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**Senate Legal & Constitutional Affairs Committee
Hearing into Senate Legal and Constitutional Affairs Committee - Migration
Amendment (Repairing Medical Transfers) Bill 2019 [Provisions]**

Monday 26 August

Opening Statement – AMA President, Dr Tony Bartone

Thank you for asking the AMA to appear before this Committee.

The AMA submission covers the issues we wish to emphasise.

As our submission notes, asylum seekers and refugees experience particular risks from a range of health conditions and psychological disorders.

Post-traumatic stress disorder, anxiety, depression, and the physical effects of persecution and torture are common among asylum seekers and refugees, along with poorer physical health.

The AMA has advocated a consistent position going back to about 2011 – and that is that all asylum seekers and refugees, independent of their citizenship or visa status, should have universal access to appropriate health care.

We know first-hand from asylum seekers and refugees – and their advocates – who have contacted the AMA that there are specific and complex health needs that must be assessed and addressed in culturally appropriate ways by suitably trained medical practitioners.

To achieve this, the AMA has consistently called for a national statutory body of clinical experts, independent of government and with powers to investigate and advise on the health and welfare of asylum seekers and refugees.

We have been advocating strongly for better health care for asylum seekers for many years now, and this is why the AMA lent its support to the so-called Medevac Bill and the establishment of IHAP.

There are issues we have with the current IHAP Bill – which I will detail later – but the AMA is of the view that it is essential that we have an independent body that can advise on the temporary transfer to Australia from Nauru and Manus for those in need of urgent care.

IHAP

Let me briefly address the current situation with IHAP.

In September last year, I wrote to the Prime Minister, Mr Morrison, calling for the children on Nauru to be brought to Australia for appropriate medical care, with similar letters going to all Members of Parliament and Senators.

I met with the Minister for Home Affairs, as well as other Government Ministers and Shadow Ministers, and the Chief Medical Officer, Dr Gogna, and put to them the position of the AMA.

That is, I reiterated our support for an independent medical body able to investigate and advise on the health care of asylum seekers and refugees in offshore detention or otherwise under Australian authority.

I am very pleased that the Government has removed children from offshore detention and reduced the numbers of adults in detention.

The IHAP has, I believe, been an important part of this process and, from what I understand, it is working as intended.

Let me be clear, though, the Bill that established IHAP does, in the AMA's view, have some flaws. I am concerned that IHAP panel members are not remunerated for the considerable time and expertise they provide.

However, it is the AMA's view that this is not a game-breaker and does not negate the need for a medical body independent of government.

Obviously, we want to see IHAP properly resourced but that does not diminish from the role the Panel is playing in ensuring appropriate health care is provided.

This legislation is designed to provide independent medical advice on refugees and asylum seekers who may need medical transfer to Australia – and in this respect the AMA believes it is achieving its role and designated functions.

For these reasons, we support the ongoing work of IHAP and recommend that it continues, whether as IHAP or any other new body that Parliament wishes to convene, but that IHAP or any such body be appropriately resourced to ensure that it carries out its function appropriately, timely, and efficiently.

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