are at risk of escalating and compounding into symptoms of TWS.
Yet the Australian Government has resisted transferring these children to Australia for treatment. Health workers on Nauru say there are 50 requests for overseas medical transfers that Australian Border Force are actively blocking. Courts are ordering the transfer of children in catastrophic circumstances. Since December 2017, 25 people have been transferred to Australia as a result of legal intervention, all suffering life-threatening symptoms. These actions have been necessary as the Australian Government continually rejects medical advice and refuses to process doctors’ requests for transfers. As Dr Vernon Reynolds, a child psychiatrist and whistleblower, said:

> I treated severely unwell children that I repeatedly recommended for transfer to a specialist hospital. Instead they were left for months to deteriorate further. Such neglect cannot be justified and is morally and ethically wrong.

The following is a list of publicly reported cases of children with life-threatening mental and physical symptoms. The ASRC has a record of all incidents of critically ill children transferred for emergency medical care to Australia.

<table>
<thead>
<tr>
<th>Incident</th>
<th>Date of report</th>
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<tbody>
<tr>
<td>The Federal Court orders the transfer of a young girl at extreme risk of suicide</td>
<td>9 Feb 2018</td>
</tr>
<tr>
<td>A 10-year-old boy, who attempted suicide three times and needed surgery, was ordered to be transferred to Australia by the Federal Court. His father had been transferred to Australia.</td>
<td>21 Mar 2018</td>
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<tr>
<td>A young girl, not yet a teenager, who attempted suicide three times, was transferred to Australia after an urgent application was lodged in the Federal Court.</td>
<td>14 Apr 2018</td>
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<tr>
<td>A 14-year-old girl, who had been on Nauru for nearly five years, doused herself in petrol and tried to set her alight, but the then Immigration Minister refused to transfer her until her case was before an Australian court.</td>
<td>7 Jul 2018</td>
</tr>
<tr>
<td>A 17-year-old boy who was acutely unwell and suffering psychosis, rarely ate and did not go to school was ordered to be flown to Australia with his mother.</td>
<td>13 July 2018</td>
</tr>
<tr>
<td>An adolescent girl, suffering from a severe major depressive order and traumatic withdrawal syndrome, was ordered to be transferred to Australia by the Federal Court.</td>
<td>1 Aug 2018</td>
</tr>
<tr>
<td>A critically unwell refugee baby and his parents were flown to Sydney for diagnosis and treatment</td>
<td>3 Aug 2018</td>
</tr>
<tr>
<td>A 12-year-old boy, on the island for five years, had been refusing food and fluids for nearly two weeks and was considered to be suffering from ‘resignation syndrome’. He was eventually flown to Brisbane four days after an urgent overseas medical referral by air ambulance. By the time of transfer, he weighed 36 kilograms and could not stand. His mother and sister were transferred but were detained.</td>
<td>16 Aug 2018</td>
</tr>
<tr>
<td>A 17-year-old girl, once dreaming of becoming a doctor, has been diagnosed with resignation syndrome and is refusing all food, fluid and medical treatment. She has now been transferred.</td>
<td>22 Aug 2018</td>
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<tr>
<td>A 12-year-old girl, who had already made several attempts to kill herself, tried to set herself on fire.</td>
<td>22 Aug 2018</td>
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<tr>
<td>Two children were moved off the island with their families on 23 August 2018.</td>
<td>25 Aug 2018</td>
</tr>
<tr>
<td>A 14-year old boy, suffering a major depressive order and severe muscle wastage after not getting out of bed for four months, was flown directly from Nauru to Brisbane with his family.</td>
<td>25 Aug 2018</td>
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Children have also stopped going to school, in the face of bullying and harassment by local children and their teachers. Service providers estimated in 2016 that, since the closure of the Save the Children school in mid-2015, only about 5-15% of children were attending school.\(^17\) Amnesty International reported that no child was attending school by September 2016.\(^18\)

All the kids at school, they say, ‘Refugee, refugee, refugee.’ They don’t say our names. They hit us. And when we try to talk to the teachers, they don’t say, ‘Why are you Nauruan kids hitting the other kids?’ They say to us, ‘Why are you fighting with the Nauruan kids?’ We try to explain, but they don’t listen.\(^19\)

### Breaking up families

The depth of despair and hopelessness was echoed to us by a single mother with four children this week in Nauru. Separated from her mother, sister and brother in Australia, she told UNHCR, “I feel that I am in a deep, dark well screaming for help and no one can hear me.”\(^20\) — Indrika Ratwatte, UNHCR

An especially cruel part of offshore processing is the way it breaks up families. Around 35 people are thought to be split between families across Nauru, PNG and Australia,\(^21\) and in October 2017 there were nine nuclear families split across those countries.\(^22\)

Some of these separations were caused because people coming to Australia after another family member were caught up by the hardening of the offshore processing policy on an arbitrary date, 19 July 2013.

One woman, having fled her country due to a well-founded fear that her youngest children would be taken from her, arrived in Australia just one week after her adult daughters. The irony of their prolonged family separation, by the 19 July deadline that feels so arbitrary, does not escape her. Suffering from severe depression, she speaks with her family in Melbourne most days but does not leave the three-room demountable. She is not

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18 Senate Legal and Constitutional Affairs References Committee, *Serious Allegations of Abuse, Self-Harm and Neglect of Asylum Seekers in Relation to the Nauru Regional Processing Centre, and Any Like Allegations in Relation to the Manus Regional Processing Centre* (21 April 2017) [https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/NauruandManusRPCs/Report], [2.75].


Separating a person from their family is standard practice when a person is transferred for medical treatment, especially since 2016 (discussed below). Women give birth in Australia without their partners; children are left behind when their parents are transferred. Increasingly, that separation is indefinite, too.

The effect on children suffering family separation is profound. It not only affects their mental health but also their sense of identity and safety. Parents who have been separated from their children speak of their inability to bond with their children after they are reunited, as their children believe they had abandoned them. Some children also blame themselves, thinking they have done something wrong.

A woman whose husband had been transferred to Australia for urgent medical treatment said that their nine-year-old son had repeatedly talked about suicide after the family had been separated:

Two weeks ago, my son took the lighter. He said, ‘I want to burn myself. Why should I be alive? I want my daddy. I miss my daddy.’

**Breaking women**

For years, there have been tragic accounts of rape and sexual abuse of females in Nauru, including by those paid to protect them. The accounts have come from people who lived through these experiences or who witnessed them, and have been reported in multiple official reports. At least 24 women have been flown to Australia to terminate pregnancies, many of them as a result of rape.
There have been numerous reports of sexual assault, physical assault, and sexual harassment. In the centre, women were offered longer showers if they allowed guards to watch them shower and were offered marijuana or cigarettes in return for other sexual favours. Their tents had no locks, making it easy for guards to abuse their power and making it impossible for them to be safe.

Women have often said they feel safer in detention than in the community, where they are subject to racist abuse, casual sexual harassment and worse. Even in the detention environment, women have been raped, sexually assaulted and harassed by security officers and other staff members paid by the Australian government. The ASRC has records and can provide evidence of these allegations.

All the accounts concur that such incidents are not reported to the police and, even if they are, there has never been any further action. There have also been reports of police misconduct, including ripping up witness statements, and coercing signatures on witness statements. The ASRC has records of allegations of physical and sexual abuse by police.

**Breaking bodies**

This appalling state of mental health is manifested in protracted and chronic poor physical health. Such a complex and highly vulnerable group suffer from many different conditions, some pre-existing, others psychosomatic, and others such as infectious diseases that result from the environment and poor nutrition.

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Although Australia spends a fortune on health facilities on Nauru (an estimated A$865,000 a year on each person), the people there still receive critically inadequate medical treatment. This is evidenced by testimonies and countless reports, as well as the independent reviews of the Australian Medical Association and Doctors for Refugees.

Nauru, with its small population, is simply not equipped to provide the services needed by a highly vulnerable and complex community. People cannot even get basic needs such as glasses or some medications for existing conditions on Nauru. It lacks the facilities or the staff needed to treat many more complex conditions, and the competence even to deal with the more straightforward problems. According to Dr Nick Martin, a senior doctor there:

To compare the RoN facility to anything remotely resembling an Australian hospital, even in a remote outback town, was unrealistic. There had been a significant cash injection and a building program, widely lauded by the Australian government. I think more than $26 million had been spent, and you could indeed see the shiny new porta-cabins containing operating theatres, a shiny new pharmacy and office spaces. …

It was, of course, only half the story. The emergency department and wards remained in the older buildings, with inadequate equipment, poorly trained staff and creaking infrastructure. The sparkling new pharmacy routinely ran out of basic drugs, not all doctors were medically qualified. There were no pathologists on the island and no way of conducting post-mortems. Any deaths were not investigated, and the deaths I heard about were quickly hushed up, even if serious concerns were raised by our staff. We again ran the risk of being deported if we upset the staff by pointing out any of the glaring mistakes being made. …

The number of things [done at the local hospital to a Nauruan] that were done incorrectly, ignored, just plain screwed up, due to incompetence and ignorance, wilful or otherwise, was astounding. It painted a picture of a hospital utterly ill-equipped to deal with what should have been a fairly straightforward emergency presentation.

The needs of many of the women create particular problems for Nauru. For example, women who have experienced female genital mutilation or require gynaecological surgeries cannot be treated on the island. Women who need a pregnancy terminated (which is illegal in Nauru) wait an “absolutely brutal” 20 weeks on average (when they can feel the baby move).

Obstructing medical care

The inadequacy of health care on Nauru is compounded by a cruelly restrictive policy on transferring people for medical treatment. Omid Masoumali, who lit himself on fire in front of the UN officials, could have survived in an Australian hospital, but wasn’t even given a bedsheet in the Nauruan hospital. It took 26 hours to evacuate him to Brisbane, where he died.

It is the Australian Government, not doctors, which ultimately decides whether a person can be transferred for medical treatment. Although the process formally involves a Nauruan Overseas Medical Referrals Committee, it is in the end the call of the Australian Border Force. Although the Australian Government states that it has not ‘denied’ any requests for overseas medical

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transfers in the past five financial years,\textsuperscript{35} this contradicts the evidence from those on the ground. Sources indicate that there are around 50 Overseas Medical Transfer requests by doctors being blocked. Even the former head of the Australian Border Force has conceded that it has obstructed transfers.\textsuperscript{36} As Dr Nick Martin put it eloquently:

\begin{quote}
Nothing happens without the Australian Border Force allowing it. They were where delays came from: ABF had held up evacuations for my critically-ill patients before. They seemed to work in committees. There was never a name you could pin things on. They used terms such as ‘the delegate’ or ‘the committee’ to guarantee anonymity and avoid accountability. I had the name of their chief medical officer. I had met him, he was amicable enough. I wasn’t sure if they listened to him, but he was a contact at least. …

I … started typing up the referrals, … starting the ball rolling on a process that would take months and was reliant on a load of rotating staff to keep the momentum, or else it would be lost again. I had calculated an average of four referrals that were needed to get a patient seen once at the Nauru hospital and then only one in four after the patient was seen would have any kind of clinical report or note on file that I could then use to convince their committee that the patient needed transfer.\textsuperscript{37}
\end{quote}

These decisions have become increasingly cruel. Public pressure in 2016 through the #LetThemStay campaign meant that over 400 people already transferred to Australia have not been returned offshore, despite the failure of a High Court challenge to prevent their return.\textsuperscript{38} The Australian Government is now taking extraordinary and extremely expensive steps to prevent people from being transferred to Australia, for fear that courts may prevent them from being returned.

This is reflected in the significant decline in the number of overseas medical transfers since 2014-2015, despite the fact that more prolonged detention is likely to result in more complex health issues.

In February 2016, the Australian Government started transferring people from Nauru to Papua New Guinea to avoid legal action.\textsuperscript{39} One of those transferred to Papua New Guinea was a young African woman who had been raped while unconscious, and fell pregnant. She was transferred to Port Moresby without her informed consent, even though abortion is illegal in PNG, and against the advice of five medical experts. One expert warned that she could develop extreme psychotic symptoms if she was not able to have a termination. Yet it was only by court order that this woman was eventually transferred to Australia.\textsuperscript{40}

In mid-2017, a change in policy meant that traumatised women needing abortions, in a country where rape was common, would not be seen by Australian doctors and referred to the Australian government, but rather to the Nauruan Overseas Medical Referral committee.\textsuperscript{41}

As abortion is illegal in Nauru, doctors were put in an impossible position, and women were effectively denied the choice of an abortion. Given their mental health issues, there were serious risks that people would self-harm or try to induce an abortion themselves.\textsuperscript{42} Three pregnant women with serious mental health problems were transferred to Australia in 2017.

\begin{itemize}
\item[35] Senator Kim Carr, Question on Notice AE18/147 26 February 2018 \url{https://www.aph.gov.au/api/qon/downloadestimatesquestions/EstimatesQuestion-CommitteeId6-EstimatesRoundId2-PortfolioId20-QuestionNumber142}.
\item[38] Ben Doherty, ‘Let them stay’: backlash in Australia against plans to send asylum seekers to detention camps’ \textit{The Guardian} (10 February 2016) \url{https://www.theguardian.com/australia-news/2016/feb/10/let-them-stay-australia-backlash-267-asylum-seekers-island-detention-camps}.
\item[41] Ben Doherty, ‘Pregnant refugees refused abortions on Nauru must be brought to Australia, says AMA’ \textit{The Guardian} (23 August 2017) \url{http://www.theguardian.com/world/2017/aug/23/refugees-need-high-level-treatment-should-be-brought-to-australia-medical-bodies-say}.
\end{itemize}
issues were reported to have been denied termination as a result of this policy, a move condemned by the Australian Medical Association. 43

In September 2017, Australia signed a deal with Taiwan (which is not a signatory to the Refugee Convention) to transfer people there. 44 By 30 August 2018, 30 people had been transferred to Taiwan, including a 55-year-old Iranian woman needing heart surgery and her 17-year-old son. 46

The Government also tried to force a 30-year-old pregnant Somali woman, who had been subject to female genital mutilation, to have an abortion in Taiwan. It was forced to transfer her to Australia by court order. 46 The Government has also gone to court to prevent a critically ill baby and his parents from being transferred to Australia instead of Taiwan, despite the risks involved. 47

Australia has even tried to force a 63-year-old Afghan refugee dying from lung cancer to move to Taiwan for palliative care, and offered him $25,000 to return to Afghanistan. He was only transferred to Australia after an intense campaign by medical staff, the public, and even government officials. 48

Getting them out

What are the options for people to get out of Nauru? The reality is that their options are limited.

The best hope for those who have been recognised as refugees is the offer from the US to resettle some, but not all, of them. That much-delayed hope is becoming elusive for many, clouded by concerns over Donald Trump’s restrictive immigration policies, including extreme vetting for key nationalities and a drastic cutting of the refugee resettlement numbers.

They could go to the only other country that Australia has a resettlement deal with, Cambodia, but that deal has so far been a complete failure. New Zealand has also offered to resettle 150 refugees, but this has been rejected by Australia and Nauru. They have tried, but have almost always failed, to apply to other countries.

If they are in extreme need, they may be transferred to Australia, but as already discussed this pathway has virtually closed off. Or, as the Australian Government hopes, they can go home to danger.

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44 David Wroe, ‘Send them to Taiwan: Turnbull government’s secret refugee deal revealed’ The Sydney Morning Herald (23 June 2018).
46 David Wroe, ‘Send them to Taiwan: Turnbull government’s secret refugee deal revealed’ The Sydney Morning Herald (23 June 2018).
US resettlement deal

On 13 November 2016, the Australian Government announced it had reached a deal with the American government to resettlement people to the US. Priority was to be given to the vulnerable, “namely women, children and families”, but the resettlement process was to be “gradual” and subject to standard resettlement admissions for the US.49

While the deal was welcomed by many as at least offering a ray of hope for those languishing on the islands, many of its details remained unclear, and it has not proven to be either a quick or comprehensive solution to the suffering of those on Nauru or Manus Island.

First, the deal was thrown into doubt after the election of President Donald Trump, especially when the then Prime Minister Malcolm Turnbull was leaked saying to the new President that there was no commitment to resettle anyone under the deal, only to examine their resettlement cases.50 The government has stated that there is an ‘indicative target’ of 1,250 people from both Nauru and PNG who could be resettled under the deal,51 which given there are over 1,600 people still in both places leaves open the question of what might happen to everyone else.

As well, the future prospects of those wishing to be resettled to the US have become even murkier because of Trump’s hardline immigration policy. This has included a travel ban against certain Muslim-majority countries (especially Iran and Somalia) as well as a ban on refugee resettlement and then more stringent screening of ‘high-risk’ countries, including many nationalities represented on Nauru. There are also significant fears that anti-terrorism legislation may prejudice the resettlement of those from Sri Lanka, as the breadth of that legislation was likely to capture many in the Tamil community.52 As at 21 May 2018, there were 112 people from Sri Lanka on Nauru,53 of which so far at least 28 have been accepted but four have been rejected.54

Very significantly, Trump has drastically cut the refugee resettlement quota from 110,000 to 45,000 (with projections it could fall to just over 20,000 in the coming financial year, roughly the same as Australia has resettled in the previous financial year).55

While the precise effect of these policies on the US resettlement deal remain unclear, their singing out of particular nationalities is especially significant, since most of those left in Nauru and PNG are from Iran (329 in Nauru as of 21 May 2018), and there are significant numbers of people from Somalia (61 in Nauru as of 21 May 2018).56 Nearly half (47%) of the people on Nauru on 21 May 2018 were from countries subject to ‘extreme vetting’.57

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These factors have led to prolonged delays in resettling people from the US. The first group left from Manus Island on 26 September 2017, nearly 11 months after the deal was first announced. By 20 August 2018, only 371 people had been resettled to the US.\(^58\)

Another 121 on Nauru have already been rejected.\(^59\) The rejections appeared to evidence concerns that, while not technically excluded from the US resettlement deal, those from the countries subject to the travel ban would find it very difficult to be resettled, as 80% of those refused resettlement were from those countries.

Most concerning was that around 58% of those rejected (70 people) were from Iran, compared to 15 Iranians who had been accepted (or nearly 80% of cases involving Iranians have been refused). 35% of the people on Nauru (and 36% of those on PNG) at the time were from Iran. This has caused intense despair among the community. In May 2018, one Iranian woman was reported to have attempted suicide on Nauru after being rejected by the US.\(^60\)

This high volume of rejections for Iranian people is a significant contributing factor in the mental health crisis in children on Nauru. Many children were so excited and hopeful about resettlement to the United States that they had packed their bags, and begun writing in diaries and drawing pictures about how their life would be. The rejections have been catastrophic, and have resulted in many losing hope completely.

There are two other groups in particular whose fate under the US resettlement deal remains unclear. First, UNHCR had participated in the deal on the agreement that a way would be found to reunite a small number of people with close family in Australia, but the Australian Government reneged on this.\(^61\) Such people have to make the tragic choice between resettling in the US and never seeing their families again, or remaining indefinitely in Nauru hoping for a change in situation.

While the government has indicated that applying from Australia might be possible in exceptional cases, we are not aware of any cases in which that discretion has been exercised. The Austra-


lian Labor Party has stated that people in Australia for medical treatment should be able to apply to resettle to the US from Australia.62

Arash Shirmohamadi, an Iranian refugee, is on Nauru. His wife came to Australia when she was pregnant, and their daughter was born in Sydney in March 2017. He has never held or even seen his daughter. He has been told that, if he wants to apply for US resettlement, he must give up his daughter. He says:

I feel like I am being held hostage, and for no reason, this is all just a nonsense. I see my baby on my phone, and I miss her every day. I need to hold my baby, I need to hug her. They have kept us apart for no reason, only to be cruel.

Another group is those transferred from Nauru or Manus Island to Australia for medical treatment (or following their family here). Some of these people have suffered sexual or other serious abuse in Nauru. Yet, if they wish to be resettled in the US, they are being told that they need to go back to the site of their trauma to be interviewed, and must give up any precarious life they have built in Australia for the uncertain prospect of being resettled in the US.63 There continues to be no resolution for this problem.

Cambodia

Seven people have left to go to Cambodia,64 under a failed ‘resettlement’ agreement which has cost Australia nearly $50 million.65

Only one of them is reported to still be there.66 He has now threatened to go on hunger strike because the Australian Government broke its promise that it would reunite him with his wife and children who are originally from Syria. Despite this, there have been recent reports that the Government may be negotiating a new deal with the Cambodian Government.67

New Zealand

Since 2013, New Zealand has offered to resettle 150 people seeking asylum from Nauru and Manus Island (preferably families), and the offer has been renewed since the election of a new government in 2017. New Zealand Red Cross has indicated it has the capacity to support significantly more than the 1,000 people New Zealand resettles each year and as part of its refugee resettlement quota. Despite having repeatedly rejected the offer in public, it was revealed in April 2018 that the government had asked New Zealand to keep the offer open as a backup plan.68

In November 2017, shortly after the new New Zealand government renewed its offer, it announced it would give NZ$3 million to support those on Manus Island and Nauru, while the Australian Senate passed a motion calling on the government to accept the offer.69 On 21 August 2018, the New Zealand government...

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revealed it had already directly approached Nauru with its offer, bypassing Australia, but had been turned down by Nauru. The Australian Labor Party has asked the Government to accept New Zealand’s offer. In 2001, New Zealand took 130 of the refugees under Australia’s first ‘offshore processing’ regime, including 20 young children.

**Returns**

Senator Kim Carr, Question on Notice BE18/244 12 June 2018

At least 165 people have gone back to their country of origin. The government claims they have done so ‘voluntarily’, but they have been induced to do so by the intolerable conditions and significant financial incentives. There is no monitoring of these people, so we do not know what has happened to most of them.

**Elsewhere**

Several refugees have unsuccessfully tried to leave Nauru once they are recognised as a refugee with their identity documents, including to Canada, Fiji and New Zealand. Only one family appears to have successfully left Nauru for Canada.

**Those in Australia**

Around 460 people are in Australia from Nauru or Manus Island for medical treatment or other protection reasons, or accompanying a family member. Around 430 are from Nauru.

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77 As of 30 August 2018, according to the Human Rights Law Centre.
As of 21 May 2018, 293 were in community detention and the rest in other forms of detention. Worryingly, there were 149 people transferred from Nauru or Manus Island who were now living in the community without any access to income or casework support, nor access to subsidised medication.78

Until 30 June 2017, 368 people have been transferred from Nauru for medical assistance, and another 305 of their family members have accompanied them.

There have been 30 children transferred in that time for medical assistance (excluding those who have come accompanying family), and 24 women who have been transferred for an abortion.79

As discussed above, in 2018 there have been many reports of more people, especially children, who have been transferred to Australia despite the resistance of government officials.

Those transferred were typically held in community detention, in a specified residence subject to curfews, and provided a basic living allowance and other critical supports including health care, case management and access to torture and trauma counselling.

However, in late 2017, without notice, the Government decided to remove that support from 62 people, and did the same again in 2018. As a result, these people have been put at grave risk of destitution.

Although the Government has given them visas that allow them to work, it is unrealistic to expect that people who have been in prolonged detention in Nauru or Manus Island and have been transferred for complex medical needs are in any position to find work in an unfamiliar country, in an unfamiliar language.

What now?

The first people were sent to Nauru on 14 September 2012, under this second version of Australia’s offshore processing. Since then, hundreds of organisations in Australia and many UN bodies have been saying the same thing: this is a ‘crisis’ that has an easy answer.

These people can simply be brought to Australia, and should have been brought here years ago. This is entirely within Australia’s power to achieve. The number of people involved is tiny. It would be an enormous cost saving to the government, and help to restore our credibility in the region and internationally. It would drain a poison that has been slowly engulfing our politics, our identity and our democracy.

After six years, we must acknowledge that too much damage has now been done for this to be a solution. We cannot give these people back their lives. Yet it is surely our duty to try.

The Refugee Council of Australia and the ASRC have joined hundreds of other organisations in supporting the call on Australia’s Political Leaders, to free the children trapped on Nauru by Universal Children’s Day. We need to bring them here and either offer resettlement in Australia or find another suitable country that will mediate that support. Join the call today and help us get the #KidsOffNauru.


The Refugee Council of Australia (RCOA) is the national peak body for refugees, people seeking asylum and the organisations and individuals who work with them, representing over 190 organisation and hundreds of individuals. We promote the adoption of humane, lawful and constructive policies by governments and communities in Australia and internationally towards refugees, people seeking asylum and humanitarian entrants.

The Asylum Seeker Resource Centre (ASRC) is both a place and a movement. We are an independent not-for-profit organisation, whose programs support and empower people seeking asylum to maximise their own physical, mental and social well being. As a movement, we mobilise and unite communities to create lasting social and policy change for people seeking asylum in Australia.

www.refugeecouncil.org.au
ABN 87 956 673 083

www.asrc.org.au
ABN 64 114 965 815