TRANSCRIPTS OF EVIDENCE

MONDAY, 19 OCTOBER 1998

ROOM 814, PARLIAMENT HOUSE, SYDNEY

MEMBERS PRESENT:

- The Hon Jan Burnswoods, MLC (Chair)
- The Hon. Dr. Arthur Chesterfield-Evans, MLC
- The Hon. James Kaldis, MLC
- The Hon. Doug Moppett, MLC
- The Hon. Peter Primrose, MLC
- The Hon. Carmel Tebbutt, MLC

WITNESSES BEFORE THE COMMITTEE:

SISTER ANTIONETTE MARY BALDWIN, Nurse, Sisters of St Joseph (NSW), sworn and examined:

CHAIRMAN: Did you receive a summons issued under my hand?

Sr ANTIONETTE: I did.

CHAIRMAN: Are you conversant with the terms of reference for this Inquiry?

Sr ANTIONETTE: I am.

CHAIRMAN: Do you wish your submission to be included as part of your sworn evidence?

Sr ANTIONETTE: I do.

CHAIRMAN: Do you want to start off with a brief statement, elaborate on your submission, or go into the questions that we have sent to you?

Sr ANTIONETTE: I will start off with a brief introduction, if I may?

CHAIRMAN: Yes, certainly.

Sr ANTIONETTE: The information contained in my submission is from my archival data, historical records and from interviews with the Sisters of St Joseph who worked at St Margaret's Hospital and St Anthony's Home over the period spanned by the Inquiry. At times during the evidence I will quote from these interviews.

Some of the women interviewed are now quite senior and I have tried to ascertain how they perceive the work done at these places and their attitudes and motivation to take on this work. The interviews were structured and formal.

I personally have never been involved in the policy development, care of the mothers, the adoption counselling or taking of consent. My own area of speciality is as a neonatal nurse and from that role I do have something I would like to share with the Committee and with the mothers who have lost children to adoption. It is a small piece of information that I have never seen documented or supported by research but I believe it belongs to them and not to me.

Memories are precious when we have lost someone we love and everything we can learn about a person is to be cherished. I realise that what I am about to say is a risk and I have thought long and hard about the wisdom of sharing it. I apologise if it causes the mothers who have lost babies to adoption more pain, but I share it because I have read and listened to the evidence in this Inquiry about the pain of one-sided bonding that they feel has occurred because their babies were so tiny when they were separated. From my observation as a neonatal nurse during the 80s I believe that the bonding was there.

I worked in the neonatal nursery at St Margaret's and was privileged to care for the babies while they were awaiting fostering. Time and time again when the mothers came to say goodbye after signing consents we saw the pain of separation that the babies also experienced, they would be restless and unsettled for that day. On that day we would hold

them, sit with them in the rocking chair or carry them round in the mei tai sling, sometimes we cried for them and for the mothers. I do not know how babies know these things but I believe that they do.

CHAIRMAN: The Sisters of St Joseph have provided care for single mothers and their babies at St Margaret's Hospital Darlinghurst since 1934 and St Anthony's Home Croydon since 1952. Could you tell us how the Catholic church's view of adoption and single motherhood changed during the period under review in this Inquiry, this is 1950 to the present?

Sr ANTIONETTE: May I just clarify one point. I do not speak for the Catholic church. I represent the Sisters of St Joseph, a religious congregation of women founded by Mary McKillop. We are separate from the other Catholic groups, the St Vincent de Paul, Catholic Welfare Bureau, Catholic Adoption Agency and Centacare; all of whom I refer to in the submission.

However, I do believe there has been significant attitudinal change in the Church, as in all of society, during the time of the Inquiry. Since the second Vatican Council in the 60s there has been a perceptible change of emphasis from observance of the law to the pastoral and compassionate roles of all those who work within the church. It is the human face of Christ that is becoming more visible.

Prior to the Vatican Council church teaching and documents reflected a much more legalistic and judgmental approach. This did not only apply to areas of marriage and sexuality, but to all areas of Church teaching governed by law. I believe the compassion was there in individuals and I heard it time and time again in the interviews, but the climate and mores of the time made it difficult to express.

Every Sister of St Joseph I have interviewed for this submission has in her own way after 10, 20, 30 or 40 years expressed concern and compassion for the mothers, a concern and compassion stemming from the dilemma of the single mother caught between two agonising alternatives, adoption or trying to rear her baby alone.

CHAIRMAN: Your submission includes the adoption policies of St Margaret's Hospital for 1979, 1984 and 1986. Did St Margaret's or St Anthony's have a formal adoption policy prior to 1979? If not, why not?

Sr ANTIONETTE: The policies attached to the submission reflect the Department of Health & Welfare policies of the time, that in turn became hospital policy. I have not been able to access written policy prior to 1979 but I reasonably assume that policies in regard to adoption would have reflected Department of Health & Welfare policies of that time.

Subsequent policy was developed with the co-operation of the Catholic Adoption Agency and Centacare and this pattern would have been established after the Adoption Act of 1965. Written policy may well have existed but there was not the same appreciation of the need to keep such documentation as there is now.

Mr PRIMROSE: Can you please explain the adoption service provided by St Margaret's Hospital from 1950 - 1965? What happened after 1965?

Sr ANTIONETTE: I will answer those two questions together, I have not made a distinction.

Prior to 1965 adoptions were privately arranged by St Margaret's and I understand that the consents were obtained by the solicitors. When the Sisters of St Joseph assumed responsibility for St Margaret's Hospital in 1937 the care of the waiting girls, as the single mothers came to be known, extended from mid-pregnancy to post-delivery with accommodation within the hospital campus. The provision of a place to live continued only until the late 1960s when all accommodation was transferred to St Anthony's Home.

The girls were allocated light duties, partly to keep them occupied and partly to give them a sense of independence and self-worth. They assisted in the ward serveries, in the office and with sewing and in return were given food, lodging, privacy, security and medical care.

I shall now read quotes taken from interviews with the Sisters of St Joseph who worked at St Margaret's between 1950 and 1967. They give a cameo of the mores and attitudes of the time. The realities of life as a single mother were harsh and the girls would have been aware of the realities they faced. I also quote a year and that represents a year that these Sister midwives started at St Margaret's, most of them worked there for periods of twenty or thirty years and they were all midwives.

1937: "The women came because of the stigma of single parenthood in those days. It was a very different world and the girls did not want anyone to know they were pregnant. They came from all over Australia and we did all sorts of things for them to keep the pregnancy secret. By the time they came they had already made up their minds to adopt out the babies."

Again 1937: "They were lovely girls, some came back time after time. One girl came back five times. I used to worry about some of them. We kept them busy so they would not be out on the streets and in more trouble."

1948: "I admired the girls, they had courage and were accepting and cheerful of what had happened to them. They went through the pregnancies and they were concerned about their babies."

1956: "It was not the right thing to be having a baby out of wedlock at that time. The girls were sent away to visit relatives or on a working holiday or something and then they would come back to the family hoping no-one would know anything about it."

Mr PRIMROSE: Can you please describe the different ways in which a woman could come to reside at St Margaret's prior to 1966? For instance, who made contact with the hospital and what, if any, were the requirements for admission?

Sr ANTIONETTE: The Sisters at St Margaret's at that time recall that while some of the girls made the initial contact with the hospital many of the enquires came from parents, other relatives, the parish priest or others in whom the girls had confided. The Sisters estimate that about half the enquiries came from parents or others and about half from the mothers themselves. By 1950 the criteria for admission seemed to be that one was pregnant, single and in need of somewhere to live during the pregnancy. The girls did not have to be Catholic but many of them were.

Mr PRIMROSE: Was it generally assumed that women who resided at St Margaret's up until 1967 intended to have their babies adopted? What would happen if a woman decided to keep her baby?

Sr ANTIONETTE: The assumption seems to have been that if the girls sought seclusion at St Margaret's they did intend to have their babies adopted. For some of the care givers the very fact of offering shelter and seclusion and arranging adoptions was seen as concurring with the decision of the expectant mother and/or her family. Stories are told of letters posted from other suburbs and even from interstate to concur with the mother's wish to keep her pregnancy and therefore her whereabouts secret. Some of the Sisters and midwives interviewed believe in retrospect that it may have been the wish of the family or fear of a family rather than a choice of the woman herself. The women were known only by their first names.

It is my understanding that if a mother expressed a wish to keep her baby or changed her mind about adoption she would then receive the same treatment as any other mother who was keeping her child and was discharged with her baby post-delivery. I understand they were given some assistance but I do not know what form that assistance took, I understand it was practical help like baby clothes and equipment for the baby.

There is archival and photographic evidence of some women who stayed on in employment at St Margaret's after their babies were born and have kept their babies. There are photos in the archives of children up to seven years of age and the mothers were still working at St Margaret's.

Dr CHESTERFIELD-EVANS: Could you describe the antenatal care, birth practices and post natal care provided to single mothers at St Margaret's between 1950 and 1967? Did this care differ for married women? If so, why?

Sr ANTIONETTE: In this context I would just like to give an overview of how maternity care was at that time in history. The girls were offered the best antenatal care possible through the St Margaret's outpatients clinic. Doctors provided this care on an honorary basis and visits followed the usual pattern of monthly to about 32 weeks, fortnightly till 36 weeks and then weekly until delivery.

Professional medical practice surrounding pregnancy, birth and post natal care has changed dramatically since 1950. Between 1950 and 1967 St Margaret's incorporated what was deemed best practice in maternal and infant care into its policies and procedures.

Women were encouraged to walk round during first stage and pain relief varied according to need. Those working in the labour ward at that time testify there was at St Margaret's no discrimination between the single mother and the married girl in terms of pain relief or sedation. On the other hand, pain relief was not withheld from the girls who were not married. One midwife now in her eighties recalls being told of an unmarried woman in labour "She is well dilated, give her pain relief. Don't you think she has enough to put up with? She doesn't need to suffer any more."

Ether was the drug of choice in late first stage, early second stage of labour. Carbitral, which is Pentobarbitone, was used for pain relief in early labour. Most mothers were semi-anaesthetised during the birth. Some were not aware they had given birth until they woke up

from the anaesthetic. This applied to all women in childbirth. The birth process was conducted more like a surgical procedure than a natural phenomena.

All babies were separated from their mothers at birth and whisked away to sterile nurseries to sleep it off and recover from the trauma of being born. Sometimes mothers who were keeping their babies did not hold their babies for up to three days. Babies who had been delivered by forceps, were bruised or premature, were kept in the nursery on strict cot rest. All mothers were bound around breasts to prevent engorgement and abdomen to aid evolution of the uterus and confined to bed for four to seven days. The average length of stay in hospital in those days was ten days post-delivery.

The Sisters tell me that the single mother was given preferential care in labour. Student midwives as well as the nursing sisters would stay with her during labour, even when they were meant to be off duty because of her youth and her situation. Every effort was made to minimise scarring, particularly for the single mother. This was in accord with the perceived need at that time to respect the privacy of the single mother. The matron reports that in the early days, probably during and after the War, when black silk was used almost universally the newer more expensive dissolving catgut was used if the single mother required surgery. This was to minimise scarring.

It is reported that drug regimes during labour were no different for the single mothers. Staff who worked in labour wards at that time are sure there was no difference in standing orders or in practice. Deviations from the norm were on the basis of individual need.

In view of some of the evidence given at this hearing and published in the media I hope to undertake more thorough research to examine drug regimes during this period.

Babies to be adopted were removed from the room at birth and the birth mothers were not permitted to see them. There is no evidence in St Margaret's of the mothers being restrained or of their faces being covered. The girls at St Margaret's had at this time no access to the babies post-delivery.

The matron at the time explained her policies thus:

> "The girls did not see the babies if they decided to adopt. People say and said I was cruel but I will tell you why I did it. When I first went to St Joseph's in Broadmeadows in Victoria the single girls would breast feed the baby for six months, then they would leave. The babies would stay two to three years and the girls would come back and visit. They did not come very often and the little ones would stand with their noses pressed to the gate waiting for Mummy to come. I knew that if they saw the babies they would fall in love with them there and then and there would be no way they could go ahead with their plans to adopt and there was no way some of them could manage in those days."

The girls were accommodated in single rooms or with other single girls who had given birth. Between 1947 and 1952 this was in the private hospital. When the new public hospital was opened with the provision for single or two bedrooms they received post natal care in the public hospital. The babies were on a different floor in the hospital. The post natal was the same for any younger mother except that the girls were given treatment and medication to dry up their breast milk. This was the same treatment given to mothers who had suffered still birth or neonatal death or who for any reason could not or chose not to breast feed.

As far as I can ascertain these restrictions did not apply to the women who came from St Anthony's. They saw their babies and had access to them.

Dr CHESTERFIELD-EVANS: You have said that there was no difference in pain relief or sedation?

Sr ANTIONETTE: As far as I can ascertain.

Dr CHESTERFIELD-EVANS: You were a neonatal nurse, you said?

Sr ANTIONETTE: I was. I am also a midwife.

Dr CHESTERFIELD-EVANS: Were you doing midwifery at this time?

Sr ANTIONETTE: I would have worked in a labour ward at some stage during this time. I cannot recall looking after single mothers specifically and so therefore I cannot recall any difference in treatment. The evidence that I have given was from the nun midwives and from the midwives who worked in labour wards and on the postnatal wards at that time. As I said, I intend to undertake more research. I have to gain access to the records to do that and that is underway.

Dr CHESTERFIELD-EVANS: Coming from that. The evidence has been from a number of sources that the medical treatment was the same, whereas the anecdotal evidence is that it may have differed. There has not been a systematic look at the records of the married and unmarried mothers' drug regimes.

Sr ANTIONETTE: No, that is what I plan to do. St Margaret's Hospital has closed and the records are in the Government Repository, so I have to gain access to the records before I can undertake that research.

Dr CHESTERFIELD-EVANS: The breast binding and abdomen binding was the same, is that correct?

Sr ANTIONETTE: Yes.

Dr CHESTERFIELD-EVANS: The three day separation was that the same for both married and unmarried? Three days separation seems an extraordinary long time, even in those days.

Sr ANTIONETTE: Yes, it was. The three day separation was only for babies who were on cot rest. The mothers were on bed rest, the babies were on cot rest. Again, this is anecdotal, but I can remember babies being on cot rest in the 60s. I actually started working with mothers and babies in the 60s and then I had a break until the 70s. I did not work with mothers and babies from 1962 to 1972. In 1962 certainly there were long periods of cot rest for the babies and the mothers were confined to bed. These were babies who had had forceps deliveries, and forceps deliveries were rare in those days, or premature babies who were confined to the nursery.

To answer the other part of your question. No, it was not the same for both mothers

because the mothers who had lost babies to adoption did not get to see their babies at all. It was only the other mothers that I quoted who had the three day separation.

Dr CHESTERFIELD-EVANS: You said there was not a procedure though to stop them seeing the babies. There must have been. It would not have been a co-incidence. If you did not want them to see the babies there must have been a policy so that they did not. Some of the other hospitals have said they had sheets and pillows put on their stomach or put up when they were in their stirrups so they could not see. Was that the policy also?

Sr ANTIONETTE: Anecdotally I believe that was not the policy. The policy was to remove the baby from the room immediately after birth.

I have not heard any evidence at St Margaret's that there were sheets put up or pillows put up over the girls' faces. The evidence I have suggests that it did not happen. There may be evidence to the contrary but I have not got it yet.

Dr CHESTERFIELD-EVANS: Given that you were not doing this very often, is there somebody else that we should ask? It seems sometimes we get managers and people who are currently managers at these hospitals, whereas of course the people who were involved are some years older usually because they would have retired by now. Are there people who we should ask? If so, are they still alive and able to answer questions?

Sr ANTIONETTE: I have spoken with the Sisters of St Joseph whom I could access, and who are still living, their perception is that it did not happen. I would have to access midwives who are now scattered all over Australia because St Margaret's has closed. I cannot think of anybody at this stage that could be called for evidence.

Dr CHESTERFIELD-EVANS: They must have had a director of midwifery or a labour ward charge sister or something at that time?

Sr ANTIONETTE: There would have been such people, yes.

Dr CHESTERFIELD-EVANS: Could they be identified?

Sr ANTIONETTE: Yes, I can go back and identify them.

Dr CHESTERFIELD-EVANS: Could you explain the process of taking a consent for adoption prior to 1967 at St Margaret's Hospital. Are you aware of any situation where the consent was taken unethically or illegally?

Sr ANTIONETTE: The process of consent prior to 1967 appears to have been carried out through private solicitors in the Child Welfare Department. Although it was the hospital administration who arranged the adoption, letters of authorisation from the Child Welfare Department are in evidence as early as 1937 indicating co-operation with that department.

The Sisters who worked in this ministry are adamant that consents were always obtained through the appropriate channels. I am not certain what constituted illegal practice prior to 1967 as there was no legislation at that time surrounding adoption. The ethics of adoption and the practice surrounding it is an area in which I intend to do further study, but at this stage

I am not aware of any such systematic practice.

Mr CHESTERFIELD-EVANS: Were all unmarried mothers who resided at St. Margaret's until 1966 seen by a social worker? If yes, from what agency or institution would this social worker have been from? Were the social workers obliged to explore non-adoption options with a mother during her stay at St. Margaret's? Would failure to do so constitute a breach of ethics or of the law?

Sr ANTOINETTE: I am afraid I do not know the answer to that question. I am told the social workers visited the girls, but I do not know which agency they were from, and the people who held that information are no longer living.

Mr CHESTERFIELD-EVANS: Could you please explain the process of taking a consent for adoption after 1967 at St. Margaret's Hospital. Are you aware of any situation where the consent was taken unethically or illegally?

Sr ANTIONETTE: The setting up of the Catholic Adoption Agency in 1967 facilitated the phasing over of consent and counselling procedures in regard to the adoptions, completely to recognised agencies, in compliance with the Adoption Act of 1965. Consents were signed by the mother on Day 5 and then she was given 30 days to change her mind if she decided to keep the baby. Both signatures were witnessed by the appropriate social workers from the independent agencies.

I am not aware at this stage of individual cases where the law was not kept or unethical procedures followed.

Mr CHESTERFIELD-EVANS: Was there any pressure put on the women, do you think, to sign, or do you think - you have said that that was already settled when they came in; do you think there was any pressure, deliberately as policy or intrinsic in the system, to make sure that that was followed?

Sr ANTIONETTE: That I think taps into another question, and I will answer Question 13 now as well.

Mr CHESTERFIELD-EVANS: Okay.

Sr ANTIONETTE: I am not confident that the mothers did not feel some measure of censure for being pregnant and single, nor that they felt pressure to give up their babies for adoption. For many of these women adoption was seen as the only viable alternative in a society that did not condone single motherhood nor offer any assistance to the mother struggling to raise her infant alone. So I think there would have been some real or perceived pressure on the women.

Often the alternatives were seen to lay within the family, and unless the child's father, parents or other family members offered financial or material support, the decision to adopt was seen as inevitable. And the mothers awaiting birth would have been aware of this, so there was probably some conscious or unconscious pressure put on them to adopt the baby.

MR CHESTERFIELD-EVANS: The Committee has heard that some mothers' babies were

placed with the adopting parents prior to the 30-day revocation period. Are you aware of any such instances involving babies born at St. Margaret's Hospital during the period under review for this inquiry?

Sr ANTIONETTE: It is my understanding that this was common practice prior to the Adoption Act of 1965. Following the implementation of the Act in 1967 and until the implementation of the Family Law Act in the mid seventies and the introduction of fostering during the revocation period, the policy was that babies stayed in the adoption nursery until the 30 days were up, and the adopting parents came to collect them.

When the foster mother network was introduced the babies were discharged in the care of foster mothers for the 30-day revocation period.

CHAIRMAN: Do you know whether it was at all common for a woman to change her mind during that period, and for a baby to come back from the foster parents?

Sr ANTIONETTE: I do not know. During that period - I do not have any data on that, and I do not know how many revoked their consent during that period, or how many babies cam back from the foster parents.

CHAIRMAN: And presumably you cannot find out?

Sr ANTIONETTE: Those records would be with the relevant adoption agencies, because they were the ones that handled the fostering.

Ms TEBBUTT: What was the role of the Catholic Family Welfare Bureau in providing counselling and advice on the alternatives to adoption to single mothers at St. Anthony's? Did the Sisters of St. Joseph who worked at St. Anthony's provide counselling or was counselling always conducted by the Catholic Family Welfare Bureau?

Sr ANTIONETTE: The arrangement of adoption and pre-adoption counselling was never the responsibility of the Sisters of St. Joseph. Social workers from the Catholic Welfare Bureau visited the home and it was their role to educate and counsel the girls, and after delivery to obtain the consents. The role of St. Anthony's was to provide accommodation.

Ms TEBBUTT: Your submission states that during the period 1952 to 1966 girls who changed their minds during their time at St. Anthony's could stay at the home for 6 to 12 months, where they could have the baby cared for while they tried to find employment and accommodation. Do you know how many single mothers took this opportunity during this period? Was this option available after 1966, and if not, why not?

Sr ANTIONETTE: I do not have that data about how many - anecdotally I know some did. I do not know how many and I do not know how much it was encouraged. I just know there was a policy. After 1967 this policy changed several times. Up until the introduction of the foster mothers scheme the mothers could stay at St. Anthony's during the revocation period, that is for 30 days. For a time in the 1970's and 1980's they did not return post delivery. In the nineties they are free to return for 3 months, with or without the baby.

Ms TEBBUTT: So there are a number of changes after 1960. Up until 1966, as you

understand it, the option was there to stay at the home, but you are not sure how many people took that up?

Sr ANTIONETTE: No.

CHAIRMAN: I was not sure whether you had given us your whole answer to Question 13 before, or whether you still had other parts of it?

Sr ANTIONETTE: No, I gave you the whole answer.

Ms TEBBUTT These are more general questions. Do you believe there may have been any instances of systematic illegal or unethical practices in adoptions during the period under review?

Sr ANTIONETTE: I have no evidence of systematic illegal or unethical practices. It would seem from the evidence that I have that at St. Anthony's efforts were made to treat the women with dignity and compassion, and to comply with legislation, often in difficult and stressful circumstances, both for the care givers and certainly for the mothers who lost babies to adoption.

Ms TEBBUTT: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

Sr ANTIONETTE: I cannot even begin to imagine the pain of losing a baby to adoption, nor can I presume what is best for the mothers who have suffered this loss. The mothers who have come to the Sisters of St. Joseph in recent times have come with a variety of needs. They have come to share memories, to vent their anger, to cry, to express gratitude, to give support, to relive the past, and above all they have come to be heard with respect and with openness.

We have tried and we will try to meet the individual needs of each mother, and this seems to have helped some. We will continue to listen in openness and to help in any way that is possible and appropriate.

Ms TEBBUTT: Do you think an apology made by the relevant agencies would assist these women?

Sr ANTIONETTE: Again, individual needs seem to differ. I have heard some mothers say that an apology would help. Others do not want an apology. Our practices as Sisters of St. Joseph have evolved with the times, and no doubt at times mistakes were made. Those who were hurt while in our care are entitled to an apology. We would encourage those who feel that they suffered while in our care to make contact with us so that their needs may be addressed. It is our sincere hope that this adoption inquiry will be the means of determining measures to assist those who experienced distress due to past adoption practices.

CHAIRMAN: There are no further questions. Thank you Sister Antoinette.

(Short Adjournment)

, sworn and examined, and

, affirmed and examined:

CHAIRMAN: In what capacity are you appearing before the Committee?

Mrs As a mother who lost her child through adoption.

Mr I am the husband of and the father of the child who was adopted.

CHAIRMAN: And you received a summons issued under my hand?

Mrs Yes.

Mr I did.

CHAIRMAN: You are conversant with the terms of reference of the inquiry?

Mrs Yes.

Mr Yes I am.

CHAIRMAN: Do you wish your submission to be included as part of your sworn evidence?

Mrs. Yes.

CHAIRMAN: Your submission was a joint submission, was it not?

Mr Yes.

CHAIRMAN: Do you wish your submission to be included as part of your sworn evidence?

Mr I do.

CHAIRMAN: Can I ask you jointly, do you wish to elaborate on your submission by starting off with a statement, or shall we go straight into the questions?

Mrs I am happy to go straight into the questions.

CHAIRMAN: Question 1 is to you please tell the Committee about the circumstances surrounding the confirmation of your pregnancy early in 1965. For instance, how old were you, how did you feel about the pregnancy and with whom did you discuss your situation?

Mrs Well, I was sixteen years old, unmarried, living with my parents and studying fashion design at the time that I became pregnant, and it was confirmed. It just felt unreal to me. I could not believe it, to be honest. I confided in My mother noticed something was wrong, but we did not actually speak about it and I did not tell her what was going on.

She was upset, wanted to help me, so she just took me to her gynaecologist, to a doctor she trusted. He had operated on her some years previously. I felt really distressed and a nuisance to my parents, basically. I was the oldest of three children also. That is about it.

CHAIRMAN: Just following on from that, I guess in your submission you explained that you were taken to your mother's gynaecologist. Could you describe for us the treatment and advice you received about adoption and/or the alternatives to adoption during this visit?

Mrs. Well, the doctor greeted us, because Mum had rung beforehand and we got an emergency sort of consultation. Mum told him I was late. She was in a bit of a panic. He examined me and said I was six weeks pregnant. Mum and I both cried.

Nothing really was discussed. Adoption was not mentioned specifically on that visit. He basically sent us away to discuss it with my father, discuss that and other options. Well, we all knew what the options were, so it was just a matter of working them out.

My parents and I were against abortion, and it did not look likely that . ___ and I would be getting married because of our youth and little money.

CHAIRMAN: I guess you have answered in part our third question, that we are keen to understand the role of the mother's family. Do you want to say any more about the role your family played in the decision to adopt?

Mrs Sure. Well, after that first visit to the doctor my parents talked to him alone, probably on the 'phone. I was not a party to these conversations. Apparently Mum and Dad wanted to keep the child in the family, and they proposed to adopt him themselves. I did not actually know this at the time. The doctor told them that was a really bad idea, that you cannot do that sort of thing, and he promoted adoption arranged by him, to one of his wealthy clients. He gave all the reasons, the usual reasons given for adoption.

Now I was never consulted by anybody. My feelings never came into it, and as my parents, both parents, were not keen on us marrying, they became persuaded to believe his professional advice, and they just accepted it.

I do not think they were very happy about it. Well, none of us were very happy, and I know now that my mother was quite unhappy, but she felt pressured to conform. But she and I never discussed the impending adoption.

Most importantly, I was never counselled independently. I never saw a social worker and I was given no information about non-adoptive alternatives, specifically any kind of monetary help to keep the baby with me if I had no other means of support.

CHAIRMAN: And your mother and father, when you say your mother, your mother and

father were in agreement?

Mrs : On adopting the baby themselves, yes they were. They were very prepared to do that, I was told years later.

CHAIRMAN: You have told us about the role the doctor played in the adoption arrangements, and mentioned that you believed the doctor was involved in choosing the adoptive parents. In your submission you also suggested a fee was paid to the doctor by the adoptive parents for his role in arranging the adoption of your baby?

Mrs Yes.

CHAIRMAN: Can you tell us what evidence you have that a fee was paid to the doctor?

Mrs Well, I will just go through it as it starts. The doctor played the central role in the whole thing. He was God as far as I was concerned, and my baby's future was in his hands. He arranged everything. Sometime during the pregnancy he told me two different sets of prospective adoptive parents he had in mind. He always promoted adoption. If I looked sad or worried he brushed my concerns away.

He told me my parents would not pay any of my medical or hospital fees. It would all be taken care of. Solicitors acted under his instructions to prepare and witness my consent, and the adoptive parents were named on that consent. However, that was covered up when I signed, that part of the document.

My doctor was a member of Sydney's eastern suburbs Jewish community. He had many wealthy clients. The adoptive parents turned out to be Jewish also, recently arrived from South Africa as migrants. They had one older child about eighteen months old. I am certain they approached him directly to arrange an adoption. The mother was also in the medical profession. They probably were unable to adopt any other way but privately, as they were not citizens and the father was well over 40 years old.

They also had a special requirement, a Jewish child, preferably a boy. The adoptive mother confirmed that fact with me when we first made contact with the family after searching in 1984. She was very upset. They had been lied to by the doctor and told that I was Jewish.

My son horrified me two or three years ago by asking if I received money for him, and how much. I was astounded as I had been naïve enough to think that could not happen. He feels very strongly that his parents paid money for him, and he is willing to sign something to say that.

So in summing up, my doctor played a very large role, and I have no doubt that he sold my son as a Jewish baby to Jewish adoptive parents. He lied to them, and I was kept totally in the dark.

CHAIRMAN: And just to confirm one thing you said there, you know as a fact that neither you nor your parents paid for any of the medical treatment?

Mrs Correct. Even though Dad had medical benefits fund coverage. No,

we never received any bill for any of it. My father is dead now, but Mum can confirm it.

CHAIRMAN: And from what you said, you had several appointments with the gynaecologist?

Mrs Yes, right through the pregnancy. He looked after me medically right through to delivery.

Mr MOPPETT: Mr. , could you tell the Committee how you felt about the pregnancy, and were you able to discuss the situation with your family or with medical or other professional people?

Mr The pregnancy obviously was not planned, but nor was it an absolute surprise to us. At the ripe old age of seventeen at the time I just assumed we would get married. I felt I could persuade my parents that was the way forward.

In terms of being able to discuss it with the medical profession, no. I have a recollection of visiting the doctor's surgery once with but I did not get past the waiting room at that time.

Mr MOPPETT: And what role if any did you play in the decision to adopt the baby, or have the baby adopted?

Mr None. I was not consulted. The decision to adopt was being well and truly driven by Dr. X. He was just calling the shots all the way.

Mr MOPPETT: And your family, did they play any part? Are you aware that there were discussions?

Mr There was one meeting between my parents and parents to discuss the situation. As said, they were not keen that we get married at that age, although we did get married two years later. We had saved in that period and bought a house, albeit up the mountains. But I still believe that we could have pressured and got their concurrence to marriage then.

Mr MOPPETT: My next question actually is to Mrs. gs now. Please describe your treatment at St. Luke's Private Hospital before, during and after the delivery of your baby. Do you consider any aspect of this treatment to have been unethical or illegal?

Mrs Well, I was treated with courtesy at St. Luke's. I was called Mrs., my mother's name, which was rather strange because I did not answer to that normally. I was in a ward with two other women, married, keeping their babies. I do not think there were any other unmarried mothers there.

I was kept in the dark about my labour and delivery by staff and the doctor. I was going to have a breech birth, but I had no idea about that, and apparently it could have ended up being a caesarean, but he was a skillful doctor and saved me from that at least.

I was very sedated during my labour and delivery, in fact probably partly anaesthetised,

because I do not remember any pain during the delivery. It was like a dream. I woke at one stage and asked if my baby had been born, and fell asleep again. Next time I woke I was receiving some stitches, the doctor was there doing that, and I asked to see my baby.

I could not hear anything. I never heard him cry at all. So the doctor told the sister on duty to bring the baby to me - very quickly, he was fairly impatient about it - but I was most definite I wanted to see the baby.

I saw him for about thirty seconds. I reached out and touched his face and said he was beautiful, and then the nurse sort of quickly whisked him away. I just saw his face really, no other parts of his body. I never saw him again until he was nineteen years old. After the birth he was kept hidden from me in the hospital, and from my family and He was just nowhere to be seen.

On the fifth day I signed the consent. The solicitors came and visited me at the hospital. They read it to me. They announced that the adoptive parents were named on the document, which was a big shock to me because I just was not expecting that.

They omitted to inform me that there was any period of revocation, in fact they said the opposite, that he would cease to be my child upon me signing that document, and that I would no longer be his mother. It was as if born to the adoptive parents. Likewise, no medical staff or social worker or doctor informed me of my rights as a mother, for example that he was legally mine until I signed. I just never had any idea myself. I was also administered tablets to dry up the milk while I was in the hospital.

So as for unethical and illegal, I would suggest that hiding the baby was highly unethical, sedating me heavily, keeping me ignorant and giving me tablets to dry up the milk even before I had signed the consent, were all highly unethical things to do.

Mr MOPPETT: Now to you again. I understand that you visited the hospital at the time of the birth. Could you explain to the Committee the experiences that you had at that time, and also could you comment on any aspects of the treatment that either you received or received, that you might consider to be unethical or illegal?

Mr I was working in the city at the time, Elizabeth Street, and used to go down after work each day to visit I guess I had become the invisible man. I was tolerated but not really encouraged. Most of the time I would visit her we would spend outside rather than in the ward, and I guess looking back that was because we were made to feel uncomfortable being together.

Unethical and illegal - at the time I cannot remember feeling that, it was just sort of all happening around us and we had no control, but given what we now know about what was supposed to happen, I would summarise it as being highly unethical and certainly illegal. The treatment from the doctor mainly. The hospital, they were doing their job, and they had looked after her, they allowed me on the premises. They did not hunt me away or anything. But as I said, I was never recognised on my own, I was sort of tolerated rather than consulted.

Mr MOPPETT: Do you feel that that was at the express direction of the consulting gynaecologist, or general policy?

Mr No, my paranoia is not such even today that I would suggest that. He just expected that I would disappear, I think. Certainly during the period of pregnancy he had done nothing to encourage or acknowledge that I existed. I was just a nuisance.

Ms TEBBUTT: My question can be answered either by or , whichever you feel most comfortable, or you both might want to add information. I think the first one, you have probably answered, about whether you received any information about the revocation period, because you said you did not. But did you receive any information on the alternatives to adoption prior to or during your stay in hospital, and did you express any desire to keep your baby at any point during or after the pregnancy?

Mrs Alright. No information was ever given to me by anyone involved about alternatives, for instance keeping the baby, getting monetary support, etcetera. That was neither the doctor, parents, or hospital staff or solicitors. I never saw a social worker. It was never mentioned that I could change my mind after signing. I was firmly told it was irrevocable.

I probably never expressed a desire to keep the baby verbally, but it should have been obvious to anyone close to me that I was having trouble accepting the idea. I did not want to be a burden on my parents either. It was a horrible choice. I just drifted along hoping that something might happen to make things different.

After the birth, several weeks later, I was so distraught that my mother rang Dr. X to ask if it was possible to reverse what had happened. He basically told her no, and asked her to send me along to see him. He acted sympathetic, but sort of irritated as well.

He said there was no way things could be changed now. The baby was adopted and in another State. Now I know that that was not true and I knew then it was not true that he was in another State because when I signed the consent I saw the last line of the parents' address and it was in a suburb of Sydney. He told me I should get on with my life and forget about it. I obviously did not do that. I never forgot about it. I never really accepted it at all and I tirelessly searched until I found our son, actually.

Ms TEBBUTT: Just to clarify the period of time in which your mother re-contacted the doctor, do you think that would have been within the revocation period or not, was it 30 days?

Mrs I think when our baby was born it was prior to the time that that 30 days came in, so as far as I am aware I had up until the adoption order was signed to revoke my consent, which turned out to be about five months, but I did not know anything about that. I would have had to approach the court, I suppose.

Ms TEBBUTT: In your submission you explain that you eventually married and had two daughters. How has the experience of adoption affected you and your relationship with your families and what is the nature of your relationship with your son?

Mr We got married two years after was born and then four years after that we had our first child of the two girls that we kept. So there was a six year period between and , the first daughter. The girls from a very early age were made aware that they had a brother. It was not something they dwelled on. It was something the concept

of which was exciting to them. We moved to Canberra in 1974 After moving to Canberra became very active searching for . We were all to some degree involved and kept abreast of that. Likewise independently my mother started some action in setting up trust funds to try and flush him out that way and of course parents were very keen.

I can remember about five years ago I 's mother saying to me that she was relieved and how good it was that we had sorted the business out in that we had located him and we were actually starting to form a relationship.

The girls were very excited. They were keen to meet the brother that they had never had. Once that was achieved and it was achieved by the eldest one before the youngest one, she actually started to feel threatened I think that there was somebody else in the family that was actually the first child, but all that has sort of settled down now though. They are very accepting of each other.

We see I ' regularly now, at least weekly. It took quite a long time to happen, the first couple of contacts were false starts. He certainly had a chip on his shoulder and resented what had happened to him. But today we have got to the position where we have managed to convince him that we did not make our fortunes by selling him off to his parents. He would certainly see far more of us and our family than he does of his adoptive parents.

We are still getting to know him. The relationship will continue to develop. Just little snippets have come out that indicate what a torrid childhood he had and he just didn't feel like he fitted in; silly things like he said his parents did not smell right, whereas we do. Just stuff like that. We are far more fortunate than most of the people I have met through s activities with the adoption agencies in that we have actually reconciled, we have regular contact. There is a long way to go but at least we are on the road.

Ms TEBBUTT: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

M I do not think there is any panacea for the situation. The various people I have met through the association since has been active in, all the individuals are effected differently, as we all are in our lives. But for those that have a sense of justice there is some comfort from the fact that we are able to expose some of the guilt, particularly when that exposure involves acts of inhumanity and corruption that I believe has taken place, and particularly when those acts have been undertaken by people who would represent themselves as pillars in our society. These acts, or atrocities as I would call them, that were perpetrated against what were vulnerable young women who were denied their legal rights to one degree or another in almost every case, every case that I have shared.

Ms TEBBUTT: I did you have anything you wanted to say about assistance or measures that might assist people?

Mrs I think it is very good to hold an Inquiry such as this and the publicity that goes along with it, to notify the wider community of what happened, because a lot of people have no idea about this type of thing, unless you are involved, especially for the children who were adopted out who blame their parents for what happened which is the worse thing I believe, the most upsetting thing that I have found.

I would really like to see adoption made illegal in most situations. I think there should be free counselling or government meet the costs of counselling for parents and children affected by these practices. The information held by government departments, like Community Services and the Supreme Court should be free of charge to people like us. I was most upset when I had to pay to get information that I felt was my right. And an apology from those involved in the past adoption practices. That is about it.

Dr CHESTERFIELD-EVANS: You touched on an area we have not had much evidence of, at least not in my time - I have not been on the Committee for the full time of the hearing - that is the effect on the adopted children. You have a perspective on that. What do you think is the effect of the adoption on the child? What is the effect of them finding their parents later. How does that effect the relationship with the adoptive parents, do you think?

M : I suppose I can only speak from my particular situation. I would like to read out something about how my son felt about his adoption. He felt rejected as he believed he was not wanted. He actually hated the idea of being adopted. His adoptive mother confirmed that to me the first and only time I ever spoke to her. She did not want to meet us and still does not.

He hated the idea of being adopted, he never accepted it and from a young age he felt a misfit in his family. They were Jewish, they raised him in the Jewish religion. His father was an older man, there was a generation gap, he was largely absent from his life emotionally and physically.

He turned out to be the black sheep of the family. He ran away quite a few times. He did not even complete year 10 at school. He finally left their home permanently at age 16 after many many troubles.

He felt his parents to be overly strict and punitive. He could never please them. They expected him to attend the synagogue and observe all the rules associated with it. Now he tells me they have disinherited him and they say his elder sister will be the only beneficiary of their wills. He does not have much contact with them. I think he is quite emotionally damaged by it now.

The next part of your question was the effect of him meeting us and how it effected his relationship with them. His relationship with them was already not good at all.

Dr CHESTERFIELD-EVANS: Before you met him?

Mrs : Yes. He had separated from them long before and was living his own life, a life they did not approve of at all. When we met him, I don't know, it did not seem to have much effect on him at first. We lived in Canberra. He lived in Sydney. I went to meet him and it was very nice and we chatted and seemed to get on very well. Then he moved away to the Gold Coast, so we were a long way away and we had very sparse contact for a long time. He would ring and ask for money often. He did not treat us very well for quite a long time. We did not get on that well for quite a long time. He was very resentful of us still, because he believed that we wanted to give him away. It has only been in the last few years that he has become reconciled and he understands what really happened. He is following this with great interest.

Mr He is 33 now and he left the home of his adoptive parents when he was 16. I think I first meeting with him was when he was 19. He was, he was screwed up, very cynical. It has taken us probably till about three or four years ago to actually break down the barriers of suspicion.

It was only two, perhaps three years ago that the question of us receiving payment for him came out, once we got through that barrier I think it has gone a hell of a lot better, doing things that you would expect to do.

It is not the same relationship as the girls but if you look at his background, where he is today in his life compared to what the girls have achieved, they have stuck through school and been to university and they are successful and have children of their own now, our grandchildren, and that will all come to him I guess, just a bit later.

Mr PRIMROSE: I do not expect you to have any statistics or anything on this but from other people that you have spoken to, how prevalent do you think was the role of medical practitioners in organising private adoptions? Was yours a common experience, uncommon?

Mrs We do not seem to have any way of knowing that.

Mr I think the private adoption by medical practitioners probably was not all that common. The common thread seems to be the lack of any information being given to these young women about what their rights were at the time. They were just treated as an incubator to carry the baby and pass it on. Now you go away and get on with your life. You have no rights.

Mrs I just do not know anybody else who had that experience personally.

(The witnesses withdrew)

DIANA MARGARET EAGLES, sworn and examined:

CHAIRMAN: Did you receive a summons issued under my hand?

Ms EAGLES: I did.

CHAIRMAN: You are conversant with the terms of reference of the Inquiry?

Ms EAGLES: Reasonably, yes.

CHAIRMAN: Do you wish your submission to be included as part of your sworn evidence?

Ms EAGLES: Except for the page marked *confidential*.

CHAIRMAN: Yes. Do you want to make a short statement or shall we go into the questions that we sent to you?

Ms EAGLES: I have a typed statement here which I would like to read.

CHAIRMAN: Yes, go ahead.

Ms EAGLES: I have agreed to give evidence today because I think it is important that adoptive parents, adopted children and the wider community have a clear understanding that many birth mothers relinquished their babies because they were given no choice other than adoption.

I was told that as I was under 18 years of age and was not allowed to marry I either allowed my son to be adopted or he would be made a ward of the state.

The 60s was a different era with a different morality, but that in no way diminishes the fact that the law as it stood at the time was broken. Apart from the withholding of information that I was entitled to receive, I was asked to sign adoption papers the day after my son's birth. I refused until I had been given access to my child and then thinking that I really had no other choice I signed after three days. I only recently learned that it was illegal to be asked to sign prior to five days after the birth and only then after counselling.

Many adoptive parents honestly believe that the children they adopted were unloved and unwanted and maybe some were but there were thousands who were removed through illegal practices. Many adopted children fear they will appear ungrateful to their adoptive parents if they search for their natural parents and this, coupled with the fear of rejection, makes them reluctant to search for their origins. It is time that the many thousands of children who were adopted in the 60s to the 90s learned the truth of what went on in their particular case and that adoptive parents also accept that in many instances they received the gift of a child because of illegal practices.

CHAIRMAN: Please could you tell the Committee about the circumstances surrounding the confirmation of your pregnancy in 1962? For instance, how old you were, how you felt about it and who you discussed the situation with?

Ms EAGLES: I was 16 years old. I had known the father of my child since I was 14. I was in my last year of high school doing my year 12 exams, matriculation exams. I had told nobody about the fact that I was pregnant in the beginning.

CHAIRMAN: What about as time went on?

Ms EAGLES: I kept it to myself for the first three and a half months. Then I realised I was not going to be able to keep it to myself forever. On the way home from school one day I approached my family doctor who told me what I already knew and asked me to attend with my mother, which I did. That was the first that she knew about it.

I have three older sisters and they were not aware until very late in my pregnancy when my mother told my older sister.

CHAIRMAN: You worked as an unpaid assistant nurse for the three months prior to the birth of your baby at the Braeside Church of England Maternity Hospital, Stanmore. Can you tell us how that came about?

Ms EAGLES: I at the time was attending the Church of England church and I assumed, although it would not have been arranged through my home town church, that my mother who was not terribly well at the time had contacts in Sydney through her doctors and I think that is possibly how it was arranged. It was not a home where unmarried mothers went, it was a private hospital as far as I know and there was only one other girl there at the time who was much older than I was.

CHAIRMAN: So you obviously, from what you say, were not consulted about where you should go or what you should do?

Ms EAGLES: Not at all.

CHAIRMAN: It sort of happened?

Ms EAGLES: Yes.

Mr PRIMROSE: Ms Eagles, in your submission you explain that you were informed that because you were under 18 years of age you had no choice but to have your baby adopted, or otherwise he would be made a 'ward of the state'? Who told you this? Did you speak to a social worker at any time during your pregnancy abut adoption or alternatives to adoption?

Ms EAGLES: My mother first told me this. It was then reiterated by the matron of the Braeside Hospital who interviewed me before I was accepted as able to have my child there. I was not given any other information.

Mr PRIMROSE: You did not speak to a social worker? There was no-one such as that who was made available to you?

Ms EAGLES: No.

Mr PRIMROSE: The Committee is keen to understand the role of a mother's family and the father of her baby in the decision to adopt. What role did your family and/or father of your baby play in the decision to adopt?

Ms EAGLES: My mother and father made it clear that I could not keep the child at home. As I have said, it was either adoption or he was to be made a ward of the state, as I was under 18. I was virtually led to understand that I really did not have any rights, both by my parents and by the matron of the hospital.

My eldest sister's husband asked if I would allow them to adopt my child. I thought about this but I thought firstly her husband asked me, she did not ask me and secondly I really felt that I would eventually marry the father of the child and so I said no.

Mr PRIMROSE: Could you explain to the Committee the circumstances surrounding your request to have your baby adopted into a Church of England family? What do you believe happened to that request?

Ms EAGLES: I was attending a Church of England church at the time and I felt that by having my baby adopted into a Church of England home he would grow up with the same values as I had because I eventually intended to find him.

As to what happened to my request. It was rewritten to read:

"My religion is Church of England and I desire that my said child shall be brought up in the Methodist or any other Protestant religion."

I believe that my request was ignored as the adoptive parents had already been selected and my request did not entirely fit with the adoption order which stated that the adoptive mother was Methodist and the adoptive father belonged to the Church of England church. As it turned out neither parent was practising either religion, but they must have been aware of my request because they had him christened Church of England.

Mr PRIMROSE: Can you please describe your treatment in hospital before, during and after the delivery of your baby, and in particular the taking of consent for adoption? Do you consider any aspect of the treatment to have been unethical or illegal?

Ms EAGLES: My treatment by the hospital before I gave birth was very good. I worked as an assistant nurse and had a nurse's flat across the road from the hospital where I stayed and I helped with the babies and the mothers each day. I ate with the staff and was treated as such. No mention was ever made of my pregnancy and I kept pretty much to myself.

Two weeks before my baby was due I was moved into the hospital and stopped working. The delivery was normal and I was treated well except that I was not allowed to see the child. A pillow was held up and when I protested I was told that it should not concern me as he was not mine.

From this point I was put into a private room and it was there that I was asked to sign the adoption papers on the day after his birth. No information was given to me. I was not told I was even seeing a social worker, even though obviously the person who asked me to sign

the adoption papers was a social worker.

I was fairly quiet and did not ask questions as the atmosphere was pretty authoritarian and inhibitive and I had already been led to believe that I did not have rights anyway.

Of course I now realise that if I had asked questions I may have been given answers, but after such a traumatic experience I was bewildered and had no support other than that of the father.

I was given some type of sedative on a regular basis which did not make me sleep but kept me feeling drowsy. I took them for one day and threw them out after that.

During and after the birth I was treated in an illegal and unethical way.

Dr CHESTERFIELD-EVANS: In your submission you explained the father of the baby visited you in hospital prior to and after the birth. What happened to your request that the father's name be included on the birth certificate?

Ms EAGLES: It was ignored. The reason I asked for his name to be included on the birth certificate was because I felt that if he at some stage wanted to trace us it would be easier. I was only recently told that it was not normal after I applied for his original birth certificate and queried the fact that his father's name was not on it. I was told that he would have had to have given written permission. Even though I requested that his name be included I was never asked that he give that permission.

CHAIRMAN: The people asking you to give your consent and so on were aware that he was visiting you in hospital?

Ms EAGLES: To begin with he was not visiting me in hospital, he was visiting me because I had a nurse's flat across the road. He would visit me on a regular basis. I stayed at the hospital two weeks prior to the birth. After he was born they were aware, yes, and he was ignored, made to feel uncomfortable.

Dr CHESTERFIELD-EVANS: You write in your submission that "there was every indication that I was not in favour of adoption", but by the withholding of critical information you were coerced into unwittingly complying with the 'adoption industries polices'.

a) Did you discuss your reservations about adoption with the adoption professionals or seek information about the alternatives to adoption from adoption professionals? If not why not?

b) Who was withholding this information and why do you think adoption professionals may have been committed to adoption?

Ms EAGLES: I was not aware as a 16 year old schoolgirl that there were adoption professionals to discuss matters with, or to seek information from about my predicament. I was pretty naive and unworldly and usually did as I was told.

I believed that because I was under 18 years that I had no say in the outcome and this is

what I had been told by my parents and the matron of the hospital. I was told many times that if I opposed adoption my child would be made a ward of the State and I believed this.

My pregnancy was not spoken about at home, at school nobody knew and in the hospital it was as though it did not exist. I was healthy and active and carried on normally. Although I was not in denial that I was pregnant it was as though those around me were and the subject itself was taboo.

As the subject of pregnancy was not discussed I guess it was fairly natural that I did not proceed with the questions that I probably normally would have asked - and that certainly were on my mind. You have to remember it was the 60s.

Dr CHESTERFIELD: Did you get support from the birth father?

Ms EAGLES: What sort of support? During my pregnancy?

Dr CHESTERFIELD: Yes, and in your decision-making process. It seems that the fathers are often invisible in this process.

Ms EAGLES: Certainly I agree with that. I had no intentions of telling him I was pregnant. He found out I was pregnant quite late in my pregnancy at about six and a half months when my eldest sister felt he should know. Even though we were going out together, he was not aware that I was pregnant.

I was then told by my parents that there was no question of getting married because I had to have their permission. We did discuss it. He was three years older than I and had a decent job, so had we received counselling we may possibly have married, I don't know. But no, he was treated as if he was not there. He was not given any say in what went on at all. He understood, as I understood, that we did not have any rights. We did as we were told.

Dr CHESTERFIELD-EVANS: Could you tell the Committee what happened three weeks after signing the consent when you inquired about the possibility of being re-united with your son?

Ms EAGLES: I knew nothing about the revocation period. I just enquired to see whether there was any possibility and if there had been I really had not thought about how I would have coped if I had been able to re-unite with my son, but I was told no, there was not possibility.

Dr CHESTERFIELD-EVANS: So you were misinformed deliberately?

Ms EAGLES: Deliberately.

Dr CHESTERFIELD-EVANS: What measures do you consider might assist people experiencing distress as a result of past adoption practices?

Ms EAGLES: I think my last submission outlines what I think.

There are no measures which can be taken to adequately compensate mothers for the loss of a child. The Government should publicly acknowledge the illegalities which occurred. The

law was broken, lives were torn apart and destroyed. Many mothers, not having the mental strength to cope with such trauma, were unable to lead normal lives.

Every adopted child who has not posted a veto on contact should receive information which explains how many birth parents were not informed of their rights and how it was possible that they were illegally adopted against their birth mother's wishes.

Many adopted children would like to know their identity but they feel that it would be being disloyal to their adoptive parents if they began searching. Also, they are in a position of uncertainty, feeling rejection as they were mostly told that they were unwanted and that they were chosen by their adoptive parents.

The false scenario of uncaring birth mothers giving away their unwanted babies should be exposed and erased. Many adopted children would then begin to be proud of their genetic heritage.

Adoptive parents should also receive information relating to the unlawful practices which occurred; although not to blame, they perpetuated the myth of the unwanted child and the caring adoptive parents. Good versus bad.

Many of the adoptive parents in the late sixties were totally unprepared for the change of law in 1991 which resulted in adopted children and parents making contact. The Government owes them an apology for the resulting anguish which they have had to endure.

By making the wider community aware of illegal practices relating to adoption it will make it much easier for adopted children, birth mothers and adoptive parents to understand the individual circumstances surrounding their particular situation. Matters will be more easily discussed and bridges built, resulting in less trauma for all concerned.

CHAIRMAN: Could I just repeat, as I said earlier, that we will be mailing out copies of the transcript to all those whose names are on the list, so if there is anyone here who thinks their name is not on a mailing list, please say so before you go.

That process takes a little time because we always give each witness an opportunity to read and correct the transcript of their own evidence, if they feel that something has gone wrong in it, but we will be sending that out.

Probably most of you are aware that the Committee will - these will be the last hearings for quite some time on this matter because once Parliament rises, probably at the end of November, we expect the Parliament to be prorogued, and therefore the Committee members cannot sit until after the election. This is something that happens prior to every election.

So it means, with the election being on 27 March, and the usual delay as you have seen in the Federal election in working out the seats and so on, that effectively the Committee will not start operating until May. So we will not have any more Parliamentary hearings until then.

But we are discussing further witnesses who should come before us, and the Committee secretariat will also be carrying out a variety of research during that period, so it will not be that everything will stop. We will basically try to do everything we can in relation to getting further evidence, for instance from the doctors involved, carrying out some research with

some of the agencies that have written material, and doing a whole lot of other things that we can do while we cannot actually have this kind of hearing, though certainly we will resume hearing from individual witnesses again about next May.

So thank you all for coming, and I guess we expect to see a lot of you again next year.

(The Committee adjourned at 12.05 p.m.)