

**ASHM COVID-19 Taskforce Recommendations for People Living in Immigration Detention Centres, People with Temporary Visas and Undocumented Workers Living in Australia during the COVID-19 pandemic.** *Prepared by members of the Taskforce's CALD and Migrant Populations Cluster and the Taskforce Chair, April 2020*

**Document last updated:** April 30<sup>th</sup> 2020

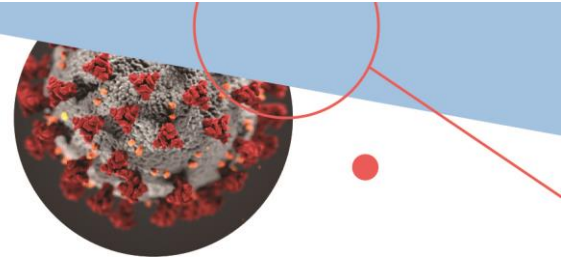
**Disclaimer:** This ASHM document is designed to provide available, relevant information to clinicians and other healthcare providers to optimise the health and wellbeing of people living with HIV, hepatitis B and hepatitis C and those with sexual health needs, during the COVID-19 pandemic. The recommendations provided are the opinions of the authors and are not intended to provide a standard of care, or practice. This document does not reflect a systematic review of the evidence, but will be revised to include relevant future systematic review findings of the National COVID-19 Clinical Evidence Taskforce(1) and other relevant information.

**Summary of Key Findings in this report**

**The ASHM COVID-19 Taskforce calls for the immediate release of people living in Immigration Detention Centres both in Australia and off shore, including those with BBVs and sexual health needs, who do not pose a security risk**

**In relation to international students, people on temporary working visas and undocumented workers during the COVID-19 pandemic, the ASHM COVID-19 Taskforce calls for:**

- Provision of free accommodation for those who become homeless to optimise their health and safety
- Provision of free treatment for HIV, hepatitis B, hepatitis C, sexually transmitted infections and reproductive health needs



- Provision of free treatment for other serious health conditions in the setting of financial hardship
- Provision of financial support in the setting of financial hardship for reasons that include job loss, or reduction in hours of work

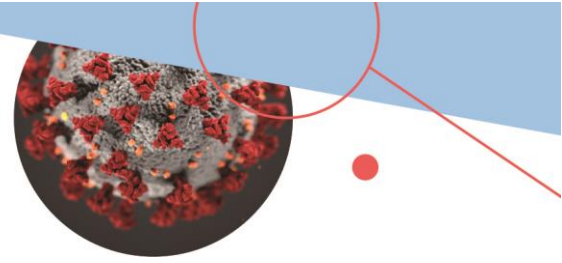
## **Background**

### People living in Immigration Detention Centres

At a global level, refugees and migrant populations are at high risk of developing COVID-19 illness for many reasons. These include overcrowded living conditions, limited opportunities for hand hygiene, self-isolation and quarantine and poor access to medical treatment and care all of which intersect with poverty, food and housing insecurity, language barriers, legal obstacles and poorly managed co-morbidities(2).

In Australia, significant concerns have been raised regarding the delivery and quality of healthcare to people living in immigration detention centres, including the failure to provide antiviral therapy to people living with hepatitis C(3). At the end of February 2020 there were 1,440 asylum seekers (people whose request for asylum has yet to be processed) living in four immigration detention centres in New South Wales, Western Australia and Christmas Island, in three Immigration Transit Accommodation Facilities centres in Victoria, Queensland and South Australia and in alternative places of detention (4), which include hotels in Melbourne and Brisbane. Of note, detention centres also house people who are waiting to be deported, despite having lived in Australia for many years. Offshore there are approximately 210 asylum seekers living in Nauru and 220 in Papua New Guinea.

The COVID-19 pandemic has highlighted concerns around the health of detained refugees and asylum seekers and in this light, the United Nations Subcommittee on the Prevention of Torture and other Cruel Inhuman Treatment or Punishment recently recommended the review and reduced use of migration detention centres and refugee camps(5). In the United Kingdom more than 400 detainees have been



released from detention during the pandemic(6), albeit of concern is that many were released without provision of appropriate housing.

The Australian Society of Infectious Diseases, the Australian College of Infection Prevention (7) and Australia's Human Rights Commissioner have called for the release of asylum seekers being detained in Australia in order to minimise the risk of COVID-19 illness in detention settings(8).

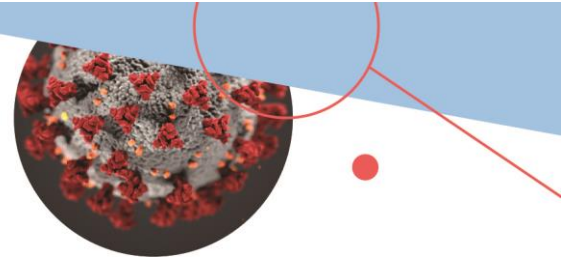
#### International Students and other people on temporary visas

During 2019, there were 720,149 international students enrolled in educational courses in Australia(9) and in the 2016 Australian census, approximately 300,000 people reported holding temporary working visas(10).

During the COVID-19 pandemic people on student visas are able to continue working 40 hours per fortnight, or more if they work in supermarkets and in some cases, they can access their superannuation. However the closure of businesses has led to job loss for international students(11) who, along with people on temporary working visas, have not been included in the Commonwealth Government's COVID-19 economic stimulus package. The Taskforce welcomes the recent initiative from the Victorian Government to provide an International Students Emergency Relief Fund(12).

Relevant concerns are that international students and other people on temporary working visas, and undocumented regional workers may become homeless. Homelessness is a risk factor for COVID-19(13) and other poor outcomes including mental health issues, physical and sexual assault and undertaking cash-in-hand work, which may lead to a higher risk for being charged with breaching social distancing rules.

#### **Recommendations**



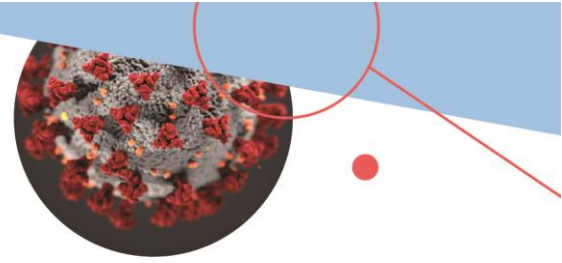
**The ASHM COVID-19 Taskforce calls for the immediate release of people living in Immigration Detention Centres both in Australia and off shore, including those with BBVs and sexual health needs, who do not pose a security risk**

**Key issues to be addressed for people who are released into the community from Immigration Detention Centres as a result of the COVID-19 pandemic**

- Immediate provision of bridging visas, Medicare, financial assistance and safe accommodation with support from current agencies and healthcare providers who are involved in settlement of refugees in Australia
- Urgent access to culturally safe healthcare that is tailored to their needs, faith and family and which addresses mental health, management of co-morbidities, treatment/screening for blood borne viruses (BBVs) and sexually transmitted infections (STIs) and reproductive health needs including contraception, abortion and sexual assault counselling
  - o Here one should note that healthcare workers may be perceived as having a role in policing COVID-19 social distancing measures, especially if the person presents with an STI, requests contraception, or seeks to purchase condoms

**Key issues for people who are not released into the community from Immigration Detention Centres during the COVID-19 pandemic**

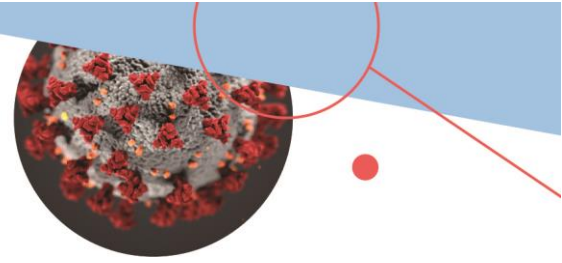
- COVID-19 Infection control measures must be optimised for all detainees and staff members in Immigration Detention Centres
  - o A brief document from the Department of Home Affairs is available in relation to COVID-19 and Immigration Detention Centres(14). However it does not provide specific detail on infection control measures that are needed to prevent and manage COVID-19 in Immigration Detention Centres, unlike detailed guidance that was developed for the Criminal Justice System by the Communicable Disease Network Australia(15)



- The health needs of all people detained in Immigration Detention Centres in Australia and off shore, including those with BBVs and sexual health needs must be met urgently
- There should be no delay in the processing of legal and immigration matters for detainees during the COVID-19 pandemic for several reasons, including likely deterioration in their health status

**The ASHM COVID-19 Taskforce calls for optimisation of healthcare and livelihood support for all international students, people on temporary working visas and undocumented workers, including those with BBVs and sexual health needs who remain in Australia during the COVID-19 pandemic**

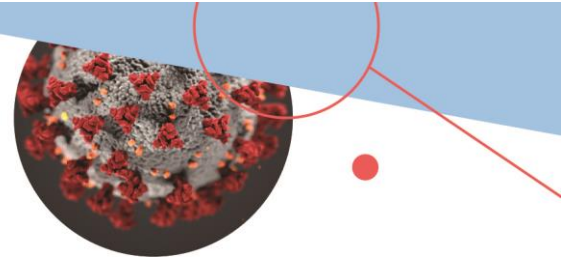
- The Taskforce recommends that during the COVID-19 pandemic that international students, people on working visas and undocumented workers who cannot afford accommodation are provided with free accommodation during the COVID-19 pandemic in Australia for their health and safety
- International students in Australia are required to have private health insurance. However many students hold concerns about whether their healthcare privacy will be maintained (e.g. not revealed to their family members in their home countries), especially in relation to seeking testing and treatment for BBVs and STIs. They believe that information could affect their future study options and visa status. It is plausible that people on temporary working visas, which require mandatory health insurance have similar concerns regarding confidentiality.
- Therefore the Taskforce recommends that during the COVID-19 pandemic, investigations and treatment for BBVs, STIs and reproductive health including contraception and abortion should be free for international students, people on temporary working visas and undocumented migrants, although a person may opt to use their own finances and private health insurance for these health matters.
  - o In the likelihood that these treatments and investigations are not made free, Sexual Health clinics provide free testing and some



- treatment for BBVs and STIs for all attendees. Some treatments for HIV, hepatitis B and hepatitis C may be available through compassionate access programs during the COVID-19 pandemic
- In addition the Taskforce recommends that if other serious health matters arise during the COVID-19 pandemic that are not related to BBVs, STIs and reproductive health and the costs of these health matters exceed the ability of international students, people on temporary working visas and undocumented workers to pay, then these costs should be waived
    - o Of note, in some jurisdictions, hospitals will waive the costs of treatment for international students, who present with COVID-19 symptoms and do not have adequate insurance
  - The Taskforce recommends that international students, people on temporary working visas and undocumented workers in all jurisdictions should be provided with financial support during the pandemic if they are facing financial hardship for reasons that include job loss, or reduction in hours of work

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