

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

From: John BRAYLEY
Sent: Friday, 8 September 2017 4:46 PM
To: Michael OUTRAM; Michael PEZZULLO
Subject: RE: Final CMO/SG Advice on current issues [DLM=For-Official-Use-Only]

For-Official-Use-Only

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

For-Official-Use-Only

From: Michael OUTRAM
Sent: Friday, 8 September 2017 4:36 PM
To: John BRAYLEY ; Michael PEZZULLO
Subject: RE: Final CMO/SG Advice on current issues [DLM=For-Official-Use-Only]

For-Official-Use-Only

John

All the very best.

Kind regards

MO

For-Official-Use-Only

From: John BRAYLEY
Sent: Friday, 8 September 2017 4:35 PM
To: Michael PEZZULLO s. 22(1)(a)(ii) @border.gov.au>
Cc: Michael OUTRAM s. 22(1)(a)(ii) @border.gov.au>
Subject: RE: Final CMO/SG Advice on current issues [DLM=For-Official-Use-Only]

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

For-Official-Use-Only

From: Michael PEZZULLO
Sent: Friday, 8 September 2017 4:32 PM
To: John BRAYLEY [s. 22\(1\)\(a\)\(ii\)@BORDER.GOV.AU](#)>
Cc: Michael OUTRAM [s. 22\(1\)\(a\)\(ii\)@border.gov.au](#)>
Subject: RE: Final CMO/SG Advice on current issues [DLM=For-Official-Use-Only]

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John

I will read this note carefully but before you log off for the last time I just wanted to again say farewell and to wish you all of the very best. Thank you for your service. I have very much appreciated it.

MP

Michael Pezzullo
Secretary

Department of Immigration and Border Protection

P: 02 [s. 22\(1\)\(a\)\(ii\)](#) | **E:** [s. 22\(1\)\(a\)\(ii\)@border.gov.au](#)

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From: John BRAYLEY [[mailto:s. 22\(1\)\(a\)\(ii\)@BORDER.GOV.AU](#)]
Sent: Friday, 8 September 2017 4:25 PM
To: PEZZULLO Michael [s. 22\(1\)\(a\)\(ii\)@IMMI.GOV.AU](#)>; OUTRAM Michael [s. 22\(1\)\(a\)\(ii\)@border.gov.au](#)>
Subject: Final CMO/SG Advice on current issues [DLM=For-Official-Use-Only]

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Sec and A/Comm,

Today is my last day in this role. I am conscious that my current responsibility for health systems, will extend to how systems continue to operate after my departure, at least until they are changed.

In this final advice I would like to raise the following topics:

(1) Immigration and health priorities.

I believe that the Department's work in the last two years has demonstrated that it is possible to have both a commitment to strong borders and national security on one hand, while also seeking to deliver safe health care on the other.

The two have not been mutually exclusive in the past, and need not be in conflict in the future.

Accepting that Australia will not be directly involved in offshore contract delivery, I know other arrangements will be put in place in the future by host countries (eg refugee health clinics, insurance).

In the interim, while we contract or influence health care delivery, this can be delivered upholding the key principles of non-maleficence, beneficence, justice and autonomy.

I understand the Department must meet the Government's national security policy objectives. Health objectives are as fundamental, and have a rich historical philosophical basis that aligns with Western democratic values, and the values of the APS. As plans are put in place in coming months, I suggest the Department can meet both national security objectives and health objectives as it has done in the past.

(2) Policy uncertainty

The policy regarding transfers remains in a state of uncertainty. This is a problem for decision makers, and health advisers.

Regardless of my opinion and advice about the new policy, whatever the settings, there is no doubt that they need to be clear and known by all those who are asked to implement the policy.

A few weeks ago there was a clear verbal policy statement and directive regarding the topic of transfers, or to be specific, the non-transfer of adults to Australia. This has not been confirmed in writing although the Department has sought to have this done. I have since been able to have one adult transferred who had a s. 47F(1) and two other adults are to be transferred for termination of pregnancy. However, it is evident that a new threshold is being applied to considering matters as they arise at this time, with a number of likely presentations to the TPC committee to occur soon.

This policy change is so profound that it is of the type that would usually require written confirmation: would be concerned if next week, or the week after, I learned of an adverse clinical event related to this policy change, and the matter has still not been clarified. This is particularly concerning as I will not be around at a FAS level to address problems case by case and with the ability to raise matters directly with you both.

The fact that the new policy has not been confirmed, gives hope that on reflection, the latest directive will be changed.

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I understand the doctors in HSPD will continue to give advice based on your 2015 Policy directive, until advised otherwise.

I suggest that the Departmental decision makers for transfer should also continue to use this 2015 directive until there is a written policy change.

(3) Operation Bacciform

The practice has been for the CMO to make a declaration that the temporary purpose of a person's stay in Australia is complete, and that follow up care for this and other medical conditions can be delivered in the offshore country. (Comm Quaadvlieg had set specific questions to be answered).

I believe that this declaration process has added value and managed risks for the patient and the Department. Fitness to travel conclusions of IHMS are usually not changed, however additional matters have been identified and extra follow up arrangements put in place. This process has been informed by the Post Action Review of the critical incident ^{s. 47F(1)}

Last week a person was returned to Manus without a declaration, and I learned of their departure by HIB. I am told by my Sydney branch that the taskforce was of the view that a declaration by me was not required for these cases. Instead, a few lines commenting on the IHMS report were written by a medical officer and this was the basis of the Ministerial briefing. (There are more details to this, but I am addressing the broader issue in this advice rather than the case in particular.)

I advised my Sydney branch that we should still provide formal declarations.

Given my own departure, I wish to give you the same advice to this effect.

(4) ^{s. 47F(1)}

I have written advice about ^{s. 47F} situation previously.

^{s. 47F(1)} remains in ^{s. 47F(1)} Hospital and is ^{s. 47F(1)} there to my knowledge.

^{s. 47F(1)} has been affected by the recent policy change. On two occasions, I believe, this refugee would have met the threshold of the 2015 Secretary directive for transfer – a few weeks back ^{s. 47F(1)} (based on the information available to us ^{s. 47F(1)} that ^{s. 47F} transfer was approved) and ^{s. 47F(1)} when ^{s. 47F(1)} after other usual options for local care were exhausted.)

Given this, and because the new policy direction has not been confirmed, I suggest ^{s. 47F} case should be favourably considered for transfer.

If ^{s. 47F(1)} still needs ^{s. 47F(1)} admission, I stand by my earlier advice that ^{s. 47F(1)} not be used, which is consistent with our previous practice.

Thank you for considering these issues.

I wish you both all the best in what I know will be challenging months in the evolution of offshore processing, but also a time of opportunity with the development of the new Home Affairs Department.

Regards

John Brayley

New Phone s. 47F(1)

John Brayley
Chief Medical Officer/Surgeon General Australian Border Force
Health Services and Policy Division
Department of Immigration and Border Protection
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s. 22(1)(a)(ii)

From: John BRAYLEY
Sent: Monday, 31 July 2017 4:39 PM
To: Michael OUTRAM; Michael PEZZULLO
Cc: Mandy NEWTON
Subject: Transfer of patient to Australia s. 47F(1)
[DLM=Sensitive:Personal]
Attachments: URGENT RMM-AUS for s. 47F(1).pdf; RE: UPDATE 6 - s. 47F(1)
s. 47F(1) [DLM=For-Official-Use-Only]
Importance: High

Sensitive:Personal

A/Comm and Sec,

A patient s. 47F(1) has had his transfer to Australia stopped. This email is sent to you in my role as CMO/SG directly advising the Commissioner and Secretary.

s. 47F(1). Whilst details of the s. 47F(1) are not clear, but I understand from Ops that this is a likely s. 47F(1)

s. 47F(1)

Yesterday when considering this case, I asked IHMS to talk directly to the s. 47F(1) which they did, as well as a s. 47F(1) to get advice. s. 47F(1)

It was recognised that the actual extent of injury will only be finally determined s. 47F(1).

I also spoke with a member of our independent health panel about treatment for this condition with similar information provided about treatment for this injury. s. 47F(1), so the options of sending in a s. 47F(1) to POM were limited, particularly as doctors cannot be quickly registered. Nevertheless the capability of IHMS to send s. 47F(1) to POM was considered (and also the skills of AFP international SOS enquired about, in case one of their s. 47F(1) in PoM had these skills). Contact was made with Aspen who in turn checked with PPH with the advice that the service could not be performed there. Due to the risk of s. 47F(1) and the unavailability of local treatment, transfer to Australia was medically recommended, and consistent with current policy.

I provided this advice to Kingsley Woodford-Smith who made a decision to transfer the patient after consultation with TPC members.

Usual practice is to call the MO to explain the decision. Last night Kingsley was unable to make contact with a Ministerial Officer when I was on the phone, so I have not had my usual opportunity to explain the medical advice to the MO.

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s. 47F(1)

My advice is as follows:

- That the medical recommendations from Sunday remain the same, and based on the policy that is currently in place, the transfer should continue.
- That there is a problem in changing the transfer decision after transfer has commenced. This would not occur in routine health practice unless the condition of the patient had changed on the journey.
- If there is concern about transfer in these circumstances, I would suggest that this particular transfer proceed, and that it be reviewed following the patients s. 47F(1) which may further inform future decisions.

Regards

John

From: John BRAYLEY

Sent: Sunday, 30 July 2017 3:46 PM

To: Mandy NEWTON s. 22(1)(a)(ii) @BORDER.GOV.AU>

Cc: Kingsley WOODFORD-SMITH s. 22(1)(a)(ii) @border.gov.au>; David NOCKELS

s. 22(1)(a)(ii) @BORDER.GOV.AU>

Subject: FW: Category 2 (Major) / SITREP 02 / RPCS17-3039 - Category 2 (Major) - Accident/Injury/Illness/Medical - Major / Manus RPC [Sensitive] [DLM=For-Official-Use-Only] [DLM=Sensitive:Personal]

Sensitive:Personal

Mandy,

FYI

s. 47F(1)

Medical advice is below.

s. 22(1)(a)(ii). It will also be helpful to know more about the incident, although we have sufficient information at this stage (I understand this to be a s. 47F(1) injury) for medical advice to be given to us and considered.

John

Sensitive:Personal

From: John BRAYLEY

Sent: Sunday, 30 July 2017 3:32 PM

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under the Freedom of Information Act 1982

To: s. 22(1)(a)(ii) <s. 22(1)(a)(ii) @BORDER.GOV.AU>; Paul DOUGLAS s. 22(1)(a)(ii) @BORDER.GOV.AU>;
s. 22(1)(a)(ii) s. 22(1)(a)(ii) @BORDER.GOV.AU>
Cc: Kingsley WOODFORD-SMITH s. 22(1)(a)(ii) i@border.gov.au>; s. 22(1)(a)(ii)
s. 22(1)(a)(ii) @BORDER.GOV.AU>; s. 47E(d) @border.gov.au>; s. 47E(d) s. 47E(d) @border.gov.au>; s. 22(1)(a)(ii)
s. 22(1)(a)(ii) @BORDER.GOV.AU>; s. 47E(d) s. 47E(d) @border.gov.au>; s. 47E(d)
s. 47E(d) @border.gov.au>; s. 22(1)(a)(ii) s. 22(1)(a)(ii) @BORDER.GOV.AU>

Subject: RE: Category 2 (Major) / SITREP 02 / RPCS17-3039 - Category 2 (Major) - Accident/Injury/Illness/Medical - Major / Manus RPC [Sensitive] [DLM=For-Official-Use-Only]

Importance: High

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s. 22(1)(a)(ii) and IMRT,

Thank you for the RMM.

My further notes are below.

Transfer supported subject to final check with Aspen: Transfer to s. 47F(1) not available in PNG, is supported on the basis that s. 47F(1)

Movement will be needed promptly.

The option of flying in s. 47F(1): To be clear that all PNG options have been excluded, I would be grateful if Operations could make contact with Aspen to be asked if they could provide a service in Port Moresby, s. 47F(1). They should be able to answer this question quickly this afternoon, as they either can or can't do it – eg with a phone call. They would need to have s. 47F(1), who could fly almost immediately. The s. 47F(1). It is unlikely that Aspen would be able to s. 47F(1), however if we don't ask we will not find out.

I also asked s. 47F(1) from IHMS this question if they had anyone available with these skills – eg as part of the AFP iSOS team – she said no but will check with s. 47F(1). She subsequently confirmed by email that they do not s. 47F(1).

Further information I have collected during phone calls is below.

Regards

John

Report by s. 47F(1) of her discussion with a s. 47F(1)
s. 47F(1). Care also had to be taken assessing the s. 47F(1)
in some patients because this can be misleading.

s. 47F(1) interventions would include

- s. 47F(1)

-

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The advice was that an s. 47F(1) working on the s. 47F(1) injuries would want to have s. 47F(1) clearance prior to doing so — s. 47F(1).

With respect to time, s. 47F(1) occurred tomorrow morning.

On a subsequent phone conversation with s. 47F(1) she advised that it appears from the Xray that the s. 47F(1) t which may need to be cleaned up.

She also commented that s. 33(a)(iii), the logistics people at iSOS considered that it would be preferable to get necessary clearances for the Medivac s. 33(a)(iii), and it may be more difficult to get this later.

Further discussion with iHAP member

In essence this discussion confirmed the benefit of s. 47F(1) unit input to get the best possible outcome. s. 47F(1)

From: John BRAYLEY

Sent: Sunday, 30 July 2017 1:20 PM

To: s. 22(1)(a)(ii) <s. 22(1)(a)(ii) @BORDER.GOV.AU>; Paul DOUGLAS s. 22(1)(a)(ii) @BORDER.GOV.AU>; s. 22(1)(a)(ii) s. 22(1)(a)(ii) @BORDER.GOV.AU>

Cc: Kingsley WOODFORD-SMITH s. 22(1)(a)(ii) @border.gov.au>; s. 22(1)(a)(ii) s. 22(1)(a)(ii) @BORDER.GOV.AU>; s. 47E(d) @border.gov.au>; s. 47E(d) s. 47E(d) @border.gov.au>; s. 22(1)(a)(ii) @BORDER.GOV.AU>; s. 47E(d) s. 47E(d) t@border.gov.au>; s. 47E(d) @border.gov.au>

Subject: RE: Category 2 (Major) / SITREP 02 / RPCS17-3039 - Category 2 (Major) - Accident/Injury/Illness/Medical - Major / Manus RPC [Sensitive] [DLM=For-Official-Use-Only]

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

I had a phone call from s. 47F(1) and she reported a s. 47F(1) damage. It has not been possible to determine the extent of s. 47F(1)

She has been calling PIH to confirm their capability but because the patient needs a s. 47F(1) lack of s. 47F(1) at PIH is likely to be a problem.

Any further information that ABF has about the incident could be helpful. Do we know what the s. 47F(1) was?

A further call from s. 47F(1) after her call to PIH.

These problems are dealt with at PIH by the s. 47F(1). They do not s. 47F(1). They do not have the equipment of s. 47F(1)

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The RMM is expected soon.

John

John Brayley

Chief Medical Officer/Surgeon General Australian Border Force

Health Services and Policy Division

Department of Immigration and Border Protection

P: 02 ^{s. 22(1)(a)(ii)} | M: ^{s. 22(1)(a)(ii)}

E: ^{s. 22(1)(a)(ii)} [@border.gov.au](mailto: @border.gov.au)

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