Healthcare for *all*

Fixing the safety net for people seeking asylum

Asylum Seekers Centre | September 2026

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Asylum Seekers Centre policy paper

Healthcare for all

Executive Summary

Inadequate access to healthcare is a critical government failing that undermines the health of individuals and creates undue strain on Australia's public health system.

Continuous access to Medicare is essential for all people seeking asylum living in the community, at all stages of the protection process. But current arrangements, which tie healthcare access to visa status, create avoidable health crises, increase pressure on emergency departments, and undermine Australia's human rights responsibilities.

Australia is a signatory to multiple international agreements – including the Universal Declaration of Human Rights – that affirm everyone's right to the highest attainable standard of health without discrimination.

People seeking asylum experience disproportionately high rates of chronic disease, infectious illness, and mental health conditions, often exacerbated by trauma, poverty, and housing instability. Delays in access to healthcare lead to preventable deterioration and more strain on the public health system.

The Asylum Seekers Centre (ASC) calls on the Australian Government to ensure continuous Medicare access for all people seeking asylum, regardless of visa stage, in order to protect health, uphold rights, and improve system efficiency.

This paper examines the healthcare barriers faced by people seeking asylum and outlines the benefits of making Medicare available throughout the asylum process.

About the ASC

Established in 1993, the Asylum Seekers Centre (ASC) was the first organisation in Australia to open its doors to specifically welcome and support people seeking asylum. We provide practical and personal support for people seeking safety in Greater Sydney, and advocate for fair and humane policies at every level.

In the last financial year, we supported approximately 4,600 people seeking asylum from more than 90 countries.

The Asylum Seekers Centre acknowledges the Traditional Custodians of Country throughout Australia and acknowledges their continuing connection to the land, sea, and community. We pay our respect to their knowledge, their survival, and elders past and present. We recognise that sovereignty was never ceded, and this land always was, always will be Aboriginal land.

With special thanks to the ASC's dedicated health team and pro-bono GPs, physiotherapists, and volunteers who transform the lives of people seeking asylum every day with the compassionate and professional care they provide.

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Introduction

In 1984, the Hawke Labor Government introduced Medicare as a national health insurance scheme intended to be universal in its nature and to prioritise access to care over profits in the delivery of healthcare services in Australia.[1]

Despite numerous reforms and political debate, Medicare continues to serve millions of people across Australia every day and remains a central feature of Australia's health system, including as a key issue in federal election campaigns.

Australia also has clear obligations in relation to healthcare. The country was instrumental in the creation of the Universal Declaration of Human Rights, Article 25 of which states:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family"[2]

Australia is also party to the International Covenant on Economic, Social, and Cultural Rights which sets out the *"...right of everyone to the enjoyment of the highest attainable standard of physical and mental health"*[3]

The Covenant also calls on State Parties to work towards *"The creation of conditions which would assure to all medical service and medical attention in the event of sickness."*[4]

Finally, the Convention on the Rights of the Child, to which Australia is also party, affirms:

"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and

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[1] Speech by the Prime Minister, *Health and Research Employees' Association*, Sydney, 5 March 1984, PM Transcripts, Department of Prime Minister and Cabinet. https://pmtranscripts.pmc.gov.au/release/transcript-6332

[2] Universal Declaration of Human Rights, 1948, https://www.un.org/en/about-us/universal-declaration-of-human-rights

[3] International Covenant on Economic, Social and Cultural Rights, General Assembly resolution 2200A (XXI), 16 December 1966, https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights

[4] *Ibid.*

rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."[5]

Together, these instruments establish a clear and universal obligation on State Parties to ensure access to healthcare for everyone in their jurisdictions without discrimination. They do not distinguish between groups within a population, but instead affirm healthcare as a universal human right.

This principle is reinforced in the Australian Charter of Healthcare Rights, which states that these rights "apply to all people in all places where health care is provided in Australia."[6]

Despite this, people seeking asylum experience disproportionate barriers to accessing healthcare. They are at significantly higher risk of adverse health outcomes, including elevated rates of post-traumatic stress disorder (PTSD), depression and anxiety.[7] The Asylum Seekers Centre operates a dedicated health clinic providing primary care to people seeking protection, while helping them navigate the wider healthcare system. At our clinic, we see a high prevalence of physical health conditions associated with stress, such as hypertension and other heart-related issues. We also see conditions related to socio-economic factors like poverty and malnutrition, such as high rates of type 2 diabetes, which can have serious consequential health implications if left untreated.

For people seeking asylum in Australia, accessing healthcare remains a major issue. One in three people supported by the ASC do not have access to Medicare. While state-based fee waiver systems exist in both New South Wales and other states, they are inconsistent and poorly understood, leaving critical gaps in access to care. Continuous access to Medicare is essential for all people seeking asylum living in the community, at all stages of the protection process.

This policy paper examines the barriers faced by people seeking asylum in accessing healthcare in Australia and sets out why Medicare access should be

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[5] Convention on the Rights of the Child, General Assembly resolution 44/25, 20 November 1989, https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

[6] Australian Charter of Healthcare Rights (Volume 2), Australian Commission on Safety and Quality in Healthcare, 2019, https://www.safetyandquality.gov.au/sites/default/files/2025-10/australian-charter-of-healthcare-rights-a4-poster.pdf

[7] Tomasi, A et al., "Understanding the mental health and help-seeking behaviours of refugees", *Australian Institute of Family Studies*, July 2022, https://aifs.gov.au/resources/short-articles/understanding-mental-health-and-help-seeking-behaviours-refugees

continuous throughout the asylum process. This reform is both consistent with Australia's human rights obligations and in the broader interest of community health and system sustainability.

Healthcare At Federal Level

Medicare Eligibility

Responsibility for healthcare in Australia sits with the Department of Health, while arrangements relating to the rights of people seeking asylum in Australia are largely managed by the Department of Home Affairs.

People in Australia who fear returning to their country of origin due to persecution based on race, religion, nationality, membership of a particular social group, or political opinion can apply for a protection visa.[8] The application is first assessed by the Department of Home Affairs.[9] If refused, the applicant has 28 days to appeal through the Administrative Review Tribunal (ART) to have their case reviewed.[10]

If the refusal is affirmed, applicants may pursue judicial review if they believe legal errors may have occurred throughout the process.[11] A final option is ministerial intervention, exercised at the Minister's discretion. [12]

Outside of this process, several other pathways to recognition as a refugee in Australia exist. These include tailored arrangements and mechanisms for people

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[8] "Asylum seekers and refugees", *Australian Human Rights Commission*, 3 April 2013, https://humanrights.gov.au/resource-hub/by-resource-type/publications/uncategorised/asylum-seekers-and-refugees

[9] "Protection Visa", Department of Home Affairs, https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/protection-866#Overview

[10] "ART Reviews", Refugee Advice & Casework Service, updated February 2025, https://static1.squarespace.com/static/64daccc5af8652400c34fe0d/t/67bbd983ca7fd017cf085384/1770873479712/ART+reviews+-+RACS+-+Feb+25

[11] "Your Options if Refused by the ART", Refugee Advice & Casework Service, updated September 2025, https://static1.squarespace.com/static/64daccc5af8652400c34fe0d/t/68d32c1786aab71d7cf1fe9b/1770873586322/Your+options+if+refused+by+the+ART+-+RACS+-+Sep+25

[12] *Ibid.*

from specific conflict zones.[13] However, around 700 people in the so-called "transitory" cohort remain in Australia without a pathway to permanency, often living on rolling bridging visas without work rights or Medicare access.

The legal framework governing people seeking asylum in Australia is complex and highly conditional. Once a protection visa application is lodged, individuals are generally moved onto bridging visas to remain lawfully in the community while their claim is processed.[14] The conditions attached to any given bridging visa depend on a range of factors including the date of arrival in Australia, mode of entry (by plane, by sea, with/without valid visa) or the stage of the process a person is at with regard to their protection visa application (e.g. exercising the right of appeal through the ART).[15] These conditions may include access to Medicare and work rights.[16]

While applicants at the primary decision stage are often granted both work rights and Medicare access[17], these entitlements can be removed later in the process. This most commonly occurs when visa conditions change following an unsuccessful appeal to the ART and transition into judicial review or ministerial intervention pathways.

When new bridging visas are issued, they can come with fresh conditions including a removal of the right to work. Generally, when an individual has their work rights taken away, they also lose their Medicare access. Those most affected are people in the "post review" stages, namely those pursuing judicial review or seeking ministerial intervention.

However, a judgement can be made by the Department of Home Affairs at any point that a new bridging visa is issued. When setting out the potential conditions attached to Bridging VisaE, the Department states:

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[13] *See* "Hamas-Israel Conflict: Temporary Humanitarian Stay pathway for Palestinians and Israelis in Australia", updated September 2025, https://www.homeaffairs.gov.au/help-and-support/hamas-israel-conflict/information-for-palestinian-israeli-nationals-temporary-humanitarian-stay

[14] "Temporary Protection Visa", Department of Home Affairs, https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/temporary-protection-785#HowTo

[15] *See* "Check visa details and conditions (BVA, BVB, BVC, BVE)", Department of Home Affairs, https://immi.homeaffairs.gov.au/visas/already-have-a-visa/check-visa-details-and-conditions/see-your-visa-conditions?

[16] *Ibid.*

[17] "Temporary Protection Visa", Department of Home Affairs, https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/temporary-protection-785#HowTo

"Decisions are made on a case-by-case situation at the discretion of the processing office or Minister."[18]

International human rights bodies are clear that the removal of healthcare access as a result of changing visa status contravenes States' legal obligations.[19] No person seeking asylum should have their access to Medicare arbitrarily removed at the will of the Department.

In addition, many people seeking asylum are excluded from Medicare at the outset of their claim. For example, people who arrive on a temporary or tourist visa and have applied for protection do not have access to Medicare until that temporary visa ceases, a period which could last many months. Children of people seeking asylum may also be denied Medicare where claims are refused at first instance,[20] despite Australia's obligations under the Convention on the Rights of the Child. The Asylum Seekers Centre firmly believes that children should not be denied access to medical care based on the visa status of their parents.

The system is also rigid in relation to cases that do not fit within narrow parameters, even when families are involved. For example, the Asylum Seekers Centre has supported a client who lost both work rights and Medicare access after her husband was imprisoned for domestic violence against her and her visa was cancelled as a result. This outcome sits at odds with stated government commitments to trauma-informed approaches for survivors of domestic and family violence.

According to the 1958 Migration Act and subsequent regulations, if a person seeking asylum spends one day living in the community "unlawfully" or without a valid bridging visa, they automatically lose their work rights and access to

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[18] "Check visa details and conditions (BVE)", Department of Home Affairs, https://immi.homeaffairs.gov.au/visas/already-have-a-visa/check-visa-details-and-conditions/see-your-visa-conditions?product=050#

[19] Office of the High Commissioner for Human Rights, CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), para. 34, https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf ("States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum-seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy;..."

[20] Robertson, K & Dale, S., "A place to call home: shining a light on unmet legal need for stateless refugee children in Australia", March 2021, https://static1.squarespace.com/static/64daccc5af8652400c34fe0d/t/658267cc7f65e2576bc0226e/1703045082574/StatelessChildrenReport.pdf

Medicare.[21] This rule does not account for circumstances beyond a person's control, including lack of legal assistance, language barriers, illness, poverty, or administrative error. Asylum Seekers Centre caseworkers have observed that once a person has lost access to Medicare after a period of unlawfulness, access is not ordinarily restored, leaving people permanently locked out of the system. To remove access to Medicare from an individual in these circumstances is immoral, self-defeating, and an affront to human rights in Australia.

It is also worth noting that this rule even applies where a person has become so-called "unlawful" as a result of departmental delays in processing their new bridging visa and Asylum Seekers Centre caseworkers have observed numerous occasions where departmental delays in visa processing have led to the denial of accessing Medicare.

These outcomes are inconsistent with the principle of fairness and can leave individuals without access to essential healthcare for reasons entirely outside their control. The Asylum Seekers Centre calls for the government to review administrative processes to ensure healthcare access is not disrupted by visa processing delays.

Medicare Access

For those who are eligible for Medicare, immediate access is not guaranteed. Once a bridging visa conferring eligibility is granted, individuals must apply then for a Medicare number and card before they can access services.

Asylum Seekers Centre support workers estimate that this process can take up to 20 weeks. Because Medicare eligibility is tied to visa status, individuals on short-term bridging visas (including 3-6 month visas during ART, Judicial Review, or Ministerial Intervention stages) are required to reapply repeatedly. Our support workers estimate renewals can take up to 8 weeks.

This creates a recurring administrative cycle in which individuals apply for Medicare, wait for processing, receive limited access before visa renewal, then repeat the process again - all within a matter of months. This situation is particularly pertinent, while not exclusive, to those from the so-called transitory

[21] Migration Act 1958, no. 62, Schedule 14, updated March 2026, https://www.legislation.gov.au/C1958A00062/latest/text
Migration Regulations 1994, Statutory Rules No. 268, Schedule 2, updated April 2026, https://www.legislation.gov.au/F1996B03551/latest/text

cohort, who are forced to live on rolling bridging visas in perpetuity and have no current pathway to permanency in Australia.

Three-month bridging visas leave people living in uncertainty and should be scrapped for people with an ongoing protection claim. Access to Medicare should be continuous for all people seeking asylum in Australia, regardless of their stage in the process.

Healthcare At State Level

NSW Medicare Ineligible Health Policy

For people seeking asylum who are not eligible for Medicare, the NSW Medicare Ineligible Health Policy provides a crucial lifeline.[22] The policy waives fees for a range of services, including emergency care for acute medical conditions, maternity services, inpatient and community-based mental health services, outpatient care to maintain acute and chronic health issues, certain elective surgeries, and emergency ambulance transport.[23] Fee waivers apply to people seeking asylum living in the community who are ineligible for Medicare at any stage of the application process.[24] Crucially, the policy is clear that treatment should not be delayed while eligibility is verified.[25]

Despite this, implementation is inconsistent. Limited awareness of the policy means many people are not aware that they are eligible for a fee waiver for services they receive.[26] For people unfamiliar with Australia's hybrid health system, navigating eligibility and accessing services is often difficult, particularly where

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[22] "Medicare Ineligible and Reciprocal Health Care Agreement", NSW Health, 2021 https://www1.health.nsw.gov.au/pds/ArchivePDSDocuments/PD2021_021.pdf
[23] *Ibid.*
[24] *Ibid.*
[25] *Ibid.*
[26] "Lack of access to primary care forcing asylum seekers into emergency departments", *In Touch Public Health*, December 2023, https://intouchpublichealth.net.au/lack-of-access-to-primary-care-forcing-asylum-seekers-into-emergency-departments/

language barriers, cultural differences, or a lack of system knowledge are present.[27]

Frontline healthcare providers across NSW are well-placed to apply the policy, yet many are unaware of it or unclear about its provisions[28] This leads to inconsistent implementation, including patients being incorrectly charged or asked to make an upfront payment before receiving care.[29] In some cases, time-critical treatment is delayed while eligibility is assessed, even where documentation is provided, resulting in worsening health outcomes.[30]

Case study - Anita*, turned away from the Emergency Department

Anita*, an ASC client, presented to a NSW Health Emergency Department in early 2026 with a Medicare Ineligible Fee Waiver Letter issued by ASC clinicians. The documentation was rejected and she was asked to make an upfront payment of $750 under the 'Overseas Visitor' classification.

When she was unable to pay, she was turned away without clinical triage, despite worsening symptoms. This led to a significant delay in treatment that resulted in a life-threatening deterioration of her medical condition.

Case study - Sanya*, denied antenatal care

Sanya*, a 34-year-old woman seeking asylum, was referred by the health clinic team at the Asylum Seekers Centre to a NSW Health antenatal clinic. She was informed she would be charged under the overseas visitor policy and would be personally responsible for all antenatal, delivery, and postnatal medical costs.

Without work rights, Sanya was unable to cover the costs and delayed care. This occurred despite antenatal and postnatal services being explicitly covered under

[27] Peprah, P., Lloyd, J., Ajang, D.A. *et al.* "A qualitative study of negative sociocultural experiences of accessing primary health care services among Africans from refugee backgrounds in Australia: implications for organisational health literacy." *BMC Prim. Care* 25, 327 (2024). https://doi.org/10.1186/s12875-024-02567-2

[28] Mengesha et al., "'Fragmented care': Asylum seekers' experience of accessing health care in NSW", *Health Promotion International*, 38, 2023, 1-10, https://doi.org/10.1093/heapro/daad123

[29] *Ibid.*

[30] *Ibid.*

the NSW Medicare Ineligible Refugees and Asylum Seekers policy, placing both her health and that of her child at risk.

While the policy has improved access to hospital and maternity care, access to primary healthcare remains limited. Effective healthcare depends on early intervention and ongoing monitoring,[31] yet gaps in primary care access contribute to preventable deterioration in health for individuals and increased pressure on the wider system.

Several important services are not explicitly covered in the policy, including palliative, cardiac, endocrine, and oncological outpatient services, as well as medical imaging, among others. While 'ambulatory and outpatient care' are referenced in the policy, the Asylum Seekers Centre health team has found the lack of specificity allows individual NSW Health providers to accept or reject people seeking asylum based on their interpretation of the definition of 'outpatient care', or because the policy has not been formally approved by the facilities management.

The policy also excludes category 3 conditions. This includes conditions such as benign tumours with the potential to turn carcinogenic. The effect of this exclusion is that people seeking asylum without Medicare must deteriorate to a more serious category 1 or 2 condition (often emergency) before becoming eligible for treatment. This significantly increases the risk of avoidable harm and poor outcomes compared to those with Medicare access.

Other Key Access Issues

People seeking asylum face multiple additional barriers to healthcare, including language barriers, a lack of knowledge, limited understanding of the Australian healthcare system, a distrust of public bodies, culturally insensitive practices or even discrimination and racism.[32]

[31] Harris MF. "Integration of refugees into routine primary care in NSW, Australia." *Public Health Research and Practice* Vol. 28(1), 2018, https://doi.org/10.17061/phrp2811802

[32] "Refugees in Australia are miles behind in health and wellbeing outcomes. Here's why", *The Conversation*, 13 August 2024, https://theconversation.com/refugees-in-australia-are-miles-behind-in-health-and-wellbeing-outcomes-heres-why-235652

As a result, many people seeking asylum rely on asylum-specific not-for-profit organisations that provide healthcare services, such as the Asylum Seekers Centre. However, these organisations are often overstretched and under-resourced, limiting their capacity to provide comprehensive care and contributing to the further fragmentation of patients' care.

Public health systems must improve accessibility and cultural responsiveness to reduce barriers and ensure equitable, high-quality care.

Lack of Access To Healthcare - Impact On People Seeking Asylum

Denial or interruption of healthcare access has serious consequences for individuals, the health system, and broader community health. It leads to delayed treatment, more advanced disease presentation, and increased reliance on emergency services where early intervention has been missed.

In Australia's hybrid public-private health system, losing access to Medicare often results in out-of-pocket costs. Even where state fee waiver policies exist, awareness and implementation are inconsistent. Without Medicare, people seeking asylum may be charged $80 to $120 for a GP visit and $400 to $750 for emergency department attendance. Even with fee waivers, costs may still apply for prescriptions, psychology services, imaging, and procedures such as joint replacements. These costs are often unaffordable for people who are already disproportionately affected by poverty in the community.

People seeking asylum, vulnerabilities and community health

People seeking asylum are a highly vulnerable cohort, having often fled war, persecution, torture, and significant human rights abuses. As a result, they face disproportionately high risks of adverse health outcomes.

Exposure to trauma and displacement significantly increases the likelihood of mental health conditions. People seeking asylum - particularly children - frequently present with symptoms of prolonged psychological distress linked not

only to past experiences, but also to ongoing uncertainty, difficult living conditions, and the challenges of adapting to a new environment.

One study examining the health outcomes of refugees and humanitarian migrants in Australia found more than 34% had either PTSD or elevated psychological distress.[33] The number of people who develop PTSD is even higher (20 times more likely) amongst those who have previously been detained in offshore detention as opposed to those having their asylum applications processed whilst living in the community.[34]

Physical health impacts are also common and often reflect the environments people have fled. Clinical presentations may include trauma-related conditions such as malunited fractures, epilepsy or deafness from head injuries, non-specific musculoskeletal pain or weakness, and female genital mutilation/cutting, all as a result of violence.[35] Survivors of sexual violence may also present with psychological trauma, sexually transmitted infections, infectious diseases, and severe parasitic and intestinal infections.

People seeking asylum also face poor physical health as a result of challenging social circumstances once they have arrived in Australia, all of which are likely to exacerbate adverse health outcomes. These could include structural factors such as unstable housing, unemployment, living in a state of poverty, having a lack of access to nutritious food, or suffering from lack of social support and safety net. As a result, people seeking asylum self-report chronic health conditions at a significantly higher rate than the general Australian population- including diabetes (80% higher), kidney disease (80%), stroke (40%) and dementia (30%).[36]

Ensuring access to healthcare for people seeking asylum is not only a basic fulfilment of Australia's humanitarian obligations, but is also in the best interests

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[33] Handiso et al. "Trends and determinants of mental illness in humanitarian migrants resettled in Australia: Analysis of longitudinal data", *International Journal of Mental Health Nursing*, 23 April 2024, https://onlinelibrary.wiley.com/doi/full/10.1111/inm.13327

[34] Gilbert, L. "Risk of PTSD 20 times higher for people held in offshore detention: study", *UNSW Newsroom*, 12 November 2024, https://www.unsw.edu.au/newsroom/news/2024/10/risk-ptsd-higher-offshore-detention

[35] Harris M.F., Telfer B.L "The health needs of asylum seekers living in the community." *Medical Journal of Australia.* Vol 175, no. 17, December 2001, 589 – 592. https://doi.org/10.5694/j.1326-5377.2001.tb143739.x

[36] "Refugees in Australia are miles behind in health and wellbeing outcomes. Here's why". *The Conversation.* 13 August 2024. https://theconversation.com/refugees-in-australia-are-miles-behind-in-health-and-wellbeing-outcomes-heres-why-235652

of community health more broadly. Effective health systems recognise that improving individual health also benefits the health of the broader community.

Early access to care helps prevent the spread of infectious disease, supports mental health, and reduces the risk of people being pushed into crisis. In turn, this lowers reliance on emergency services and reduces pressure on the health system down the line.

Negative health outcomes resulting from lack of access to healthcare

For people who have fled war and persecution, the removal of Medicare access can have devastating consequences. The denial of access to proper healthcare, delays in receiving primary care, or fragmented and inconsistent care increases the risk of higher condition complexity and the presence of comorbid conditions. When the aforementioned socio-economic factors and high incidence of ill-health are coupled with the denial of appropriate care the outcomes are often catastrophic.

Hypertension is the most common diagnosis in the Asylum Seekers Centre's GP service. The World Health Organisation attributes lifestyle factors such as poor diet, lack of exercise, or stress as heightening the risk of hypertension,[37] many of which could be driven by socioeconomic circumstances. Without proper diagnosis and intervention, hypertension left untreated causes a progressive increase in the risk of cardiac issues, with the most serious of these being heart failure hospitalisations. Delays of one year or more for hypertension patients significantly increase cardiovascular composite event risk in patients over 40.[38]

Type 2 diabetes is another prominent GP diagnosis. Among people seeking asylum, it is frequently linked to poverty, poor living conditions, and lack of access to nutritious food. Without proper treatment, the condition intensifies significantly and can result in a range of serious complications including loss of sight and nerve damage.[39] Other complications related to delayed diabetes

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[37] "Hypertension", World Health Organisation, 25 September 2025, https://www.who.int/news-room/fact-sheets/detail/hypertension

[38] Satoh, M., Nobayashi, H. & Iwabe, Y. "Delayed treatment initiation as one of the crucial factors in clinical inertia: lessons from a real-world database research." *Hypertens Res* 48, 2732–2734, 2025. https://doi.org/10.1038/s41440-025-02320-x

[39] Mussie DA, Zerihun TE, Kassaw AT, et al. "Prevalence, determinants and consequences of delayed treatment intensification among type 2 diabetes mellitus patients at the University of Gondar Comprehensive Specialised Hospital, Northwest Ethiopia, 2024: a mixed methods study." *BMJ Open* 2025, doi: 10.1136/bmjopen-2025-105455

treatment include hypertension, stroke risk, and even heart failure.[40] The staff at the Asylum Seekers Centre's health clinic frequently see clients present with serious complications of untreated diabetes. Our nurses, who also work in other clinical settings, have described these presentations as unlike anything else they have seen in Australia's modern-day healthcare system.

Case study - Sara* untreated diabetes

Sara lost access to Medicare while awaiting the outcome of her claim for protection. During this time she was diagnosed with type 2 diabetes but without Medicare access, she was unable to see her GP and could not afford to pay for medication.

Without proper treatment her condition deteriorated, resulting in neuropathy and an inability to walk properly due to the numbness she developed in both feet. As a result, she suffered numerous falls at home and was left incapacitated by her condition, despite being in her 30s.

Mental health conditions also rank among the top three GP diagnoses at the ASC's health clinic. Delayed access to primary care for these conditions leads to higher rate of psychiatric and physical comorbidities, and more severe depressive symptoms including self-harm and suicide ideation.[41]

The ASC has also supported clients who were unable to access adequate treatment after being diagnosed with cancers, even in some cases stage 4 cancer.

As previously mentioned in this policy paper, the ASC has supported clients who have been denied Medicare access while pregnant. This presents serious health risks to both mother and unborn baby.

Case study - Anna* denied neonatal care

[40] "Use of hospitals and homelessness services by refugees and humanitarian entrants", AIHW, Australian Government, July 2024, https://www.aihw.gov.au/reports/cald-australians/use-of-hospitals-homelessness-services-by-refugees/contents/use-of-hospital-services/potentially-preventable-hospitalisations

[41] Menculini, G. et al. "Comorbidities, Depression Severity, and Circadian Rhythms Disturbances as Clinical Correlates of Duration of Untreated Illness in Affective Disorders." *Medicina*, *57*(5), 2021, 459. https://doi.org/10.3390/medicina57050459

Anna*, a woman in her early 30s, arrived in Australia in 2022 to escape political unrest and domestic violence. Anna was 18 weeks pregnant on arrival. Her bridging visa did not provide Medicare eligibility or work rights while her case for protection was being processed, preventing her from accessing vital antenatal screening healthcare services. As Anna was unable to work, she could not afford private antenatal medical fees, and consequently did not seek antenatal care until 34 weeks pregnant.

Due to lack of early intervention, Anna was diagnosed with preventative conditions that posed serious health risks to her and her unborn baby including stillbirth, cerebral palsy, and long-term developmental delays.

Postnatally, both Anna and her baby required extended postnatal ward and neonatal intensive care unit (NICU) stays. The total cost exceeded $50,000, without Medicare. Anna was diagnosed with postpartum depression and anxiety, and again unable to access treatment for her mental health problems through the public health System.

In a rights-respecting liberal democracy like Australia, with a strong public healthcare system, neonatal care should not be denied to anyone.

Socio-economic impact of denied access to Medicare

Removing Medicare access - often alongside work rights - pushes already vulnerable people deeper into poverty, with direct consequences for health. The resulting cycle of declining health and financial hardship entrenches disadvantage and increases long-term costs.

Currently, one in three ASC clients cannot access Medicare. This denial of access, coupled with the long-term gutting of the one system of government support available to people seeking asylum has devastating socio-economic consequences.

People seeking asylum cannot access mainstream income support services such as Centrelink. Instead, a very small number of people seeking protection are eligible for the Status Resolution Support Services (SRSS) program, which caps the highest level of support at around 89% of the Jobseeker allowance.[42]

[42] "Status Resolution Support Services (SRSS)", Refugee Council of Australia, 30 June 2025, https://www.refugeecouncil.org.au/srss/

Support offered through SRSS includes financial assistance, healthcare, and case management.[43] This can include access to healthcare services and benefits through the program, for example the provision of torture and trauma counselling.[44]

SRSS is the only form of government income support available to people seeking asylum but it has been systematically cut, with spending on the program slashed from $300 million in 2015-16 to just $26.1 million in 2026-2027.[45] Around 2,000 people across the entirety of Australia are receiving SRSS support, where it was once tens of thousands.[46]

Since the tightening of eligibility criteria in 2017, particularly for those exercising their final avenues of appeal in their protection claim, thousands of vulnerable people have been excluded from essential support, leaving many facing hunger, homelessness, and deteriorating health.

This also means that fewer people seeking asylum are able to access health services provided through the program, including mental health support, and will once again face the challenges of meeting primary care costs.

The slow defunding of the SRSS program has had manifest consequences, causing many to fall into deeply challenging circumstances. At the Asylum Seekers Centre, half of the people we provided casework support to in the last financial year were either experiencing homelessness or at risk of homelessness. Meanwhile, the Refugee Council of Australia estimates that around 5,000 people seeking asylum in Australia are living in crisis or destitution, including 2,000 in

[43] "Immigration Status Resolution Service", Department of Home Affairs, https://immi.homeaffairs.gov.au/what-we-do/status-resolution-service/status-resolution-support-services
[44] "Status Resolution Support Services (SRSS)", Refugee Council of Australia, 30 June 2025, https://www.refugeecouncil.org.au/srss/
[45] "Federal Budget 2026-2027 Explainer- What the budget means for refugees and people seeking asylum", Asylum Seekers Resource Centre, 13 May 2026, https://asrc.org.au/2026/05/13/federal-budget-2026-27-explainer/
[46] Status Resolution Support Services (SRSS), Refugee Council of Australia, 30 June 2025, https://www.refugeecouncil.org.au/srss/

Sydney alone.[47] In the City of Sydney, nearly 1 in 5 people sleeping rough have uncertain visa status.[48]

People seeking asylum in the so-called post-review stages are mostly likely to be denied SRSS support but they are also the most likely to be barred from working. This leaves them in double jeopardy - unable to earn income legally and ineligible for government support - despite remaining engaged in the asylum process and pursuing their rightful avenues of appeal. This raises the risk of descent into poverty and destitution with all of the associated health risks.

Case study - Mo* denied SRSS support

Mo* arrived in Australia in 2012 and is part of the so-called "transitory" cohort. He is homeless and sleeps in his car. During his long wait for protection, Mo has been unable to access Medicare, has been denied the right to work, has had little income and has received little to no government support in his 14 years in Australia. As a result, he has endured severe social isolation and developed a reluctance to engage with services.

He engaged with the Asylum Seekers Centre's health clinic in 2019, before re-presenting in 2025 in immense psychological distress and with serious physical health concerns. Despite being breathless, having a racing heart-rate, and suffering from severe swelling in his lower limbs, Mo refused to go to an Emergency Department, stating this was his baseline level of health.

Mo was eventually forced to attend the Emergency Department at Bankstown Hospital with heart failure and was required to have a CRT-defibrillator fitted to prevent sudden cardiac death. He was required to stay in hospital for 22 days.

Mo has applied for SRSS support but has so far not received support.

[47] "Refugee Council's Letter to NSW Minister for Housing and Homelessness", Refugee Council of Australia, 2 June 2025, https://www.refugeecouncil.org.au/refugee-councils-letter-to-nsw-minister-for-housing-and-homelessness/

[48] Media Release, "Homelessness on the rise in Sydney's Inner City", *Sydney Times*, 27 March 2025, https://www.sydneytimes.net.au/city-of-sydney-news/homelessness-on-the-rise-in-sydneys-inner-city/

Costs to the public health system

Early intervention is beneficial from a clinical perspective and directly benefits the efficiency of the public health system, as well as the public purse. Since 2014, the cost of the NSW public hospital system has increased by more than 60% with the key factors of an ageing population, an increase in chronic health conditions, and growing need for mental healthcare contributing to rising costs.[49] Health bodies, such as the RACGP, believe the best way to bring costs down is by investing in preventive healthcare and general practices as a means of reducing hospitalisations.[50]

Lack of access to primary healthcare pushes people seeking asylum seekers towards emergency departments. In 2022-23, the average cost of an emergency department presentation was $980; a huge cost for people often with little disposable income.[51] In 2020-21, 1 in 14 hospitalisations (7.2%) among humanitarian entrants were potentially preventable.[52]

Early intervention in primary care settings is evidently beneficial for those needing clinical support but also in the interests of maintaining a well-run public health system.

Conclusion and Recommendations

When it comes to negative health outcomes, people seeking asylum are a particularly vulnerable cohort given the traumatic situations that they have fled from and the challenges they face upon arrival. When these factors are coupled with the systemic denial of healthcare access and a degraded safety net it can

[49] "Spiralling hospital costs show NSW health budget desperate for a cure: RACGP", RACPG, March 2026, https://www.racgp.org.au/gp-news/media-releases/2026-media-releases/march-2026/spiralling-hospital-costs-show-nsw-health-budget-d

[50] *Ibid.*

[51] National Hospital Cost Data Collection Public Sector Report 2022-23, IHACPA, May 2025, https://www.ihacpa.gov.au/sites/default/files/2025-05/nhcdc_public_sector_report_2022-23.pdf

[52] "Use of hospitals and homelessness services by refugees and humanitarian entrants", AIHW, Australian Government, July 2024, https://www.aihw.gov.au/reports/cald-australians/use-of-hospitals-homelessness-services-by-refugees/contents/use-of-hospital-services/potentially-preventable-hospitalisations

have catastrophic consequences, as evidenced by the experiences of clients of the Asylum Seekers Centre.

This paper has set out why it is imperative that the Federal Government plug the gap and ensure people seeking asylum can access healthcare, regardless of their stage in the process, so that treatment is based on need and not visa conditions. This is not only vital in terms of fulfilling Australia's international human rights obligations but is also in the interest of community health and the public health system more broadly, where early intervention ensures pressure is not put on emergency departments later down the line.

The Albanese Government has pledged to create a system of seeking asylum in Australia which is more "compassionate" and "humane".[53] There could be no better, yet fundamentally humanitarian way to achieve this goal than ensuring that when people are unwell, healthcare is available to them and that access is based on need, not visa status.

Key recommendations

Federal Government

- People seeking asylum in Australia should be given continuous access to Medicare at all stages of the asylum process; a policy goal which is both human rights-respecting and bolsters broader community health.
- The Asylum Seekers Centre calls on the government to review its processes to ensure that nobody is stripped of their basic right to access to healthcare as a result of visa processes outside of their control.
- Three-month bridging visas leave people living in a state of uncertainty and should be scrapped for people with an ongoing protection claim.
- Under no circumstances should children be denied access to medical care on account of the visa status of their parents.
- Public health systems in Australia should strive towards providing care that is accommodating to people from a diverse range of backgrounds to lower the barriers to access and ensure good quality care is provided, in the interests of patients and the wider community.

Fixing the safety net

- The SRSS program has been a key support pillar for people seeking asylum who are unable to work or facing poverty or destitution but it has been

[53] ALP National Platform 2021, pp.126, 143

systemically defunded over the last decade, with eligibility criteria simultaneously narrowed. The Federal Government should reinstate SRSS support for all people seeking asylum who meet the vulnerability criteria, regardless of their visa stage.

State Government

- The NSW Medicare Ineligible health policy is a lifeline to people seeking asylum living in NSW without Medicare access, however it is poorly understood throughout the public health system, leaving people without the care for which they are eligible. The NSW State Government should do more to broaden knowledge about this policy throughout the public health system by creating standardised forms for those seeking treatment through this pathway.
- The NSW Medicare Ineligible health policy should be reviewed and areas not specifically covered by the policy including medical imagining, the treatment of category 3 conditions and other crucial areas of treatment not specified, should be considered for inclusion.