

**SUBMISSION TO THE PARLIAMENTARY ENQUIRY RE MITA PROJECT**

Date February 5/2/2017

Name: Katie Shafar,

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Dear Sir / Madam

**I write regarding the Proposed Melbourne Immigration Transit Accommodation Project, Broadmeadows, Victoria.**

As a Nurse of 40 years, with qualifications in Psychology, General Nursing, Midwifery, Maternal and Child Health, in 2015, I worked in Nauru. After my return, in 2016 I became a very regular visitor to MITA, Broadmeadows, and was able to see firsthand some of the parallel issues among the asylum seekers detained in MITA which I had previously witnessed on Nauru. The MITA cohort, even though deemed “low risk”, manifest the terrible suffering, despair and hopelessness I saw on Nauru.

During my time as a nurse on Nauru I witnessed numerous very serious critical incidents which in every case were, prefaced by the terrible suffering, a long desperate plea for adequate health / medical care, adequate housing, and comfort from the relentless heat, request for clean food and water, timely legal and case worker support to name just a few of the very reasonable requests.

On speaking to those seeking refugee status both on Nauru and in MITA, my overpowering sense was that these people were educated, intelligent and wanted from life, just as you and I want, safety, security and protection from harm.

I refer to the DIBP Submission One plan to increase the size and already harsh security of MITA in order to house detainees from around Australia. The intended cohort will include both criminal and non-criminal (administrative detainees awaiting resolution of their claims / status) element.

*I simply cannot emphasize enough the immense danger in any sharing of facilities for these very different cohorts.*

What I witnessed while on Nauru was abhorrent neglect at all levels, basic food, water, health care to name a few. Some detainees reported they were subjected to rape and violence from the Nauruan community, with no response from the police or judiciary. Consequentially I observed a significant deterioration in mental health status.

I note over the last year of visiting administrative detainees at MITA, an overriding theme of loneliness, boredom, isolation, despair and hopelessness. Once proud, with a strong family focus and traditions, many are now “broken people,” having committed NO crime.

Whilst these people are largely people in administrative detention it is recognized that there is a further small cohort who have been readmitted from the Australian community as minor law-breakers eg over-stayed visa, or minor offences such as traffic or failure to pay fines, that were committed while on temporary protection visas. *\*As I witnessed on Nauru, the precipitating event without exception, to self-immolation, stitching one’s mouth together, riots, burning, other self-harm is hopelessness, boredom, despair, and anxiety, further exacerbated by lack of police / judicial protection. Such long-standing unmanaged despair leads to a major security risk.*

The Department of Immigration and Border Protection’s project to increase security is astonishing. The focus on increasing security is the wrong emphasis. Currently at MITA, ALL detainees are treated as dangerous criminals.

*The main ethos in the health profession is DO NO HARM, and currently this is violated in every respect.*

Over the last year, MITA is conducted more and more like a prison, which harbours dangerous criminals, with harsh, ever changing and arbitrarily applied rules.

**The better and more cost-effective course of action is to find ways to avert the aforementioned precipitators to a security risk or breach.**

Suggested measures to improve detainee health and reduce risks of self-harm and riot are -

- Enable easier access to the facility with clear signage / welcoming to visitors, family and friends.
- Triage effectively and efficiently, the current system appears to be in disarray and chaos – urgently re-direct funding in order to do this
- Improve timely access to legal and case representation – increase funding for this.
- Improve the health care – currently I am seeing wholesale chemical tranquilization by widespread use of anti-psychotic, anti-depressant medication – in the medical profession the mantra is DO NO HARM
- Provide counselling on site to better deal with the overwhelming loss, grief, PTSD and anxiety
- Improve the food quality / choices.

- **Improve the rooms to increase the comfort, enhance dignity and privacy and allow sound sleep for the detainees**
- **Provide courses to enable people to be better prepared for life in the community – some detainees are actually well qualified to *conduct* these**
- **Relax rules for mobile phones and provide additional landline phones for the asylum seeker detainees.**
- **Cease the practice of spot searches of asylum seekers' rooms for mobile phones and other items. These searches are often done by the Emergency Response Team staff together with sniffer dogs, at all hours of the night. These searches are distressing and result in loss of sleep, and increased anxiety overall.**
- **Provide more computers and internet access for the asylum seeker detainees.**
- **Provide basic personal care items such as toiletries, sanitary pads and shampoo.**
- **Allow acceptance of gifts from visitors *at the same time as the visit* (currently ruling is that gifts can only be delivered to MITA in very narrow time periods over the working week - making it impossible for aging visitors who may car pool, or those working in the week, and who visit during weekends.**
- **Allow some foods brought in by visitors as gifts to be taken back to the rooms.**
- **Provide a toilet in the visitors area for detainees (currently if the detainees requires a toilet in this time they are not allowed back into the visitors hall – I have been told by several detainees that due to the food, and stress, gastro-intestinal illness is common requiring immediate toilet access – which deters them from enjoying the time with visitors.**
- **Re-train Serco staff to manage detainees without the use of brutal force and militaristic methods.**
- **Ensure that when a rule is changed it is done with adequate notice and that a reasonable explanation for the change is provided.**

**Key performance measures**

**As in any business regardless of the magnitude, all projects must be validated / measured, with published public reports on the efficacy of the prevailing project.**

**There must be time lined performance measures with very clear key performance indicators. I believe that the performance measures that apply to the MITA project should prioritize the following which are easily measured -**

- **Health outcomes**
- **Number of critical incidents**

**which in itself is cost-saving.**

**Australia now has the opportunity to resurrect its global reputation, and be a leader among nations, by acting carefully on the views and measures discussed in this submission.**

**Katie Shafar 5/2/17**

**THE HONOURABLE MICHAEL McCORMACK MP**

**Proposed Melbourne Immigration Transit Accommodation Project,  
Broadmeadows, Victoria**

**On Thursday, 1 December 2016 the Minister for Small Business, Hon Michael McCormack MP, asked the Committee to inquire into and report on the Proposed Melbourne Immigration Transit Accommodation Project, Broadmeadows, Victoria.**

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