

TEN YEARS OF REFUGEE HEALTH

Promoting and protecting the health of refugees settling in Australia is the main aim of the NSW Refugee Health Service. Deputy Director **MARISA SALEM** reflects on 10 years of achievements.

○ When the NSW Refugee Health Service was established in 1999, the refugee landscape was different. There was no public debate about queue jumpers, boat people, or detainees. Little did we know then that we were about to embark on a journey that would prove to be a wonderful roller coaster ride, bringing more successes than we could have hoped for and a few challenges along the way.

I remember very clearly the week leading up to the Safe Haven, when thousands of Kosovar refugees arrived in Australia and were housed at the East Hills Safe Haven. I still remember that fateful call from the Department of Health that propelled our yet to be housed service into an unimaginable level of activity. Our director, Dr. Mitchell Smith, was appointed Medical Coordinator of the Safe Haven under the local Disaster Plan, and very quickly, the Area Health Service discovered our existence, as did the Department of Immigration, the Army and others. Equally quickly we discovered how flexible our service could be.

Our refugee nurses spent their first year at East Hills working with the Kosovars and then with the East Timorese refugees. Gradually, the Kosovars were sent home, as were the East Timorese, except for a small number who were unfit to travel. I remember the wonderful friendship that was formed between a very sick young lady with major cardiac problems and no support and one of our nurses. Since then it has been enormously humbling to have had many patients and clients referring to our staff as 'friends'.

Our Health Promotion Program served to introduce refugees to the Australian health system, and since then it has become one of the many health information sessions offered to newly arrived refugees as part of our Community Education Program (CEP). In fact as many as 2500 sessions have been conducted by the bilingual community educators in

the last 10 years, mainly with the Adult Migrant English Program centres, using a specially designed health services information booklet, originally developed in six languages, now available in 17 languages. As Lida Sestakova, CEP coordinator says: the refugees often like to acknowledge that they learned many things from her, "but I know how much they have contributed to what I am today, how much I have learnt from each of them".

The role of these educators has also evolved with time. They now help with research and provide information about a broad variety of health topics, from immunisation to nutrition and women's health and will soon incorporate oral health and domestic violence into their program. The community educators show real empathy to our clients. They share with them a culture, and more often than not the refugee experience. Ex patient Debbie Davis remembers seeking assistance at the Refugee Health Service: "I found it to be one of the few places that I would go that I didn't feel like an outsider. And I did not feel we were imposing on the people as you did when dealing with some other organizations. The staff went out of their way to make the kids welcome."

Anyone with any awareness of the refugee experience will know how it has impacted on the refugees' ability to access adequate nutrition. Our early consultations, as well as much anecdotal evidence, supported growing national concerns about refugee nutrition. The Fairfield Refugee Nutrition Project, commenced in 2006, which included research into the nutrition needs of refugee families, and investigated four aspects of household food security: availability, access, utilisation and vulnerability/stability. The findings were startling: Eight out of ten refugees within some communities were food insecure. Among the factors contributing to poor food security was the long distance from shops, the lack of

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access to affordable transport; and for some groups, the unavailability of culturally preferred food. As a result, community education sessions were provided on nutrition.

Not all projects that we've conducted were as successful. Unfortunately we too have sometimes applied for project funding just because it happened to be available. It has always been a dilemma for us whether to apply for it or not when we know it is usually short-term and potentially not sustainable.

Fortunately funding was found to subsidise a women's health project which has contributed to some amazing results over the years. The BreastScreen program for instance showed that refugee women will access services if they understand what the service has to offer, feel welcomed and understood as clients.

Advocacy on behalf of refugees has been one of the many strategies of the Refugee Health Service, as has been building the capacity of Area Health Services in NSW to equip them to better care for refugees living within their boundaries. It has also supported the development of a range of refugee health clinics, mostly set up and funded by Area Health Services, where refugees live including: three paediatric clinics in the Sydney metropolitan area; services in the Hunter and Illawarra, and a youth health clinic that is due to open soon. All services are locally based and run. In addition most staff and our training officer regularly provide training sessions to a range of health services.

In 2007, Telehealth, a refugee health training and support initiative was trialed to enhance the delivery of health services in rural and remote areas through video-conferencing. Six lectures were provided through this medium by health professionals on general issues, some of these were delivered by experts in particular subject areas, followed by time for questions from participants. Eleven sites participated, between 30 and 70 people attended per session. In addition, the project allowed a small number of networking sessions for refugee health nurses in rural and remote areas. This nurses' network continues by phone-conferencing on a bi-monthly basis.

Our clinic staff constantly advocate on behalf of refugee patients for appropriate access to care, and significant staff time is devoted to asylum seekers living in the community without Medicare access, yet in need of health care. Staff members also provide support to other workers and refugees. Dr Winston Lo says that working at the Refugee Health Service has broadened his eyes on the world we live in without having to leave the confines of the consultation room. "Their resilience in overcoming multiple obstacles to attain a new life in Sydney is truly inspirational."

We've been very busy over the past 10 years. Our clinical activities are not limited to the Refugee Health Service's patients. At different times we have had requests from Department of Immigration and NSW Health, and have assisted with screening of newly arrived refugees from three large charter flights from Liberia and Burundi. The service geared up its own clinic operations and collaborated with the local Public Health and the General Practitioners (GPs) units to help ensure effective health screening of these groups. On another occasion we were instrumental in coordinating follow-up polio immunisation for refugees due to an outbreak from a refugee camp in Nairobi.

Training GPs has also been fundamental. The work with GPs initially started with the development of a number of fact sheets, and continued with the promotion of a range of resources to relevant GPs. As well as conducting many continuing medical information sessions, our GP liaison officer has also developed and maintained GP databases with the aim of linking clients with appropriate GPs and health workers. Training Coordinator Cathy Preston-Thomas, says that: "one of the most rewarding

aspects about training others in the health sector is that it challenges people's assumptions about refugees. It can be a little bit fun unpacking some stereotypes on the spot while smiling.

Even after 10 years the service still feels new. That's not to say that we haven't climbed walls, and became frustrated by bureaucracies and the inflexibilities of other services. Finding a place in a particular service is never easy, but this journey has been an extremely rewarding experience. I'm very proud that I have worked at RHS, and am especially proud of our wonderful dedicated colleagues.

More information is available on our website;

www.refugeehealth.org.au



REFLECTIONS OF LONG-SERVING DIRECTOR

So, ten years old... Refugee Health Service is still a young child really, lots still to learn, liaisons to make, risks to take. If it's anything like my own son, there'll be more injuries and broken bones along the way, or, if like my daughter, tears and tantrums.

But that's all part of the journey of life, and so it is for our small service. It was humble beginnings, Marisa and I sharing a desk, one phone, two chairs, and a service plan. Our growth since then has been slow but steady, always constrained by that ever-present bogie known as 'funding'. There's always been more we've wanted to do than been able to do; occasionally bitten off more than we could chew, but learnt lessons from that.

And our achievements have been many, a source of quiet pride amongst us all. And the team has been remarkably stable over those years - two retirements, an occasional shift to greener pastures or closer to home, and temporary project staff moving on, many of whom wished they could have stayed. Plus, countless students passing through, bright and willing to be inspired - hopefully we have planted a kernel of inspiration to at least some of those budding doctors, nurses and others. Working for the Refugee Health Service has been, and remains, a true privilege.

- Mitchell Smith



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