CATHOLIC HEALTH
Australia

20 October 2011

Dr Ian Holland
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Dr Holland

During the appearance of Catholic Health Australia before the Community Affairs References Committee on Wednesday 28 September, a number of questions were asked on notice. Additionally, in your letter of 29 September you provided another question on notice. Responses to each of those questions are now provided below.

Before detailing responses to these questions, Catholic Health Australia reiterates the proposals we made to the Inquiry during our appearance on 28 September, mainly that the Inquiry should recommend as part of its findings that the Community and Disability Services Ministers' Conference should establish a national strategy:

- involving all governments and non-government agencies involved in past adoption to facilitate improved access to medical, birth, and social work records.
- to support access to tailored counseling focused on the differing needs of mothers, fathers, adopted children, their siblings and, if needed, the parents who have cared for adopted children.
- to enable those birth mothers with grievances about their birth experience or consent procedure that led to their child being adopted to have these grievances heard.
- that leads to an apology from all governments.

Catholic Health Australia is willing to work with the Community and Disability Services Ministers' Conference in developing such a strategy, and I attach my letter to the Conference detailing this willingness.

.../2

Level 1, 10 Thesiger Court, Deakin ACT 2600. PO Box 330, Deakin West ACT 2600. T 02 6203 2777 F 02 6260 5486
Catholic Health Australia Incorporated | ABN 30 351 500 103

Question: What Catholic hospital maternity services operated in the period from the mid 1950s to the 1970s?

Our records indicate that maternity services were operated in the following Catholic hospitals, not all of which were necessarily involved in facilitating adoptions. A number of these hospitals that operated maternity services during this period have since ceased operation or are now operated under different governance arrangements.

St Vincent's Private Hospital, Darlinghurst; St Vincent's Private Hospital, Fitzroy; Mercy Hospital, East Melbourne; Lewisham Hospital, Lewisham; The Mater Hospital, North Sydney; The Mater Misericordiae Hospital, Newcastle; St Margaret's Hospital, Darlinghurst; Mercy Hospital, Albury; Mercy Hospital Young and Cootamundra; St John of God Hospital, Goulburn; Mater Misericordiae Private Hospital, Forbes; St Vincent's Hospital, Bathurst; St Anne's Hospital, Mount Lawley; Mater Misericordiae Hospital, Brisbane; Mater Misericordiae Hospital, Rockhampton; Mater Misericordiae Hospital, Townsville; St John of God Hospital, Subiaco; St John of God Hospital, Bunbury; St John of God Hospital, Geraldton, St John of God Hospital, Ballarat; St John of God Hospital, Warrnambool; St Vincent's Private Hospital, Toowoomba; Sacred Heart Hospital, Cootamundra; Holy Cross Hospital, Geelong; Sacred Heart, Moreland; Saint Frances Xavier Cabrini Hospital, Malvern; St John of God Hospital, Rivervale; Mt Alvernia Hospital, Bendigo. This list may not be comprehensive, but all effort has been undertaken to provide as extensive details as is possible.

Question: What was the role of diethyl stilboestrol in pregnancy management in the period from the mid 1950s to the 1970s?

I am advised diethyl stilboestrol was used widely in Australia as part of what was agreed by medical practitioners as good antenatal care at that time, up until a point in the early 1980s when widespread use ceased. Diethyl stilboestrol was prescribed in some high risk pregnancies as part of efforts to prevent miscarriage, and to suppress lactation of new mothers not able or wanting to breastfeed. Diethyl stilboestrol was not only used for mothers whose children were placed in adoption; I am advised by several obstetricians that I have consulted with that as many as 40% of all new mothers in the 1960s elected not to breastfeed, and that diethyl stilboestrol was regularly prescribed to such women as part of the cessation of their lactation.

I'm advised the use of diethyl stilboestrol in antenatal care was discontinued in the 1980s because it was found a) not to be entirely effective, and b) studies have shown it as linked to vaginal adenosis of female fetus exposed in utero to maternal ingestion of diethyl stilboestrol. Vaginal adenosis, is a risk factor for clear-cell cancer.

The study *"Clear cell adenocarcinoma of the vagina and cervix secondary to intrauterine exposure to diethylstilbestrol,"* published online in *Seminars on Surgical Oncology* in 2006, found:

> "Intrauterine diethyl stilboestrol (DES) exposure is associated with an increased risk for the development of clear cell adenocarcinoma of the vagina and cervix. The age of the DES-exposed patients has varied from 7 to 34 years with the highest frequency from 14 to 22 years. The risk among the exposed is small and is on the order of 1 per 1,000. Factors that may increase the risk are maternal history of prior miscarriage, exposure to DES in early

> gestation, an autumn season of birth, and prematurity. Pregnancy does not appear to influence adversely the tumor characteristics or prognosis of patients who have developed these malignancies."

The Inquiry would benefit from hearing from medical researchers with expertise in clear cell adenocarcinoma of the vagina and cervix to better inform any finding the Inquiry might make in relation to the widespread use of diethyl stilboestrol in antenatal care. Additionally, the Inquiry would benefit from hearing from medical practitioners experienced in caring for people diagnosed with adenocarcinoma of the vagina and cervix to test the adequacy of medical services that are available to such people. To this end, I wrote to the Chief Medical Officer of the Commonwealth on 18 July 2011 seeking advice on demand for:

> "Programs of assistance that are or could be made available to women or children who may have concerns about the risk of complications arising from the use of diethyl stilboestrol during their pregnancies and or births."

Question: What was the difference in protocols for births of children placed in adoption and that of other births within Catholic hospitals that occurred in the period from the mid 1950s to the 1970s?

I accept the evidence of many who have made submissions to the Inquiry that children were removed from their mothers soon after birth for the purpose of adoption, and that such a removal would not have occurred were no adoption planned. Evidence provided to the Inquiry of children being removed from their mothers is consistent with the general practice of adoption in government and Catholic hospitals during the period.

Each birth experience that would have occurred during the period would have been different. Indeed, there would have been different approaches in place in different hospitals determined by the individual practices of the medical and nursing staff present at an individual birth. It is therefore simply not possible to state what universal protocol was used in every birth in every hospital during the period.

I have consulted with several obstetricians who have advised that birthing experiences for all women in the period were very different from those of today. Some who have made submissions to the Inquiry have told of being constrained or medicated during their labour, or of having sheets erected preventing them from seeing their child. I empathise with these women for the difficult memories they have of their experiences. I am, however, advised that such procedures in some circumstances would often have been considered part of good antenatal care during the period, regardless as to whether a child was to be placed for adoption or not.

Question: What government consultation occurred with the Catholic Church on drafting national model adoption laws in 1964?

I have consulted with representatives of the Australian Catholic Bishops Conference. They advise that in 1964 there was not a single national secretariat for the Bishops Conference as there is today, meaning that any records of any contact between government and church officials would be spread

across the country, if such records were ever held in the first place. Given this circumstance and the short time within which I have been required to provide this response to the Inquiry, I regret it is not possible to provide a sufficiently informed response to this question.

Question: Did Catholic Hospital staff comply with requirements for consents prior to adoption, and what were the roles of staff in detaining mothers against their will during the delivery of children placed in adoption?

After investigation, I am not aware of any material that substantiates inferences that laws in place at different points of time were not complied with. That said, the evidence I gave to the Inquiry on 28 September was that:

> "Some mothers continue to have grievances about their birth experience or the consent procedure that led to their child being adopted. Some of these grievances are unresolved. Adoption was and is a legal responsibility of states and territories, and the processes that exist to hear grievances about medical care and consent differ across states. They are complex and difficult to access. The Community and Disability Services Ministers' Conference should develop a strategy for those who seek to have their grievances dealt with and better system navigation could be offered to help support those with grievances in dealing with this very fragmented complaints process."

Question: Will CHA participate in the Australian Institute of Family Studies survey on past adoption?

Following the encouragement I received during my appearance before the Inquiry to make contact with the Institute, I have written to the Dr Daryl Higgins, the Institute's Deputy Director of Research. I attach this letter for the benefit of the Inquiry.

Finally, the Inquiry encouraged media reporting of Catholic Health Australia's submission to the Senate. I attach for the benefit of the Inquiry a copy of reporting of our evidence to the Senate, published in the *Sydney Morning Herald* and *The Age* on 28 September 2011.

Yours sincerely

Martin Laverty
Chief Executive Officer

Attachments:

- Letter to the Secretary, Community and Disability Services Ministers' Conference
- Letter to Dr Daryl Higgins, Australian Institute of Family Studies
- Extract from *Sydney Morning Herald* of 28 September, 2011.

CATHOLIC HEALTH
Australia

19 October 2011

The Secretary
Community and Disability Services Ministers' Conference
Post Office Box 344
RUNDLE MALL SA 5000

Dear Secretary

National strategy in response to past adoption practices

The Senate is currently conducting an Inquiry into past adoption practices, and many of the State and Territory Community Service Departments have made formal submissions to that Inquiry. Catholic Health Australia has similarly made submissions to the Inquiry, and I have attached an extract from the Hansard of 28 September 2011 which details the matters we put to the Inquiry.

As part of the evidence I provided to that Inquiry on 28 September, Catholic Health Australia proposes that the Community and Disability Services Ministers' Conference establish a national strategy:

- involving all governments and non-government agencies involved in past adoption to facilitate improved access to medical, birth, and social work records.
- to support access to tailored counseling focused on the differing needs of mothers, fathers, adopted children, their siblings and, if needed, the parents who have cared for adopted children.
- to enable those birth mothers with grievances about their birth experience or consent procedure that led to their child being adopted to have these grievances heard.
- that leads to an apology from all governments.

Catholic Health Australia, as the organisation representing those Catholic hospitals that played various roles in past adoption practices, encourages the Conference to establish a national strategy in response to past adoption practices informed by the yet to be completed findings of the Australian Institute of Family Studies National Research Study on the Service Response to Past Adoption Experiences. My organisation would be willing to play a part in the development and delivery of such a national strategy.

I'd be grateful if you might advise as to if the development of a national past adoption strategy might be placed on the agenda for a future meeting of the Conference.

Yours sincerely

Martin Laverty
Chief Executive Officer

enc.

Level 1, 10 Thesiger Court, Deakin ACT 2600. PO Box 330, Deakin West ACT 2600. T 02 6203 2777 F 02 6260 5486
Catholic Health Australia Incorporated | ABN 30 351 500 103

www.cha.org.au

CATHOLIC HEALTH
Australia

19 October 2011

Dr Daryl Higgins
Deputy Director of Research
Australian Institute of Family Studies
Level 20 South Tower
485 La Trobe Street
MELBOURNE VIC 3000

Dear Dr Higgins

National Research Study on the Service Response to Past Adoption Experiences

I write on the encouragement of the Senators participating in the Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices.

Catholic Health Australia is the organisation representing those Catholic hospitals that played various roles in past adoption practices. We have made a series of recommendations to both the Senate Inquiry and to the Community and Disability Services Ministers' Conference about improving post adoption support services. We have proposed in particular that the Community and Disability Services Ministers' Conference develop a new national strategy in response to past adoption practices that should be informed by the findings of the Institute's National Research Study on the Service Response to Past Adoption Experiences.

It is my understanding that the Institute proposes to develop a survey for professionals servicing current needs of people affected by adoption. These survey findings will likely play a role in helping shape any response to past adoption practices that the Community and Disability Services Ministers' Conference may pursue. To this end, my organisation would be pleased to promote participation in the survey to those professionals working within Catholic organisations that have some role in working with people affected by adoption. I would also be willing to consider other ways in which we might support the work of the Institute as it relates to past adoption.

I'd be grateful for any advice you might provide about how Catholic Health Australia might promote participation in the past adoption surveys.

Yours sincerely

Martin Laverty
Chief Executive Officer

Level 1, 10 Thesiger Court, Deakin ACT 2600. PO Box 330, Deakin West ACT 2600. T 02 6203 2777 F 02 6260 5486
Catholic Health Australia Incorporated | ABN 30 351 500 103

www.cha.org.au

Time to say sorry for all the broken hearts

MARTIN LAVERTY

Some women live with broken hearts, past practices having taken their babies from them for placement in adoption. Some of those children, now adults, live with broken hearts because they were taken from their mothers and placed in adopted families. Fathers, siblings and other family members have lived with broken hearts because of past adoption practices.

Some Catholic hospitals and health services played roles promoting and implementing the once widespread policy of placing the children of some unmarried young mothers in the care of adoptive parents. To those across Australia who carry broken hearts as a result, I say sorry.

The practice of placing these babies in adoption was the policy of governments over many decades. The practice was carried out in government hospitals, Catholic hospitals and in other formal and informal organisations.

I've had recent contact with many people who have had different experiences of adoption; three of which, while respecting the privacy of the individuals involved, shed light on the different challenges they've faced.

The first is a mother who delivered her two children in a Catholic hospital in the early 1970s, shortly after having stayed in a Catholic home for women to which she was taken by her parents. She describes her births as painful, she describes the removal of her children as heartbreaking, and she struggled in the years afterwards to access the medical and birth records needed to make contact with her two children. That contact is now made. They've done what they can to put their lives together, but the heartbreak remains obvious and there have been periods of darkness.

The second is that of a woman who is still searching for her brother, born in rural NSW in the 1920s. Her situation is one for which there simply may be no solution; she has no records and no system to enable a family reunion, which in all reality could simply be too late.

The third is a man in regional Queensland, seeking his birth records from the early 1960s. It appears his birth was in a public hospital in Sydney, and now approaching 50, this man is trying to put together the jigsaw puzzle of his birth. He does not know his mother, and in turn, his mother does not know him.

Each of these stories is deeply personal, as are the experiences of those touched by past adoption practices. For some, adoption has been positive. For others, tragically, not so.

What can be done to mend hearts broken in the past?

First, some still have difficulty accessing records, despite post-adoption services in all states and territories. The Community and Disability Services Ministers' Conference should establish a national strategy involving all governments and non-government agencies involved in adoption to facilitate access to medical and birth records.

Second, there exists a continuing need for post-adoption counselling, by counsellors with experience in post-adoption care. Again, the Community and Disability Services Ministers' Conference is best placed to develop a strategy to support access to counselling focused on the differing needs of mothers, fathers, adopted children, their siblings and, if needed, the parents who have cared for adopted children.

Third, some mothers continue to have grievances about their birth experience or the consent procedure that led to their child being adopted. Some of these grievances are unresolved. Adoption was and is a legal responsibility of states and territories, and the processes that exist to hear grievances about medical care and consent differ across states. They are complex and difficult to access.

Finally, there is a role for an apology from governments. We have issued our apology in recognition of the role of Catholic organisations. The government of Western Australia has done the same. Others should follow. We would be happy to work with governments in shaping such an apology.

These words here today will not satisfy everyone, as words cannot put broken families back together. These words have not emphasised that for some, adoption has worked well. I'm nonetheless pleased to have been able to make our formal apology to the Federal Parliament, and to now encourage federal parliamentarians to do what they can.

Martin Laverty is the chief executive of Catholic Health Australia. This is an edited version of his address today to the Senate inquiry in Canberra into past adoptions.

SMH - 29/9/2011