**USE YOUR VOICE --- STOP THE VOTES**

* Will Australians continue to vote for the current cruel policies?
* Will your local member of parliament act to stop this inhumanity done in your name?

**Introduction**

This kit is to be used by people who wish to engage face to face with members of parliament who will stand for election and those people who are candidates for the election. For your information:

**Purpose of the campaign:**

To educate local MPs and aspiring MPs about the impact that Australia’s migration, refugee, detention and settlement policies are having on human life.

To present examples that illustrate the impact of these policies on community and social and economic life, Australian values, multiculturalism and human rights.

**Contents:** **Examples: 48 Examples are Outlined**

Section 1: Separation of Families 6 examples

Section 2: Character attest, Detention and Deportation; 15 examples

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**Briefing for campaigners**

Dear Campaigner,

Thank you for taking the material in this kit to your local MP and to prospective candidates. In this kit you will find a set of briefing cards.

**Briefing Cards**

1.Select one of the examples from the briefing cards (or perhaps a couple) before your meeting, and prepare what you will say well ahead of your meeting.

2. Take the briefing cards with you so you can refer to them if needed

3. First guide the MP through the discussion with open questions. For example:

“ What can you tell me about the medical care of refugees on Manus or Nauru?” “What can you tell me about….” “ How can I help you with more information?”

4. Present your selected example(s) from your briefing cards and discuss them. Remember a few well made points are better than too many.

5. Please use something like the following for your closing comments: “What will you do for the people we have talked to you about?” “What can we tell your electorate about your willingness or unwillingness to let this continue for these people?”

6. Explain that you will be informing people in the electorate of his/her response.

7. Leave the briefing card(s) with the person you talked with.

8. Feel free to leave a full set of the stories in the simple File Form as further reference and to show the breadth, extent and severity of the problem.

**Some Further Tips**

* Don’t rely on anything in writing. Talk face to face whenever you can. All written material provided to existing government MPS is referred to Dutton’s Office. A proforma spin sheet is used to respond to you
* Follow through by attending local gatherings in public places with placards using some of the material in this document.
* Make and send postcards by snail mail to the electorate office.

**Additional Ways to Use this Kit**

* Take this kit and cards to your church and local communities and offer to speak to them or get a speaker where asked.
* Publicise some of the examples in this kit.
* Talk to friends, family, neighbours who do not know the facts. Ask them not to support parties who allow such suffering to continue. Talk examples and stories rather than policies. “If you dot want to change the policy what will you do in the meantime about these injustices causing intolerable suffering?”

**Briefing cards- How to use them**

1.Print out the briefing cards on white A4 paper

2. Print in the spaced provided the name and email address of yourself or whoever you want the politician to respond to as a follow up to the meeting

3.Cut along the horizontal dotted line to separate examples

4.Fold along the vertical dotted line to create each double sided briefing card

5.You may glue the front and back of each card to create a double sided card, Image on the front, text on the back.

**USE YOUR VOICE STOP THE VOTES THANK YOU**

The information in this kit was compiled by Janet Wilson and Jane Keogh with oversight from a general practitioner and legal practitioners.

It is accurate at the time of first printing 10 July 2018. Changes after this date will not be reflected in this paper

The information comes from private messages, public documents, referrals made by activists in the field and with the permission of the men, women, family members and others involved.

Any errors that have occurred are as a result of cross cultural misunderstanding or language issues.

Questions can be addressed to Janet Wilson or Jane Keogh by email at [janelwilson@westnet.com.au](mailto:janelwilson@westnet.com.au) or [janeikeogh@gmail.com](mailto:janeikeogh@gmail.com)

**Distribution of this Kit and the stories it contains.**

**Please share the stories with politicians and with anyone who needs accurate information about the situation for refugees. Share by hard copy or by email**

**PLEASE DO NOT PUT THE KIT STORIES ON THE INTERNET WHERE THEY MAY BE MISUSED.**

**Section 1**

**Separation of families**

**Example 1.**

The family were recognised as refugees **in 2014,** due to a well-founded fear of persecution in their homeland**.** On Nauru the boy’s father had a bicycle accident which resulted in a serious brain injury**.** He was moved to Australia for medical treatment and has remained in immigration detention in Brisbane since that time (TheGuardian Mar 21st 2018). The father has a brother who came on the same boat and they were separated at Christmas **I**sland. The brother is settled in Australia.

The 10-year-old refugee boy who has made repeated attempts to kill himself while held on Nauru has been ordered moved to Australia for specialised child psychiatric care, with a judge saying the boy would be at imminent risk of dying if left in the regional processing centre. In addition the boy has a longstanding painful physical problem requiring corrective surgery. “Although the hospital at Nauru is said to be able to fix that problem, two of its patients died as a result of the actions of the an**a**esthetist on the island who was then arrested,” JusticePerram’s judgment said. “The advice of IHMS (the health care provider contracted to the offshore detention centres by the Australian government) is that the hospital is not recommended. The judge ordered that the surgery be carried out in Australia.

This child and his family are now in Australia but for almost three years they were separated from each other. The young boy was deprived of his father and an uncle, leaving the mother to manage in a hostile environment.

**Example 2**.

The family are recognised refugees. Two sisters came on the same boat. At Christmas Island they were separated. One sister, herhusband and child went to Nauru. The other sister, herhusband and child stayed in Australia and were settled with another sister who had come previously. The child sent to Nauru,became ill and was diagnosed with a treatable orthopaedic condition. It could be not treated on Nauru. She was denied treatment inAustralia. Her mother became pregnant and was recommended for transfer due topregnancy complications. This was refused. The family were taken to PNG where the mother became increasingly ill. The baby nearly died. Mother and baby were transferred to Australia but the father and other child were left in PNG. After intense lobbying the father and other child were transferred to Australia.

**Example 3.**

A young man arrived on Christmas island, with his sister, cousin and brother-in-law .They were all sent to Nauru but after a time, the sister and brother-in law, were transferred to Australia, leaving the two young men behind. They had never been separated since birth . One of the men became very ill and was transferred, leaving the other alone. The young man remaining on Nauru became so sick he could not eat or drink and remains in Nauru with an undiagnosed condition. He has lost 29 kilos. ABF refuses to transfer him to Australia. They are all recognized refugees.

**Example 4.**

A Rohingyan man was separated from his family. His wife and five children, who travelled ahead of him in a different boat, are in Melbourne. On arriving in Christmas Island, despite telling authorities that his family was in Australia, he was sent to Manus Island, where he has been for 5 years.

**Example 5.**

A young man, a recognised refugee, arrived at Christmas Island with his brother. His brother was settled in Australia and he was sent to Manus Island. During the 2014 attack on the Lombrum camp, he received a severe blow to the back of his head**,** resulting in detached retinas. The treatment for this injury is not available in PNG. ABF continues to refuse him treatment in Australia. As a result**,** he is now almost blind.

**Example 6**.

It is standard practice for ABF to separate families requiring health care in Australia. Women who require safe obstetric care arrive in Australia with no-one as their husbands are left behind. The women and children remain in Australia and the fathers are in Nauru. One father has been asked to relinquish his custody of the child as a trade-off for being given permission to apply to go to America.

**Section 2**

**The Character test, detention and deportation.**

**Example 7**.

A person of over 70 years old with diagnosed dementia and on a walking frame was taken into detention because his visa had lapsed. He was married and had lived in Australia for most of his adult life. He had no criminal record. He was deported to his country of origin and his wife could not travel with him. She remains in Australia and he is in a nursing home in his country of origin.

**Example 8.**

Two young men who met in Darwin detention, fell in love and married, were taken to MITA where they were separated after a time. They had been in detention for almost 6 years. One had his application for a visa refused. He decided to return to his country of origin where he faces certain hanging. The other remains in detention.

**Example 9.**

Another person of almost 90 who had all of his family in Australia was picked up by the ABF for visa over stay. He was deported in a wheelchair. His family remains in Australia.

**Example 10**.

A young man of less than 18 years, was in Australia with his whole family and was apprehended by ABF. He was found guilty of a charge that he was told to plead guilty of and was not provided with an interpreter. He was kept in detention until he was 18 years old then when found guilty served two years in prison. On release, he was transferred to a detention centre where he remained in custody for another 4 years. When he experienced a mental health episode due to detention fatigue, he was transferred to the other side of the country away from his family where he knew no one.

**Example 11**.

it is common practice to handcuff people while transporting them or while they are in hospital even when there has been no sign of risk or problems. A man who was unconscious, after being medivacced to Australia, was kept handcuffed to his hospital bed. His files state that trauma due to serious torture using handcuffs in his country of origin , now acts as a trigger for serious PTSD and that handcuffs should never be used.

**Example 12**.

A young woman, seriously mentally ill after witnessing self-immolation of her husband, is taken to psychiatric care in handcuffs under guard.

**Example 13.**

SERCO, the commercial prison provider, now engaged by the Australian government to operate immigration detention has implemented a new regime of punitive and restrictive rules for visiting in onshore detention centres. One rule requires that all people requiring travel outside of the Immigration detention centre should be handcuffed. This means that people who are in need of Torture and trauma counselling can no longer attend these sessions if they are likely to decompensate. STARTTS, the Torture and trauma counselling service will no longer attend the detention centre because it is detrimental to the therapeutic process.

**Example 14.**

The application process to visit family in onshore detention is so onerous and must be done in English. People must provide 100 points of ID. There are thousands of people in Australia who have not been given visas that allow them to be able to produce 100 points of ID, nor can they read the documents and they are often not allowed to attend English classes. This means that families can no longer visit unless they have someone to assist them with the process and sorting out ID.

**Example 15.**

In onshore detention a parent who needs to visit her husband and take a child/children, needs to travel over one hour to seek assistance to complete the application forms which must be submitted online 5 working days ahead of the visit. The family is no longer allowed to enjoy a homemade, culturally relevant meal together within the detention centre as all fresh, home cooked and food has been banned. Only one person may visit at a time and a person is only allowed two visits a week. None of these people have committed a crime and they are subject to prison systems and rules.

**Section 3**

**Detention of people who were part of Australia’s international treaties to fight in foreign wars**

**Note: Persons who work with western forces in the Middle East are made special targets of Taliban and other terrorist groups and are in serious danger if they return home.**

**Example 16** A father and son team of interpreters**,** who had been employed by Australian forcesin Afghanistan, arrived on Christmas Island.. They were sent to Manus Island. The father became ill, so they accepted an IOM package to return to their country of origin. On returning to Kabul, the father was killed. The son fled the country, and has been granted asylum by “Sweden”.

**Example 17**.

A father carried one child on his back to safety, but became separated from his wife and another child. He was settled in Australia but, after almost 4 years , is still waiting to have his wife join him . The child he brought to safety will not live much longer as she has a life-limiting illness. He worked for the Australian government.

**Example 18.**

A young man who is a recognized refugee arrived at Christmas Island and declared his need for asylum on the basis that he had worked in intelligence in his home country and that he had previously been saved from hanging in his own country by a representative of the UNHCR. He was transported to Manus Island where he languished for three years until he became so ill the ABF had to transfer him. He remains in detention in Australia.

**Section 4.**

**Health Care , Medivac and Triage**

**Example 19**.

A man of short stature, less than a metre tall, remains in detention PNG for almost 5 years. This man is a recognised refugee. He experiences severe health issues arising from his dwarfism, including dental disease and deteriorating eye health . He cannot live a normal lifewithout disability support not available in PNG . His case has been highlighted in several UNHCR reports and committees; there have been deputations to members of parliament. His situation has been reported to many committees and ABF and DIBP have continually refused to recognise that they have a duty of care to this young man. His health declines almost daily.

**Example 20.**

A young man who was severely tortured in his home country remains in a critical condition in PNG. He suffers from rectal bleeding due to torture. The treatment he has received has been identified by a specialist doctor as causing him harm, but and no attempt has been made to medivac this man. Because he has become afraid of retribution from the Australian government, he and has asked that advocacy not be provided.

**Example 21.**

A young man has suffered incontinence for almost three years and his treatment has been discontinued. He has severe PTSD and arrived on Manus as a minor. Not yet 18, he was kept separate from the other men until he turned 18 years of age. He is now so depressed that he can’t leave his room.

**Example 22**

There has been no significant dental service on Manus Island or Nauru. One person was so ill with dental issues that he was consuming large quantities of Panadeine to control the pain. Others have removed their own teeth with pliers. One person punched his face to remove the pus building up from infected tooth. All provision of personal care items has now been withdrawn and this includes dental care items. There is strong medical evidence that teeth and gum problems lead to internal problems and it is likely the high incidence of helibacter pyloric and other chronic stomach problems stems from failure in dental care.

**Example 23**

Another young man, also a child when taken to Manus **I**sland, is now cared for by the church community in PNG. He suffers from PTSD and is seriously mentally ill, but there is no appropriate treatment in PNG. He is supported by an Australian womanto ensure that he has food, clothing and enough money for general living expenseswithout being a cost to the poor church community that cares for him. He is a talented cook but has no opportunity to receive further education in PNG, as he is not a PNG national.

**Example 24**.

A young man, who was attacked in 2014 and had a head injury which has never been treated**,** remains in a critical condition. He is unable to walk in a straight line. He can’t have an MRI in PNG because of the metallic fillings. He is in constant pain, and finds it hard to lift his arm. He has been refused medivac to Australia where appropriate diagnosis and treatment would be available. He has withdrawn from advocacy because he believes that there will be retribution from the Australian Government.

**Example 25**.

A young man with kidney stones has not been adequately treated. He was had a ureteral stent inserted: this remained in place for almost a year because there was no one in PNG to remove it. A urethral stent should be left in place no longer than three months: the longer it is there, the greater the risk of ongoing pain and damage to the ureter. He became so ill he couldn’t walk and had constant pain from a serious infection. At this point emergency surgery was performed but his kidney stones remain. His future kidney health is doubtful. There are many people with kidney stones in Manus and on Nauru. This is a largely preventable condition resulting from chronically inadequate fluid intake in a hot climate. On Nauru people with kidney stones are now taken to Taiwan for treatment after many months. PNG has no capacity and people remain untreated and without pain management. One man is so ill a doctor who reviewed his case advises that he will likely lose a kidney.

**Example 26**.

Machete attacks are common. One young man has been attacked twice. His first injury lacerated his arm so badly and the management of the repair was so poor that he can no longer use his arm effectively. He now needs micro surgery to correct the damage from the repair. His later attack severely lacerated his hand. He requires hand surgery. ABF have refused to agree to transfer him to Australia where the expertise for these treatments is available.

**Example 27**.

Another young man received a serious head injury from a machete attack. ABF agreed to his transfer because he was at risk of dying. He remains in Australia by court order. He has permanent brain damage. Because he arrived by boat and is in detention, he is not eligible to access the head injury services available to everyone else. He therefore relies on others to protect him from poor decision making and accidents during his daily tasks.

**Example 28**.

A young man who is a doctor was tricked into leaving Lombrum to settle in Lorengau by a promise that he could work at the local hospital. This was not forthcoming and he became distressed. Because he did not speak the local language, he was subject to ridicule and personal attacks and beatings by local people. He became so severely mentally ill that he became disinhibited, and wandered the streets of Lorengau naked. This resulted in further beatings by the locals; this went on for three years before ABF determined that he should be transferred to Australia. He remains in a psychiatric hospital with little hope of improved life or of being able to practise medicine again. This young man’s family, who live in the UK, saw him on Al Jazeera news so his father went to Manus Island to collect him and to gauge difficulties and take him to live with them. Peter Dutton refused to consent to him being released from Manus Island, because he was over 18 years of age. The young man was also not capable of making an informed decision because of his mental illness, and his father was unable to achieve a satisfactory outcome with the department.

**Example 29**.

A young man has been experiencing heart problems for over two years. The diagnostic methods to determine the exact nature of the problem are not available in PNG. He has been transferred to Port Moresby three times and returned to Manus Island each time. He is currently in Port Moresby because of further heart problems. He has not been assessed by the PNG refugee assessment team because he has often been unwell and unable to participate. PNG has declared him by default to be not a refugee. He is a Christian from a country where conversion to Christianity is a hanging offence. This young man is one of several men with heart disease which can’t be properly diagnosed or treated in Port Moresby.

**Example 30**.

A young man has been unsuccessfully treated for Pyloric H bacteria of the gut. Most of the men on Manus island have this problem. This has resulted in serious health issues arising. There are well documented side effects with this condition that can leave people with long term illnesses. The young man now lives on anti-depressants and drugs to control reflux as a result of the condition. He has been waiting for transfer to Port Moresby for over two years for diagnostic treatment not available on Manus Island.

**Example 31**.

A young man was sent to Brisbane from Nauru as a result of contracting dengue fever. He was one of many people with this illness. He became delusional and developed kidney failure. He survived but with some disability. [The kidney failure may have been due to a dengue complication. It is not possible to establish what caused it!]

**Example 32**.

A young man who was healthy when he arrived on Manus Island became increasingly depressed. His father died and his community supported him through this time. He had not told his father that he had to leave his country because of the threat of hanging due to his activities in helping workers receive their pay from a government owned oil company. Some 6 months after being told of his father’s death, he contacted his two closest friends in Australia in a state of shock, to tell them that he had just received the news that his father had died, and that he hadn’t said good bye to him. It became apparent that the young man had mentally deteriorated after a guard treated him violently. The young man continues to deteriorate. He has no IHMS health record because he has never asked for help.

**Example 33**.

A critically ill young man was placed in an induced coma on Nauru and brought to Australia for diagnosis and treatment. He remained in the coma for some time. When he was well enough for discharge, he was transferred to a detention centre. He became very distressed as his mother was in PNG, taken there from Nauru, for treatment for a condition he hadn’t been told about. His sister remained in Nauru without the protection of her mother or her brother.

**Example 34**

A young man had an infection on his wrist and he was sent to Port Moresbyfor treatment from there andsent to Darwin to get it checked and then he was sent back to Port Moresby where surgery was carried out. The surgeon cut the nerve on his wrist and his hand is now paralysed. He is on medication 24 hours a day. Tramadol, Panadol Forte and anti-depressants for 12 months. He is now on further medication for liver and kidney damage from the medication.

**Example 35.**

One man broke his little finger playing soccer over two years ago. He was operated on in Moresby and since then his finger is deformed and dysfunctional and he experiences ongoing pain. Since the operation he has had two major infections, one resulting in  his being transported to Port Moresby for further treatment. IHMS( International health and Medical Services) were sufficiently concerned that they gave him a letter saying he would be transferred to Brisbane. It is unknown why this advice was not carried out but he was sent back to Manus without any resolution to his ongoing problem.

**Example 36.**

A young man had acute abdominal pain. His friends contacted friends in Australia who raised the alarm that the young man needed urgent care. He was taken to the private Pacific International Hospital (Port Moresby) (PIH), but was refused treatment unless he paid 4,000 kina (about $A1600) upfront for surgery. IHMS and JDA , a Human Resources company for Mining industries, engaged by Australia as the service provider for the care of the men, refused to help him and refused to provide the necessary referrals to PIH to ensure that his care was provided. His friends managed to scrape together the required money to pay for the surgery for a ruptured appendix. This man came close to dying. He was saved by people who have little money; ignored by those who have a duty of care to protect him.

**Example 37**.

A young man had an accident and required surgery to his leg. The surgery was unsuccessful and the young man was left disabled. After some time, the surgeon offered to do further surgery to try to resolve the problem. The young man was so frightened that he refused this offer.. He continues to have serious pain, and has been refused pain medication other than Panadol because the IHMS staff believed that he was seeking drugs for recreational use.

**Example 38**.

A man was attacked in 2014 by local guards. Since that time he has had ongoing pain in his shoulder and arm. Over time, the arm became numb and he began to lose the use of his arm. Eventually, after 3 years, travel was approved for him to receive diagnosis and care. He has permanent neurological damage and residual disability.

**Example 39**.

Eye care. There has been no regular ophthalmology service on Manus Island, so many men who need glasses have not received assessment and treatment. As these men have become known, some not for profit organisations in Australia have funded and supported those men who are in Port Moresby to find appropriate eye care. The men who are not in Port Moresby remain without appropriate eye care.

**Example 40**.

Dental care. Dental care has been so infrequent that some men have resorted to removing their own teeth. Some men have had ongoing infections and pain from their dental disease and their whole health has been affected. Some men, if they have been in Port Moresby, were supported and funded by not for profit organisations in Australia to find and pay for appropriate dental care. Many men will have lifelong health problems from untreated dental disease.

**Example 41**.

Child sexual assaults were reported to Immigration by Transfield. Comcare, the body responsible for oversight of Australia’s duty of care on Nauru, failed to investigate and did not ask for any reports. Two years have now passed, and the time for responding to complaints has expired. The ICC has says that Australia has a case to answer. The judge hearing the case of a 10 year old child recently medivacked to Australia has said that Australia has a duty of care for people in Off shore detention. Comcare is the responsible authority but to date, they have not taken up one case of neglect or lack of duty of care .

**Example 42**.

A man suffered from internal parasites common in PNG. This went undiagnosed until he required urgent medivac to Australia where his treatment continues. He may have long term disability.

**Example 43.**

**Eye conditions .** A young man who was struck on his head during the attacks in 2014 is losing his sight . It is suspected that he has detached retinas but there is no capacity on Manus Island or in PNG to assess and treat this condition. He was taken to Port Moresby where he was told that he could not be treated and then returned to Manus Island. This person has his family in Australia.

**Example 44**.

One young man has suffered chronic back pain affecting his ability to sleep and leaving him with chronic depression. Eventually an MRI identified a problem causing serious pain often treated successfully with strong pain medication, epidurals or surgery. Border Force refused to pay for treatment so Australian supporters paid for physiotherapy until he was forced back to Manus. It seems the appropriate treatment is not available in PNG. The medication prescribed by the doctors is not available on Manus so he continues to suffer day and night without pain relief..

**Example 45**

A young man experiencing health issues and it was suspected that he might have cancer . He was transferred to Port Moresby where his testicle was removed. It was later discovered that he did not have testicular cancer.

**Example 46.**

A young woman on Nauru has multiple health problems, gynaecological issues, kidney stones, haemorrhoids, herpes, back and knee pain. She has suffered incontinence for four years. She made multiple requests for treatment and at one time she was transferred to PNG for treatment with some short term relief for one condition. Follow up was recommended but it has never happened and her condition has deteriorated again. IHMS have recommended that no gynaecological surgeries be done on Nauru as facilities are inadequate. It was recommended that her bed be near the toilet but her bed is two tents away and she has to urinate into a mug and take the mug to the toilet. Her situation suggests that medical recommendations are not followed and transfers are blocked or delayed against the advice of doctors.

Her son made a video appeal for help for his mother and family. He said “ I feel helpless because there is no one to help us. There is no one to see how we are suffering. My mother is very sick and my brother is totally depressed”.

RIP. His brother Fariborz has been crying out for psychiatric help for years but his please were ignored. He committed suicide early June.

**Example 47. A young man committed suicide** by falling from a bus on Manus island. The young man had many years of ill health due to epilepsy. He was transferred to Australia where he remained for a short while. ABF then removed him to Manus Island where there is no treatment for epilepsy. His friends in his compound card for him and monitored him through many episodes of Grand Mal seizures.

He came asking for protection as a Rohingyan man who was stateless. He has lost his life due to neglect and lack of care. Australia took his name, his safety and his life.

Friends of the young man are saying that it is safer in Myanmar than in the care of Australia. They are grieving for the loss of a brother at a time when their homelands are being destroyed**.**

**Next is a list of the 12 who have died because of the policies of Australia.**

**R.I.P**

**On Manus Island: On Nauru :**

**Selim Kwaning Jahingir**

**Rajeev Rajendran Omid Masoumali**

**Hamed Shamshiripour Rekhab Khan**

**Faysal Ishak Ahmed Sayed Ibrahim Hussain.**

**Kamil Hussain…………………………………………………..Fariborz Karami**

**Hamed Kazai**

**Reza Barati**