

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO THE RECOGNITION AND ADEQUACY
OF THE RESPONSES BY STATE GOVERNMENT AGENCIES
TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS
ARISING FROM DISASTERS**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 13 JUNE 2012**

SESSION ONE

Members

**Mr A.P. O’Gorman (Chairman)
Mr A.P. Jacob (Deputy Chairman)
Ms M.M. Quirk
Mr I.M. Britza
Mr T.G. Stephens**

Hearing commenced at 10.01 am**COOPER, MR GARY**

**Principal Registrar, Coroner's Court of Western Australia,
Level 10, Central Law Courts, 501 Hay Street,
Perth 6000, examined:**

The CHAIRMAN: Good morning, Mr Cooper. Before we start, I have got some information to read to you. There are a couple of questions and I ask you to answer them verbally so that we can record it in Hansard. The committee hearing is a proceeding of Parliament and warrants the same respect the proceedings in the house itself demand. Even though you are not required to give evidence under oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Have you completed the "Details of Witness" form?

Mr Cooper: I have.

The CHAIRMAN: Did you receive and read an information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

Mr Cooper: I did.

The CHAIRMAN: Do you have any questions relating to your appearance before the committee this morning?

Mr Cooper: No.

The CHAIRMAN: Can you just give us a bit of an outline of the work that the coroner's staff undertake during a natural disaster, and obviously after it, and the involvement that your office has with state agencies?

Mr Cooper: Certainly. As you will probably appreciate, dealing with death is our stock in trade; we deal with it every day. Some deaths are just single deaths, whereas others are multiple fatalities. We do deal with and are involved with deaths that occur where there is, for want of a better expression, an international flavour in so much as we are dealing with deaths overseas both of people who are visiting this country and of our own people. Of course, the one that springs to mind immediately is the Bali bombings. Our office obviously is responsible for all the administration in relation to the deceased. The primary role of the coroner in dealing with any death is to identify the deceased person. That is his first function. Therefore, it is of paramount importance when dealing with an incident, no matter where it occurs, that we find the people, obviously, and try to identify who those people were, no matter where they lived in the world. For example, with the Christmas Island boat disaster that occurred on 15 December 2010, 50 people perished, 30 souls were recovered from the water and 20 were lost to the sea. We had to embark on a process, in conjunction with the state police, the Federal Police and also commonwealth authorities such as customs, immigration, the Department of Foreign Affairs and Trade and so on, to try to identify these people. It was a very difficult situation because we were dealing with things at a state level, a commonwealth level and a political level, and also at a diplomatic level. Because those who perished were predominantly from Iraq and Iran, we had to be aware of the sensitivities and also honour and obey the international treaties in dealing with refugees et cetera. For example, we just could not start publishing the names of those who had perished because of a fear of possible retribution and reprisal in their home countries. Suffice it to say, with the cooperation of all those involved—all the state and commonwealth authorities—we were able to identify all 50 people who perished and either get

them repatriated back to their home country or have them buried here with their families at their express wish.

First and foremost, one of the issues is identification. I do not know if you recall this, but a few years ago we had a soldier, Jake Kovco, who was brought back from overseas. He was brought home, supposedly, and when they opened the casket, it was not Jake Kovco. One of the things that is paramount in our minds when dealing with incidents of this nature is to ensure that we have the right people for the sake of their loved ones. It may seem a little bit simple to say that dealing with the incident itself is the easy part. It is not, but it is when you compare it with dealing with the families, the loved ones, who are left behind. It is those people you are trying to provide answers to and for; therefore, it is important that we do that job properly.

In relation to our office, it does place a great burden when you have an incident of that magnitude, especially at Christmas Island; it was of monumental proportions and very complex for the reasons I have outlined. But it was essential that we diverted staff and all our resources to try to deal with the immediacy of the situation and to try to get personnel involved to find out who had died, to get all the necessary paperwork and to do all the liaison with all the various agencies. As part of our process, we have at the Coroner's Court what we call the DVI committee, which is the disaster victim identification committee, of which the State Coroner is the chair. The committee meets fairly regularly—at least four or five times a year. The DVI comprises the state forensic commander from the police and representatives from FESA, the Department of Health and various different agencies that are involved in providing emergency-type services throughout the state. Basically, what we do at each meeting is look at strategies to deal with these incidents and how we are going to cope with the volume of people. For example, our mortuary facilities are only finite. The state mortuary's maximum capacity at the moment is only 90 people, and at any one time the mortuary is two-thirds full, because people are dying all the time in the normal turn of events. If you have a major incident or disaster on top of that, you struggle to cope. With the DVI involvement, there is not just introspection; we also look outside at what the private community can provide. Therefore, as part of the DVI committee, we enlist the services of the Australian Funeral Directors Association, because private undertakers have got mortuary facilities that they can store bodies in and also can deal with the transportation of bodies and things like that. We have to look at all sorts of eventualities, but, more importantly, logistics and how we are going to cope, essentially, when a disaster occurs.

With disaster victim identification, I do not know if the committee is aware of this, but there are five distinct phases in relation to a disaster. The first phase is the scene. That is where the disaster has occurred and that is where all the emergency personnel will go—wherever that incident has occurred. The second phase is the mortuary phase. That is basically getting the bodies or the remains of bodies back to the mortuary so that the forensic pathologists can start doing their work. The third phase of disaster victim identification is what we call the anti-mortem phase; this is before death. As you can probably appreciate, when an incident occurs—there is no nice way of saying this—sometimes the people you are dealing with are no longer whole people, so we are dealing with body parts. It is our job and the job of the authorities to try to identify those parts for the sake of, obviously, the deceased, for the official process but, more importantly, for the families. We are involved in that, and our counselling service—we have three full-time counsellors at the Coroner's Court and they are all experts in dealing with DVI circumstances—coordinates all the information in relation to the identification of the deceased. I will talk a little bit more about phase 3 in a second. Phase 4 of the process is what we call the reconciliation. That is when we are able to get the bodies repatriated back home or to give them to a family or an undertaker for burial. The fifth phase is what we call the debrief. After every disaster, there is always a debrief. We apply a critique and we see what we did well, what we did badly and what we can improve in the future. I am sure you are aware that there have been many, many disasters throughout the world and no country, no jurisdiction, can say they have cornered the market and they are absolutely expert in dealing with incidents. You just do not know what you are going to get until it happens. With every disaster that

occurs, there is a new lesson to be learnt, so it is a question that we just get better and better and better. We, for our part and through the DVI committee, try to prepare for the worst-case scenario and think of all the things that can happen. Let me tell you this, ladies and gentlemen: the more we meet, the more problems that seem to arise, and for every solution we find, there are another two problems that you need to resolve as well. It is an ongoing process, and I do not think anybody will ever fully, as I say, become the grand master at dealing with DVI.

In relation to phase 3, the anti-mortem process, that means we may be dealing with an incident like we did in Bali, where, unfortunately and sadly, quite a lot of people were just body parts. We had some idea from witness evidence and that kind of thing who these people were. Then we have to embark on a process of going around to see the hapless families of the people who have perished. We coordinate and interview and then there is an information-gathering process whereby we will sit down with the family and we will say, “We’re sorry, but we suspect your son, daughter, grandfather or whoever was involved in this incident may be deceased.” We go through quite a long process with the family. Usually, a police officer attends and will conduct the interview, but they are supported by one of our counsellors so that we can be there to comfort the family and also provide some guidance and information on the process and what will happen. But we go through with the family and ask and glean as much information as possible. On average, the interview will take anywhere between three and four hours. But, obviously, it is scheduled and there are sufficient breaks. We are cognisant of the poor old family member who is grieving for their lost one. We take it very steadily, but we need to know as much information as possible, because sometimes some of the fragments you are dealing with are very, very small and you cannot identify them as being human or otherwise. Therefore, we need to know a lot of information about the deceased—their hair colour, eye colour, scars, marks, tattoos, piercings, even down to really personal things that probably only a wife or husband or a mother or father would know about their loved one. As I say, it is a very involved process, but sometimes it is the only way we can positively identify a person who has died. Obviously, once we have got all that information we can then conduct analysis through DNA and those kinds of things and then marry the information together, so that whatever remains are recovered, we can definitively say to the family, “This is your loved one”, and they have got something to bury and obviously some record that this person has definitely been involved in this incident.

The difficulty with disasters is that there are two major types. There is a closed event, which means that the persons who are involved or have perished are known; they are probably local people. For example, it might be a light aircraft that has crashed locally with three local fellows, as we had down in Esperance and we knew who they were. That is unlike, in contrast, the Christmas Island disaster. We did not know what country the people were from or who they were and that kind of thing. There was a lot of effort and time put into trying to find out who these people were and where they were from and identifying them. As I say, it is not dealing with the incident; the incident is quite easy. The tricky bit is dealing with the families and dealing with it to their satisfaction, because all families—it seems to be a bit of a new buzzword nowadays—want closure. What is closure really? You never stop loving people; you never stop grieving. It brings about a sense of conclusion that, yes, you know that your loved one was in this particular bar when the bomb went off and we know that they have perished and, yes, we have got them back. That is the whole process; that is what it is all about.

[10.15 am]

What we do have with the DVI committee—this is one of the things that we turn our minds to—is that we appreciate that with only having three full-time counsellors at the office, if we have a major disaster, three counsellors cannot accommodate and deal with a major event on their own. The thing is none of us can work 24/7/365. We can work eight, 10 or 12 hours, and then we start to get tired. We need rest and respite. What we have is a network of counsellors that are trained in the DVI process from the Coroner’s Court. We have a pool of about 20 counsellors that we can contact at

very, very short notice and swing them into action when an incident occurs. We do have a very good network.

As you can appreciate with counselling services, death and trauma counselling is very, very specialised. There are many, many disciplines for counselling. There are family sorts of counsellors and sexual counsellors and all these kinds of things. The counsellors who deal with death are a very, very rare breed indeed. In fact, throughout the whole of Australia, as far as coronial counsellors are concerned, I think, as a maximum, there are about 30—so they are very, very small in number. But God willing, and thankfully through the work that has gone on in Western Australia through our counselling services, what they have done is trained other counsellors up and taught them what to do in a mass casualty event, especially in relation to phase 3 of the disaster victim identification process. It is a very, very important and key part.

Just changing the topic slightly, obviously the people who deal with incidents, whether they are the policeman or the firey or the ambulance officer at the scene, they suffer from stress. It does not matter how many you have dealt with and how seasoned and hardened you become, it does have some impact on you, and that is perfectly normal. Similarly, our staff endure the same. We see it day in, day out, every day without fail, but there is an extra burden placed upon you when we are dealing with a mass casualty event. Part of the processes there in the way we support staff, obviously debriefs take place to see how we have dealt with the incident and what sort of impact it has had on you, and your thoughts and opinions. But through the EAP—employee assistance providers—we are able to get some independent counselling there, if necessary.

It is usually down to personalities whether a person feels that they need counselling, because we all deal with death, trauma and grief in different ways. It impacts people differently. Some people suck it in, as they say, and grin and bear it; other people do not cope so well and they need some independent advice. It is basically normalising your feelings and your reactions a lot of the time. For example, a man is soft because he is crying. No, he is not; it is a normal reaction. So it is to normalise things and say “You’re not mad just because you have gone to see a counsellor. You are not out there. It is just a normal reaction to a traumatic event.” What you find is that generally there is a slow progression and a slow build-up. You get your emergency personnel who will go out to a scene and deal with job after job after job, and then they just reach a certain point when enough is enough and they will crack. It is hopefully before you get to that point that they will have sought the professional advice and guidance to help them through, because it is not easy; it is difficult.

One of the most difficult things—I am sure you all are the same vintage as myself in this room—is that we have all lost loved ones, whether it is a friend or family member. The most difficult thing for us that is left behind is knowing what to say. Even in our line of work, when we are dealing with it every day, you are sometimes bereft of words. It is your opening gambit and what do you say, and words of comfort. I am sorry if I am going off at a tangent here.

The CHAIR: I think you have answered probably every question we have got.

Mr Cooper: I am sorry. Honestly, I could talk forever about this.

Ms M.M. QUIRK: Just finish that thought.

Mr Cooper: It is just one interesting thing about knowing what to say to people. I remember listening to a radio broadcaster about 18 months ago. It was the ex-padre for WA Police, and he was saying “I’ve been countless times to families, whether it has been an officer who has been killed on duty or a victim of a particular nasty incident and this kind of thing, and I go with words of comfort such as ‘Love is a great healer’ and things like that.” I always remember he said it was not until he lost his own wife that all he wanted to be was left alone, because people just want to withdraw and just sit and reflect and to grieve and to mourn. He said, “Sometimes the best thing to say to somebody is nothing at all”, because you know; you have that empathy; you know how they are feeling. The difficult thing for us in that sort of scenario is that, obviously because we have got to

go through the official process and find out, we have got to be seen as intruders. We are going into people's private world and life and grief to try to elicit information to try to identify somebody who has been lost to us from the community. That can be harrowing in itself, just dealing with the families and the aftermath and dealing with their reactions, because you get all sorts of different reactions. Obviously there is shock and grief and then you get guilt—"We had a fallout when I last saw him and now he's dead". And then you get, "Well, why is it us? Why is it not them? He was a good person" and "All the bad people live." You get all these mixed emotions that we have to try to cope with—not just us, but everybody who is in the emergency services has to cope with them. As I say, the best thing is, before a disaster occurs, like we do with the DVI committee, having structures in place so you are prepared. It is like Baden Powell used to say with the boy scouts: be prepared. That is what we have to do as a state. I am sure you know that already; you do not need me to tell you.

The CHAIRMAN: These are the questions we want to ask you.

Mr Cooper: Yes. It is being prepared for that incident.

The CHAIRMAN: Talking about being prepared, we were told by the coroner's office in the US that you need to plan for how bad things can be and not what normally threatens. How do you actually project how bad things could be? How do you prepare your staff for things that they might not say but it is possible?

Mr Cooper: It is very, very difficult to do that. You just do not know what you have got until you have got it. I give many talks on DVI and the process of dealing with disasters, and you just do not know. I have the dubious honour, if I can call it that, of being present—I was a policeman—at the Hillsborough disaster back in 1989. What I can tell you is that for the first hour it was just organised chaos—that is the truth. There are three things that fail in a major disaster. One is the chain of command; secondly is communication; and thirdly is cooperation. But if all three are in harmony, you will deal with the event and come out at the other side a lot better than what you went in. We cannot fix the situation, but we can make a bad situation a little bit better, if you know what I am saying. But it is very difficult to predict what can happen. The only thing that we say, the only caveat we put onto a disaster, is it is not "if"; it is "when". To a large extent, we have had our whens in this state. Christmas Island—we know it is offshore, but that was our job. We had to deal with that. Similarly with Bali, there were quite a lot of Australians killed there. There were seven from my football club killed. We have had our when. It is just how we deal with it and cope with it.

As I say, with these disasters, you just do not know what you are going to get. One of the lessons that was learned—funnily enough, it was from 9/11, and it came out as a consequence of the assistance supported to Wellington when they had the earthquake, because that is another type of disaster, a natural disaster, resulting in mass loss of life. One of the intriguing little stories—this just shows and I think it amplifies the way we are learning about how we do know it all—and it related to 9/11. When 9/11 occurred, they had what they call the urban search and rescue teams. You will have seen that—USARs; we have them here in Australia. They sent the USAR teams in with the body recovery dogs that are specially trained to smell human flesh. After about the fourth or fifth day, it was noticeable that there were two things occurring with the search-and-rescue dogs. Number one, they were tired. Like human beings, they need their rest and respite, because otherwise their senses dull and they are not as efficient. But the dogs, believe it or not, were becoming stressed because they were not finding live human beings anymore. What they did—what they learnt very, very quickly was—they had one of the USAR team members who, the first thing in the morning, would go and deliberately bury themselves in a little pile of rubble, and they would deliberately take the dog out to find a live person, so the little dog's tail was wagging away, and it was boosting the morale of the dog. That is just one example of how we live and how we learn to deal with these disasters. When I was told that story—I am sure you are amazed—it absolutely blew

me away, because we do not think to that level of minutiae in dealing with an incident. But that is the sort of thing, and you just do not know what you are going to get. We are learning all the time.

Ms M.M. QUIRK: One of the stresses, I think, in your people's job is that they are there to do a job, and they have a bit of a checklist and they are trying to sense the best way in to talk to loved ones and family and what have you. But there is always the media buzzing around. I wonder what extra stress that puts on your personnel.

Mr Cooper: It puts a lot of stress on, but what we do, we have a strategy as part of the DVI process, and we tell the media up-front, right from the get go, that we have a media contact, and everything from all the services is channelled to one focal point. That way we can also vet and verify the information that is released, because one of the difficulties we had with Christmas Island in the very, very early stages was that everybody was thirsty for information. We had various different agencies wanting information, because we were having family members who are contacting, for example, immigration wanting information. There were other families who were contacting DFAT for information, and there were others that contacted their own embassy wanting information. So we said no. What was happening, or what could have potentially happened was that we were getting incorrect or imprecise information released. So we coordinated all that and made sure that the media did not harass, for want of a better word, the office, because we are busy dealing with the incident in itself. So you do not really want that. You have to control them a little bit. The thing is as well, if they are organised with proper media briefings, they are happy. The thing is as well, you usually have, or sometimes have, a very senior FESA officer or a very senior police officer who will give the briefing. All the press are there, and they will get it at the same time. What we do not want is this elitism with the press, where they are getting a scoop or some sensational little story out of it. The most important thing is the disaster and the people who have died obviously and the loved ones who are left behind. They are the focal point of our attention and providing a service to those who are left behind, not servicing the media. That is the way that we manage that.

The CHAIRMAN: Gary, in your opening presentation you mentioned about the EAP. From a range of witnesses that we have spoken to, both here and in New York, New Orleans and Christchurch, their view was that bringing in external people that do not work in the field normally—for fireys, bringing in somebody, a young psychologist, who does not actually do the job—does not help them. Is it always EAP that you bring in, or is there is a peer support group within the coroner's office to help your staff?

Mr Cooper: Yes, we do that. There are various different coping strategies and mechanisms. EAP is just one source, but we do have the facilities, the expertise and the corporate knowledge in the office to cope and deal with things. We do have three full-time councillors. Notwithstanding they are the experts when it comes to this kind of work, it is very difficult when you are counselling your own. You sometimes need that little bit of remoteness. The only analogy I can give is that sometimes when you go and have your hair cut—I do not have much hair to cut, but when you do—you talk to your barber about all sorts of things, from footy through to what your kids are up to and all this kind of thing. Sometimes you can relate to and download more on a stranger than you can on somebody that you know, so we have to be very, very guarded. The other thing is as well that the counsellors also, as part of their regular work, notwithstanding any disasters that they get involved in, every month have professional development or professional counselling. They have to go out and see another professional counsellor and let them know how they are feeling and let them know about how they are coping and talk about some of the jobs that they have dealt with and some of the difficult issues that arise and some of the reactions from families. As you can appreciate, the sort of people we are dealing with have very mixed emotions, from grief and sobbing to anger. Because we are seen as the face of authority as being the coroner, they are venting on you. They are blaming somebody. They are mad at the world. There is nothing that can undo what has happened. Unfortunately, we have to be pachyderms and suck it in and accept it. There is no way in the world

we can get on the phone and start giving as much back as what we are getting. You are trained not to. We are mindful of that. They are upset. They are not mad at you. They are angry because nobody can give them what they really want, and that is their loved one back, and we appreciate that. But we do have these strategies in the office.

One of the most successful things for our office—we are only small in number, as you are probably aware—is that we have a very good esprit de corps. We are very close knit. The statistics bear out that we have a very, very slow attrition rate, because they are very special people who work at the Coroner's Court. They love doing what they are doing. They are not macabre and morbid—not for one moment. They have just got the special qualities and skill sets required to do the work. But because we have a very good esprit de corps in the office, it is a little bit more like a family than working in an office. Like a family, we have our moments. We have our fallouts and our spats and little words, but like a family, two minutes later we are all back and singing off the same song sheet. But one of the things that carries the day for us is humour. Sometimes it is black humour, but it is not disrespectful. We just laugh, because we know, as you know, none of us is exempt. We all owe a death and it is coming our way—one day, not for a long, long time hopefully. We have always got that in our minds. We are constantly reminded of our own mortality, but we do not make a bad situation worse by dwelling on it. One of the tricks and strategies we employ and one of the things we try to tell junior staff when they come on is to try to keep one step removed.

[10.30 am]

I mean, I am a bit of an old stager; I have been dealing with death and things for nigh 40 years one way or the other. I just keep one step removed and sometimes if I can feel myself getting drawn into a situation, for example, if I am preparing a finding for the coroner and it is about a baby who has died and it is particularly sad, and you start to feel for the family and you think, "Oh, the poor little bub, he never had a chance", you take yourself back and you think, "That's them; that's not me." That is what you have got to do, to maintain that sense of proportion and perspective that it is somebody else and not you, and God forbid it is you, but it is always somebody else. Generally speaking, as I say, it is the esprit de corps, the humour in the office. And the other thing is as well, we know we are not exempt from death, we have all suffered bereavement. A few months ago in one day I lost a very dear uncle, another staff member lost a mother-in-law and another staff member lost her aunty—all three of us on the same day. So we had to cope with that, so we did, but we carried on doing our job. You get a little bit hardened to it, but not hardened to the point where you just do not care and you are emotionless. We do care and we do do our job and function, but the thing is that at the end of the day somebody has got to do it, because if we do not, who is going to?

Ms M.M. QUIRK: It is very hard to generalise and each situation is different and it depends on your staff and what else is happening in the rest of their lives, but are there any particular sorts of instances where you have to be more vigilant in terms of the mental health of the officers? So, for example, is it one where there are bodies or where the body is going to be unrecognisable or a young child? Are there any ones that someone experienced usually thinks, "We need to be vigilant as to how the online people cope with that"?

Mr Cooper: Absolutely; I mean we monitor the staff all the time and we always check on how people are going. Sometimes if you get a death that is particularly nasty, gory, or it affects young children or something like that, we will obviously know what the jobs are, but we will have a chat with the staff and pre-warn them. We always say, "Look, if you have to, come and see me or tell somebody else or talk to a senior person or whatever." But generally speaking they just roll their sleeves up. They are amazing—absolutely amazing. But we do have those strategies and we are mindful that none of us are immune and it can, as I say, even to somebody like myself, impact upon you over a period of time. As I say, it is very, very difficult to know what you are going to get into until you have got it and you just have to deal with it and you just try to blank out some things.

Ms M.M. QUIRK: Say a long job, something like Bali or Christmas Island where it is over a number of days, what strategies are there in terms of hours people work, giving them time off and all of that?

Mr Cooper: We do try to plan. With only a small number of people it is very difficult, but we do try to prioritise the work and make sure that essential staff are backfilled or there is some sort of assistance; we deal with it well. If we need to, we have the commonwealth coronial liaison officer system. If necessary, if we had a really big event, I mean it is quid pro quo, we could call on resources from other states and territories, just like the police service will lend officers. If we needed more coronial staff because we were short, we could fly them in. But the thing is as well, we are working in the justice department anyway, so if we wanted people to just do some routine court work we could also call on staff within the Department of the Attorney General anyway to do that kind of work, and leading specialist staff to deal with the —

Ms M.M. QUIRK: I am more concerned that they may be working 16 hours straight on a job like Christmas Island and there is all that pressure and all of that.

Mr Cooper: Generally speaking, it is funny, you tend to get a lot done within your normal working day. I mean, we are the court that never sleeps in the sense that we are on call 24/7, but we are fortunate that we tend to be able to leave things until the following working day. If there is something that crops up that needs to be sorted out and resolved immediately, we have got the capability to do that. But generally speaking, the most serious that could have happened has happened—the person has died; that is not going to change. Just because something is going to have to wait a few hours is not going to change that situation, so it is not that needy. But having said that, sometimes there is a need to know because a family member really wants to know and they are overseas, you know those kinds of things, and we need to work very quickly. But generally speaking, within the normal eight-hour day, we tend to get things done. But we do, if necessary, have to alter people's shifts and ask them to work over or take an extra day off to compensate and this kind of thing.

The CHAIRMAN: Can you recall the last situation where you had to borrow staff from interstate?

Mr Cooper: No. So far we have not had to; we have coped. Because the thing is as well, whilst the disasters were big, they were not unmanageable inasmuch as we would run out of things, for example, staff or body bags or things like that. We are pretty well equipped as a state goes and pretty well prepared. But there is that facility supporting. It is nice to know you have got that bit of a safety net. For example, as well, the Defence Force, they are always ready, willing and able, as they are in the UK. Anything you ask of them, whether it is the Army, and Air Force or Navy, equipment-wise, vehicles-wise, they have always given us this undertaking, "Whatever you need, whether it is a mobile temporary mortuary, we can have it in this state within 24 hours." This is part and parcel of what the DVI becomes involved in; it is all this sort of logistical planning, networking and communication, so we can swing into action if need be. But so far, we have coped with everything.

The CHAIRMAN: In the case of Christmas Island, did you have to do some of that stuff with the Defence Force, because Christmas Island would certainly not have had a mortuary for 50 people?

Mr Cooper: No; there is only a tiny, little mortuary up there, so what happened at Christmas Island was that there were some sea containers and they had them refrigerated and the bodies were stored temporarily on Christmas Island until such time—the pathologists were on the plane within two hours of me ringing the mortuary and saying this thing had occurred at Christmas Island. Things swung into operation very, very quickly and personnel, police personnel, both AFP and WAPS were there as soon as possible to deal with the incident. We had to set up a temporary mortuary up there and then once the bodies had been identified and we were happy we knew where they were, we started the process of repatriation. So they were flown from Christmas Island down to Perth initially and then some people were taken off the plane at Perth because they were going to Sydney

for repatriation and burial, and from memory, I think there were about 13 that stayed in Perth because they were going to use it home to Iraq and Iran. But we coped; everybody stepped up to the plate.

The CHAIRMAN: You also mentioned debriefing in your presentation. We have been told that that can be just as stressful as the incident itself and there is a process now called psychological first aid. Do you apply that approach at all, psychological first aid?

Mr Cooper: Not to my knowledge, no. The debrief does not usually occur until weeks or months after the main event anyway. You have your informal debriefs on a daily basis, just, “How are you travelling? Is there anything you need?” This kind of thing, but the actual formal debrief can sometimes be a little bit counter-productive in the sense that some people might use it as either a bitching session or session to score points or, “We’ll get the kudos; you’ll get all the rubbish”, this kind of thing. But generally speaking, if they are constructive, they are of benefit, because as I say, it is identifying strengths and weaknesses of what we can do better next time. Because it does not matter, and God forbid we get any more, how many incidents you deal with, you are never going to do it every incident perfectly; you are just going to get better with each one you deal with. So debriefs do have the value, but the thing is to have them as and when necessary to the particular focus group that you need to speak to, whether it is registered staff or people working in the actual scene and this kind of thing, and debrief them, see how they are going, see what they need and all these kinds of things. And then you can filter or cascade that up or down the line depending on where you need to get some additional resources from to get the assistance needed, to get the manpower that you need or the equipment that you need, all these kinds of things. So it is a bit of an ongoing process in actual fact rather than leaving it to a set date sometime in the future.

The CHAIRMAN: Can I ask about the families of your staff. I mean if you have deployed staff onto Christmas Island—I am not sure whether you would have deployed to Christchurch or places like that during those disasters—how do you keep the family informed, and does the EAP extend to family members?

Mr Cooper: The EAP does; it extends to your kith and kin, and it is not just in relation to counselling services for death, but the EAP services are very, very wide for all staff members and their families. But fortunately, we did not have to send anybody up to Christmas Island, that was all done on our behalf, or on the coroner’s behalf I should say, by the police service. They sent all of the manpower up there, because the trouble is with us being so few in numbers, there was no way we could leave the office because there would be nobody left to do with the day-to-day things as well. So we had to deal with this on top of everything else.

The CHAIRMAN: What are your numbers at the Coroner’s Court?

Mr Cooper: Officially we have 12 including myself, but the government was very kind to us and gave us temporary funding for an additional six in 2009, and recently cabinet gave us some more money and we are currently running at 22 until the end of June 2013. As you are probably aware the Law Reform Commission undertook a review of the office and court and we are currently having an internal review conducted, a strategic review of the office, to look at look at our systems, processes and staffing levels, this kind of thing. There is also a section 57 review pursuant to the Coroners Act, which is looking at that, any legislative gaps, things that need fixing and this kind of thing. That review will be completed by mid-August with the view that the final report will form part of the state government process from September for consideration for next year for 2013–14. So, that is ongoing as I speak. In fact, the consultants came in just as I was leaving this morning. But 22 is our current figure and we also have two additional coroners. We have Alastair Hope and Evelyn Vicker, the State and Deputy State Coroners and we have currently got Peter Collins from the ALS who is also acting as a coroner, and Barry King from the State Solicitor’s Office who is acting as a coroner. We also have a fifth coroner, Dominic Mulligan. We only have five for three weeks because there is an overlap between the two temporary coroners, Peter Collins and Barry King, and

we are down to four coroners, but we will keep those until the end of June 2013, in the interim anyway; we do not know what the future holds. As you know, we are trying to get down the backlog and clear as many inquests as we can.

The CHAIRMAN: Is there a reasonable gender balance? I think you mentioned a female's name in there.

Mr Cooper: Yes, Evelyn Vicker, she is the Deputy State Coroner.

The CHAIRMAN: So across the office, have you got reasonable —

Mr Cooper: Yes; in fact, there are more girls than boys actually! We are sometimes outnumbered at morning teas and things like that! But yes, we do, and there is a broad range of ages as well, because we have had—I cannot call them the kids or the girls—but I mean they started when they were 18 or 19 and now they are in their mid to late 20s. That is what I was talking about earlier about the attrition rate; they love their work. They love working at the office because it is like a bit of a family atmosphere. It is not a very pleasant job; it is very confronting and what have you, but we just get on with us working and enjoy what we are doing. It is the human esprit de corps that carries us through. So we have youngsters at one end of the spectrum—there are people my age, about 27!—and the oldest person in the office is one of our counsellors and she is nearly 70. She comes to the office with a wealth of experience. So we have a really good mix and blend of gender and age, which is another significant advantage.

The CHAIRMAN: Why do you see that as being an advantage?

Mr Cooper: Because you have got that depth of experience and life knowledge and life skills. People have obviously not always worked at the coroner's office; we have people who have worked in hospitals, who have been counsellors, someone like myself who was a lawyer and a policeman, and people who have done a whole range of things. I think when you bring that amalgam together, it does not matter what sort of situation or crisis or little issue that arises in the office, we always have somebody who has some sort of knowledge or experience and who can say, "Yes, it has happened to me", and we know how to sort it out. So you have got that. And you also have the youngsters who keep up to speed with what the latest pop music is!

Mr A.P. JACOB: Earlier on when you were talking about the identification process and more, around the Bali bombing incidents, you mentioned going to families and informing them that you suspected that one of their relations was deceased. Is going to families and informing them in the first instance, if one of their family members has passed away, part of the responsibility and part of what the coroner's office does?

Mr Cooper: No, that is primarily with the police. The police will always deal with death warnings. Obviously they will go around in the first instance and say, "We suspect that your son or daughter was involved in this incident", then obviously when they have got over that shock—or sometimes it is in reverse, as you know there is a hotline and the families will ring and then say, "My son is on holiday in Bali and we have not heard from him", so it sometimes works in reverse. But the police will always be the first ones to have contact with the family and that ante mortem process will be followed up as quickly as possible, but not straight away, not until we know we have some positive sort of link between the suspected death and the family, and then will start to marry things up. Similarly, we can only deal with things locally—when I say locally I mean WA—if necessary we will fly people up and down the state. But if a person needs to be interviewed for the ante mortem process over east, we can facilitate that with mutual aid in cooperation with other police services and coroners' offices; we can deal with that.

[10.45 am]

Mr T.G. STEPHENS: I want to clarify one point. I think you mentioned 30 of the grief counsellors work in the area of death. Is multiple death disasters their expertise or is it in grief counselling?

Mr Cooper: In grief counselling.

Mr T.G. STEPHENS: Is that a 30-person panel that is nationwide?

Mr Cooper: No, it is not a panel. There are about 30 coronial counsellors in all the coronial jurisdictions throughout Australia. The main role of the coronial counsellor is not counselling per se.

Mr T.G. STEPHENS: Is it to make sure that in the process of counselling you are not tampering with the coronial process?

Mr Cooper: The counsellors' primary role in a non-disaster sort of situation is to act as an interface between the families and the coroner's office. For a lot of families their contact with the coroner's office will be negligible, if at all, unless a loved one who has died has become a coroner's case. When that occurs, families are full of questions: what is going to happen? What is a post-mortem? When can we get the body back? When can we have a funeral? What is this, that and the other? The counsellors provide all that kind of information to families. They will speak to the family and express their condolences on behalf of the coroner when a death occurs and explain the process to the family. We also write to the families as well on behalf of the coroner when a death occurs so that we more or less advise the family that the death is being investigated by the coroner. The counsellors will keep contact with the family through every step of the process and beyond, because, in truth, coroner's files never ever close. We have deaths that have been dealt with and finalised 10, 20 years ago and then the family says, "We want to look at this" or "Can we have a look at the file?" and it sets up a whole chain of events and new inquiry and that kind of thing.

The counsellors provide information to the families. Apart from the initial contact and explaining what the process is, they will contact the family when the cause of death is known. When the cause of death comes in, they will contact the family saying, "We have got the post-mortem results back and mum died of X, Y, Z" and explain what the cause of death is and try to answer any medical sorts of questions. The counsellors will also speak to the family if during the process of the post-mortem process it has been necessary to retain any parts of the body for further examination. A common one is the brain for neuropathology. They will ring and speak to the family and say, "Look, we have had the post-mortem report. It has required that we keep mum or dad's brain for further examination." They will discuss that with the family and then they will also discuss the options with the family. We have three options when we have to retain an organ. One is that we can have the organ returned to the body; the organ can be returned at a later date to be buried by their undertaker; or we can have the organ destroyed at the mortuary by cremation. They have to engage the family and go through all these kinds of things with the family.

Similarly, under the Coroners Act, as I am sure you are aware, there is a right to object to a post-mortem. If an objection to a post-mortem occurs, the counsellor will make contact with the family and discuss the reasons for the objection with them. It is not that we are trying to talk them out of it. On the contrary, we get a feel for what issues they have got and why they do not want their loved one to get a post-mortem. Then the counsellor armed with that information from the family member will go and discuss the case with the coroner and the coroner will decide whether there is a need for a full post-mortem or whether we can have an external and partial post-mortem, these kinds of things, and then get back to the family with the outcomes and the results. There is this constant and ongoing communication. Similarly, with a large number of cases, families are encouraged to ring the counsellors if they have got any questions, concerns or issues. It is usually about how long and time frames and the whys and wherefores. That is what the counsellors are there for. So, around the country we have about 30 dedicated people who are specialists in that kind of work.

The CHAIRMAN: For example, someone is killed on the freeway and there is a coroner's inquiry into it. Is there a sort of process time that you try to keep within?

Mr Cooper: As quickly as possible is preferred, but obviously the more complex the case sometimes they take longer to achieve. The investigation starts immediately with police attending the scene and they notify the coroner's office immediately. We receive a form; in police jargon it is called a P98. In actual fact, it is a mortuary admission form. That form has brief details about the deceased and plus some brief text about the circumstances surrounding the death—whether it was a traffic crash and this chap was killed on the freeway, this kind of thing. We move very, very quickly to obviously inform the family of the death, or the police do, and the family is given a brochure that explains what the coroner's office does and their rights and things under the act. If there is no objection to the post-mortem, we will list the post-mortem for the following day and get that post-mortem done. Generally speaking, the post-mortems start about seven o'clock in the morning and are usually completed by about midday, one o'clock.

We will receive the interim post-mortem report. Nine times out of 10 the interim post-mortem report will say that the cause of death is undetermined pending further investigation. It then will take anywhere between probably six to 10 weeks for the cause of death to be finally established and we will get the final post-mortem report, because the forensic pathologist as part of his investigation will send off samples for virology, bacteriology, toxicology and all the different "ologies". They are looking for diseases and infections, all these kinds of things, and it is usually the results of the other tests that support his or her initial findings about the deaths so then they can pinpoint the actual cause of death. That can take, as I say, anywhere between six and 10 weeks, sometimes longer in very complicated cases, especially if neuropathology is concerned because we have only one forensic neuropathologist in the state—Dr Vicki Fabian who works for PathWest. She has a registrar working with her now, but if a case involves neuropathology—Dr Fabian also deals with neuropathology for live people as well, so she has to deal with the forensic pathology work as part and parcel of her main work. So that can slow down the process considerably.

Once the cause of death is established, the police service know whether or not to investigate the death fully in the sense that it is an unnatural kind of death and we want to know how the death has occurred. On the other hand, if it is a natural cause of death—this person has died of a stroke or a heart attack—there is no need to do a really thorough investigation. It can just be what you would call a superficial investigation.

The CHAIRMAN: In a car crash or something like that on the freeway the impact, obviously, is the main reason for death. So, what would then hold up that sort of inquiry?

Mr Cooper: The main delay is the amount of time it takes police to complete their inquiry and get their investigation report to the coroner, because the Coroner's Court cannot do anything until we have two things: one is the cause of death from the post-mortem and, secondly, the police report looking into the circumstances surrounding the death. Depending on the complexities of the case, it depends how difficult witness are to trace and locate for police, these kinds of things, and obviously bear in mind their workload as well—how long it takes the police to get the file to us determines how long it takes us to get file completed and sent to the family. You are probably aware as well, I mean, 97 per cent of all our cases are dealt with without the need to hold an inquest. Only three per cent of our deaths require an inquest. That is because the coroner is looking at some sort of public safety issue or a medical issue or something to do with a fault on a car or some service has been at fault. So, 97 per cent of the cases are dealt with, as we term, administratively.

I would say as a rule of thumb probably for a natural cause death—which is your heart attacks, your strokes, which account for about 50 per cent of all our cases—we are able to get that file completed from the date of death generally speaking within three to four months of the death occurring. In an unnatural death—that is your traffic crashes, your suicides, that kind of thing—it can be anywhere between six months to 18 months to a year dependent. The other thing that can delay our process is that if there is a criminal prosecution on foot, we cannot hold on inquest or make a finding because we are subordinate to other courts in a criminal or civil sense. We have to wait until all criminal

procedures have finished before we can do the finding because the coroner's finding cannot be in conflict with a finding from another jurisdiction. We do have quite a number of cases, predominantly homicides, that we cannot finalise very, very quickly. We are cognisant and conscious of that because families want answers, but they also want what I mentioned earlier, this closure. We try to do that as quickly as possible. From our perspective, we are reliant on services from across government and we can only work as quickly as they allow us to work. Having said that, everybody is doing their utmost to try to get the files through as quickly as possible.

The CHAIRMAN: If it is a single car crash, it could be a suicide or it could be a single accident —

Mr Cooper: It could be and we do have them. It is like I say, sometimes to take things on face value is a bad step to make, because you just do not know what you have got until you start to make the inquiry. We do get quite a lot that decide to suicide by way of crashing their cars.

The CHAIRMAN: In instances with Indigenous people, are there any peculiarities, anything different, anything more difficult for your people to deal with, with the families?

Mr Cooper: Obviously, everybody is aware of the cultural issues that can occur when an Aboriginal death occurs. Generally speaking, we do not have any major problems. I think that is down to the knowledge and expertise around the office, especially with the counselling service that deals with the families. As part of Aboriginal culture they do not particularly cherish a post-mortem being conducted on their loved one. Having said that, because we talk to the families and we explain the process, they also recognise that whilst it may not be today, tomorrow or next week, at some stage they are going to want to know why their loved one died and they accept the only way you can do that generally speaking is by way of a post-mortem. We do have to be sensitive to an understanding that they do not always want to fall in line with the normal process.

Similarly, with Aboriginal families we do have from time to time body disputes that the coroner is expected to resolve. For example, you will have probably a child dies and mum and dad are estranged and they may have some really serious issues between them, but then they use the death as an opportunity to fall out all over again. Sometimes we are left with a body that we cannot release because both parents have an equal claim on the body. This is an issue the coroner has to try to resolve. For our part we do not get heavily involved at the outset. We take a step back and say to the families, "This is a family matter. You need to sort it out for yourselves." But we also point it out that, "If you cannot sort it out, at some stage the coroner may have to play Solomon and make a decision." Generally speaking, most families see sense of the situation and we would say, "Whatever arguments you have got, put to one side for the moment. Consider your loved one. You have to lay your loved one to rest." That is the focus and that is what we try to make the focus. We do get this with Aboriginal families quite a lot, body disputes and things. I am pleased to say that we manage to resolve them by getting them talking. If necessary, we will also involve mediation services, whether it is the Aboriginal dispute resolution service or other services, and try to get them to see sense, because we are impartial.

All deaths to us are important and we respect other people's religions and beliefs, for example, not just Aboriginal communities, but we have a large Muslim community now and Jewish people and they all have their different beliefs and different ways of doing things that we try to respect and accommodate. At the end of the day, obviously, we have to apply the law, but the nice thing about our jurisdiction and the way the coroner applies the legislation is that we apply it flexibly. We try to bring about an amicable result that suits everyone—suits the law, the coroner and the families as well. It is not 100 per cent, but we get the job done.

The CHAIRMAN: Gary, can I read you a closing statement? Before I do, I thank you very much for what you do and what the coroner's office does. It has certainly been interesting this morning.

Thanks again for your evidence before the committee this morning. A transcript of this hearing will be forwarded to you for correction of minor errors. Could you please make these corrections and

return the transcript within 10 working days of the date on the covering letter. If the transcript is not returned within this period, we will deem it to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence.

Hearing concluded at 10.58 am
