

Professor David Isaacs Speech

I'd like to acknowledge the traditional custodians of this land, the Gadigal people of the Eora Nation, and their elders past and present. I would also like to thank the AMA for organising this Forum today and inviting me to speak.

I am a Professor of Infectious Diseases.

There is certainly an infectious disease risk in offshore immigration detention. Alanna (Maycock) and I were on Nauru for five days. In our short time there we diagnosed one infant with typhoid fever and a toddler with tuberculosis. There is a constant risk of gastroenteritis. In Manus where there is malaria, there is the risk both of malaria and risks of mental health problems from the antimalarial drugs for asylum seekers as well as for those people working there.

We treat people who reach Australia as refugees well. In contrast, our treatment of people who arrive seeking asylum shames us all.

The numbers of adults and children in detention has certainly decreased, to the Government's credit, but the median time spent in detention has increased steadily from 10 weeks, and is now over 14 months. Almost a quarter (23%) of people detained have been there for over 2 years.

We surveyed paediatricians and over 80% believe that mandatory detention is child abuse.

Prolonged detention has been described as being like torture. Is it really torture?

In 2014, Dr Peter Young said *'If we take the definition to be the deliberate harming of people to coerce them into a desired outcome it does fulfil the definition'*.

In 2015, John Mendez, UN Special Rapporteur (on torture and other cruel, inhuman or degrading treatment or punishment) said *'various aspects of Australia's asylum seeker policies violate the UN Convention against Torture and Other Cruel and Inhuman or Degrading Treatment or Punishment'*.

Is it or is it not torture? Are we to have degrees of torture?

The child psychiatrist Bob Adler said: *'It's not as bad as Guantanamo'*.

Julian Burnside and Pat McGorry noted that *'we don't water-board'* people on Nauru and Manus Island.

We know that people seeking asylum are at risk of mental health problems because of traumas experienced in the land they have left and on the journey. But those who have experienced prolonged immigration detention are at significantly greater risk of mental health. It is not possible to do a randomised control trial, so this is the best possible evidence that prolonged detention problems compared with those who were not or were only briefly detained. Furthermore, the risk of mental health problems increases with duration of internment. It is not possible to do a randomised control trial, so this is the best possible evidence that prolonged detention is a major risk to mental health.

I recently published a paper in the Journal of Medical Ethics arguing that prolonged immigration detention fulfils the United Nations definition of torture.

So is Guantanamo worse than Nauru and Manus? Let's compare Guantanamo with Nauru and Manus.

Guantanamo is a black site, and so are Manus and Nauru.

One thing that could make Guantanamo worse is that prisoners experienced systematic physical harm as well as harm to their mental health. The people in Manus and Nauru experience harms to their mental health, but not physical harm, at least not in such a systematic way. However, there are factors that make Nauru and Manus Island as bad as and possibly worse than Guantanamo.

The people that were put into Guantanamo were men suspected of terrorism (acts of war). The people in Nauru and Manus are men, women and children suspected of fleeing from war. Guantanamo was established to protect the US against terrorists. Nauru and Manus are being used to protect Australia's borders and harm is being done to innocents to deter others from seeking asylum.

For Guantanamo most of the people went to war knowing the consequences. Two of the most powerful autobiographies I know are those written by Primo Levi [Is this a man – The Truce] and Nelson Mandela [Long Walk to Freedom]. Both men discuss their imprisonment without apparent rancour and try to understand the mentality of their captors. I think the reason they can be so sanguine is that they knew when they went to war against evil regimes that it was the right thing to do and they knew the likely consequences if caught. The people in Nauru and Manus could not have predicted the cruelty they would face. And the injustice of being imprisoned for no crime adds to the psychological harm.

Furthermore, there are children on Nauru, whereas there were no children in Guantanamo.

What does this mean for doctors and other health care professionals?

We have a duty of care to patients.

We also have a duty not to condone torture.

Dr David Berger and Dr John-Paul Sanggaran argue that doctors have conflicted duties (that doctors shouldn't work in immigration detention) and want us to call for a boycott.

The position of the AMA is 'regardless of society's attitudes, ensure that you do not countenance, condone or participate in the practice of torture, or other forms of cruel inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or convicted.' If working in immigration detention does condone torture, doctors should not work there.

There has been a recent change in the rhetoric.

Malcolm Turnbull is starting to use the word 'compassion' when talking about asylum seekers.

But where is the compassion in sending a badly burned one year old back to Nauru?

The CIA suggests that what happened at Guantanamo and Abu Ghraib is not torture because doctors supervised activities like 'water-boarding'.

The AMA has said that prolonged immigration detention is torture.

The AMA does not, and will not ever, condone torture under any circumstances.

Doctors should not work in immigration detention centres.