From: s. 22(1)(a)(ii) (A. Tudge, MP) on behalf of Tudge, Alan (MP)

To: 5. 47E(d)

Subject: A - Terri Butler MP FW: URGENT: 2020 03 18 - Letter to Immigration Minister re COVID19 in Kangaroo

Point detention.pdf

Date: Thursday, 19 March 2020 9:00:07 AM

Attachments: image001.png

2020 03 18 - Letter to Immigration Minister re COVID19 in Kangaroo Point detention.pdf

Enclosure COVID19 in Immigration Detention.pdf

Importance: High

From: s. 22(1)(a)(ii) (T. Butler, MP) s. 22(1)(a)(ii) @aph.gov.au>

Sent: Wednesday, 18 March 2020 2:59 PM

To: Tudge, Alan (MP) < Alan.Tudge.MP@aph.gov.au>

Cc: Coleman, David (MP) < David.Coleman.MP@aph.gov.au>

Subject: URGENT: 2020 03 18 - Letter to Immigration Minister re COVID19 in Kangaroo Point

detention.pdf Importance: High

Dear Minister,

Please find attached URGENT correspondence from Ms Terri Butler MP.

Best wishes

s. 22(1)(a)(ii)

On behalf of Terri Butler MP

Shadow Minister for the Environment and Water Federal Member for Griffith



Phone: (07) 3397 1674 | Email: s. 22(1)(a)(ii) @aph.gov.au

Address: 76 Old Cleveland Road, Greenslopes QLD 4120 PO Box 232, Stones Corner QLD 4120

Web: terributlermp.com | Social: @terrimbutler & facebook.com/butler4griffith

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Terri Butler MP Shadow Minister for the Environment and Water Labor Member for Griffith

URGENT

The Hon Alan Tudge MP Acting Minister for Immigration, Citizenship, Migrant Services and Multicultural **Affairs** PO Box 6022 House of Representatives Parliament House Canberra ACT 2600

By email: alan.tudge.mp@aph.gov.au; and by post

Dear Minister

I write to raise very serious concerns about the potential impacts of COVID-19 on the 90 refugees that are being detained in a facility in Kangaroo Point in my electorate of Griffith.

One of my constituents, S. 47F(1) , has been visiting refugees at the detention centre for more than a year, and has brought to my attention the very serious nature of the potential impacts COVID-19 may have on refugees, staff and the broader community.

A number of risk factors have been brought to my attention, including:

- The close proximity with which detainees are being held;
- The diminished health of many of the refugees, particularly those who have returned from offshore processing on Manus Island and Nauru;
- An inability to access disinfectant products;
- Frequent staff movement in and out of the facility, with shifts being covered by new people each day;
- A high number of casual employees who, under the Government's approach, still have a clear financial incentive to turn up to work when they are sick or should be in isolation;
- A number of staff also work in other like systems, e.g. prison, and have the potential to impact a large number of people; and
- A failure to adequately implement social distancing measures as recommended by the Chief Medical Officer.

My constituent advises me that most of the detainees have applications for Residency Determination before the Minister. An urgent review of these applications may assist in reducing the number of people being held in an environment where there is an increasing risk of a COVID-19 outbreak which may

Act Department of Home Information Freedom of Released by the B

have devastating consequences for refugees, staff members, and the wider community.

I would be grateful if you would advise me as to whether the government is taking urgent action in relation to this issue, and if so, what those actions are.

I have **enclosed** a copy of a proposal provided to me by my constituent in relation to this matter for your serious consideration.

Thank you for your assistance with this matter. If you require any further information, please do not hesitate to contact me, or, in my absence, Georgia Betros of my office on 07 3397 1674 or by email at Terri.Butler.MP@aph.gov.au.

Best wishes, (erri Butler

Terri Butler MP Member for Griffith

18 March 2020

Encl.

COVID19 in Immigration Detention

Summary

There are over 100 refugees being held in administrative detention, with an increased risk of COVID19 spread due to the movement of security staff in and out of the facility, crowding of the accommodation and the necessity for detainees to congregate in small closed spaces and share amenities.

Most of the detainees already have applications for a Residency Determination, which allows community detention, before the Minister. The Minister could be requested to review these as a matter of urgency, in order to reduce the number of people being held in a situation of increased risk and potentially placing strain on the Queensland COVID19 medical response in the event of an outbreak within the facility

Background

I would like to bring to the attention of the COVID19 medical response teams the situation in Immigration Detention. Currently, there are approximately 90 refugees held in a hotel in Kangaroo Point. They are in administrative detention which means they they have no criminal behaviour and are low risk from a security viewpoint. There is another, smaller group of around 40 at the Brisbane Immigration Transit Accommodation (BITA) in Pinkenba.

Risk factors

Both facilities are staffed by a large number of security guards, employed by the service provider, Serco. There are consequently frequent staff movements in and out of the facilities. These guards represent a significant risk of transmitting the virus from the community for the following reasons

- 1. There are several shifts with new people coming in and out of the facilities on a daily basis
- 2. They are often casual employees and hence may be less willingly to voluntarily selfisolate if they experience symptoms
- 3. Many also work in the prison system, another potential institutional reservoir for the virus
- 4. They are in close contact with detainees through frequent searches, head checks, transportation, and supervision of food queues, activities etc.
- 5. There is inadequate training and education regarding risk management, with staff not recognising their role as vectors for the disease

Additionally, there are risk factors related to the management of detainees within the facilities

- Meals are in a shared dining room, and typically involve queuing in a confined space.
 There is only space in the dining room for a small number, so there is rapid turnover
 at the tables, with no time for surfaces to be disinfected
- 2. Activities at the hotel occur in small, crowded rooms.
- 3. There is no access to the outdoors at the hotel unless detainees are transported to the BITA facility, which involves 4 body searches and and a 20 minute trip in an MPV with other people, violating social distancing guidelines

- 4. Bedrooms at BITA are small and typically accommodate 4 people in 2 bunks in close proximity
- 5. There are restrictions around the possession of cleaning and disinfectant products. At BITA, detainees wishing to used alcohol wipes to disinfect personal items must take the items to the medical facility.

Concerns

If the virus is brought into the facility, conditions are such that spread could be rapid and involve many of the detainees. Furthermore, in the event of such an outbreak, Serco staff would spread the virus into the wider community.

Many of the detainees are also medically vulnerable, as they have been transferred from offshore processing camps on Manus Island and Nauru with physical or mental health problems. These problems remain unresolved for the majority.

Furthermore, as has been seen in the Residential Aged Care sector in Sydney, once there is a positive test within an institution, staffing the facility becomes an extremely difficult

Solutions

Many of the detainees have applications before the Minister for Immigration for a Residence Determination under section 197ab of the Migration Act. This allows Community Detention, where refugees can live at a specified address within the community in normal housing and without on site supervision. This model would significantly reduce detainees contacts, allow them to self-isolate and reduce the risk of a large peak of cases that could occur within the closed detention model. Many detainees have family or friends in the community and could be moved into a lower risk situation within a matter of days.

I would like to suggest a request to the Minister for Immigration that an urgent review of Residence Determination Applications should be undertaken, with the aim of moving detainees out of the institutional setting. This move would reduce risk for both detainees and the wider community and avoid the potential of a spike of cases placing further demands on the health system in Queensland.

	FOI DOCUMEN			
From: To: Subject: Date:	s. 22(1)(a)(ii) (A. Tudge, MP) on behalf of Tudge, Alan (MP) s. 47E(d) Coronavirus – Immigration Detention (C/DUTTON/ABF-IDG + CN: Coronavirus-ABF + ASS: ABF-MPC) Tuesday, 24 March 2020 8:17:38 AM			
From: s. 47F(1)				
Sent: Mond	day, 23 March 2020 10:26 PM			
To: s. 47E(d)	@homeaffairs.gov.au; e. 22(1)(a)(ii) @homeaffairs.gov.au;			
s. 22(1)(a)(ii)	@HOMEAFFAIRS.GOV.AU; Tudge, Alan (MP);			
s. 22(1)(a)(ii)	@homeaffairs.gov.au; s. 22(1)(a)(ii) @pm.gov.au			
Subject: RE	: Covid-19 Outbreak Vulnerable detainee			
	For Official Use Only			
Monday 23rd of I				
	ter's representative,			
With vulner	rable detainee s. 47F(1) at Yongah Hill			
Immigration	n Detention Centre in Perth.			
coronavirus	hat Serco Group continues to fail and protect immigration detainees from the soutbreak and failed to identify which detainees were at particular risk of serious ath if they do contract the virus due to their age or underlying health conditions.			
all detainee	en numerous called for the release of all those who are particularly vulnerable and first to be tested, along with the suspension of all new detentions. The action warns at delay could have catastrophic consequences.			

To grant the emergency measures requested in the legal challenge currently in the Australian High Court by the charity Detention Action and a vulnerable detainee who suffers from hypertension, which experts say doubles the risk of death if Covid-19 is contracted.

As part of the legal action, the public health expert s. 47F(1) of the London School of Hygiene and Tropical Medicine has provided an expert report warning that prisons and detention centres provide ideal incubation conditions for the rapid spread of the coronavirus, and that about 60% of those in detention could be rapidly infected if the virus gets into detention centres.

With those still in detentions across Australia were extremely scared of contracting the virus. We have been receiving harrowing calls from seriously ill detainees describing their fear of the virus spreading in the centres and feeling powerless in response. The distress in their voices is palpable and there is little we can do to console them.

In the midst of a global pandemic, administrative detention puts those interned in grave danger. And maintaining detention when the evidence from Prof Coker is that detention centres act as 'epidemiological pumps' puts us all at unnecessary risk.

Please let commonsense prevail and stop the bureaucracy logjam with these vulnerable detainee in particularly s. 47F(1)

Regards, s. 47F(1)

Freedom of Information Act 198; Released by Department of Home Affairs the 5 From: s. 22(1)(a)(ii) (A. Tudge, MP) on behalf of Tudge, Alan (MP)

To: s. 47E(d)

 Subject:
 ABF-MPC (C/TUDGE/ABF-MPC)

 Date:
 Friday, 13 March 2020 3:08:19 PM

From: s. 47F(1)

Sent: Friday, 13 March 2020 2:38 PM

To: Tudge, Alan (MP)

Subject: Locked Detention and Covid-19

Minister Tudge MP

I write as a long-term detention visitor and in your capacity as Interim Immigration Minister on two issues.

1) Covid-19

I understand measures have been activated to screen detention visitors and to prevent physical contact between visitors and detainees. I agree this is important given many of the detainees are very low and therefore may react badly to the virus.

However Serco staff have been unable to provide any information about what they are doing to screen their own staff. The detainees are understandably worried as are visitors.

Please provide urgent information to us about the measures Serco are taking re:their own staff so that we can inform detainees/reassure them.

2) Protracted detention of people here for medical treatment

The current situation, where people who were brought here for medical treatment remain in locked in detention, is untenable and unreasonable.

I ask that you:

- a) accept the many offers for people's homes (spare rooms) to be declared APODS and move the respective men to these homes. Your caseworkers have received offers in writing from those who have offered their spare rooms to detainees. The detainees have been told that the offers are 'with the Minister for consideration'. Having people detained in our homes ensures that we can keep an eye on them and can alert their caseworkers to any concerns. The economics speaks for itself as does the pathway to recovery.
- b) Convert the hotels currently used from locked detention (currently) to community detention (curfews). Under community detention anyone who fails to be home by curfew is moved back into locked detention. This will enable the men to access medical care in the community (much cheaper than security escorted visits for people who are not criminals) and enable them to start a recovery by getting fresh air, Vitamin D and exercising some choice.

The mental health of the people who were transferred here for medical reasons has declined significantly and it is our duty (as Australians and yours as an elected MP) to repair this damage before it becomes dangerous. Visitors do their best to keep people positive but it's become very dire.

I'm sure you are aware of the attempted suicide in MITA recently and the significant self harm that is happening behind closed doors (quietly) in many facilities.

Thank you for your time

s. 47F(1)

Jason Wood - detainees in MITA, Preston APOD and other detention centres - I have grave concerns about the risk of COVID-19 infection spreading among the men held in locked detention in the Mantra Hotel in Preston, and other similar APODs. They are particularly vulnerable to the virus because of pre-existing personal ill-health and the close quarters in which they are forced to live 2 or 3 to a room. I understand that today 2 from Mantra were taken to hospital and others have flu-like symptoms. To avert what could be a disastrous flow-on if any of the men have become infected with COVID-19 from one of the guards, hotel staff or external visitors, I am pleading for urgent action on any or all of the following measures. 1. Release those with family members in the community.2. Utilise existing community detention houses which are not fully occupied.3. Release those who have supporters in the community. 4. For those without known community supporters, make the hotel itself a place of community detention without guards, so that the detainees can access the outside, use a Medicare card to get local medical care and either self-cater or use the hotel catering. These men are at the same or greater level of risk as those confined at close quarters in other residential communities, like aged care, but are not being treated accordingly. The above measures are relatively inexpensive and can be implemented under the existing system for community detention. Thank you

From: s. 22(1)(a)(ii) (A. Tudge, MP) on behalf of Tudge, Alan (MP)

To: 8. 47E(d)

Subject: ABF-MPC (C/TUDGE/ABF-MPC)
Date: Tuesday, 17 March 2020 9:48:45 PM

From: contactform@aph.gov.au [mailto:contactform@aph.gov.au]

Sent: Tuesday, 17 March 2020 7:16 PM

To: Tudge, Alan (MP)

Subject: APH Website contact form - new enquiry Alan.Tudge.MP@aph.gov.au

Parliamentarian Hon Alan Tudge MP

Name

s. 47F(1) s. 47F(1)

Telephone (home)

Telephone (mobile)

Email Address s. 47F(1) s. 47F(1)

Question

I am writing to you as Acting Minister for Immigration. I have grave concerns about the risk of COVID-19 infection spreading among the men held in locked detention in the Mantra Hotel in Preston, and other similar APODs. They are particularly vulnerable to the virus because of both pre-existing personal ill-health and the close quarters in which they are forced to live-2 or 3 to a room. I understand that today 2 from Mantra were taken to hospital and others have flu-like symptoms. To avert what could be a disastrous flow-on if any of the men have become infected with COVID-19 from one of the guards, hotel staff or external visitors, I am pleading for urgent action on any or all of the following measures.

1. Release those with family members in the community. 2. Utilise existing community detention houses which are not fully occupied.

3.Release those who have supporters in the community.
4. For those without known community supporters, make the hotel itself a place of community detention without guards, so that the detainees can access the outside, use a Medicare card to get local medical care and either self-cater or use the hotel catering.

These men are at the same or greater level of risk than those confined at close quarters in other residential communities, like aged care, but are not being treated accordingly. The above measures are relatively inexpensive and can be implemented under the existing system for community detention.

Thank you

From: s. 22(1)(a)(ii)
To: s. 47E(d)

Subject: FW: COVID-19: Five priorities for community safety by protecting our most vulnerable [SEC=OFFICIAL]

Date: Monday, 30 March 2020 10:35:16 AM

OFFICIAL

Please refer to home affairs as per Advisor request

From: Paul Power < <u>ceo@refugeecouncil.org.au</u>>

Sent: Friday, 27 March 2020 4:10 PM

To: McCormack, Michael (MP) < Michael. McCormack. MP@aph.gov.au >

Subject: COVID-19: Five priorities for community safety by protecting our most vulnerable

Dear Mr McCormack,

As Australia and the world suffer the impact of the COVID-19 pandemic, it is clearer than ever before that the welfare of all of us is directly connected to how we treat the most vulnerable. If anyone is left destitute, with no access to affordable medical help or unable to minimise the risk of catching the virus, all of us are at greater risk.

With this in mind, the Refugee Council of Australia (RCOA) has been consulting with its members around the country who are working on the frontline with refugees and people seeking asylum. From these consultations we have identified five actions that the Australian Government should immediately take to ensure refugees and people seeking asylum can better protect themselves – and subsequently the broader community – during this time of crisis.

We ask the government to urgently:

- 1. Move people out of crowded immigration detention facilities
- 2. Ensure a financial safety net and Medicare access for all people in Australia
- 3. Prevent people losing legal status and access to support
- 4. Move refugees and people seeking asylum from PNG and Nauru
- 5. Explore permanency and family reunion for people on temporary protection willing to fill labour force gaps in high-need regional areas

Please find below details on each of these five recommendations.

We need to all work together to protect our communities so the Refugee Council of Australia and our member organisations would welcome the opportunity to work with the government to support the implementation of these recommendations. If you or any member of your staff would be interested in discussing this further, please contact me on or via email at ceo@refugeecouncil.org.au

Yours faithfully,

Paul Power

Chief Executive Officer

Refugee Council of Australia

Suite 4A6, 410 Elizabeth Street, Surry Hills NSW 2010, Australia

Phone: (02) s. 47F(1)

s. 47F(1)

Email: ceo@refugeecouncil.org.au

PRIORITIES FOR PROTECTING PEOPLE SEEKING ASYLUM AND REFUGEES DURING COVID-19 PANDEMIC

1. Move people urgently out of crowded immigration detention facilities

RCOA member organisations providing support to refugees and people seeking asylum hold grave concerns for people in immigration detention facilities, particularly those who have been transferred from offshore facilities to Australia for medical treatment and those people detained long-term.

The Commonwealth Department of Health last week nominated people in detention facilities as one of several groups of people in Australia most at risk of serious infection from COVID-19. The majority of closed immigration detention facilities, including hotels that are being used as alternative places of detention to accommodate people transferred from PNG and Nauru, are currently overcrowded. RCOA members are concerned about the inability of people in those facilities to maintain the social distancing recommended by health authorities to reduce the risk of contracting COVID-19. A number of people in immigration detention also fall into two other high-risk groups identified by the Department of Health: those with compromised immune systems and those with chronic medical conditions.

It is clear that the most appropriate and safest response in the current circumstances is to release people into the community into either residence determination (community detention) using some of the many vacant accommodation facilities around Australia or release people onto ongoing Bridging Visas, with financial support and access to Medicare being essential. The appropriate community placement should be identified based on people's needs and vulnerabilities.

2. Ensure a financial safety net and Medicare access for all in Australia

RCOA member agencies are increasingly concerned about people seeking asylum who are living in the community without access to financial support and Medicare. The agencies agree that it is now paramount that everyone in need in Australia, regardless of their visa status, has access to a safety net, namely to Medicare and financial support.

For the past two years, an increasing number of people seeking asylum have lost access to financial and casework support under Status Resolution Support Services (SRSS) because of deliberate program redesign. Many do not have access to Medicare, either because of a delay or refusal to renew Bridging Visas or through government policy. The service

providers working with people seeking asylum report an increase in the number of people who have recently lost their jobs and without access to a safety net, are destitute and significantly vulnerable. Unstable housing as a result of destitution impedes people's ability to adequately self-isolate. Lack of access to PBS means many cannot afford to purchase vital medications. This can further compromise people's general health and increase their need for hospital admission, which is challenging when the health system is going to experience increased demand due to COVID-19.

With several charities and organisations now closing, others scaling back their work and many volunteers not able to continue offering assistance, there is less support for this group.

3. Prevent people losing legal status and access to support

It was agreed that there needs to be concerted efforts to ensure Bridging Visa grants and renewals are simplified and prompt. The current system, which sees people apply for a Bridging Visa renewal and face either months-long delays or refusals without clear reasons, means that people who have made every effort to engage in the process face being forced into an irregular status, with no rights or entitlements. Further flexibility should be applied to deadline extensions and visa conditions (like access to Medicare and work rights). While community legal centres continue to operate remotely, many charities and volunteer organisations who assisted people in filling forms related to visa applications and renewals have had to suspend these services. This creates a significant barrier for people to remain lawful and maintain their access to rights that are linked to visas, such as Medicare and work rights.

RCOA member agencies believe that the Departments of Health and Home Affairs need to work together to disseminate messages to assure people that no-one taking a test for COVID-19 will be at risk of arrest or detention, even if they have no current visa.

4. Move refugees and people seeking asylum from PNG and Nauru

RCOA member agencies are deeply concerned for the refugees and people seeking asylum who are still in PNG and Nauru under Australia's offshore processing regime. Noting that there have already been cases of COVID-19 in Papua New Guinea and a State of Emergency has been declared in both PNG and Nauru, service providers working with refugees and people seeking asylum are worried about the capacity of health systems in those countries to respond to a potential pandemic. There is ample and overwhelming evidence of the inadequacies in healthcare provision in those countries, even with financial support from Australia. Further pressure on those fragile health systems could result in their falling apart, with serious consequences for the refugees and people seeking asylum in those countries, many of whom have already chronic illnesses and are immunocompromised.

5. Explore permanency and family reunion for people moving to high-need regional areas

RCOA member agencies identified the growing and urgent need to fill labour force gaps created by the border closure to all non-residents. In order for farming and other major production to continue, there needs to be quick and committed movement of people already in Australia to the regional and rural areas in need. People found to be refugees but granted only a Temporary Protection Visa (TPV) or a Safe Haven Enterprise Visa (SHEV) are among those who could fill some of these gaps, as many either currently reside in regional SHEV zones or intend to do so.

The missing piece for many people to make the move to a regional area has been access to ongoing employment and the need for a way to build a future in that place. With employment opportunities now emerging because of the COVID-19 response, the remaining gap is access to permanency and a clear path to timely family reunion. If people on TPVs and SHEVs were able to be granted a permanent visa and also have a clear and timely path for family members to settle with them in regional and rural areas, it would not only address the urgent short-term needs of farmers and Australian production but also allow people to set down roots with their families in

those communities long-term. This would contribute to revitalising regional and rural communities which are desperate for residents who will contribute and remain well past a working holidaymaker visa.

OFFICIAL

s. 47E(d) @homeaffairs.gov.au From:

To:

Subject: Minister contact form – MC20-007205 - Immigration Detention -s. 47F(1)

Date: Monday, 30 March 2020 6:10:38 PM Attachments: Coronavirus risk at Kangaroo Point.pdf

This enquiry was submitted through the departmental website.

Originating form: https://www.homeaffairs.gov.au/forms-subsite/Pages/Minister-contactform.aspx

It was submitted by s. 47F(1) (senator.stoker@aph.gov.au) on Monday, 30 March 2020 at 6:10:16 PM

Privacy and security

Department's Privacy Statement: I have read and understood the Department's Privacy

Department's Security Statement: I have read and understood the Department's Security statement

Contact details

Title: 47F(1)

Given name: Family name:

Email address: senator.stoker@aph.gov.au

Street address: AU-BNE-EAGLE1, 1 Eagle St, Brisbane City QLD 4000, Australia On behalf of:

Street address: AU-BNE-EAGLE1, 1 Eagle St, Brisbane City QLD 4000, Australia On behalf of:

Enquiry details

Minister name: Peter Dutton

Select a category for your enquiry/comment: Immigration Detention

Enquiry subject: Coronavirus risk and detention of refugees at Kangaroo Point Hotel **Details of your enquiry/comment:** Coronavirus risk and detention of refugees at

Kangaroo Point Hotel

Submit: True

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Unsolicited commercial emails MUST NOT be sent to the originator of this email.

1982 Released by Department of Home Affairs Act Freedom of Information, the B Dear Senator Amanda Stoker,

Urgent: Serious COVIDA 19 transmission risk in Alternative Place of Detention – Kangaroo Point Apartments

We write, as concerned citizens living, working or with children attending the nearby school in Kangaroo Point, to highlight the very significant Covida 19 virus transmission risk at the Kangaroo Point Central Apartment Hotel where approximately 90 asylum seekers and refugees are detained. Breaking news today is that there is one Serco guard who tested positive to the virus and has not worked at the facility since March 7th 2020. Once the 14 days of isolation are over and there are no positive tests amongst the men detained there, they remain at high risk. We propose that this can be quickly and constructively addressed. Most of the detainees have applications before the Minister for Immigration for a Residence Determination under section 197ab of the Migration Act. We suggest that the Minister for Immigration urgently review these applications with the aim of moving detainees out of the institutional setting. This move would reduce risk for both detainees and the wider community and avoid the potential of a spike of cases placing further demands on the health system in Queensland.

Background

We have recently learnt that there are approximately 90 asylum seekers and refugees held in a hotel at Kangaroo Point that most of us live near or pass by each day. They are in administrative detention which means they have no criminal behaviour and are low risk from a security viewpoint.

Risk Factors

- The detainees live in close proximity in a very confined space. We know there are two men per room and that the men do not have access to essential cleaning and hygiene supplies
- Though each room has a kitchenette, the men have to take their meals in a small communal dining room. This dining room is small such that the men have to eat in shifts one after the other and tables are not able to be cleaned before they are occupied again.
- There are several shifts of security staff coming in and out every day. These employees are:
 - o casual, hence anxious to retain their income;
 - o often work in other institutional environments (we have been able to ascertain that some of these guards at the KP Hotel also take shifts in the prison system);
 - o in close physical contact with detainees through frequent searches, supervision of food queues etc
 - o poorly trained in risk management.
- The detainees, all of whom were transferred from Manus Island or Nauru, have significant health issues and are therefore very vulnerable to this virus.

The potential consequences of these risk factors are:

- High risk of transmission to, and among, the detainees
- High risk of security staff spreading the disease between the prison and detention systems and also the wider community
- Inability to staff the centre if there is a positive test, as the staff will not wish to expose themselves to the risks.
- Potential impact on the Queensland health system with very vulnerable individuals becoming ill and requiring in-patient care.

Options

At a time when there are huge demands on all community resources, we advocate the simplest and least intrusive solutions so that all members of the community can access the best possible resources and services.

We have become aware that a large number of the detainees have family members in the nearby community. The simplest option for these individuals would appear to be to relocate them with their family members so that they can effectively practise social distancing – something they are currently unable to do at the Kangaroo Point Hotel.

We believe there is great benefit in the Minister assessing the applications for Residence Determination under section 197ab of the Migration Act. This would allow the detainees to access Community Detention where they can live in normal housing without on-site supervision and would significantly reduce transmission risks and enable self-isolation. Community detention, or release to household level local support, also offers a simple option which will significantly reduce risk.

We thank you for your urgent attention to this serious matter.

Yours sincerely



s. 47F(1)	

s. 4	47F(1)		
22(1)	(a)(ii)		
	s. 47F(1) s. 47F(1) s. 22(1)(a)(ii)	_	

From: (P. Dutton, MP) on behalf of Dutton, Peter (MP)

To:

Subject: ABF-MPC (C/TUDGE/ABF-MPC) Date: Sunday, 22 March 2020 10:45:14 AM

From: s. 47F(1)

Sent: Friday, 20 March 2020 2:02 PM

@serco-ap.com; Minister@homeaffairs.gov.au; Dutton, Peter (MP)

Subject: Fwd: Coronavirus

--- Forwarded message -----s. 47F(1)

From:

Date: Fri, Mar 20, 2020 at 8:45 AM

Subject: Coronavirus

To: @serco-ap.com>

Hi

I have Been made aware that there was a staff member as well as a refugee who contracted the corona virus in MITA centre, if this is correct I would like confirmation that visits have been cancelled due to this situation as children are being taken Into the centre to visit family/ parents and will be vulnerable to the virus.

Kind regards

Released by Department of Home Affairs Freedom of the under From: Dutton, Peter (MP)

To: 8. 47E(d)

Subject: ABF-MPC (NH C/TUDGE/ABF-MPC)
Date: Friday, 20 March 2020 4:04:19 PM

Attachments: 20.03,20 Letter re response to COVID-19 in immigration detention – urgent action required.pdf

From: s. 47F(1) @piac.asn.au]

Sent: Friday, 20 March 2020 3:56 PM **To:** Dutton, Peter (MP); Tudge, Alan (MP)

Cc: s. 22(1)(a)(ii) @border.gov.au; s. 22(1)(a)(ii) @homeaffairs.gov.au; s. 22(1)(a)(ii) @border.gov.au; cuborder.gov.au; @border.gov.au; @border.gov.au; @homeaffairs.gov.au; @homeaffairs.gov.au;

s. 22(1)(a)(ii) @border.gov.au; s. 22(1)(a)(ii) @homeaffairs.gov.au; s. 47F @ihms.com.au;

Jonathon Hunyor

Subject: COVID-19 in immigration detention - request response by 23 March 2020

Dear Ministers

Please see our attached letter dated 20 March 2020.

Kind Regards

s. 47F(1)

| Public Interest Advocacy Centre

Phone: (direct) (+61 2) s. 47F(1) | Reception: (+61 2) 8898 6500

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From 23 March 2020 until further notice PIAC will be operating remotely and our office will be closed to visitors. We may experience delays in responding to you, especially with hard copy mail – we ask that communication be sent electronically where possible.

The Public Interest Advocacy Centre office is located on land traditionally owned by the Gadigal of the Eora Nation. PIAC provides services across New South Wales and Australia, and we acknowledge the traditional owners and custodians of the lands on which we work as the first people of this country.

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20 March 2020

Hon Peter Dutton MP Minister for Home Affairs PO Box 6022 House of Representatives Parliament House **CANBERRA ACT 2600**



Hon Alan Tudge MP Acting Minister for Immigration, Citizenship, Migrant Services and Multicultural Affairs PO Box 6022 House of Representatives Parliament House **CANBERRA ACT 2601**

BY EMAIL peter.dutton.mp@aph.gov.au

alan.tudge.mp@aph.gov.au

Our Ref: PRO16-6001

Dear Ministers

Response to COVID-19 in immigration detention – urgent action required

We refer to our letter dated 18 March 2020, regarding the prevention and management of COVID-19 by the Department of Home Affairs (Department) and the Australian Border Force (ABF) in Australia's onshore immigration detention facilities.

We have not received a response.

We urge the Department and the ABF to act immediately to ensure that all detainees are transferred to accommodation suitable to protect against the risk of harm to individual and public health and safety, consistent with expert medical advice.

Our letter dated 18 March 2020 asked the Department, among other things, to take appropriate risk minimisation measures and to urgently consider transferring people out held detention, prioritising those most vulnerable to harm from serious illness or heightened restrictions.

Our concerns for detainee and staff health and safety in all places of detention are now heightened in light of reports that a Serco guard at the Kangaroo Point Central Hotel and Apartments APOD has tested positive to COVID-19, and reports of inadequate conditions and risk minimisation measures in detention to protect individuals from the risk of infection.

We also note that on 19 March 2020, the Australasian Society for Infectious Diseases (ASID) and the Australasian College for Infection Prevention and Control (ACIPC), urged the Government to consider the release of detainees into the community. We attach a copy of the joint statement of the ASID and ACIPC.

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The joint statement notes the urgent need to reduce overall numbers in immigration detention facilities. The ASID and ACIPC also recommend that all detainees should be held in single rooms with their own bathroom facilities 'as the absolute minimum necessary step'.

In these circumstances, we seek your response to our letters by Monday 23 March 2020.

Due to the urgency of the situation and the acute risks of inaction, we also note that we are considering all legal options to protect our clients in detention from the risk of harm to their health and safety.

If you would like to discuss these issues further, please do not hesitate to contact me via phone or email.

Yours sincerely



Jonathon Hunyor Chief Executive Officer

Public Interest Advocacy Centre

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E-mail: @piac.asn.au

Cc: Michael Pezzullo

Secretary

Department of Home Affairs

Dr Parbodh Gogna Chief Medical Officer

Department of Home Affairs

Michael Outram APM

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Group Manager

Australian Border Force

Centralised Service Team

International Health and Medical Services

BY EMAIL

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Encl: Letter to Ministers from the Public Interest Advocacy Centre dated 18 March 2020

Joint statement of the ASID and the ACICP dated 19 March 2020

eased by Department of Home Affairs er the Freedom of Information Act 1982

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18 March 2020



Hon Peter Dutton MP Minister for Home Affairs PO Box 6022 House of Representatives Parliament House **CANBERRA ACT 2600**

Hon Alan Tudge MP Acting Minister for Immigration, Citizenship, Migrant Services and Multicultural Affairs PO Box 6022 House of Representatives Parliament House CANBERRA ACT 2601

BY EMAIL peter.dutton.mp@aph.gov.au alan.tudge.mp@aph.gov.au

Our Ref: PRO16-6001

Dear Ministers

Response to COVID-19 in immigration detention facilities

We are writing concerning the prevention and management of COVID-19 by the Department of Home Affairs (Department) and the Australian Border Force (ABF) in Australia's onshore immigration detention facilities.

PIAC has been contacted by a number of individuals and organisations raising concerns and queries about the response to COVID-19 for people in immigration detention. You may be aware that we have been working more generally on issues related to health care for people in immigration detention through our Asylum Seeker Health Rights Project.

We acknowledge that the situation is rapidly evolving as are plans and responses. As set out a below, we ask that the Department:

- urgently consider options for the transfer of people out of held detention, with greatest priority for people within the detention system with health conditions which make most acute the known harms of COVID-19 or further heightened restriction; ne
- ensures that appropriate risk-minimisation measures are taken in detention;
- ensures that people in immigration detention have access to adequate medical care and (1)
- maintains and makes publicly available appropriate data on COVID-19 for people in immigration detention; and
- clearly communicates its plans to respond to COVID-19 in immigration detention without delay, to avoid confusion and uncertainty in the field. Leve 5, 175 L verpoo St

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Risks in held detention

As you are aware, people in closed detention are highly vulnerable to outbreaks of contagious illnesses and are among the most at risk of serious infection. Certain immigration detainees are especially vulnerable to serious illness from COVID-19, including those with a respiratory condition such as asthma, a compromised immune system or a chronic medical condition.

We note that similar issues may arise for people currently detained in alternative places of detention (APODs), including those detained at the Mantra Bell City hotel in Melbourne and the Kangaroo Point Central Hotel and Apartments in Brisbane.

Recommendations for response

We urge the Department and ABF to consider the following recommendations in developing its response.

Consider bridging visas and community detention

We particularly urge the Department to consider transferring individuals currently in held detention onto bridging visas or into community detention, consistent with public health advice. We note that such an approach would allow potential restrictions on movement to ensure appropriate social distancing if required.

Particularly vulnerable individuals should be given priority in this process, and be removed from the acute risks of held detention immediately, with access to all necessary healthcare and support services. In this respect we note that approximately 200 people who are currently held within closed detention settings have been transferred to Australia specifically for medical treatment.

Risk-minimisation measures in detention

We anticipate that the Department and the ABF, in coordination with relevant agencies, are putting immediate arrangements in place to protect the health of people in detention, consistent with current medical and public health advice. We are aware of some measures that have been taken at some facilities in response to COVID-19, such as the promotion of good hygiene. Affair

We acknowledge that certain restrictive measures to prevent and manage COVID-19 in immigration detention may be necessary. However, any protection and control measures should be:

- responsive to the individual circumstances of person detained;
- adapted for the reality that many people who are currently detained in immigration detention are awaiting medical attention for pre-existing conditions;

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- designed to avoid or mitigate additional harm that detainees are likely to experience from any further restriction because of their pre-existing detention experiences and trauma: and
- the least restrictive method to achieve the necessary end—in this case, the fundamental safety of each person in your care.

Consistent with these principles, risk minimisation measures:

should not result in prolonged or widespread lock down arrangements. Any short-term restrictions or interruptions to activities such as exercise and visits should be based on

the latest official medical advice and should be as limited as possible in scope and duration.

- should not interfere with essential activities, such as detainees' phone calls with lawyers, advocates, family members or community contacts.
- should not be experienced as punitive. For example, should it become medically necessary to isolate any person in detention, this should be the least restrictive method to ensure the safety of the individual and must promote the individual's health, safety and wellbeing. Anyone in isolation should be ensured access to alternative means to communicate with others (including friends, family, advocates and lawyers), comfort and entertainment. We note that fear of being placed in isolation could delay detainees notifying medical staff if they experience symptoms.

The UN High Commissioner for Human Rights has urged all governments to place human dignity and rights front and centre in response efforts.

Access to care and treatment

We expect that detainees and staff are being monitored and tested in line with the current public health guidelines. It is critical that detainees presenting with COVID-19 symptoms should have access to appropriate medical care and treatment, as well as to supports which attempt to maintain their psychological health.

Data collection

The collection of data on COVID-19 will be part of the national and global public health response. It has been highlighted that 'data collection is critical to understanding and fighting the virus' and that the immigration detention system should be part of this process. The same information that is tracked in the Australian community should be tracked in immigration detention facilities and made public.

Clear information

All detainees and staff should be properly informed about COVID-19 and relevant measures All detainees and staff should be properly informed about OCVID 10 and 1

including visitation arrangements, should be posted publicly at detention facilities and online it is easily accessible to all relevant stakeholders.

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In the current circumstances, we seek your urgent response. If you would like to discuss, please contact me on the number below.

Yours sincerely



Jonathon Hunyor Chief Executive Officer

Public Interest Advocacy Centre

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E-mail: @piac.asn.au

Cc: Michael Pezzullo

Secretary

Department of Home Affairs

Dr Parbodh Gogna Chief Medical Officer

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19 March 2020

We represent the Australasian Society for Infectious Diseases and the Australian College of Infection Prevention and Control, the peak professional bodies for infectious diseases physicians and infection control practitioners respectively.

We note today that the Prime Minister, on expert medical advice, has recommended that all people practice social distancing, and if unwell, self-isolation to prevent the spread of COVID-19 to other people.

We understand that around 1400 asylum seekers and other non-citizens are being held in detention in crowded conditions that would preclude adequate social distancing or self-isolation. This would potentially pose a risk to their health in the event of an outbreak of COVID-19, as outbreaks in other crowded settings, including detention facilities, have been well documented to date. This would also potentially pose a risk to staff who work at immigration detention facilities and, through the amplification of infection, the broader Australian community.

We urge the Commonwealth government to consider the release of detainees into suitable housing in the community if they do not pose a significant security or health risk.

As a minimum standard, we would recommend that detainees should be held in single rooms with their own bathroom facilities. While this would not fully address the risk associated with COVID-19, and it certainly would not be as effective as reducing the overall numbers in immigration detention facilities, it would go some way to reducing the risk and could be considered the absolute minimum necessary step.

Yours sincerely

A/Professor Joshua Davis President, Australasian Society for Infectious Diseases Limited

A/Professor Philip Russo President, Australasian College for Infection Prevention and Control





14 April 2020

Ref No: MC20-006041

Jonathon Hunyor Chief Executive Officer Public Interest Advocacy Centre Level 5 175 Liverpool Street SYDNEY NSW 2000

Dear Mr Hunyor

Thank you for your correspondence of 18 March 2020 to the Minister for Home Affairs, the Hon Peter Dutton MP and Acting Minister for Immigration, Citizenship, Migrant Services and Multicultural Affairs, the Hon Alan Tudge MP, concerning the prevention and management of COVID-19 in Australia's onshore immigration detention facilities. The Ministers appreciate the time you have taken to bring this matter to their attention and has asked that I reply on their behalf. I apologise for the delay in responding.

The Australian Border Force (ABF) and its service providers are focused on maintaining the health and safety of people in its immigration detention facilities including Alternative Places of Detention (APODs). Every effort is aimed at preventing the entry of COVID-19 into detention facilities.

The Migration Act 1958 provides Home Affairs portfolio Ministers with the power to intervene to grant visas to persons in immigration detention, or to make residence determinations in respect of persons in immigration detention, if the Minister thinks it is in the public interest to do so. These powers are non-compellable, meaning portfolio Ministers are under no obligation to exercise these powers.

The Ministerial Intervention guidelines stipulate the types of cases that should or should not be referred for ministerial consideration. Cases are only referred to a portfolio Minister where they are determined by the Department of Home Affairs to meet these guidelines.

Released by Department of Home Affairs under the Freedom of Information Act 1982

I note the risk minimisation measures mentioned in your letter and I am satisfied that the arrangements established by the ABF meet those requirements. The arrangements established by the ABF in detention facilities and APODs are informed by, and consistent with, the applicable Communicable Diseases Network Australia National Guidelines which are noted by the Australian Health Protection Principal Committee. Concerning visitation arrangements, I can confirm that notification of the temporary cessation of visitors is publically available on the ABF's website: https://www.abf.gov.au/about-us/what-we-do/border-protection/immigration-detention/visit-detention.

The ABF and its service providers are exercising a high level of vigilance and a low threshold for COVID-19 investigation. COVID-19 testing and treatment within the immigration detention network is being managed in conjunction with the relevant State/Territory health authority. The ABF is prepared to manage detainees who test positive to COVID-19 onsite if necessary, consistent with advice from State/Territory health authorities and the requirements set out in the National Guidelines.

The ABF and its service providers are regularly communicating information about the current national COVID-19 response settings to detainees to complement publically available information. This includes information about social distancing requirements, respiratory and hand hygiene, cough etiquette and the reporting of the onset of any flu-like symptoms to the health service provider. Health service provider information is also displayed in centres in a number of languages to reduce the barriers to detainees learning about preventative health measures.

The ABF and its service providers also meet regularly with detainees to discuss any issues or concerns they may have about their health and wellbeing generally and specifically related to COVID-19. A number of changes have been implemented, on a temporary basis, in direct response to detainee concerns.

Thank you for raising this matter with the Minister.

Yours sincerely

Superintendent
Detention Operations Chief of Staff
Immigration Detention Group