

# National Inquiry into Children in Immigration Detention 2014

Melbourne Public Hearing

Wednesday, 2 July 2014

<b>[Oath]</b>	Swearing in and affirmation of Ms Peer and Professor de Costa
<b>President</b>	Thank you very much Ms Peer. I wonder if you have any opening statement?
<b>Ms Peer</b>	I'll go first. Caroline.
<b>President</b>	Thank you and perhaps you might explain to us your background and experience and your role as Chilout Campaign Director, and then please go ahead with your opening statement. Thank you.
<b>Ms Peer</b>	<p>Sure. The Chilout came into being in 2001 in response to an individual case of a little boy, Shayan Badraie who had stopped eating and stopped speaking. At the time it was a very public case. We thought we would be a volunteer movement for a six month period to secure Shayan's release and 13 years later we find ourselves as the still running and only child-centric group in the country looking at these issues. We host a roundtable of multi-disciplinary experts. We try incredibly hard to frame and move these issues as child rights issues. We're not concerned with asylum politics as much as we can remove ourselves from those. We run an ambassador programme. One of our wonderful ambassadors has presented to the inquiry here in Sydney already. We support former young asylum seekers to have their voice heard, both to parliamentarians and to the public. Chilout is primarily an advocacy group. We visit detention centres. So in recent years Christmas Island, Leonora, when it held 330-odd unaccompanied boys, Darwin, Sydney and Melbourne. We enjoy quite good access and are grateful to those centres and now with the defunct nature of many advisory bodies we're certainly not medical professionals, but we're grateful that we're allowed in. Moving to a short opening statement. Without question, Chilout is completely opposed to the indefinite mandatory and remote detention of children seeking our protection. We believe that the system we have today can only be described as child abuse and nothing short of that. As we mark 25 years of the Convention on the Rights of the Child, we hold the belief that Australia for 20 of those years has denied rights to one whole group of children. Chilout believes in a model of, that presumes against detention. We look to countries that have maximum</p>

	<p>legislation periods of detention, usually 7 to 30 days, if there is to be detention at all. Although not the remit of this inquiry, but we do advocate for the expansion and improvement of the community detention model and that the bridging visa e- -system we have actually support and allow work and study rights. We believe that the immigration model we have today knowingly damages people and then goes into a dervish, a very inefficient and very costly dervish, applying bandaids that will never stick. We look to cases like an \$85,000 individual Medivac flight off Nauru for one pregnant woman who should never have been there in the first place, we look at cases of a teenage boy reaching nine months in detention who is getting 3 mental health specialist appointments a week and living on a cocktail of drugs all to cope with the system that he is trapped in.</p>
<b>President</b>	Nine months did you say?
<b>Sophie Peer</b>	He's been in detention nine months.
<b>President</b>	And how old is he?
<b>Ms Peer</b>	<p>He's 16 now and for the last three months, three times a week he has been receiving specialist mental health care. Which is... we are not saying 'take that away.' He is receiving that care because of the system he is in, not because of trauma previously suffered. This inquiry is well aware of course of the children signing artworks with ID numbers. I've met parents so institutionalised and so used to being referred to by numbers that they have a baby born in an Australian hospital and they are so distressed that their baby has no ID number, because of course the ID number is associated with the boat arrival and the baby did not come by boat. And parents are not issued a birth certificate. Of course in the hospital the baby wears a little wrist or foot tag many parents want to take that tag home not a keepsake like I have from my children but as something tangible and official that says their baby exists.</p>
<b>President</b>	And was born in Australia.
<b>Ms Peer</b>	<p>Well it doesn't say that but it does name the hospital, so that's useful. But of course if they are to take that tag home it ends up in the property section of the detention facility. Turning quickly to education and specifically to Christmas Island, it's being discussed here today that education will be provided on Christmas Island. Yes this is an improvement from the appalling situation that is there today but by no means is educating a child inside the centre that causes them trauma and harm called appropriate education. We completely oppose trying to do that inside that facility no matter how many millions of dollars or expert teachers are put there. We also note that in that in the announcement and discussion around that, there was no mention of the 0 to 5 age group and the early childhood development programs that are essential. So we do wonder what will happen in the future as we know they are</p>

	<p>inadequate now. Of course, then you get to issues of inequity if you're going to set up amazing schools in locations like Nauru and to some degree Christmas Island we understand that and it's just another reason why we believe you should not use remote locations such as those. Today the average time spent in detention for a child as we've heard is close to one year. Teachers on the mainland are telling us that things are changing. Students who were once engaged to ones keen to learn are losing interest. They are displaying concerning behavioural problems inside the classroom and teachers are struggling with that of course for the older ones as we've heard all today you know if there's no hope why bother why turn up to school. That is certainly not lost. Also discussed today, and I would love to come back to it in more detail from Serco and we've heard it from IHMS again today about this parent led decision making and these parental programs and support programs. It's completely at odds with everything that's in front of staff every single day. If a child needs something a guard provides it. Who will cook my birthday cake for my child? When will my child eat dinner? What will my child wear? Who will my child play with? They are not parent made decisions as much the parent would love them to be. The family unit cannot cope in detention, it's incredibly difficult.</p> <p>Some may argue that the right to play exists in detention but we would say does it count if a five-year old girl is playing 'officers'?. I've seen five- year old girls with pen on their shoulder making a little emblem of "officer" and she bosses her friends around using ID numbers. Is it play if the ground is coral? Is it play if there's a toy library that is 6 metres by 2.4 metres and open for 2 hours a day and you can't borrow the toy? Is it play if your parents are too traumatised to sit and do a puzzle with you? Is it play if you go to an Australian school but you can't go to your friend's party on the weekend? Overall we believe there is no such thing as a child-friendly detention facility. There are absolutely improvements that could be made to our existing facilities and operational detail that would mitigate some of the harm caused to children and would see some more dignity and humanity restored to the system and whilst the Department of Immigration may include some terrific individual people, it is absolutely not a child protection agency and it is not a child specialist agency. We don't believe that any Immigration Minister is an appropriate guardian of unaccompanied children and cannot act in their best interests.</p> <p>Fundamentally these are child rights issues and should be seen as such and it may be dramatic but we truly believe if we do not create change in this system a child will die because of it.</p>
<p><b>President</b></p>	<p>Thank you very much Ms Peer and that obviously will be part of the record and available and I think a very powerful statement. Actually covering a very wide number of issues many of wish of course we want to take up. Perhaps I might now ask Prof de Costa if you would like to make an opening statement and also tell us a little bit about I understand 40 years in obstetrics including Papua New Guinea and</p>

	Nauru.
<b>Professor de Costa</b>	Yes, I'm a specialist obstetrician/gynaecologist. I've been in practice in medicine for 41 years of which 36 have been as a specialist. I trained in Ireland, where I got my basic degree. I hold a Master's in Public Health and a PhD from the University of Sydney. I'm a fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal College of Obstetricians and Gynaecologists and the College of Surgeons of Glasgow. I've practised in the United Kingdom and Ireland, quite extensively in Papua New Guinea and in Australia since 1982, and in the last 20 years I've been practising in Far North Queensland based in Cairns. In 2003, I went to Nauru with Ausaid to perform gynaecological surgery in the Republic of Nauru Hospital so I have some experience of what care is like on Nauru.
<b>President</b>	Would you mind moving the microphone just a little bit closer to your voice and perhaps just you were telling us about Queensland and that your Ausaid work perhaps Ausaid in Nauru, perhaps you could go from there.
<b>Professor de Costa</b>	Ausaid, yes so I went with Ausaid to Nauru in 2003 to operate perform gynaecological surgery in the hospital in Nauru and I also consulted women in detention there in Topside. That was ten years ago.
<b>President</b>	And that was immigration detention.
<b>Professor de Costa</b>	Yes that's right. So more recently in December of last year, I would add that I always had a great interest in pregnancy care for women living in disadvantaged situations and I've published on that quite extensively. In December last year I went with Chilout to observe the conditions for pregnant women, their care and women who had recently given birth in the Darwin Alternative Places of Detention as they're called. One day we spent on formal visiting with under the direction of Serco and a representative of the Department of Immigration and we met people from IHMS in all three APODs. The other two and a half days we spent in the visitor's centres, in the various centres, meeting women who were pregnant or who had recently been pregnant and had given birth there and I did that as an observer rather than as a clinician. I'd like to say something to you about what antenatal care is like for women who are resident in Australia. It's fairly uniform across the country although it's delivered by the state Departments of Health according to the guidelines of my College and the College of Midwives and various health departments. One of the purposes, there were really two main purposes with antenatal care. There's medical care, specifically medical care and obstetric care but there is also a very large social and family and mental health element because we want to have an outcome where the baby goes home to the best possible social and family circumstances. The same is true of the mother so mental issues are very, very important in antenatal

	<p>care. And the kind of care that is provided across Australia consists of there's always a specialist obstetrician available in the group of people who will look after pregnant women. So it's recommended that a pregnant woman is seen by an appropriate doctor in the first three months of pregnancy, that she has a full history taken and an examination and a number of tests, blood tests, ultrasound and so on to determine whether she is at low risk or medium risk or high risk with continuing her pregnancy and where she should give birth and who should look after her. Now the majority of Australian women are relatively low risk at least at the beginning of pregnancy because pregnancy and child birth are physiological events but if women are judged even then or later on during pregnancy during the various visits they make or even at the time of birth to be high risk, then those women are able to access specialist care often in tertiary hospitals. This is the kind of model that I think should be applied to asylum seeker women as well. Now we also try in Australia and in for example in Far North Queensland where I worked to provide an equivalent level of care to women living in rural and remote areas as is received by women in urban areas. In Far North Queensland we do that by outreach visits to women. We have midwives in health centre, in the smaller hospitals we have doctors who are trained often with us in obstetrics, we have the Royal Flying Doctor Service we are able to move women to Cairns at usually at 36 weeks if they are low risks and if at any time earlier. So as an example if we have a woman who develops a haemorrhage or perhaps goes into premature labour in place like Weipa which is two hours from Cairns, we have the system which can get that woman to Cairns Hospital and to appropriate care within something like four to six hours. And that's the kind of comparison that should be made if any comparisons are going to be made with Christmas Island or Nauru I believe. I think that we need to apply those same standards to women who are in detention in Australia itself but also to women on Nauru because we are receiving them here in Australia for birth and I do not believe that the pre-natal and post-natal care which I saw in the Darwin Centres and which I've heard about in other centres is equivalent to that being provided to women who are resident in Australia.</p>
<b>President</b>	So it's not equivalent to ...
<b>Professor de Costa</b>	It's not equivalent no, it's less. Yes.
<b>President</b>	I am interested that you have taken this point up because it has occurred to me that the discussion we have had today that somehow another lower level of care could be provided in remote areas is acceptable. I think somebody had speak up and say actually it's not acceptable, whether it's Indigenous communities or Australian you know Anglo-Australians living in or those effectively in prison and on remote islands that we can say that that's the basis for a lower level of care.

<p><b>Professor de Costa</b></p>	<p>No we don't accept it in Australia and we try not to. Obviously there are situations where you can't avoid not providing exactly the same care but we would try to do that with ante-natal care, we try to predict where there might be complications and move the women to an appropriate ...</p>
<p><b>President</b></p>	<p>Thank you, thank you very much for that opening statement. I've got some question and you can share depending on who you think is the most appropriate. Perhaps to ask your view and this is the last of the evidence for today and we've had different approaches to this and but fairly consistent responses, but I'd still like your view from Chilout's observations. What do you think is the impact of immigration detention on children?</p>
<p><b>Ms Peer</b></p>	<p>I would concur with all of what we've heard yes. From withdrawal from disengagement to behaviour problems to trust issues. Certainly whilst in detention, a host of even more concerning displays of behaviour. As we move now to what is absolutely a long term detention problem we are just going to see chronic health issues. Issues that we've heard from Dr Jureidini this morning, from Professor Newman. You know things that even with the best care still come out 10 years later. Where are we going to be at now, when we know that these children, we are back to the cases that Professor Newman started her career with in this area , at 3 years in detention, birth to zero in detention. That's what we are looking at. So the impacts are going to be, we know them today, but we are going to see them for the next 20 years.</p>
<p><b>President</b></p>	<p>Can I ask how Chilout operates at a practical level? Are people referred to you, do you come across these children in your community work? How does it actually happen?</p>
<p><b>Ms Peer</b></p>	<p>Very ad hoc. So we have with the increase obviously of computers in detention centres we have personal contact with many asylum seekers who are detained mainly on Christmas island, Darwin and of course the rest of the mainland we have great contact. Very little on Nauru. People are referred to us, yes. And that's happening more and more as people are denied legal advice and access to independent and free legal service. We are absolutely not a legal service and we cannot replace that but people are looking for some contact and some agency to at least listen. There is very little we can practically do of course. so we are often referred to cases referred to us in that manner. We stay in touch with I'd like to hope and think nearly every advocate who's visiting these centres on an almost daily basis. We have become the repository of child centric information on these issues so if somebody visits and notices there's no maternity clothes as there are not in detention and women are wearing bras that are you know literally too tight they are the kind of things we will get a phone call and whilst we are writing policy papers we</p>

	are looking for breast pads that's kind of the remit of our work.
<b>President</b>	Good, excellent. It's very interesting that I think for this inquiry, to understand the range of services that are actually being offered by community groups and most particularly Chilout. Can I go to, as I said earlier we work on the basis of the standards of international human rights law and one of those is Article 6 of the Convention on the Rights of the Child which provides that "governments shall ensure to the maximum extent possible the survival and development of the child'. Perhaps this is one for Professor de Costa. Can you tell us from your experience, what is the impact on the subsequent healthy development of a child, of detention of the mother in those early weeks and months of that child's life?
<b>Professor de Costa</b>	Well I think if appropriate antenatal care is not provided then the child may experience physical harm. I am aware that in the last few months of last year there was a very large increase in the number of women who were transferred from Christmas Island to Darwin. Royal Darwin Hospital was not informed that these pregnant women were there and that they would be coming to deliver their babies in the hospital and the women arrived unannounced, without medical records, in labour in the hospital in those last few months. Now I know this from conversations with, private conversations, with people in the public health system who don't want to be identified but I am quite sure of the accuracy of what I am told. There were at least 2 stillbirths amongst those women, and a baby who died in the neonatal period. Now those are fairly small numbers we are dealing with and it may have been that those things would have happened anyway but they I think are quite possibly events which could have been prevented by the woman having been seen for antenatal care by the staff at Royal Darwin Hospital much earlier.
<b>President</b>	So would you identify antenatal care at an appropriate standard as being a critical factor to recommend to the Government in our final report?
<b>Professor de Costa</b>	Absolutely, absolutely. And transparency in what they are doing. I have spoken to colleagues in other parts of Australia who are also looking after asylum seeker women who are doing, the same thing is happening about presenting without announcement or previous information for care, in labour or with severe complications of late pregnancy without any records, without any knowledge that they are coming. This is, and often without interpreters. Now this is very difficult for a birth suite or for staff to take on when they are already dealing with women who have been booked for pregnancy and birth care so it impacts, it takes much longer to look after such woman than if you already know a lot about the woman and it also impacts on the care of other woman in the service at that same time.
<b>President</b>	So the point about transparency is one that we haven't heard so much of before. I think that is an important point for us to take note of, that for all sorts of reasons we

	really don't have a process that is open and we can't interrogate it in the way that we would if it were happening in the general Australian public.
<b>Professor de Costa</b>	No that's right, yes.
<b>Ms Peer</b>	Could I add to that please President?
<b>President</b>	Yes please do
<b>Ms Peer</b>	Not just transparency but very basic communication. If the department isn't going to tell us, the public, what is happening, a simple call to the Royal Darwin Hospital seems only courteous if not procedurally necessary to say there are 53 pregnant woman, all due between X and Y. A very simple administrative matter.
<b>President</b>	So the hospital isn't even aware that
<b>Ms Peer</b>	No and it was not just the case for Darwin, there are other hospitals dealing with this in the same situation.
<b>President</b>	So they can't plan for it.
<b>Ms Peer</b>	No, it's a strain on the public health as well. It's just completely unnecessary and seems a very easy administrative tick rather than any kind of policy issue. But I would add also around the question of impact in those first weeks, completely contrary to the World Health Organisation guidelines, breast feeding is not supported at all inside the detention network. A baby's mother is given formula and bottles on day three of the baby's life as standard issue items. They are not requested, they are given in the welcome pack with the singlets and the nappy cream. I don't think I need to add more to that.
<b>President</b>	Well just as an aside I would have to say that one of the few rays of light, somewhat ironically in our detention centre visits, has been this extraordinary number of babies that are appearing and the number of asylum seekers that came up to me with a 6 week or a 9 week old baby, brought joy to everybody regardless of the circumstances in which they were.  But to a more serious point, one of the difficult aspects of conducting this inquiry has been what appears to be a mis-match of facts and evidence. That is from the Health Services, IHMS say that they deliver certain kinds of services but we hear on the ground that's not the perception at least of the mothers and babies and the parents. Now we have to get to the bottom of why there appears to be such a significant difference and as I have said earlier it is critical that we get our facts right. I can't or we can't in our report reproduce evidence and assume it's true, we have to understand whether it's true or not. In your experience of dealing with particularly

	<p>the mothers and babies, what are in your experience these mothers saying about their access to good antenatal care or postnatal care?</p>
<p><b>Professor de Costa</b></p>	<p>Yes well one of the things that the IHMS, I met, there are 3 general practitioners, or there were at that time in Darwin, none of them had obstetric training. There had been a woman GP briefly there who had obstetric training but she had then left and gone to Western Australia. None of them had obstetric training and they were clearly feeling a bit out of their depth. I met two women who, had lost babies, one woman who had a stillbirth and one woman whose baby died some days after birth. Both of them said that they had been to the health centre within the detention centre several times, the first one saying that her baby wasn't moving and the second one concerned about the baby stopping breathing and they had been turned away and it was only when the situation deteriorated that they were actually transferred to the hospital. Now I have only their word for that but it did seem to fit with what subsequently happened. I did have another experience and indeed Ms Peer was there too. On the afternoon of the Saturday when we were there, we were visiting a number of people, of asylum seekers, in the visitors centre. There was another doctor there, a paediatrician and we were shown a baby 12 days old who had been born a little prematurely I think and this baby had a number of sores on the baby's body, pustular sores. Now neither I nor the other doctor were there in a clinical situation, but we did feel that the baby needed to be seen by a doctor that afternoon. Now we had been told by IHMS that there was always a nurse with doctor access in the detention centre and it was always possible for asylum seekers to access this person. So we said you should take the baby to the clinic, and we were met with amazement on the part of the asylum seekers. So we then said to the guards, this baby needs to be seen by a doctor this afternoon. More bemusement that we made more fuss and eventually we were told, oh yes alright the baby is going to go and see a nurse but you must write a note explaining why this is happening. It was clearly an unexpected turn of events. So we wrote the note and put our qualifications on the bottom and the fact that we were not looking clinically at the baby but we needed the baby to be seen and they went off and they came back and said the nurse had refused to see the baby. At which point we found that we had telephone access to the outside world and we found a senior paediatrician at Royal Darwin Hospital and very soon a GP was on the way to see the baby and the baby did receive some care. But it just showed us that in fact what we had been told that people did have access to health care out of hours in this particular centre was not really true.</p>
<p><b>President</b></p>	<p>Not the case. Alright we will try to follow up on some of those instances and just again so that we get some clarity as to exactly what the facts are. Just got a couple more questions because we are pretty much out of time but Ms Peer, something that does worry us is concerns about family separation as a consequence of health</p>

	transfers to the mainland. Do you have any experience through Chilout of where families have been separated and what might be and for what periods of time broadly speaking?
<b>Ms Peer</b>	Years of experience of it, yes its very common place. We're told that it doesn't occur any more. I can tell you of two cases this week where it is absolutely occurring. A woman here in Australia for treatment her husband left behind on Nauru. The other case, incredibly alarming, a family with a boy, three children, the eldest boy is 18. IHMS had seen him many, many times through their pyramid of mental health treatment and it was deemed that he really needed to be out of the detention network. The family were not moved. The family, because the boy is 18 were asked to sign a form to allow his release into the community on a bridging visa. The boy is out and has not seen his family for two months because he is not situated on his bridging visa near to that detention facility, so the family is absolutely separated and that boy's family simply don't know if he's well or unwell.
<b>President</b>	Have you made a written submission to the inquiry?
<b>Ms Peer</b>	Yes.
<b>President</b>	And would those two cases be entered in?
<b>Ms Peer</b>	They're not because they're literally this week.
<b>President</b>	Do you think you could follow this up with an email to us, just a very simple email. Just because again we hear one side and then from somebody like you who's out there actually doing it, we hear a different set of stories and the more accurate that information is, the better. I have to keep repeating that. But that's why we need that information..
<b>Ms Peer</b>	Could I just add on the family separation sorry I know we are running quick out of time?, that the family separation issues goes in many forms as well. So the physical might be happening less at the moment although not so with the ASIO cases which I know is a whole other area we may not get time for today but the very trivial things that the bureaucratic cruelty as it was called today doesn't allow for. So no private phone calls, no access to photos of your child, that's all part of family separation and all part of the ongoing trauma for families not be able to share or speak or speak openly because they're on a communal phone in a common space and we're talking particularly about the very long term detainees in residential housing where a phone would be easy.
<b>President</b>	Thanks very much.
<b>Professor de</b>	I would just like to say something about the Serco guards. When a woman in labour

<b>Costa</b>	is in hospital she has a guard for her, a guard for her partner if he is there, and when the baby is born there's another guard to make sure the baby doesn't escape. I have this from a number of independent witnesses in different hospitals.
<b>President</b>	Again, I think you know I know everybody is very busy but those examples need to be documented and the practices challenged. So I would be grateful again if I could have that advice. One last question for Professor de Costa, in your view, is Nauru an appropriate place to detain mothers and babies?
<b>Professor de Costa</b>	No. No. No.
<b>President</b>	And I ask this because you've been there?
<b>Professor de Costa</b>	Yes. Is Nauru an appropriate place? Is that the question?
<b>President</b>	No my question is, is Nauru an appropriate place to send mothers and new born babies?
<b>Professor de Costa</b>	No. No, it's not because you...
<b>President</b>	The point is they're being sent back after they come to Australia for birthing. Is it appropriate to send them back?
<b>Professor de Costa</b>	No it's not. The living conditions are appalling. They're hot, humid, overcrowded, intense. Simple public health measures aren't met. The chances of communicable diseases are very high and the mental health issues are enormous. The possibilities of the woman of developing post-natal depression are very, very high and that has a lot of implications for her bonding with her baby, her attachment to her child and that whole child's future physical and mental health and development. Those things shouldn't happen.
<b>President</b>	Thank you very much Professor de Costa and to Ms Peer. Wonderful to have you both here and a rather sad note of course on which to finish but thank you for those of you who have been with us for a lot of the day. I think we've received some very very powerful evidence. Many of it confirming what we're being told. Some of challenging what we're being told. So we will spend the next few weeks really going through this information, linking it up to the 800 or so interviews that we've conducted and the 200 or so submissions that we've received, so there's a lot of work to be done but I hope that you see the report in its final form in late September but if there's anything that you would like to say or write to us about as a consequence of these questions, if you've been sitting there boiling because we

	<p>haven't asked the right question or we didn't follow up on something you know should be followed up then please write or as an email. Sometimes if it's easier for you a phone call through our office and we will take that don't worry about any deadline for submissions. We really want to get to the truth of what is happening so please do communicate with us. Thank you very much for your patience today and thank you again to my last witnesses. Thank you very much.</p>
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