

Planned Migration¹ into Australia

Policy Position Statement

Key messages:	<p>Many migrants in Australia experience discrimination, racism, bullying and stigma, socially unjust policies, and negative attitudes from their arrival and continuing throughout their and their descendants' lives.</p> <p>Many migrants experience inequitable health care access and inadequate culturally compatible health care. Barriers to employment and lack of economic security, especially for women, contribute to health inequities.</p> <p>The PHAA is committed to working with migrant networks, representative organisations, and key non-government organisations to jointly advocate for: humane and just migration policies; recognition of human rights for migrants; support for migrants to receive adequate, accessible, culturally competent health and social services; prevention of discrimination; and addressing drivers of health inequities among migrants.</p>
Key policy positions:	<ol style="list-style-type: none">1. Planned migrants in Australia play important socio-economic roles; yet they often experience unjust migration policies, discrimination, bullying, racism, stigma and inadequate access to healthcare, leading to health inequities which may extend over generations.2. Commodification of migration into Australia is an important contributor to health inequities of migrant populations.3. The Australian Government should adopt policies to offset the 'brain drain' effect of health professionals' migration to Australia on the health system capabilities of neighbouring countries.
Audience:	Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
Responsibility:	PHAA Diversity, Equity and Inclusion Special Interest Group and International Health Special Interest Group
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¹ Some sources differentiate between "migrate/migration/migrant" as referring to temporary stay in another country, and "immigrate/immigration/immigrant" as indicating permanent stay. In this Policy Statement, the term "migrate/migration/migrant" are used for both temporary and permanent stays.

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This policy focuses on planned migration into Australia which is vastly different from forced migration. Forced migration has been covered under the PHAA's Policy Position Statements on Refugee and Asylum Seeker Health and on Climate Refugees.

PHAA affirms the following principles:

1. Migration into Australia is a reality of the globalised world. It is well established that migration contributes to the social and economic fabric of Australia.¹
2. Decisions about who should be allowed to migrate to Australia should consider social justice, humanitarian and compassionate factors, and environmental sustainability.
3. 'Brain drain' impact of the planned migration of health professionals into Australia on the health system capabilities of less developed countries should be counter-balanced by Australian investment in international health research and community development initiatives.

PHAA notes the following evidence:

4. More than a quarter of the Australian population was born overseas, and more than 7.6 million migrants live in Australia.² Net migration increased the Australian population by 194,400 people in 2019-20.² There were 160,052 visas granted in 2020-21 through Australia's Permanent Migration Program,³ and 563,071 international students in Australia in January-October 2021.⁴
5. Migrants have previously been reported to have better health status than persons born in Australia.⁵ However, these reports need to be critically analysed due to the underrepresentation of migrants in health surveys and clinical trials, exclusion of migrants who return to their home country to die, and the heterogeneity of health issues within the migrant community.⁶ The better health status of migrants also deteriorates over time and does not extend to all migrants.⁷
6. There are some concerning data on migrant health. High rates of HIV infection amongst migrant men (including male international students) who have sex with men reflect low health literacy.^{8,9} Although some migrant groups are disproportionately affected by social and health inequalities, research into migrant health is underfunded compared with the general population.^{6,10}
7. There is evidence for socially unjust practices in Australia against migrants, such as:
 - a. Entry refusal for some migrants with disability, which breaks up families¹¹ and is therefore considered a form of discrimination.¹²
 - b. No access to the National Disability Insurance Scheme for tax-paying non-citizen residents of Australia.¹³

- c. Widespread worker exploitation in the Seasonal Worker Program despite regulations within the program.^{14,15,16}
 - d. Lack of access to secure employment which exposes migrants to exploitation,¹⁷ coercion, and very poor pay and entitlements standards.¹⁸
8. Government and immigration policies prevent migrants' ability to move between employers;^{19,20,21} bar workers from bringing their families;¹⁹ reject visa applicants who are deemed an economic burden, such as applicants with disabilities^{22,23}; and set high financial thresholds for older migrants seeking permanent residence.²⁴ Affluent younger migrants without disabilities are favoured based on their perceived potential to fuel the Australian economy, which contravenes Australia's obligations under the Convention on the Rights of Persons with Disabilities.^{25,26} The Disability Discrimination Act 1992²⁷ and Age Discrimination Act 2004²⁸ specifically exclude application to the Migration Act 1958, leaving the above forms of discrimination unregulated in Australia.
9. There are ongoing unresolved issues related to migrants' health:
- a. Low English proficiency and digital health proficiency which hamper health-seeking and health communication.²⁹
 - b. Low health literacy even with translated information³⁰ which is often compounded by illiteracy in native language, poor translation of health information, and poor utilisation of culturally acceptable communication channels.³¹
 - c. High-density living for migrant communities which is not environmentally sustainable and prone to develop racism.³²
 - d. Racism and bullying against immigrants fuelled by negative discourse such as migrants taking away jobs from Australians and "taking over" Australia through reproduction,³³ leading to career impediments and marginalisation.³⁴ Bullying against migrants is based on ethnic attire, religion, accent, workplace achievement, skin colour, and body shape.^{35,36,37}
 - e. Dependency on same-ethnic health providers which is related to health professionals' lack of cultural competency for dealing with a wide range of migrant ethnic groups.^{38,39}
 - f. Multicultural health guidelines are often stereotypical,⁴⁰ leading to ignorance of individual differences and the role of intersectionality.
 - g. Inadequate support for the health and wellbeing of international students⁴¹ despite their comprising 21% of all tertiary students in Australia.⁴²
 - h. Difficult paths for recognition of skills and qualifications.⁴³
 - i. Barriers to obtaining employment for migrant women, including those who are skilled,^{44,45} negatively affecting mental health.⁴⁶
 - j. Increased risk of domestic and family violence for migrant women with spousal visas due to inability to seek help.⁴⁷
10. Migration of international health professionals into Australia potentially causes 'brain drain' where healthcare professionals migrate from resource-poor countries to developed countries.⁴⁸⁻⁵¹ 'Brain drain' negatively impacts on health attainment and improvement in the countries of origin, causing worldwide health inequities.^{49,51}

PHAA Position Statement on Planned Migration into Australia

- a. About 23% of Australian doctors were born in developing countries.⁴⁸ Large numbers of Pacific Island-born healthcare professionals result in Australia having more than twice the number of nurses and doctors per 1000 population than all the 14 Pacific Island nations.⁴⁸
- b. 'Brain drain' causes extreme difficulties for home countries to recruit and retain healthcare professionals, resulting in losses of millions of dollars of human capital investment,⁴⁹ scarcity of healthcare services especially in remote and rural areas, excessive workload, low morale, burn-out, failure to meet health goals, and loss of life.⁴⁸

PHAA seeks the following actions:

11. Governments should ensure that Australian migration policies are humane and just.
12. Governments should recognise that:
 - a. family unification is a fundamental human right, important to wellbeing of visa applicants;
 - b. denial of visas to individuals with disability is not only discriminatory but feeds into ableist ideas of who is capable of contributing to society; and
 - c. restricting workers' movements between employers leaves them vulnerable to wage theft and exploitation, due to a lack of agency over their employment situation.
13. Acknowledge at all Government levels that:
 - a. migrants' economic potential is linked to their emotional wellbeing; and
 - b. only when migrants have the freedom to be, and to bring family and parents and other support structures with them, do they thrive.
14. Prevent all discrimination against migrants by addressing the driving factors.
15. Ensure that migrants have equitable access to social determinants of health including, but not limited to education, income, housing, and decent work, to provide economic security and reduce health inequities.
16. Align migration policies with the Women's Economic Security Statement 2020 and Harmony Alliance report on Improving Employment Outcomes of Women from Migrant and Refugee Backgrounds in Australia to support economic security of migrant women.⁵²
17. Ensure adequate, culturally compatible, and equitable support for migrants including international students in accessing health care.
18. Develop foreign affairs policy which offsets the negative effects of 'brain drain' in less-developed countries through increased funding and investment in research and community development.

PHAA resolves to:

19. Advocate for the above steps to be taken based on the principles in this position statement.

FIRST ADOPTED 2023

References

1. The Treasury Intergenerational Report, 2021
2. Australian Bureau of Statistics. Migration, Australia, 2019-20 Canberra: ABS; 2021. Available from: <https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release>.
3. Parliament of Australia. Australia's Permanent Migration Program: a quick guide. Canberra: Parliament of Australia; 2021. Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2122/Quick_Guides/AustraliasMigrationProgram#:~:text=As%20part%20of%20its%20planned,family%20and%20special%20eligibility%20categories.
4. Department of Education SaE. International Education Data and Research, International student numbers Canberra: DESE; 2021. Available from: <https://www.dese.gov.au/international-data/data-visualisation-international-student-numbers>.
5. Australian Institute of Health and Welfare. Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use. Canberra: AIHW; 2006. Available from: <https://www.aihw.gov.au/reports/social-determinants/health-inequalities-australia/summary>.
6. Renzaho A, Polonsky M, Mellor D, Cyril S. Addressing migration-related social and health inequalities in Australia: call for research funding priorities to recognise the needs of migrant populations. *Australian Health Review*. 2015;40(1):3-10.
7. Wu Z, Schimmele CM. The healthy migrant effect on depression: variation over time? *Canadian studies in population [Archives]*. 2005:271-95.
8. Gunaratnam P, Heywood AE, McGregor S, Jamil MS, McManus H, Mao L, et al. HIV diagnoses in migrant populations in Australia—A changing epidemiology. *PloS one*. 2019;14(2):e0212268.
9. Medland NA, Chow EP, Read TH, Ong JJ, Chen M, Denham I, et al. Incident HIV infection has fallen rapidly in men who have sex with men in Melbourne, Australia (2013–2017) but not in the newly-arrived Asian-born. *BMC infectious diseases*. 2018;18(1):1-10.
10. Nisar M, Kolbe-Alexander TL, Burton NW, Khan A. A Longitudinal Assessment of Risk Factors and Chronic Diseases among Immigrant and Non-Immigrant Adults in Australia. *International Journal of Environmental Research and Public Health*. 2021;18(16):8621.
11. Gibbs E. Australia tries to block disabled people from coming here - it's part of our ugly history: *The Guardian*; 2019. Available from: <https://www.theguardian.com/commentisfree/2019/may/15/australia-tries-to-block-disabled-people-from-coming-here-its-part-of-our-ugly-history>.
12. Australian Human Rights Commission. Discrimination; 2019. Available from: <https://humanrights.gov.au/quick-guide/12030>.
13. Oz Kiwi. The National Disability Insurance Scheme (NDIS) 2017; 2017. Available from: <https://ozkiwi2001.org/2017/06/the-national-disability-insurance-scheme/>.
14. Doherty B. Hungry, poor, exploited: alarm over Australia's import of farm workers: *The Guardian*; 2017. Available from: <https://www.theguardian.com/global-development/2017/aug/03/hungry-poor-exploited-alarm-over-australias-import-of-farm-workers>.
15. Parliament of Australia. Final Report of the Inquiry into the Working Holiday Maker Program, Chapter 4: Additional issues raised in the Interim Report Canberra: Parliament of Australia; 2020. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Migration/WorkingHolidayMaker/Report/section?id=committees%2Freportjnt%2F024567%2F75088.
16. Archibald-Binge E. Inside horticulture's 'dark underbelly': The unseen workers propping up the farm industry: *ABC*; 2021 [updated 14 December 2021]. Available from: <https://www.abc.net.au/news/2021-12-14/australias-farm-industry-seasonal-workers-exploited-labour-short/100687182>.

17. Wali N, Georgeou N, Renzaho AM. 'Life is pulled back by such things': intersections between language acquisition, qualifications, employment and access to settlement services among migrants in Western Sydney. *Journal of Intercultural Studies*. 2018;39(1):85-101.
18. Ellis J, Mulholland B. *Vulnerable Migrant Workers in the Hunter Region Newcastle*: University of Newcastle; 2022. Available from: <https://acrath.org.au/wp-content/uploads/2022/10/Vulnerable-Workers-Hunter-Region-SEPTEMBER.pdf>.
19. Department of Home Affairs. *Pacific Australia Labour Mobility Stream Canberra*: Department of Home Affairs; 2022. Available from: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/temporary-work-403/pacific-australia-labour-mobility-stream#About>.
20. Department of Home Affairs. *Immigration and citizenship: Employer sponsored stream*; Canberra 2023. Available from: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/skilled-employer-sponsored-regional-494/employer-sponsored-stream>.
21. Department of Home Affairs. *Immigration and citizenship: Medium term stream*: Canberra; 2023 [Available from: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/temporary-skill-shortage-482/medium-term-stream>].
22. Truu M. Visa applicants with a disability facing discrimination, 10 years after being promised change: SBS; 2019. Available from: <https://www.sbs.com.au/news/article/visa-applicants-with-a-disability-facing-discrimination-10-years-after-being-promised-change/a756uvgvd>.
23. Perkins M. Disability a 'burden' to Australian community, immigration rules: *Sydney Morning Herald*; 2016. Available from: <https://www.smh.com.au/national/disability-a-burden-to-australian-community-immigration-rules-20161128-gsz8yc.html>.
24. Department of Home Affairs. *Immigration and citizenship: Contributory parent visa*; Canberra 2022. Available from: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/contributory-parent-143>.
25. Department of Foreign Affairs and Trade. *Convention on the Rights of Persons with Disabilities*; New York 2008. Available from: <https://www.austlii.edu.au/au/other/dfat/treaties/2008/12.html>.
26. *Welcoming Disability*. Campaign Platform. Available from: <https://www.welcomingdisability.com/materials-for-learning>.
27. Australian Government. *Disability Discrimination Act 1992*; Canberra 1992. Available from: <https://www.legislation.gov.au/Details/C2022C00087>.
28. Australian Government. *Age Discrimination Act 2004*; Canberra 2004. Available from: <https://www.legislation.gov.au/Details/C2022C00111>.
29. Jatrana S, Richardson K, Pasupuleti SSR. Investigating the dynamics of migration and health in Australia: a longitudinal study. *European Journal of Population*. 2018;34:519-65.
30. Dougherty L, Riley A, Caffrey P, Wallbank A, Milne M, Harris MF, et al. Supporting newly arrived migrant mothers: A pilot health literacy intervention. *HLRP: Health Literacy Research and Practice*. 2021;5(3):e201-e7.
31. Migration Council of Australia. *Integrating culturally, ethnically and linguistically diverse communities in rapid responses to public health crises: Communication Guide*. January 2022 Canberra: Migration Council of Australia; 2022. Available from: <https://migrationcouncil.org.au/wp-content/uploads/2022/02/Communication-Guide-CALD-communities-in-public-health-crises.pdf>.
32. Ho C, Liu E, Easthope H. Higher density and diversity: apartments are Australia at its most multicultural *The Conversation*2018 [Available from: <https://theconversation.com/higher-density-and-diversity-apartments-are-australia-at-its-most-multicultural-97176>].
33. Hogan J, Haltinner K. Floods, invaders, and parasites: Immigration threat narratives and right-wing populism in the USA, UK and Australia. *Journal of Intercultural Studies*. 2015;36(5):520-43.
34. Oishi N. *Workforce diversity in higher education: The experiences of Asian academics in Australian universities Melbourne*: Asia Institute, University of Melbourne; 2017. Available from: https://arts.unimelb.edu.au/__data/assets/pdf_file/0012/2549496/AA-Report_Final-Copy_Web_5Nov.pdf.

35. Reid A, Daly A, LaMontagne AD, Milner A, Pérez ER. Descriptive study of workplace demand, control and bullying among migrant and Australian-born workers by gender: does workplace support make a difference? *BMJ open*. 2020;10(6):e033652.
36. Daly A, Carey RN, Darcey E, Chih H, LaMontagne AD, Milner A, et al. Workplace psychosocial stressors experienced by migrant workers in Australia: a cross-sectional study. *PLoS One*. 2018;13(9):e0203998.
37. Nisar M, Kolbe-Alexander TL, Khan A. Bullying experiences of South Asian immigrants in Australia: a mixed-method study. *Prevention science*. 2023:1-13.
38. Khatri RB, Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC public health*. 2022;22(1):1-14.
39. Royal Australian College of General Practitioners. Cultural awareness and cultural safety training 2023. Available from: <https://www.racgp.org.au/the-racgp/faculties/atsi/education-and-training/cpd-activities-for-gps-and-health-professionals/cultural-awareness-and-cultural-safety-training>.
40. Queensland Health. 2013. Multicultural Health - A Guide for Health Professionals. Available from https://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide
41. Skromanis S, Cooling N, Rodgers B, Purton T, Fan F, Bridgman H, et al. Health and well-being of international university students, and comparison with domestic students, in Tasmania, Australia. *International journal of environmental research and public health*. 2018;15(6):1147.
42. Study in Australia. International Students in Australia Statistics. Available from: <https://www.studying-in-australia.org/international-students-in-australia-statistics/>.
43. Cameron R, Farivar F, Dantas J. The unanticipated road to skills wastage for skilled migrants: The non-recognition of overseas qualifications and experience (ROQE). *Labour & Industry: a journal of the social and economic relations of work*. 2019;29(1):80-97.
44. Syed J, Murray P. Combating the English language deficit: The labour market experiences of migrant women in Australia. *Human Resource Management Journal*. 2009;19(4):413-32.
45. Carangio V, Farquharson K, Bertone S, Rajendran D. Racism and White privilege: highly skilled immigrant women workers in Australia. *Ethnic and Racial Studies*. 2021;44(1):77-96.
46. Reid A. Under-use of migrants' employment skills linked to poorer mental health. *Australian and New Zealand journal of public health*. 2012;36(2):120-5.
47. Satyen L, Piedra S, Ranganathan A, Golluccio N. Intimate partner violence and help-seeking behavior among migrant women in Australia. *Journal of family violence*. 2018;33:447-56.
48. Negin J. Australia and New Zealand's contribution to Pacific Island health worker brain drain. *Australian & New Zealand Journal of Public Health*. 2008;32(6):507-11.
49. Mackey T, Liang B. Restructuring brain drain: strengthening governance and financing for health worker migration. *Global Health Action*. 2013;6(1):19923.
50. Misau YA, Al-Sadat N, Gerei AB. Brain-drain and health care delivery in developing countries. *J Public Health Afr*. 2010;1(1):e6-e.
51. Grenier M-L. The impact of brain drain in underserved countries: implementing a global ethical leadership approach. *International Journal of Migration, Health and Social Care*. 2015;11(3):218-22.
52. Harmony Alliance Migrant and Refugee Women for Change A strategic approach to improving employment outcomes of women from migrant and refugee backgrounds in Australia Melbourne: Harmony Alliance Migrant and Refugee Women for Change; 2019. Available from: <https://harmonyalliance.org.au/wp-content/uploads/2019/11/Employment-Outcomes-of-Women-from-Migrant-and-Refugee-Backgrounds.pdf>.