

12 August 2011

Committee Secretary
Joint Select Committee on Australia's Immigration Detention Network
PO Box 6100
Parliament House, Canberra ACT 2600

Phone: +61 2 6277 3521 Fax: +61 2 6277 5706 Email: immigration.detention@aph.gov.au

FROM: Ms LESLEY WALKER tel

Dear Sir/Madam,
I wish to address many of the points listed in the Committee's terms of reference.

MY BACKGROUND in DETENTION MATTERS

- As an individual & independent advocate I have befriended & assisted many asylum seekers since 2003.
- I visited Baxter IDC (SA) in 2005 until it closed in August 2007.
- I have visited Pt Augusta Housing (APOD, SA), West Richmond (APOD, SA, a temporary holding facility used prior to removal of 'failed' asylum seekers) & Villawood Detention Centre (NSW).
- I was a legal Guardian for one man in detention, later 'released' to Community Detention in SA, & eventually granted an humanitarian visa in 2008.
- Along with 2 other friends I continue to support a young man whose mental health has been irrevocably damaged by his 5 yrs in detention, starting at age 20yrs. He is hospitalised every few months.
- For the past 4.5 years I have intensely supported a friend who is in his 8th year & is the longest term person currently detained.
- Currently I visit Inverbrackie Detention Centre, SA (DIAC prefers the term APOD) every Sunday. I have been committed to visiting the families there since January 2011 – 30 visits this year.

Over the past 4.5 years I have had extensive oral & written communications about the circumstances of many detainees (in various detention centres & hospitals) with

- Previous Minister Chris Evans – I met him 1:1 at a Community Cabinet Meeting in Adelaide in Jan 2010, & discussed the cases of several friends with him. I handed him a comprehensive letter about the same situation concerning long term detainee status.
- Officers of the Dept of Immigration & Citizenship (DIAC), previously DIMIA, previously DIMA
- Detention Facilities' Management Sub-contractors GSL, G4S, Serco
- DIAC officers in Case Management & Detention Health Sections in Adelaide, Sydney & Canberra
- Medical staff at detention centres
- Medical staff at public & private hospitals
- IHMS
- PSS
- The Commonwealth Ombudsman
- Legal Services Commission (SA)
- The Office of the Public Advocate (SA) - Guardianship Board
- Guardianship Office
- in NSW
- Red Cross
- GPs, specialist doctors, dentists,
- Pro bono psychiatrists

I have attended & supported people:

- at many psychiatrists' consultations with men who needed assessments or treatments. They have asked me to sit in with them to observe & explain processes
- In hospital wards – general wards, psychiatric wards, emergency depts.
- In legal & court matters
- at RRTs
- at Federal Magistrates Court

I have supported a number of men in detention since 2007 – in:

- Baxter IDF (Pt Augusta, SA)
- Pt Augusta Housing (SA)
- Pt Augusta Hospital (SA)
- 'Brentwood at Glenside Hospital (SA)
- Royal Adelaide Hospital Emergency (SA)
- Margaret Tobin psychiatric ward at Flinders Medical Centre (SA)
- Villawood IDF, Stages 1, 2 & 3, as well as in its medical centre (NSW)
- Maribynong IDF (Vic)
- Toowong Private Hospital (Brisbane)
- Banks House Psychiatric Ward (NSW)
- Liverpool Hospital (NSW)

I have advocated for many more in sorting out issues with detention management & health services, especially for those Indians, Chinese, & Afghani Hazaras whose English expression & comprehension was poor, & also Iranian & Iraqi people. I designed my own consent form for people to sign allowing me to inquire & receive private information about individuals. Until recently this was respected in Canberra & in all the above listed facilities. I intend to write to the Minister & the Government Dept about this matter.

Since January 2011 I have visited Inverbrackie APOD (SA) every Sunday afternoon to spend some time with a number of the many families detained there. Over the past 8 months I have deliberately planned, managed & coordinated initial introductions of many visitors to the families in detention.

OBSERVATIONS on the MANAGEMENT of MENTAL HEALTH ISSUES in DETENTION

- the sub-contractor IHMS is a global profit-making enterprise. During 2006 – 2008 the psychiatrists it employed superficially treated all detainees with 2- 5 minute consultations & prescribed many anti-depressants & anti-psychotic medications, often multiply to one person without regard for interactions of those medications.
- Stage 1 at Villawood was a very frightening ward where people were kept in isolation prior to 'removal' to their homeland, or as punishment. Some people there are criminals. Asylum seekers are not criminals. They should not share accommodation. People were very frightened of being 'caught up' in the violent behaviours of people held there. It is a most inappropriate place for assessment & rehabilitation. People can be on a 24 hr suicide watch, & they wear only a smock. They are not allowed access to their mobile phones.

I have summarised the letter of a friend who was held in detention for years, written to Minister Evans in 2008, requesting a change of accommodation. It is a powerful insight into the tensions that exist every day for all people held in detention centres.

He said he was very anxious & depressed, & needed a quiet place because he was increasingly nervous & anxious in Stage 3. One reason was that each time there was an announcement over the speaker system he worried that he would be called & given bad news. He could never relax because of this. This situation was very disturbing for him. He was re-living bad memories each time an announcement was made. It was impossible to find peace & quiet there. He asked for an increase in medication to deal with his anxiety. This request was refused. If he could not have medication, then he asked for an environment that would be less stressful. To have a transfer to Housing (at Villawood) would have been a huge improvement on Stage 3. In Stage 3 many (ethnic) people asked him for advice & assistance with their cases – explaining their histories, composing letters & requests, & translating documents. He had done this many times. He eventually could not cope with the continual reminders of the sadness & despair of everyone in Stage 3. He was overwhelmed with sadness every day as each person told him their story. In Housing (Villawood) there would have been fewer people who would have asked him for help – he would get to relax more. In Stage 3 he could not prevent people coming to his room to see him for advice, but in Housing (Villawood) there are fewer people, & he would be able to his retreat to his room to get some peace & quiet. There was a lot of tension in Stage 3 that worried him. People harmed themselves – this was very distressing for all. Everyone continually discussed each unfortunate event & this served only to increase the negative impact for everyone in Stage 3. Every day he was afraid of being accidentally involved in violent incidents if he happened to walk into a dangerous situation. In Housing there would be much less likelihood of this happening.

For 24 hours, every day, every minute, my friend was experiencing intense feelings of hopelessness, anxiety & shock that he remained in Villawood. He had no way of improving his own mental state. He was withdrawn & stayed in his room all day, every day. He was deteriorating physically & his depression was deepening. He was spending all day & night in his room, lying down. He was nauseous all the time, & took 7 tablets every day/night to combat anxiety, depression & insomnia. He was concerned that the above physical symptoms are the result of interactions those 7 tablets, & was sleeping only 3 – 4 hours from

2am every night. He experienced a strong continuous pain in his right arm & right side of his back. He was finding it increasingly difficult to maintain his previously steadfast demeanour & generosity of nature. This was not only his opinion, or mine – all his friends who visited or ‘phoned him told me that they were worried about him.

Ombudsman’s Report, tabled 01 May 2008, para 20.

“The available psychiatric & psychological reports indicate that XX’s mental health is deteriorating in detention, his resilience is decreasing & his psychological condition is likely to decline further.”

The Minister declined to make any change in the detention arrangements.

I have much to comment on, too much to include in this letter, so I will make brief comments addressing the Committee’s points of interest.

(a) any reforms needed to the current Immigration Detention Network in Australia;

All asylum seeker claimants should have their cases examined on shore while they are held in mandatory Community Detention. Initial detention, if necessary, should be limited to 6 weeks or 3 months maximum.

Children & young adults should never be detained in any detention centre.

Community Detention in Adelaide is a working successful example of what should be the Government’s response to all asylum seekers arriving by air or by boat.

(b) the impact of length of detention and the appropriateness of facilities and services for asylum seekers;

At Inverbrackie (SA)many families with children have been in detention since arriving by boat in 2010 – some up to 19 months. In the past 7 months I have seen the strain on the faces of the children & young adults as they have changed from being composed & seemingly controlled while waiting in detention, to being perpetually sad people who state that they are anxious & depressed & have headaches.

(c) the resources, support and training for employees of Commonwealth agencies and/or their agents or contractors in performing their duties;

Some children in detention have physical & intellectual disabilities.

I understand that Inverbrackie APOD manages the needs of the parents & their children who have disabilities very well.

(d) the health, safety and wellbeing of asylum seekers, including specifically children, detained within the detention network;

The health services provided in detention centres has always been inadequate & administered sparingly & poorly by DIAC & the sub-contractor IHMS. I have had significant correspondence (& phone discussions) with Detention Management sub-contractors, IHMS, DIAC Detention Health in Canberra, & the Commonwealth Ombudsman. I am willing to share these files with the Committee.

I can comment on a specific example in 2007 of the brutal forced ‘removal’ from SA of a friend who had been subjected to 12 treatments of ECT, & spent 5 months in a psychiatric ward – much of it under 24 hr suicide watch. He was the subject of a Guardianship Order in SA, but DIAC ignored that the Public Advocate’s advice that the man remain in protective care. He was detained & living at West Richmond (APOD, SA) adjacent to Adelaide Airport. Without warning to me or any other close supporters, my friend was handcuffed & escorted by 6 security staff & a nurse on to a small plane & flown to Sydney, then put on a flight to his homeland. I keep in touch with him. DIAC’s psychiatric assessment had been that he was ‘fit to travel’, based on one phrase of a few words in the midst of a extremely cautious psychiatric assessment. I assisted him to go to that consultation, & I sat with him, & I have this report.

I can comment on the circumstances & management by DIAC & GSL of another friend’s sojourn in isolated & degrading incarceration in the high security unit Stage 1 at Villawood after he had spent 4 weeks in a psychiatric ward in Bankstown Hospital in 2007. I supported this man by telephone every day & tried to negotiate with DIAC & GSL managers at Villawood & in Canberra Detention Health. Concessions to his comfort were few & minor.

(e) impact of detention on children and families, and viable alternatives;
see above (b)

(f) the effectiveness and long-term viability of outsourcing immigration detention centre contracts to private providers;

I believe that Immigration detention centres are worse than gaols for detainees. They have no 'end date' to their incarceration & this is a most spirit-destroying factor.

The billions that the Australian govt has devoted to these unworkable & inhumane practices could have been invested in far cheaper alternative providers in the community with providers such as NGOs whose value are not governed by profit-making global conglomerates & their boards, who do not know what is happening in the facilities & are intent on keeping everything out of the public & Governmental eye / scrutiny.

I have spoken a little about my experiences in dealing with the medical services in Baxter & Villawood detention centres.

IHMS' services to people in Community Detention were appalling in 2007. I have had significant correspondence with the Commonwealth Ombudsman, & some administrative practices seem to have been streamlined.

A major concern was the release of detainees to Community Detention without any medication or prescriptions to cover them for a few days. Many people in detention are encouraged to manage their depression & anxiety by taking several medications, & many people have been taking them for months if not years – the long term detainees at Villawood were all on Efexor & other medications in 2007 & 2008.

Despite much discussion with the Hills Circle of friends members, Serco & DIAC will not address the issues of providing only light-weight (thin fabric) poor quality clothing to people arriving in winter weather in the Adelaide hills.

I believe that if Australia needs to have detention centres, then they should not be managed by sub-contractors, but by the Federal Government & subject to independent scrutiny & accountability.

(g) the impact, effectiveness and cost of mandatory detention and any alternatives, including community release; and

The intensely negative propaganda in the press & by successive federal governments over the past 20 years has demonised asylum seekers, & has been detrimental to Australian values & the fabric of our society.

The current & future health care of damaged minds of those who have been in detention, then found to be genuine refugees, is escalating & could have been avoided by more open & humane solutions such as Community detention.

(h) the reasons for and nature of riots and disturbances in detention facilities;

This subject has been investigated & reported by many organisations & written about extensively. Continuous violence – physical & psychological – perpetrated on innocent people leads to desperate acts.

(i) the performance and management of Commonwealth agencies and/or their agents or contractors in discharging their responsibilities associated with the detention and processing of irregular maritime arrivals or other persons;

No comment.

(j) the health, safety and wellbeing of employees of Commonwealth agencies and/or their agents or contractors in performing their duties relating to irregular maritime arrivals or other persons detained in the network;

I leave this for others to assess.

(k) the level, adequacy and effectiveness of reporting incidents and the response to incidents within the immigration detention network, including relevant policies, procedures, authorities and protocols;

I was lied to by GSL staff during the prolonged hunger strike of a friend in Villawood in 2008. GSL staff reported to DIAC managers that the person was taking soft food & fluid. DIAC would tell me that the reports to them were that he was 'eating dinner'. Every day I would speak to him to check. He was not taking food, & was distressed that DIAC thought his situation was under control. Eventually I reported to senior management in Canberra, & the matter was looked at more closely & the truth was revealed.

Staff on the ground tell management what they want to hear. This matter of reporting – at least in medical areas - needs some attention. I think that processes & systems operating in the high security areas ('behaviour management' units) would be subject to the same vagaries.

(l) compliance with the Government's immigration detention values within the detention network;

Departments & Subcontractors all have mission statements which are based on values. It is a requirement for every organisation. In closed systems, not subject to public scrutiny, & ruled by aggressive hierarchies, compliance soon becomes unimportant.

Ask any visitor to Villawood detention centre over the past 3 years if they have been treated with respect & seen other visitors treated with respect at all times, , as they are subjected to bags searches & xray & body scanning. Ask especially those people who have dark skin.

(m) any issues relating to interaction with States and Territories regarding the detention and processing of irregular maritime arrivals or other persons;

No comment.

(n) the management of good order and public order with respect to the immigration detention network;

No comment.

(o) the total costs of managing and maintaining the immigration detention network and processing irregular maritime arrivals or other detainees;

Totally out of context with the small numbers of people arriving. And they will always come. Detention conditions are no disincentive when you are trying to escape murder, rape, bribery, injury, arbitrary arrest & tor in other countries.

(p) the expansion of the immigration detention network, including the cost and process adopted to establish new facilities;

As above (o).

(q) the length of time detainees have been held in the detention network, the reasons for their length of stay and the impact on the detention network;

I know people whose RRT decisions have taken 12 months to deliver, appeals that take 12 months to deliver, IMR decisions that take 6 months to deliver. There is never an explanation apart from ... 'your case is so complex so it takes the Dept time to prepare ...'. DIAC has immense resources – incl lawyers & researchers to expedite processes. RRT members get sick, or go on 4 weeks leave ... or the case manager is transferred to work at Christmas Island (or elsewhere) & no-one advises the detained person.

They wait every day for some news of progress of their case. But in many instances no-one is actively working on the case.

Families especially are reluctant to request an interview/meeting with DIAC staff. They are intimidated & worry about whether such a request will have, in some way, a negative effect on the processes.

Security checks that take 18 months or longer ... what a waste of life, of time, of administration, of support in detention, causing mental break down & lifelong health issues for many people who then require treatment in the public health system.

(r) processes for assessment of protection claims made by irregular maritime arrivals and other persons and the impact on the detention network; and,

No comment.

(s) any other matters relevant to the above terms of reference.

After the relevant health checks, & in a short time frame (3 months maximum), all asylum seekers should be granted a visa with the right to study & work in Australia. Asylum seekers are people who have drive & energy, determination to do well whatever the circumstances. Our society should respect their unfortunate situations, & allow them to earn an income, to send money overseas to support their dependents in other places – the very relatives that they worry about endlessly while they are detained & powerless, while their lives are wasted in our current abusive system.