

National Inquiry into Children in Immigration Detention 2014

Sydney Public Hearing

Thursday, 31 July 2014

President	Yes can I call the next witness Dr John-Paul Sanggaran and also Dr Grant Ferguson. <i>Swearing in of witnesses</i>
Ms Sharp	Dr Grant Ferguson could I have you state your full name and qualifications for the record please.
Dr Ferguson	My name is Dr Grant Ferguson. I am an Australian doctor and currently specialising in paediatrics in Victoria.
Ms Sharp	Dr Sanggaran could I have you state your full name and qualifications please.
Dr Sanggaran	Dr John-Paul Timothy Sanggaran. I'm an Australian medical practitioner currently training in general practice.
Ms Sharp	Could I ask you to speak up a little bit doctors thank you. I will give you an opportunity to say whatever it is you want to say to this inquiry but first I would like to ask you some questions and I will ask each of you starting with you Dr Ferguson is it right that you spent a period of time on Christmas Island contracted by IHMS?
Dr Ferguson	That's right I arrived on Christmas Island in mid-July during the peak of boat arrivals and I worked for 3 months there finishing up in early November.
Ms Sharp	And that was July of last year?
Dr Ferguson	July 2013 with a 3 week break in early September.
Ms Sharp	And were you contracted to provide services as a general practitioner?
Dr Ferguson	As a registered medical practitioner and then in the general practitioner sort of capacity.
Ms Sharp	And Dr Sanggaran what about you were you at Christmas Island?
Dr Sanggaran	Yes and contracted in exactly the same fashion as Grant and a period from about the end of October up to early November.
Ms Sharp	And that's of last year.

Dr Sanggaran	2013.
Ms Sharp	Okay and that's when you finished or when you started?
Dr Sanggaran	Finished.
Ms Sharp	And when did it start?
Dr Sanggaran	I believe it was the very end of October.
Ms Sharp	Dr Sanggaran can I ask you to describe the physical environment you observed at the Christmas Island detention centres you worked at.
Dr Sanggaran	Are you referring to the environment within the clinics or just the actual detention centres themselves?
Ms Sharp	The actual detention centres themselves.
Dr Sanggaran	Though I think it is clear from the works the Australian Human Rights Commission has done the quarters are quite cramped, they're often rather unsanitary I could talk about the condition of ... [inaudible] phosphate dust.
Ms Sharp	Sorry could you bend forward and speak into the microphone thank you.
Dr Sanggaran	Sorry so some of the areas that they have to play in are largely phosphate dust. There's a lot of dust around rotates them there's not too much that's simulating there, no real toys, no real games.
Ms Sharp	Just before I ask you Dr Ferguson I should clarify there are a number of detention facilities on Christmas Island there's the what was called the Northwest Point detention facility sometimes referred to as the Christmas Island Detention Centre where the single adult males are detained there are also places such as Phosphate Hill as it's called, Construction Camp and until recently the Aqua and Lilac compounds. Where were you?
Dr Ferguson	All of them.
Ms Sharp	You were at all of them alright and it's right that children have been accommodated at Construction Camp and Phosphate Hill?
Dr Ferguson	Yes.
Ms Sharp	And until recently they were also accommodated at the Aqua and Lilac compounds.

Dr Ferguson	Correct.
Ms Sharp	Alright with that clarification in mind Dr Ferguson can I now ask you for your observations on the facilities at Christmas Island where children were detained?
Dr Ferguson	Facilities or the physical environment?
Ms Sharp	Yes what the physical environment was like?
Dr Ferguson	<p>Sure so I think Dr Sanggaran has covered a lot of these basics, but they're housed in converted sea containers, that do have windows the sea containers. Often in very crowded conditions and the toilets are very unhygienic. Particularly the quarantine area was very overcrowded there were very limited area of Construction Camp which is in Phosphate Hill and as more people became sick they just had to fill that one area up with more patients and so particularly during things like chicken pox outbreaks, you would have as many as three families in a very small area, living in just a couple of sea containers for days on end, which is very disturbing for the families. I'm sure you can imagine. The ground was phosphate, rock and dust. It was very unsuitable for kids to crawl or learn how to walk on and was very tough surface to fall on. So kids, particularly older kids and young adults when they're playing or trying to play, they would fall over and we would often see lots of grazes, cuts and fractures weren't uncommon. It's particularly unsuitable for anybody with mobility problems so the elderly but also children, particularly children with disabilities. Anyone who requires a wheelchair or crutches has a lot of trouble getting around in it. In terms of children, there's nothing there to stimulate them like toys, games or books. Everything interesting on the Island is on the other side of that fence and obviously, it's very hot and the white ground reflects the glare. It's very unpleasant to be around in the heat of the day and most families have to queue for everything, food and medicines and if a medicine is prescribed three to four times a day, they would spend the whole day in the heat queuing. A pretty hostile environment.</p>
Ms Sharp	Now you've noted that it's pretty hot on Christmas Island. What's the deal with the accommodation for the children? You mentioned that they were living in containers ...
Dr Ferguson	Yeah.
Ms Sharp	Was there air conditioning or fans or? ...
Dr Ferguson	Yeah, there were air conditioning units in some of the units, I'm not sure how many. Whenever I have visited those units, I don't think the air conditioners worked very well because they always had the doors open and never very cool. Whenever I went to their accommodation I was always disgusted and I felt very

	sorry for them. It was not comfortable at all.
Ms Sharp	How big were the containers that the children were living in?
Dr Ferguson	Well, they're small. The bunks took up a lot of space and some of them had little en-suites which was good. But they also take up a lot of space too. Often I think they would be converted. One sea container is divided into 2 rooms. So there are very small.
Ms Sharp	What areas were there and I'll ask specifically about Construction Camp and Phosphate Hill if I can. What areas were there for children to play in?
Dr Ferguson	The Construction Camp had sort of a decking between the containers where families would gather. Kids could, I guess, gather there but otherwise you would see them just roaming the halls usually. I didn't really see children playing.
Dr Sanggaran	The unaccompanied minors?
Dr Ferguson	Yeah, in Bravo they had...
Dr Sanggaran	...They had soccer, sort of a place where they could play soccer.
Ms Sharp	But what about the kids in Construction Camp and Phosphate Hill. Were there areas where they could play sports?
Dr Ferguson	So Bravo Camp is at Phosphate Hill. It's across the work road from Construction Camp. That's where the unaccompanied minors, all the boys are, and they did have a little area where they could play sport. I only went up into their accommodation area once and it's very similar to Construction Camp [<i>inaudible</i>].
Ms Sharp	And what about the children who weren't unaccompanied minors? Where could they play?
Dr Ferguson	Yes, so they are at Construction Camp and I didn't see them playing anywhere. They would be playing on that decking between containers or perhaps, you know, on that ground, that white surface.
Ms Sharp	And just so I understand that decking between containers you're referring to. Is that the narrow walkway?
Dr Ferguson	Yeah. The narrow walkway.
Ms Sharp	Between the 2 containers?
Dr Ferguson	Yeah that's all it is. It's not like there is a big area decking where they can muck

	around, it's just ... for people to literally get from one container to another.
Ms Sharp	What kind of communal areas are there for detainees in general at Phosphate Hill and Construction Camp?
Dr Ferguson	The Construction Camp has a big dining hall. People get together there to obviously have their meals. I didn't see any other specific areas for gathering. As I said, most would gather outside their sea containers.
Ms Sharp	Now, can I ask you as doctors, a little bit about the physical health of the children on Christmas Island that you both observed while you were there. And I might start with you Dr Sanggaran. Many children at Christmas Island have arrived after a long and harrowing journey by boat. Did you assess any of these children on arrival at Christmas Island?
Dr Sanggaran	Yes absolutely. So look ... Yes as you were saying the typical new arrival has been on a boat from a few days up to <i>[inaudible]</i> ... you know, ones that I saw anyway. On those boats there's often shortages of food and water. They are exposed to the elements ... <i>[inaudible]</i> which leaves salty crusts on them. They get sunburnt. There's very poor hygiene and at this stage they are picked up by the navy and then brought ashore.
Dr Sanggaran	Unfortunately not every one of the new arrivals had all of their basic needs met. So, they were not always showered, they were not always fed and watered. They were not always given adequate time for sleep and in this state they would then go through an induction process. Now, this induction process involves many, many parties from psychologists, members of the AFP, customs and of course medical assessments. The lead-up to this involved them being consented for medical treatment in this state, which I am uncertain as to whether or not they were in a state where they could adequately consent to what they were saying. Add to that these documents were in English and that they were done through group translation. So I'm a little bit dubious about that. And then there were large volumes of them being processed. So I sort of refer to this as an example of the sort of numbers. But there was a doctor who somewhat braggingly mentioned that in an 8 hour shift he'd gone through 90 people. It doesn't leave very much time for an adequate medical assessment. Considering the risk medical assessment, it might be the last thing that they get before they are sent to a regional processing centre. I find that quite inadequate. This was entirely predictable so the people such as Nick Talley had predicted that with what was then rapid processing. A 48 hour period. With that target in mind, there wouldn't be adequate processing done. And I believe that. That came to fruition. Yeah, some <i>[inaudible]</i> .

Ms Sharp	Yes, I might just ask Dr Grant Ferguson if I can. Can you describe ... Well, first of all, were you involved in the initial assessment of children off ... when they were off the boats? First arriving?
Dr Ferguson	Yes, yes.
Ms Sharp	On Christmas Island.
Dr Ferguson	Yes.
Ms Sharp	Are you able to tell the Commission about some of the common ... more common presentations of the children who had just arrived off the boats?
Dr Ferguson	When that ... It depended how long they had been on the boats. What their journey was like. Sometimes the boats were equipped with lots of water, food and they came off the boat in good condition. Others had a very different experience. I guess you are more interested in the different experience. Kids would arrive very dehydrated, filthy, covered in vomit, human excrement, they'd be sleep deprived, terrified, sunburnt. They were in a pretty bad way often. As were the adults and as John-Paul mentioned, often these groups of people were brought through the induction shed without having a clean change of clothes or being properly fed, watered. It was pretty disgusting.
Ms Sharp	And is it right that that could sometimes be the last assessment that child had before being transferred to Nauru?
Dr Ferguson	Initially when I arrived in July that wasn't the case. They would have been housing in the camp for several days and have tests followed up and things before they were sent. But with the introduction of rapid processing it was literally, probably the one and only time they were seen by a doctor before they were sent. Unfortunately those assessments were [inaudible] to mind by time pressures and corner cutting that they really didn't have much clinical validity so I really feel for the doctors in Nauru who had to deal with that problem at the other end.
Ms Sharp	I'll ask both of you, is it correct that upon initial reception into Christmas Island, personal items such as glasses and hearing aids and any medication a person might be taking. Things like that were removed?
Dr Sanggaran	Yes.
Naomi Sharp	From that person and not given back?
Dr Sanggaran	This was a major problem. So with the objects were sorted through customs and there were yet, as you say, glasses, hearing aids, parts of a prosthetic leg,

	<p>ultrasound reports, all specialist letters that they might have had from a previous healthcare, be taken from them and retrieving those items would be very, very difficult to the point where it never happened for many of the patients that did try to ... try to get those items forward later. Additionally their medications were taken from them. Now, one of them ... one of the more concerning sort of systematic things that I saw was emblemised by a couple of nurses sitting around a garbage can, popping pills from, you know, a boat of new arrivals, straight into the bin with no records being taken of whose medication they were, what medications they were destroying. So, when you think about also the remoteness of Christmas Island and the shortages of medication that were on Christmas Island. This became a huge problem. One: we didn't often know what the medications these people were taking, we may have destroyed the medications they had brought with them that would have been able to manage their condition and then we wouldn't be able to obtain these medications for quite some time, if at all.</p>
Ms Sharp	<p>What about things like hearing aids and glasses, what are the impacts when those are taken away from people and focus particularly on children if you could in your answer. Either doctor can...</p>
Dr Ferguson	<p>I just have an example of that problem that Dr Sanggaran has just mentioned, I think it's useful to speak with examples. There was a three year old girl that arrived to Christmas Island with epilepsy, she was on two medications when she arrived and her parents brought with her, I believe medical records and supply of those two medications, they were of course destroyed on arrival, the medications and the records taken away and not made available to doctors. We didn't stock one of those two medications and she started having seizures. She was just left on that one medication, the doctors were in touch with specialists on the mainland to help manage the patient, continued to have seizures, eventually got supply of that medication she initially arrived with, but they only ordered a month's worth so in a few weeks' time they ran out and so they are now back to one again, this whole time she was having seizures and then they tried a third medication and eventually she was transferred off the island after a very long wait despite many of the doctors asking for her to be transferred off the island. And it is an example of how, basically children with complex medical problems just really can't be managed there without appropriate paediatric support, specialist care.</p>
Dr Sanggaran	<p>I can speak to the issue of the effect of things such as hearing aids being taken from people, there was a boy who suffered a traumatic brain injury and that necessitated him wearing a hearing aid. So the story he told me through translation during a consultation is that his hearing aid was taken from him and not returned during processing. Now unfortunately this boy was not in a language group that was his own, so after the hearing aid was gone, he was forced to lip</p>

	read a dialect that he didn't speak himself and was becoming socially isolated and he reported sort of being teased by the other children for not being able to understand them.
Dr Ferguson	That boy actually started self-harming by the way, as well.
Ms Sharp	I'm sorry, the President wishes to ask a question.
President	I am very interested in following up on the power that you have as medical officers in that situation, because what you are describing is what we understood in a relatively brief period in the visits that I made with the teams, that we frequently were told that people's glasses, hearing aids, medical prescriptions were taken from them but ones that particularly concerned me were people who had migraines, headaches, couldn't see properly, were constantly distressed by this inability to get their glasses. We raise as is normal for us when we visit a detention centre, we would raise those individual cases with the Department and find the Department fairly quickly responded to those cases, but what disturbed me was that we had to go there for our short visits to discover these things and we could get an outcome, but I was concerned that you must know about this, much earlier and for a much longer period of time. If you raised the question, why can't a man have access to his glasses that were taken from him when he arrived, what was the response you got, why weren't you getting outcomes.
Dr Sanggaran	The response unfortunately was related to logistics. Sorry, it's very difficult to get an optometrist here, it's very difficult to get this person to appropriate specialists, get a hearing aid fitted because there are too many other concerns, this is lower priority, that the sort of response we received.
President	But what about where at least the person concerned would say I think my glasses were in the ruck sack that was taken from me. What happens there?
Dr Ferguson	You could often get it back if you've made a few phone calls, somebody could rummage around and try and find their glasses, but it would take us doing that, they could try and complain all they like to other people but doctors did have some power to help at least find some items in the luggage but very frequently those items would not be found, which is the case with this hearing aid of that little boy and it wasn't just a hearing aid, things like some people wouldn't have shoes or would have one shoe or would no pillow, things like that we could help them with but we had to do it and no-one would listen to them, they had no voice.
President	Oh was it true, oh I think evidence was given at the last hearing that an optometrist was available only once a year, or were you ever aware of an optometrist being on the island, being able to provide.

Dr Sanggaran	Never
Dr Ferguson	Never, in fact when we raised this issue when I was there, I was told that the nurses would do a visual acuity assessment, send off a script and the glasses would be sent back to the island, which was obviously absurd, because nurses aren't optometrists. But that was what we were told.
President	Thank you very much.
Ms Sharp	Thank you, could I ask you both Doctors, while you were at Christmas Island did you observe any children to have infectious diseases?
Dr Ferguson	There are lots of very common infectious diseases that you might expect this kind of population to have, things like I mean, any kids to have, coughs and colds and things like gastroenteritis as well, they are in very crowded and dirty environments lots of gastro, anything like scabies, lots of skin infections, worms, dental infections those kind of things. In terms of the more sinister blood born viruses and that kind of thing and tuberculosis there was a limited screening of kids for those things, so the main things that we saw them present with were those other problems. And particularly those problems were worsened I think by the living conditions but there is very little done about it, done to reduce the rates of those infections. So there is no hand hygiene, education about gastro or hand sanitiser available. If a kid presented with lice or scabies, he might receive treatment from us, but then there was no connection made between them and their bedding in their room, so if they moved on the next person came in it is quite likely they might be infected, you know things like that.
Ms Sharp	Dr Sanggaran, can I ask you describe what medical and health facilities there were on Christmas Island in the areas where families were detained while you were there.
Dr Sanggaran	Okay, the differences between the actual clinics, so Northwest Point didn't really have any families, Construction Camp did have a reasonably well-appointed clinic and obviously Aqua Lilac was a bit of a disaster. This clinic was very, very small, it was very unclean it seemed to be rarely cleaned, maybe mopped the floors once a day. There was one computer, one chair, one place to examine people and if that was being used and if the nurses were seeing another person, taking history or examining, there was no privacy involved so people coming to the door for their medications would overhear and see whatever was happening. It made the ability to maintain sterile fields for procedures and examinations not possible and that was obviously a very problematic clinic and it had been for its entire operation from my understanding. But I guess adding to the dysfunction of all of the clinics on the island was, some of the problems with equipment, we would run

	<p>out of some basic things such as IV fluids and speculums and antibiotics, scalpels, things which are required for some basic medical care on a daily basis. In management of the clinics either through the numbers that were there or simply because of the information technology system which I might speak to a little bit later, meant that there were chaotic management of appointments, people would request appointments repeatedly, it would take them many, many requests sometimes before they even got to an appointment. The medications themselves meant they were distributed in such a way that it meant there were long lines and people that were on multiple medications would spend large parts of their day just queuing for these medications. I might talk about the information technology.</p>
Ms Sharp	<p>Can I just stop you there for one moment? Firstly, is it right having an information management system for patients is vital to their safety and properly managing their health, do you agree with that?</p>
Dr Sanggaran	<p>Absolutely, yes.</p>
Ms Sharp	<p>Alright, with that in mind can you tell us about what information management system there was at Christmas Island while you were there?</p>
Dr Sanggaran	<p>Yes, so their system that was in use when I was there was a system called Kyron. Now everybody has had experience with information technology systems that they find dysfunctional but this is in a class of its own. I am absolutely certain that this would fail any form of accreditation, any form of assessment because of its manifold failures. So alright, so one of the big problems with it is that the follow up of pathology was a huge problem; significant results often would take months before they were even highlighted. You wouldn't be able to easily see all of the positive results, significant positives. There were, look do you want on to the details, it's contained within the letter a lot of it.</p>
Ms Sharp	<p>And that's a letter, just so I understand, there is a letter that you wrote Dr Sanggaran to IHMS outlining your concerns.</p>
Dr Sanggaran	<p>There is a letter that 15 doctors co-signed and we sent to the management and executive of IHMS, yes.</p>
Ms Sharp	<p>I'll come back later and ask about the response to that letter. Dr Ferguson can I ask you were there observations that Mr Sanggaran has made about the IT system consistent with your experience.</p>
Dr Ferguson	<p>Yes and what made it worse was that there was very little orientation of the doctors arriving to Christmas Island. We had very short contracts, with the peculiarities of the IT system. It would take weeks to work out where all the flaws were and how to compensate for them and by the time you learnt those things</p>

	your contract would be finished. Contracts ranged from 2 to 6 weeks generally.
Ms Sharp	Can I put this simply? Were the problems with the information management systems such that you had no confidence as doctors that you had accurate and complete information with respect to the patients you were managing.
Dr Ferguson	I think that's fair.
Dr Sanggaran	I think it's beyond that. We knew that that was the case. We would approach that record assuming that that was the case.
Dr Ferguson	I guess it's more, I find health information systems are often faulty and they have brought in a new one now. But one of the doctors we worked with had worked on Christmas Island two years prior using I think a slightly different version of Kyron and the things he was really concerned about two years previously were still a problem in 2013 and they had made it very clear that it was a problem then, so nothing had been done in that time to solve those problems.
Ms Sharp	Now doctors, from time to time you would make recommendations that detainees, be they adults or children, be transferred to the mainland for particular medical interventions. Were those transfers made in a timely fashion, were there delays, what were your experiences there?
Dr Ferguson	I can only think of one instance where a patient was transferred within the recommended time frame. Otherwise almost all the patient that I ever referred for transfer took well beyond the recommended time and often well below even the lowest category of urgency, so more than 4 weeks.
Ms Sharp	And what were the consequences with delays in making these transfers that had been recommended by medical staff.
Dr Sanggaran	Yeah so look when I was there I was actually delegated the job of managing the transfer list. Now I might take it back just a little bit so you have an understanding. To actually make a request for transfer was a complex 12 step procedure which was flawed and often failed to result in the person being put down for transfer.
Ms Sharp	And what were some of the health consequences with the delays in transfers.
Dr Sanggaran	So there were people that needed urgent specialist tertiary care and the categories for transfer were that the most urgent one was 2 weeks and there is a plethora of medical conditions which require specialist care well before that 2 weeks. Having said that they weren't even being met at the 2 week mark they were sort of stretching out to 4 weeks and 6 weeks and I think there was one

	category one that sat there for 2 months.
Dr Ferguson	Dr Sanggaran I think it would be helpful to tell the story about the guy with the catheter problem. I mean he is an adult.
Dr Sanggaran	He is an adult yeah. I can tell the child development one. So look there was a 2 year old girl who had been fitted with a pacemaker because she had a congenital heart problem. The pacemaker had a wire that was sitting out into one of the ventricles. Now this is a big problem because it has got a potential for creating clots that can damage the child and the child required anti-coagulants. These anti-coagulants needed to be closely monitored. Initially there was no way to actually monitor them and it was only through quite some pushing that sort of a cheap method for measuring the coagulation was procured. During this time I think it was the Princess Margaret Hospital, yeah Princess Margaret was contacted about this and they were pushing really hard for this child to come and be managed under them and the child remained on the Island being sub-therapeutic in terms of their anticoagulation and at risk the entire time. Eventually I think the child ended up getting fevers which was quite concerning in this case and remained there for about 2 months before she was actually sent off and at the point that she was sent off the family were separated so not both the parents and children went with the child.
Dr Ferguson	At this time there were also a number of other kids with serious cardiac problems. There was a whole bunch of them many of whom had other serious problems. One was in a wheelchair with respiratory problems and they all waited about the same length of time I think for transfer. I mean some of the nurses were in tears they were so worried about these kids because we just could not look after them, they really needed a hospital and paediatricians and the delay just kept on going.
Ms Sharp	Speaking of paediatricians, was there a full time paediatrician while you were there.
Dr Ferguson	No.
Dr Sanggaran	No.
Naomi Sharp	How frequently did a paediatrician visit while you were there?
Dr Sanggaran	Never, there wasn't one.
Dr Ferguson	I understood that there was a paediatrician that visited the Island for the general community and that there was a theoretical possibility that that person might be able to see some of the kids. But there was no system of referral in place and I wasn't aware of any child being seen by that paediatrician.

Ms Sharp	Dr Sanggaran, did you ever see a paediatrician there while you were there.
Dr Sanggaran	Never.
Ms Sharp	Alright. We heard some evidence this morning about child psychiatrists going to Christmas Island. Did you ever see a child psychiatrist on Christmas Island?
Doctors	No, never.
Ms Sharp	I will just ask you separately for the record. Dr Ferguson did you ever see a child psychiatrist at Christmas Island the whole time you were there.
Dr Ferguson	Never.
Ms Sharp	What about you Dr Sanggaran?
Dr Sanggaran	No, definitely not.
Ms Sharp	Did you ever see a specialist child psychologist there the whole time you were there Dr Sanggaran?
Dr Sanggaran	No.
Ms Sharp	Did you Dr Ferguson?
Dr Ferguson	Not that I was aware of, no.
Ms Sharp	It's correct isn't it that there was no child specific mental health service offered on Christmas Island. You will need to say something for the transcript.
Dr Sanggaran	Sorry, no there wasn't.
Dr Ferguson	And no.
Ms Sharp	The Commission understands, I just want to go back to the question of transfers on medical recommendations. The Commission understands that there are chartered flights on a weekly basis between Christmas Island and the mainland. What was the explanation for the delay in transferring on medical advice, to your knowledge? I will start with you Dr Ferguson.
Dr Ferguson	It's a bit of a story but I think it's important to be told. When I first arrived to the Island there was a lot of pressure to do lots of health induction sessions because that was what was required to get people off the Island and to make more doctors available to do that they cancelled clinic in the camps and so all those doctors that would usually work in these busy clinics were sent to the induction centre to do inductions, these medical assessments. And that went for weeks and by the

	<p>time I ended up in Lilac camp a few weeks later it was a pretty shocking story. I walked into the camp and as I came into view of the main area a woman on the other side of the camp was carrying some laundry or something, dropped it when she recognised our uniform and started screaming and she ran into her house and came out with a child that was floppy and looked really sick and started running towards me. Within a few minutes I was surrounded by people begging desperately for me to see them. It was like a disaster zone. And this is in Lilac camp where there is no bed to examine patients on, there is no computer to check their records. There is limited medication. I am pretty sure the nurses with us were supposed to have knocked off about half an hour previously. So you can imagine after this period of doctors not being there, there was this huge need and as we started working through that backlog we came across lots of people who needed transfer to the mainland and so that's when this transfer list exploded up to over 100 people</p>
Dr Sanggaran	Close to 200.
Dr Ferguson	Close to 200. So when we were expressing our concern about this we were told, don't worry there are medical charters, one maybe 2 a week. We were told they were jets, they will come in, they will take the patients, it shouldn't be a problem and the next charter came and I found that only 2 patients got on that plane. Two patients and then I went away for a break for 3 weeks and I came back and in that whole time I was told no-one had left.
Ms Sharp	Do you have any understanding of why it was that people were not being put on these charters when they had been recommended for a medical transfer?
Dr Sanggaran	It's not very clear to us but there is some feedback that comes. Some of it has to do with the need for a place to be accepted in an on-shore detention centre, for a space to be available for them, for them to be registered in that area so that they might attend a specialist. And there is this issue of, it's very unclear but we were told about a Commonwealth Medical Officer who would review these requests for transfers on behalf of the Department and yeah often would, the suggestion was that this Commonwealth Medical Officer would overrule the urgency of the transfer.
Ms Sharp	Doctors, I will ask you both. I am conscious of time so if I can just get a succinct answer from both of you. Firstly Dr Ferguson how would you rate the standard of paediatric care on Christmas Island?
Dr Ferguson	Well I guess there isn't any paediatric care really so very bad.
Ms Sharp	How about you Dr Sanggaran?

Dr Sanggaran	Abysmal.
Ms Sharp	Can I ask you a little bit now about the issue of separations amongst families on Christmas Island? The Commission has been told that pregnant women were routinely separated from their families on Christmas Island for significant periods of time, is that right to your observation Doctors?
Dr Ferguson	I never dealt with the transfer of health pregnant women to the main land so I would not have dealt with them specifically but I did hear that was true when I was there.
Ms Sharp	What about you Dr Sanggaran?
Dr Sanggaran	It's hard for me to comment directly on that.
Ms Sharp	Were women giving birth on Christmas Island?
Dr Sanggaran	Absolutely not.
Ms Sharp	So women had to be transferred to the mainland to have their babies.
Dr Sanggaran	Yes.
Dr Ferguson	Just on that note of separation there was one woman I think deserves a mention, she had arrived at her husband in Darwin, her two little children aged I think 8 and 5, she was separated from her husband sent to Christmas Island with her two children, he remained, he was sick in Darwin. She became very depressed without his support, her pregnancy had some complications, which made things worse and because of that depression she was unable to care for her children appropriately, they became very distressed so the bed wetting, personality changes became very aggressive, the little girl regressed so it's a case that really sums up what happens to families on the Island.
Ms Sharp	I just wanted to ask you now as I could about our pre-transfer assessments. It's the case that before detainees are sent to offshore processing countries, for example before children are sent to Nauru, there needs to be a pre-transfer assessment and that involves a medical assessment. Are you able to tell the Commission what those, or do you have any comments on those medical assessments?
Dr Sanggaran	Absolutely, so I think initially that they may well have been the case, that there was actually a time to sit down do a proper induction, see the patient again later and if they were later than to be transferred you might have a more reliable history. What happen over time with pressures to meet this 48 hour target, is a

	<p>lot of the checks and balances that were put in place was slowly stripped away and that went from the time available to actually go through an induction and get the proper history, do proper examination, then it went to the investigations that were done so I am talking blood tests and it got to the point where the blood tests that were been done what was left of them the results would come back after the patient had already been sent off shore processing, so it's questionable as to why they were being done at all.</p>
Ms Sharp	<p>Now you Dr Sanggaran were present on Christmas Island at the time when the Department starting transferring children to Nauru weren't you? Were you involved in any of the assessments of children for the purpose of whether they should be transferred to Nauru?</p>
Dr Sanggaran	<p>Yes, absolutely yes.</p>
Ms Sharp	<p>Was it your opinion that certain of the children that you examined were sent to Nauru when they were not physically or mentally sufficiently fit to being sent to Nauru?</p>
Dr Sanggaran	<p>So it's hard for me to answer because the type of assessment that I was able to do doesn't allow me to even answer that question. It was so cursory that I can't tell you for sure if there were children that had gone through had been seen by myself that actually should not have been sent to Nauru.</p>
Ms Sharp	<p>And Dr Ferguson did you want to add anything to that?</p>
Dr Ferguson	<p>Yes we are aware of a four year boy who was sent with cerebral palsy to Nauru and that was shortly after, when I first arrived we were given a guideline as to who was or wasn't suitable for offshore centres, based on the facilities available there and it was a traffic light category so red meant not to transfer and red included pregnant women and children under 7 and when I was asked about that I was told that the facilities are not suitable for them there. It was unsafe to send those people there and it ends up policies changed before you knew it you have a pregnant woman with suspected twins being sent to Nauru and a 4 year old boy with cerebral palsy so obviously inappropriate people have been sent offshore.</p>
Ms Sharp	<p>Now, Doctors could I ask each of you separately and I will start with you Dr Ferguson, were there occasions in which departmental staff or more senior IHMS management interfered with your clinical decisions or recommendations.</p>
Dr Ferguson	<p>Yes, there are a few things I guess one is when we made referrals to the mainland for specialist care, they would go through the medical director and these referrals would be put on a spread sheet, there was a column on the spread sheet were the medical director without seeing the patient could actually change</p>

	<p>the category of urgency that we thought the patient deserved. So it was a direct change, interfering with out autonomy. But also made quite inappropriate requests of the doctors. They would ask us to blanket describe to patients we had never met without having opportunity to obtain informed consent. On multiple occasions we were asked to refer adolescents who we thought might not be their stated age to the Department of Immigration age assessment process which is totally not part of their health care and not something doctors should do, or would normally would do and really isn't in their best interest and that was asked of us from our superiors.</p>
Ms Sharp	<p>So when you mentioned I think you said the medical director of IHMS would change what you said in spread sheets.</p>
Dr Ferguson	<p>Yep, yep</p>
Ms Sharp	<p>Do you mean they may downgrade recommendations or alter them?</p>
Dr Ferguson	<p>Yes, or upgrade them but he could change those if he wished.</p>
Ms Sharp	<p>Did he consult with you before he did that?</p>
Dr Ferguson	<p>No.</p>
Ms Sharp	<p>Are you aware as to whether he consulted with the patient before doing that?</p>
Dr Ferguson	<p>He might have looked at the patients notes but I don't think he would ever look at the patient itself.</p>
Ms Sharp	<p>So was the medical director located on Christmas Island?</p>
Dr Ferguson	<p>Yes, yes he was.</p>
Ms Sharp	<p>Who was the medical director?</p>
Dr Ferguson	<p>At the time it was [redacted].</p>
Ms Sharp	<p>Did you have similar experiences Dr Sanggaran?</p>
Dr Sanggaran	<p>Yes, absolutely, I agree with everything that Grant said.</p>
Ms Sharp	<p>So is it the case that you had made recommendations for the treatment of detainees which were altered by the medical director without consultation with you.</p>
Dr Sanggaran	<p>I can't say that any one of my particular recommendations had been downgraded but I could see the list because I was looking at it on a daily basis and they were</p>

	routinely being downgraded.
Dr Ferguson	I am also not specifically aware of instances but I know there was a capacity for that to happen.
Ms Sharp	Dr Ferguson are you saying that you were personally asked to prescribe medication to people without examining them or seeing them?
Dr Ferguson	Yes.
Ms Sharp	Who asked you to do that?
Dr Ferguson	The medical director.
Ms Sharp	And what about you Dr Sanggaran, was that requested ever made of you?
Dr Sanggaran	Yes, so the specific request was [<i>Redacted</i>], he asked us to write Malarone prescriptions for a plane load of detainees that were going off to Manus.
Ms Sharp	Just to put this in context would that ever occur out in private practice doctors?
Dr Ferguson	Not in private practice, there may be some settings in a public hospital, it's not standard practice, it certainly isn't.
Ms Sharp	Now, I think Dr Sanggaran you mentioned a letter earlier in your residence that was signed by fifteen doctors that was written to IHMS. I was to ask about that letter now, if I can. Were they doctors who were all based on Christmas Island?
Dr Sanggaran	I think every one of the doctors at some point had worked on Christmas Island. Yes.
Ms Sharp	And you obviously were one of the signatories to that letter?
Dr Sanggaran	Yes.
Ms Sharp	And Dr Ferguson were you one of the signatories to that letter?
Dr Ferguson	I was.
Ms Sharp	What was your purpose in writing that letter doctors?
Dr Ferguson	So there was a period of time on the Island when we were making frequent complaints to management who were not really able to respond appropriately to our concerns. A lot of things we have been talking about. It got to the point where the medical registrar said you should put these things in writing to my superior and so it can be taken further. When you start writing a letter like that,

	when you go into the details before you know it, it blows out to a 93 page document just because there are so many things to talk about.
Ms Sharp	And when did you provide this letter to IHMS?
Dr Ferguson	In November.
Ms Sharp	And what was the response of IHMS?
Dr Ferguson	I will let Dr Sanggaran talk about that.
Dr Sanggaran	So look they called everybody that had signed the letter. We had a discussion with them about what they thought was significant. They made an invitation to come down to Sydney. I took that invitation, I am not aware that anybody else did and we were given I guess a bit of a PR exercise. I got to see their new computer system which looked quite good at the time but I hear it's not functioning the way it appears to when I looked at it. I was able to discuss things with Dr Parrish and several others at head office there. But in the end there was no real resolution at all to any of the points that we had put forward. Interestingly, I think it's important, I brought with me something that the AMA has sent me. They were quite concerned after having read that letter as it got out to the public and they arranged a discussion with Mark Parrish.
Ms Sharp	Could you just say who Mark Parrish is?
Dr Sanggaran	He's the regional medical director
Ms Sharp	Of IHMS?
Dr Sanggaran	Yes.
Ms Sharp	OK thank you, pardon me for interrupting.
Dr Sanggaran	That's alright, so he part of what his feedback to me was, I will read it to you, Mark Parrish has since had extensive discussions with this doctor resolving these misunderstandings and allaying the individual doctors main concerns. Now 25 days earlier the last contact that I'd had with Dr Parrish was an email where I put forward which I'm happy to provide which puts forward multiple concerns that I have – the last line of which reads this is a gross departure from ethical and clinical standards that health professionals should have in addition to them being bound to them by relevant codes of conduct. I think it was quite a misrepresentation of what actually occurred.
Ms Sharp	And Dr Sanggaran are you prepared to table those documents that you've just referred to?

Dr Sanggaran	Absolutely.
Ms Sharp	And you can provide those to Commission staff when you've finished your evidence here today.
Dr Sanggaran	Absolutely.
Ms Sharp	Thank you. Dr Ferguson I'll start with you – as a doctor do you consider that the facilities on Christmas Island are appropriate for the long term of detention of children?
Dr Ferguson	Short answer no, even I think the briefest period possible as I think 10 years ago everyone agreed was probably appropriate.
Ms Sharp	And Dr Sanggaran as a doctor do you consider that the facilities of this environment are appropriate for the long term detention of children?
Dr Sanggaran	I don't think they're appropriate for the long term detention for anyone let alone children.
Ms Sharp	Is there anything that either of you would like to say in conclusion about the detention of children on Christmas Island.
Dr Ferguson	I've got a couple of quick points if that's ok. Firstly there have been some ideas put out there that adults and children seeking asylum in Australia that they're expecting a level of health care above and beyond of what they deserve. There's talks of women wanting breast implants and that kind of thing, which is ridiculous. I think it's really important that the deficiencies in care that we've described and mentioned in the letter are just getting in the way of optimum health sometimes they cause harm to otherwise healthy people and there's a large group of people who arrive with chronic health problems that they've managed themselves their entire lives and then when they come into the detention environment they relinquish control of their health to IHMS and SERCO and to the government and then they deteriorate when those health conditions aren't managed properly. And the other thing I think is worth mentioning is that the problems aren't just because it's remote there a lot of problems in the system there that have nothing to do with the remote nature on the Island.
Dr Sanggaran	I actually wanted to speak to the way in which response to criticism within IHMS and through the Department is dealt with particularly outside of IHMS and the Department. There's a few things, I note that Dr Parrish was at the previous hearing and part of what he said was we comply with the Royal Australian College of General Practitioners guidelines for management and provision of health care immigration detention and we are accredited at our network centres

by the College. Now I've spoken to Professor Mark Harris who's a member of the quality committee at the Royal Australian College of General Practitioners and an editor of the clinical management guidelines and a life fellow of the College and he advises me that centres within immigration detention are in fact self-accredited against a modified version of general practice standards developed in collaboration with DIMIA and the Royal Australian College of General Practitioners does not accredit the clinics nor are they accredited by an external body as far as the RACGP can tell. Sort of along these lines there was, whilst I was there, IHAG, which is no longer functioning, conducted a tour of Christmas Island detention centres. Now they came by after [inaudible] well after all the other doctors had gone home, they didn't speak to a single doctor in a clinical role and I don't think it was IHAG's decision to do it that way they were just kind of managed that way and at the time I was there, Grant was there, there were plenty of doctors there that had serious concerns about the health care at the time but we only find out after they'd left that they'd been there at all. I've seen in many places where there's an argument that Australian standards are in fact being met and I just wish to put on record that with respect to clinical standards I have on repeated occasions had it acknowledged to myself by [redacted] who was the medical director at the time, by [redacted] by [redacted] who's a group medical director of the parent company of IHMS that they know that it doesn't actually meet Australian standards. They've told me that to my face. So I feel it's quite clear even to those that would have maintained otherwise, acceptable standards of care are not met. And it sort of extends outside of IHMS and I just want to talk sort of talk about the story of Latifa [pseudonym has been used]. So this is the lady who came to Christmas Island and due to the lack of capabilities in terms of antenatal care we were unable to determine whether or not she had twins. She believed that she had twins and thinking that she did have twins she was sent to Nauru. In the context of a conversation with the medical director about the capabilities of Nauru, the discussion progressed and I was told that she was sent to Nauru as an "example" now this was to show that even you're pregnant with twins there will be no advantage and you still be sent to Nauru. I was assured that there was a 4 bed neo natal unit that was capable of managing a twins delivery. Now she was subsequently sent to Nauru and then later on to Brisbane when she was found not to have twins. During this whole process we saw Minister Morrison come out and berate the media, I've got a quote of what he said ... he said "I strongly suggest that the media should more thoroughly interrogate the source of claims that are being represented to you. This suggestion that there has been a pregnant woman with twins on Nauru is simply not true."

It's quite concerning to hear that type of characterisation of what's going on. I think it needs a little more transparency and openness and that's what this whole thing needs there's needs to be a lot more transparency so that we can actually

	determine easily what the standard of care is and how we can how we can better approach it.
Ms Sharp	Thank you Dr Sanggaran for such a comprehensive answer and thank you both doctors for coming today and telling the enquiry about your experiences.
President	Yes I'd also like to on behalf of the Commission as a holder thank you very much for coming here. I'm sure it's not an easy thing to do but we are aware of your letter and if I may say so the very clinical and apparently very objective description of the failure to provide appropriate medical care in those cases. It will be important evidence. I will if I may make a direction that the name Latifa is not to be published to protect any privacy but of course we need these stories, because that gives us the sense of what is what is happening and what the responses are by the relevant authorities.
Dr Sanggaran	Latifa is a pseudonym.
President	Oh thank you, good that's good, excellent. Thank you very much indeed.