

Needs Assessment: Protection and Service Gaps for Refugees and Asylum Seekers in Manus Island and Port Moresby, Papua New Guinea

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ACRONYMS

ABF	Australian Border Force
ELTC	East Lorengau Transit Centre
KSS	Kingfisher Security Services
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OSSTT	Overseas Services to Survivors of Torture and Trauma
PIH	Pacific International Hospital
PNG	Papua New Guinea
PNG ICSA	PNG Immigration and Citizenship Service Authority
RPC	Regional Processing Centre
RRA	Regional Resettlement Arrangement
RSD	Refugee Status Determination
UNHCR	United Nations High Commissioner for Refugees

EXECUTIVE SUMMARY

This report presents a detailed overview of the protection needs and service gaps for the refugee and asylum seeker population in Manus Province and Port Moresby, Papua New Guinea (PNG). The purpose of the report is to illuminate the current situation of this population, and to provide recommendations for promoting their basic rights and meeting their needs.

Section I of the report provides a brief overview of common challenges and needs that are characteristic of refugees and asylum seekers to provide a framework for understanding the needs of the Manus refugee and asylum seeker population. Section II introduces Australia's offshore processing policy. It describes the impact of the transfers of people seeking asylum in Australia to offshore detention in PNG beginning in 2013, as well as the impact of the lengthy and opaque refugee status determination process undertaken by the PNG government and the lack of viable or durable resettlement options for the majority of those found to be refugees. To provide context for the current situation, the report details several key events in the history of offshore processing on Manus.

Section III of the report provides an overview of the situation faced by the refugees and asylum seekers in 2018, including general data, freedom of movement and resettlement issues, and service provision. Section IV draws on key informant and focus group interviews carried out between June and September 2018 to present a needs assessment for the refugees and asylum seekers living in Manus and Port Moresby. The assessment delves into acute medical and mental health needs, living conditions, material needs, treatment by service providers and protection concerns. It also discusses potential resources available to support the refugees and asylum seekers. The report concludes with specific recommendations for supporting refugees and asylum seekers, most importantly by ending their indefinite detention-like situation in PNG, but also by ensuring access to their rights to the extent possible while they remain in the country, including access to adequate medical and mental health services, respectful treatment, employment opportunities, education and social support.

After more than five years of uncertainty, refugees and asylum seekers held in PNG in November 2018 continue to live life in limbo without permanent solutions. Meanwhile, their physical and mental health remains a critical concern, with supports either insufficient to meet their needs or non-existent. Although they are no longer technically living in a detention centre, they continue to be mistreated, denied access to basic rights, and regarded in many cases as criminals. The report argues that while prioritising resettlement as an urgent need, governments and civil society can also do far more to protect the rights of the refugees and asylum seekers while they wait in PNG for durable solutions.

I. THE REFUGEE EXPERIENCE

Under the 1951 Refugee Convention, refugees are people who have left their country and are unable to return “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.”¹ Refugees are a diverse group with varied experiences, but frequently face a common set of issues and needs while living in a host country. While the specific reasons for flight from a country vary greatly, many refugees have histories of trauma endured in their countries of origin and on their journeys to countries of asylum. Those coming from war or disaster-affected regions or who are members of persecuted minorities have often experienced trauma, losses and uncertainties that place them at greater risk for social, psychological and psychiatric problems.² In addition, refugees have lost the extensive social networks of families, friends and neighbours to which they previously belonged, and frequently experience isolation in their countries of transit, asylum or resettlement. They are exposed to multiple stressors in their new locations, not only from trauma experienced at home but also from new economic, family, community and health stressors, a loss of autonomy, and from the challenge of navigating new systems.³ Harsh living conditions such as in refugee camps, exposure to violence, uncertainty about refugee status and about the future, and difficulties in learning new cultural norms and language are all challenges that frequently arise for forced migrants and that affect their well-being.⁴ Displacement, especially into camp settings, frequently leads to the erosion of cultural norms and social conventions and can expose residents to higher risks of exploitation and abuse.⁵

When asylum seekers and refugees arrive in host countries that do not protect their rights, the effect on their well-being is compounded. Numerous studies on the effects of immigrant detention have suggested that detention adversely affects mental health after six months or less.⁶ In a 2013 study on immigrant detention in Australia, uncertainty about the length of detention was shown to have a direct impact on well-being.⁷ Asylum seekers and torture survivors were demonstrated in many studies to be particularly vulnerable groups in detention, often due to pre-existing trauma and health problems. Common mental health issues among detained asylum seekers include post-traumatic stress disorder, depression and anxiety.⁸

¹ UNHCR, *Convention Relating to the Status of Refugees* (adopted 28 July 1951, entered into force 22 April 1954) 189 UNTS 137 (Refugee Convention) art. 1(2). Available at: <http://www.refworld.org/docid/3be01b964.html>.

² Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in Health Action, 2018. *The Sphere Handbook*. Available at: <http://www.spherehandbook.org/en/2-5-essential-health-services-mental-health/>.

³ Ager, A., 2014. Health and Forced Migration. In E. Fiddian-Qasmiyeh et al. eds. *The Oxford Handbook of Refugee and Forced Migration Studies*. New York, Oxford University Press.

⁴ Kirmayer, L.J. et al., 2011. Common mental health problems in immigrants and refugees: general approach in primary care. *Canadian Medical Association Journal* 183(12), 6 Sept. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168672/>.

⁵ Ager, A., 2014. Health and Forced Migration. In E. Fiddian-Qasmiyeh et al. eds. *The Oxford Handbook of Refugee and Forced Migration Studies*. New York, Oxford University Press.

⁶ Bosworth, M., 2016. The Impact of Immigration Detention on Mental Health: A Literature Review. *Criminal Justice, Borders and Citizenship Research Paper No. 2732892*. Available at SSRN: <https://ssrn.com/abstract=2732892>.

⁷ Katz I. et al, 2013. The experiences of Irregular Maritime Arrivals detained in immigration detention facilities: Final Report 2013. Social Policy Research Centre, University of New South Wales. Australian Government Department of Immigration and Citizenship. Available at: <https://www.homeaffairs.gov.au/ReportsandPublications/Documents/research/IMA-experiences-IDF.pdf>.

⁸ Bosworth, M., 2016. The Impact of Immigration Detention on Mental Health: A Literature Review. *Criminal Justice, Borders and Citizenship Research Paper No. 2732892*. Available at SSRN: <https://ssrn.com/abstract=2732892>.

II. INTRODUCTION AND CONTEXT OF THE MANUS REFUGEE SITUATION

Since 2012, asylum seekers and refugees have been held in detention and detention-like circumstances on Manus Island, Papua New Guinea under an agreement signed between Australia and Papua New Guinea. In September 2012, a Memorandum of Understanding signed between the two countries resurrected Australia's offshore processing policy, which had previously been in effect between 2001 and 2007. Under the new policy, asylum seekers who arrived in Australia by sea without a valid visa could again be transferred to an offshore detention centre in Manus, a remote island province of PNG off the north coast of PNG's mainland. On 19 July 2013, a Regional Resettlement Arrangement (RRA) between PNG and Australia was signed, stating that from the date of its announcement, asylum seekers who arrived in Australia were subject to be transferred to PNG for "processing and resettlement" in PNG and in any other participating states.⁹ Asylum seekers already in Manus before 19 July 2013 were all returned to Australia after the signing of the RRA, some to detention, to undergo refugee status determination in Australia. A new MOU which operationalised the RRA between Australia and PNG was signed on 6 August 2013. The crucial difference between the new MOU and the previous one is that it stated that PNG will "undertake to enable transferees who enter Papua New Guinea under this MOU who it determines are refugees to settle in Papua New Guinea"¹⁰ rather than resettling refugees in Australia.

Offshore Transfers

Under the MOUs signed with the governments of PNG and Nauru, between 19 July 2013 and December 2014, asylum seekers who arrived in Australia by boat were subject to be transferred to offshore detention in PNG or Nauru. The first asylum seekers were transferred from Australia to Manus Island on November 21, 2012. Initially, pregnant women and children as young as seven were among those transferred to Manus. Beginning in June 2013, women and children on Manus were transferred off the island and moved to detention in Australia and Nauru, as Manus was deemed unfit for women and children.¹¹ Since 2013, there have been only male asylum seekers and refugees on Manus. Each person underwent a brief health and security screening before being transferred. Individuals sent to Manus and Nauru included people with physical disabilities,¹² people suffering from the mental and physical effects of torture, and LGBTI individuals.¹³ On Nauru, refugees and asylum seekers included children who were as young as three when they were transferred.¹⁴ Other children have been born to refugee mothers since their arrival on Nauru. A

⁹ Australian Government Department of Foreign Affairs and Trade, 2013. *Regional Resettlement Arrangement between Australia and Papua New Guinea*, 19 Jul. Available at <https://dfat.gov.au/geo/papua-new-guinea/Pages/regional-resettlement-arrangement-between-australia-and-papua-new-guinea.aspx>

¹⁰ Australian Government Department of Foreign Affairs and Trade, 2013. *Memorandum of Understanding between the Government of the Independent State of Papua New Guinea and the Government of Australia, relating to the transfer to, and assessment and settlement in, Papua New Guinea of certain persons, and related issues*, 6 Aug. Available at <https://dfat.gov.au/geo/papua-new-guinea/pages/memorandum-of-understanding-between-the-government-of-the-independent-state-of-papua-new-guinea-and-the-government-of-austr.aspx>.

¹¹ Laughlan, O., 2013. Asylum seeker children moved off Manus Island. *The Guardian*, 4 Jul. Available at: <https://www.theguardian.com/world/2013/jul/04/asylum-seekers-manus-island>.

¹² Flanagan, J., 2015. *The Plight of People Living with Disabilities within Australian Immigration Detention: Demonised, Detained and Disowned*. National Ethnic Disability Alliance, Inc. Available at: <http://www.neda.org.au/sites/default/files/2017-06/People%20living%20with%20Disability%20in%20Immigration%20Detention-%20FINAL.pdf>.

¹³ Dawson, J., 2017. Looking Into: Australia's Approach to LGBTIQ Asylum Seekers and Refugees, 2 Jul. *Australian Institute of International Affairs*. Available at: <https://www.internationalaffairs.org.au/news-item/looking-into-australias-approach-to-lgbtqi-asylum-seekers-and-refugees/>.

¹⁴ Amin, M. and Kwai, I., 2018. The Nauru Experience: Zero-Tolerance Immigration and Suicidal Children., 5 Nov. *The New York Times*. Available at: <https://www.nytimes.com/2018/11/05/world/australia/nauru-island-asylum-refugees-children-suicide.html>.

strong argument has been advanced by children’s rights experts that offshore transfer was not in the best interests of asylum seeker children, based on the Convention on the Rights of the Child.¹⁵ In 2004, the Australian Human Rights Commission found the mandatory immigration detention of children to be “fundamentally inconsistent with Australia’s international human rights obligations,” and presented a high risk of serious mental harm.¹⁶ The Australian government disregarded these recommendations with the view that “the best interests of such children are outweighed by other primary considerations, including the need to preserve the integrity of Australia’s migration system...”¹⁷

People who arrived in Australia by boat before the 19 July 2013 cut-off date were allowed to have their asylum claims processed in Australia. However, those who arrived on or after the RRA was signed—including those whose immediate family members had previously arrived in Australia—were still transferred offshore, resulting in long-term and perhaps permanent separation from their families. While only men have been transferred to Manus since 2013 and approximately 90% are single, some have families in Australia and others have spouses and children living either in their countries of origin or in other countries as refugees or asylum seekers. These men will be unable to reunite with their families until they are resettled and able to apply for family reunification under the refugee policies of those countries.

Since 2014, people attempting to seek asylum in Australia by boat have not been transferred offshore, but instead have been intercepted and turned back at sea or returned in other ways to their countries of origin or transit.¹⁸

Returns to Australia

Despite the official policy of never settling this cohort of asylum seekers in Australia, a small number of asylum seekers and refugees from Manus and Nauru have been returned to Australia, some for critical medical or mental health conditions. An unknown number of gay refugees in Manus who are at risk in PNG because male same-sex sexual acts are criminalised have been quietly returned to Australia, according to a person familiar with their cases. Reports have been publicised of discrimination, abuse and murders of gay men in PNG by the public and by police, and the risks gay asylum seekers face in PNG.¹⁹ These returns to Australia have not been publicised by the Australian government; the information is based on conversations with people who know individuals who were transferred.

Refugee Status Determination

From 2013 to 2017, the asylum seekers and refugees transferred to PNG were held in a detention centre funded and managed by the Australian government, called the Manus Regional Processing Centre (RPC) in Lombrum, the site of a converted naval base on Los Negros Island in Manus Province. Of the asylum seekers transferred to Manus since 19 July 2013, the majority have undergone a refugee status determination (RSD) process. Despite serious concerns about the fairness of the RSD process in PNG, the majority (71%) were assessed as refugees, which means they are found to have left their countries due to a

¹⁵ Gleeson, M., 2016. *Offshore: Behind the wire on Manus and Nauru*. Sydney, NewSouth Publishing.

¹⁶ Human Rights and Equal Opportunity Commission, 2004. *A last resort? National Inquiry into Children in Immigrant Detention*. Australian Human Rights Commission. Available at: <https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/last-resort-national-inquiry-children-immigration>.

¹⁷ Gleeson, M., 2016. *Offshore: Behind the wire on Manus and Nauru*. Sydney, NewSouth Publishing.

¹⁸ Gleeson, M., 2017. *Offshore processing: refugee status determination for asylum seekers on Manus Island, Papua New Guinea*. Andrew & Renata Kaldor Centre for International Refugee Law, 30 Jan. Available at: <http://www.kaldorcentre.unsw.edu.au/publication/offshore-processing-refugee-status-determination-asylum-seekers-manus-island>.

¹⁹ Cottrell, N. *Papua New Guinea LGBTI Resources*. Rights in Exile Programme. Available at <http://www.refugeelegalaidinformation.org/papua-new-guinea-lgbti-resources>.

well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Concerns about the process included its slow start, inconsistent outcomes and lack of a clear framework for how decisions were made. The Kaldor Centre for International Refugee Law stressed in 2017 that “the absence of a legal framework [underpinning RSD in Papua New Guinea] makes it very difficult to assess the quality and accuracy of RSD, and to challenge any determinations wrongfully made.”²⁰ The UNHCR criticised the amended PNG Migration Regulation, including for a lack of “adequate procedural safeguards” for refugee status determination. In 2013, PNG reported that it had established a Refugee Assessment Review Panel to review negative initial decisions, but this panel does not seem to be established under PNG law and limited information is available about it. Under the Migration Act, the PNG Minister for Foreign Affairs and Citizenship makes the final decision about refugee status, and any decision about the grant of an entry permit or removal is not open to review in any court.²¹

Between 2015 and 2017, the government of PNG handed down final refugee status determinations and found 1,245, or 71% of asylum seekers in Manus to be refugees. Approximately 70 asylum seekers had withdrawn from the RSD process, in part because of distrust and misinformation that led them to believe they would have no option but to settle in PNG permanently if they engaged in the process. These asylum seekers were given automatic negative status determinations and were not given another chance to have their claims for asylum assessed. Those from this group who have not been deported, often because their countries of origin do not accept forced deportations, currently remain in PNG as “non-refugees” despite not having gone through an RSD process. Others given “negative” refugee status also felt that their refugee status determinations were made unfairly. At least one asylum seeker was given a positive initial assessment but a negative final assessment, without an explanation. Others have requested a review of their status because the situation in their home countries has changed since they were interviewed. Some scholars and advocates argue that all asylum seekers detained on Manus merit refugee status or complementary protection because they have been subjected to cruel, inhumane or degrading treatment or punishment causing serious harm, with some men reporting having been subjected to solitary confinement, beatings and threats of rape and violence. Some asylum seekers with negative status have been deported back to their home countries or agreed to return home voluntarily. Many who returned home were pressured and incentivised to return with a \$25,000 AUD payment from the Australian Government. Because they feared persecution in their countries of origin, some allegedly returned to their countries only to flee again by a different route in order to escape Manus and protect themselves from danger at home.

RPC History

In January 2014, the number of asylum seekers detained on Manus Island peaked at 1,353 people. A total of 1,523 people were sent to PNG between 19 July 2013 and 27 February 2017 (with a total of 3,127 individuals in offshore processing between PNG and Nauru).²² Of total transfers to PNG, 675 people (44%) were from Iran. Nine percent were from Afghanistan, eight percent were stateless, eight percent from Iraq, seven percent from Pakistan and six percent from Sudan. Other countries of origin included Bangladesh,

²⁰ Andrew & Renata Kaldor Centre for International Refugee Law, 2014. *Inquiry into the Incident at the Manus Island Detention Centre from 16 to 18 February 2014*, 2 May. Available at: <http://www.kaldorcentre.unsw.edu.au/resource/inquiry-incident-manus-island-detention-centre-16-18-february-2014>.

²¹ Gleeson, M., 2017. *Offshore processing: refugee status determination for asylum seekers on Manus Island, Papua New Guinea*. Andrew & Renata Kaldor Centre for International Refugee Law, 30 Jan. Available at: <http://www.kaldorcentre.unsw.edu.au/publication/offshore-processing-refugee-status-determination-asylum-seekers-manus-island>.

²² Refugee Council of Australia, 2018. *Operation Sovereign Borders and offshore processing statistics*, 3 Aug. Available at: <https://www.refugeecouncil.org.au/getfacts/statistics/operation-sovereign-borders-offshore-detention-statistics/>.

Somalia, Lebanon, Sri Lanka, Nepal, India, Myanmar and Syria.²³ Conditions at the RPC were overcrowded, cramped and unsuited to the prevailing hot and humid climate, with some men housed for over two years in converted shipping containers with no ventilation. Food was rarely fresh and often caused illnesses; the asylum seekers held in detention said meat was sometimes served partially raw. There were shortages of clothing, hygiene products and shoes; toilets were constantly filthy. Diseases and infections from the unhygienic conditions were frequent, with limited medical care available on site. Recommendations for medical evacuation were frequently denied or delayed by the Australian Immigration Department, a practice which is known to have resulted in at least two preventable deaths.²⁴

Several traumatic incidents occurred while the RPC was in operation which have had a major impact on the asylum seekers. The men had learned in July 2013 that due to the new MOU, they would never be settled in Australia. Only vague answers were given on when they could expect to have their asylum claims assessed and where they would go afterwards. Many asylum seekers quickly became hopeless. Self-harm and attempted suicides became common. Reports were made of rapes and sexual assaults of young men by other asylum seekers, with victims forced to return to the RPC to live alongside their attackers, where they were sometimes assaulted again.²⁵ A protest by a number of asylum seekers in February 2014 was sparked by frustration at the slow processing and lack of answers by the Australian government on the asylum seekers' situation. The protest became violent when guards and local Manusians attacked the RPC, firing shots and beating asylum seekers indiscriminately, including those who had not taken part in the protest.²⁶ The violence resulted in the murder of 23-year old asylum seeker Reza Barati, with another 77 asylum seekers injured, including one individual with bullet wounds and another who lost sight in one eye²⁷ after being beaten on his head and face with a blunt object. In August 2018, he was reported to be going blind in the other eye as a result of the beating.²⁸ In November 2014, ABC News reported that two asylum seekers who had witnessed Barati's murder were placed in an isolated compound within the RPC known as Chauka, and allegedly beaten by guards, threatened with rape and pressured to withdraw their witness statements on Barati's death.²⁹

Over the course of December 2014 and January 2015, the asylum seekers held in detention staged a series of hunger strikes to protest the slow rate of claims processing, perceptions of an unfair process, and fears of being resettled in PNG. At the height of the protest, approximately 500 men were involved in the hunger strike for periods of up to 11 days.³⁰ There were also several reports of self-harm including five men sewing their lips together, three men swallowing razor blades and one man drinking detergent. In January 2015, guards dressed in riot gear ended the protest, allegedly beat and injured some of the men and arrested and

²³ Ibid.

²⁴ Gleeson, M., 2016. *Manus Island: behind the wire*. Andrew & Renata Kaldor Centre for International Law. Available at <http://www.kaldorcentre.unsw.edu.au/publication/manus-island-behind-wire>.

²⁵ Gleeson, M., 2016. *Offshore: Behind the wire on Manus and Nauru*. Sydney, NewSouth Publishing.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Doherty, B., 2018. Going blind, begging for painkillers: Manus medical neglect continues. *The Guardian*, 1 Aug. Available at <https://www.theguardian.com/australia-news/2018/aug/02/manus-medical-neglect-scandalous-australian-doctors-say>.

²⁹ Sami, M., 2014. Manus Island asylum seekers allegedly tortured, threatened with rape by guards in secret compound over Reza Barati death. *ABC News*, 5 Nov. Available at: <http://www.abc.net.au/news/2014-11-03/asylum-seekers-on-manus-island-allegedly-tortured-and-threatene/5861120>.

³⁰ Manus Island timeline of events, 2015. *Radio New Zealand*, 20 Jan. Available at <https://www.radionz.co.nz/international/pacific-news/264058/manus-island-timeline-of-events>.

jailed 56 protest leaders in Lorengau prison.^{31,32} On Good Friday 2017, a group of allegedly drunken personnel from the nearby naval base fired shots into the detention centre and physically assaulted staff, asylum seekers and refugees inside, resulting in nine injuries.^{33,34}

Following a PNG Supreme Court decision in April 2016 which found the detention of the refugees to be against the constitutional right of personal liberty, the RPC became an “open” centre in May 2016, with men allowed to leave and return to the centre.³⁵ Beginning at this time, assaults, robberies and harassment of refugees outside the centre by groups of local young men were reported in the media and by Human Rights Watch. In the early days of the RPC, local staff had been told that the asylum seekers were dangerous, and that some were trained terrorists with the skills to make bombs and “blow up” Manus. Australian staff taught asylum seekers to fear Papua New Guineans by telling them that the locals practiced cannibalism. According to Madeline Gleeson, some expatriate guards “whipped up terrifying stories of Papua New Guinea as a country of barbaric, cannibalistic tribes who practised witchcraft and vigilante justice.”³⁶ When the asylum seekers and refugees were first allowed to leave the RPC and enter the town of Lorengau beginning in May 2016, fears and tensions were high on both sides.

Many reports on the Manus refugees and asylum seekers over the years have detailed severe depression, attempted suicides and self-harm. In total, seven men detained on Manus Island have died as a result of murder, accidental drowning, a completed suicide, two suspected suicides and medical negligence.³⁷ A further five people detained on Nauru have died.

Closure of the RPC

As a result of the 2016 PNG Supreme Court decision³⁸, the RPC in Lombrum was closed on 31 October 2017 and the Australian Government withdrew all services. Torture and trauma counselling services had been withdrawn earlier, with staff informed on 28 September 2017 that their services were no longer required and that they were to depart the RPC by 8 October 2017. Three new “transit” facilities were opened on Manus Island in the town of Lorengau, the capital of the province, approximately 20 kilometres from the detention centre in Lombrum. Approximately 600 refugees and asylum seekers initially refused to leave the RPC to protest their continued lack of freedom and durable solutions, their lack of safety and inadequate facilities and services at the new centres. With power, water and all services cut off at the RPC, the refugees and asylum seekers organised themselves to dig wells; to rig makeshift power points to charge cell phones; and to distribute food, which was smuggled into the centre at night with help from local Manusians and

³¹ Based on information from former RPC staff members

³² Doherty, B., 2015. Manus asylum seekers declare end to two-week long hunger strike. *The Guardian*, 27 Jan. Available at: <https://www.theguardian.com/australia-news/2015/jan/27/manus-island-asylum-seekers-end-hunger-strike>

³³ Doherty, B., 2017. Manus Island shooting left nine injured, immigration department admits. *The Guardian*, 22 May. Available at: <https://www.theguardian.com/australia-news/2017/may/22/manus-island-shooting-left-nine-injured-immigration-department-admits>

³⁴ Soldiers rampaged through detention centre: police, 2017. *Loop PNG*, 16 Apr. Available at: <http://www.looppng.com/png-news/soldiers-rampaged-through-detention-centre-police-56881>.

³⁵ Asylum Insight, 2017. *Papua New Guinea Arrangement*. Available at <https://www.asyluminsight.com/papua-new-guinea-arrangement/#.W3Jmjbg1FEY>.

³⁶ Gleeson, M., 2016. *Manus Island: behind the wire*. Andrew & Renata Kaldor Centre for International Law. Available at <http://www.kaldorcentre.unsw.edu.au/publication/manus-island-behind-wire>.

³⁷ Monash University, 2018. *Australian Border Deaths Database*. Available at <https://arts.monash.edu/social-sciences/border-crossing-observatory/australian-border-deaths-database/>

³⁸ Tlozek, E., 2016. PNG’s Supreme Court rules detention of asylum seekers on Manus Island is illegal. *ABC News*, 27 Apr. Available at: <http://www.abc.net.au/news/2016-04-26/png-court-rules-asylum-seeker-detention-manus-island-illegal/7360078>.

outside donations. The stand-off ended on 23 November 2017, when police and military removed the refugees from the RPC by force, destroyed their belongings, and took them to the new facilities in Lorengau.³⁹

Torture and trauma counselling services were not reinstated at the facilities in Lorengau. The health and mental health services at Lorengau Hospital were described as “rudimentary” and inadequate for the complex needs of the asylum seekers and refugees, with their diverse backgrounds and histories of torture and trauma.⁴⁰

³⁹ Manus Island asylum seekers removed from detention centre, 2017. *The Telegraph*, 24 Nov. Available at: <https://www.telegraph.co.uk/news/2017/11/24/manus-island-asylum-seekers-removed-detention-centre/>.

⁴⁰ Sundram, S. and Ventevogel, P., 2017. The mental health of refugees and asylum seekers on Manus Island. *The Lancet* 390(10112), pp. 2534-2536.

III. SITUATION ANALYSIS – 2018

General Data

Refugees are now housed in two facilities in Lorengau: East Lorengau Transit Centre and West Lorengau Haus. Asylum seekers – deemed non-refugees by the PNG Government – are housed in a third facility, Hillside Haus, located across the road from West Lorengau Haus. As of 21 May 2018, based on Australian Senate statistics, the Refugee Council of Australia reported about 718 refugees and asylum seekers still in PNG with 567 in Manus, 113 in Port Moresby and 21 in the community, also in Port Moresby. As of June 2018, according to the UNHCR, approximately 750 refugees and asylum seekers remained in PNG, with 287 refugees at East Lorengau Transit Centre, 175 refugees at West Lorengau Haus and 130 asylum seekers at Hillside Haus, and approximately 158 refugees and asylum seekers in Port Moresby. About 35% of those remaining in the country are from Iran. Others are from Afghanistan (14%), Pakistan (12%), Sudan (10%), Iraq (6%) and Somalia (5%) or are stateless (7%). The remaining 11% are nationals of Bangladesh, Sri Lanka, Myanmar, India, Lebanon, Syria and Egypt.⁴¹ As of 21 May 2018, after some with negative status had been deported or returned home voluntarily, 81% of those remaining in PNG had refugee status.⁴²

PNG Settlement and Movement

Those living in the community in Port Moresby have signed settlement papers to remain in PNG, though this is viewed by the UNHCR and others as a temporary arrangement. Some refugees who signed PNG settlement documents have since been resettled to the U.S., and refugees are told that signing these papers will not affect their chances at resettlement, though many are sceptical. Other refugees and asylum seekers are accommodated at guest houses in Port Moresby either for medical treatment; because they are being deported or have agreed to voluntarily return to their home countries; or because they are awaiting resettlement to the US.

Beginning in early 2018, immigration officials began transferring groups of refugees and asylum seekers who were in Port Moresby for medical treatment back to Manus.⁴³ Officers came to their rooms at the Granville Motel without warning, in the middle of the night with armed police and escorted them out to await their flights. Sometimes they were held at Bomana prison near Port Moresby before their flights to ensure they did not evade transfer back to Manus, as some had done previously by hiding in other locations in Port Moresby. A number of the refugees who were returned to Manus had ongoing medical conditions that required treatment. Some refugees had physicians' referrals for overseas medical transfers because PNG could not provide the necessary treatment. Some had upcoming appointments at the hospital, with at least one case of a scheduled surgery having to be cancelled. Refugees were not given explanations about why they were returned to Manus, but several speculated that it was a cost-saving measure.

Resettlement

A resettlement deal with the United States of America has resulted in small numbers of refugees being resettled to the U.S. from Manus beginning in September 2017. So far, fewer than 150 refugees from Manus have been resettled. The travel ban implemented by the Trump Administration means that most Iranian and Somali refugees in PNG will be barred from U.S. resettlement in any case. There is currently no plan in place for Manus refugees rejected for U.S. resettlement, despite repeated offers by New Zealand of 150 resettlement places for refugees from both PNG and Nauru. In September 2018, the U.S. government

⁴¹ Refugee Council of Australia, 2018. *Operation Sovereign Borders and offshore processing statistics*. Available at: <https://www.refugeecouncil.org.au/getfacts/statistics/operation-sovereign-borders-offshore-detention-statistics/>.

⁴² Ibid.

⁴³ More refugees sent back to Manus Island, 2018. *Radio New Zealand*, 23 Feb. Available at: <https://www.radionz.co.nz/international/pacific-news/351131/more-refugees-sent-back-to-manus-island>.

proposed a decrease in its current annual refugee admissions cap from 45,000 to 30,000 for 2019, further lowering the number of available resettlement places.⁴⁴

Service Provision – Manus

The Australian Border Force (ABF) is the Australian government department that directly manages and funds the service contracts for facilities, security, casework, medical, catering and other operations for the refugees. According to many refugees and asylum seekers, ABF manages the refugees behind the scenes, though refugees no longer have direct contact with ABF officials. According to the UNHCR, confusion exists on coordination among the various service contractors because the Australian government is no longer present on the ground.⁴⁵ At times, they allegedly receive information updates from ABF at the same time as the refugees. In October 2017, some crucial service contracts were terminated by ABF, including torture and trauma counselling and professional interpreting services. These services have not been reinstated and create critical service gaps for the refugees and asylum seekers.

PNG Immigration and Citizenship Service Authority (PNG ICSA) is the Papua New Guinea government authority with oversight of the refugees and their cases, though service contractors are hired and managed by the Australian government. ICSA has carried out Refugee Status Determinations in collaboration with the Australian government and ostensibly makes and carries out decisions on asylum and refugee cases. However, many refugees reported that ICSA appears to consult ABF officials on many decisions and does not have much decision-making power regarding the refugees and asylum seekers.

JDA Wokman, an employment recruitment agency, is responsible for case management, weekly allowances and maintenance of the facilities in Manus. Refugees in Manus have been told that JDA is the lead service provider and therefore the organisation with primary overall responsibility. JDA is a PNG-based entity owned by a multi-national company called Applus+,⁴⁶ which is present in over 70 countries and works in the oil and gas, mining, engineering and other industries, including in PNG.⁴⁷ When protests blocked JDA from providing services on Manus in December 2017,⁴⁸ its case management services were suspended. JDA subsequently reopened services, but case workers no longer enter the accommodation facilities. Instead, refugees and asylum seekers must visit JDA's offices in Lorengau to meet with their case workers.

Paladin is a PNG security company that provides security services at East Lorengau Transit Centre as well as in Port Moresby.

Kingfisher Security Services (KSS) is a PNG company that provides security at West Lorengau Haus and Hillside Haus. The company's contract began in January 2018. Paladin initially provided security at all three centres in Manus when they opened in 2017, but according to several refugees, the head of KSS is a friend of the Manus governor and supported his re-election in 2017. KSS occupied the centres in December 2017 and January 2018 and demanded the contract, which they received beginning in January.

⁴⁴ Finnegan, C., 2018. Trump admin proposes lowest cap ever for refugee admissions amid historic global need. *ABC News*, 17 Sept. Available at: <https://abcnews.go.com/Politics/trump-admin-sets-lowest-cap-refugee-admissions-amid/story?id=57889071>.

⁴⁵ UNHCR, 2018. *UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea*, 5 Jul. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR_FACT_SHEET_ON_SITUATION_OF_REFUGEES_AND_ASYLUM_SEEKERS_ON_MANUS_ISLAND_05_07_2018.pdf.

⁴⁶ Wrakuale, A., 2012. JDA Wokman partners with Velosi Group. *The National*, 29 Feb. Available at: <https://www.thenational.com.pg/jda-wokman-partners-with-velosi-group/>.

⁴⁷ See 'What we do' tab, <http://www.applus-png.com/en/>

⁴⁸ Landowner blockade lifted on Manus, 2017. *Radio New Zealand*, 21 Dec. Available at: <https://www.radionz.co.nz/international/pacific-news/346749/landowner-blockade-lifted-on-manus>.

NKW, a PNG company, provides food catering services. It has been engaged on Manus since 2017 when the three facilities opened in Lorengau and refugees were moved out of the RPC at Lombrum. Until September 2018, residents of both West Lorengau Haus and Hillside Haus received prepared meals at Hillside Haus, as West Lorengau Haus had no kitchen facilities. West Lorengau Haus residents walked to Hillside Haus three times daily to receive their meals at specific times. Residents of East Lorengau Transit Centre have access to shared kitchens in apartment-style arrangements and cook for themselves.

Pacific International Hospital (PIH) Clinic provides outpatient medical services to refugees and asylum seekers in Manus during its business hours: weekdays from 9am to 5pm and Saturdays from 9am to 2pm. The clinic is closed on Sundays. It is located inside the East Lorengau Transit Centre (ELTC). Residents of the other two facilities come to the ELTC for treatment at the clinic. To be seen at the clinic, refugees and asylum seekers must submit a request for an appointment, and generally receive appointments between 2 and 3 days later, although there are examples of clients who have waited weeks before receiving an appointment. The clinic does not provide emergency or after-hours care. Medications prescribed by the clinic are not free; patients must fill the prescriptions themselves at the pharmacy in town though the pharmacy often does not carry the patients' prescribed medications. Officially, the refugees and asylum seekers are responsible to pay for their own medications. However, a private Australian group has begun to reimburse the pharmacy for prescriptions for refugees and asylum seekers, which has alleviated this cost burden for the present.

Lorengau General Hospital is the public hospital serving Manus Province. Refugees have noted that its facilities are run-down and inadequately resourced, and that prescribed drugs, which are dispensed at the hospital free of charge, are often unavailable. Several refugees said that prescriptions written at Lorengau Hospital are not accepted at the local pharmacy. The hospital is the in-patient medical provider for the refugees and asylum seekers, and the provider for all emergency treatment and after-hours care when the PIH clinic is closed. According to UNHCR, the hospital has 120 beds, which serves a population of approximately 60,000 in the province. Lorengau, the provincial capital, has about 6,000 residents in addition to the refugees. The transfer of the refugees from the detention centre in Lombrum to Lorengau in November 2017 has increased Lorengau's population by approximately 10 percent.

Service Provision – Port Moresby

Granville Motel is a motel in Six Mile, a Port Moresby suburb. Granville provides accommodation for refugees and asylum seekers who are transferred from Manus to be treated at PIH hospital in Port Moresby for serious medical conditions. The number of refugees and asylum seekers in Port Moresby for medical treatment was previously over 100, but approximately only 50 to 60 remain after many individuals were returned to Manus, and some transferred to Australia for medical treatment.

Lodge 10 is a guest house in the Port Moresby suburb of Boroko for refugees engaged in the United States resettlement process. Refugees are transferred from Manus to Lodge 10 either to participate in US resettlement interviews or health checks, or to await resettlement once they have received final positive decisions for U.S. resettlement. Refugees who have been told they will be resettled have waited 6 months or more at Lodge 10 before being informed of their flight date and destination in the U.S. They are informed of their travel date about 18 days before boarding a flight for the US.

Shady Rest Hotel is a guest house in Boroko for refugees and asylum seekers who are returning to their home countries. The hotel also includes a pizza restaurant and an Indian restaurant which provide standard boxed meals for the residents of Granville Motel.

JDA Wokman in Port Moresby is responsible for case management, job placement services, stipends and management of private accommodation for refugees who have agreed to settle in PNG. It also provides

casework services for refugees and asylum seekers staying at the Granville Motel in Port Moresby for medical treatment. It does not provide casework to refugees who are in Port Moresby awaiting U.S. resettlement. Those awaiting resettlement to the U.S. do not have case managers but do receive weekly stipends.

Paladin provides security services at Granville Motel and Lodge 10. Security guards monitor the movements of refugees and visitors. Both refugees and asylum seekers are permitted to leave their accommodations to move around the city, with no curfew. However, residents of Granville Motel, who are in Port Moresby for medical treatment, have their movements monitored closely and are questioned about where they are going when they leave the accommodation. Outside visitors to Granville are closely monitored by Paladin. Residents of Granville fear that any association with advocacy or media will increase their risk of being sent back to Manus. At Lodge 10, where refugees are waiting for resettlement to the US, monitoring is less stringent. Time stamps and Boat IDs are recorded when refugees come and go, but they are not asked where they are going.

Pacific International Hospital (PIH) is a private hospital in Port Moresby. When the International Health and Medical Services (IHMS) contract ended in April 2018, responsibility for the provision of health and mental health care to the refugees and asylum seekers was given to PIH through a contract with the Australian government. Refugees and asylum seekers with serious physical ailments or mental health conditions are transferred from Manus and accommodated at the Granville Motel for the duration of their treatment. On 14 April 2018, the following notice was posted by Paladin Security at Granville Motel:

Afterhours 5pm till 7am, all Residents that have Medical issues will be taken to Port Moresby General Hospital (POM GEN). If you want to attend Pacific International Hospital (PIH) then, the resident must pay and pay up front. This from ABF (HA) and not from Paladin.

Paladin

After this announcement, after-hours medical emergencies have been treated at Port Moresby General Hospital instead of at PIH. In addition to issues of access, interpreters are not commonly provided at PIH for clinical consultations.

Salvation Army Clinic, Koki is a medical clinic that treats HIV patients and others from the general public in Port Moresby. After a JDA case worker referred a refugee client to the Salvation Army to be seen by the physician, JDA discussed a service agreement with the clinic to see refugee patients, as the clinic does not have the capacity to open its doors to all the refugees and asylum seekers in Port Moresby. However, JDA informed the clinic that it is not funded to support such an arrangement and suggested that the clinic charge refugee patients 20 kina for visits. The clinic did not wish to charge the refugees a fee. Instead, the physician regularly sees about 10 refugees for free who have been referred informally to the clinic.

The International Organization for Migration (IOM) is the UN Migration Agency. IOM PNG coordinates travel for refugees who are being resettled to the U.S. and facilitates voluntary return for asylum seekers who decide to return to their home countries. IOM works closely with PNG ICSEA on issues pertaining to refugees and asylum seekers.

IV. NEEDS ASSESSMENT – MANUS AND PORT MORESBY

Physical Health

Overview

Refugees and asylum seekers in Manus have access to a private Pacific International Hospital (PIH) clinic which is located inside the East Lorengau Transit Centre in Lorengau. The PIH clinic opened after a transition of services from IHMS, the former provider. The transition was completed in June 2018. The clinic's hours of operation are limited to 9 to 5 on weekdays, 9 to 2 on Saturdays, and closed on Sundays. This reduction in operational hours began with IHMS in November 2017, and according to the UNHCR, has placed a significant strain on the Lorengau General Hospital, which is the public hospital for Manus Province. To be seen at the PIH clinic, refugees and asylum seekers must submit a written request, and usually receive appointments 2 or 3 days later. This means that if they have a medical emergency, whether within or outside of business hours, they need to be seen at Lorengau General Hospital. According to the UNHCR, Lorengau Hospital has 120 beds,⁴⁹ serving a population of 60,000 people in Manus Province and approximately 6,000 people in Lorengau.

Serious medical cases are referred to PIH in Port Moresby. Sick patients are transferred to Port Moresby, where they reside in Granville Motel and receive periodic appointments at the main PIH hospital. According to two medical professionals familiar with the health system in Port Moresby, while PIH has good facilities, the more experienced physicians and specialists work at Port Moresby General Hospital, the public hospital, and at Paradise Hospital, another private hospital in Port Moresby. A significant issue for many refugees and asylum seekers is the lack of interpreting services available for medical consultations. Refugees have complained of being given medications at PIH and being given appointments a few weeks later without having their conditions and treatment properly explained and without seeing improvements in their health. One refugee complained of frequent cancellations and postponements of his appointments at PIH, despite a serious medical condition.

Medication and Facilities

Several refugees reported that Lorengau Hospital's facilities are sub-standard and over capacity. This is confirmed by a UNHCR report, which included a 43% increase in nursing staff, crucial medical infrastructure such as ventilators and a medical incinerator, and basic products among the needs at Lorengau Hospital.⁵⁰ Refugees also reported that medications, which are dispensed at the hospital free of charge, are often unavailable or out of stock.

While there is a local pharmacy in Lorengau town, according to several refugees, prescriptions written at the hospital are not accepted by the pharmacy, which reportedly only accepts refugees' prescriptions that were written by the PIH clinic. This means that if a refugee visits Lorengau Hospital for a medical emergency and the hospital does not have the necessary medication, he will not be able to access medication at the pharmacy either.

If you have a medical emergency and go to the hospital when the PIH clinic isn't open, you can't get your drugs at the pharmacy, and if the hospital doesn't have them then you're out of luck and have to wait. There's no plan in place for emergencies.

-Refugee in Lorengau, July 2018

⁴⁹ UNHCR, 2018. *UNHCR Fact Sheet On Situation Of Refugees And Asylum-Seekers On Manus Island, Papua New Guinea*, 5 Jul. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR_FACT_SHEET_ON_SITUATION_OF_REFUGEES_AND_ASYLUM_SEEKERS_ON_MANUS_ISLAND_05_07_2018.pdf.

⁵⁰ United Nations High Commissioner for Refugees Regional Representation in Canberra, 2017. *Medical Expert Mission Papua New Guinea – 10 to 16 November 2017*. Available at: <http://www.unhcr.org/publications/legal/5a3b0f317/unhcr-medical-expert-mission-to-papua-new-guinea-10-16-november-2017.html>.

Refugees and asylum seekers have been responsible to pay for their own prescription drugs at the pharmacy after receiving a prescription from PIH. One refugee told the author that the prescription he was given for antibiotics, which was not available at the public hospital, would have cost him 70 kina at the pharmacy. However, this cost burden has been temporarily alleviated by a private group based in Australia that has been reimbursing the pharmacy for the costs of the drugs prescribed to refugees and asylum seekers.

In Port Moresby, refugees and asylum seekers undergoing medical treatment have access to medications from PIH. However, for after-hours emergencies, they have been told they must pay if they wish to be seen at PIH rather than at Port Moresby General Hospital, which has skilled physicians, but facilities described by people who have visited the hospital as overcrowded and sub-standard.

Refugees living in Port Moresby who have signed settlement papers for PNG receive no additional support for health needs and must attend to any healthcare needs using the 320-kina living stipend they receive every two weeks. Any injury, illness or medical emergency is their own responsibility.

Medical conditions and treatment

One refugee estimated that there were approximately 50 or 60 refugees and asylum seekers in Port Moresby for medical treatment. There were previously more than 100 individuals in Port Moresby for medical reasons, but many were transferred back to Manus in 2018.

They never told me what's wrong with my stomach...They took so many scans, they just said it's an infection but not what kind. They didn't fix it, just took lots of tests and gave me so many antibiotics.

-Refugee in Lorengau, July 2018

Medical issues for patients in Port Moresby in 2018 have included physical disability, at least one heart condition, internal injuries, a severe leg injury from a football accident, stomach cancer, loss of sight because of injuries incurred during the 2014 riot,⁵¹ and serious mental health conditions. Many reports and conversations with refugees reveal a lack of adequate care for patients. Individuals with medical issues stay at the Granville Motel and receive periodic appointments at PIH, but many with serious issues complain that their

conditions are not treated adequately and that they are simply sent back to Granville after medical appointments and told to wait for their next appointment. Interpreters are not used at PIH for medical consultations and some said their conditions or treatment were not adequately explained to them. One refugee in Manus said his perception is that people with serious health concerns seem to be sent to Port Moresby for a few months and then sent back to Manus with their health problems unresolved. In Manus, some medical problems reportedly include inadequately treated orthopaedic injuries, diabetes and sepsis.⁵²

A number of refugees and asylum seekers have copies of letters from PIH physicians that recommend treatments, surgery or testing which are unavailable in PNG because of a lack of medical equipment or specialists. The Australian Border Force approves or denies transfers to Australia for medical treatment, and these patients have not been transferred despite serious health conditions that have not been addressed. Some patients have been waiting in Port Moresby for a year or more, some with no proper diagnosis or improvement, or with continued deterioration of their conditions. The media have reported numerous cases of critically ill refugees having to fight their individual cases in court against the Australian government in

⁵¹ Doherty, B., 2018. Manus island refugees rushed to medical help as advocates fear 'more deaths.' *The Guardian*, 3 Aug. Available at <https://www.theguardian.com/australia-news/2018/aug/03/manus-island-refugees-rushed-to-medical-help-as-advocates-fear-more-deaths>.

⁵² Robinson-Drawbridge, B., 2018. Doctor confirms Manus Island medical neglect. *Radio New Zealand*, 29 Oct. Available at: <https://www.radionz.co.nz/international/pacific-news/369706/doctor-confirms-manus-island-medical-neglect>.

order to receive a medical transfer to Australia.^{53,54} Several refugees told the author of their perception that ABF only transfers refugees out of the country for medical treatment “if they are dying.” This perception is supported by two instances since 2013 of refugees from Manus dying in Brisbane after their medical treatment and transfers to Australia had been blocked and delayed by Australian authorities.

In Manus, several examples reveal an inadequate standard of care for medical needs. One refugee described being attacked one evening after clinic hours by a mentally affected refugee, who hit him in the head with a rock because of a minor grievance. The patient went to Lorengau Hospital. The medical staff looked at the wound on the patient’s forehead and informed him they were unable to administer stitches because of dirt or debris in the wound. The staff told the patient to go to the PIH clinic in the morning and discharged him without cleaning or dressing the wound. The next day he went to the clinic, where his wound was cleaned and then stitched. A long scar on his forehead was observed.

Another refugee had been recently transferred unexpectedly from Port Moresby back to Manus after spending nearly a year in Port Moresby for physical and mental health problems. The individual was not told why he had been returned to Manus, and described ongoing serious physical and mental health needs, including worsening gastro-intestinal problems, severe back pain, and symptoms of severe anxiety and depression, none of which were being adequately treated.

In September 2018, refugees reported on Twitter the possibility that many of them were suffering from undiagnosed H. Pylori, a bacterial infection which can cause stomach pain, ulcers and potentially stomach cancer. Several refugees had reportedly been diagnosed with the bacterial illness, but many others had suffered for a long period from gastrointestinal illnesses without diagnosis or treatment.

Two cases of medical negligence involving refugees who were imprisoned in Lorengau were disclosed to the author. One refugee with a mental health condition punched through a window and badly wounded his arm. The individual was allegedly put in prison for breaking the window without receiving medical treatment until three days after the incident, upon his release. The wounds were by then badly infected. The patient was transferred to Port Moresby for treatment, but doctors in Port Moresby recommended a medical transfer to Australia because they were unable to restore full range of motion in his arm. At the time the author was advised of this event (on 19 July 2018), the patient had not been transferred and was still in Port Moresby. The second case involved an individual in Manus who asked to be seen by the PIH clinic because of intense stomach pain. When he was told to put in a request to receive an appointment, he responded that he needed immediate medical attention because of the severity of the pain. When his request was denied, he reportedly became angry and threw a rock at the window of the clinic, breaking the window. The man was arrested by police and put in prison without medical care. His stomach pain was only treated upon his release from prison two days later. Both incidents had allegedly occurred within one to two months of when they were described to the author in July 2018. Negligent or abusive treatment of prisoners and criminals is widespread in Papua New Guinea.³⁰

⁵³ Australian govt tries to curb refugee evacuations, 2018. *Radio New Zealand*, 2 Nov. Available at: <https://www.radionz.co.nz/news/pacific/370063/australian-govt-tries-to-curb-refugee-evacuations>.

⁵⁴ Nauru blocks transfer of severely depressed refugee to Australia: report, 2018. *SBS News*, 6 Sept. Available at: <https://www.sbs.com.au/news/nauru-blocks-transfer-of-severely-depressed-refugee-to-australia-report>.

³⁰ Bureau of Democracy, Human Rights and Labor, United States Department of State, 2017. *Country Reports on Human Rights Practices for 2017: Papua New Guinea*. Available at <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2017&dliid=277109>.

Recommendations

There are many serious shortcomings in the standard of medical care provided to the refugees and asylum seekers in PNG. Refugees and asylum seekers are generally at the mercy of the authorities in relation to their healthcare needs, with few other options when medical treatment is inadequate or delayed. The most critical need is for timely transfer to another country or timely access to visiting specialists when PNG's health system is unable to meet acute or chronic medical needs for both testing and treatment. Decisions for transfer or access to specialists are under the control of ABF, whose modus operandi has been to ignore physicians' recommendations for medical transfers until an Australian court order for each individual case forces the government to comply. The government has consistently fought these cases until the court rules in each refugee's favour.⁵⁵

Other health needs include improved access to medications, better emergency and after-hours care, and improved and more transparent communication to patients, both in Manus and Port Moresby. Prompt treatment is crucial for conditions that have worsened without proper medical care. Food has improved after the close of the detention centre, but is still a problem, particularly for those in Port Moresby who are ill and need a specific diet which they are unable to access. Health care improvements which would also benefit the Manus community include upgrades of Lorengau Hospital's infrastructure and improvements in the supply chain for pharmaceutical drugs. Any investment in health care or other areas should ensure that the action does not create a further incentive for PNG to keep the refugees and asylum seekers in Manus.

Civil society should advocate for the refugees' and asylum seekers' basic right to health care. Papua New Guineans are no less deserving of a proper standard of health care, which is inadequate throughout the country due to very low government investment in health. However, the health issues amongst the refugee and asylum seeker population have been caused or exacerbated by their years of detention, poor living conditions and, in some cases, violence experienced in PNG. Other refugees and asylum seekers have received inadequate treatment for health conditions which developed because of torture or severe physical harm inflicted in their home countries and which directly led to their need to seek refuge in a safe country.

Mental Health

Overview

The mental health situation has been assessed by the UNHCR and others as the most critical and urgent need for the refugees and asylum seekers in PNG. At a press briefing after an assessment in February 2018, the UNHCR reported a "pervasive and worsening sense of despair" among the asylum seekers and refugees on Manus.⁵⁶ The assessment that mental health was an urgent priority was reinforced by the refugees and asylum seekers interviewed by the author in Manus in July 2018, and continues to be confirmed by media reports, including a report by Behrouz Boochani of at least six cases of self-harm or attempted suicide on Manus or Port Moresby in a two-month period between July and September 2018. These included one case of a man who swallowed razor blades, refused treatment and further injured himself at the hospital in Port Moresby.

I don't feel free. Maybe I'll die. They locked something inside of me and didn't give back the key.

-Refugee in Lorengau, July 2018

⁵⁵ Australian govt tries to curb refugee evacuations, 2018. *Radio New Zealand*. 2 Nov. Available at: <https://www.radionz.co.nz/news/pacific/370063/australian-govt-tries-to-curb-refugee-evacuations>.

⁵⁶ UNHCR, 2018. *Update on humanitarian situation of refugees and asylum seekers on Manus Island*. 13 Feb. Available at: <http://www.unhcr.org/en-us/news/briefing/2018/2/5a82f9d04/update-humanitarian-situation-refugees-asylum-seekers-manus-island.html>.

As with serious physical health problems, patients with serious mental health conditions may be transferred to Port Moresby for treatment. However, in both Manus and Port Moresby, mental health treatment is inadequate. More than five years in indefinite detention or detention-like conditions without pathways to durable solutions, as well as untreated mental health conditions from previous trauma and inadequately treated physical health issues have contributed to and exacerbated serious mental health problems for many of the refugees and asylum seekers. As a November 2017 UNHCR medical mission report stated, the delay in finding humane solutions for the refugees outside PNG has resulted in a risk of “catastrophic mental health outcomes including suicide and further harm.”⁵⁷ This prediction has begun to be fulfilled; since the report’s publication, there has been one suicide on Manus⁵⁸ and multiple cases of attempted suicide and self-harm.

Mental health care provision

The Lorengau General Hospital in Manus employs one mental health nurse who has neither the capacity nor the expertise to provide the necessary mental health support for refugees who have undergone previous torture and years of compounded trauma. No mental health outreach or monitoring is in place. Torture and trauma counselling services were terminated in October 2017. The National, a Papua New Guinean newspaper, reported on 24 September 2018 that a psychiatrist had been sent to Manus to deal with mental health issues⁵⁹, but one visiting psychiatrist would be insufficient to provide the necessary support to the 600 to 700 individuals who make up the Manus refugee and asylum seeker population.

PIH in Port Moresby does have psychiatric care for refugees and asylum seekers with serious mental health conditions. However, refugees transferred to Port Moresby for mental health reasons seem to be transferred, like other medical transfers, only when the condition is acute, such as for cases of self-harm or attempted suicide. According to a 2015 report on psychiatric care in Papua New Guinea, there were only seven practicing clinical psychiatrists in the country, with five in Port Moresby.⁶⁰ Mental health provision in PNG is severely under-resourced and inadequate to deal both with the needs of the local population and the particular needs of the refugee and asylum seeker population.

Mental health conditions and treatment

Several refugees and asylum seekers said that most of them are depressed and “not doing well.” Many keep to themselves and stay inside their rooms for most of the day. In the evenings, the men previously socialised with each other and spent time talking in common areas, but now increasingly stay in their rooms at night. Those from nationality groups that have begun to be resettled to the U.S. or who have left Manus for other reasons feel especially lonely,

It gets worse day by day. It’s almost the 5-year anniversary of the policy. Most people are very depressed.

-Refugee in Lorengau, July 2018

⁵⁷ UNHCR Regional Representation in Canberra, 2017. *Medical Expert Mission Papua New Guinea – 10 to 16 November 2017*. <http://www.unhcr.org/en-us/publications/legal/5a3b0f317/unhcr-medical-expert-mission-to-papua-new-guinea-10-16-november-2017.html>.

⁵⁸ Doherty, B., Evershed, N., and Ball, A., 2018. Deaths in offshore detention: the faces of the people who have died in Australia’s care. *The Guardian*, 19 Jun. Available at: <https://www.theguardian.com/australia-news/ng-interactive/2018/jun/20/deaths-in-offshore-detention-the-faces-of-the-people-who-have-died-in-australias-care>.

⁵⁹ Faiparik, C., 2018. Psychiatrist sent to Manus to deal with mental issues. *The National*. 24 Sept. Available at: <https://www.thenational.com.pg/psychiatrist-sent-to-manus-to-deal-with-mental-issues/>.

⁶⁰ Muga, F., 2015. Rich Country, Poor People: The challenges of providing psychiatric services in the public and private sectors in Papua New Guinea. *Australasian Psychiatry* 23(6), pp. 29-31. Available at: <http://journals.sagepub.com/doi/full/10.1177/1039856215608293>.

noting that many of their friends have gone. Those from nationality groups that are restricted from entering the U.S. are increasingly isolating themselves with severe hopelessness and powerlessness.

Many of the refugees and asylum seekers discussed the mental strain of not knowing what their futures hold, or whether and when they will leave Manus and be resettled in a country where they can build a life. They spoke of having nothing to do to distract them from their worries and reported feeling useless. Several expressed that mentally their situation is worse than prison, because prisoners generally know the length of their sentences. They spoke about missing their families. The 19th of July 2018 marked the five-year anniversary of the offshore processing policy. Many refugees brought up the anniversary and the mental anguish they had experienced in those five years.

When asked about the mental health care they are provided, refugees and asylum seekers noted that there is no longer mental health outreach or monitoring, which existed before services at the RPC in Lombrum were terminated by the Australian government in October 2017. When these services were still in place, counsellors and other mental health staff would check in regularly and actively monitor refugees and asylum seekers for mental health concerns. Because this no longer happens, refugees said, men with mental health issues may not be able to recognise what they need and request help. At times, friends who recognise a fellow refugee's mental health need will try to intervene on his behalf. Otherwise, these men will not necessarily receive mental health care. Many have retreated from interactions with peers and are not receiving the support they need. This was evident in several conversations in which refugees described their own depression or anxiety or who detailed the mental health conditions of men they knew who were not receiving treatment.

Assessment data on 423 referrals collected by Overseas Services to Survivors of Torture and Trauma (OSSTT) between April 2014 and December 2016 on Manus Island indicated that 95% of those referred had significant to highly impaired functioning and symptoms associated with traumatic stress, depression, and anxiety. Suicidal ideation was reported by 15% of clients. In 2016, a UNHCR survey of 181 refugees on Manus reported that 88 per cent of those surveyed had a "depressive or anxiety disorder, and/or post-traumatic stress disorder."⁶¹ Since then, and particularly since the 2017 closing of the RPC and the withdrawal of torture and trauma counselling, which was formerly provided by OSSTT, the mental health situation has further deteriorated. OSSTT still provides pro bono telephone counselling to some refugee and asylum seeker clients using professional counsellors and interpreters, but the service is not funded and is therefore limited in scope and capacity. Several refugees pointed out that this support is far from adequate. Refugees are referred to OSSTT by word of mouth, and two refugees who spoke with the author in Port Moresby said they had not heard of OSSTT. Another aspect of mental health care that has been suspended is 24-hour monitoring for patients with a suicide risk, which was in place at the RPC at Lombrum.

Several refugees informed the author in July 2018 that a refugee with a mental health condition was roaming the streets in Lorengau, "acting strangely and talking to himself." They reported that he was not receiving any medical help. Another refugee who had been through trauma before his years on Manus described his dizziness, headaches, difficulty breathing and sleeping, physical symptoms of anxiety and back and stomach pain. He was distressed about his ailments but said he did not like reaching out to friends or case workers about his mental health issues, because he felt the many medications he had been given only made him feel worse. He felt that the only thing that would help him would be the ability to work, so he could

⁶¹ Human Rights Watch, 2017. *Report: Australia/PNG: Refugees Face Unchecked Violence*, 25 Oct. Available at: <https://www.hrw.org/news/2017/10/25/australia/png-refugees-face-unchecked-violence>.

keep his mind occupied on something other than his problems. Unfortunately, there are few opportunities for work available for refugees in Manus.

Other refugees told the author that they had been extremely depressed at points, with varying degrees of success at coping with their depression. Many talked about the difficulties they were experiencing with sleeping. One refugee noted the importance of time, saying that people were tired of their situation and that the problem was growing worse day by day.

I keep thinking about what will happen. I can't sleep. When they gave me the negative result I got crazy. I've taken medicine for mental health for one year. But it just helps me sleep. When I wake up it's the same thing again.

-Asylum seeker in Lorengau, July 2018

In Port Moresby, refugees and asylum seekers transferred there for acute mental health needs are seen at PIH, which has a psychiatrist. One refugee observed that people with mental health needs who are transferred to Port Moresby return several months later with their problems unresolved. Those refugees in Port Moresby who have signed documents to settle in PNG receive no medical or mental health support and must bear all costs from their weekly stipend. About ten refugees regularly visit the Salvation Army clinic in Koki, a Port Moresby suburb, to talk to the physician, who is not a mental health specialist but is sympathetic to the refugees' plight and welcomes them into the clinic for free. He told the author that many of the refugees he sees are depressed, lonely, and sometimes visit because they have nothing else to do. Other than OSSTT telephone counselling, this seems to be the only mental health support available for those refugees in Port Moresby who have signed settlement documents and are now outside of much of the service system in place for the other refugees. Approximately 20 or 30 refugees are in this situation.

Recommendations

When asked what they saw as the priority, refugees and asylum seekers on Manus responded that their freedom in a safe country was their principal need. It is evident that the mental health of the men on Manus has been damaged and continues to be damaged by their continued detention-like circumstances and uncertain future. Many of the refugees and asylum seekers identify their life of limbo as the major source of their mental health problems. Ultimately, resettlement is the only solution that can begin to resolve the mental health conditions created and exacerbated by the ongoing trauma, lack of freedom and uncertain futures for the refugees and asylum seekers detained on Manus.

However, while the refugees and asylum seekers continue to wait for a solution, a critical need exists for stronger mental health services. As has been recommended by medical experts, these services include the reinstatement of torture and trauma counselling, mental health outreach and a 24-hour facility for assessing and monitoring those at high risk of suicide. Better psychiatric care both on Manus and in Port Moresby are also a necessity. As has been recommended by UNHCR, a comprehensive outreach effort should identify vulnerable individuals, monitor and provide ongoing mental health support using a coordinated system among the various service providers⁶². To prevent further deaths and deterioration in mental health, the Australian government should also promptly meet mental health professionals' recommendations for transferring refugees and asylum seekers with acute mental health needs out of Papua New Guinea when the available mental health care or facilities are deemed inadequate.

For men with less severe mental health concerns, the local community, churches or community organisations could establish volunteer networks to visit with the men or invite them to their homes and provide a listening ear. An increase in connections between the refugees and the local community could

⁶²UNHCR, 2018. *UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea*, 21 Jan. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/5a6512507.pdf>.

help the men cope with the monotony, anxiety and depression they face. For those in Port Moresby, volunteers from a diverse group of individuals, both foreign and national, could provide a way for refugees and asylum seekers to make connections beyond their own communities.

Connections between refugees and the local population in Manus are challenging because of the attitude of many refugees of not wishing to integrate or to be viewed as getting along well in the community. Some stated their fear that being seen as flourishing in the community could jeopardise their chances at resettlement elsewhere. Some in both Lorengau and Port Moresby have avoided finding work or have left their jobs for the same reason. However, an increase in work, recreational activities and cross-cultural connections would benefit the men if this perception were diminished. This would require more transparency and better faith on the part of both the Australian and PNG governments. Nevertheless, even small improvements in personal support and opportunities for productive activities for the refugees and asylum seekers could have a positive impact and should constitute a goal for civil society to work towards.

Living Conditions

The UNHCR has reported in detail on the refugees' and asylum seekers' living conditions on Manus, and has provided periodic updates on changes in its bi-annual fact sheet published after monitoring visits. Among the more serious needs are communal and recreational spaces at West Lorengau Haus and Hillside Haus, fire safety equipment at both accommodations, and increased capacity at Hillside Haus and East Lorengau Transit Centre. Improved sanitation is needed at Hillside Haus.⁶³

Approximately one year after refugees were moved to West Lorengau Haus and the other facilities, NKW announced that the self-catering kitchen in West Lorengau House would finally be opened on the 14th of September 2018. This is a major improvement for these residents and means that refugees can cook for themselves and no longer need to go to Hillside Haus for meals. It also may signify, according to some reports on Twitter, that they are no longer allowed to leave West Lorengau Haus after 5pm.

Most refugees the author spoke with in Manus discussed their curfew and lack of freedom but did not generally focus on their living conditions. Several said that their overall situation is worse than it was in the RPC at Lombrum, but this was because of their continued lack of freedom, poor mental health, lack of services and safety, and not specifically because of the condition of their accommodations. Several people noted that the facilities at the East Lorengau Transit Centre were much better than those at Hillside Haus and West Lorengau Haus. The need for recreational and common spaces at West Lorengau Haus and Hillside Haus has become even more important now that residents of the three facilities seem to be more separated from one another.

In Port Moresby, refugees who have signed settlement papers reside in apartments paid for by the government. Some of these apartments are in unsafe areas; residents report hearing frequent gunshots at night. Many of the areas of Port Moresby where the general population can afford to live are unsafe. One refugee who lived in a two-story flat with four other refugees said that his house felt generally safe, but that there was no space to be outside other than in front of the house, which was set close to a busy road. This meant they had no privacy outdoors and reported feeling like they were “on display” because they stood out from the locals.

⁶³ UNHCR, 2018. *UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea*, 5 Jul. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR_FACT_SHEET_ON_SITUATION_OF_REFUGEES_AND_ASYLUM_SEEKERS_ON_MANUS_ISLAND_05_07_2018.pdf.

Livelihoods and Material Needs

Residents of East Lorengau Transit Facility (ELTC) and West Lorengau Haus – those assessed as refugees—receive stipends of 100 kina per week, the equivalent of about 42 AUD. Refugees at ELTC—and West Lorengau Haus as of September 2018—receive small food packets with some basic staples and buy the rest of their food at the market or grocery store to cook for themselves. One refugee at ELTC was very happy with the ability to cook his own food, which was not possible at the RPC. A refugee living at West Lorengau Haus said that sometimes they did not receive enough (bottled) water.

Many said the stipends they received were not sufficient. One person noted that while locals can live with little cash because they have access to the sea for fishing and to customary land for growing food, the refugees do not have such access. Some men also need to support their families in their countries of origin, and saving money to send to them is seen as the priority. Some make do with their weekly stipends by using little internet and buying frugally. Others supplement their stipend by buying and selling small goods at the market. A few make an income through employment at one of the hotels in Lorengau, where they generally earn minimum wage, approximately 3.50 kina per hour, or about 1.50 AUD.

Many of the refugees and asylum seekers have received between 60 and 70 thousand Australian dollars as the result of a class action settlement with the Australian Government. Some did not sign onto the class action, and therefore did not receive compensation money. Others signed their compensation money directly to their families and have no access to the money for their own needs. Some refugees said their families send them money occasionally to help them pay for things they needed in Lorengau such as food, toiletries and phone and internet credit, which is extremely expensive. Those who did not receive compensation money and have no family support are in a much more difficult situation.

Asylum seekers, who reside at Hillside Haus, receive 30 points every two weeks, which can be redeemed at a canteen for items like cigarettes, cold drinks and phone cards. If they need something not offered at the canteen or have run out of points, they must buy items in town with their own money or sell their cigarettes for cash. While meals are provided for them, the point system gives them only a limited ability to pay for other necessities. One asylum seeker reported using a small amount of his compensation money to buy phone cards and food, such as fish and eggs, which he cooks in a friend’s room at West Lorengau Haus because the food provided at Hillside Haus is “not so good.”

Everything is expensive here. The refugees get 100 kina per week. It's not enough.

-Refugee in Lorengau, July 2018

Some individuals at Hillside noted that religious dietary requirements restricted them from eating certain types of meat, but that the catering staff sometimes provided only the prohibited meat as a protein option at meals and did not always offer alternatives when asked. This meant that sometimes the asylum seekers could eat only vegetables, sometimes for several mid-day and evening meals in a row. This was an improvement from the meals at the detention centre, which never offered alternatives; however, the situation is not fully resolved at Hillside.

Refugees and asylum seekers in Port Moresby for medical treatment or to prepare for resettlement or repatriation have meals provided to them. Stipends are 100 kina per week for refugees awaiting resettlement or repatriation, the same as in Manus. In January 2018, it was reported that Manus refugees living at Granville Motel who were in Port Moresby for medical treatment had their weekly stipends and phone

cards taken away.⁶⁴ This was confirmed to the author by a refugee living at Granville, who speculated that the government was trying to coerce people to go back to Manus.

Refugees who have signed settlement documents receive stipends of 320 kina every 2 weeks, equivalent to about 135 AUD. This was described as not enough money to live on, but “we just have to live with it.”

Case Management and Overall Treatment

Professional interpreting services for the refugees ended in 2017. A lack of professional interpreting services means that refugees and asylum seekers are denied full access to crucial information about their own medical and mental health and legal cases. In July 2018, several refugees mentioned a new arrangement that was providing a brief induction to refugees with strong English skills to interpret for other refugees and asylum seekers. Such an arrangement is far from adequate because the refugees are not professional interpreters, and because they will be bound to confidentiality agreements, which limits their freedom of speech on serious issues affecting their community.

Many refugees and asylum seekers have reported being treated poorly by contracted service staff and officials. The services provided by JDA Wokman were a frequent source of complaint. Refugees and asylum seekers reported being yelled at and treated condescendingly and disrespectfully by JDA management. Others said that JDA case workers were unhelpful in addressing needs or providing information, but simply noted their requests or asked questions, and then never followed up with answers or assistance. One refugee said he had heard that JDA staff had threatened to call the police if the refugees caused trouble. JDA case workers have not been to the accommodations in Manus since a landowner dispute blocked their entry in late 2017. They now only see refugees at their office in Lorengau. According to a member of a human rights organisation, JDA management did not recognise the needs of the refugee and asylum seeker population and seemed to suggest that they were not deserving. While the company hired at least some refugee case workers with backgrounds in social work, JDA is primarily a workforce development company, and the management does not appear to have experience or expertise in working with the refugee population.

Several refugees in Manus said that refugees or asylum seekers might be beaten or punched by a security guard for aggression or impoliteness. Several people affirmed that this had occurred. Local security staff tell refugees and asylum seekers to look after themselves in Lorengau, and that they will not receive assistance if something happens to them outside their accommodation.

They don't like us being ok or normal. They want to torture us more, because they don't like asylum seekers. They want us to go back.

-Asylum seeker in Lorengau, July 2018

An asylum seeker living at Hillside said that security guards treat him disrespectfully, intimidate him and monitor his movements. In one described incident, guards purposely stood outside his door conversing and laughing loudly even after he told them he was trying to sleep. The asylum seeker claimed that guards pick out certain asylum seekers to treat especially unfairly.

Asylum seekers live separately from refugees and are given fewer benefits. In recent months, asylum seekers' access to their phones was removed. Asylum seekers told the author they were no longer able to keep their phones inside their accommodation. Those with friends at West Lorengau Haus have begun leaving their mobile phones with their friends and retrieving them to make calls there or outside. Others had much greater difficulty contacting their families after phones were taken away. Several asylum seekers

⁶⁴ Manus Refugees Stripped of Phone Cards. *Radio New Zealand*, 14 Feb 2018. Available at: <https://www.radionz.co.nz/international/pacific-news/350384/manus-refugees-stripped-of-phone-cards>.

said that these diminishing privileges were a continuation of attempts to pressure asylum seekers to return home by making life untenable for them in Manus. Aside from such actions, asylum seekers said they were directly pressured by officials to return home on many occasions.

In Port Moresby, refugees who have signed settlement documents reported that JDA case workers come to their flats to check that the accommodation is in order. At Granville Motel, Paladin Security closely monitors refugees' and asylum seekers' movements. While there is no curfew in place, guards routinely question them on their intended destination when they leave the guest house. Visitors are closely scrutinised, and their movements recorded. At Lodge 10, where refugees stay while awaiting resettlement, their Boat IDs are recorded when they go out, but they are not questioned on their intended destination

We have case workers, but it's useless. They just come and check the house periodically. Before JDA started it was better.

-Refugee in Port Moresby, July 2018

Refugees and asylum seekers in Port Moresby expressed their fear that any association with reporters or advocates could see them sent back to Manus as a consequence. Because their movements and activities are continually monitored, they do not know what is recorded in their files but know the information can be used against them. Refugees and asylum seekers at the Lombrum RPC were encouraged to report on each other, and this information was previously used to deny recreational excursions. Because many of those in Port Moresby dread being returned to Manus, they are careful to avoid actions that could arouse suspicion.

Protection Issues

Safety

When asked if refugees feel safe inside their accommodation on Manus, one refugee living in the ELTC said he generally felt safe, but that guards no longer intervene when a fight breaks out between refugees. At Lombrum, fights would be broken up and refugees who posed a danger would be isolated from the others. Now, security guards simply stand by and watch when there is a fight. They also continually remind the refugees that if they go out, they will be on their own if something were to occur. This has amplified some refugees' fear of going out into town.

The police on Manus were described as ineffective. According to one refugee, an asylum seeker in Lorengau had been recently robbed at knifepoint while selling goods at a market. The police were called but refused to take his complaint after he was unable to provide the suspect's name. The police replied that if the asylum seeker didn't have this information, "How are we going to investigate?"

Many refugees and asylum seekers described a general feeling of insecurity in Lorengau. There have been approximately 12 violent incidents targeting refugees and asylum seekers in Manus and Port Moresby since the detention centre opened its gates. Refugees in Manus said they never know when they walk down the street who is going to rob them. Some go out only rarely because they feel unsafe.

Most of the locals are ok. Some teenage boys drink and then their minds change. They see refugees with money and want to do something against us.

-Refugee in Lorengau, July 2018

One refugee said he feared a coordinated attack. Others go out frequently and have developed a greater comfort with walking around town and interacting with Manusians, especially when they are with friends. Some Manusians, including church members and local business owners, have reached out to the refugees and asylum seekers, expressed their support and developed friendships with them. Many refugees said that most Papua New Guineans are friendly, but that this changes when alcohol is involved. Many men have

described not going out in the evenings because they are worried about the influence of alcohol, and particularly avoid going out on Friday evenings.

Port Moresby is known to have high levels of crime and insecurity, often caused by *raskol* gangs or opportunists from the city's settlements. Like elsewhere in the country, police are widely viewed as ineffective and frequently abusive.⁶⁵ One refugee said that in Port Moresby, in comparison to Manus, "people are hungrier and become rougher." The refugee described a man attempting to steal his mobile phone but giving up when the refugee showed him a knife which he always carries for protection. Several refugees and asylum seekers said that their phones had been stolen from them on the street. Some have been held up at gunpoint or knifepoint. According to one refugee, in one sense Port Moresby still may present a safer environment for refugees because they are more anonymous and would not be directly targeted based on their identity, as they have been in Manus. On the other hand, some refugees who have signed settlement papers live in unsafe suburbs with frequent gunshots and violence, and they must attempt to use friendly relationships with neighbours for protection, in the same way that many Papua New Guineans rely on their *wantok* or clan networks. Anyone walking on the street or riding public transport may be vulnerable to theft or violence, as is true for nationals. Some refugees limit their exposure by staying in their accommodation in the evenings; others take more risks or use taxis or other safer means of transport to navigate the city.

We don't have a curfew [in Port Moresby], but I don't go out after 6pm and most of the others [in Lodge 10] don't either. Most people just stay inside.

-Refugee in Port Moresby, July 2018

Freedom of Movement

Refugees and asylum seekers in Manus have limited freedom of movement, with a 6pm to 6am curfew. While one refugee shared that the refugees are generally permitted to re-enter the facilities during curfew hours, at least one example was given of a refugee who tried to enter the facility at 10pm initially being refused entry, and then being beaten by guards after he began angrily throwing rocks at the guard house.

We let West Papuan refugees in [to Manus] without putting them in detention centres. When I look at the bigger picture, the refugees are human beings and we need to support their interests.

-Hotel owner in Lorengau, July 2018

Refugees are also restricted from leaving Manus Province, and are not allowed to travel freely within PNG, even at their own cost. This change was instituted in early 2018; previously, refugees in Manus who wanted to find work elsewhere in the country were not prevented from traveling there on their own. Refugees are now restricted from leaving Manus Island unless they are in possession of a written job offer from Port Moresby, according to several refugees and asylum seekers. It is rare for an employer to offer a position

to a refugee whom he or she has not met in person, so this restriction severely limits the ability of refugees to move to Port Moresby in order to work.

In Port Moresby, asylum seekers and refugees undergoing medical treatment are closely monitored. While no curfew is in place, residents fear that any wrong move will have them returned to Manus as a consequence.

⁶⁵ Dinnen, S., 2017. Internal Security in Papua New Guinea: Trends and Prospects. *The Lowy Institute*, 6 Dec. Available at <http://interactives.lowyinstitute.org/publications/PNGin2017/png-in-2017-internal-security-png-trends-prospects.html>.

Other Protection Issues

While refugees appear to have the right to work in PNG, this only seems to be possible officially if they sign settlement documents, which many are unwilling to do because they fear jeopardising their chances for resettlement. A number of refugees who had signed settlement documents but did not have employment were sent back to Manus in 2018, along with others who had unresolved medical conditions.

I'm scared to sign [the PNG travel document] because I don't know how it will affect my future. Most people haven't signed it because they don't know what it means and don't want to be stuck here.

-Refugee in Lorengau, July 2018

Though approximately 90% of the refugees and asylum seekers are unmarried, the remaining men have spouses and children living in their home countries, refugee camps or transit countries, or in Australia. They have not seen their families for at least five years, and some have 5-year old children whom they have never met. The policy that brought them to Manus has denied these men their right to be reunified with their families. It has also largely denied the single men from forming families. Other social problems have developed as men have fathered children on Manus. Some refugee or asylum seeker fathers have already been resettled or deported, leaving children and their mothers behind without financial support. This type of situation is likely to occur more frequently the longer the refugees remain in PNG. In addition to having absent fathers, some children of refugee men may face challenges with access to customary land in Manus, as land ownership is patrilineal in the society.

I just want to know if we'll be here forever or not.

-Refugee in Port Moresby, July 2018

The lack of transparent information on how individuals are being selected for U.S. resettlement, how long the process will take and alternative durable solutions for those not selected for U.S. resettlement present a serious problem for the refugees. The uncertainty they felt was cited as their main

concern apart from the lack of freedom of movement. One person pointed out that this lack of clarity was destroying both the refugees and their families who were living elsewhere.

Asylum seekers who have been given “negative” status and are still in PNG appear to be there because the authorities are unable to deport them, as certain countries do not accept involuntary returns. There are reports of two Pakistani asylum seekers who were denied asylum and allegedly had been held without charge in Bomana Prison near Port Moresby for eight months, as of July 2018. Several asylum seekers have been denied refugee status but given positive Deportation Risk Assessments, which is a recognition that they cannot be repatriated because they may face torture or death if returned. Several asylum seekers with “negative” refugee status reported that they fear return to their home countries because of the risk of persecution, and that they are terrified about what will happen to them. Many others previously opted to return home despite possible risks, in the face of continued indefinite detention and a life in legal limbo. With the continual pressure to return, it is clear that many asylum seekers remaining in Manus fear persecution in their home countries, and they must be given a review of their refugee claims, or the chance to have their claims assessed in the first place, as the UNHCR has stated.⁶⁶

Community Service Mapping

Lorengau

In contrast to Port Moresby, there are few local organisations or associations in Lorengau with the capacity to offer better services to the refugees. The Manus Council of Churches, an influential body in Manus

⁶⁶ UNHCR, 2017. UNHCR Fact Sheet on Situation of Refugees and Asylum Seekers on Manus Island, Papua New Guinea, 15 Dec. Available at: <https://reliefweb.int/report/papua-new-guinea/unhcr-fact-sheet-situation-refugees-and-asylum-seekers-manus-island-papua>.

Province, is supportive of the refugees, has spoken out against their ill treatment, and has engaged in some dialogue with the provincial government and with the National Council of Churches to promote resettlement and durable solutions for the refugees. When the RPC was shut down in October 2017, the Manus Council of Churches organised and helped to smuggle food for several weeks to the 600 refugees who remained inside the centre.

Other local community organisations in Manus include individual churches and their ministries (mainly Catholic, with some United and other denominations), sporting associations and women's groups. The Manus Council of Churches has engaged in a partnership with Act for Peace, the development agency for the Australian Council of Churches, and with Australian church volunteers and to conduct small-scale social cohesion activities with refugees and the local community. These have included an introductory food safety certification course in which both refugees and local community members have enrolled, and a hair-cutting and threading class offered to the community with self-taught Iraqi refugee instructors.

One refugee said that Manusians are curious about the refugees' lifestyles, which are different from their own. Some are interested in learning new skills from them, such as hair-cutting, new cooking methods, or alternative fishing techniques. Several refugees participated in a church outreach project in some island villages, including obtaining and delivering a new sound system for a local church and bringing medicines to a remote community. These examples show that the potential exists for positive exchanges between refugees and Manusians. Most Manusians live subsistence lifestyles in villages, and many have acute needs. While refugees and asylum seekers lack basic rights such as freedom of movement, the right to citizenship and the right to work, some do possess education, skills and other resources that could be of benefit to the local community. Finding creative ways to engage these skills and resources for the community would help the refugees to become more active and mentally engaged while they remain in Lorengau.

No international NGOs in PNG are currently working in Manus Province. Several NGOs expressed to the author their support for the refugees' plight, but their need to focus on their mandate of reaching underserved Papua New Guinean communities. They also noted that their reliance on Australian Government funding makes it difficult for them to speak out publicly on behalf of the refugees, or to engage in work that is seen to promote the refugees' rights in opposition to the actions of the government. One leader of a local NGO said that because civil society in PNG often relies on Australian government funding, speaking out on behalf of the refugees "would be like biting the hand that feeds them."

Any external initiative to support the refugees and asylum seekers in Manus alongside the broader community should recognise the significant economic benefit that offshore detention has brought to Manus, and the economic incentive the province has for the current state of affairs to continue. The RPC and ongoing service contracts have created numerous jobs in the community. One local hotel owner estimated that every person in Lorengau had had at least one relative employed in the RPC. Refugees and asylum seekers have also boosted the local economy in Lorengau by regularly spending cash in its markets. While Manus could benefit from community development support alongside the refugees and asylum seekers, any external assistance should be careful not to further increase the incentive of provincial and national government officials to keep the refugees and asylum seekers in Manus or to accept their continued limbo and detention-like conditions. Some discussions have centred around possibilities for investment in a new industry that would create employment and economic stimulus for Manus when the refugees and asylum seekers leave.

People know the refugees are not here permanently. Manus benefits from the refugees. But if they go, the community will lose their employment. My two children are working for [the contractors]. If they go away it will be a disaster.

- Hotel owner in Lorengau, July 2018

Port Moresby

Medical care is a serious need for refugees, with many reports that refugees and asylum seekers transferred to Port Moresby for serious medical needs are not receiving the care they require. As in Nauru, the ABF has blocked a number of recommended medical transfers to Australia from PNG for medical needs that Pacific International Hospital is unable to meet.

In Port Moresby, as described elsewhere in this report, medical treatment is provided at Pacific International Hospital. While PIH's facilities appear to meet standards, the quality of medical care and of diagnostic services is at best inconsistent.⁶⁷ Port Moresby General Hospital, the main public hospital, has less hygienic facilities and is frequently overcrowded. However, the hospital is generally known to have more experienced physicians, including surgeons and other specialists. Port Moresby General's psychiatry department is directly linked with Laloki Psychiatric Hospital, the only psychiatric hospital in PNG.⁶⁸ Paradise Hospital, another nearby private hospital, is considered by some physicians to have a better quality of care than PIH and has some specific medical specialisations which may not be available at PIH. More investigation is needed to determine the extent to which refugees and asylum seekers can access medical services available elsewhere in Port Moresby when the necessary care is unavailable at PIH. For the more serious cases, however, access to a hospital in Australia or with Australian standards should be provided, as no facilities in the PNG health system meet these standards.

In a context where refugee patients are consistently blocked by the government from accessing the medical care they need in Australia, an efficient referral system could be put in place that locates the necessary surgeons, physicians or specialties in another medical facility in Port Moresby. Even while a recommended transfer to an Australian facility is pending, the minimum that should be done for patients who are not receiving the care they require at PIH is to ascertain whether other specialists or diagnostic testing are available at the other local facilities and to provide access for the patients.

An independent medical evaluation that considers patient experiences should determine whether other facilities or personnel in Port Moresby could provide a measure of better care to refugee patients, including on a case-by-case basis depending on the medical expertise required. This should not be used to deny medical transfers out of PNG based on physicians' recommendations; it is the duty of the decision-makers, who have placed the refugees in detention-like conditions in PNG, to allow access to the required care. As described previously, contracts or grants with other private or public clinics such as the Salvation Army Clinic in Koki, which could offer out-patient medical care to refugees and asylum seekers, should also be explored. The Governments of Papua New Guinea and Australia should not deny refugees and asylum seekers access to necessary medical care, including that which may already be available in Port Moresby.

Port Moresby is a city of more than 300,000 people with diverse economic activity and a multicultural population. While fewer than 150 refugees and asylum seekers are currently in Port Moresby, several of them said that Port Moresby was a much better place for them, and that the refugees generally dread being sent back to Manus. Manus was described as a much less preferable place in comparison, in part because of the lack of opportunities to stay busy, whether with work or recreation.

⁶⁷ The author encountered in personal experiences of treatment at PIH and in the reports of several other non-refugee patients of incorrect diagnostic results and inconsistent care by physicians and nursing staff. Two medical doctors working in other facilities in Port Moresby said that they avoided referring patients, or their friends or family members, to PIH because of sub-standard care. Refugees complained that the hospital is more focused on income than on patient care.

⁶⁸ Based on information from a former employee of Port Moresby General Hospital

Port Moresby has numerous businesses, international and national NGOs, churches and other community organisations. For those refugees and asylum seekers who have managed to stay in Port Moresby, the potential exists for greater community support for those who are isolated, suffering from mental illness or medical conditions as well as for those who are more high-functioning and candidates for the job market. Such support could include a network of supportive businesses who could extend job opportunities to the refugees, though this would require negotiation. JDA Wokman has been contracted to provide job placement services, but many of the refugees have complained that they have provided little to no help.

For those suffering from depression or other health conditions, churches or other groups could organise a network of volunteers to visit the men or to invite them for meals, offering solidarity to a population that has long been isolated. Such a service would be especially beneficial for those with serious mental health issues, but supportive connections with locals or expatriates would be valuable for even the more high-functioning refugees and asylum seekers. The establishment of culturally appropriate community and social supports have been widely recognised as important to securing psychosocial well-being for refugees.⁶⁹ While the human resources are available, such a support network would require both awareness-raising for potential volunteers and negotiation with authorities who closely scrutinise the refugees' and asylum seekers' activities in Port Moresby. Alternatively, volunteer networks would need to ensure that their involvement with refugees remained discreet and that contact did not occur at the refugees' accommodation, where they are closely monitored.

We already have a “refugee” crisis in this country, from climate change, tribal fighting and sorcery accusation-based violence.

- Civil society leader in Port Moresby, September 2018

A discussion with a leader of a national NGO revealed that while civil society could be supportive of the refugees, very little is known about them or their plight even within PNG. Media reporting on the Manus refugees is sparse. Human rights activists and local NGOs are focused on many other issues affecting Papua New Guineans – such as the high rates of sexual and gender-based violence, natural disasters, tribal conflicts, and violence related to sorcery accusations. All of

these may result in the forced displacement of individuals, families, entire villages or communities in many areas of the country. With these many serious protection needs, little space is left for resource-poor organisations to focus on other concerns, particularly given their reliance on Australian funding. Still, greater awareness on the refugees' rights could elicit more support from the segment of civil society that is committed to addressing human rights violations in PNG.

⁶⁹ Ager, A., 2014. Health and Forced Migration. In E. Fiddian-Qasmiyeh et al. eds. *The Oxford Handbook of Refugee and Forced Migration Studies*. New York, Oxford University Press.

V. CONCLUSION AND RECOMMENDATIONS

Many refugees and asylum seekers in Manus and Port Moresby continue to suffer acutely. Due to the nature of media coverage during and after the close of the detention centre in October 2017, some members of the public have been led to believe that refugees are no longer being detained on Manus and that the situation has been resolved. As this report has shown, this is far from the case.

The most urgent and obvious need for the refugees and asylum seekers is for a swift end to their prolonged detention-like situation in Papua New Guinea, and for resettlement to safe third countries.

As many others have stated, settlement in PNG, which struggles to support its own population, would not present an appropriate solution for the majority of the refugees, many of whom have serious mental health concerns from their years of detention and previous trauma. In the short-term, those suffering from unresolved serious mental and physical health conditions should be immediately transferred to Australia for treatment in accordance with physicians' recommendations.

Long-term prospects are particularly dire for the asylum seekers (approximately 19% of the total number remaining), who have been denied refugee status and have no legal options. Equally concerning are the prospects for both refugees and asylum seekers from Iran and Somalia, who have been largely barred from U.S. resettlement under the U.S. restrictions and who make up approximately 40% of the asylum seeker and refugee population remaining in PNG. Even those refugees who are eligible for U.S. resettlement will not be resettled quickly; the process continues to move slowly given the far reduced resettlement quota in the United States. Solutions must be found for all refugees and asylum seekers in Manus and Port Moresby, including through (but not limited to) New Zealand's resettlement offer. Any offer of resettlement should consider how to minimise the time it may take to process cases or make arrangements. The refugees need permanent solutions as soon as possible.

In addition to advocating for their rapid resettlement, civil society should advocate for the following basic protections for the refugees and asylum seekers while they remain in Papua New Guinea:

- Access to timely and quality health care, including access to the necessary specialists and immediate adherence to the recommendations of medical professionals on specific cases
- Improved mental health care, especially the reinstatement of torture and trauma counselling services, mental health outreach for vulnerable cases and 24-hour monitoring for patients with a suicide risk
- Professional interpreting services for all medical visits, formal communication and meetings
- Access to employment, vocational training, education and recreational opportunities
- Freedom of movement, giving those who wish to the ability to secure employment in Port Moresby or elsewhere in the country, even while they await resettlement
- Respectful and professional treatment by case managers, security staff and others, achieved through training for staff on basic rights, and immediate consequences for physical and verbal attacks against refugees and asylum seekers

This assessment raises questions about the ability of JDA Wokman's management, in particular, to understand the basic protection needs of refugees and asylum seekers and to adequately respond. JDA Wokman and its parent company Applus+ should be scrutinised, and the Australian Government's contract with the company should be considered as one focus of advocacy.

Civil society in Australia has presented a strong voice on the issue of offshore detention in the past years and should continue its advocacy. Focused advocacy has begun to see a reduction in the number of refugee children and their families detained on Nauru, and an affirmation that the remaining children and their

families are likely to be brought to Australia by the end of 2018, though not to be settled permanently.⁷⁰ Still remaining offshore, with no permanent solutions, are the men in PNG and the adults without children in Nauru. Civil society in PNG has a role to play in supporting the rights of the refugees and asylum seekers. While they remain in PNG, the protection concerns they face should be acknowledged and addressed by the Australia and Papua New Guinea Governments. Concerted advocacy in PNG, in partnership with Australian and regional organisations, could place increased pressure on both governments to take measures to end restrictions on movement for the refugees and asylum seekers in PNG, even while pushing for resettlement solutions. As the men continue to wait, civil society and NGOs—both local and international—could initiate short-term programs to assist the refugees and asylum seekers alongside the wider community in PNG. These programs could include vocational training, English classes and access to other education opportunities, and could also connect refugees and asylum seekers with jobs, recreational activities and skills exchanges with the local population. The men on Manus must be resettled as soon as possible, but they also cannot wait for permanent solutions to have opportunities to live their lives with some autonomy.

Other assistance could supplement the inadequate services provided by the Australian Government, including the provision of specialised mental health care, and improvements to hospital facilities and equipment in Lorengau. Another important need is that of accompaniment and community outreach to refugees and asylum seekers in Manus and Port Moresby, whether through informal church networks or an NGO. An organisation in Australia or PNG could partner with local churches or community-based organisations to offer these services to the refugees and asylum seekers.

The refugees and asylum seekers on Manus have endured more than five years of abuse and ill treatment after having fled persecution in their home countries. These men, as do the men, women and children on Nauru, deserve lives of dignity, freedom and safety, both immediately and in the future. The Governments of Australia and Papua New Guinea should extend the full range of protections this population needs, and civil society should work to ensure that they do.

⁷⁰ Koziol, M. and Cooper, A., 2018. More Nauru children moved to Australia as fresh bid for New Zealand solution rejected. *Stuff*, 4 Nov. Available at: <https://www.stuff.co.nz/world/australia/108340963/more-nauru-children-moved-to-australia-as-fresh-bid-for-new-zealand-solution-rejected>.