


Submission No.....	66
Date Received.....	

2008 JOINT STANDING COMMITTEE on MIGRATION – DETENTION CENTRES.

SUMMARY of SUBMISSION by LESLEY WALKER

I am not attached to any organisation or agency.

My tertiary qualifications are from Flinders University in Developmental Support & Practice for people who have an intellectual disability.

In 2002 I felt a duty to reach out to people who were being held in detention. I began by assisting one man to find accommodation. He was released from Woomera & sent to Adelaide. Immigration paid for 2 weeks' lodging in the seedy end of the CBD. It is difficult to convince a landlord to rent a property to a 'foreigner' who has no employment, no rental history, & no credit rating.

This submission has 2 parts.

1. Summary of my involvements around supporting asylum seekers. Some details of their experiences of detention – previously those who were in detention at Baxter, & who still need & ask for assistance after being granted a visa, as well as friends who are still in Villawood Detention Centre. There is a particular focus on observing & recording the experiences of friends who have been in detention for more than 3 years.

2. My comments & opinions about the issues relating to the Terms of Reference of the Committee.

Lesley Walker

RECEIVED
22 JUL 2008
BY: MIG.....

21 July 2008

The Committee Secretary
 Joint Standing Committee on Migration
 Dept of House of Representatives
 PO Box 6201
 Parliament House
 CANBERRA ACT 2600

INTRODUCING SOME of MY ASYLUM SEEKER FRIENDS / MY ROLE IN THEIR LIVES - to illustrate why my opinions might carry some weight in this forum:

Since 2002 I have visited people in detention at:

- Baxter Detention Centre.
- Residential Housing at Pt Augusta.
- West Richmond - Alternative Detention (Sth Aust).
 I visited a friend (M) every day for 3 months. He had been in detention for 3 years. He was deported 12 months ago) after being assessed by an independent psychiatrist as unfit to travel, unless accompanied by medical staff. DIAC's medical staff considered this to be sufficient criteria to forcibly restrain him in handcuffs & charter a plane to take him to Sydney, then he was accompanied on a flight to India. His history included 4 serious attempts to kill himself at Baxter & Margaret Tobin Centre, where he had 12 sessions of ECT. He was an inpatient there for 5 months prior to being discharged to Richmond West (see below).
- Fullarton Private Hospital (Sth Aust)
 I visited a friend (G) most days for 3 months. He had spent 5 months in Toowong Private Hospital prior to being sent to Fullarton. He had chronic depression & anxiety, & suicidal ideation.
- Pt Augusta Hospital.
 I visited my friend (S, for whom I am a joint legal guardian in SA & NSW) there after he was assessed as at risk of suicide if he remained in Baxter (long term detention, 4 years). He was transferred to Villawood Stage 3, then he was admitted to Toowong Private Hospital (Qld) for 2 months when IHMS considered him to be at risk of suicide. Then he was sent to Villawood Residential Housing, then to Community Detention in Adelaide, where he remains to this day. A recent psychiatric assessment (June 08) has clearly stated that he is in no state to travel on international flights, even with sedation (as was administered in Maribynong DC to a Sri Lankan man earlier this year who regained consciousness in an airport in Sri Lanka).
- Royal Adelaide Hospital.
- Glenside Hospital psychiatric ward (Sth Aust).
- Flinders Medical Centre (Margaret Tobin Centre psychiatric ward, Sth Aust)
 I visited a friend there (M) every day for 3 months. He had 12 sessions of ECT, & attempted suicide at least once while there. He was discharged to Alternative Detention - Immigration's small house at West Richmond – a mini detention centre with 24 hour guards (see above).
- Community Detention – Goodwood (Sth Aust).
 Currently my friend (S, for whom I am a joint legal guardian in SA & NSW) is residing at Goodwood. He is under psychiatric care for depression & intense daily panic attacks & insomnia. I visit him several times per week.
- Villawood Detention Centre – Stage 1 & Stage 3 visitor centres
 I have visited 3 times in past 12 months, visiting 3 days in a row each time. Overall I have met & spoken with 10 men living there. I knew several very well – they were transferred from Baxter DC in Aug 07. One friend is still there (see **Page 7 - confidential statement**).
- Banks House, psychiatric ward at Bankstown Hospital
 (See **Page 7 - confidential statement**).
- Residential Housing at Villawood.

I have listened to the stories of asylum seekers & shared their fears & problems.

One of the most effective strategies I ever used in advocating for people relates to authorised consent. All my asylum seeker friends have signed a consent form which I created after realising that the privacy laws assisted DIAC & GSL in further repressing people by denying information to any friend or support group. I have consent forms signed by 6 people which allow me to discuss & receive information regarding their circumstances from the relevant authority or stakeholder. This has involved liaising with:

- DIAC at all levels
- International Health & Medical Service (IHMS) at all levels
- Professional Support Services (PSS)
- Global Solutions Ltd (GSL) all levels
- SA Police
- SA Legal Services Commission
- the Guardianship Boards of SA & NSW
- psychiatrists, GPs & hospital staff
- the Federal Court of Australia, presenting a case for (S) against DIAC. We were unable to secure a barrister at short notice so I did the talking. We had a partially successful result.

MENTAL HEALTH ISSUES

Chronic depression & anxiety.

All the asylum seekers detained for more than 12 months exhibit symptoms of chronic depression & anxiety. These include depression, agoraphobia, panic attacks, insomnia. IHMS medical staff prescribe increased medications which have further side effects, & cause physical problems involving liver & stomach ailments.

None of these ailments can be addressed while people are under any form of detention. They are caused by the incarceration & deprivation of liberty with no resolution in sight, and the lived experience of absolute powerlessness while being bullied daily by other detainees & the staff & management of the detention centres (GSL).

Post Traumatic Stress Syndrome.

In 2007 & 2008 I organised independent (as opposed to DIAC instigated) pro-bono psychiatric assessments for 3 long term asylum seekers (3yrs, 3yrs & 4 yrs in detention), and I was invited to sit in & hear the revelations. On every occasion the psychiatrist was of the opinion that my friends were showing clear symptoms of Post Traumatic Stress Syndrome due their experiences of violence in their homelands.

Dr Jon Jureidini has written of the almost inevitable deterioration of people's mental health after 12 – 18 months in Australian detention centres. It is inhumane to subject traumatised people to yet more trauma through prolonged incarceration.

DENTAL HEALTH

This is another area where many conditions are untreated. Many people in detention live with dental pain, & gum disease is common. Some people manage to be seen by a dentist & receive reasonable care, but many do not. I always ask people whether they need treatment - the answer is usually 'yes', then I ask people to show me their teeth & gums. DIAC Detention Health Services, case managers & IHMS need to attend more closely to their responsibilities. Unlike 'free' people, detainees do not have the option of phoning a dentist & booking themselves in for a consultation in order to end dental pain.

GLOBAL SOLUTIONS LTD (GSL) - responsible for management of people in detention.

It is not possible to reconcile the daily management practices of this huge international company with the propaganda on their website. Detention centres managed by GSL are rife with bullying & violence by guards (officially called 'officers') on asylum seekers. Guards persecute people when they speak out, or

complain about rotten meat & vegetables, over-cooked food day after day, or when the kitchen caters weekly for 50 people but there are 70 in a compound. Those who queue too late go hungry. As do those who GSL punishes by making them stand aside from the queue & watch everyone get served until there is no food left. The Commonwealth Ombudsman has investigated these conditions many times.

The tannoy system is totally intrusive. Announcements are shouted out of the speakers all day – names are called to come to medical centre ... interview room ... visitor centre ... etc etc. People cannot sleep or relax during the day. This is especially hard on those who have insomnia - they cannot rest quietly in the daytime.

For appointments outside of Villawood people are transported a van or a sedan. Some vans have a custom-built cage fitted in the rear section. I witnessed my friend in a cage when he arrived for a psychiatric appointment in Aug 2007. This was a totally humiliating experience for him. I could not bear to watch him get back into it when he left. The psychiatrist & his students were given a valuable lesson on how people in detention are truly treated.

INTERNATIONAL HEALTH & MEDICAL SERVICES (IHMS)

The contracts for this service need a thorough review. Time & time again I have had people tell me that there are long waiting periods for psychiatric consultations. At those appointments people are not given respect & are dismissed with little interaction from the doctor. A typical statement - "I talked to the doctor. He/she did not look at me. The consultation was terminated after 5 minutes".

The staff employed by IHMS, including senior management do not act in the best interests of the detainees. No matter who I asked, or what source of information I checked on, I never managed to get a phone number for senior management. On the occasions that the head of IHMS, Dr Tony Falconer, called me in response to serious complaints about medication lapses for people transferred between institutions, he was dismissive & unhelpful. It is my impression that profit making, not pro-active health care, is the mission of this organisation.

PROFESSIONAL SUPPORT SERVICES (PSS)

Most of the staff of this service are approachable & helpful to the best of their capacities, both to detainees & their supporters.

NEED for INTERPRETERS

At present 70% of detainees are Chinese. Most do not speak English. There is no interpreter based at Villawood. There is no handbook or reference material in Mandarin to advise people of the processes around assessment for visas - RRT, appealing RRT decisions, applying to the Federal Magistrates Court. There is no counselling about human rights, or about legal rights. Eg people do not know that they can apply to their DIAC case manager for assessment (by DIAC) for eligibility for legal assistance.

People ask others & rely on the good will of long term detainees to assist them with DIAC forms & legal paperwork. This in turn puts more trauma upon the 'helper' who relives the violence of his/her friends past,

all the while trying to deal with his/her own problems. This situation can become an overwhelming experience for the 'helper' who identifies their own history with these new revelations. Translating documents & interpreting are difficult tasks, made unavoidably more difficult by people who cannot remember details & dates & events that were crucial in making decisions to leave their families & homeland.

OTHER ACTS of VIOLENCE in DETENTION CENTRES

I have not supported women in detention, but I am sure all of them have been victimised both prior to detention, & during incarceration. My friends consistently have refrained from divulging to me many incidents of violence & corruption that take place in a centre that is mostly never scrutinised or made

accountable for their practices.

COMPLAINTS

Many times my friends have commented “the government & the Ombudsman visit, they talk to us or we write complaints .- poor quality food & not enough quantity are perennial issues – and there is improvement for a few days, then it reverts to bad practice again”.

I have written to the Commonwealth Ombudsman's Office many times, both on behalf of asylum seekers, & also to voice my own concerns. Responses vary from immediate reply & visits to the detention centres, to longer investigations.

On the whole this office plays a necessary watchdog role, however management practices in detention centres need much closer monitoring – not by DIAC, but by Centre-based independent observers.

Theft of jewellery & cash, which is receipted at admission to detention, is rife.

GSL officers often damage personal property as 'payback' (tvs, video recorders) if people are regarded as troublemakers.

At Baxter my friend (M) felt so helpless that he went on a hunger strike for 30 days, thinking that he would receive some positive & helpful attention or outcome from such an action. “GSL would look in my room to see if I was still there. No-one else came. I eventually realised not a single person in the whole world outside Baxter knew what was happening to me. I was alone. It was useless. I stopped the hunger strike”. A few weeks later he almost died from hanging himself, but was saved by friends. He was unconscious, & was flown by air ambulance to Royal Adelaide Hospital.

Of great concern is the practice by GSL management & officers of placing detainees in isolation in Stage 1 at Villawood if they verbally challenge GSL officers. People are routinely denied access to their property back in their room in Stage 2 or 3. They may be denied access their mobile phone, or its charger. Once in Stage 1 they can remain there for weeks. Reviews are done only on Mondays & if a transfer back to Stage 3 is refused, the person has to endure another week there. Stage 1 houses people who are violent, & criminals who are awaiting deportation. Weapons are made from sharp objects, & daily there is great danger in becoming bullied, stabbed, or accidentally involved & injured in fights. Many people have been admitted to hospitals after such events, but the only witnesses are those who are in Stage 1. the tensions between races is heightened in Stage 1. My Chinese friend spent many weeks there, afraid that Middle Eastern criminals would assault him. “I am the new person. They watch me. I am the only Chinese person here. They do not like Asian people”.

TERMS of REFERENCE - ISSUES BEING ADDRESSED by THE COMMITTEE

- Criteria applied determining how long a person should be held in IDC.

Minimal time involving assessment of health. Between 1- 4 weeks allowing for health test results to be processed. Treatment for most illnesses should be available through public health system.

- Criteria determining when a person be released following health & security checks.

Security checks can be conducted while a person is living in the community. Where can they hide? What is the point? Better & more practical to have an address & be known to DIAC than live 'underground' & be inaccessible.

- Options to expand transparency & visibility of IDC.

Advocates need to be appointed to each person detained, as soon as they enter the Detention system. There needs to be a process where advocates can easily discuss & resolve issues with DIAC & GSL

management.

DIAC case managers tell me that they are there to manage the person's needs while in detention. This is done with varying levels of competence & rarely with real concern or compassion for the asylum seeker.

Often people in detention have rarely seen their case manager, who can be on-site at Villawood, or in Sydney CBD, or in Canberra. Case managers say "the person can call or request an appointment or visit from me at any time". However after a time in the detention system, people expect every request to be met with negativity or ignored, so they stop requesting.

Scrutiny of all Centres should be implemented using people who are independent of DIAC & GSL. Weekly visits would be appropriate. Scrutineers should have access to dining areas & common rooms. (I do not know what measures are available for addressing problems sighted by Red Cross visitors).

Closer scrutiny might help reduce opportunities for GSL staff to smuggle drugs & alcohol into Villawood DC.

- Preferred infrastructure options for contemporary immigration detention.

No infrastructure. I absolutely believe that there is no place for detention centres or mandatory detention in or outside of Australia.

Savings on administration, managing & maintaining assets can be redirected towards worthwhile support, & employing people who respect the plight of disadvantaged minorities.

- Options for provision of detention services & detention health services across the range of detention facilities – IDC, IRH, ITA & Community Detention.

My opinion is that contracting detention services to private, for-profit corporations is least likely to provide humane treatment of people who are already traumatised, the majority of whom are bona fide asylum seekers or refugees. Penalties for breaches of contract conditions lead to secrecy & avoidance of costs, and lessen the likelihood of implementing good quality health care practices,

Annual reviews of health provider contracts & accountability should involve as many as possible of the people who had received treatment from the services.

- Options for additional community-based alternatives to immigration detention.

The Community Detention & Bridging Visa E models are punitive. People live in community without surveillance, but have no work rights, & volunteering is restricted, & they cannot access any formal education. They do not have access to Medicare, & need to find money to pay for medical appointments & medications. Their self esteem decreases, & they have little to occupy their minds & hands. Depression is rife. Far better to allow people to work & contribute to the economy while security etc is being checked.

Supporters often pick up medical costs. Many supporters are long time visitors to detention centres, and many are on fixed incomes & have limited reserves of their own.

People should be accommodated in community, with support & access to services for health, & with a Centrelink benefit for survival while their cases are being investigated. The current system of Red Cross overseeing their health & well-being, & offering financial advice & management, works reasonably well.

Later on, most people who have been granted visas need ongoing advice & assistance. There is a great need for advocates to assist people to learn about Australian societal norms, how to deal with medical forms, what instructions are given about taking medications, budgeting & bill paying, completing Centrelink forms & attending appointments, completing enrolments for English classes, finding accommodation, etc etc etc...