

## Submission on Review of Australia's visa Significant Cost Threshold (SCT)

### Background:

Australia's role in international warfare is a major factor that forms the basis upon which the search for asylum is initiated. Migration by civilians frequently occurs after damage and disruption to their lives and property, resulting from warfare engaged within impacted nations. Australia's involvement in warfare, whether this has resulted from direct engagement, as the primary combatant, pacts with allied forces or supply of weapons, military equipment or any other form of support for those conflicts, results in civilian displacement. This carries an internationally acknowledged obligatory intake of asylum seekers from those nations whose civilians were impacted. The standards of care offered to asylum seekers and their Australian-born children should also reflect that of a first-world nation. The basis of compassion, grounded in this status, is another factor of consideration.

In this submission, I will contribute further to those points of discussion with my position that the Australian Government, through involvement in armed conflict, also has an inter-generational duty of care to the unborn children of civilian populations who have sought asylum from unliveable conditions wrought by warfare. Australia is a wealthy first-world nation; even on grounds of compassion, it would be heartless to wrench a family apart for no other reason than that their child is damaged in some way. As privileged Australian citizens, there is a profound moral weight to this discussion: that of compassion to our fellow humans. How would we feel in the same 'shoes'?

### The Case for Health Waivers and for increasing the Significant Cost Threshold:

The body representing Australia's defence personnel, the Department of Veterans' Affairs, is also cognisant that warfare is a contributing factor in the presentation of birth defects that arise from contamination by herbicidal and chemical warfare. Agent Orange, the highly toxic combined poisons 2,4,5-T; 2,4-D and dioxin (TCDD), used in the Vietnam war, is held responsible for birth defects in babies born to servicemen at home in Australia (See excerpt in paragraph below.) Information from a DVA website underpins this view. Evidence of dioxin is still found in Vietnam's soil, water and food chain. The civilian population of this targeted nation is under greater exposure than that of servicemen to this highly toxic herbicide that continues to contaminate the civilian population.

US forces sprayed almost 80 million litres of chemicals on Vietnam between 1962 and 1971. More than half of this was Agent Orange. Dioxin is a long-lasting toxic chemical found in Agent Orange. It is a known carcinogen, linked with causing cancer. In 1998, an [Australian Government study](#) found Vietnam War veterans were more likely to suffer some cancers. The study also found veterans' children had higher rates of birth defects. <https://www.aihw.gov.au/reports/veterans/morbidity-vietnam-veterans-health/summary> Making and handling CMU 'trioxone' [In the 'Malay Emergency'] exposed workers and military personnel to dioxin, now known to cause cancers, birth defects and skin conditions. DVA (Department of Veterans' Affairs) (2023), Agent Orange and other chemicals in the Vietnam War, DVA Anzac Portal, accessed 6 November 2023, <https://anzacportal.dva.gov.au/wars-and-missions/vietnam-war-1962-1975/events/aftermath/agent-orange>

Since the use of CMU trioxane in the Malayan Emergency and Agent Orange in Vietnam, Australia's involvement in supporting both the UK and the US in chemical warfare overseas expanded to include depleted uranium (DU), as used in Iraq. This raises further concerns as to the risks posed to the unborn children of servicemen and women and to civilian populations. Just as the teratogenic effect of Agent Orange was disputed by governments involved in armed conflict in Vietnam, reported impacts of DU are also kept out of public scrutiny. The effects of trioxane were not released for thirty years. The Secrets Act has kept many facts out of the public eye and away from the 'sunlight test' of independent medical assessment and scientific research. However, many decades later, mounting evidence of health impacts associated with exposure to weaponised uranium have come to light. Adverse health outcomes include cancer, birth defects, immune system function and mortality among the Iraqi

population. Whether these conditions are linked or directly attributed contributes to the potential for this to be so and, especially in the face of the evidence provided, it cannot be ruled out.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7903104/>

While this submission is not a treatise on the subject of warfare, the point to be made is that Australia's moral responsibility to asylum seekers extends beyond the directly affected civilian population of impacted nations. The physical effects of warfare are inter-generational. Due to Australia's extensive involvement in armed conflict on an international scale, there is a case to be answered in our responsibility to the unborn children of asylum seekers that extends beyond normal considerations of compassion.

Therefore, it is my opinion that health waivers should be made available for all applicants for all visa subclasses, and made automatic for all children born in Australia to parents who hold a temporary residence visa. In order for this to be fully comprehensive and inclusive, the Significant Cost Threshold should be doubled. This will also bring it into line with comparable international jurisdictions like Canada and New Zealand.

#### Health Care and Special education:

In full acknowledgment of the role that our government has in international warfare, it is a natural corollary to accept that there is an unbreakable responsibility towards health care and education for children of asylum seekers born in Australia. Special education should be removed from community cost calculations, and from Medical Officer of the Commonwealth costings.

Through no fault of their own, the parents of children born in Australia have suffered the trauma of war and of displacement from their country of origin, through warfare. Asylum seekers were not in command of safe options in whether or not to flee. Further still, many gamely faced uncertainty and considerable risks to seek safety in a foreign land. One may also conclude that such is the natural dependency of Australian-born children of asylum seekers, these have also been displaced, given that their mutual needs are indistinguishable. The standards of care offered to asylum seekers and their Australian-born children should also reflect that of a first-world nation. This includes health care and special education.

#### The 'One Fails All Fail' Rule:

Wrenching settled families from their security and sending them back to a nation that no longer represents 'home,' due to traumatic wartime experiences, is intolerable. Issuing ultimatums that abandons families and their compromised children to their fate is a profound failure of responsibility. These families have been displaced, traumatised and acquired compromised health outcomes through the impacts of armed conflict. Unless the Australian government takes the extraordinary position that it is entirely acceptable to negate cause and effect and to impose further pain and suffering on asylum seeker families, then the 'one fails all fail' rule regarding family units MUST be revoked.

#### The Basis of Compassion in a First-World Nation:

Finally, there is the considerable ethical weight of a first-world nation towards compassionate provisions for ANY migrant family that chooses to call Australia home. Whether the decision is based on an actual moral responsibility for those who have been displaced by warfare or grounded in the basis of compassion, Australia has an ethical obligation to respond to the cause of international humanitarian needs, based on comparisons of global wealth. As with humanitarian aid, Australia's wealth of resources allows our nation to be generous. Generosity also entails a certain spirit in the manner of provisions made on behalf of those less fortunate. Poverty of spirit is not something to be proud of. Australia's standards of provision and our actions, compassionate or otherwise, will be judged on an international level. Rightly so!

## Conclusion:

The substance of my submission presents the fact Australia's involvement in armed conflict affects civilians in foreign nations. This entails a formally recognised international obligation to accept asylum seekers. In so doing, there are also a range of factors in the duty of care to the Australian-born children of those asylum seekers.

Due to Australia's direct involvement in chemical warfare or in the use or supply of other hazardous weapons, health impacts to civilians have occurred. Evidence of highly-toxic contaminants of Agent Orange is still found in Vietnam's soil, water and food chain. The high percentage of deformities and health conditions that result as a direct or indirect consequence of our involvement in warfare, bring to bear considerations of cause and effect, which carry a profound inter-generational moral obligation.

As presented, clearly, there is a case for health waivers and for increasing the Significant Cost Threshold for accommodating Australian-born children of civilian populations who have sought asylum from unliveable conditions or health defects wrought by warfare, whether directly attributed or not.

In acknowledging this responsibility, Australia is also accepting that there is an unbreakable responsibility towards health care and education for asylum seekers and their children. These standards of care should reflect that of a first-world nation, including health care and special education.

The 'One Fails All Fail' rule fails the test of Australia's core family values and is the cause of unnecessary trauma in those whose lives have already been impacted by great pain and suffering, considerable risk and uncertainty through no fault of their own. To have adapted in a new land, offering hope, to have the distress of a child born with compromised health or significant disability is already a significant body blow to parents worn by attrition. To then force this family to return to a nation impacted by the host country is confrontational beyond measure. The trauma caused by this heartless rule should also confront us all.

Aside from the evidence of cause and effect from armed conflict, Australia's international obligation to respond to humanitarian need is based on comparative considerations of global wealth. Further to this, Australia lays claim to be a nation that considers compassion and generosity to be of value. As with humanitarian aid, Australia's wealth of resources allows our nation to be generous. Generosity also entails a certain spirit in the manner of provisions made on behalf of those less fortunate.