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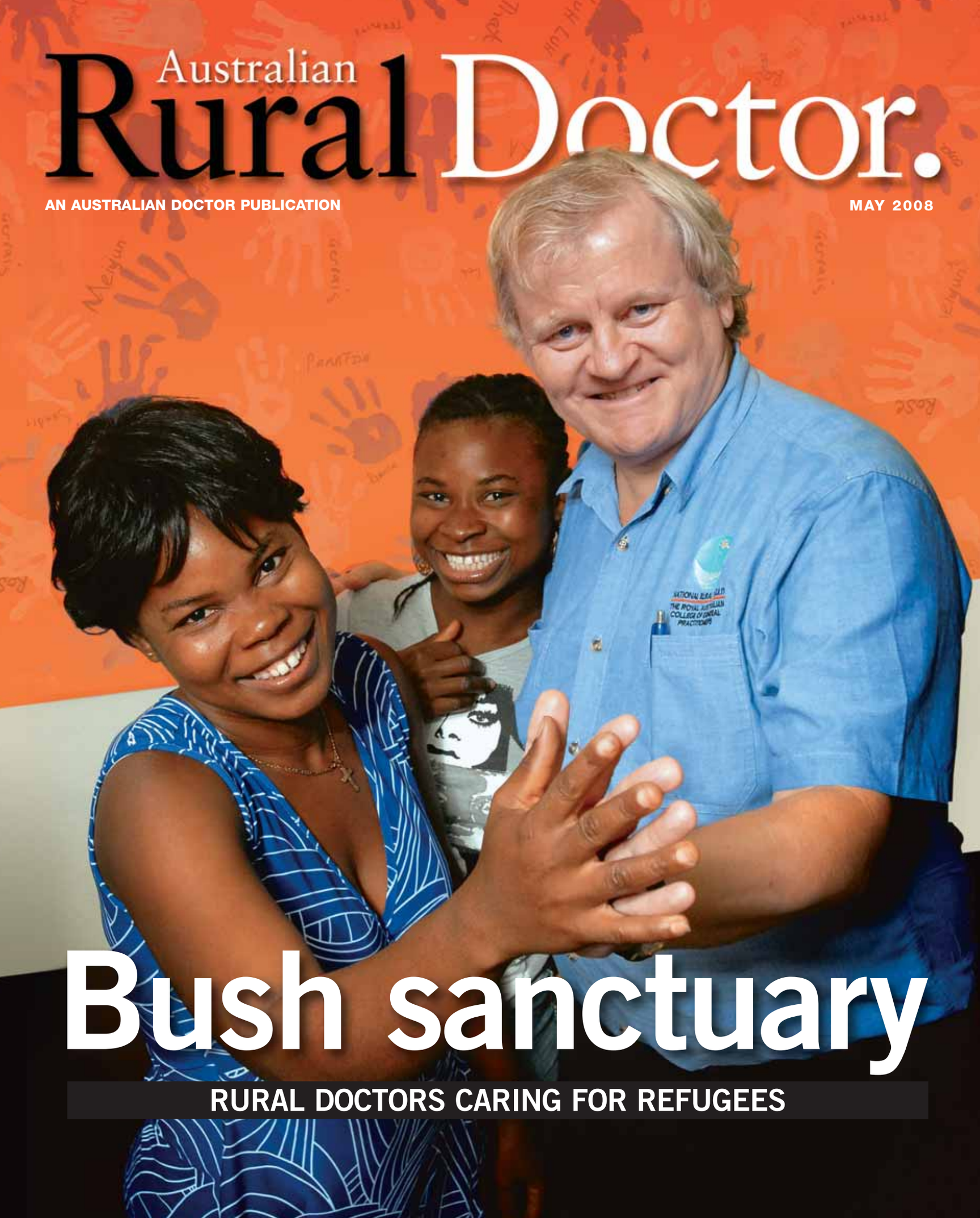

Bush sanctuary

RURAL DOCTORS CARING FOR REFUGEES

Woolgoolga GP Dr John Kramer with Alicia Dayori, 22 months: "We're helping to address a needy population, a very, very disadvantaged group."

bush sanctuary

Refugees are finding homes in country areas where busy GPs are taking time to care for them – but more GPs are needed.

STORY **MELISSA SWEET** • PHOTOGRAPHY **TREVOR VEALE**

For Coffs Harbour, a pretty holiday centre on the mid north coast of NSW, the "Big Banana" has traditionally been its main claim to fame, but the area is now also gaining a reputation as a multicultural haven, due to a steady stream of refugees settling there.

Coffs is one of several regional and rural centres that the Federal Government has targeted for refugee settlement, and it also attracts others who move there to be reunited with their families and communities.

The influx has raised challenges for health services, already struggling with the inflow of sea-changers and a doctor shortage that has seen some GPs close their books in an effort to control spiralling workloads.

But the locals are rising to the challenge. Thanks to a collaboration between the area health service and division of general practice, a fortnightly refugee clinic has been established at the Coffs Harbour hospital to better cater for these patients' complex needs.

The clinic is funded jointly by the area health service and Medicare, with the doctors being paid an hourly rate. The patients are treated for free and are also given medications.

When a call went out for GPs to help staff the clinic, Dr John Kramer, from nearby Woolgoolga, was one of several to come forward. He does one session every two months, and finds the work fascinating.

"I'm seeing stuff there I've never seen before and I won't see anywhere else," he says. "It's enjoyable clinically. It's enjoyable in the broader sense, in that we're helping to address a needy population, a very, very disadvantaged group."

Anaemia and chronic parasite infections such as schistosomiasis are common, while malaria and TB also crop up occasionally. The patients, largely from Africa and Burma (Myanmar), have often been living in refugee camps for more than a decade.

With the United Nations estimating that up to 35% of the world's refugees have suffered severe torture, Dr Kramer often refers patients to the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), which opened a local office three years ago.

Dr Kramer, a senior lecturer in the University of NSW's rural clinical school, has also enjoyed working in another type of practice. The clinic runs more like an Aboriginal health service, he says, with a nurse being the first point of patient contact, and the GPs acting more like consultants. "A bit of a change every now and then to get away from the main job reinvigorates you for your main role," he says.

The experience has brought other benefits for his regular practice, making him more aware of the benefits of the Translating and Interpreting Service. "By working in the refugee clinic, I've seen the benefit of that."

The clinic has seen about 240 patients since opening in February 2006, with a recent evaluation concluding that it was a successful model that could be useful elsewhere. It does comprehensive assessments before referring patients for ongoing management by mainstream health and dental services, but often struggles to find GPs to take on patients.

Indeed, before the clinic opened, it was the local Aboriginal health service that saw most of the Sudanese arrivals, because GPs had limited capacity for getting involved.

Dr Kramer has no hesitation in encouraging colleagues to become involved, even by taking on just a few refugee families. Rather than closing their books, general practices will have to develop different models of practice to cope with the ever-increasing workloads, he says.

A key player in the clinic's success has been Michele Greenwood, a public health and refugee nurse at the North Coast Area Health Service, who helped set up the clinic and devised its health screening tool.

Ms Greenwood ensures all relevant tests have been reported before patients see a clinic doctor. She also stays in touch with patients, making sure they take their medications appropriately, and has even been known to pay for medicines out of her own pocket

Ms Greenwood never ceases to be surprised by the resilience of refugees, who have often endured unimaginable loss and deprivation. "I'm surprised they're as healthy as they are," she says. "But they've got to have a bit of initiative and drive to get through the refugee process."

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Refugees are not newcomers to the bush. Almost 700,000 have settled in Australia since the end of World War II, and many have made their homes outside big cities.

But they have recently become more visible in the country, partly because of federal policies encouraging rural settlement for many of the 13,000 refugees who arrive in Australia each year. They are also moving to country areas for employment and social connections.

As well as Coffs Harbour, the Department of Immigration and Citizenship has designated as resettlement areas Newcastle, Wollongong, Goulburn, Wagga Wagga, Geelong, Toowoomba, Townsville, Cairns, the Gold Coast, Launceston, Shepparton, Ballarat and Mount Gambier.

The department says it chooses the settlement location of only about 30% of refugees – the rest tend to settle where they already have ties. It estimates that just under 10% of refugees have settled in rural and regional areas over the past five years, although the figure varies – in Tasmania, for example, about 40% settle outside of Hobart.

A recent immigration department survey of 95 refugees in five regional settlement areas concluded that adequate health services are vital for successful resettlement, and suggests that there is room to improve these.[1] It found that 46% of those refugees who'd used the services of a GP had found the service to be satisfactory, while 19% raised concerns about the services provided by GPs and hospitals.

Dr Sundram Sivamalai, the national chair of the regional committee of the Federation of Ethnic Communities Council of Australia and a senior lecturer in the University of Melbourne's school of rural health at Shepparton, says many refugees' problems are compounded by the lack of infrastructure and support services in rural areas.

Refugees also often struggle to access rural GPs, especially given their low bulk-billing rates, and can have difficulties maintaining confidentiality about sensitive health issues in small communities, he adds.

Dr Sivamalai advises rural doctors to try to put themselves in the place of their refugee patients. "You really have to understand the need of the refugee from their perspective," he says, "not that what I'm providing here should be okay for you, but

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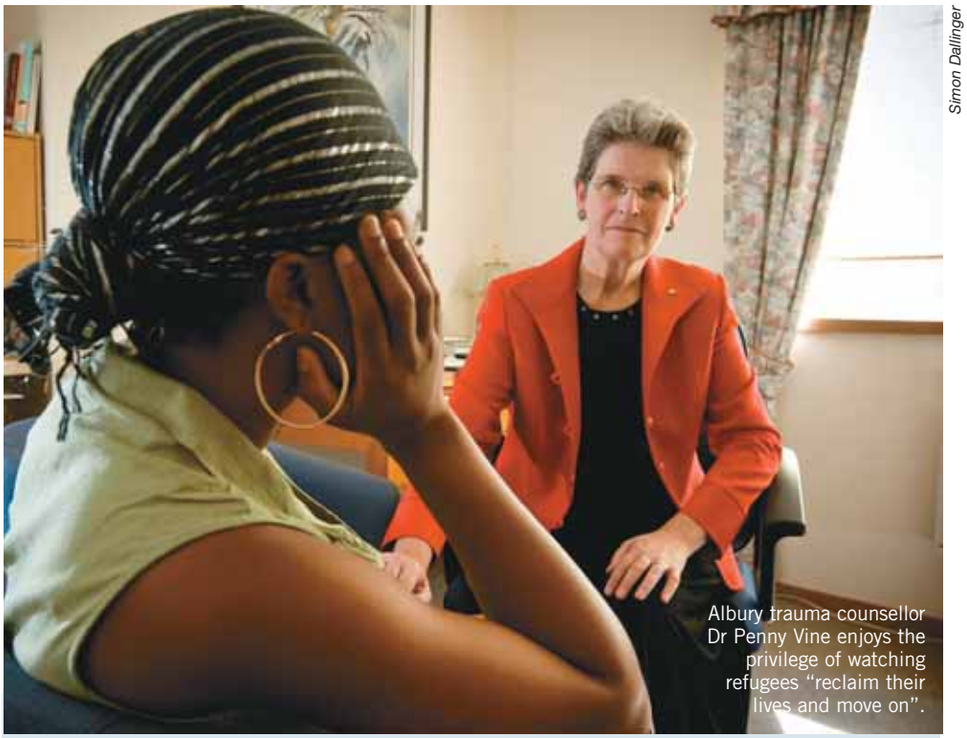
Public health and refugee nurse Michele Greenwood, with Baby-girl Barney, is continally surprised by the resilience of refugees.



Simon Dallinger

Albury trauma counsellor Dr Penny Vine enjoys the privilege of watching refugees "reclaim their lives and move on".

Helping refugees find new meaning

Dr Penny Vine sums up her demanding work in a blunt but colourful turn of phrase. Her job, she explains, is to help people turn the "shitty" aspects of life into fertiliser.

A trauma counsellor at Albury in Victoria, Dr Vine started her professional life as a paediatrician. She began developing an understanding of the impact of traumatic loss while working with families affected by cot death, and then moved into the developmental disability field.

For the past 16 years, Dr Vine has worked as a grief and loss counsellor, with an ever-increasing caseload of refugees. She also does a lot of voluntary work and in 2004 helped establish a group that has sponsored more than 30 refugees to settle locally.

Dr Vine, 61, sees many parallels between her previous work in developmental disability and the counselling sessions where she hears horrendous stories from people who've been subjected to sadistic abuse, seen children murdered, and been attacked by neighbours and others they thought they could trust.

Her role is to help people learn to live with traumatic loss – to learn how to "turn the shit into fertiliser, to find new meanings in life".

"It's very rewarding because I get to see people in extreme distress and have the privilege of watching them reclaim their lives and move on."

Dr Vine says refugees may be reluctant to talk about the negatives of their lives because they don't want to appear ungrateful.

"They don't want to talk about the past so you have to make specific inquiries, such as 'were you raped, were you ever tortured?' because they won't volunteer that information. There's a lot of shame around the humiliations.

"But you only ask if you've got a purpose in asking."

Dr Vine says it's important to understand how patients' previous experiences might affect their health, as well as their interaction with health services.

"If you have trouble in the surgery, it may be because you were tortured in a room with venetian blinds," she says.

Dr Vine also advises colleagues to be careful about labelling patients. Many do not appreciate being permanently tagged as "refugees", which they can find demeaning.

Dr Vine recalls a patient telling her: "I want people to look at me with respect and see me as a person with dignity, not someone who's suffered and is to be pitied."

"We want to make that transition for refugee families into a general practice as easy as possible."
DR JOHN HOOPER

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what is it that you really do want?"

Dr Sivamalai also cautions against treating refugees as a homogenous group. "Their needs are so disparate," he says. "It is often assumed that people from Africa all have the same needs and expectations, which is totally wrong."

Dr Murray Webber, a lecturer in paediatrics and child health at the University of Newcastle and clinical lead in the Hunter New England Area Health Service refugee health program, has been on a steep learning curve since helping establish a clinic for refugee children four years ago.

One of the biggest challenges, he says, has been learning to work with interpreters and to manage communication barriers.

"I think a lot of doctors haven't had any experience of using phone interpreters and can be a bit reluctant to use them. They can believe it slows down the communication, rather than enhancing it. That is definitely a mistake – the quality of communication is much better."

Dr Webber hopes divisions can become more involved in educating and supporting GPs to use interpreters. "There are medicolegal risks for doctors if they're not using interpreters to get consent," he adds.

Refugee Baby-girl Barney at the Coffs Harbour clinic, a collaboration of the area health service and division of general practice.

In Toowoomba, where an estimated 1.5% of residents are African refugees, the local public health service has been working to ease the load on GPs.

Dr John Hooper, a public health physician at Toowoomba Base Hospital, says that with Sudanese patients speaking many different languages, communication is often an issue and consultations can be slow and complicated.

He says the hospital's public health unit tries to do basic investigations and assessments and develop a patient care plan before referring refugees to a GP.

He says they're working with the division of general practice to support GPs taking more refugees into their practice.

"Through the division we will run some education programs for practices who may be willing to take on a couple of patients," Dr Hooper says.

"We want to make that transition for refugee families into a general practice as easy as possible, so the GPs are

The Inverell Times

Rosemary Breen with Simon Chol Malual, who is studying medical science in Armidale and hopes to eventually study medicine and work as a rural doctor.

Country people rise to the challenge

Many country people have shown their support for refugees and asylum seekers, through the formation of groups such as Rural Australians for Refugees.

In the NSW town of Inverell, just a few hours' drive from Tamworth – where the mayor's concerns about refugees drew widespread publicity a few years ago – locals have given time and money to help some of the world's dispossessed.

Leading the charge is a retired teacher, Rosemary Breen, who helped establish Sanctuary Inverell in 2004. The group has since sponsored several refugee families to settle in the area and provides help with accommodation, language training and transport.

Before the first Sudanese family arrived, Ms Breen put much effort into preparing the community, by speaking in the media and to local groups.

"The reaction was very, very good," Ms Breen says. "When they arrived, people in the street came up, saying, 'welcome'. Only one person ever abused me publicly and said he wanted a white Australia.

"One of the boys did very well with his HSC and is now studying medical science at Armidale and hoping to train and become a doctor."

Other groups in the region are doing similar work, says Ms Joy Harrison, one of two refugee health nurses in new positions established by the New England Hunter Area Health Service last year.

"Tamworth last year had issues about resettlement – only six Sudanese sponsored in the past year in a population of 45,000 whereas Inverell of much smaller population and services has welcomed 15," she says.

Ms Harrison liaises with new arrivals to ensure they've had a health assessment, supports doctors to use interpreters, and works with the local divisions to increase GPs' understanding of refugee needs, especially around immunisation.

not viewing them as a difficult group but just as any new family coming in."

Meanwhile, Dr Geraldine Duncan, a GP who has been working with refugees in Wagga Wagga for many years, is pushing for a clinic to be established there along the lines of the Coffs Harbour model. She says such a co-ordinated approach to screening and follow-up is necessary to stop patients "falling through the cracks".

The clinic will also help enable research on refugees' needs, to guide development of better infrastructure and services, she adds.

While her work with refugees, as both an advocate and doctor, is time-consuming, Dr Duncan also finds it extremely rewarding.

"It's not dissimilar to the rest of medicine," she says. "The more you put into it, the more you get out of it." ●

1. Christine Shepley, *Regional Settlement in Australia: research into the settlement experience of humanitarian entrants in regional Australia 2006-07.* Department of Immigration and Citizenship.

Caring with insight

Australia's multiculturalism means that refugees are increasingly able to see doctors and other health professionals from their own cultures, or who at least speak their language.

Sometimes, these health professionals also bring the extra insights from their own experiences as refugees.

At Coffs Harbour, for example, the Anglicare service, which helps settle refugees, employs an interpreter who left Burma as a refugee 20 years ago, Mr Htun Htun.

Mr Htun, 37, who was a paramedic in Burma, moved to Coffs Harbour four years ago and is now in his final year of nursing training. "I love it here," he says. "The council and the community are welcoming and very open minded."

The 100 or so Burmese refugees in the area are also fortunate to have a Burmese doctor, Dr Win Thein, who began working locally in 2003.

Dr Win initially came to Australia to study business management after working as a rural GP in Burma, 500km from the nearest doctor. About 10% of her patients are refugees, and a large part of her work is explaining cultural differences and the health care system.

"Because I speak their language, we can develop the doctor-patient relationship very quickly," she says.

Dr Win's sister, Win Than, will also be a boon for Burmese refugees, when she starts work as a GP at Nambucca Heads shortly. She has been living with her sister for the past two years, while completing her medical exams.

Meanwhile, a local doctor from Africa has helped refugees in Toowoomba, on Queensland's Darling Downs. Congo-born Dr Pungu Mwilambwe arrived in Toowoomba in 2004 after working in South Africa for 13 years. With French as his first language, he empathises with patients who face language barriers. "Having that African background makes it easier for them to relate to me," he says.

Dr Mwilambwe has been helping the local public health team by speaking at health forums for refugees, discussing sensitive issues, such as HIV and STDs. "Some of them, when they come from Africa to Australia, they have the perception that in Australia, there is no HIV," he says. "They will say, 'why take precautions?' Some of them managed to get HIV in Australia because they didn't know."

Burmese doctor Dr Win Thein (right), who cares for about 100 Burmese refugees in the Coffs Harbour area, with her sister, Win Than, who will soon start work as a GP in Nambucca Heads.

Useful resources and websites

- **Profiles of different cultures to service providers**
  www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning
- **Information about interpreting services**
  www.immi.gov.au/living-in-australia/help-with-english
- **RACGP guidelines**
  www.racgp.org.au/guidelines/refugeehealth
- **Refugee health resources**
  www.foundationhouse.org.au/pub_refugeehealth.htm
- **Torture and trauma counselling services**
  www.fasstt.org.au
  www.startts.org.au