IN THE HIGH COURT OF AUSTRALIA MELBOURNE REGISTRY

No M96 OF 2016

BETWEEN:

PLAINTIFF M96A/2016

First Plaintiff

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AND

PLAINTIFF M96B/2016

Second Plaintiff

AND

THE OFFICER IN CHARGE, MELBOURNE IMMIGRATION TRANSITACCOMMODATION

First Defendant

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AND

COMMONWEALTH OF AUSTRALIA

Second Defendant

(03) 9269 0210

HIGH COURT OF AUSTRALIA FILED 28 NOV 2016

PLAINTIFFS' CHRONOLOGY
MELBOURNE

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PART I PUBLICATION OF SUBMISSIONS

1. This chronology is in a form suitable for publication on the internet.

Part II CHRONOLOGY

Date	Event	Reference
7 August 2013	The plaintiffs arrived in Australia at Christmas Island.	
February 2014	The plaintiffs were taken to the Republic of Nauru pursuant to s 198AD(2) of the <i>Migration Act</i> 1958.	

Filed on behalf of:

The Plaintiffs

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ne plaintiffs were told by staff at the detention facility in	
auru that the first plaintiff (Plaintiff M96A) would be ken to Australia for medical treatment and that the cond plaintiff (Plaintiff M96B) would be taken to company Plaintiff M96A (her daughter) and to continue edical treatment.	
ne plaintiffs were brought to Australia from Nauru by an ficer or officers within the meaning of s 5 of the figration Act.	
ne Plaintiffs were detained by or on behalf of the ommonwealth in Darwin, Northern Territory.	
ne plaintiffs were transferred to the Melbourne amigration Transit Accommodation (MITA), where ey were detained.	
aintiff M96A was seen for a preliminary investigation breast lumps at the Monash Breast Clinic.	
aintiff M96B consulted an IHMS general practitioner in lation to heart palpitations and chest discomfort.	
aintiff M96A underwent a fine needle biopsy at the lonash Breast Clinic.	
aintiff M96B consulted an IHMS psychiatrist, who oted that she had presented with 'moderate depression' and advised a treatment plan including medication and a sychiatric review in approximately six weeks.	
aintiff M96A consulted an International Health and ledical Services (IHMS) psychologist in relation to her ental health.	
aintiff M96A was referred by an IHMS psychologist for sychiatric assessment and management following oncerns about her declining mental health.	
laintiff M96A consulted an IHMS general practitioner in lation to reports of poor sleep, breast pain and loss of opetite.	
laintiff M96A experienced discomfort and observed new mps in her left breast.	
	ond plaintiff (Plaintiff M96B) would be taken to company Plaintiff M96A (her daughter) and to continue dical treatment. The plaintiffs were brought to Australia from Nauru by an icer or officers within the meaning of s 5 of the gration Act. The Plaintiffs were detained by or on behalf of the mmonwealth in Darwin, Northern Territory. The plaintiffs were transferred to the Melbourne migration Transit Accommodation (MITA), where y were detained. The plaintiff M96A was seen for a preliminary investigation breast lumps at the Monash Breast Clinic. The plaintiff M96B consulted an IHMS general practitioner in ation to heart palpitations and chest discomfort. The plaintiff M96B consulted an IHMS psychiatrist, who ted that she had presented with 'moderate depression' di advised a treatment plan including medication and a vehiatric review in approximately six weeks. The plaintiff M96A consulted an International Health and edical Services (IHMS) psychologist in relation to her ental health. The plaintiff M96A was referred by an IHMS psychologist for vehiatric assessment and management following incerns about her declining mental health. The plaintiff M96A consulted an IHMS general practitioner in ation to reports of poor sleep, breast pain and loss of petite.

February 2015 to December 2015	Plaintiff M96A consulted IHMS psychiatrists who diagnosed or confirmed past diagnoses of generalised anxiety/panic disorder, Post-Traumatic Stress Disorder (PTSD), and reactive depression exacerbated by an alleged sexual assault against her in the MITA.	
6 February 2015	Plaintiff M96A attended Richmond Dental Surgery for removal of her dental braces.	
15 March 2015	Plaintiff M96A consulted an IHMS mental health nurse in relation to her mental health and poor sleep. It was planned that she would undergo psychiatric review on 3 July 2015.	
6 July 2015	Plaintiff M96A consulted an IHMS general practitioner, who conducted an examination and found a 1 cm lump in the left side of her breast.	
6 July 2015	Plaintiff M96B consulted an IHMS general practitioner, who diagnosed her with severe major depression and observed that she was 'crying, very depressed, risk of suicide is high, anxious, very pale, lost weight'.	
15 July 2015	Plaintiff M96B was referred by an IHMS general practitioner to the Northern Hospital emergency department due to severe depression and suicidal ideation for psychiatry review and possible admission.	
	Plaintiff M96B was admitted to a psychiatric unit at North Western Mental Health (NWMH), where she was treated and diagnosed with PTSD and Major Depressive Disorder.	
13 August 2015	Plaintiff M96B was discharged from the NWMH psychiatric unit with referral to Foundation House in relation to her mental state. She was also referred for follow up with a cardiologist at the Northern Hospital in relation to her chest pain.	
14 October 2015	Plaintiff M96B consulted an IHMS general practitioner, who diagnosed her with severe osteoporosis and noted that she was 'not appropriate for coming back to Nauru as she is in danger of minimal trauma fracture'.	
12 November 2015	Plaintiff M96A consulted an IHMS primary health nurse about a surgical procedure which was scheduled for 13 November 2015. In the course of the consultation, Plaintiff M96A expressed concern about undergoing the procedure.	

13 November 2015	Plaintiff M96A cancelled her appointment for a surgical procedure because of her concerns about undergoing the procedure.	
29 January 2016	Plaintiff M96A attended a specialist appointment at an offsite breast clinic in relation to her breast surgery.	
12 February 2016	Plaintiff M96B attended a follow-up appointment with her cardiologist, who recommended that she receive ongoing monitoring with an 'ECG' and repeat Holter monitoring and cardiology review in six months' time.	·
15 February 2016	Plaintiff M96A was scheduled to have breast surgery, but declined to have the procedure at that time in order to defer it to a period when she was feeling stronger.	
18 April 2016	Plaintiff M96A consulted an IHMS general practitioner and it was planned that she await a new surgeon's appointment.	
27 April 2016	Plaintiff M96B consulted an IHMS psychologist, who recorded that the sustainability of any gains made in relation to her mental health may be negatively impacted by the ongoing stressors in her current environment including ongoing detention.	

Dated: 28 November 2016

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