Inquest evidence shows Australian government was responsible for asylum seeker's death

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A coronial court in Queensland is conducting an inquest into the death of 24-year-old asylum seeker, Hamid Kehazaei, a prisoner in Australia's detention camp on Papua New Guinea's Manus Island who died from septicaemia spreading from a cut on his foot in August 2014. The two-week long inquest is scheduled to conclude this week, but enough evidence has already been presented to demonstrate that the anti-refugee policy of successive Australian governments is responsible for his death.

After being discharged from the Iranian military in 2013, Kehazaei fled from Tehran, concerned about the oppressive Iranian regime. He arrived on a boat at Christmas Island, an Australian Indian Ocean outpost, in August 2013, a month after the then Labor government reopened the country's "offshore processing centres" on Manus Island and Nauru. Kehazaei was transferred to Manus Island in September 2013, where he was imprisoned until his death in September 2014.

The Labor government declared that asylum seekers detained in these remote camps would never be allowed to live in Australia. Instead, they would be held indefinitely, until they either returned to the country they fled or were "resettled" in Nauru, Papua New Guinea or a third country. This policy, which violates the basic legal and democratic right to seek asylum, has been maintained by the current Liberal-National government.

In February 2014, a disturbance erupted in the Manus camp. Branded a riot, it bore "all the hallmarks of a calculated provocation orchestrated by the Australian government" as the WSWS explained at the time, and resulted in the state-sanctioned murder of asylum seeker Reza Barati.

Kehazaei's roommate was so traumatised by the event that, according to their case manager, Kehazaei effectively became his full-time carer. Kehazaei tended "for his basic needs such as showering, going to the toilet, eating, shopping." This included washing his friend's soiled sheets and clothes.

The disturbed man was ultimately moved to an Australian psychiatric facility. However, on August 23, 2014, Kehazaei complained of fever, chills and an aching body. He presented before International Health and Medical Services (IHMS), a private company contracted by the Australian government to provide medical treatment for those jailed at the camp.

The next day, Kehazaei had abscesses across his left leg and groin and was unable to walk. His condition continued to deteriorate and two days later, on August 25, after one of the abscesses burst, Anthony Renshaw, an IHMS doctor, requested his immediate transfer to Port Moresby, the PNG capital.

By 1:15pm the transfer request was forward to the Australian Department of Immigration and Border Protection (DIBP). Moreover, the request was marked "urgent" as there was a commercial flight at 5:30pm that day and the Manus Island airport does not operate at night.

During the hearing, it became clear that critically-ill asylum seekers could not be evacuated without express permission from the DIBP, that permission was routinely denied and that doctors felt under "political pressure" from Canberra not to request medical transfers.

No response from DIBP came until 6pm, after the flight had left. Instead of authorising the transfer, the

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department's director of detention health operations criticised the request. She asked why Kehazaei was not being treated at Lorengau hospital, a poorly-equipped hospital on the other side of Manus Island.

Authorisation for a transfer was not given until 8:41am the next day, by which time the severity of Kehazaei's condition necessitated the use of a "medivac" air ambulance. Doctors now requested that he be transferred directly to Australia. However, permission was denied and the plane landed in Port Moresby. That night, Kehazaei suffered three heart attacks.

Canberra finally approved his transfer to Australia and he arrived at Brisbane's Mater hospital at 10am on August 27, unconscious and barely alive. He never regained consciousness. On September 5, 2014, his family approved the unplugging of his life support.

Kehazaei's medical reports revealed that he contracted a rare water-borne bacteria known as chromobacterium violaceum. Though life-threatening, if identified early via laboratory testing, it can be treated with the antibiotic Gentamicin. That drug, although effective, is potentially toxic to the kidneys and is only prescribed when patients can be monitored with blood chemical testing.

Australian governments, both Labor and Liberal-National, have claimed that the detainees have access to medical care "broadly comparable" to that in Australia. But doctors told the inquest that the Manus Island medical clinic lacked the proper equipment necessary to diagnose and treat Kehazaei.

Martin Muis, the senior medical officer on Manus Island, said the facilities were "extremely basic" and "there was no x-ray machine or laboratory to carry out diagnostic facilities." As for Lorengau hospital, Muis said there was "no way in hell" he would ever transfer patients to Lorengau, where they suffer the same staff and equipment shortages as at the Manus Island Clinic.

If Kehazaei had been transferred on the first day "he would have had a very different outcome," Leslie King, the emergency doctor who treated Kehazaei at the Manus Island clinic, testified. "I really feel strongly that if he could have left that day, gotten to a place that had a laboratory, that had facilities we didn't have … he would have had much more of a fighting chance."

Yilana Dennett, a co-ordinating doctor with International SOS, which was contracted by IHMS to organise medical transfers from the camps, told the inquest that the doctors normally recommended transfers to Port Moresby, even though "the medical care in a Port Moresby is not up to international standards. "We knew the prime minister was reluctant to bring patients to Australia, so we knew if we put in a request it would not be approved."

In previous cases, when doctors had "recommended Australia as a first or only option," the majority "have not been approved, or have not been approved in an adequate timeframe, or have had considerable delay."

Dr Stewart Condon, a coordinating doctor with International SOS who requested Kehazaei's medical evacuation, said the DIBP resisted medical movements for budgetary and political reasons. "For people to travel to Australia we knew that there was a political pressure in the department," he testified.

The medical evidence makes clear that the responsibility for Kehazaei's death rests entirely with the Australian political establishment. He died as a direct consequence of the refugee ban and detention regime established by the previous minority Labor government, which was kept in office from 2010 to 2013 by the parliamentary votes of the Greens.

That policy has been enforced and extended by the current Coalition government, which is now seeking to bar detainees from even visiting Australia for the rest of their lives. Not just Kehazaei but thousands of other refugees are victims of a system determined to deter and punish asylum seekers.

The cruel logic of the bipartisan "border protection" regime is that no asylum seeker can come to Australia, even if they have a life-threatening illness resulting from the squalid surroundings of their forced and indefinite detention.

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