

# National Inquiry into Children in Immigration Detention 2014

Sydney Public Hearing

Thursday, 31 July 2014

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| <b>President</b> | <p>And now could I call Dr Ai-Lene Chan please.</p> <p><i>Swearing in of witness</i></p> <p>Thank you very much Dr Chan we do appreciate your coming today and sitting through earlier testimony and I'd now like to pass on to counsel thank you very much.</p>  |
| <b>Ms Sharp</b>  | <p>Dr Chan you are a medical doctor?</p>  |
| <b>Dr Chan</b>   | <p>I am a general practitioner and I have a Masters of Public Health and Tropical Medicine.</p>   |
| <b>Ms Sharp</b>  | <p>You have been contracted to work on Nauru by IHMS is that correct?</p>   |
| <b>Dr Chan</b>   | <p>That's correct I was contracted to Christmas Island on two occasions on Nauru and I also worked as a visiting locum at Inverbrackie in South Australia.</p>  |
| <b>Ms Sharp</b>  | <p>When were you on Christmas Island?</p>   |
| <b>Dr Chan</b>   | <p>I was on Christmas Island in January 2013 and then again from December 2013 to January 2014 and then I was in Nauru from February 2014 to March 2014.</p>  |
| <b>Ms Sharp</b>  | <p>Based on your time at Nauru are you able to describe the physical ... and I take it you were at the OPC3 is that right?</p>  |
| <b>Dr Chan</b>   | <p>No as doctors working with IHMS we are located at OPC1 which is where the immigration processing buildings are and the medical centre. We have nursing staff that go down to the OPCs but again they are not in within the OPC they are about 100 metres away from the camp, I visited the OPC3 only on one occasion and that was because I specifically requested to see what the accommodation was like but otherwise we would stay within the building in OPC1.</p> |
| <b>Ms Sharp</b>  | <p>And what was the accommodation like when you visited on that one occasion?</p>   |
| <b>Dr Chan</b>   | <p>There are rows of large white marquees and each family group would be given a room but it was a separation within the marquee of black plastic sheeting. The bedding was stretcher bedding, there was no option for individual privacy for family members and as mentioned before the unpaved walkways were very significant,</p>  |

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|                 | <p>the glare of heat from the gravel and the dust that was brought up when you walked along the ground was really overwhelming and particularly with the heat and humidity that was overwhelming for me having spent 10 minutes there I can't imagine living 24 hours a day there.</p>   |
| <b>Ms Sharp</b> | <p>What about a child living there can you imagine that?</p>   |
| <b>Dr Chan</b>  | <p>No I can't imagine that and when you asked before about whether there are areas for them to play there by the time I was there, there was a plastic play equipment constructed but in terms of running around they are running around on gravel which I could barely walked from the car to the medical building comfortably without feeling I was going to twist my ankle and then I was told also that within the tents with all the plastic sheeting it can get up to 45 degrees and then the humidity on Nauru is on average 70%.</p>   |
| <b>Ms Sharp</b> | <p>Is there any particular reason why you requested to go and have a look at that accommodation on OPC3?</p>   |
| <b>Dr Chan</b>  | <p>The main reason that I went was because I felt an obligation as a doctor to understand the context of the patient that I am treating and it was a recurring thing for me that patients would describe unhygienic living quarters. They would express particularly parents' concerns that they couldn't keep their children clothes clean and therefore couldn't avoid recurring skin infections and things like scabies. They didn't have access to clean bedding and so I needed to see this in person so that I could attempt to offer treatments that were actually practical for them to use.</p>   |
| <b>Ms Sharp</b> | <p>Having seen it in person and with your experience as a general practitioner, do you consider that the accommodation was appropriate for children?</p>   |
| <b>Dr Chan</b>  | <p>I don't believe the accommodation is appropriate for anybody and in particular I think it's extremely harsh and just completely inappropriate for children also.</p>  |
| <b>Ms Sharp</b> | <p>Can you describe some of the common health presentations you saw in children on Nauru?</p>  |
| <b>Dr Chan</b>  | <p>This was actually brought up in a letter that I had six other doctors sign with me that we gave across to IHMS after I completed my contract on Nauru. We had a discussion amongst ourselves and we estimated that over 70% of the presentations that we had to our clinics were related to environmental exposures, either directly or indirectly but largely directly. In particular as I mentioned, skin infections that in Australia would be very simple to treat and curable and treated with very simple measures, such as hygiene or a simple antibiotic. On Nauru would become chronic, recurrent and debilitating so we would see commonly staphylococcal skin infections related to heat and humidity and close living</p> |

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|                 | <p>quarters. We would see conditions related to exposure to the sun or the phosphate dust, such as chronic skin allergies, conjunctivitis and chronic outer ear infections. I also, in particular, this distressed me a lot, I would see a lot of children and adults with dehydration and the secondary effects of that including recurrent urinary tract infections and headaches. And the dehydration was often related to both the fact that they didn't have access to water throughout the day on demand and the other reason was that a lot of them, particularly women and children, didn't want to drink water during the day because they didn't want to use the shared toileting facilities.</p>   |
| <b>Ms Sharp</b> | <p>Why didn't they want to use the shared toileting facilities?</p>   |
| <b>Dr Chan</b>  | <p>I was told repeatedly that their toileting and showering facilities were not kept clean.</p>   |
| <b>Ms Sharp</b> | <p>Do you happen to know what the infant mortality rate is on Nauru?</p>  |
| <b>Dr Chan</b>  | <p>In 2011 the infant mortality rate was 24 in 1,000 and it's an indicator that we use in development to look at health standards within a country and compare them to other countries. In Australia in 2013 our infant mortality was 4 in 1,000 and of particular interest I think is that the Aboriginal communities' infant mortality is 7 in 1,000.</p>   |
| <b>Ms Sharp</b> | <p>While you were on Nauru did you observe children with signs of significant mental distress?</p>  |
| <b>Dr Chan</b>  | <p>I did, in particular I attempted to work closely with one little boy who was 13 years old. He and his family had spent several years waiting to get onto a boat from Indonesia. They are originally from Iran. He was highlighted with me because his father had presented to me distressed and feeling extremely disempowered because over these years he had promised his family a better life in Australia. I did manage to get the mental health team to go directly into his tent to bring him out to see me because he would not respond to my requests with appointment slips. He came up and he expressed to me a complete loss of hope; despair. He had no appetite and no will to eat. He had lost over 10 kilograms of weight which would be about a quarter of his body weight. He had been assessed by a visiting child psychiatrist a few weeks, I think about 2 weeks before I met him and that psychiatrist had said that he did not believe that he would engage with any mental health services and that treatment of his depression was not going to be possible on Nauru. Unfortunately a referral was not made at that point that when I but after I had seen him I immediately made a category 1 urgent referral for the boy and his family to be transferred and its worth knowing also that his mother suffered with severe depression and had also had from another doctor a category 1 request for</p> |

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|                 | transfer and referral back to the mainland. I was on Nauru for a total of six weeks. I believe I put that referral in at about the 2-3 week mark a category 1 referral is supposed to be responded to within 1-2 weeks maximum. I never received the response for my referral, probably about 4 weeks later.  |
| <b>Ms Sharp</b> | I take it that means that neither the child nor the family were transferred off Nauru.  |
| <b>Dr Chan</b>  | Not while I was there.  |
| <b>Ms Sharp</b> | While you were at Nauru, were you aware of any attempts on behalf of the children to engage in self-harm?   |
| <b>Dr Chan</b>  | I was aware of them. I didn't work directly with them because there was a mental health team that worked with them. But we would have team meetings every day where the mental health team would let us know who was on suicide watch and who was on self-harm watch. So I was aware that from my memory every day that there were at least teenagers and unaccompanied minors who were either on suicide or self-harm watch.   |
| <b>Ms Sharp</b> | During the period you were on Nauru, how frequently did the child psychiatrist visit?   |
| <b>Dr Chan</b>  | While I was on Nauru, there was one visit from a child psychiatrist over a period of I think 2 days and that was the first visit, I believe from a child psychiatrist and it's my understanding that now there is currently a child psychiatrist who regularly visits Nauru.  |
| <b>Ms Sharp</b> | But during the 6 week period you were there, a child psychiatrist was only present on Nauru for a period of 2 days.   |
| <b>Dr Chan</b>  | That is right and had never been there before.  |
| <b>Ms Sharp</b> | And that was the first time a child psychiatrist had attended to your knowledge. Do you consider that the health care on offer in Nauru is adequate to meet the needs of children there?  |
| <b>Dr Chan</b>  | No, I don't believe that it is. I believe that as doctors we work very hard to try to meet Australian standards and in particular the standards that we are used to working with in Australia under the RACGP but we are constantly battling against operational and systemic issues and I saw these in 2013 when I first worked on Christmas Island and they carried over to Nauru and in particular Nauru I think was all we can offer is a band aid approach to fixing minor ailments and ailments that are usually subsequent to or are caused by the detention centre itself or the environment that they are kept in but beyond that if it's something more |

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|                 | <p>complicated or something that needs some level of continuity their needs are not met at all.</p>   |
| <b>Ms Sharp</b> | <p>While you were on Nauru, were there a sufficient supply of common medicines such as paracetamol, antibiotics and the like?</p>   |
| <b>Dr Chan</b>  | <p>The supply chain of medicines and even simple things that we would use for diagnostic testing or examinations was a constant battle. I saw this on Christmas Island and Nauru every day. In particular on Nauru there was a point where we ran out of a specific anti-depressant that a lot of our patients were taking every day that meant that they had to abruptly stop their medication and the risk of that in somebody who has mental illness is extremely high for relapse and with those types of medication you can't simply replace them with an alternative medication. They are supposed to be, the dose is supposed to be slowly titrated down over days to weeks and in these situations we just had to abruptly stop them. Another example was we ran out of a simply antibiotic, Amoxicillin that we would use every day to treat ear infections, sinusitis and urinary tract infections and what we were forced to then is use a more broad spectrum antibiotic that was just simply not be the first line treatments and not part of the Australian guidelines. And in particular when you have a closed community like the detention centre, you do run the risk of creating some antibiotic-resistance, so when you run out of medications in that situation an order is put in and I don't think I was ever given a timeframe for when we would have those medications replaced.</p> |
| <b>Ms Sharp</b> | <p>Now while you were on Nauru were there a number of pregnant women on Nauru?</p>  |
| <b>Dr Chan</b>  | <p>That's right, while I was on Nauru I held the anti-natal portfolio and at most of the time there are around about 24 pregnant women.</p>   |
| <b>Ms Sharp</b> | <p>While you were no doubt doing your best in that portfolio do you have any comments on the level obstetric care available for pregnant women on Nauru?</p>  |
| <b>Dr Chan</b>  | <p>I was very concerned that the doctor who held the ante-natal portfolio prior to me and subsequent to me did not necessarily have the qualifications to be conducting shared care that we would expect a GP to have in Australia. While I was on Nauru there was an obstetrician who was there for I think about 3 weeks of the 6 weeks that I was there and then he lost his contract with Nauru Hospital. He was a PNG trained obstetrician and so it's my understanding that he would not be registered in Australia without having to go through a registration process which includes sitting exams and retraining under our specialist training programs. There were plans to bring in visiting obstetricians from Brisbane Hospital but that hadn't started yet and as I result I did have many conversations with my medical director and senior medical officers about the fact that I did not believe it was appropriate for pregnant</p>   |

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|                  | women to be on Nauru and particularly pregnant women in their second and third trimesters of pregnancy.  |
| <b>Ms Sharp</b>  | While you were at Nauru you were treating a number of children, may I take it that you did have to treat them from time to time for issues relating to mental health?  |
| <b>Dr Chan</b>   | I did and for older children they would often use mental health team because they could often express their emotional states, the younger children they would often come through to the medical team and that would be because their emotional distress would be expressed through physical ailments so whether that be bed wetting or headaches or not eating and weight loss. In particular on Christmas Island I saw a two year old girl who was on the boat that had sunk off the shore of Christmas Island in December 2013. I met her about 6 weeks after the she had been put into detention on Christmas Island and in that period of time she had not gained any weight which means that she had dropped 2% of lines on her growth chart which represents which a severe failure to thrive - another issue that came along with that case thought that I think is interesting was that her mother had been sent to the mainland because she was 30 weeks pregnant and she needed to have a dating ultrasound done and she was sent and separated from her two year old child who was obviously failing to thrive, her husband didn't have the experience of being the primary carer and was in a lot of distress because he was watching his child fail to grow and not meet any of her developmental milestones. |
| <b>Ms Sharp</b>  | Based on your observations of Nauru when you were in the OPC3 and also on your experience in dealing with the children on Nauru do you consider that Nauru was a safe environment in which children could be detained?   |
| <b>Dr Chan</b>   | I believe that Nauru is absolutely not a safe environment for children to be detained. I believe that the detention environment in itself creates the majority of physical and psychological ailments that children would present to our clinics with and overwhelmingly causes them harm.   |
| <b>President</b> | Thank you very much Dr Chan, but I do have just one matter that I need to clear up and I'm sure it's obvious to you, but I don't want this to be misunderstood in public reporting. You mentioned that there's an infant mortality rate at 24 in a thousand on Nauru. I assume that doesn't literally mean that 24 children have died in a thousand?   |
| <b>Dr Chan</b>   | No, and so these kinds of statistics, they have to take into account other factors as well, and it's up to the age of five as well. So it's not simply a representation of the ante-natal or post-natal care, but you can presume that part of that number is related and then when we're looking at whether these children are going to ... the children living in detention at the moment are going to be resettled on Nauru, then   |

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|                  | we have to assume that the other factors that affect children on Nauru are also going to be impacting the asylum seeker children.  |
| <b>President</b> | Okay, but that's a figure has been developed, the 24 in relation to a thousand on Nauru, has been developed by reference to the entire population in Nauru?  |
| <b>Dr Chan</b>   | Oh that's right, sorry.  |
| <b>President</b> | Yes.   |
| <b>Dr Chan</b>   | You're correct, yes.   |
| <b>President</b> | Yes. Thank you. I mean it puts it in very graphic comparative detail, but I don't want people to believe that of the children in detention, that number is at risk of dying.   |
| <b>Dr Chan</b>   | No, absolutely not.  |
| <b>President</b> | You wouldn't go that far?  |
| <b>Dr Chan</b>   | No no, and again it's subject to lots of different factors like in the environment and the genetics of the people in Nauru. So there's only so far you can extrapolate that in relation to their ante-natal and post-natal care. |
| <b>President</b> | So I guess you would nonetheless make the point that the figures put the conditions in stark contrast to the conditions in Australia?  |
| <b>Dr Chan</b>   | I think it's a really good indicator of the health standards and the standards of the health system on Nauru.  |
| <b>President</b> | That's very helpful. Well thank you very much Dr Chan. We do appreciate your time and your very frank evidence.  |