Public Interest Advocacy Centre

Submission to the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

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About the Public Interest Advocacy Centre

The Public Interest Advocacy Centre (PIAC) is leading social justice law and policy centre. Established in 1982, we are an independent, non-profit organisation that works with people and communities who are marginalised and facing disadvantage.

PIAC builds a fairer, stronger society by helping to change laws, policies and practices that cause injustice and inequality. Our work combines:

- legal advice and representation, specialising in test cases and strategic casework;
- research, analysis and policy development; and
- advocacy for systems change and public interest outcomes.

Our priorities include:

- Reducing homelessness, through the Homeless Persons' Legal Service
- Access for people with disability to basic services like public transport, financial services, media and digital technologies
- Justice for First Nations people
- Access to sustainable and affordable energy and water (the Energy and Water Consumers' Advocacy Program)
- Fair use of police powers
- Rights of people in detention, including equal access to health care for asylum seekers (the Asylum Seeker Health Rights Project)
- Improving outcomes for people under the National Disability Insurance Scheme
- Truth-telling and government accountability
- Climate change and social justice.

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1. Introduction

The Public Interest Advocacy Centre **(PIAC)** welcomes the opportunity to make this submission to the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment ahead of its country visit to Australia in October 2022.

Our submission focuses on two key areas in Australia's national system of onshore immigration detention: access to healthcare and the misuse of restraints, such as handcuffing.

PIAC does not support mandatory immigration detention. Asylum seekers and refugees are held in mandatory immigration detention for excessive and indefinite periods of time, which causes harm to physical and mental health. This harm is exacerbated by the failure to ensure people in detention have access to an adequate standard of health and medical care. Mandatory immigration detention fails to meet minimum standards for closed environments.

The Commonwealth government has nominated the Office of the Commonwealth Ombudsman to be the National Preventative Mechanism (NPM) overseeing immigration detention, but disappointingly we are yet to see sufficient practical progress in implementing a coordinated and effective system of monitoring and prevention. While any length of time in immigration detention has the potential for harm, the uncertain and arbitrary nature of the length people are detained is of particular concern. Extended, indefinite detention has been recognised for decades to be extremely damaging to mental and physical health.

In this context, PIAC's Asylum Seeker Rights Project seeks to secure humane standards of medical and mental health care for asylum seekers in Australia's onshore immigration detention centres. Since 2016, we have worked with people in immigration detention and their advocates to address physical and mental health issues facing that population. We also monitor the use of restraints and excessive use of force. We are currently running test case litigation challenging the lawfulness of handcuffing in immigration detention. We represent clients in litigation, complaints to various agencies and work on law reform. Our work is conducted in close consultation with key peak refugee and asylum seeker advocacy organisations.

While this submission summarises our key concerns, we recommend the Sub-Committee read our existing reports on the state of healthcare in immigration detention. In 2018, we released *In Poor Health*, and in 2021, we followed this with a report that focused on the Medevac cohort, *Healthcare Denied*.

1.1 Visiting priorities

We recommend that the Committee visit all places of immigration detention. However, we believe it is vital that the Committee visit Alternative Places of Detention (APODs) and Yongah Hill Immigration Detention Centre. We set out the reasons for this below.

2. Access to healthcare in onshore immigration detention

Healthcare in Australian onshore immigration detention is in crisis. Healthcare services for people in immigration detention are not comparable to those available to the Australian community. As a consequence, for many years now, people in immigration detention have been arbitrarily refused or delayed medical treatment, leading to exacerbation and failure to diagnose many serious conditions.

Indefinite and arbitrary detention causes mental illness and exacerbates existing medical conditions.[1] Prolonged immigration detention is known to have a significant, negative impact on mental health and there are increasing numbers of asylum seekers who have been detained for increasing periods of time. The Commonwealth Ombudsman has reported that immigration detention in a closed environment for longer than six months had a significant, negative impact on mental health.[2] Onshore detention conditions have resulted in the deterioration of many people's mental health to the point they have been at risk of suicide. Between 2020-21 there were 195 instances of self-harm in onshore immigration detention centres.[3]

The Commonwealth Government has a legal duty of care to prevent any reasonably foreseeable harm to immigration detainees and is responsible for providing a range of services to them, including healthcare. The legal duty arises because people in immigration detention (like prisoners) are held against their will and are particularly vulnerable, as they are unable to make arrangements for their own well-being. The obligations owed by the Commonwealth are not in dispute.[4]

The duty of care owed by the Australian government to provide adequate health services to immigration detainees is not reflected in the current legislative framework. The Migration Act confers power on the Minister to make regulations regarding the day-to-day running of facilities. However, none of the regulations made under the Act[5] provide for the 'operation and regulation of detention centres' with respect to the provision of reasonable medical care.[6]

Australian courts have noted, with concern, the lack of legislative guidelines around the 'operation and regulation of detention centres' notwithstanding the Minister's power to enact

[1] Irina Verhülsdonk, Mona Shahab, and Marc Molendijk, 'Prevalence of psychiatric disorders among refugees and migrants in immigration detention: Systematic review with meta-analysis' (2021) 7 *BJPsych Open* 6, E204.
[2] Australian Commonwealth Ombudsman, Suicide and Self-harm in the Immigration Detention Network (Report No 2, 2013) 59.
[3] Australian Government Department of Home Affairs, *2020-2021 Annual Report* (30 June 2021) 120.
[4] See, for example, *Mastipour v Secretary, Department of Immigration & Multicultural & Indigenous Affairs [2004] FCAFC 93* (*Mastipour*); *S v Secretary, Department of Immigration and Multicultural and Indigenous Affairs [2005] FCA 549 (S v Secretary*); *SBEG v Commonwealth of Australia [2012] FCAFC 18; MZYYR v Secretary, Department of Immigration and Citizenship [2012] FCA 694; and AS v Minister for Immigration and Border Protection & Anor [2014] VSC 593.*
[5] This is primarily the *Migration Regulations 1994* (Cth).
[6] Regulation 5.35 of the Migration Regulations 1994 (Cth) does concern the medical treatment of immigration detainees but in the context of the Secretary's power to take certain steps in instances where 'there will be a serious risk' to the immigration detainee's 'life or health'. However, the regulation does not address the standard or quality of medical care more generally.

such provisions in delegated legislation.[7] This 'legislative vacuum' stands in stark contrast to the laws of Australian states and territories which ensure people in correctional custody have a guaranteed right to reasonable medical care and treatment.[8]

The failure to create minimum legislative standards of healthcare commensurate with healthcare provided in the community has, in our view, contributed to the healthcare crisis in onshore immigration detention. Our recent case work confirms that there is chronic non-compliance with the common law duty. These serious problems are ongoing and highlight the need for urgent reform. These concerns have been echoed, over many years, by organisations such as the Australian National Audit Office[9] and the Australian Human Rights Commission (AHRC)[10] and confirmed by the Parliamentary Joint Committee of Public Accounts and Audit.[11]

In conducting our casework, we have identified several particularly concerning issues affecting especially vulnerable populations, including:

- arbitrary failure to provide medical treatment to refugees and asylum seekers transferred to Australia expressly to receive treatment (the Medevac cohort);
- routine denial of antiviral therapy for detainees living with hepatitis C;
- limited access to dental care;
- delays in people receiving treatment by relevant agencies;
- relevant agencies failing to implement recommended treatment plans, for example, not providing access to a dental specialist despite referrals being made;
- poor communication between agencies involved in providing healthcare and to people in detention; and
- poor detention conditions leading to worsening physical and mental health, including the use of 'temporary' hotels purportedly repurposed for immigration detention for long and indefinite periods, which involve lack of access to adequate fresh air, sunlight, activities and visitors; and
- misuse and overuse of handcuffs and mechanical restraints, particularly when transferring detained asylum seekers with poor mental health to external appointments or between facilities.

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[7] See, for example, *Mastipour*, above note 1, [8] and [2]; and *S v Secretary*, above note 1, [198].
[8] See, for example, section 47 of the *Corrections Act 1986* (Vic), section 53 of *Corrections Management Act 2007* (ACT), and section 82 of the *Correctional Services Act 2014* (NT).
[9] Auditor-General, Australian National Audit Office, Delivery of Health Services in Onshore Immigration Detention, Report 13 of 2016-17.
[10] For example, Australian Human Rights Commission, Inspection of Yongah Hill Immigration Detention Centre: Report, 16-18 May 2017, https://www.humanrights.gov.au/our-work/ asylum-seekers-and-refugees/publications/inspection-yongah-hill-immigration-detention; Australian Human Rights Commission, Inspection of Melbourne Immigration Transit Accommodation: Report, 9-10 March 2017, https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/inspection-melbourne-immigration-transit; and Australian Human Rights Commission, Inspection of Maribyrnong Immigration Detention Centre: Report, 7-8 March 2017, <https://www.humanrights.gov.au/our-work/asylum-seekers-and refugees/publications/inspection-maribyrnong-immigration-detention>.
[11] Joint Committee of Public Accounts and Audit, Parliament of Australia, Commonwealth Procurement Inquiry based on Auditor-General's reports 1, 13 and 16 (2016-17) (2017).

2.1 The Medevac cohort

PIAC is particularly concerned that many people who were transferred to Australia to access urgent medical treatment under the Medevac scheme continue to experience significant delays to access healthcare. The Medevac scheme provided for asylum seekers and refugees to be transferred from Nauru and Papua New Guinea to Australia to obtain urgent medical care, in circumstances where medical treatment was not available in those places. The scheme operated for 8 months, until December 2019.[12] Approximately 192 people were transferred to Australia during that period.[13]

Everyone transferred to Australia under the Medevac scheme was arbitrarily detained in onshore immigration detention facilities upon arrival, including being detained in hotels, where the detention conditions have been widely condemned.[14] This was despite the fact that many were already living in the community in Nauru and Papua New Guinea where they were determined to be refugees.[15] Many in the cohort waited for months and/or years for the healthcare which expressly triggered their transfer to Australia. This has included excessive delay for treatment for painful and debilitating conditions including severe gum disease, chest pain and heart palpitations.[16]

While most people transferred under the Medevac scheme were released just prior to the federal election in May 2022, some are still detained.[17] The experience of the Medevac cohort reflects access to healthcare in immigration detention generally: in too many cases the government is failing to provide basic medical care for people in Australian immigration detention.

2.2 Case study: Sadiq's experience of health care in immigration detention

Sadiq[18] came to Australia by boat in 2013 and was detained on Manus Island and Nauru for six years. During this period, he developed a serious knee injury that prevented him from walking and weight bearing.

[12] The Medevac law was repealed on 4 December 2019: *Migration Amendment (Repairing Medical Transfers) Act 2019* (Cth). The repeal bill was passed following a 'secret deal' between Senator Jacqui Lambie and the Coalition government. See, Alex Reilly, 'Explainer: the medevac repeal and what it means for asylum seekers on Manus Island and Nauru', *The Conversation*, (Webpage, 4 December 2019), available at https://theconversation.com/explainer-the-medevac-repeal-and-what-it-means-for-asylum-seekers-on-manus-island-and-nauru-128118.

[13] Refugee Council of Australia, *Offshore Processing Statistics* (Report, 4 October 2020); Senate Standing Committee on Legal and Constitutional Affairs, Parliament of Australia,
AE20-216 - Medical Transferees (Answer to Question on Notice No 216, 2 March 2020).

[14] *Healthcare Denied*, above note 2, 13-14.

[15] Ibid, 5.

[16] See, for example, the case studies in *Healthcare Denied*, above note 2: 17, 29, 31.

[17] See, for example, Eden Gillespie, 'More refugees released from detention in move 'absolutely due' to election' *The Guardian*, (online, 4 April 2022), available at: https://www.theguardian.com/australia-news/2022/apr/04/absolutely-due-to-upcoming-election-australian-government-releases-more-refugees-from-detention.

[18] Not his real name. Sadiq is a PIAC client.

After three years of pain, Sadiq underwent surgery in Port Moresby, which revealed that years of lacking treatment had led to the cartilage in his knee almost completely wearing away. Post-operation, Sadiq suffered from a series of serious seizures over a period of 8 months. The cause of these seizures was never identified in Port Moresby. Further, the operation on his knee failed to relieve him of any pain.

Two Australian doctors then assessed Sadiq's health issues, finding that he had been prescribed multiple medications with harmful and potentially life-threatening drug interactions. Both doctors concluded that Sadiq could not be safely treated in PNG.. Sadiq then was transported to Australia for medical treatment in June 2019 under the Medevac scheme. He shortly undertook an EEG, which was found to be within normal limits. No further investigation was conducted as to his seizures. Sadiq's knee pain also continued to worsen, and he was placed on the waiting list to see an orthopaedic specialist.

Whilst Sadiq waited over 9 months for a specialist appointment, he developed serious mental health issues, including depression, PTSD symptoms and a severe anxiety surrounding being restrained. His anxiety was also accompanied by chest pain and heart palpitations. The doctors noted that his mental health symptoms were 'a result of his prolonged detention'. By March 2020, Sadiq refused to be restrained in order to be taken out of detention to his specialist appointment. Sadiq objected to being touched and handcuffed by Serco security guards in public, stating that he 'is not a prisoner'. Sadiq was finally able to see an orthopaedic specialist who found that his knee was inoperable due to the severe damage and prolonged lack of treatment. Sadiq's mental health spiralled again. By September 2020, he was suffering from advanced PTSD and Anxiety. He developed nightmares, insomnia and started having paranoid delusions.

Sadiq's story illustrates how detention can exacerbate both physical and mental health conditions. The failure to treat Sadiq's knee condition whilst offshore led to his permanent disability. This in turn led to a downturn in his mental health. Sadiq was finally released into community detention in August 2021. Since being released, his mental health has improved significantly.

2.3 Impact of COVID-19

The COVID-19 pandemic has had a negative impact on the mental health and wellbeing of people arbitrarily detained in immigration detention. All visits to immigration detention facilities ceased on 24 March 2020 due to COVID-19 and there have been restrictions on external excursions for activities outside detention facilities, such as gym visits and medical appointments. Visits have recommenced in 2022, however it is unclear whether visitation rights will be revoked again in the advent of further waves.

The Commonwealth refused to follow expert advice to release people into the community to reduce the risk of COVID-19.[19] Instead, the Commonwealth and its agents chose solitary confinement as a tool to prevent COVID-19 transmission.[20] This has led to an underreporting of possible COVID-19 symptoms because people do not want to be locked away without basic

[19] Australian Human Rights Commission Management of COVID-19: risks in immigration detention (2021), https://humanrights.gov.au/sites/default/files/document/publication/ahrc_covid-19_immigration_detention_2021.pdf.

[20] See, for example, Sarah Price, 'Villawood asylum seeker's plea from solitary 'torture' amid virus scare', The Saturday Paper, 18 September 2021, https://www.thesaturdaypaper.com.au/news/politics/2021/09/18/villawood-asylum-seekers-plea- solitary-torture-amid-virus-scare#hrd.

living provisions. Reports also indicate a lack of transparency of quarantine rules within detention.[21]

PIAC remains concerned about the heightened risks of contracting COVID-19 in detention environments and overcrowded settings, and the heightened risks of severe or critical illness from COVID-19 because of relevant comorbidities such as hypertension, diabetes, and respiratory disease.

In addition to the direct impact of COVID-19 outbreaks in immigration detention, the increased pressure on Australia's health system has led to further delays in access to medical consultations and treatment. Health issues for people detained in immigration detention further deteriorated in 2020-22 because of COVID-19, and the detrimental impacts of closed environments. Measures to manage the risk of COVID-19 outbreaks in immigration detention have also led to restrictions, including isolation, limits on freedom of movement, socialising, activities, and visits, all of which are critical to health and well-being in detention.

2.4 Routine denial of antiviral therapy for detainees living with hepatitis C

Shortly after the launch of the Asylum Seeker Rights Project, PIAC was flooded with complaints from people in immigration detention living with hepatitis C who were denied curative, antiviral therapy despite it being readily available to people living with hepatitis C in the community. Over the last five years, PIAC has ensured access to treatment for nine immigration detainee clients living with hepatitis C including in two cases before the Federal Court of Australia and a group complaint to the Commonwealth Ombudsman.[22]

A breakthrough systemic outcome was achieved when on 21 March 2019, when the Commonwealth agreed to provide all immigration detainees living with hepatitis C with antiviral therapy, commensurate with Australian community standards.[23] However, at the time of writing this submission, and despite this commitment and ongoing advocacy, the Commonwealth government has not fully implemented its revised policy. People in immigration detention remain without treatment, which could ultimately have significant consequences for their health.

2.5 Access to health care at Yongah Hill Immigration Detention Centre

PIAC is particularly concerned about access to adequate health care at Yongah Hill. We have received a number of reports from clients detained at Yongah Hill that the level of care there has changed since the pandemic began. Previously, a GP was on site at Yongah Hill, however this does not appear to consistently be the case. Clients have told us that they have not been

[21] Ibid.
[22] See, for example, Helen Davidson, 'Man waits years for hepatitis C medication after immigration detention transfer', *The Guardian*, (online 22 October 2019), available at: https://www.theguardian.com/australia-news/2019/oct/22/man-waits-years-for-hepatitis-c-medication-after-immigration-detention-transfer.
[23] PIAC, *Hepatitis C win*, (webpage, 2 June 2020), available at: https://piac.asn.au/project-highlight/hepatitis-c-win/.

given information about how to access telehealth appointments if circumstances arise where a GP is not on site. Access to adequate dental care also remains an issue. For example, one detainee has been waiting for over two years to receive dentures. This case recently attracted media attention.

Of further concern, in June 2022, a man tragically died at Yongah Hill after being stabbed by other detainees. Media reports suggested that when the stabbing occurred, there was no doctor or nurse on site and there routinely is not a nurse present after hours.

PIAC has raised these concerns with the Department of Home Affairs and the Commonwealth Ombudsman, however the level of health care available at Yongah Hill remains unclear.

2.6 Use of APODs

PIAC is concerned about the increasing use of APODs as places of detention. The Department of Home Affairs is able to designate almost any location as an alternative place of detention. This includes the use of hotels. The use of hotels as 'alternative places of detention' has been widely condemned. APODs, including hotels, are not fit for purpose. APODs are supposed to be short-term solutions, however this is clearly not the case.

One of our clients was detained for 870 days in APODs, including 12 months in Park Hotel. He had been transferred to Australia under the Medevac laws expressly for the purpose of receiving urgent dental treatment. This treatment was not provided to him while he was detained. He reported that his dental condition deteriorated while he was detained, and his mental health also worsened. The experience of this client is not unique. The conditions of detention in hotels are incredibly restrictive. Not only is it more difficult to access health care, but the conditions also exacerbate existing health conditions and create new ones. Our clients have reported very limited access to fresh air and sunlight. There are limited opportunities, if any, for activities and programmes.

In June 2019, the Australian Human Rights Commission recommended that hotels only be used as places of detention in exceptional circumstances for very short periods of time, not least because of their lack of dedicated facilities and restrictions on access to open space.[24] Despite this recommendation, hotels have continued to be designated as 'alternative places of detention' by the Commonwealth government in preference to options such as the granting of bridging visas or release into community detention.

In October 2021, nearly one third of refugees and asylum seekers detained by the Commonwealth government at Melbourne's Park Hotel tested positive for COVID-19. Reflecting the distress experienced by people being detained there, one detainee labelled it

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[24] Australian Human Rights Commission Management of COVID-19: risks in immigration detention (2021) https://humanrights.gov.au/sites/default/files/document/publication/ahrc_covid-19_immigration_detention_2021.pdf; see also Sarah Price, 'Villawood asylum seeker's plea from solitary 'torture' amid virus scare', The Saturday Paper, 18 September 2021, https://www.thesaturdaypaper.com.au/news/politics/2021/09/18/villawood-asylum-seekers-pleasolitatorture-amid-virus-scare#hrd.

'a killer hotel, a torture hotel'.[25] Reports included that medical care, food, COVID-19 safety protocols were not provided, or if they were provided, it was done so on an arbitrary basis. Men detained at Park Hotel were subject to a range of mistreatment, including being served maggots and mouldy food, and experienced a lack of hygiene and an increasing the risk of contracting COVID-19.

The example of Park Hotel demonstrates that hotels are not fit for purpose as places of immigration detention. PIAC remains highly concerned that hotels are still being used by the Commonwealth government. For these reasons, we strongly encourage the Sub-Committee to include APODs in its visiting schedule.

3. Arbitrary use of force and the overuse of handcuffs

Over a number of years, handcuffing of detainees has emerged as a routine practice for offsite medical appointments and for transfers between facilities. The *Migration Act* and *Migration Regulations* are silent on the circumstances in which handcuffs can be used in immigration detention.

Our work with people in immigration detention demonstrates that the overuse of handcuffs is a significant barrier to people receiving medical treatment.[26] Our casework reveals that people in immigration detention, regardless of their security profile, are routinely handcuffed during and in transit to medical appointments. These practices are particularly concerning given that many asylum seekers have a history of trauma and torture. In many instances, the use of force and restraints in immigration detention is arbitrary, yet the impact on our clients is severe.

The Royal Australian and New Zealand College of Psychiatrists has emphasised that asylum seekers in Australian immigration detention are 'an already traumatised population, many of whom have severe mental health problems and are at increased risk of further depression, anxiety and post-traumatic stress disorder (PTSD).'[27] The use of handcuffing further exacerbates these health problems and puts asylum seekers in immigration detention in an impossible position – they must either accept the harm and distress from being handcuffed in circumstances where it is unjustified, or forego access to healthcare where it is made available.

We are concerned by the impact of the excessive use of handcuffing on the wellbeing of immigration detainees. The use of handcuffs and other restraints discourages attendance at offsite medical and mental health appointments, potentially exacerbating existing health conditions and delaying diagnosis of others. It also further harms the mental health of detainees, many of whom are already suffering the adverse effects of prolonged detention.

[25] Elle Marsh, 'This is a torture hotel': Inside the Park Hotel outbreak', *The Saturday Paper* (online), 27 November 2021, https://www.thesaturdaypaper.com.au/news/politics/2021/11/27/this-torture-hotel-inside-the-park-hotel-outbreak/163793160012962.

[26] Public Interest Advocacy Centre (2018) 4 and 24, https://piac.asn.au/wp-content/uploads/2018/06/18.06.14-Asylum-Seeker-Health-Rights-Report.pdf; and Public Interest Advocacy Centre, *Healthcare denied: Medevac and the long wait for essential medical treatment in Australian immigration detention*, (December 2021), 20 https://piac.asn.au/wp-content/uploads/2021/12/PIAC_Medevac-Report_2021_IssueE_03122150-1-1.pdf.

[27] Royal Australian and New Zealand College of Psychiatrists, 'Immigration detention centres a significant COVID-19 risk', 17 April 2020.

We believe there is an ongoing failure by the Commonwealth government, and its contractor Serco, to genuinely consider and balance any risks posed by people held in immigration detention against these damaging impacts.

The experiences of our clients are consistent with the findings made by the AHRC and the Commonwealth Ombudsman. In 2019, the AHRC published a report that highlighted widespread use of restraints in immigration detention and recommended that practices must be immediately tailored to individual circumstances and risks.[28] In 2020 and 2021, the Commonwealth Ombudsman echoed these concerns and raised the growing tendency for force, including the use of handcuffs, to be used as the first, rather than last choice in facilities.[29] The Ombudsman expressed concern that the use of restraints was being exercised in a manner both inconsistent with the Department of Home Affairs' own procedures and possibly without legal basis.[30]

4. Conclusion

Australia's arbitrary and indefinite immigration detention regime inflicts considerable harm and has created a healthcare crisis. Much of this is inherent in indefinite detention, but also results from detainees:

- not having access to adequate healthcare; and
- being arbitrarily subjected to routine handcuffing.

PIAC suggests that proper fulfilment of Australia's OPCAT obligations includes legislative change to amend the *Migration Regulations* by inserting a new provision to require a minimum standard of healthcare. This must be complemented by training, education and robust review. This will help to ensure that if people continue to be held in immigration detention, they receive the healthcare to which they are entitled: commensurate with Australian community standards and in keeping with international law. This includes:

- including an agreed standard of care in the contractual renewals with IHMS or other health providers appointed to deliver services to immigration detainees;
- auditing existing policies;
- mitigating the risks of COVID-19 by ensuring that all detainees and staff are vaccinated; and
- ensuring that restraints for medical transfers in immigration detention, including handcuffing, are only used:
  - based on an individualised and current risk assessment; and
  - as a last resort to prevent the likelihood of serious harm to the person or others; and
  - for the shortest necessary period of time.

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[28] Australian Human Rights Commission, (2019) *Risk Management in Immigration Detention*, 29-30, available at: https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/risk-management-immigration-detention-2019?_ga=2.195069100.1607295212.1656389767-1412818163.1656389767.

[29] Commonwealth Ombudsman, *Monitoring Immigration Detention*, (July-December 2019), 23, available at https://www.ombudsman.gov.au/__data/assets/pdf_file/0015/111390/Six-monthly-immigration-detention-report-Jul-Dec-2019.pdf.

[30] Ibid.

PIAC reiterates that the use of solitary confinement is an unacceptable approach to reduce the risk of COVID-19. The advice of medical professionals to reduce the spread of COVID-19 should be followed.

PIAC urges the Sub-Committee to carefully consider the health implications of immigration detention in Australia, including the serious consequences of prolonged detention. The current system is in breach of international law and out of step with Australian community standards.