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Background

The damaging nature of Australian immigration detention has been well established. Since the introduction of mandatory detention, close to 25 years ago, these environments have had a devastating impact on the health and wellbeing of those detained and witnessed countless instances of violence, abuse, riots, self-harm and suicidal behaviour (Australian Human Rights Commission, 2014; Joint Select Committee on Australia's Immigration Detention Network, 2012). Until recently current and former staff could have faced criminal charges including two years in goal for speaking of any aspect of their work (Doherty, 2016b). Clinicians and the broader healthcare community have been engaged with these issues for a number of years and advocated for change, however Australia's present policies are arguably more damaging and regressive than ever. How should clinicians and professional healthcare bodies respond?

Past Responses

There are few issues that have drawn as many vocal responses from clinicians and healthcare bodies as immigration detention has. Australian professional bodies have long voiced opposition and have released a range of documents, positions statements and guidelines all broadly calling for the abolition or reform of these policies (Australian Medical Association, 2011; Australian Psychological Society, 2011; The Royal Australasian College of Physicians, 2015). Protests have also been common, with resistance from clinicians who have continued to bring light to the harm these policies inflict (Isaacs, 2015; Sanggaran, Haire, & Zion, 2016). At times this has escalated to civil disobedience as was seen in the case of Baby Asha (Doherty, 2016a). While these isolated acts of protest and civil disobedience have shed light on a number of issues, longer lasting change has not been achieved with the government often attacking, silencing or dismissing critics (Borrello & Glenday, 2015; Kozaki, 2015). While a boycott has been raised, it has not been given any serious consideration publicly by professional healthcare bodies (Berger & Miles, 2016; Owler, 2016).

Fundamental Considerations for Future Action

Who is obliged to respond?

For those who have worked within Australian immigration detention centres and continue to do so, there is a clear obligation to not just engage in more orthodox clinical work, but to engage in advocacy. This can be found in a number of codes, guidelines and human right instruments. Does this extend to addressing broader social and political issues? And does this extend to other clinicians who have not worked within Australian immigration detention centres?

What should future action aim to achieve?

The goals of taking further action have often been overlooked or at best implied. Ideally aiming to address the structural causes of irregular migration would render restrictive measures at the border unnecessary, however such objectives are beyond Australian clinicians and professional bodies alone. On the other hand simply aiming to promote health within Australian immigration detention ignores these issues. Careful consideration needs to be given to aims that are realistic and suitably broad, so as to work across professions and encompass all aspects of this problem.

How should these goals be achieved?

How then should clinicians and professional bodies chart an effective course of action with these limitations in mind. A number of options appear to be open: clinically - working within the immigration detention for change, systemically - attempting to engage in broader systemic change, socially and politically - responding to the factors that underpin and perpetuate Australia's policies.

Responding to Australian Immigration Detention

Clinical responses

While there are a number of ways that clinical practice can be improved within Australian immigration detention centres this is unlikely to significantly improve the circumstances of those detained. The compromised nature of healthcare has been well documented including the systemic nature of the problem (Briskman & Zion, 2014; Essex, 2016a, 2016b, 2016c; Sanggaran, Ferguson, & Haire, 2014). A collective political response is needed.

Social and political responses

What might lead to the abolition or reform of Australian immigration detention and what role should clinicians and the broader healthcare community play? There are some obvious answers; addressing the structural causes of boat arrivals and addressing the social and political factors that have led to current policies. There is a significant body of work that has examined prejudice, beliefs and how they are challenged (McHugh-Dillon, 2015; Pedersen & Hartley, 2015). This literature has not yet been fully explored or utilised. There also remains scope for greater political engagement.

Should a boycott form part of this action?

A boycott is one form of collective action that may have a significant impact on Australian immigration detention (Berger & Miles, 2016; Isaacs, 2015). There are a number of considerations that have to this point been overlooked. A boycott is often discussed as an all or nothing action, but what if emergency staff remained? Could or should a boycott be enforced and if so, how would this be done? Perhaps more importantly, would it lead to little more than disruption and negatively impact those detained? When considered globally and against Australia's history of administrative detention, change may take time, however clinicians have both a role in intervening and leading these discussions. At stake here is not just human rights, health and wellbeing of those detained, but the values that clinicians and professional bodies purport to hold.

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