

**DRAFT REPORT ON VISIT TO THE MARIBYRNONG DETENTION CENTRE**  
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I visited the Maribyrnong Detention Centre on 20 May 2002, with a member of my staff and met with two representatives of the Department of Immigration & Multicultural & Indigenous Affairs (DIMIA) and interviewed four detainees. I also inspected the men's sleeping and recreational areas. On my visit last January I was shown the isolation room, dining room, control room and visitor and family areas.

There are presently around 55 people in the Centre including four women and three children. The Centre has the capacity for 70 detainees.

**The Key Issues:**

- 1) The level of security and treatment of detainees as though they were prisoners
- 2) The health impact of conditions at the centre, uncertainty about release or return, lack of physical activity and use of medication
- 3) The presence of children at the centre
- 4) Complaints about conditions
- 5) DIMIA supervision of ACM management

**1. Security**

Despite the Government's stated intentions, Maribyrnong Detention Centre is not a low security unit.

Detainees complained of being treated like criminals by guards and other staff. This takes the form of, for instance, referring to detainees as 'inmates' or calling them by number, the petty and arbitrary application of rules by some officers, insistence on the use of numbers and photo ID access cards for entry into the dining area for meals and the use of handcuffs for some detainees who are taken out for medical treatment.

The control room in the Centre is manned 24 hours/day and monitors in the control room are linked to surveillance cameras installed throughout the centre and in the surrounds. There are no cameras inside bedrooms but they are mounted in the corridor covering the entrance to bedrooms and outside the windows. Bedrooms, bathroom and toilet areas have no doors.

Interview rooms within the administration area are locked from outside by guards during interviews. Entry into the administration area is through three locked doors.

Bedroom and other windows are barred and covered with steel mesh.

The site is enclosed by 4-metre high steel fences topped with razor wire. Detainees cannot be seen from outside the centre, even from the grassed recreation area (were it to be available to them).

'Head counts' are officially taken every 2 hours throughout the night although detainees say these are much more frequent when certain guards are on duty. This would appear to be unnecessary given the 24-hour electronic surveillance that surrounds the bedrooms. DIMIA says detainees have escaped in the past by sawing through bars at night.

Detainees say fire drills are conducted much more frequently than is necessary and they are herded aggressively into an outdoor courtyard where they are left standing for long periods for roll calls. DIMIA said that there have been around five fire drills in the past year but deny that these have been excessively long.

Detainees complain that items have gone missing from bedrooms when they are out of the room.

## 2. The health impact of detention

The night-time 'headcounts' involve guards entering bedrooms with torches. Guards say torches are shone onto the ceiling but detainees say they are often shone directly into their faces by particular officers.

Blankets are pulled back by guards if this is necessary to see the face of the detainee.

Headcounts, cold conditions, the provision of only two small, thin blankets, lack of doors, the fact that four adult males are accommodated in bunks in each room and the general activity in the corridor and other rooms during the night contributes to sleeplessness and poor sleep patterns. (Unlike prisoners, detainees can sleep during the day if they wish.)

This is exacerbated by lack of privacy, extreme boredom, uncertainty about how much longer they will be detained (some have already been there for three years) and fear about being returned to perilous situations.

Many are anxious about the fact that some detainees who have been granted visas are required to pay the costs of staying in the centre amounting to many thousands of dollars.

Detainees say sleeping pills are handed out liberally. DIMIA rejected this claim saying no one was on sleeping pills but one of the detainees interviewed provided a list of his medication which included sleeping pills. This was subsequently confirmed by DIMIA.

The 23 year-old mother of the three children said she was given sleeping pills to deal with her tiredness and depression but they had made her worse and resulted in her no longer being able to breastfeed her baby. She stopped taking them.

Detainees interviewed said depression and other mental illnesses were common and that this was directly attributable to detention. Detainees complained of headaches and of conditions for which they were given painkillers when medical advice called for more specialist treatment.

One detainee has severe burns from an incident at Woomera and needs skin grafts but this treatment is denied. (DIMIA claims that this is not the case but I have asked them to check the medical report.)

There is very little to do at the Centre and ailments related to lack of exercise and boredom are a problem. The big grassed exercise area is still not accessible. DIMIA says this area will be open to all detainees other than high-risk individuals by the end of this week and that the 6-month delay was caused by security problems with the fence and inadequate drainage. Lack of staffing was said not to be the reason for the delay in the grassed area being made available.

DIMIA said they thought all male detainees smoked.

It was claimed that a detainee who was in the centre for about 7 months had TB (I don't think that Abdul said he knew whether or not he had been diagnosed), was coughing up blood and taking medication but that other detainees were not inoculated against the disease. This is contrary to Mr Ruddock's advice that detainees were being inoculated where clinically necessary. (I have sought confirmation from DIMIA.) (I thought Abdul said he was taking medication for TB.)

A detainee with whom I spoke has two slipped discs in his back. Instead of the recommended physiotherapy, he has been prescribed anti-inflammatory drugs for over six months. His doctor now recommends either an epidural injection or surgery. Despite the seriousness of the decision he needs to make about his medical condition, he has been denied access to his medical files.

Another detainee I met with is concerned that the combination of drugs he has been prescribed for depression and other complaints is dangerous. He says detention has changed his personality and his drug regime has diminished his ability to communicate with others. He is very depressed and has requested time in the isolation room, away from the noise and activity of the Centre but this was denied.

In return for working 1-2 hours cleaning per week, he is given cigarettes or phone cards.

### **3. Children**

There are only 3 children at the Centre presently – an almost five and a three year-old and a baby 8 months old. Their mother is aged 23 and from Afghanistan. They have been in the Centre for 12 months.

While the mother attended hospital for the birth of her third child, the other children remained at the Centre.

These children are socially isolated with no other children to interact with at the Centre. The eldest child has only in the last few weeks been sent to kindergarten outside the Centre. DIMIA argues that arrangements could not be made with the kindergarten before this time. The mother is not permitted to accompany her children to the kindergarten with the ACM guards, or with the counsellor who occasionally takes them to the library or playground.

The mother was tearful during the interview and it was obvious that the baby on her knee was responsive to her distress. The children are housed in one small room with their mother in a group of 'family' rooms. The mother cannot understand why she and her children are being kept at the Centre when she has committed no crime.

### **4. General conditions**

Following a hunger strike earlier this year, detainees prepared a list of changes they wanted to see in place and these were agreed by the then managers but have not yet been acted upon.

Complaints not previously mentioned include:

- The quality of food is poor and customary food is not always available despite requests. DIMIA says contractual arrangements with the caterers and ACM together with changing makeup of ethnic groups in the Centre make this difficult.
- On one recent occasion, a Sri Lankan group cooked an evening meal but this had to be prepared in the dining area rather than the kitchen for occupational, health and safety as well as security reasons. DIMIA says no requests have been made to do so again.
- The rules about what food can be consumed outside the dining room are said by detainees to be unreasonable and arbitrary, especially in relation to what can be brought into rooms. One detainee was not able to bring an omelette sandwich into the bedroom with him because only two slices of bread are permitted. Dinner is served at 5.00pm. DIMIA argues that vermin can be a problem if food is not kept in proper containers.
- Mail is not interfered with but items brought in by visitors are frequently discarded or returned for minor, arbitrarily decided reasons.
- Gifts are not accepted unless they are clearly labelled with the name of one detainee. Toothbrushes and soaps and blankets (don't know about the blankets – we are asking them)(Ann confirmed no blankets) are not permitted despite the inadequacies of the standard issue. Food must be in clear plastic containers. Items in foil are not permitted. Electronic goods must be in the original package.
- Detainees complain about insects in the rooms. Whilst windows are covered in steel mesh, this is too open to keep out mosquitos.
- The number of visitors let into the visitor's room is often less than the total number permitted in the rules. DIMIA says this only happens at the end of the visiting period.
- Requests made three weeks ago for the heating to be turned on in the dormitory rooms were ignored until a week ago. An officer admitted that the heating system was 'patchy'.

- There is no opportunity for study other than basic English classes although detainees are encouraged to hear about proposals that would allow university students to study in association with some local universities.

#### **4. DIMIA supervision of ACM**

On the basis of this and my previous visit, I am of the view that DIMIA has failed to require ACM to provide a low security detention centre. Either the Centre should not hold high risk detainees or they should be accommodated without imposing high risk solutions on the remainder of the population there. The denial of access to grassed areas for low risk detainees is a case in point.

It is also extraordinary that even after security problems are fixed, high-risk individuals will still not be permitted to go into the grassed area. As I understand it, access to an exercise area is a fundamental right for people incarcerated in Australian prisons.

It is also clear that DIMIA has either not taken seriously the complaints made about inappropriate treatment by officers of ACM or it has not provided detainees with the necessary processes to do so.

DIMIA and ACM should put into effect reasonable and previously agreed improvements in conditions and make the centre more comfortable for the detainees. It is clear that poor conditions and inappropriate treatment are adding to the adverse impact of detention on the physical and mental health of the detainees.