

## FOI

**From:** Cody SMITH  
**Sent:** Monday, 20 May 2019 4:18 PM  
**To:** Cheryl-anne MOY; Pip DE VEAU; Stephen HAYWARD; Alana SULLIVAN; Anton BOCKWINKEL; Erin DALE; Peter TIMSON  
**Subject:** Notes from the medical transfer related teleconference this afternoon  
~~{SEC=PROTECTED, DLM=Sensitive:Legal}~~  
**Attachments:** LetterToMichaelPezzullo170519.pdf

~~PROTECTED, Sensitive:Legal~~

Hi all

Below are the notes I took of the teleconference this afternoon.

### Attendees

Cheryl-anne, Alana, Pip, Anton, Stephen and I in the City  
 Erin and Peter on the phone from 3 Molonglo

s47F

on the phone from various locations

### Start 1.20pm

CA gave apologies from the Secretary, explained why there were 3 lawyers present (due to the medevac legislation not being developed by the Government) and thanked s47F for their letter.

s47F

explained that regardless of the legislative framework they saw this as an opportunity for the medical community to express their views on the health of those in regional processing countries and that in their view it was the first systematic review of what is happening with medical care in relation to regional processing.

They noted there were 376 applications to the MERG, that they consider the reviews that have been undertaken are medically sound, they are trying to go beyond politics in bring their concerns to the attention of the Department, particularly with respect to those patients they consider to have a high probability/risk of imminent serious harm.

s47F

repeated the figures from the attached letter to the Secretary, noted that approximately 66% of applicants to them are for physical health issues and that they are concerned about delays in the medevac process (s 198E). Specifically, that if persons are not transferred in time some may successfully commit suicide. As such, sought the meeting to try to arrange transfer outside of the s 198E process. Indicated that they can provide the names and patients considered high risk and anticipate that that list of names will grow as they consider more cases.

CA asked that the figures for high acuity be split by country if possible (76/114 persons). Sought clarification on the number of persons who may be unwell to provide consent (A. small number later clarified to be thought to be less than 20).

Doctors expressed concern about the timely provision of medical records/information by PIH and IHMS.

Pip queried whether we could be provided with copies of the client consents and any more up to date information they may hold regarding medical assessments/reports.

Doctors – advised that they considered they needed to maintain client confidentiality and would not share exact information or reports that indicated further assessment or treatment was necessary.

CA explained the context in relation to transitory persons not necessary presenting at PIH or IHMS for medical treatment so there are examples where we are not aware that further assessment or treatment is required and repeated the message about the usefulness of having up to date information about reports or assessments that the MERG doctors may have prepared so as to better inform outreach and welfare checks that the Department would seek to arrange.

CA noted the Department often gets reports from a variety of sources and has used this to transfer 28 persons since 2 March 2019 (when the s 198E process commenced) compared with 12 notifications under the new medevac provisions.

Doctors noted their concerns with the blocks they saw in terms of the s 198E process and focused on the 'remote assessments' issue.

Pip explained this was a result of the how the provisions were framed and that given the strict requirements and obligations that flow under the medevac process it is necessary to be satisfied the relevant criteria are met.

Pip also noted that in any event the information is passed on for further consideration under existing processes (s 198B) it does not get cast aside.

CA repeated that the Department always considers reports or correspondence relating to health concerns regardless of the source (including invalid s 198E notifications) and noted that where a person is transferred or provided with additional care/treatment the doctors in Australia may not always find out about that unless their client advises them.

I noted that when the department responds to an invalid s 198E notification the person who sends that on is advised that the Department will in any event consider the information provided for the purposes of existing processes under s 198B.

The doctors expressed that their main concern is that people who need care receive it in a timely manner.

CA sought to confirm they will send through the list of 114 cases highlighting the 76 considered most urgent along with any information that could assist in our/IHMS/PIH's further consideration or even just the type of illness.

Doctors stated that in their view we should be confident that Australian doctors/specialists have considered and made an assessment that the particular transitory persons require transfer to Australia.

Pip sought to confirm that they were saying they would not share information regarding those assessments or the type of care/treatment which was apparently necessary or not being provided.

The doctors repeated that in their view the assessment by their doctors/specialists should be taken on face value by the Department and that there was a need for expediency.

CA asked what it is we might be able to provide them to better understand the care that is said to be needed for individual transitory persons and explained that without information their two doctors have received or prepared it will be difficult for the Department to know what exactly the individual needs. Without the necessary background it will be difficult for IHMS and PIH to engage appropriately and will likely take longer and this would present an issue in terms of being able to act expediently.

The doctors expressed surprise as what they saw as the Department not having the relevant information otherwise available.

CA explained that the individual may not have engaged with or presented to any of the PIH/IHMS doctors and that it will take some time for them to get to the 76/114 individuals.

s47F noted they will provide the current list of 76/114 separated by regional processing country.

CA asked what they see as the timeline for the 144 to which the answer was it depends on the obstructions they get in the process. A week for some and several weeks for other depending upon the blocks they encounter.

CA went through the blocks listed in the attached letter dated 17 May 2019 noting the Government respects Nauruan sovereignty, the Department will follow up with our contracts area regarding PIH providing timely access to patient records, resourcing for the MERG is not something for the Department and reminded of the legislative history.

The doctors indicated they are now well resourced in relation to specialists and that they thought that given the legislation was passed they hoped for some sort of investment into the process to enable systems and processes to be established to enable referrals to the Secretary.

CA noted that transitory persons have access to 24/7 medical care and support in PNG and Nauru, it is a 1:5 ratio of health practitioner to transitory person in Nauru and that this information feeds into s 198B considerations. CA concluded by requesting they send through the list of 76/114 cases along with any information that may assist the department in considering whether transfer is necessary.

**End 2.20pm**

Regards

Cody Smith  
Assistant Secretary  
Migration and Citizenship Litigation Branch | Legal Division  
Corporate and Enabling Group  
Department of Home Affairs

P: s22(1)(a)(ii) | M: s22(1)(a)(ii)  
E: s22(1)(a)(ii)

~~PROTECTED, Sensitive:Legal~~



**Australian Government**  
**Department of Home Affairs**

s47F

Medevac Doctors

Dear s47F,

Thank you for your time yesterday to discuss the medevac process introduced into the *Migration Act 1958* by the *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019*, the number of applications you have received seeking referral to the Secretary of the Department of Home Affairs and your concerns regarding particular patients who have been deemed by yourselves or your colleagues to be high acuity patients.

I note that transitory persons in a regional processing country are provided a range of health, welfare and support services by the Governments of Nauru and Papua New Guinea (PNG), respectively. In particular, Pacific International Hospital (PIH) provides healthcare to asylum seekers, refugees, and non-refugees in PNG and International Health and Medical Services (IHMS) provides healthcare to asylum seekers, refugees and non-refugees in Nauru.

Health services in Nauru and PNG include primary healthcare and mental healthcare services. Health services are provided by a range of healthcare professionals including general practitioners, psychiatrists, counsellors, mental health nurses and specialists who provide clinical assessment and treatment.

This care is available 24 hours a day / 7 days a week in Nauru and during 9am-5pm Monday to Friday and 9am – 1pm on Saturday at East Lorengau Refugee Transit Centre in Manus Province with afterhours treatment available at Lorengau General Hospital.

Should you have any immediate concerns regarding the health and welfare of individual transitory persons in PNG or Nauru those persons should be encouraged to engage with the medical services available to them in their respective country.

During the teleconference you advised that of the 376 individual applications received by the Medical Evacuation Response Group there are 114 who have been deemed to be high acuity patients and 76 of those 114 have a known or highly probable immediate threat to life based on the views of two physicians.

Thank you for agreeing to provide the Department with the names and regional processing country for the 114 and 76 individuals. We will use this information to liaise with IHMS and PIH to arrange welfare checks and outreach services for those persons. As advised yesterday, the Department would be greatly assisted if you could provide details regarding the particular health concerns that arise with respect to each person including what further assessment or treatment is considered necessary.

Without this further information the Department, and IHMS or PIH, will in some cases be starting afresh as some transitory persons may not have engaged with IHMS or PIH for some time. In circumstances where you have expressed the view that expediency is paramount, this information will be critical in ensuring that further assessment or treatment can be provided as soon as possible.

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I note that you indicated you may not be able to provide the details of the health concerns for these individuals or copies of the medical reports prepared by yourselves or your colleagues due to concerns around patient confidentiality or the breadth of the consent to act that the persons have provided to the Medical Evacuation Response Group.

If the circumstances warrant the level of expediency you have expressed, the Department would appreciate if you could seek to obtain the appropriate consent, including by updating any standard templates that are utilised, to enable this information to be shared with the Department outside of the medevac process in the Migration Act.

As mentioned yesterday, the Department has for several years transferred transitory persons to Australia for medical treatment where required under processes which existed prior to the commencement of the provisions which introduced the medevac process. These transfers are facilitated under s 198B of the Migration Act which is a separate and distinct power enabling transfer of a transitory person for a temporary purpose, including medical treatment.

In the period since the medevac provisions commenced (2 March 2019) the Department has facilitated 28 medical transfers to Australia under these pre-existing processes compared with 12 valid notifications that have been provided to the Minister for decision whether to approve or refuse to approve transfer under s 198E.

I appreciate the time taken to bring the matters raised in your letter dated 17 May 2019 to our attention and during the subsequent teleconference yesterday and can confirm that the Department, along with IHMS or PIH, will consider the information you provide regarding the 114 and 76 individuals agreed as the initial persons for consideration.

I also repeat the request for copies of any reports or assessments that may have been prepared by yourselves or your colleagues with respect to those persons to enable consideration to be given to the appropriate level of further assessment or treatment along with any subsequent transfer to Australia or a third country as may be appropriate given the stated need for expediency. **As the medical practitioners working in the best interests of your patients, the absence of such information from being provided to the Department will mean the risk of delay in the provision of any further assessment or treatment said to be necessary rests with yourselves unless that information is provided to the Department.** This is particularly so in circumstances where you have requested urgent action in respect of the 114 and 76 individuals but may not be forthcoming with information which could enable consideration to be given to an appropriate response.

Yours sincerely

**Cody Smith**

Assistant Secretary Migration and Citizenship Litigation  
Department of Home Affairs

21 May 2019

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## Meeting Minutes 20 May 2019

### Opening

This meeting between the Department of Home Affairs and Medevac Doctors was convened at 13:20 AEST by Ms. Cheryl-anne Moy of the Department of Home Affairs and conducted by teleconference

### Present

Cheryl-anne Moy, Deputy Secretary Corporate and Enabling and Chief Operating Officer, Department of Home Affairs

Erin Dale, Acting Deputy Commissioner for Operations, Australian Border Force

Cody Smith, Assistant Secretary Migration and Citizenship Litigation

Philippa de Veau, First Assistant Secretary Legal General Counsel

Alana Sullivan, Assistant Secretary Detention and Offshore Operations Command

Stephen Hayward Health Service Policy

Anton Bockwinkel, Assistant Secretary Migration and Citizenship Law

s47F, Lead, MERG Doctors

s47F, MERG Doctors

s47F, MERG Doctors

Apologies from Secretary Michael Pezzullo, Department of Home Affairs

### Clarification regarding presence of lawyers

Explanation given by Ms. Moy with regards to the process of the Home Affairs Legislation Amendment (Miscellaneous Measures) Bill. This Bill did not go through routine legal processes. Department lawyers present at the meeting as the Bill was not accompanied by an explanatory memorandum to document the intent of the drafters of the Bill. Therefore, Department lawyers have spent time working with Australian Government Solicitors to interpret the Bill.

### Purpose of communication and meeting from MERG doctors

s47F introduced the MERG doctors. s47F spoke to the MERG process. Although scattered attempts by the medical community have previously looked to assess the health of those in immigration detention, this is the first opportunity for systematic and rigorous independent medical assessment of those in offshore immigration detention.

Patients enter the process by application, lodged either by them or their supporters. They are then triaged and assessed. This process has identified a number of patients with current known or probable imminent threat to life or permanent serious harm.

### Patients at risk

s47F outlined the current numbers of patients in the MERG process. As of Friday 17<sup>th</sup> May, there were 376 current applications for assessment. Of these 114 have been identified as having high acuity medical problems, and 76 have been identified as having current known or probable imminent threat to life or permanent serious harm. There have been 23 high lethality suicide attempts, and these are not minor incidents of self harm but significant attempts with methods known for their high risk of death.

s47F noted that the MERG process provides for high quality medical assessments by specialists in their field of expertise, but is slow for a number of reasons already outlined. There is concern from the MERG doctors that patients may not survive to the point their applications can be processed to that standard. It should be noted that all patients identified as having current known or probable imminent threat to life or permanent serious harm have already been triage assessed by at least two Australian doctors. We therefore have a responsibility to communicate this concern directly to the Department, well ahead of any formal application to the Department and Minister under section 198E.

s47F explained that the MERG doctors intend to communicate with the Department regularly and provide the names and locations of those patients who have been identified by independent Australian doctors as having a known or probable imminent threat to life or permanent serious harm, in recognition of the fact that the Department can escalate appropriate medical care to these patients faster than the provisions of Section 198E. This is a dynamic process and more patients will require notification as they are assessed.

### Consent of patients

Ms. Moy raised questions regarding those patients who were not in a fit state to consent to being part of the process. s47F explained that the consent is in two parts. There is consent to enter the process, but there is a separate consent given to MERG doctors to obtain and share medical information and records. The consent for this information includes medical privilege and that such information can be shared between doctors and other clinicians directly involved in assessment and care. Regular doctor-patient confidentiality applies to the sharing of this information outside these roles.

Ms Moy sought clarification regarding the number of patients in this state. s47F did not have the exact number to hand but confirmed it to be less than twenty. Ms Moy sought clarification as to the location of these patients. s47F did not have this information immediately to hand. s47F confirmed that those patients who had been assessed directly by independent Australian doctors and found to have current known or probable imminent threat to life or permanent serious harm would be notified to the department.



### Request from Department to share information

Discussion around the information that would be provided by MERG doctors to the Department. <sup>s47F</sup> confirmed that the names and locations of patients which MERG doctors had identified as having current known or probable imminent threat to life or permanent serious harm would be shared with the Department, and that an updated notification would be provided immediately as well as ongoing notifications as these patients were identified.

Several members of the Department including Ms. Moy and members of the legal team requested additional medical information, including records or diagnoses that MERG doctors may have. Ms. Moy highlighted that some patients have sought care from providers other than those with contracts with the Department and that their health status might not be fully understood by the Department.

<sup>s47F</sup> reiterated that for the confidentiality of the patients and doctors involved in the process, the notification would not include medical information or diagnoses. Ms. Moy expressed concern that this might limit the expediency with which the Department could act. <sup>s47F</sup> reiterated that the notification of current known or probable imminent threat to life or permanent harm was based on the assessment of at least two independent Australian doctors.

Ms Moy questioned the sources from which the health assessments had been made by Australian doctors. <sup>s47F</sup> confirmed that the MERG process is rigorous and applies the standards of Australian health care, and that independent doctors have been assessing patients in line with Australian clinical standards, and not on the basis of social media posts or other unreliable sources.

Ms Moy requested that the names and locations of the 114 currently identified high acuity patients be provided, with the 76 most high risk patients with known or probably imminent risk of death or serious permanent harm highlighted. This was agreed to by <sup>s47F</sup>.

### Clarification regarding Nauruan applications

<sup>s47F</sup> asked about applications for Nauruan patients under Section 198E which the Department had deemed to be invalid.

It was explained by various members of the Department that

- A number of invalid notifications had been received not related to regional processing centres
- The legislation was not accompanied by an explanatory memorandum
- In the absence of the explanatory memorandum, the Department had chosen to interpret the phrasing as requiring an assessment remotely by teleconference or in person, and that an assessment based on notes alone was invalid
- That Australia must respect the sovereignty of Nauru as a nation

Ms. Moy provided an assurance that while the Department would not proceed applications from Nauruan patients under Section 198E, due to their own interpretation of the phrasing



in this legislation, they would act on the notification using their own internal processes. Ms. Moy provided an assurance that the Department has a commitment to providing medical care to detainees.

### **Notification of assessment and transfer by the Department**

<sup>s47F</sup> asked whether, after receiving a notification that the Department would not proceed an application under Section 198E, they would feed back to the MERG doctors as to the course of action the Department had undertaken. Ms Moy explained that the Department was not able to comment on any further actions the Department may take, including potential medical evacuation, due to privacy concerns. If patients consented to such sharing of information then such notification might be possible.

**Timeframe for MERG doctors to process all outstanding applications** Ms. Moy requested clarification on timeframes. <sup>s47F</sup> were unable to comment as blocks to processing applications continue to exist.

### **Current health care facilities available to detainees**

Ms Moy outlined the extent of on island healthcare facilities available to detainees. <sup>s47F</sup> questioned based on <sup>s47F</sup> experience as a consultant emergency physician assessing MERG applications so far whether the quality and accessibility of these services consistently compared to metropolitan and rural Australian hospitals. **Blocks to processing applications in line with Section 198B**

Ms Moy addressed these blocks outlined in the letter to the Department dated May 17 2019.

- The Department is unable to progress Nauruan applications through section 198B due to their interpretation of the legislation
- Ms. Moy will try and facilitate the release of medical records from PIH in a timely fashion
- <sup>s47F</sup> confirmed that the pro bono medical workforce has capacity to assess applications
- Ms. Moy was curious as to what role the MERG doctors saw the Department as having in providing funding and structural support to the Miscellaneous Measures Bill. <sup>s47F</sup> replied that the lack of implementation on the part of the government was notable as an impediment to the expedient processing of applications, but that implementation of the Bill may not fall within the responsibility of the Department

### **Conclusions and undertakings**

<sup>s47F</sup> to provide a summary of the meeting and immediate and ongoing a notifications of those patients with high acuity illness and current known or probable imminent threat to life or permanent serious harm. These notifications will be delivered both formally through applications under section 198E, as well as directly to the Department outside this process as soon as these concerns are known.

**FOI**

**From:** Cody SMITH  
**Sent:** Thursday, 23 May 2019 10:33 AM  
**To:** s47F  
**Cc:** Cheryl-anne MOY; s47F Pip DE VEAU  
**Subject:** RE: Email Address [SEC=UNCLASSIFIED]

UNCLASSIFIED

Thank you s47F

We have passed the lists of names and additional details you provided last night onto the relevant areas within the Department for further consideration.

Regards

Cody Smith  
 Assistant Secretary  
 Migration and Citizenship Litigation Branch | Legal Division  
 Corporate and Enabling Group  
 Department of Home Affairs  
 P: s22(1)(a)(ii) | M: s22(1)(a)(ii)  
 E: s22(1)(a)(ii)

UNCLASSIFIED

**From:** s47F  
**Sent:** Thursday, 23 May 2019 9:43 AM  
**To:** Cody SMITH  
**Cc:** Cheryl-anne MOY ; s47F ; Pip DE VEAU  
**Subject:** Re: Email Address [SEC=UNCLASSIFIED]

Hello Cody,

Thank you for taking the time to look through the minutes.

I will read in detail and adjust as needed.

I would reiterate that our primary concern is the patient's welfare and safety, which is why we will continue to provide insights as they come to hand.

s47F  
 On Thu, 23 May 2019 at 9:25 am, Cody SMITH <s22(1)(a)(ii)> wrote:

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Good morning s47F

As Pip has mentioned below, there are a few aspects of the discussion which appear not to have been captured accurately or may have been misunderstood.

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To clarify, no one transferred to PNG or Nauru under the regional processing arrangements is detained or in immigration detention as is stated a couple of times in the Minutes you have shared with us. Subject to relevant local laws such as those relating to criminal custody, all transitory persons are free to move about the community in PNG and Nauru.

In relation to specific statements during the meeting, I think the below aspects should be updated:

- First sentence of the last paragraph on page 2 - the reference to 'this state' should be clarified to be a reference to those who purportedly may not have capacity to provide consent.
- First sentence of the fourth paragraph on page 3 – Ms Moy did not question the source from which the health assessments had been made. Rather Ms Moy stated that the Department may not have the same information as the MERG and it would take time to get to the same level of identification that the MERG already have. There was no suggestion they were from social media posts.
- First sentence of the fifth paragraph on page 3 – Ms Moy did not ask for 'highlighted' cases but rather requested that the 76 cases be identified and that the Department be provided with as much information as possible.
- Third point at the bottom of page 3 regarding the explanation by the Department of the reasons for some notifications being invalid – The interpretation in relation to the phrase 'either remotely or in person' was explained as being a result of statutory construction. It was not as a result of a choice the Department had made.
- Last sentence on page 3 – Ms Moy did not state that the Department would not process notifications from transitory persons in Nauru under s 198E due to the Department's own interpretation of the legislation (in this regard see comment above). Rather Ms Moy advised that the Department always considers reports or correspondence relating to health concerns regardless of how they come to the Department's attention. Ms Moy also stated that the department needs to respect the sovereignty of Nauru and follow the laws of their country in regard to this legislation.
- Last sentence of the second paragraph under the heading beginning 'notification' on page 4 – Ms Moy did not say that such sharing might be possible if the transitory person consented. Rather, Ms Moy advised that where they lodged a notification they would be advised of whether it had been accepted. If it was not accepted and we considered the request outside of 198E i.e. 198B then they would likely still hear from the individual but that we may not, in the normal course of events, advise them of the outcome of that consideration.
- At the end of the third paragraph on page 4 beginning 'timeframe' – It should be added that Ms Moy also went through each of the blocks identified in the letter dated 17 May 2019 and noted that they are in relation to matters outside the control of the Department and related to the manner in which the MERG chooses to undertake the notifications.
- First point under the heading beginning 'blocks' on page 4 – This was not said. Ms Moy stated that the Government of Nauru processes of OMR must be respected, not that the Department would not process requests for Nauru based transitory persons.
- Second point under the heading beginning 'blocks' on page 4 – Not quite accurate. Ms Moy stated that she would check with the contract team within the Department to see if PIH viewed that there was an issue.
- Third point under the heading beginning 'blocks' on page 4 – Ms Moy did not ask any question about funding in relation to the Miscellaneous Measures Bill. Rather, Ms Moy asked what the MERG's expectation was in regard to their last comment about perceived blocks in the process – i.e. no support provided from Government.

- At the end of the Minutes on page 4 – It should be added that Ms Moy noted that not receiving any medical details regarding an individual would delay the Department's capability to act with the requested expediency and that the MERG doctors should always in the first instance refer their clients to the medical assistance available on PNG and Nauru.

Also, in relation to those present, Peter Timson, Acting Assistant Commissioner Detention and Offshore Operations Command, is missing from the list and Alana Sullivan's title is Senior Assistant Secretary Regional Processing Taskforce.

Regards

Cody Smith  
Assistant Secretary

Migration and Citizenship Litigation Branch | Legal Division

Corporate and Enabling Group

Department of Home Affairs

P: s22(1)(a)(ii) | M: s22(1)(a)(ii)

E: s22(1)(a)(ii)

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**From:** Pip DE VEAU <s22(1)(a)(ii)>  
**Sent:** Tuesday, 21 May 2019 5:33 PM  
**To:** s47F <s47F>; Cheryl-anne MOY <s22(1)(a)(ii)>  
**Cc:** Cody SMITH <s22(1)(a)(ii)>; s47F <s47F>; s47F <s47F>  
**Subject:** RE: Email Address [SEC=UNCLASSIFIED]

UNCLASSIFIED

s47F

Thank you for your notes of the meeting, I think there may be a few comments or points we made that may have not been understood as intended, we will get back to you in the coming days with details.

Kind regards,

Pip de Veau

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General Counsel

First Assistant Secretary, Legal Division

Corporate and Enabling Group

Department of Home Affairs

Level 4, [6 Chan Street, Belconnen ACT 2616](#)

PH: s22(1)(a)(ii) | F: 02 6264 3000 | M: s22(1)(a)(ii)

E: s22(1)(a)(ii)

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**From:** s47F <s47F>

**Sent:** Tuesday, 21 May 2019 4:18 PM

**To:** Cheryl-anne MOY <s22(1)(a)(ii)>

**Cc:** Cody SMITH <s22(1)(a)(ii)>; s47F <s47F>; s47F <s47F>; s47F <s47F>; s47F <s47F>; Pip DE VEAU <s22(1)(a)(ii)>

**Subject:** Re: Email Address [SEC=UNCLASSIFIED]

My apologies.

Yes highlighted are most urgent.

The numbers are slightly different than those quoted as we updated the list to include a number of cases we became aware of over the weekend.

s47F

On Tue, 21 May 2019 at 3:57 pm, Cheryl-anne MOY <s22(1)(a)(ii)> wrote:

UNCLASSIFIED

Many thanks s47F,

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I am I to take the red highlighted as those that are the most urgent cases?

ca

**Cheryl-anne Moy**

Deputy Secretary Corporate & Enabling

Chief Operating Officer

Department of Home Affairs

P: §22(1)(a)(ii) | M: §22(1)(a)(ii)

E: §22(1)(a)(ii)

UNCLASSIFIED

From: §47F <§47F>

Sent: Tuesday, 21 May 2019 10:37 AM

To: Cheryl-anne MOY <§22(1)(a)(ii)>, §47F

<§47F>, §47F <§47F>

Subject: Re: Email Address [SEC=UNCLASSIFIED]

Dear Cheryl-anne,

Thank you for taking the time to speak with us yesterday. We found it very helpful.

To ensure accurate understanding, I have attached a draft copy of minutes from the meeting for consideration.

I have also attached the updated list of patients currently known to the MERG doctors and identified as having known or imminent risk to life or permanent harm, **noting that this group of patients does not represent a complete assessment of the cohort to whom the legislation applies.** It is a highly likely that there will be an unknown number of patients of equal or greater concern not yet identified, and patients within the known group that have changes and/or deterioration in health status. As requested, we have highlighted those currently thought to be at most risk.

Further updates will be provided as they come to hand.

Sincerely,

s47F

s47F

General Practitioner

Lead MERG doctors

On Mon, 20 May 2019 at 17:52, Cheryl-anne MOY <s22(1)(a)(ii)> wrote:

UNCLASSIFIED

Good evening,

Apologies for the delay, a few meetings today!

My email and contact details are below.

Cheers

**Cheryl-anne Moy**

Deputy Secretary Corporate & Enabling

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under the Freedom of Information Act 1982



Chief Operating Officer

Department of Home Affairs

P: s22(1)(a)(ii) | M: s22(1)(a)(ii)

E: s22(1)(a)(ii)

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# Meeting with Médecins Sans Frontières

## Notes from discussion

**Meeting Date:** 10 May 2019

**Meeting Time:** 2.30 – 3:30pm AEDT

**Attendees MSF:** Dr Joanne Liu, Médecins Sans Frontières International President

s47F, Head of Advocacy and Public Affairs

s47F. Pacific Operations Focal Point

MSF Note taker

**Home Affairs:** Ms Cheryl-anne Moy, Deputy Secretary, Corporate and Enabling Group

s22(1)(a)(ii), Senior Director, Regional Processing Task Force

### Key points of discussion

- The meeting commenced with introductions and Ms Moy apologised on the Secretary's behalf for not being available for the meeting as planned.
- Dr Liu began, talking about the convergence of views relating to concerns about Australia's regional processing arrangements, in particular on Nauru and that MSF had made a strategic and deliberate decision to provide services to people transferred under regional processing to "fill the gap"
- Ms Moy explained the misconceptions around the medical services provided in regional processing countries and that regional processing arrangements, and the management of individuals under those arrangements in Nauru and Papua New Guinea, are the responsibility of the respective governments.
- Dr Liu discussed MSF's role and her surprise that no one from the Australian Government had approached MSF to seek their opinion on medical services in regional processing countries. Dr Liu thought that this may be because of a perception that MSF is aligned with advocates. Dr Liu stated that MSF is not aligned to advocates. Ms Moy assured Dr Liu that MSF is well regarded and not prejudged as advocates.
- MSF indicated concerns that IHMS would be withdrawing from Nauru. Ms Moy replied that there were no plans for IHMS to withdraw from Nauru at this time.
- In discussing their role on Nauru, MSF indicated that they were still in contact with their patients and were concerned with their health and that more people were on food and fluid refusal now than previously. MSF relayed comments made by some of their doctors that not seen the extent of health issues previously - including in their experience working in refugee camps elsewhere in the world.
- MSF further indicated concerns with the tele-medicine ban that the Nauru government has put in place which restricts their ability to treat MSF patients

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- Ms Moy asked that if MSF have names of any patients that require transfer, then they should send their details to the Department and they will be followed up. (MSF was subsequently provided the contact email address: s22(1)(a)(ii) as a contact point for the provision of information about medical cases of concern relating to persons who are currently residing in Nauru under regional processing arrangements).
- s47F spoke about the MSF report published in December 2018 on the mental health consequences of offshore processing on Nauru. s47F said that MSF's view is that the offshore processing policy has created a medical crisis, particularly in relation to mental health and that where the policy fails to resettle people the outcome is very poor. MSF hopes to see political change. Ms Moy commented that both sides of politics in Australia are committed to the existing regional processing policy.
- Ms Moy provided information in relation to the miscellaneous measures (medevac) legislation: there have been low numbers of notifications lodged and more transfers have occurred under business as usual processes than under the new legislation. The Medical Evacuation Response Group (MERG) had met with the Department to discuss the notifications they were processing.
- MSF raised concerns that their request to visit Manus has been refused by the PNG government and asked for assistance from the Department. MSF is concerned about the services that are provided by Pacific International Hospital (PIH). Their concerns relate specifically to the quality of services, waiting times for appointments and inpatient mental health services.
- Ms Moy said that any request to visit Manus, including by Departmental staff, is a matter for the PNG Government. Ms Moy provided information about the health services provided in PNG and that the recently established Independent Health Advice Panel (IHAP) planned to visit PNG in the near future to undertake an assessment of the health services provided.
- Dr Liu asked about Australia's decision not to adopt the Global Compact on Migration and asked if this would change. Ms Moy said this was a government decision and therefore she could not comment. Ms Moy noted that if we had a different government post an election they would make their own decisions. Australia does support the core objectives of the Compact on Refugees and voted in its favour.
- Ms Moy also explained that the Department of Foreign Affairs and Trade (DFAT) has lead responsibility for the relationship with United Nations bodies and other countries. Home Affairs shares responsibility in relation to portfolio specific issues. MSF may wish to make representations to DFAT in relation to UN matters.
- Dr Liu thanked Ms Moy for her time and was grateful for the dialogue. Dr Liu reiterated that MSF has a humanitarian mandate and that everyone has the responsibility to ensure all people are treated with dignity. Dr Liu confirmed that MSF would be following up with the Department on the patients of concern.
- Meeting ended.

These notes were prepared by s22(1)(a)(ii), Senior Director, Regional Processing Taskforce

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# Briefing for appearance at the Senate Legal and Constitutional Affairs Legislation Committee – 26 August 2019

## *Inquiry into the Migration Amendment (Repairing Medical Transfers) Bill 2019 [Provisions]*

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## Part A: Repeal of the medevac laws

### 1. Why do the medevac laws need to be repealed?

- Processes already exist for medical transfer, and are effective.
  - The existing medical process is informed by clinical advice and this will continue.
- It is important to have a single, consistent, transparent medical transfer process with all the necessary protections for the Commonwealth and individuals in place.
- The medevac laws offend the basic principle of the Migration Act that it is for the Executive Government to determine who is allowed to enter Australia, and the terms and conditions to be imposed on that entry.
  - This is the right of every sovereign nation.
- The limited nature of the character grounds are not aligned with the character test provided in s 501(6) of the Migration Act.
  - This limits the grounds upon which the Minister may refuse a transfer of all persons of character concern.
- The provisions impose unreasonable legislative timeframes on both the Department and ASIO to sufficiently determine an individual's security or character concerns, prior to their transfer to Australia.
  - As a result, the decision making power for border security is effectively taken out of the hands of the Government and placed into the hands of medical practitioners.
- To illustrate this point, the Department is aware of more than 50 individuals with adverse character or security findings, including charges of child sexual assault and possession of child pornography. These individuals, should they seek to be transferred to Australia under the provisions, may not be rejected under the current refusal grounds.
- Individuals with derogatory holdings who the Secretary received an section 198E notification include:
  - Four individuals who have been approved and transferred to Australia.
  - Two individuals were refused by the Minister (and reaffirmed by IHAP).
- There is no power to return 'transitory persons' brought to Australia under the medevac provisions, which presents significant challenges for the Department and the Government in managing the regional processing caseload.
- The medical provisions impinge on the sovereignty of the Governments of Papua New Guinea and Nauru, which are responsible for the management of regional processing arrangements in their respective countries and people under those arrangements.

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## 2. Did the Government not allow Rwandan refugees into Australia who had adverse security concerns?

- The two Rwandan refugees, who were resettled to Australia from the United States, were subject to strict security and character assessments.
- Every applicant under Australia's Humanitarian Program is subject to strict health, security and character checks.
- These checks include assessments relating to health, national security, criminality, war crimes and crimes against humanity.
  - The safety of the Australian community is a paramount consideration by the Department in deciding all visa applications.
- The two Rwandans were not part of the United States resettlement arrangement or a people swap deal.
- Australia and the United States have a long history of cooperation on global humanitarian and refugee issues.

## Part B: Health Services

### 3. Is there adequate health care available in PNG and Nauru?

- From 2012-13 to current, the Australian Government has funded health services for transferees in PNG and Nauru at a cost of \$426 million.
  - This includes primary health care and specialist care delivered in Nauru and PNG.
- Medical services have improved over time to more effectively respond to transferees health needs and requirements.
  - The need for medical transfers to third countries, including Australia, reduced as medical capacity and treatment options became more readily available in PNG and Nauru.
- The Australian Government works closely with the Governments of PNG and Nauru to ensure transferees continue to be provided with specialist and wide-ranging health, welfare and support services.
  - Healthcare in Nauru is available 24 hours a day and includes emergency and telehealth services. The Australian Government supports the Government of Nauru by contracting specialist health services, which include, but are not limited to, psychology, psychiatry, trauma counselling, dentistry, radiography, pharmacy services and physiotherapy.
  - Healthcare in PNG is delivered through a range of general and specialised health care services through qualified medical professionals.
  - Pacific International Health also has a dedicated mental health ward in Port Moresby capable of providing services for major depressive disorder; substance

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use disorders; post-traumatic stress disorder and other trauma-related conditions; anxiety disorders; serious mental illness; and other psychotic disorders.

- 4. How do you justify that medical doctors in Australia are forming different medical opinions about the health of people on Nauru and PNG than the Department's medical service providers? Doesn't this demonstrate that the quality of service provision is lacking and that the Department is prepared to put policy before the health of people?**
- Medical doctors in Australia assess the individual on the papers or through a short consultation. They are not the treating doctor for the individual and they usually do not have any physical contact with the individual on which to make a thorough clinical assessment.
  - Doctors in Australia have limited knowledge or no knowledge of the breadth or extent of health services in the regional processing country
    - They are unfamiliar with the range of services provided by contracted health providers and the equipment and treatment options available in the regional processing country.
  - The quality of health services in Nauru and PNG is of a good standard, as confirmed by the Independent Health Advice Panel in its report to the Minister, tabled in parliament on 22 July 2019.

## Part C: Medical Transfers

**5. Why did the Department need to be court ordered to transfer unwell people from PNG and Nauru to Australia?**

- It is not factually correct to assert that the Department had to be legally compelled to transfer people from Nauru and PNG to Australia for medical treatment.
- Of the 1,348 individuals transferred to Australia, only 39 cases, involving 96 individuals, were court ordered.
  - In many of the 39 cases, the Department of Home Affairs informed legal representatives of its intention to transfer their clients prior to proceedings being filed and that the transfer would occur as soon as practicable once the necessary medical transfer approvals were obtained in accordance with Government of Nauru and Papua New Guinea processes.
- The repeal of these provisions does not remove the ability to medically transfer a transitory person to Australia.
  - Section 198B of the Migration Act will remain which provides for the transfer of a transitory person for a temporary purpose.
  - This provision has effected 1348 transfers to 23 August 2019 and will continue to be used by the Department to effect transfers as appropriate.

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- It is a misconception that the medevac laws introduced 'doctors' into the medical transfer process.
  - It did not.
  - The Department has consistently relied on clinical advice from doctors to form decisions on whether to bring a person to Australia for medical treatment.

**6. The new provisions put decision-making in the hands of medical professionals not a bureaucrat. Is this not better for refugees?**

- The Department has consistently relied on clinical advice from doctors to form decisions on whether to bring a person to Australia for medical treatment.
  - This has always been the case and will continue to be the case.

**7. Why is the Department part of the decision making process for 198B transfers?**

- Section 198B of the Act provides for the transfer of a transitory person for a temporary purpose. That purpose may be medically related or for another reason. This provision has enabled the transfer of family members in support of the person requiring medical transfer.
  - Section 198B is a transfer power. To exercise this power you must have the appropriate delegation under the Act.

**8. What clinical assurance is in place over the medical transfer process?**

- International Health and Medical Services maintains a clinical governance framework. Appropriately qualified and credentialed Nauru-based clinicians and Australian-based staff deliver the clinical governance framework. These clinicians include medical directors, health services managers, senior medical officers, senior psychiatrists, GPs, mental health managers and registered nurses.
  - The clinical governance framework is supported by relevant policies and processes, with clinical treatment being provided in accordance with evidence-based guidelines, primarily developed and recognised in Australia, such as the Royal Australian College of General Practice Standards.
- Pacific International Hospital maintains a clinical governance structure with transparent governance processes and defined lines of accountability. This clinical governance structure is supported by clinical protocols, pathways plans, policies, procedures and standard operating protocols.
- The Department undertakes regular scrutiny of clinical governance, which includes the relevant health services provider, in the following forums:
- The Clinical Case Review Committee, which provides a forum to discuss, refer, and escalate urgent and/or complex medical cases in regional processing countries. The Committee's role is to collaboratively discuss the provision of healthcare and management of the medical cases of concern and provide the Department with assurances that these are in line with departmental policies, frameworks, expectations and obligations; and

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- The Detention Health Assurance Meeting, which provides a collaborative mechanism for review of quality activities and risk management issues related to the delivery of health services in the onshore detention network and in regional processing countries.
- In addition, the Department scrutinises individual cases to determine whether the health service provider undertook the appropriate clinical pathways at the time.

**9. We have heard from Dr Phelps about significant delays in medical transfers?**

- Many cases which are perceived to have experienced a delay in transfer were elective cases which could appropriately wait for one, three or 12 months as per usual Australian community standards.
- There are also processes imposed by the Governments of Nauru and Papua New Guinea to affect uplift approval.

**10. What type of treatment are people receiving when they are medically transferred under section 198E?**

- 111 transferees have been brought to Australia under s198E for medical treatment between 2 March 2019 and 23 August 2019. Of these:
  - one refused treatment and is being managed by IHMS.
  - 40 are currently having their health concerns managed by IHMS while awaiting outpatient treatment.
  - 70 are currently having their health concerns managed by IHMS and not awaiting outpatient treatment.
- Of the 111 transferees:
  - three were hospitalised for a period of more than seven days.
  - one was hospitalised for a period of less than seven days.

11. <sup>s47F</sup>

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## Part D: Self-harm, deaths and coronial matters

### 12. What evidence does the Department have to justify statements that the Miscellaneous Measures Act is causing people to self-harm? Is this not a result of the years of detention that they have been forced to endure?

- Since late 2018 to present, there has been an upwards trend in the number of self-harm related incidents among the regional processing cohort, particularly among individuals in Manus.
- Self-harm incidents increased during the parliamentary debate on the Miscellaneous Measures Act, and more significantly since the Australian Federal Election.
- The cohorts on Papua New Guinea and Nauru are highly reactive to changes in Australian policy or in this case law. We have received intelligence that those on Papua New Guinea do view the Miscellaneous Measures Act as a means to get to Australia.
- We saw a significant spike in self-harm behaviour with the introduction of the Miscellaneous Measures Act. For example, in December 2018 there were 66 incidents of self-harm and threatened self-harm. For the same period in 2017 there 15 recorded incidents. Other events such as the federal election have also seen significant spikes in self harm behaviour. In June 2019 there were 101 incident of self-harm and threatened self-harm. For the same period in 2018 there was one incident.

## Part E: Regional Processing

### 13. The repeal of this legislation is another example of the Government being cruel to asylum seekers. When will regional processing end?

- Regional processing is an important element of Operation Sovereign Borders and is a strong contributing factor to deterring potential illegal migrants from engaging people smugglers to arrange illegal passage to Australia.
- The Department is committed to supporting the governments of Nauru and Papua New Guinea to resolving the regional processing caseload through resettlement, returns and removals.
  - Steady progress has been made to increase population outflows. The Government has indicated it is seeking to resolve the regional processing population by early 2020.
  - As at 23 August 2019, 619 refugees have resettled in the United States, with more expected over the coming weeks and months.
  - Settlement in Papua New Guinea remains a viable migration outcome; with numerous refugees already settled and starting the next phase of their lives.

### 14. Why does the Government continue to put policy before the lives of asylum seekers/refugees?

- Regional processing arrangements support the Government's comprehensive border protection policies to prevent people smuggling ventures and further deaths at sea.

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- Prior to regional processing arrangements, between 2008 and 2013, more than 50,000 people travelled illegally to Australia on more than 820 individual boat voyages. During this period, more than 1200 people drowned in the attempt to reach Australian shores.
  - It has been more than five and half years since the last death at sea resulting from maritime people smuggling to Australia.
- Regional processing arrangements have provided durable migration outcomes for persons determined to be in need of international protection.
  - 619 refugees have resettled in the United States; almost 50 have resettled in PNG and more than 820 have returned home voluntarily.
- Regional processing also plays an important role in deterring potential illegal immigrants from falling prey to people smugglers.

**15. What is the fate of the failed asylum seekers who have been detained by PNG authorities?**

- The Government of PNG has detained 53 failed asylum seekers, determining they no longer have a legal right to remain in PNG. The PNG Immigration and Citizenship Authority will support them to depart PNG in accordance with their domestic laws and international obligations.

**16. Why are the Governments of PNG and Nauru preventing unwell people from leaving those countries?**

- The Governments of Nauru and PNG are responsible for the management of regional processing arrangements in their respective countries and the people residing under those arrangements.
- As sovereign nations, the Governments of Nauru and PNG determine who will cross their borders.
- The Governments of PNG and Nauru take advice from in-situ medical professionals about whether people can be treated in their countries.
- Three transitory persons approved by the Minister for Home Affairs for transfer to Australia under the medical transfer provisions have been refused transfer by the Government of PNG.
  - The Government of PNG is responsible for the provision of medical services and treatment to these individuals, who are in their care under the Migration Act 1978.
- No transitory persons approved for transfer to Australia under the medical transfer provisions have been refused transfer by the Government of Nauru, although 12 cases remain under consideration by Nauru's Overseas Medical Referral Committee.

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## Part F: Resettlement

### 17. Why can't refugees just settle in Australia?

- Resettlement in a third country remains Australia's policy setting for refugees in the regional processing caseload.
  - People who arrive illegally by boat and are transferred to a regional processing country, will never settle in Australia.
  - To date, 619 refugees have resettled in the United States.
  - United States officials continue to progress the arrangement, undertaking further interviewing, handing down decisions and effecting departures.
- The settings Government has in place to stem the flow of illegal maritime arrivals to Australia are working.

### 18. What options exist for refugees?

- Individuals determined by the governments of Nauru or PNG to be in need of international protection are supported to engage in third country resettlement options.
  - a. United States resettlement
  - b. Papua New Guinea settlement
  - c. long-term stay in Nauru, pending third country resettlement
  - d. voluntary return home
  - e. self-initiated or individual settlement or migration options.
- Refugees have options, but this does not include settlement in Australia.

## Part G: Christmas Island

### 19. What was the justification for opening Christmas Island?

- The Department assessed that the reopening of Christmas Island was required to provide additional capacity to the detention network in the event that the Minister was presented with a large number of referrals in a short period of time.
  - Christmas Island facilities were the only facilities in the immigration detention network available at short notice, given they are held in hot contingency.

### 20. How much did it cost the Australian taxpayer to re-open Christmas Island?

- The Department expended \$22.6m for the reactivation and operating costs of Christmas Island.

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## Part H: Operation Sovereign Borders

### 21. Why is the repeal of this legislation necessary if Operation Sovereign Borders has stopped the boats?

- People smuggling is an enduring threat to Australia's borders.
  - People smuggling is suppressed, but not defeated.
- Operation Sovereign Borders has been successful in deterring illegal maritime ventures to Australia, however people smugglers are primed to exploit any perceived or actual change in Australian Government policy to market new ventures.
  - We know people smugglers pay keen attention to the political environment in Australia and are poised to market new ventures to potential illegal immigrants.

### 22. Why are you punishing individuals who are the victims of people smuggling, instead of addressing the root cause or people smugglers?

- Regional processing has been a successful policy lever in deterring potential illegal immigrants from engaging people smugglers and embarking on dangerous sea voyages, in un-seaworthy vessels to Australia.
  - We do not want to see a return to mass people smuggling arrivals and the loss of lives at sea.
- Australia is a regional leader on combatting people smuggling.
  - We work closely with source and transit countries to support capacity building projects to strengthen their response to people smuggling.
  - We work closely with law enforcement agencies to share information and respond to shared threats.
  - We are co-chairs of the Bali Process on People Smuggling, Trafficking in Persons, and Related Transnational Crime and fund the Regional Support Office in Bangkok, which provides practical assistance to country to deal with the challenges poses by people smuggling.

### 23. Why does the Government treat irregular migration as a crime when the vast majority of people seeking asylum have the right to do so?

- Australia provides safe and legal pathways for refugees to settle in Australia through its Humanitarian Program.
- Australia has increased its humanitarian intake to 18,750 places in 2018-2019, and consistently ranks in the top three resettlement nations in the world.
- Australia is one of the world's most successful multicultural societies, a success attributed to our generous humanitarian and migration programs.
- Australia operates under a universal visa system where individuals seeking entry to our country must be issued a visa to enter.

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- This controlled border management approach enables Australia to choose who and when people come to Australia.
  - This allows Australia to take a measured approach to migration, and assess applicants to our country prior to entry.
  - It makes for an orderly and organised process and supports the management of our borders.

## **PART I: Australia's Humanitarian Program**

- Australia has a long tradition of resettling refugees and people in humanitarian need, with more than 900,000 resettled since the end of World War II.
- Our current Program is one of the three largest in the world both in absolute terms and on a per capita basis.
- Australia remains committed to the orderly resettlement of refugees and others in humanitarian need from overseas, balancing a carefully designed Humanitarian Program with border security measures.
  - The illegal maritime pathway to Australia is closed, and it will stay closed. No-one who attempts illegal boat travel to Australia will be allowed to enter or remain in Australia.
- The success of Australia's strong border protection policies have allowed us to offer more resettlement places.
  - The size of the Humanitarian Program has increased from the previous level of 13,750 places in 2016-17 up to the current level of 18,750 places in 2018-19 and over the next three years.
- The 18,750 places represent Australia's largest ongoing Humanitarian Program in over 30 years.

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## TALKING POINTS

<b>Subject</b>	<i>Rwandan individuals accepted in the US resettlement deal.</i>		
<b>Date</b>	16 May 2019		
<b>Type</b>	Agency		
<b>Media Officer:</b>	s22(1)(a)(ii)		<b>Media Ph:</b> 02 6264 2244

### ISSUE

*TP's for use in response to the Politico article on Rwandan individuals accepted in the US resettlement deal.*

### TALKING POINTS UNCLASSIFIED

- The Department does not comment on individual cases.
- All individuals who apply under the Humanitarian Program are assessed against the relevant visa criteria.
  - All applicants must undergo health, character and security screening.
- The Australian Government assesses each application based on its merits, our long-established processes, and relevant Australian legislation.
- For detailed information on our offshore program and how the Australian Government assesses refugee and humanitarian visa applications, please see our publication Australia's offshore Humanitarian Program: 2017-18, which can be found here: <https://www.homeaffairs.gov.au/research-and-stats/files/australia-offshore-humanitarian-program-2017-18.pdf> - page 3 of the publication details the assessment process.

### ***IF ASKED: Did Australia accept Rwandan refugees as part of the United States resettlement arrangement?***

- Australia and the United States have a long history of cooperation in which we pursue our mutual and respective humanitarian objectives.
- The specific details of the United States resettlement arrangement are subject to confidentiality provisions between the United States and Australian Governments.

s22(1)(a)(ii)

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**CLEARANCE**

<b>Drafted by</b>	<b>Title</b>	<b>Time/Date drafted</b>
s22(1)(a)(ii)	s22(1)(a)(ii) International Policy Division	16 May 2019

<b>Cleared by</b>	<b>Title</b>	<b>Time/Date cleared</b>
Marc Ablong	Deputy Secretary Policy	16 May 2019
Kylie Scholten	FAS Executive Coordination	16 May 2019

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**RWANDAN REFUGEES FROM THE US**

**QUESTION: Has Australia resettled two Rwandan refugees from the United States?**

**KEY TALKING POINTS:**

- As the Prime Minister has confirmed on 16 May 2019, in November 2018, two Rwandan refugees were resettled in Australia from the United States.
- Rwandans refugees are considered for resettlement under Australia's Humanitarian Program.
- In the 2018-19 Humanitarian Program, 23 Rwandan born refugees were granted humanitarian visas.

**Further Talking points:**

- Australia works with other resettlement countries, including the United States, on global refugee and humanitarian cases.
- As the Prime Minister stated on 16 May 2019, the two Rwandan refugees were subject to strict security and character assessments before being resettled in Australia.
- The Department always ensures that appropriate character and national security checks are undertaken for anyone who seeks to enter Australia.
- In accordance with privacy legislation and concern for the individuals' safety, the Government will not comment further on details of these cases.

***If asked: were the two Rwandans part of the United States resettlement arrangement? Was this a people swap deal?***

- No. The two Rwandans were not part of the United States resettlement arrangement or a people swap deal.
- Australia and the United States have a long history of cooperation on global humanitarian and refugee issues.
- Details of any arrangements are subject to confidentiality provisions.

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s33(a)(iii)



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**RWANDAN REFUGEES FROM THE US**

s33(a)(iii)

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Originating Source: MO

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Date last Updated: 27/07/2019 - 2:46 PM

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