



**TRANSCRIPT  
OF PROCEEDINGS**

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**PRODUCTIVITY COMMISSION**

**INQUIRY INTO DISABILITY DISCRIMINATION ACT**

**MRS H. OWENS, Presiding Commissioner  
MS C. McKENZIE, Associate Commissioner**

**TRANSCRIPT OF PROCEEDINGS**

**AT MELBOURNE ON WEDNESDAY, 3 MARCH 2004, AT 9.37 AM**

**Continued from 1/3/04 in Brisbane**

**MRS OWENS:** For the benefit of the public transcript I'd like to announce the commencement of the draft report hearings for the Productivity Commission's inquiry into the Disability Discrimination Act in Melbourne on 3 March. The purpose of the hearings today is to discuss the draft report with participants who have made submissions to the commission and to provide them with the opportunity to place their views on the public record. We shall take these into account in preparing our final report to government.

Today's hearings comprise a series of telephone links with various participants. Public hearings have now been held in Canberra, Hobart, Sydney, Melbourne and Brisbane. Now, today's hearings will commence with James Bond. Welcome, James, and thank you for taking the time. I will now hand over to you and you can put your tape on for us. We will just listen to it. When the tape is finished we could, if you don't mind, maybe ask you some questions.

**MS McKENZIE:** Have a bit of discussion.

**MR BOND:** Yes, that's fine.

**MRS OWENS:** Thank you.

**MR BOND:** Okay. Thank you.

(Tape played and transcribed as follows:)

I was born in 1959, in Gosford, New South Wales. From third class I first recognised that I was somehow different from other children, who harassed me for reasons I didn't understand. Teachers were also impatient with me; marked me as a dummy and sat me at the back of the class, ignoring me. My parents tried to assist me by hiring extra tuition but they did not have the knowledge or skills to help me beyond the most rudimentary learning. I have a speech impediment, which was not corrected until 1969, by Prof Delbridge at Macquarie University who also was first to recognise my dyslexia.

You may be wondering how long this mysterious condition had been known about. Dyslexia was first identified in 1912, in England, and has had that name since then. The majority of teachers then did not know what dyslexia was. I suspect many still don't. People in broad society still do not know what it is. Perhaps people like Kerry and James Packer could move mountains by publicly acknowledging their dyslexia.

The list of famous and successful people with dyslexia would surprise many. Thomas Edison, Albert Einstein, Paul Erlich, the actress Susan Hampshire, William James, General George Patten, Nelson Rockefeller, the sculptor Auguste Rodin, the

US presidents George Washington and Woodrow Wilson and most poignantly, perhaps, the American celebrity Bill Cosby's son, who was completing a masters in education shortly before he was tragically shot and killed.

In addition to my attendance at Epping Boys' High School I also enrolled in the Macquarie University School of English in 1970, where, for the next two to three years, they attempted to teach me how to read, write and use numbers. This did advance my education to a basic level but not a competitive level, compared to my peers at school. This is despite various tests and the opinion of professionals that I was above-average intelligence.

In 1973, at the ripe age of 14 years and nine months, I received the school's citizenship award and completed school, with a letter to my father from the principal stating that they could not teach me anything further given my condition, which they could not address, and that I should do better leaving school and seeking manual employment. I had no hope of getting any academic skills and instead concentrated on getting labouring schools and expected that to be my only option in the workforce.

My inability to read and write had a catastrophic effect on my employment prospects. I have applied for hundreds of jobs. Because I could not get jobs requiring literacy, like many thousands of people who cannot read and write, I took on labouring jobs. As an indication of my frustration and increasing sense of alienation and in order to get attention with employers I even went to the extreme of changing my surname. Well, it worked. People remember the name.

Eventually I obtained work with the State Rail Authority, where I did various labouring jobs. I failed the trainee engineman test because I could not read, so instead became a loco cleaner. I became an acting plumber, by way of on-the-job training, because I could not take part in TAFE courses. Then in 1982 I injured my back at work and my employment was terminated. This left me with two disabilities; dyslexia and a back condition. For someone who could only rely on labouring work this effectively shut me out of the workforce and condemned me and my family to poverty.

I used to hide the fact that I could not read, but after my injury I needed help. More and more I came out, admitting my dyslexia that I had previously hidden through embarrassment. Now I could not afford to do this any more. Commonwealth Rehabilitation Service became involved. They assessed me and suggested that I try for security work. The CRS and the CES financially assisted me with training for this. However, my applications were unsuccessful with state and federal government agencies.

In 1994 I settled a long legal dispute with the New South Wales government,

concerning employment discrimination in a public sector job that I had applied for in 1989. This received some publicity in local papers and parliament. With wider public knowledge of my condition I immediately found rejection and alienation from people I considered friends and neighbours. From then on our social life stopped. My family was snubbed and ceased attending social functions at school, and so on.

My children suffered humiliation from mates at school, who had heard about me from their parents. The legal battle was combative and stressful to me and my family and though it came down in my favour - that's the most important point - the settlement including a non-publicity clause that effectively stopped me speaking about my case. This further increased my alienation.

My solicitor recommended psychological help, particularly after the protracted legal dispute and associated alienation. After 12 months intense psychological help they recommended that I do a TAFE course in Small Business Enterprise. I completed this with the assistance of a scribe, achieving a credit level certificate, proving that I was not stupid and I could achieve academically at tertiary level. My alienation turned around and I realised that I should become an active lobbyist for my rights and the rights of one in seven people with dyslexia and the one in five with learning disabilities: incidentally these are government figures.

My life since then has been incredibly busy, fighting ignorance and obstinacy, and the tendency of institutions to be confrontation and litigious rather than cooperative and pragmatic when confronted by citizens claiming their right to participation in society. I should point out that when I describe myself as a lobbyist I mean an unpaid lobbyist.

Dyslexia and associated learning problems are contentious issues today in education and employment. The Department of Education carefully refers to "learning difficulties" rather than "disabilities," presumably in order to exclude these conditions from special funding. In the US they more confidently refer to learning difficulties and spend a lot of money and academic energy in trying to find remedial technology and teaching methods.

Some time in 1988 I was showing my kids the State Library of New South Wales and almost accidentally I overheard a voice miraculously coming from a machine there, called the Kurzweil Reading Edge, reading out the text of a book that it had scanned. I was dumbstruck. In all my years of struggle nobody had told me that such technology existed. I wept to think how this technology could have helped me in my education and employment and how different my life might have been.

Since that day I have lobbied state, federal and local governments, rights groups, employers, libraries, universities, colleges and schools, to have this kind of technology installed to assist people with literacy, learning or vision disability,

including dyslexia. It has been a long struggle, with many successes and failures. In that time technology has improved remarkably and the only excuse is political and institutional. The means are there. It is either ignorance or opposition that blocks the way.

The current Kurzweil technology is called Kurzweil 3000. It is a computer program that scans printed material onto the computer screen. This is an exact colour image of the original, which can include diagrams and photographs as well as text. The image can be magnified and spoken out loud by the computer. As the computer speaks the coloured highlight tracks the spoken word, which can be magnified in a separate window. This complementarity of speech and visual image is highly effective for people with reading disabilities. The colour of the text can be changed to suit, as can the reading voice and rate of speaking, and at any time dictionary definitions can be obtained as well as pronunciation.

There are many other features, including using these tools to read the Internet, that are of proven benefit to people with reading disabilities, including dyslexia and learning disabilities, and even for people whose first language isn't English, which may be of help to our immigrant communities. There are scientific studies in the United States that show significant improvements in reading speed and comprehension for these people. Where this technology has been demonstrated to special education teachers they have all been convinced of its effectiveness. Their problem has only been access to funds to purchase it.

The problem is this: in theory certain disabled children are allotted by the Department of Education, on a per head basis, \$1800 per annum to meet their special needs. This money is pooled and administered to the schools on a proportional basis, but it is up to the schools to spend this money as they see fit. This does not necessarily result in direct spending on special education for individual children. For example, how is it that I was told at a recent meeting at Woy Woy High School that they have a budget of only \$500 for all remedial tools, including books and software, for 40 special need students?

The problem is partly mysterious budgeting, but also partly definitions. The Department of Education is very careful to refer to dyslexia as a difficulty, rather than a disability. This extends to all learning difficulties. In addition, the Department of Education advises that it cannot recommend review or prescribe technology; that it is up to individual schools to find out about and decide upon it themselves. Unfortunately, I don't have all the time in the world to personally visit every school to evangelise this technology which seems to be the only way left open by the department's attitude.

On another tack the effectiveness of standing up for my rights has been demonstrated by legal rulings in my favour. For example, the establishment of

Kurzweil 3000 at my local library, Wyong Shire, was only after legal dispute with the council. I tried everything short of legal action before this. Two years of talking with committees before I was compelled to use the sledgehammer of the law. The matter was settled by way of conciliation through the Human Rights Commission. The conciliation included the purchase of Kurzweil 3000 by the library and a ruling that the technology be shown to local schools at a special demonstration with the media publicity. This led to it being seen by Dr Michael Slattery, principal of Mater Dei Catholic College at Tuggerah, who immediately saw its application in remedial literacy. He raised funds for it and successfully established it at the school. Incidentally, despite the confrontational start, Kurzweil 3000 is now considered a valuable resource at Wyong Shire Library.

On 17 September 1998 the Honourable Brian Vaughan, chairperson of the standing committee of law and justice, raised the issue of dyslexia in state parliament of New South Wales and recommended the Kurzweil 3000 system be adopted. He said, and I quote:

The use by Mater Dei College of this computer technology illustrates what all state schools and community libraries should possess to ensure that a comprehensive service and adequate education is provided to those who suffer, for example, a visual impairment, not only dyslexia. Bearing in mind that the premier announced in a media release on 15 September that the Labor government has implemented a \$2 million literacy strategy, it seems that this technology ought to be adopted. I agree that it cannot be purchased by every school or library, but surely it is up to this state, our government and the education system to provide this technology to regional schools and libraries.

That's taken from the Hansard of the Legislative Council of New South Wales on 17 September 1998. The effectiveness of this speech and Mr Vaughan's involvement shows the importance of political leadership on these issues. Since then we have seen the beginnings of success, awareness of the needs of dyslexics, new teaching methods and technology and the will to implement solutions. My struggle to make people aware, in tandem with improvements in technology, the effectiveness of the law in protecting the rights of disadvantaged people, all in combination with political leadership, overriding bureaucratic inertia, has resulted in real solutions for people like myself.

So where am I today? I am on the board of the Mater Dei Catholic College and representative of the Broken Bay diocese, advising on special education and other issues. My recent success? Another legal case between myself and Public Recruitment Services Australia, over my longstanding attempt over many years to enter the Public Service. I've taken the entrance exam five times over the last 10 years. Once again, I've had to use the sledgehammer of the law taking the case to

the Human Rights Commission, once again successfully. This will result in changes to the test procedure, taking into account the needs of the dyslexic applicants.

This is good news, but I should like to end on a sombre reminder of the appalling consequences of not helping dyslexics, including social failure, depression and suicide. Thank you for giving me this opportunity to give a voice to the thousands of dyslexic people who, like me, were never given the opportunities taken for granted by every other schoolchild.

(Tape ends)

**MRS OWENS:** Thanks, Joe. We were able to follow that in the material you sent us. That was written back in 1999.

**MR BOND:** Yes, that's correct.

**MRS OWENS:** And I was just wondering, have you been involved in other activities since 1999? You're on the board of a number of schools and other bodies, but what are you doing now? Anything else to report?

**MR BOND:** Just the visiting lecturing at a Catholic university and I've been lobbying the New South Wales state government for quite a few years over their definition in their disability criteria, the inclusion of dyslexia. The stumbling blocks that I've met are incredible. The DDT do not want to put the disability of dyslexia in their disability criteria.

**MRS OWENS:** Why?

**MR BOND:** I've been told that it's funding reasons. But I contacted Brendan Nelson's office and - Dr Brendan Nelson - and he informed me that the funding has been given to the states for learning disabilities. Now, with that paper, I feel that this identifies systemic discrimination, coupled with let's say the New South Wales education system. By the way, right around the other states, too. So it's all got to do with funding. They don't want to release it. You are looking at one in seven is a dyslexic, here in our society, and they are conservative figures. This is the problem.

I've lobbied people like the last three previous ministers of education over this particular issue. I've also lobbied recently the attorney general of Australia to bring this to his notice, systemic discrimination, and various other people; it goes on and on.

**MRS OWENS:** Where did you get to with the attorney general on that issue?

**MR BOND:** On this issue I'm still waiting to hear a reply from - not Daryl

Williams. What is his name, the new one?

**MS McKENZIE:** Mr Ruddick.

**MR BOND:** Mr Ruddick, yes, about this particular issue. I'm just bringing to his attention the speech that Reverend Nile made in the upper house of New South Wales, which is quite correct, and also various other upper house members that have raised this issue to Mr Bob Carr, about this issue. Now, the silence is deafening from the premier of New South Wales, also from Dr Refshauge; they don't particularly want to answer my latest letters about this particular issue. It's time that the states come in line with, let's say, the Human Rights Commission. The situation is we have our states, as far as I can see, breaking the law of the land.

**MRS OWENS:** You've had a number of complaints to the Human Rights and Equal Opportunity Commission.

**MR BOND:** Yes.

**MRS OWENS:** Which, reading your submission and what you said in your transcript then, sounds as if they have been quite successfully negotiated. I presume there was no question in those proceedings about whether dyslexia came in as a disability under the Disability Discrimination Act.

**MR BOND:** That's quite correct. With New South Wales Anti-Discrimination Act, dyslexia is included; same with the Human Rights Commission Act; in both dyslexia is included.

**MRS OWENS:** So we don't need to try and clarify that in the definition, because that's been made clear through these cases.

**MR BOND:** Well, to bring you into the picture. I applied for a federal government job with Australian Protective Services back in 1988, and I was fully qualified for the position I applied for and they sent me to their medical doctor for examination and he actually wrote, "Due to your dyslexia you are unemployable within the department." That was back in 88 to 89; then I started to lobby Senator Tate about the inclusion of dyslexia within the upcoming Disability Discrimination Act of 1992. We were successful with that, with many others, of course, after the inclusion of dyslexia. I thought that this would solve the issue, but as you can see in that paper, people are not being employed because of their disability of dyslexia. Yet I feel that the whole issue, at the end of the day, is to educate people about dyslexia, especially our teachers, our universities. For this to happen you have to have the definition of dyslexia included within their disability criteria. If it's not, they don't make recommendations over to the universities to teach their teachers about dyslexia.

**MS McKENZIE:** If the Disability Discrimination Act hadn't been there as a sort of bolster behind you when you make complaint about these various difficulties that you encountered, do you reckon people would have changed their practices?

**MR BOND:** No, I don't believe so. No, I feel that the Human Rights Commission actually has a very good standing here in Australia with teachers and various other politicians are listening, because of the act.

**MS McKENZIE:** What changes did the Commonwealth make to its recruitment policies as a result of your complaint?

**MR BOND:** Technology to be implemented, so people can sit down and read their documents, various other issues; people to be educated about dyslexia. My second complaint was with the New South Wales Police Service, where I applied for a position there and that was in 1998, I think it was - no, sorry, 1989. The issue is that they didn't understand dyslexia when I applied for the position even though I was fully qualified once again. I thought, well, I could go to the state where the inclusion of dyslexia is within, let's say, the Anti-Discrimination Act, and they discriminated against me.

Now, that particular case went on for four years. What came out of that particular case, there was a policy change about educating their medicos about dyslexia, and there were people employed after me with dyslexia, in the New South Wales Police Service. So there is always a change being made, but the whole point is it takes somebody to go out there and do this. Now, with our education system - before I go with that - if you go through one claim with HREOC or the Anti-Discrimination Board, it's an horrific process. The New South Wales alleged that I was dishonest, so on and so forth; the Police Service threw everything they could possibly throw at me and we had to go through everything, so it's a very degrading situation, where it's under the act.

I feel if there is any disability under the act the Human Rights Commission should have the authority to walk in, especially if it's a government department, and say, "Look, it's under the act. Let's do something about this particular issue. Let's use the spirit of the act to employ people so they can get on with their lives and we don't have to go around and waste all this public money to prove or to demonstrate the actual disability and you have discriminated against that person."

Now, at the end of the day, you get a child who is going up through the education system and he may be, or she may be, in year 3 or 4 and the parents can demonstrate that their child is being discriminated against, by the time you go through HREOC it might take you another 12 months and then through the Federal Court and everything else, that family has been through hell and so has that child. This has to stop. As I say, HREOC should sit down and say, "Right. That person

has dyslexia. They can prove or they can demonstrate that they have been discriminated - let's help these people and everybody get on with their lives."

**MS McKENZIE:** And often it might be too late for that child because the child will have been further - the difficulties will have compounded while this delay is occurring.

**MR BOND:** Exactly. That's what I'm trying to get through. That's the point I'm trying to make.

**MS McKENZIE:** Did you go to the court, actually, or were both able to be settled in conciliation?

**MR BOND:** In the New South Wales Police Service we went to the hearing. The HREOC one, the first one, I think - what happened there? No, the first one against the Australian Protective Services I wasn't included underneath the act so we made changes there. The third one, I think it was through conciliation and the fourth one was through conciliation. This was all for changes and to make people aware of the problem, but it doesn't seem to work when you conciliate an issue. They seem to push it underneath the carpet. This is what the New South Wales Education Department has been doing for many years. People have made claims and they have paid them off. People have walked away and gone to different education systems to try to be educated and the Department of Education and Training of New South Wales are laughing because that's not a precedent. It hasn't been made. So we shouldn't expect the people with these difficulties, or disabilities, to have to go out there and make the precedents. It's hard enough to live with the disability.

**MS McKENZIE:** Let alone go and write the complaint and - - -

**MR BOND:** Exactly and everything else; the whole process that you have to go through. This is discrimination once again, I feel, from the department. Not only direct discrimination, indirect discrimination. All these type of legal sayings, I suppose. So people are walking out of the education system unable to read and write because they're not acting on the spirit of the act and the act, in fact, in not having this disability included, they're breaking the law. They are daily discriminating against people with dyslexia within the education system. So I have been advised that the federal government are attempting to do - the Education Department are attempting to formalise this right around Australia for the recognised disability and therefore it can be effectively worked with so people are able to walk out reading and writing.

Now, if they're not able to read and write, at least they can purchase technology to assist them to gain employment in the workplace instead of drug abuse and, you know, everything else that comes with it. The prison population: 80 per cent of our

prison population are illiterate for one reason or another. We are failing our public, that's what we're doing as educators out there, as people - they're educated. We're failing the system and therefore we're compounding the problem. So it just goes throughout their whole life. So the way I feel is that if we include these disabilities, that are recognised by the Human Rights Commission, within our education system, hopefully the teachers will work on the spirit of the act and the department and a change will occur, a positive change.

So that's the problem out there and I'm still - I suppose I'm currently still unemployed and I'm 45, and now we have age discrimination on top of that. But if we can change it for the next generation, or the upcoming generation, wouldn't it be fantastic? So these other younger children are able to access the needs that they are - and they can walk out and go straight in the workforce, pay your taxes and get on with life. That's all we're asking for, really. Equal footing. Not any more or any less than anybody else. And the Department of Education and Training - I'm dealing with a - I don't know how far I can say legally - can I talk legally? Like, be protected by what I'm - - -

**MRS OWENS:** If you have made an agreement that this is confidential, then you can't do that.

**MR BOND:** Okay.

**MRS OWENS:** But we are interested in processes and any ways that you can suggest about improving the processes. Say, in the context of going to HREOC.

**MS McKENZIE:** Yes, or in conciliation.

**MRS OWENS:** In conciliation. We're also interested, more broadly, in the role of HREOC and how accessible it is: whether it's easy for people to get into the system in terms of getting assistance. I don't know whether you used any legal assistance or an advocacy group or whether you just basically ran your own case. We're interested in those issues and we're also interested, more broadly, in the potential for HREOC to deal with more systemic issues, such as this issue you're talking about now. One option they've got at the moment is to run inquiries, but another possibility we're looking at is for HREOC maybe to take some important systemic issues into the court system.

**MR BOND:** Exactly. That would be an excellent move, for HREOC to do it instead of the individual cases. That would save the taxpayer a lot of money in the day, too.

**MS McKENZIE:** So what was your experience in the complaint process? Was it easy to make the complaint?

**MR BOND:** No. As a dyslexic person myself, I had to contact the Human Rights Commission for, let's say, my first case. I must stress here that I have only received financial compensation on one case. Every other case I've gone for has been for changes. So I'll stress that. With HREOC, I wanted to make a complaint so I had to contact HREOC and advise them that I was dyslexic and I was unable to write my own complaint. I didn't need somebody to formalise it, I just needed somebody to write it. So there was a bit of an issue there and I had to point out to them the section, I think it was 96, of the act, or whatever, and they agreed with me.

So, let's say, anybody that doesn't live near Sydney or a central area, they have to get on that train and buses, and whatever, and go down to Sydney, sit down with the persons and make that complaint and then go through the whole process. Now, unfortunately, when the process is sent back to you in writing, if it's not put on tape for you, you're lost again so you have to somebody else to do it.

**MS McKENZIE:** To do it.

**MR BOND:** Exactly. So it's a long, drawn-out complaint. There is a lot of people in my situation that don't make their complaints. Really it's because they don't really realise that they're protected by the act out there.

**MS McKENZIE:** And it may be too hard, as well. Too difficult.

**MR BOND:** I was getting to that.

**MS McKENZIE:** Yes.

**MR BOND:** Too hard. You have to at least give away three or four years of your life and, of course, all the stress that comes into that, too, so your family life is stressed. It's really a full-time job at the end of the day if you're going to be successful. So it's not an easy process and we need to simplify the process somehow. As you say, I think that's the best way for the Human Rights Commission to go, is to take the lead in these situations, on any systemic discrimination that may occur. With the complaints process, at the end of the day is that you have people with dyslexia - and I'm only aiming at that because that's my problem - when you do go down and you go to a hearing and that, it can be very intimidating. It was for me at the first time.

I did not really understand what was going on down there because you're looking at people that are illiterate - so I'm not saying that everybody has, let's say, a lower level of education system, but it generally is - that don't understand the legal system, don't understand the HREOC system and when you go in there you don't know all the legal terms. I know you have, usually, a lawyer there but it would be

nice if you understood what was going down there. So it would be nice just so you could simplify, let's say, the spoken word too in these hearings and what goes on. When you have your judges, or whatever, they're very well educated of course and it's like anybody going to court, I expect, but it's even worse on a person with the disability of dyslexia or any type of education problem in this society, because of the lack of education and understanding, or the comprehension of particular words. I've become a lot better over the years because I've been through this system, and it's been a real education to me. So, yes, we could simplify the process a lot more in a few different ways.

**MRS OWENS:** I should just point out to you, James, we had a submission and a hearing in Sydney with a woman who discussed issues relating to dyslexia with us as well, Maureen Mastellone. You might be interested to see her submission.

**MR BOND:** Yes, actually I've already seen that. She contacted me when she saw that article that was in the Sydney Morning Herald about dyslexia, and she said to me, "I was astounded that dyslexia was not included as a disability." I spent many hours with her on the phone explaining the whole situation, and she was just devastated that at the end of the day that - of course, we all know that it's included within the TAFE system - the disability dyslexia - within the university system, but not at the beginning at the education - - -

**MRS OWENS:** Not at the earlier stages.

**MR BOND:** Yes. I've been through the university myself. I've done a course, and you do have people getting in that are unable to read and write, and of course she's over there trying to teach people to read and write. Why don't we have that system set up at the early intervention?

**MRS OWENS:** She talked about a system in the UK, or at least in England, where all the schools are sent a check list from the British Dyslexic Association which they need to fill in so that they can identify very early in the piece the children that may have problems.

**MR BOND:** That's exactly right. Associate Professor Greg Robertson from Newcastle University has been lobbying for this for many years, and so has Dr Whiting, previously from the New South Wales University - has been lobbying for this change, and myself, and various other people. It wasn't until, I suppose, 1996 that the education system - the Australian Labor Party - until they started to look at these issues, and that's because we took a letter delegation of professors and doctors and psychologists and everybody else down to the ALP Education Committee, and they took all this information down, and there was a lot of good things that came out of that, but the whole point is, there have been people lobbying for these changes for many, many years, but unfortunately they've been in the system. They've been in the

universities and whatever where they've been gagged. The minute you put your head out there, they cut it off. It's as simple as that, if you're employed by the government. So not many people will get out and lobby really hard about this particular issue.

**MRS OWENS:** Take the risk, yes.

**MR BOND:** Yes, because they're risking their own wellbeing and financial and job position in life. Now, this should not be set up like this. Once again, we have a systemic problem within our education system, and I know we have our different, let's say, class levels out there, but it's affecting us. It's the society at the end of the day in ignoring these issues. Over in the UK and the United States, they have their universities set up for people with learning disabilities; same with their schools. This total inclusion, a lot of people are lobbying for total inclusion than myself as a dyslexic person. I'm not lobbying for that at all. I would have preferred to have gone through an education system where the school was set up to meet my need so I could walk out of school or uni at the end of the day to be able to function in this normal society instead of being put into a mainstream school where the teachers are not set up to deal with you.

They don't have the latest technology or the latest learning skills and then they're arguing with where the money is coming from: X, Y and Z. It's just not working. I don't feel it's working. So we need to take the lead from the United States, the UK, Canada, where they do have their special classes and everything else because it's about being educated at the end of the day. The harassment that you put up with from other schoolchildren when you're in the school system - or what I find, and I know people who are going through it now too at a young age. All you have to be is fat, skinny, whatever and you have to be dyslexic, and if you're unable to read and write, the kids pick on you like anything. So you're not learning anything at these total inclusion schools anyway, because children taunt those kids at morning tea and lunch and after school, and it's still going on severely.

Half of the teachers don't understand dyslexia and they still don't because they're not taught at a university level. However, having said that, Newcastle University is taking the lead in that. Pro Vice-Chancellor Terry Lovett and also the Catholic universities, they're teaching their teachers about technology, dyslexia and other special needs, and various other universities. Sydney University, I've lobbied them lately, and they're looking into the process. So there is a change developing about curriculum for their special needs teachers, and this is what we need. This is another thing the Human Rights Commission could take on, combined with the federal Education Department, to go out there and to do something about our curriculum special needs teachers.

This is something that has been left up to people like me at the end of the day. The professors aren't going to do it because they're quietened down by their people;

and the politicians, they will only go so far too. Of course, it's all being constrained by money.

**MRS OWENS:** In a way, even if you had the resources, if the teachers don't have the right awareness and training, the resources are not going to be used.

**MR BOND:** Exactly. That's where I started off. I attempted to get technology into school, and then I realised that, okay, the technology is put in there. The teachers don't know how to operate it. They learn how to operate it. The teachers get transferred off to another school, and so on and so forth. That's another problem. So it has to start at our university level. Now, I started to lobby the universities about the issues, then they're telling me you have to go back to the Education Department, because they're the ones that set curriculum for university; make recommendations.

Then you go back to the Education Department and they say, "We really can't do anything about that because our definition doesn't include dyslexia." Then you start lobbying people like the directors of special needs and the state coordinators and the assistant director-general, the director-general, then you go to the ministers, and then the ministers start to ignore you. Then you go to the Upper House members and raise these issues up and then still nothing has really been done. We'll say, "We'll bring the issue up with the premier."

The premier totally ignores the issue. They don't reply to any of your letters. After you go through all that drama in getting other people to write letters on your behalf to have something done about this, they totally ignore the letter. They try to use that against you in the beginning, by the way - "Write out the letter." I say, "I'm unable to write a letter." You go through that process, so it's just one big drawn-out process and they're hoping that you go away. I've been on this for nine years now and I'm not going away. Dyslexia has to be included as a disability to come in line with our state and federal laws. Dyslexia wasn't included in the New South Wales state government until 1994 - until I pointed that out to the then president, Chris Puplick, and then they actually had that changed too, by the way.

**MRS OWENS:** That was in the New South Wales Anti-Discrimination Act.

**MR BOND:** Yes, until 1994, until I lodged by complaint - sorry, 1992. So it wasn't even under their act in 1992, I think. I have the date here somewhere - yes, 1992, and it's only because I brought it to their attention then. So I'm not sure right around Australia if it's included or not, but one person can only do so much.

**MS McKENZIE:** I think you're doing a lot, yes.

**MR BOND:** It's time for our Human Rights Commission, I presume, to have more, I suppose - I hate to use the word, but more power to do something about this. We

need to change the system in there a fair bit to have more - like they give the police. What do they call it? Not powers, more - you know, authority or whatever.

**MS McKENZIE:** Yes.

**MR BOND:** Yes, to be able to walk into these government bodies and say, "Look, this is the issue. Let's do something about it. Work on the spirit of the act, for God's sake. That's what we need. Work on the spirit of the act and maybe we may have a change in this society. Also with the Human Rights Commission, I find that you go through the whole process and you may be successful, or not - I think that there should be some type of psychological backup for that person. They need to refer that person off to maybe a government body, to sit down for 12 months and go through that process with a psychologist because you're so mixed-up in your own mind even if it's successful.

For what happened to me at the end of the day and to think that I was successful in the inclusion of - I can speak about this now. Part of my conciliation at the - not conciliation, at the hearing is that the issue was to be kept confidential. That means the people that I have been speaking to and, I suppose, gaining support from, I was unable to tell them about the outcome. After three months of talking to the psychologist it was to go back and to have that lifted. I don't think that there should be anything out there of - confidential. I think if you have been discriminated against, well, bad luck for that person. Because all you're doing is compounding the problem, the issue, to that individual and they will end up - - -

**MS McKENZIE:** It can happen again.

**MR BOND:** It's as simple as that. This is what happens after four or five years of, you know, going through these cases. So we need some backup there for that person, psychologically too, especially if they're unsuccessful and they still feel - and I presume there would be a lot of cases that go through that people aren't able to prove.

**MRS OWENS:** Another issue, James, that people have raised: in some instances they've gone through a conciliation process and reached an agreement, but that agreement hasn't been complied with by the respondent. They have been saying there needs to be some sort of enforcement arrangements to ensure that the arrangements are put in place. You didn't have that sort of problem, or did you?

**MR BOND:** Yes, I did, actually. On my public service case, federal public service case, it stretched out - remember in the old days that you had to go in and do a public service test and then they would appoint you a position in whatever government department you had applied for? In this day and age you have to apply to each section, so each department, for the position. You don't go in for one big exam no longer. Now, what happened to me, once that conciliation had taken place these

changes were made and then they disbanded the public service testing. I have been advised that each department has taken all of these on board, but it's like the old sand that gets blown over, I suppose, you have to keep on pushing the sand back.

**MS McKENZIE:** They have to keep remembering to continue to make the modifications to their testing.

**MR BOND:** Exactly. This has been a problem. I'll give you an example: I made a complaint against the Attorney-General's Department. No, I was going to make the complaint against the Anti-Discrimination Board of New South Wales through HREOC about this discrimination of me not - hold on. When I attempted to go down and make an application to the ADB of New South Wales they were unable to give me anybody to put my application in writing, so therefore I was going to make the complaint against the ADB of New South Wales through HREOC. Now, that's when Chris Puplick called me in and we sat and we had a meeting. He says, "Let's change the statute to include people - if you could work with us and we will make recommendations about this particular issue." I said, "That's great. It saves me going through all the dramas with you and everything else."

So we sat down and we made a recommendation bill, from 101 to 105 of the recommendation bills which the Attorney-General's Department - now, these recommendation bills actually got up, they printed them and everything, and these five bills that I have been pushing through for the last five years to be taking effect, have been shelved. But the whole issue is that I worked with the Attorney-General's Department disability group to make policy so people could ring up the Attorney-General's Department and therefore dictate their letter. They would send it out, you sign it and send it back to, let's say, the minister or whoever you may be talking to with the Attorney-General's Department.

The end of the day is I tried to gain that access for myself, after working with them for two years with all the policies - and Victims Services too, by the way - to make changes within our court system for helping people filling out forms and whatever. So it was only two weeks ago I tried to gain that access and these three people down there, community relations, informed me that they were unable to make a letter on my behalf to bring this issue to the notice of Bob Debus, the Attorney-General of New South Wales, about this systemic discrimination. No, that policy was not working for me for that particular issue. That's when I rung up the federal attorney-general trying to bring this to his notice. They did it immediately. There were no questions asked.

What happened many years ago is that I took the disability minister through HREOC: Jocelyn Newman. I attempted to get some access in her Department of Community Services and they discriminated against me. So I went down to HREOC. I tried to explain what could take place under the act to the department and

they didn't want to write a letter at all. So I went down to HREOC and through conciliation - and this isn't confidential, too, by the way. I wouldn't sign any confidential agreement. Through Jocelyn Newman, she said she would go out and make changes within her department and other departments. It worked. They kept their word. It worked at the Attorney-General's Department less than two weeks ago.

**MS McKENZIE:** It is a serious problem with the courts, though, what you have mentioned because the courts are full of paper, full of forms.

**MR BOND:** This is what we identified in Victims Services. They called me down there to policy-build with various other people and that's what I said to them as a person who is unable to read and write at, let's say, a functional level here in society, and these are the people that you're getting through the courts. Basically, because of that problem they're unable to read and write so they're unemployed, whatever. So, therefore, they're walking into the court system, they can't read the signs around the place, they can't fill out your forms and you're not getting people to help them and you're just compounding the problem and the stress that that person is already going through, you're doubling it once they walk in there.

**MS McKENZIE:** It will mean they will know nothing about the proceeding that they go through.

**MR BOND:** Exactly. Yes. Because of the lack of education too, of course.

**MS McKENZIE:** Yes.

**MR BOND:** You see, you're totally relying on your lawyer and it can be a mind-boggling situation to be in, as a member of this society. No wonder people are getting locked up left, right and centre. So it all comes back to our education, doesn't it? So Victims Services made a lot of good, positive changes here in New South Wales and I must say the Attorney-General's Department has done a lot in providing scribes and to make it more plain English at a court level. What I've been advised - I have all the policies here - that the actual judge and the lawyers are advised that these people have a literacy problem and they do start to speak more plain English instead of just speaking between, say, the judge and the lawyer or the magistrate and the solicitor or whatever.

**MS McKENZIE:** Have the federal courts done a similar thing? Do you know?

**MR BOND:** No, actually I do not know.

**MS McKENZIE:** The state one has. You told us that the New South Wales one has really tried to address this problem, but of course if a HREOC complaint went beyond conciliation it would go to the federal courts, you know. I wonder whether a

similar thing has been done there.

**MRS OWENS:** We haven't had any input on that issue - - -

**MS McKENZIE:** No.

**MRS OWENS:** - - - but it is quite an important issue for us. It's a very important issue, because we are looking at the whole issue of equality before the law.

**MR BOND:** Absolutely. That's what it's about at the end of the day, equality for all citizens in Australia. If you do open an inquiry or they have something up and running about that, I'd like to be involved in that, if you'd like to note that.

**MRS OWENS:** Okay, thank you. Is there anything else that you wanted to raise with us?

**MS McKENZIE:** I think I've gone through all the questions I wanted to ask you.

**MRS OWENS:** Yes. It's been very useful.

**MS McKENZIE:** It's been very interesting, yes.

**MRS OWENS:** We particularly enjoy talking to people that have put in complaints and have been through the process, to give us insights on that, so thank you for that. I think raising these other issues in relation to equality before the law is also very useful for us.

**MS McKENZIE:** Yes.

**MRS OWENS:** Was there anything else, James, that you wanted to raise?

**MR BOND:** Just if we could do something about this appalling situation here in Australia, it would be absolutely wonderful. The only other thing I'd like to say is that there have been a lot of people out there that do treat you correct, but unfortunately what happens at the end of the day, I find, is that when you have a person with my type of disability - to even get so far, let's say, through a complaint or when you're trying to gain assistance from government departments, by the time that person tries to gain that assistance, they're so upset with the system - they're quite angry by the time they're trying to have something done.

**MRS OWENS:** Yes.

**MR BOND:** That's unfortunate, because they've been so frustrated with the system.

**MRS OWENS:** Yes, that's right.

**MR BOND:** I can recall a person from the AG. She runs a disability place there and she's in a wheelchair. I'll just tell you about this - a quick story. We went down and we had a meeting at the Anti-Discrimination Board. They have a building in town, and they don't have disability access for wheelchairs. So she had to go downstairs to the garage to get into a service lift to get her to this floor of ADB, where they have a lot of people with disabilities.

**MS McKENZIE:** I think Helen knows something about that problem as well.

**MR BOND:** Yes, it's everywhere. If you're vision-impaired - - -

**MRS OWENS:** I had direct experience with it. I actually understand exactly that problem, because I was with an earlier colleague on this inquiry, where we actually got stuck in that lift.

**MR BOND:** Right. Well, you know exactly what's going on.

**MRS OWENS:** Yes.

**MR BOND:** This is a government department. This is not departments working properly, especially from the ADB dealing with people with disabilities.

**MRS OWENS:** That's right.

**MS McKENZIE:** If you've got a complaint about access, you want the place you go to to make the complaint accessible.

**MR BOND:** Exactly.

**MRS OWENS:** We got stuck in the lift and then we were accused of being too heavy for the lift.

**MR BOND:** Unbelievable! I went to the ADB only the other day and they've got a system worked out that you have the odds and evens lifts.

**MRS OWENS:** Yes, the odds and evens lift. Yes, upstairs for the odds and downstairs for the evens. It's a very convenient arrangement.

**MR BOND:** Exactly, especially for my disability or if you're vision-impaired or whatever. God help us!

**MRS OWENS:** Whichever way you want to go, it is the most inaccessible

commission, I think, in the whole of Australia. We've gone around and visited them all just to benchmark, and we think that they've won the prize as being the most inaccessible.

**MR BOND:** Really?

**MRS OWENS:** Absolutely.

**MR BOND:** That's good to know - that it wasn't only me then.

**MRS OWENS:** Not just you.

**MS McKENZIE:** You and many others.

**MRS OWENS:** I can say, James, we were not impressed.

**MR BOND:** I can understand why, believe me. It took me twice to get up there, I think it was. That's another thing I've heard. I don't know if it's true, but I think they're trying to get rid of the ADB of New South Wales. Once again, it's got to do with funding. I think they've lost about \$9 million or something - what I've been advised - and yet this is a body that, "We're out there helping the people." That's another thing. I think the Human Rights Commission needs to get out there in the public. Maybe seminars through the university - - -

**MRS OWENS:** Have a higher profile, do you think?

**MR BOND:** Yes, a lot higher profile. Possibly in the gaol system. At a school level, yes, especially special needs classes. Look, these people have problems in learning about their own rights, let alone the Human Rights Commission. So you have a special needs class that you may have. I'll give you an example: the entrance to high school. They have 100 illiterate people, I think, out of about 900 people, and they're going to walk out. They're not going to know much about the law, and these are the people that we have to reach for at the end of the day, or at a uni level or whatever. Yes, around schools. We need to educate our people about their rights. That's how I feel anyway.

**MS McKENZIE:** I think I've finished all the questions I wanted to ask you, James. That's a really helpful submission for us.

**MRS OWENS:** Yes. Thank you very much, James. We'll just hang up now, but that was very helpful. It will all go onto a transcript which you'll be able to get, but you may have trouble reading it.

**MR BOND:** I'd like to just say one other thing, if I could.

**MRS OWENS:** Certainly.

**MR BOND:** Life has meaning only in the struggle. Triumph or defeat are in the hands of God. So let us celebrate the struggle for social justice and human rights and make a change in this world.

**MS McKENZIE:** Thank you very much.

**MRS OWENS:** Thank you. That was a perfect way to finish.

**MR BOND:** Thank you very much.

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**MRS OWENS:** Victor, thanks very much for yet another submission from you. You have raised a few other issues from the first one, which makes me think you've actually given these issues a lot of thought over time. You have raised some important issues, particularly in relation to employment. I don't know whether you would like to introduce some of those issues first to us or whether you would be happier just to take questions. How would you like to go with this?

**MR CAMP:** Well, I made a submission.

**MS McKENZIE:** Yes, that's right.

**MRS OWENS:** We have read your submission.

**MR CAMP:** That's right, yes. What I just wanted to say, I guess, is that at this particular time, you know, the government itself seems to be realising that it has got to look into the older age groups. In way that involves disabilities.

**MRS OWENS:** Yes.

**MR CAMP:** Because a lot of people find by the time they do get older, that they've usually got some physical problem. I did mention that question of the young manager keen to only hire young people, because he felt if he did take on, you know, the older person, there could be back problems crop up from probably previous injuries or previous straining and he felt it would be unproductive. Now, the point is he was thinking of the company's profit and loss sort of margins and the competition of the market and, in a way, it was sort of a forced issue for him, but if he was prepared to take an older man on, he would face the possibility that the person might be laid up, may not work as fast, may be slower to adapt to new technology and too much of that could sort of aid his rivals.

This is why I think I sort of hinted that I feel that I governments must get more involved and give incentives, because if the person doesn't get hired, they eventually go through all their own moneys and then the state will sort of find them on their doorstep. I was watching Mr Costello last week. I thought in a way this ties in with what's going on with this particular inquiry. He was saying that in the future there won't be that many people working to pay the pensions, but, of course, that is not new. That has been known about for years. There used to be a ratio seven to one and then it got down to five to one and some people are saying in the future it could get down to a ratio of two to one. Obviously it would then become uneconomical, so really this is a very big issue.

I did see in the UK - I do recall working some place in the 50s and the manager came up to me and said, "You've got some problem with your health, haven't you?" I said, "Oh, I'm a bit deaf." "Oh, well, good," he said, "I'll put that down." He said,

"Anything else wrong with you?" What he was doing, he was sending that back to the government to say, "Look, we are hiring disabled people," and yet really my disability had never been mentioned. I was a bit worried in taking those figures from the Australian Bureau of Statistics. I think they get them from the census. Am I right in saying that?

**MRS OWENS:** It might be from other surveys, as well.

**MS McKENZIE:** It could be from other sources, yes.

**MR CAMP:** Yes. Well, what I feel is that that may not be accurate, inasmuch as people can have disabilities that employers don't know about and it's not really a worry in their work. This is why I feel that I would like personally to say that I feel the act needs to be strengthened, because I gave that instance of that deaf girl.

**MS McKENZIE:** Yes.

**MRS OWENS:** At the supermarket.

**MR CAMP:** Yes. Now, they put themselves out to hire her and as far as I know she's doing very well.

**MRS OWENS:** Yes.

**MR CAMP:** Really the technology of that job doesn't really involve hearing, but - I mean, it does, because it's easier, but it doesn't necessarily have to be. They can watch the little - what shall I say - automatic till machine - - -

**MRS OWENS:** Yes.

**MS McKENZIE:** Yes.

**MR CAMP:** - - - and see the prices come up, but to make it easier for most hearing girls, it makes a noise. If the noise just doesn't come, they know then that there's a slight problem. The employer in that case got over that by giving her a chance, but, you see, the act - he would have got out of it by saying it would be too difficult to modify.

**MRS OWENS:** Yes.

**MR CAMP:** I feel that at this particular moment in history a lot of western world governments are sort of looking at the older workforce, because once the tariffs are taken away, a lot of the jobs that were here for manufacturing have gone. That particularly hit the male personnel, because a lot of the semi-skilled jobs they used to

do have gone and what happened to a lot of them, they fell back on their own resources and then some of them ended up on the disability pension and they've sort of been left in a heap.

Consequently, I feel that this act and inquiry might be a help to governments to frame some more - what shall I say - innovative policies. You see, it clashes - as I've put in my little thing - with the free market philosophy; let the market decide. Well, obviously the market is not interested in making any concessions, because the Adam Smith idea is you get the job done at the lowest price. This is why I mentioned the film industry. Now, I mean, at the moment there are all these lads processing their film, but more and more people are buying digital cameras and not many of those shots are made into - are printed. Anyway, they can print them out on their own computer printers in many cases, so that means that the film would disappear; but what happens to all those people? Where do they go? I mean, if they have devoted their lives to working in film, it's a bit hard to say, "Oh, well, you've got to get into the digital market, because it's completely different."

I think these are problems that the government must face. If you're going to run the welfare system, you've got to be fully up on the technology and the latest thing, of course, that has cropped up - as I put in my piece - is that more and more of these companies are moving their operation to India, because the Indian people speak good English and those graduates can work for much lower wages. I think there have been some massive transfers from Europe and the USA, where thousands of jobs have moved over. You know, by the time things are framed, things are changing, so this is why I felt that the act needed to be changed considerably and I feel there should be more people on the ground. For instance, with the human rights, as I made that point, why make people write long letters?

**MRS OWENS:** Yes.

**MR CAMP:** Why not interview people personally and say, "Look, give us the story and we'll find out"?

**MRS OWENS:** Yes.

**MS McKENZIE:** That's a point that other people have made, as well, that it would be much - particularly people with dyslexia. It would be easier that way.

**MR CAMP:** Definitely. I found with the soft drink companies, for example, they had a problem in the full employment market. They couldn't get the workers who would be willing to sort of work to their terms, which was to do the job and get it done and then knock off when the job was done; not knock off necessarily at set hours. They tended to hire new people from east Europe and that worked very well, but, you see, to try and put a disabled person in that area, they probably wouldn't be

able to keep up with 16 hours' straight work.

Sometimes it could be difficult to get that sort of revealed, unless there was somebody on the ground to actually go around and have a look and he would see then that these people were working enormous hours, because they could probably hide it. On the ground would mean that they would get to the truth and solve this problem easier, but to give companies concessions of tax would probably motivate them to do something, because, I mean, I feel that young manager I'm talking about - I think he's a decent young fellow and he was just talking, you know, economics. It just wasn't economically viable for him to hire somebody in a manual job that was older, when he could get younger people to do it faster and without risk of injury.

That's the terrible thing about back trouble; the injuries that the back sustains do not always come out until years later, such as nurses. You know, they lift these heavy people about and then when they're in their 40s they started to get back. I think this is another thing that clouds the issue. That's why I felt in my own case, of course, I felt that, you know, the way I was looking at that act, it seems to say that there should be some duty to consider adjustments, right? When I went for that assessment test, there was no real concession made to me.

The problem is that when you are disabled, you don't normally go around advertising it. I mean, when I've been in the Commonwealth Employment Service a couple of times, they've said to me - "You can hear me all right," they say. "There's no need to tell your employer." If you don't, you run the risk of running into problems.

**MRS OWENS:** Yes.

**MR CAMP:** You know, sometimes you can get over it without the employers knowing, but sometimes you can't. Basically I think the whole thing should be put out in the beginning, just what the disability is, what's going to happen. Is it going to get worse? Douglas Bader, he was an enormous advert for disabled people, but he already could fly before he was disabled and his disability never got worse. What happens if you're disabled and you haven't learnt a trade or profession, and what happens if the disability is growing gradually worse? I think the act needs to be more flexible and the government really has to enforce some sort of discipline on employers because basically I think they say, "Look, you've got to make concessions and if you do you're going to help the country," because these people will not necessarily be a burden and their health might improve.

Kicking people out of the workforce in their 50s and leaving them to die in their 80s, I mean, it's terrible. For 30 years, sometimes, they're doing absolutely nothing and they feel it. I had a first-hand experience of this at a power station when they were all paid off. Some of them were coming out with a quarter of a million,

yet not one man seemed to be pleased that he was being made redundant, so I do feel that people do take pride in their work, in what they do. As Chaplin used to say, "It's what I do best." But then, if you've got no work, you become to a certain extent a drone. It's all very well saying people have got resources. Some of them had the resources from the boom days but that's sort of gone past a bit. What happens if they haven't? This is really what happened to me.

So I feel the human rights need to be gingered up, the act needs to be re-looked at and it's fortunate in a way that, I think, the government, whichever party gets in, is going to look at this issue of older people. Where do they go and what happens if their trade or profession changes, which it does with technology and it changes fast. What happens if the overseas market impinges on our market, because the old tariffs have gone now. What's happened to the sugar cane industry can happen to other industries. So I feel that it's necessary to look at the whole picture.

**MS McKENZIE:** One of the things we've looked at is this question of, "If we do suggest that there should be some kind of duty to make adjustments for a person with disability who comes into your employment," who should pay for that? You've said you thought there should be some kind of government concession?

**MR CAMP:** Yes, well, this is the whole problem again with politics. You'd have to say to the government, "Look, it's going to cost you money to do all this. You're going to have to employ people. You're going to have to really get a lot more public servants involved in this, but the pay-off will be in the years to come, because gradually society will change and realise that people are not necessarily going to be paid off at 65 and their whole outlook on life itself needs to be changed. This will then save millions or billions in the future." It's a bit like those tablets for anti-cholesterol. The government tried to stop them because they said it was a waste of money, but in actual fact the heart deaths have declined. People are living to their 90s, so it costs them money but it saves money on hospitals. At the same time, the technology improving means the hospitals can do more for people, so basically I think they need to look at their whole mental philosophy and then realise it's got to be changed for society itself.

When I sold insurance in the 60s, every young guy said, "I want to retire at 50." They had that in their mind, retire at 50. Now, I don't know how they came to actually get that. It probably might have been the high mortality rate, because we used to say one in four men of 20 won't make 65. So with that in mind, a lot of people felt they'd get the house paid off, the kids grown up, "Let's have a good time for the last few years." But, I mean, what happens if you live to 90? What are you supposed to do all that time? Spend 40 years doing nothing? This philosophy needs to be changed, but the trouble is people have got the idea too that when you're old you're past it.

I think they need to re-look at all this and see that older people can play an important part, but many of them are going to have disabilities and also there is a problem with the modern electronic technology. I think older people do find it difficult, because I think it involves enormous memory powers and I do think as you get older, memory might be a problem. In fact, with that Alzheimer's, I understand that they are finding now that it really begins many years earlier and often one of the early signs is that people can't adapt to new things. Before they start to start forgetting things, they have a job to sort of adapt to new ideas and technologies.

You go in a supermarket. How many times are there older people in there? If we do see an older person, do we talk in a derogatory manner? And if they've got a disability, does it make us feel even more that they're slow? Some employers have actually said they've not hired big people because they give the impression of slowness, laid back. I think all of that has to be changed. It takes years to do it and the place to start is in the schools.

**MS McKENZIE:** Yes, it's really change in attitude from the beginning.

**MR CAMP:** Yes. It does conflict with this idea of everybody doing his best, getting on in the world and making money and so on. It conflicts with that, because I think people have to realise that not everybody can make a million. They've always got this idea that if you're any good in life, you should never be unemployed for long, and that people who are unemployed for long times are more or less either lazy or not willing to sort of work or have got no gumption. What they don't realise is that in the changing environment that we're in, a lot of those people just don't have the ability to sort of get into the workforce.

I quoted that deaf man. Whoever thought of that as a voluntary job, really they need a good kick up the backside, because he could have injured himself and he could have injured others. That's one job where you do require hearing and there's no way you can get around that, because I've done some of that shifting of furniture and I know how important it is when you're stuck with a heavy piece and you've got to manoeuvre. You've got to hear exactly what's said. You see, this is another problem that some people run into when you're dealing with people who help disabled people. Sometimes the helpers get overconfident.

I mean, I had an interview once with a professor that told me that a deaf person could be a doctor. I said to him, "Well, how are they actually going to get over the problem, then, of listening to the heart and so on?" "Oh, well," he said, "they would need someone with them at times." That's true in a way. They've had deaf pilots where a hearing person has accompanied them, but the point is, they can't do the thing on their own. In this type of market economy, you just can't go to that extent of actually hiring somebody to be with the deaf person to do the job.

John Mortimer explained how his blind father was able to be a barrister. He couldn't read the briefs, but his wife used to read them to him on the long-distance train - they lived in the country - although it was the most sort of private things about divorces. She used to feel embarrassed reading it aloud in a crowded carriage, but by the time he got to the court he knew the case and he was able to go into court and he was a first-class barrister. But John Mortimer said you were never allowed to mention to anybody in his presence that he was blind. That was the way he handled his disability, but normally many disabled people feel crushed, and especially if you can't do the job properly, and if the disability is worsening, then sometimes there's no-one to turn to. I think my son told a funny story about me. I was in the CES one day and they called me out three times because I didn't hear them, and everybody heard them shout out, "Mr Camp. Mr Camp," and then finally, "Mr Camp," and then when I went in for the interview, I mentioned my deafness and she said, "You can hear me all right," but she didn't tell me that they had been balling their head off to get me in there - in the interview place - the first time.

Basically I think they do need to get more skilled people dealing with disabilities, because deafness alone needs a lot of skill, and eye problems and so on. If they can do this, I think they may really help a great deal, but it means a lot of money being channelled in at the beginning, and of course they work on a year-to-year basis, and it conflicts really with the free market philosophy.

**MS McKENZIE:** Victor, can I ask you, you talked about HREOC - the commission - and that it would be really good to have complaints taken orally, not be asked to write them down.

**MR CAMP:** That's right. I feel it would save a lot of money in a way, because most people are readable. You always get some people that want their day in court, and they just won't sort of face the fact, but mostly I think that most people are reasonable, and if you can have an interview and the person can say, "Look, really, you don't have much of a case," the people that often get very upset are ethnic people, because they come from a different country with a different type of law and so on, and they have a great deal of difficulty writing and explaining in proper English what has taken place. So by putting it in writing, they probably get the whole thing wrong. It would be much better if they could be interviewed and get to the whole basis of what the problem is.

**MS McKENZIE:** What about the Federal Court and costs? You talk about that too in your submission - court costs.

**MR CAMP:** That's right. With my case, Human Rights said, "No, you don't have a case," and then I wrote to the attorney-general complaining about Human Rights. I said, "The way they dealt with me, I thought it was dreadful," and they more or less agreed in a way, but they said, "Look, we might be able to help you." It turned out

the young woman I was dealing with, I think she got carried away because she said there are certain cases that you can get help with a common interest, if it's a public interest.

**MS McKENZIE:** Public interest, yes.

**MR CAMP:** Really, it turned out that my case wasn't really - - -

**MS McKENZIE:** Like that one?

**MR CAMP:** No.

**MS McKENZIE:** So you went to the court without a lawyer in the end.

**MR CAMP:** Yes. I rang the Federal Court, that's right, and I said, "Human Rights have turned things down," and I said, "Can I take my case up myself?" and she said to me, "Look, you've got to realise that you could be up for the other people," and she said, "They might hire a bloomin' QC or something," and then I felt - well, I know the present government in Queensland is a bit cash strapped at times, and they tell me that they went after that chap who took up that case of the "Nigger Brown" name in Toowoomba, and they've been after him for money. Basically, I thought it would be unwise to go into court if you're going to be up for the other people's costs, because you've got no right and no way of knowing who they're going to hire. They could run up a lot of costs when really there was no need to, so basically it means you can't go to court, and they more or less tell you that.

**MS McKENZIE:** One of the things we've suggested in our report is that there should be some guidelines about when the court could award costs against someone who is making a complaint and that even if that person lost, costs wouldn't automatically get awarded against them.

**MR CAMP:** I think that would be good, because in my own particular case, Education Queensland did actually suggest that they were willing to mediate and Human Rights - and this is one of my gripes - I felt could have easily have got on the phone and said, "Look, we don't think this chap has got a really strong case, but if you're willing to talk, why don't we arrange a meeting?" But they didn't and they just ignored it, and basically I wanted to go to the court to actually ask the court to order them, more or less, to have a mediation, but what has sort of happened to me is that I managed to get a qualification, but in English. Really, I was aiming to get into the adult education area where the deafness would be a lot lesser problem.

What the problem is is that that market attracts a lot of teachers, and really I wasn't all that academically brilliant. There isn't really anywhere for me to go. When I watch TV and see all these kids being kicked out of school now, I feel there

could be more one-to-one successes probably if they could sort of order them to be on a one-to-one basis and use people like me. Again, it involves money. Yet, really, they're allowing a large number of these young - and a lot of them are young males who drift about; they don't go to school; they're not doing well academically, and then there's nowhere for them in the labour force.

Many of them end up in trouble with the police and then that costs the blooming country a fortune. It's difficult to explain this because each politician is looking at his re-election, and he's only looking at the situation now. We really do want people to look at - - -

**MRS OWENS:** In the long term, yes. Victor, we'll have to finish in a minute, because we're running out of time.

**MR CAMP:** Yes, sure.

**MRS OWENS:** I just wanted to come back to HREOC just for one second. When your case was terminated, did they give you clear reasons as to why they felt your case couldn't proceed?

**MR CAMP:** No. They seemed, in my opinion, to want to jump out of it. They said, "Yes. You left the time limit too long." It's supposed to be within the year. That's a typical sort of example where the act is drawn up, in my opinion, incorrectly, because as I tried to say to them, it was over a year before I realised that that interview had not taken place properly.

**MRS OWENS:** Is that one suggestion you'd make to us, that perhaps we should review that issue with time limits and the flexibility of time limits?

**MR CAMP:** I definitely think that's right, and it could happen, not only in that area; it could happen in medicine. A person could go to a doctor and a doctor could say a certain thing, and they go away thinking it's right, and then perhaps a year or two later they find out that that advice was totally incorrect, but then the way this act has worked, you find that you're out of time, and they immediately cut me off and they didn't answer any more letters until the attorney-general actually wrote to them and then they did. Then they came up with a story that it had gone to the wrong person. It didn't sound right to me. So basically I think if there could be some changes there, that might be a big improvement.

**MS McKENZIE:** A more flexible time limit.

**MR CAMP:** Yes. I think that might give people more chance to sort of get something done because, as I say, they could easily run out of time before they even realise that they really were discriminated against. It's often only after things happen

that you reflect and realise that things are different to what you thought at the time it was happening, and in my case, it was well over a year before I realised how important that interview was - the original assessment - and how it had not really been, in my opinion, fairly conducted.

**MS McKENZIE:** Victor, I've asked you all the questions that I wanted to ask.

**MRS OWENS:** So have I, Victor, but that was very very helpful.

**MS McKENZIE:** A really helpful submission.

**MRS OWENS:** Is there anything else you wanted to say to us before we hang up?

**MR CAMP:** No, just that I'm pleased that you've had the inquiry, and I do feel that some very important information has come to light, and I do feel that it's lucky in a way that it has come at this particular time, because I do feel now that this issue is now being looked at, because over 10 years ago I found a little group called HOPE - older people gain employment, but I didn't find much help from anybody really, but now it's really becoming important, and I do feel that disabilities are linked and therefore both of them are going in tandem. I think this will now mean that what you're reporting to the government will be looked at perhaps much more seriously than, say, 10 years ago.

**MS McKENZIE:** Yes.

**MR CAMP:** I think that's very very pleasing from my point of view.

**MS McKENZIE:** Thank you very much, Victor. That's very kind, and it's a good submission.

**MRS OWENS:** Thank you for your input.

**MR CAMP:** Thank you.

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**MRS OWENS:** Thank you. You've given us two submissions now. In your second submission - your more detailed submission - you've given us a very good insight into both the problems you had faced as an individual but also your personal experience with using the Disability Discrimination Act and making a complaint. We've got a very good understanding now, I think, of the problems faced by people with multiple chemical sensitivity because we've spoken to quite a lot of people.

**MS McKENZIE:** Yes, about all kinds of access.

**MRS OWENS:** But we thought it would be useful to focus more on the issues relating to the process that you went through with the Human Rights Equal Opportunity Commission. You've made a number of very interesting recommendations. We'd thought we'd just like to talk about those. Is there anything you wanted to raise with us before we go on to talk to you?

**MS PRIDEAUX:** No. I think if we start with the process first with HREOC.

**MRS OWENS:** You have mentioned here in your submission that when you were at the conciliation stage, I think it was, you were faced by the other side of the health system having a team of legal experts and solicitors and so on.

**MS PRIDEAUX:** Yes.

**MRS OWENS:** And you actually couldn't afford any legal support yourself.

**MS PRIDEAUX:** No.

**MRS OWENS:** Then you said the complaint was destined to failure from the start because the lack of equity in legal support. That is an issue that quite a few people have raised with us. Did you try to get support from a legal service or was it just not available?

**MS PRIDEAUX:** Yes. I checked with quite a number of firms of solicitors initially. I tried the Health Rights Commission. I tried every avenue that I could find. The only action that I could take in any way was through the Anti-Discrimination Tribunal, and I ended up with nothing virtually. So it was very upsetting and distressing. I wouldn't say that it was a waste of time but it cost me a lot as far as my health was concerned and it also cost me a lot with distress. As you realise people with this problem - we can't go out and get help from other people so it was very distressing and frustrating, and then to end up with virtually nothing and then to be intimidated and threatened with retribution - it was just unbelievable. We're continually told that this is a democratic country but as far as I'm concerned there was nothing like democracy or justice for me and so many other people as well.

**MRS OWENS:** When you say there was retribution what did that entail?

**MS PRIDEAUX:** Well, when I pursued the matter of safe access to medical services with the medical director of two hospitals he virtually told me that if I pursued the matter it could affect my relationship with my doctor at the pain clinic, meaning that they would send me back to the pain clinic at the Royal Brisbane Hospital where I was assessed by one psychiatrist and then he decided that chemical sensitivity just did not exist and therefore I was denied a further appointment with yet another psychiatrist.

I was treated as though I was an addict because I was trying to get adequate pain relief and also because I was trying to get environmentally friendly facilities for people with chemical sensitivity. I was virtually told, "Don't go making any waves or we'll take away the access you have at the pain clinic at the Redcliffe Hospital," which was offered to me as a last resort, and it's still really not satisfactory.

**MS McKENZIE:** And you said that, in the negotiation, even though you had a solution there, they didn't comply with it. They didn't obey the agreement.

**MS PRIDEAUX:** No, they said that they would work on compiling hospital protocols for people with MCS and it's been almost two years now and they've done absolutely nothing. Every time we try to contact somebody to find out, "Are they going to implement anything?" nobody wants to talk to us. As I said in the history that I wrote of the problems that I'm having, I cannot go to a hospital for any sort of treatment because I have to keep my mask on all the time that I'm there and I really am terrified that if I have a health problem that requires hospitalisation I'm just unable to go into a hospital.

**MRS OWENS:** Yes, it could you make you sicker than before you started, couldn't it.

**MS PRIDEAUX:** Well, it would kill me. I'm not being dramatic when I say that because my sensitivity is so severe that one tiny sniff of perfume can put me to bed for up to a week. So if I had constant exposure - if I had to stay in a hospital or some sort of medical facility - you know, how people suffer from anaphylaxis - that's what would happen to me and it has happened in the past.

**MS McKENZIE:** But as far as you're concerned that agreement to write a protocol about how to deal with people with MCS has just never happened?

**MS PRIDEAUX:** No, the president of our support group helped them compile draft protocols but in two years it hasn't gone any further.

**MRS OWENS:** So there is a draft protocol. Are there any protocols used overseas

that you could rely on too?

**MS PRIDEAUX:** Yes, there are. We have supplied Queensland Health with a number of hospital protocols from overseas hospitals. They continue to say, "Our funds are short. We can't afford to do it." But we're not asking for expensive equipment. All we're asking for is actually going to cost very little. We just need a room or a ward or a small theatre, or whatever, that hasn't been cleaned with chemicals and that the staff are fragrance and chemical-free. That costs less - it costs very little in comparison to equipment and facilities which are required for most other diseases.

**MRS OWENS:** The negotiated settlement was with Queensland Health?

**MS PRIDEAUX:** Yes.

**MRS OWENS:** Or was it with a particular hospital?

**MS PRIDEAUX:** Well, Queensland Health.

**MRS OWENS:** So there was an agreement at that time to do something.

**MS PRIDEAUX:** Yes.

**MRS OWENS:** And it hasn't been done. Do you think that there should be some ability for the Human Rights Equal Opportunity Commission to come back in to check what is happening with negotiated settlements? Do you think that would help?

**MS PRIDEAUX:** Absolutely, yes. Before the hearings, I had contacted the HREOC and they didn't want to know me. Everybody else I tried didn't want to know me, because the government officially does not recognise chemical sensitivity. It's incongruous really, because they pay me a disability pension because I have chemical sensitivity and then they turn around and say, "Well, this disease you claim to have doesn't exist."

**MRS OWENS:** The Commonwealth government pays you a pension, but you're saying it's the state government that's not recognising it, aren't you, in the context of the hospital system?

**MS PRIDEAUX:** Yes. The state government won't recognise it, but the Commonwealth government won't either.

**MRS OWENS:** We've got a suggestion in our draft report that the definition of "disability" be clarified to make it clear - and I'll just read out what we've said. "Disability includes medically recognised symptoms where a cause has not been

medically identified or diagnosed," and that's meant to pick up such things as multiple chemical sensitivity and chronic fatigue syndrome.

**MS PRIDEAUX:** Yes.

**MRS OWENS:** Do you think it helps to have that sort of clarification in the definition?

**MS PRIDEAUX:** I would help enormously. I'm sorry, my short-term memory fails me - - -

**MS McKENZIE:** That's okay.

**MS PRIDEAUX:** - - - because I'm not feeling really wonderful. Every day - I'm sorry.

**MRS OWENS:** We can just pause for a minute.

**MS PRIDEAUX:** Every day I feel very ill. I never have a day where I feel well at all. Because I have to live in suburbia now, I'm continually exposed to toxic products from the neighbourhood - perfumes and mower fuel and all that sort of thing - so having to live in suburbia is going to kill me eventually. I'm sorry, what was I going to - - -

**MRS OWENS:** We were just talking about the definition of "disability" - just our suggestion that it be clarified, to make sure it does cover conditions such as multiple chemical sensitivity. If that's made clear, then - you know, this would be in Commonwealth legislation.

**MS PRIDEAUX:** Well, it has an international disease classification.

**MRS OWENS:** Yes, we're aware of that.

**MS PRIDEAUX:** Yes, but the federal government won't accept that, and the AMA won't accept that either. I'm not sure whether now in the southern states you can have blood tests or brain scans or whatever it is to confirm that a person has MCS, but in Queensland there are no blood tests or any medical tests at all to confirm this and this is the stumbling block. The medical profession continually say, "Well, where is your proof?" Even if these tests and brain scans and whatever were available, they're not accessible by people like myself, because we can't afford them. The specialised tests and scans aren't available on the health benefits scheme, so we need both state and federal governments to officially recognise chemical sensitivity.

When you go to somewhere for a health procedure, they can't continue to treat

you as though you have a psychosomatic illness, which is what has been happening to myself and so many other people for many years. As I said, I've had this for 30 years and getting worse and, because you can't get any assistance from the medical profession, it's just so stressing. I'm sorry, I'm trying not to - - -

**MS McKENZIE:** No, that's fine.

**MRS OWENS:** You're going very well. Could we come to your recommendations that you've made? You've made some interesting recommendations, and some we'd just like to clarify.

**MS PRIDEAUX:** Yes.

**MRS OWENS:** You say that the DDA complaint process should be improved to ensure equity of access to legal support, or remove the need for legal proceedings, then you say, "An independent panel to assist with the conciliation process may be fairer." We were just a bit puzzled about that recommendation, because there is a Human Rights and Equal Opportunity Commission. It's meant to be the role of that commission to undertake the conciliation process, and the commission is an independent body, so we were just wondering what you meant by that. Is this in addition to the HREOC?

**MS PRIDEAUX:** Yes, I think so, because HREOC don't officially recognise MCS either. I don't know who could be appointed to independently do this.

**MRS OWENS:** But the alternative way of dealing with this - I mean, I don't know whether HREOC would recognise it or not, but the fact that you did have an outcome through your complaint process seems to indicate - indirectly at least - that there was some recognition of a problem. Rather than set up a separate panel, the preferable way would be to actually ensure that it's very clear in the act that HREOC applies - that conditions such as MCS are recognised.

**MS McKENZIE:** Yes, are recognised.

**MRS OWENS:** Then you don't need to set up a separate system.

**MS PRIDEAUX:** As long as HREOC do officially recognise it, then I would say that would be fine but, as I said, the last contact I had with them - they didn't recognise it and they just refused to help me in any way at all. The same with the Health Rights Commission.

**MRS OWENS:** But you did get a settlement that said that a protocol should be developed, which seems to indicate that there was some acknowledgment that there was an issue that needed to be addressed.

**MS PRIDEAUX:** Yes, but after two years still - it hasn't progressed any further than draft protocol.

**MRS OWENS:** Still no protocol actually in place?

**MS PRIDEAUX:** No. It's almost two years ago I had to have an operation to have a sun cancer removed from my bottom lip, which actually entailed removing my whole bottom lip. Because of all this non-recognition and no adequately safe facilities, I had to wait 18 months to have this operation. In the meantime, the cancer on my lip became nasty - and it wasn't a major operation, but it was a big operation for me - and, because of the lack of safe facilities, I had to endure this under local anaesthetic, which was really awful.

If these protocols are implemented, then that sort of thing won't need to happen to anybody else. I had a letter from Dr John Scott recently in reply to a letter that all our members sent to him asking for safe facilities and he stated that there are no recorded deaths from MCS and, therefore, no facilities are needed and nothing will be done about them. I don't know whether our new health minister is going to think differently or whether, because of what John Scott has said, the protocols are going to be sidelined.

We have tried to contact somebody either at the Royal Brisbane or in Queensland Health to clarify what is going to happen, but nobody knows and nobody wants to talk about it. We need somebody to follow this up, to find out what's going to happen with these protocols. Are they going to take them further than just draft form and implement or what is going to happen and when. We're all getting older and our health problems are becoming worse. When John Scott says there are no recorded deaths, people don't die specifically from MCS, they die from heart failure or asthma attacks and other health problems which have been caused by MCS.

**MS McKENZIE:** They were all the questions I was going to ask you, Barbara, about your submissions. Is there anything else you want to say to us before we - because we have to go on to the next participant.

**MS PRIDEAUX:** Sure. I mentioned the fact that the masks I need to wear are quite expensive. Have you any idea how I can go about applying for some sort of subsidy for these? Diabetics get a subsidy for needles and equipment they need for their disease.

**MS McKENZIE:** There is a whole funding issue about that. Hopefully if it's properly recognised as a disability, then they can begin to look at that issue.

**MS PRIDEAUX:** Yes. One other thing is that the best way to treat MCS is by

avoidance of exposure to toxic substances and also to take natural supplements rather than pharmaceutical medication. Some sort of assistance in that area would be of great benefit to us, as well.

**MS McKENZIE:** Yes, there's a whole funding issue; why this is not recognised properly.

**MS PRIDEAUX:** Yes.

**MS McKENZIE:** I agree about that.

**MRS OWENS:** We are going to, in our report, acknowledge that there are funding issues and a range of other issues that probably go just a bit beyond our terms of reference, so we will acknowledge those.

**MS PRIDEAUX:** Yes.

**MRS OWENS:** But I don't think we will be able to solve those sorts of problems for you today.

**MS PRIDEAUX:** No.

**MS McKENZIE:** But we will certainly list, you know, these other issues that have come up, even though they're not directly a Disability Discrimination Act issue.

**MS PRIDEAUX:** Yes. The hearing which I had, it was really disgraceful the way that I was treated - and my advocate. I really felt like a criminal, having to attend a hearing and be interrogated by - there were two or three barristers, which cost hundreds of thousands of dollars. It was so unfair and I didn't get any justice. There needs to be something done so that people like myself can take some sort of legal action and get the same legal support that Queensland Health provided for themselves. Am I making sense?

**MS McKENZIE:** Yes.

**MRS OWENS:** Yes, you are. I think that's just about where we started this discussion.

**MS McKENZIE:** Yes, I think that's right. A number of people have said that the guidelines for services like Legal Aid, for example, should be made more flexible so that they can help more in these kind of cases.

**MS PRIDEAUX:** Yes. All right.

**MRS OWENS:** Thank you very much. We probably have to close now because we have to get on to our next participant who is waiting for us in Perth.

**MS PRIDEAUX:** I'm sorry that I held you up.

**MRS OWENS:** No, it's not a problem.

**MS McKENZIE:** Not a problem.

**MRS OWENS:** Thank you very much, Barbara.

**MS McKENZIE:** Thank you very much.

**MS PRIDEAUX:** Well, thank you for talking to me and I really appreciate the help that you are giving us.

**MS McKENZIE:** Thank you.

**MRS OWENS:** Thank you very much. Goodbye.

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**MRS OWENS:** Thank you. You have given us two submissions - one very early on in our inquiry and another one we received last month. So thank you for that. Some of the issues you raise probably go beyond our terms of reference because we're reviewing the Disability Discrimination Act and I think some of the issues - - -

**MR HANSFORD-MILLER:** Disability, yes. I could have mentioned that a bit more. Well, you can ask me questions on it.

**MS McKENZIE:** Yes. No, that would be fine.

**MRS OWENS:** But some of the issues that you raise may - - -

**MR HANSFORD-MILLER:** Well, I'll be warned now. I am more disabled, yes. I was in the war against Hitler.

**MRS OWENS:** Right.

**MR HANSFORD-MILLER:** And so it has ruined my life, that did. I volunteered and then I've had trouble ever since, due to tuberculosis I contracted during the war and I was two years in hospital. I had six years in the war on the guns and defended London and all that and then I was two years in hospital, you know. I had just gone up to University College, London to read the top maths degree. I was halfway through it and then I got these terrible pains and was rushed to hospital and I have been ill with it. I've had two cancers from the x-rays I had. I'm just getting over my second cancer. I was a good, top sportsman and everything and had to give it all away because I had a bad spine and now I've got bad cartilage trouble. But, still, I fight back, I think, because that's what I do.

I think too many people just look to the state to do everything. You would just as look to yourself. That's what you have to do. That song, Look Inside Yourself and You'll Find a Hero, I think that's what people have to do more and more. The state has taken away more and more of our freedom and it encourages people not to look inside themselves. Well, I think it's wrong, really, but there you are. That's my philosophy in life. I'm 87 now.

**MS McKENZIE:** Are you really? That's amazing.

**MR HANSFORD-MILLER:** I was 86 when I had the last cancer; one day short of 86.

**MS McKENZIE:** You sound very young, Frank.

**MR HANSFORD-MILLER:** That's why I think you have got to extol a different philosophy in life. You've got to get away from looking to the state to do everything.

These Redfern riots and talk about 200 years ago - well, why don't we look to the future? Look at the government, all pouring over weapons of mass destruction. Forget it. Look to the future. We've got the completely wrong philosophy of life developing. So there you are. It's outside your terms, but I think - I don't think anything is outside your terms of reference, really. I think that the whole of the state and the way of life and everything affects what goes on in the workplace.

I think Steve Waugh said it. He said it in his speech being made Australian of the Year. We've all got to work together. I think that's it. There is too many groups working against others. You know, just putting their own point of view and neglecting society as a whole. That must affect people in the workplace. So I think that's one thing that is relevant. We're in a one-world situation now and we're one country and everything is mixed up now, isn't it, together. We all know television: everyone is in the same boat now, really. Aren't we? There used to be rich and poor and living completely separate lives. It's not true any more. We're all looking at the same programs, all subject to the same influences. So I think we've got to look at things differently and in a more comprehensive way.

**MS McKENZIE:** Frank, you have talked about the workplace. Have you got any comment to make about any disability discrimination matters that relate to the workplace?

**MR HANSFORD-MILLER:** Not really, no. No, I work on my own now. I'm an author. I write books now. I was a world-famous statistician, really. I did make the grade there and I was teaching 20 years out here at the university. I think the workplaces, they're full of feuds and everything, like everything else. A lot of nepotism goes on. You know, promoting people through who you know and not who you are. I don't think feminism is a help because I think you've got to appoint people and promote people on their ability. Now, take Margaret Thatcher, Prime Minister of England. She got the job because she was best. She was the most suitable at that time for that position, not because she was a woman. Now we seem to be just promoting women just for the sake of keeping a quota going. I don't agree with that. You have got to promote people, whatever gender they are, whether they're the best for the job, otherwise you're not going to be prosperous at all.

**MS McKENZIE:** So you wouldn't agree with measures like quotas and things like that for people with disabilities?

**MR HANSFORD-MILLER:** No, I don't. It's ridiculous. You've got someone doing a job, it's no good putting a bloke or woman in who doesn't know the work, is it, just because she's that sex, he or she. You have got to put someone who knows the work, that can do the job.

**MS McKENZIE:** Were you a mathematician, Frank, at university?

**MR HANSFORD-MILLER:** Yes, I've got math degrees and that. I'm a fellow of the Royal Statistical Society, a member of the Australian Statistical Society. I was on the committee. I go down to UWA once a month for their monthly meeting to keep in touch.

**MRS OWENS:** Did you find your own disabilities caused you problems at the university or did the university make allowances for your own situation?

**MR HANSFORD-MILLER:** I never took advantage of it, Cate. I just coped with it myself. I never enlarged on my disability. I don't seek help.

**MS McKENZIE:** There was not a need for you to tell the university about that?

**MR HANSFORD-MILLER:** What?

**MS McKENZIE:** You didn't need to tell the university about those things?

**MR HANSFORD-MILLER:** About what?

**MS McKENZIE:** About your disability.

**MR HANSFORD-MILLER:** No, I don't. You see, there are some war veterans and that's why the RSA - I'm a member of the RSL here, but I'm away from my main branch. I've moved out, 50 k's out of town, so I'm away from - for meetings. I used to be on the committee there at Willetton. That's near Murdoch University in WA. I was down there. But some war veterans talk about nothing but the war. It's a big event in their lifetime and rightly so, really. It doesn't loom large like that in me. My problem was to get over that disability, or cope with it, and get on with my life. So I had a different attitude to things, because, you see, people don't realise that after Hitler's war in 1945, when it ended, and I was in England, it was a struggle to exist. It was a bad time to make a living and develop your life and all the bombing and everything.

It's a different world now. It's a lot softer world. It was a harder world in those days and I think it's more character forming in a hard world. You can't have a too easy world because that takes away people's initiative. That has been my philosophy. It has kept me going. Most of my friends have died now. I wrote to one last night. I said, "I think you're the last of my remaining - -"

**MS McKENZIE:** Then it's a good philosophy.

**MR HANSFORD-MILLER:** Yes - a lady I worked with. So I wrote to her last night and got the letter sent off. "Keep going," I said. "You know, I think you're the

last survivor of all my friends."

**MRS OWENS:** I don't know if you should be laughing, Frank.

**MR HANSFORD-MILLER:** That's the way I am.

**MRS OWENS:** In your first submission you talked about campaigning for nearly 10 years in relation to the Human Rights and Equal Opportunity Commission and have given interviews on the TV and radio.

**MR HANSFORD-MILLER:** About what they call cloning.

**MRS OWENS:** Yes.

**MR HANSFORD-MILLER:** It's not cloning. I mean, this is being guided by Hollywood. People talk about cloning. I'm a scientist, you see, Cate. I get the Scientific American and Nature and I keep up to date with all the latest research. They find that, even now, in last month's Scientific American that even identical twins in the womb with the same DNA, there is now another factor that overrides the DNA and makes the final babies that are born quite different. And, also, even two embryos in the womb can be in different places in the womb and come under different influences. And the Dionne quintuplets that I always quote, there were five with identical genes and yet they all turned out to be different.

**MRS OWENS:** Differently.

**MR HANSFORD-MILLER:** I can't see what all the fuss is about. I really can't. This is a case of discrimination if there ever is one: a million women helped because they want children and there's IVF. And with IVI, as they call it, in vitro insertion, it's only the insertion of genes instead of sperm. At least the kids know their father, don't they? I would be their father. Women are sympathetic to me. It's these people, these bureaucratic, controlling bodies that are set up that are afraid. It's cowardice. It's prejudice and cowardice, that's what, and fear that they might get a baby that's wrong. Well, nature produces wrong offspring. Nature is not perfect. How can we expect all these new things to be perfect. So there you are. I know a lot about this aspect but no-one wants to know. There's a blanket put out on it, news. It's all the reporters - it's always negative. They don't see it as a great advance of human reproduction.

**MRS OWENS:** Excuse me, Frank.

**MR HANSFORD-MILLER:** It's only asexual reproduction which - the original form of reproduction for life is asexual, not sexual. That comes later. We only move right into that - if people only had a bit of brain, which they haven't got, I'm afraid,

not in this area, anyway.

**MS McKENZIE:** So, Frank, that one is really a sex discrimination issue, but we are inquiring into the Disability Discrimination Act area.

**MR HANSFORD-MILLER:** No.

**MRS OWENS:** My question was about cloning.

**MR HANSFORD-MILLER:** It's up to the individual. I think if the individual can play it up, he can try to use it to beat the system and get more allowances. I wasn't that kind of person. I kept it under and tried to be the same as everyone else. I didn't want benefits from my war service. I was left with long-term problems that I've still got. I had 100 unprotected x-rays on my body to monitor my spine. Three of my vertebrae were eaten away in the middle of my back. To tell how that was going I had to have regular x-rays. Powerful, full of radiation. We didn't know then. I've had two cancers already. The first one took away my sex because of the TB. My wife had died. I wanted children and got friendly with a lovely lady and she wanted children and I did. I said, "I don't think there is any problem. There is IVF for women. There is sure to be something for the men." I found there wasn't and I have been struggling ever since. I've had volunteers to be surrogate mothers and all that, but if the committee decide no, well, now Health Career are doing it. It's not going to - - -

**MS McKENZIE:** Go away.

**MR HANSFORD-MILLER:** - - - not happen. It's going to happen, because you can't - I mean, Galileo and the church tried to stop knowledge. You can't stop knowledge and progress. If we stop it, it's going to arise somewhere or if it is arising, it's now arising in - so why can't we be part of it and embrace it and test it out and let people like me - I produced as many children as you like with it until I run out of money and if I run out, how am I to bring them up? I've done a lot in my life, Cate. The one thing I haven't done is to leave my - any genes behind. That wrangles me.

**MS McKENZIE:** But, Frank, I have to - - -

**MR HANSFORD-MILLER:** That wrangles me - - -

**MS McKENZIE:** Frank.

**MR HANSFORD-MILLER:** - - - and that's what I want to happen.

**MS McKENZIE:** Frank.

**MR HANSFORD-MILLER:** So - - -

**MRS OWENS:** Frank.

**MR HANSFORD-MILLER:** I know. Well, that means I'm - in the workplace I never used by personal problems to further my gain at all, so - - -

**MS McKENZIE:** Frank, they are all the questions that I want to ask you and, forgive us, but we have to go on to the next participant in the hearings now.

**MR HANSFORD-MILLER:** Come again, dear. It's not a good line up here and I was on the big guns in the war. That's one difficulty I've got.

**MS McKENZIE:** Okay.

**MR HANSFORD-MILLER:** It's not that I don't, you know, hear very well.

**MS McKENZIE:** No, it's okay.

**MR HANSFORD-MILLER:** It has not really affected my hearing, but just a little bit it does.

**MS McKENZIE:** Yes. We have to go - - -

**MR HANSFORD-MILLER:** Can you say that again?

**MS McKENZIE:** Yes. You will forgive us, but we have to go on to the next participant in our inquiry.

**MR HANSFORD-MILLER:** Yes.

**MRS OWENS:** We have to hang up in a minute.

**MS McKENZIE:** We need to have to hang up in a minute. If there anything else you would like to say before that? Just a brief summary of what you would like to say to us.

**MR HANSFORD-MILLER:** Well, I don't think you can look at the workplace as anywhere separate from society as a whole.

**MS McKENZIE:** All right.

**MR HANSFORD-MILLER:** You have got to look at society as a whole and make

that healthy and amenable. You see, we're losing a lot of our freedom now in Australia. I mean, now, the - you know, there's some necessity really with 11 September and all that, but we are. I mean, people with smoking, drinking - what I call the conviviality factor; it's going. People can't get together socially now. It's reacting on us. We're getting all these riots now.

**MS McKENZIE:** Yes.

**MR HANSFORD-MILLER:** We're getting all the riots because we're - the motorist is now looked upon as enemies. They're not. They're the ordinary people going about their business, but the police attitude to it is - I think the police should be taken off the road. They're the separate authority. The police in my lifetime have been looked upon as friends. Now, the young people that are growing up are looking on the police as enemies. Young men are full of fighting instincts and they're fighting the police and smoking. The cleverest men I've met, the geniuses in my lifetime, have all been chain-smokers. There's George Orwell, the greatest writer, he's a chain-smoker. Picasso, chain-smoker - - -

**MS McKENZIE:** Now, Frank - - -

**MR HANSFORD-MILLER:** Winston Churchill smoked all day and drank heavily. Now, I went to a dinner at the University College when I was in England last time. The most insipid thing I've ever been to and I used to go to a lot of dinners and there was no toast to the Queen, there was no alcohol, no smoking, no, "Gentlemen, you may smoke," and all the cigars. I'll never go to another one. The reality factor has gone out of life.

**MS McKENZIE:** Frank, we - - -

**MR HANSFORD-MILLER:** If people want to smoke - - -

**MS McKENZIE:** Frank.

**MR HANSFORD-MILLER:** My father chain-smoked. I've been a smoker all my life.

**MS McKENZIE:** Frank, we have to hang up now.

**MR HANSFORD-MILLER:** That's the sort of thing you should look at. You should broaden your - - -

**PATRICK:** Frank, can you hear me? Can you hear me, Frank?

**MR HANSFORD-MILLER:** The workplace is not something separate. It's part of

society.

**PATRICK:** Excuse me. Can you hear me? This is Patrick - - -

**MR HANSFORD-MILLER:** And for society to be a happier - with freedom. People have got to be thrown back to themselves into the pit and make up their own minds, instead of being brainwashed by government and - - -

LOST TRANSMISSION

**MRS OWENS:** We're not exactly sure what you wish to talk to us about, because I don't think we've had a submission from you.

**MR SMITH:** I've got it sitting in front of me. Would you like me to read it to you?

**MRS OWENS:** Yes, or you can run through the main points in it and send it to us, whichever way you'd like to do it.

**MR SMITH:** I can do both. I can put you in the picture and that highlights the situation.

**MRS OWENS:** That's great. Thank you.

**MR SMITH:** I'm mainly legally blind resulting from glaucoma. I had laser treatment and surgery on both eyes but it has left me with this disability. One of the many disadvantages is being in daylight, then going into shade. The brighter to the darker environments can take up to 20 seconds for my eyes to adjust. This period of time is spent from total darkness to my normal blurry tunnel vision. Just bear with me, because I will just explain my disability. This disability has been instrumental in me being run over by a car, breaking my ankle, and in Nona's company on four occasions, we've nearly been run over.

**MS BLACKBURN:** I won't walk across the road with him.

**MR SMITH:** Nona has a back injury, so we're very restricted together: tripping over, bumping into people are not unusual, along with being laughed at and abused. That is sort of giving you the picture just a little bit more. That's it. I can read to you what actually happened to us.

**MRS OWENS:** Nona, you're in a different location, aren't you?

**MS BLACKBURN:** Yes, I am.

**MRS OWENS:** You've got a back injury.

**MS BLACKBURN:** Yes, I have.

**MRS OWENS:** But the two of you do go out and try and walk together, and have problems.

**MS BLACKBURN:** Whenever I'm in Melbourne, which is once a month to see my doctors, I ring Bluey and we meet. We've been friends for a number of years. So we meet, and this is what had happened on this occasion. We had met and we had gone out for dinner. It was his birthday, I think, that day or the following day and I

shouted him dinner, and, yes, it's two handicapped people. Like I said, I won't walk across the road with him. It's dangerous.

**MRS OWENS:** That's all useful background information for us.

**MR SMITH:** What I've written down actually is what happened to us, and then that will hopefully put you right into the picture. We had a meal at an Indian restaurant after trekking the city from the Trades Hall to our union office in Swanston Street, a solicitor's office in Victoria Street, and then around up to Lygon Street to another office. We had two stabbies before we had done our business, and then some three hours later we had another, then decided to go and have a meal. After eating, Nona had approximately 30 minutes to spare before her train left to go back to Gippsland. We decided to go and have a beer at Young and Jackson's pub.

**MRS OWENS:** Yes, I know it well.

**MS McKENZIE:** I think most people know that one.

**MRS OWENS:** We're in Melbourne.

**MS McKENZIE:** Very well; we're in Melbourne, yes.

**MR SMITH:** It's off the Flinders Street station. We walked up to the pub, Nona holding my arm, and she with a severe stoop and bad walking action. The first bar was full so we went around the corner from Flinders Street to the Swanston Street bar. The sun was very bright, so when we approached the door, I felt with my foot to make sure of the step. At this moment, a very tall Afro-American bouncer said we could not go in, the reason being we were drunk. We then explained we were disabled.

**MS BLACKBURN:** Just to interrupt, Bluey, sorry. He said, "You can't go in there. You're intoxicated." I said, "Bluey, give me your wallet," and out of his wallet I pulled his disability pension card that stated "Blind" on it and handed it to this man.

**MR SMITH:** Just let me finish then.

**MS BLACKBURN:** Yes, sorry.

**MR SMITH:** I showed him my blind disability support pension card. He then allowed us to enter, saying that I should have a blind sign around my neck. This is how it happens, because Nona is often not around. He then came over to us at the bar and tried to talk himself out of his mistake. We were both very insulted by his actions and we drank our beer and left. After all his insulting remarks about our disabilities, he made no attempt to make any apology whatsoever. That's the

incident. That's what happened.

**MS McKENZIE:** Did you think of making a complaint about what happened?

**MR SMITH:** At the time I did. As Nona can verify, I was pretty upset, but next day I sort of cooled down and I thought, "Live and let's forget," sort of thing. I've just got to get used to this. It's nothing unusual for me to trip over, as I said, or nearly get run over by a car; abused; laughed at. It's not unusual. This is life for me from now on. I'll just have to get used to it.

**MRS OWENS:** It shouldn't be life for you from now on, and this is what we are trying to address in this inquiry. You shouldn't have to put up with that. Coming back to the bouncer, bouncers in Melbourne have had quite a lot of bad press lately for other very serious incidences that you no doubt know all about.

**MS BLACKBURN:** That's right, yes.

**MRS OWENS:** It possibly comes back to really fundamental questions of how they're trained.

**MR SMITH:** We questioned him on that.

**MS McKENZIE:** What did he say?

**MR SMITH:** For starters, myself and Nona, we're both level 3 occupational health and safety reps when we're active. So we've had intensive training. I've got an idea there's about 350 hours that we've done in an 18-month period. Dealing with conflict and things like that was all in the training that we've done, and we questioned him over it, and who is he to have a kangaroo court and judge us drunk? He said once he talked to us, he realised that we weren't. But he had already made the call. We should have talked a little bit more, and then realised, and let us explain that we did have a disability. We both had a disability each, and together that's normal for us.

**MS BLACKBURN:** I suppose we did look like a pack of drunks, but in that respect he was way out of line, and coming from where he comes from, one would tend to think that he would have known a little bit better than to say, "Well, how was I supposed to know you weren't intoxicated? You should have a sign around your neck." As I said to him, that sort of shit went out with Hitler.

**MS McKENZIE:** Also, if this was a place where lots of people didn't come, you might understand that people just didn't have that awareness, that education, but Young and Jackson's is huge. It's a popular and very big hotel.

**MS BLACKBURN:** That's right, and you can't tell me that he hadn't been trained

in that sort of thing. I'm still gobsmacked by it. I am still absolutely gobsmacked by it. He said it wasn't coming from him, that it came from his earpiece; his manager upstairs looking through the camera or whatever rubbish he used as an excuse. As Bluey said, he did not make any attempt to apologise for his faux pas whatsoever. It galled Bluey. It galled him to the hilt. He was going to write to the Victorian Institute of the Blind. He was going to let all sorts of people know, and I was cross with him when he backed down, which is why I made the phone call in the first place. I said, "No. We're not going to let this fly. This is crap. You don't have to. This is 2004. No-one has to put up with that."

**MS McKENZIE:** One of the things that people have talked about in the submissions they've made to us and that we've flagged as a suggestion is whether there should be some kind of harassment and vilification law added to the Disability Discrimination Act.

**MS BLACKBURN:** It wouldn't hurt. I would have thought that in this day and age, the act in itself, of 1992 - it really shouldn't have had to be redrawn, should it?

**MS McKENZIE:** Yes, that's right.

**MS BLACKBURN:** This is a totally unacceptable way of treating any other individual.

**MS McKENZIE:** You both said you are OH and S reps.

**MS BLACKBURN:** Yes.

**MS McKENZIE:** Can I ask some questions about employment? One of the quite big issues that has come up before us is this issue of employment of people with disabilities, and quite a lot of the participants have said there's a real problem here. There's a good deal of ignorance about, and just false assumptions made, and sometimes worse, and the employers have said, "We haven't really heard that there is a problem in this area and so perhaps all that is needed is education." What has been the experience of both of you?

**MS BLACKBURN:** I injured myself on the job. I work in construction, as well as Bluey, or I used to. I did my back, and I did my back in a really big way. When I went back to work on light duties, my employer said to me, "Look, do you reckon you can do this? It's not going to break your back" - comments like that. Whatever training that they get - and they do cop it, don't they, Bluey? The MBA put on their own training schedules on how not to discriminate and how not to harass and how not to do things that they do anyway. Nothing is going to stop those sort of comments.

**MS McKENZIE:** Bluey, are you still - - -

**MS BLACKBURN:** No amount of legislation is going to stop it, no amount of training is going to stop it. It's got to come from within.

**MR SMITH:** Only as recently as 12 months ago I stopped doing it, but I was doing an eight-hour OH and S training course for what's called the red card, the inducting card for building workers to get onto a building site. The seven items that are mentioned - and this comes into it - about how people are discriminated against with injuries and how to recognise them. This is only an eight-hour course. It's a basic course.

**MS McKENZIE:** That course is around and people presumably can do it. Have both of you had any experience with HREOC, the Human Rights and Equal Opportunity Commission?

**MR SMITH:** No.

**MS BLACKBURN:** No.

**MR SMITH:** Industrial Relations, yes.

**MRS OWENS:** I'm sure you have.

**MS McKENZIE:** I can imagine. Coming back to your hotel incident - - -

**MS BLACKBURN:** I had one incident where I went to the VCAT tribunal. I was employed by a subcontractor on the refurbishment of a building in Latrobe Street. I had the job to start, then I got home one evening and there was a message on my machine to ring the employer. I rang him and he said, "Look, I'm not going to employ you now." I said, "Well, that's your prerogative, but why?" He said, "Because you're a woman." I said, "Is that so?" He said, "Well, it's not me. It's my father." His father was a Greek and he would not have women working for him, come hell or high water, to the extent that he tore up his contract with the principal contractor. They were not going to employ a woman. When it came to the hearing, it came out that, "Oh, no, it's dangerous work, dangerous and heavy work. She's going to be working with chemicals." Now, what makes it better for a man to work with chemicals and do dangerous, heavy work? Why is he able to do that and not me?

**MS McKENZIE:** Did VCAT find in your favour or against you?

**MS BLACKBURN:** They found in my favour all right, yes. The principal contractor ended up picking me up for the duration; but this company, no way. They

didn't even see that they'd done anything discriminatory. They just refused to acknowledge that they'd done any wrong: completely barbaric and alien attitudes to what this country operates under.

**MR SMITH:** Nona is a classic example. Similar things we do find within the industry. Blokes that through no fault of their own get injured at work - and lots of them are left with bad legacies from it - they can sort of do like first aid work or maybe if they're certified do the OH and S work, but going back to their normal duties? Lots of time they're just not up to it. They prefer just to pay them off and eventually the insurance company pays them off because you're no value to them any more. I spoke to a bloke the other day. He'd just got wiped completely, and he's got a walk like Nona. He's stooped over. He's a bloke not even 50. He's got no hope of getting a job because of his injury.

**MRS OWENS:** We're not doing an inquiry into workers compensation, but we just heard last week from a man who'd had very serious work-related injuries in a car accident and he was paid off. After the time of the payout he was subject to numerous amounts of surgery - I think he's had something like 24 lots of surgery - is severely out of pocket and has ongoing problems. Now, as I said, this is not an inquiry into workers compensation, but there are real issues for people that find themselves in that situation.

**MS BLACKBURN:** I'm in that situation myself. I'm going to conciliation tomorrow to get medical and like expenses reinstated. I'm having to take them to court to get my wages reinstated. It is an absolute nightmare, and I've done that much damage to my back, there's no more damage I could have done to it. I'm facing surgery myself, two lots of it at this stage. I'm not happy about that at all, but as far as getting back into employment is concerned, I'm going on 43 and I'm on the scrapheap already. No-one in their right mind will employ me back in construction, and I physically can't do it.

**MS McKENZIE:** You couldn't do it. It would be dangerous for you probably as well.

**MS BLACKBURN:** It would be. I'd be a bloody nuisance. And as far as the occ health and safety goes, I'm fully qualified to carry that task on its own, to be employed purely and simply on an occ health and safety basis; but I'm restricted because I can't get access. You know, because I'm physically restricted, I'm not going to be able to do my job properly because there are areas of that job I'm not going to be able to get to.

**MS McKENZIE:** You can't get to parts of the site.

**MS BLACKBURN:** Yes, so my days of climbing scaffolds or even building them

and getting up on them, getting up onto roofs, jumping into plant and equipment so as to do what I've got to do, it's gone.

**MRS OWENS:** What about being retrained to do some other sort of work?

**MS BLACKBURN:** I'm having a hell of a battle with myself at the moment in accepting the fact that, you know, you're not to do this and you're not to do that; what I can actually do and what I can't do. About the only good part of me now is my mouth, and that leaves a lot to be desired at the best of times.

**MRS OWENS:** No, I think your mouth does very well. I think you're very articulate. Maybe that's the way to go. I just noted the other day that Bunnings, the hardware chain - there was an article about them employing quite a lot of older workers, and they were often people that had been in the building industry because of the expertise they've built up in that industry, to be able to provide advice to customers that come through the door. I thought that was a really good example of an innovative use of people that might be getting too old to do some of the heavy work in the building industry, but were redirected into doing something else which was quite useful.

**MS McKENZIE:** There are also lots of factories and other places that need occ health and safety qualified people, where you wouldn't have to climb in the same way as you would on a building site.

**MS BLACKBURN:** That's right, yes. I've got that much - I know the word but I'm not going to say it because it's very rude and it's one I don't like myself. Help me, Bluey. What's the - - -

**MS McKENZIE:** Polite way of putting it?

**MS BLACKBURN:** Yes.

**MRS OWENS:** We know what you're trying to say.

**MS BLACKBURN:** Yes. The amount of - - -

**MRS OWENS:** Guts.

**MS BLACKBURN:** The bitch in me; I wouldn't last five minutes in a factory environment. I might just go and look after little babies, I think. Maybe I need that complete change. I don't know. But the sort of comments like Bluey copped that night, you know, "You should have a sign around your neck," it's just not on.

**MS McKENZIE:** That's the sort of stuff you would have expected about 200 years

ago.

**MS BLACKBURN:** That's right. That's exactly right. Just before this call came through I was watching the National Press Club which has the chief justice of the Supreme Court of the ACT talking about the bill of human rights that they've introduced. It was interesting. I was a bit annoyed when the phone rang because I didn't have a video. I couldn't put it on. But that was interesting too. As you said, those sorts of comments you expected 200 years ago; but he also questioned the need for introducing a bill of rights about something that we have taken so much for granted from time immemorial.

**MR SMITH:** What happened to us, a lot goes on. It's Nona that followed it up. I was quite willing to forget it. Then I thought to myself after Nona pursued it, "If everybody took my attitude, well, these things go unnoticed."

**MS McKENZIE:** Yes. No-one would ever know.

**MS BLACKBURN:** Yes, that's right and people go home at night-time and cry into their pillows because they've been so vilified because they've got a disability.

**MS McKENZIE:** Did you ring up the hotel and talk to them?

**MS BLACKBURN:** No, we didn't.

**MR SMITH:** Couldn't see the point, really.

**MS McKENZIE:** It's just that the same bouncer might do it again to someone else. That's the thing that worries me.

**MR SMITH:** That's the way I saw it. And I thought, "Well, if people like us don't come up, stand up and have something to say, youse will never know."

**MS BLACKBURN:** I'll tell you another thing. It's not until you're actually disabled yourself that you really realise what it's like out here in the world for these people. We take so much for granted that we don't recognise that people with injuries and disabilities and whatever else, handicaps of any description, are human beings and they're suffering, and they're suffering unnecessarily in a lot of respects. I don't know how you can legislate against that.

**MR SMITH:** To go and get employment, you're definitely discriminated against as soon as they find out that you've got a previous industry injury. They can't show you door quick enough.

**MS BLACKBURN:** That's right.

**MRS OWENS:** Just coming back to the Young and Jackson incident, supposing you'd gone the other way and thought, "Yes, we're going to take this further and we will complain," would you have been aware of where to go to complain?

**MS BLACKBURN:** We would have, for sure.

**MR SMITH:** We would have found out.

**MS BLACKBURN:** We've got the knowledge to be able to get that information.

**MRS OWENS:** But we're finding there are people that we've spoken to who really don't even know how to get to first base with a complaint. They don't know how to start.

**MS BLACKBURN:** That's very very true, and it's exactly the same with anybody on WorkCover. I've found that myself. My heart goes out to everybody else that's in my situation that hasn't had the help and assistance that I've had.

**MRS OWENS:** Yes.

**MS BLACKBURN:** It's purely my union background that's enabled me to keep my head above - - -

**MR SMITH:** See, normal people - like normal workers in our industry - they come to us.

**MS BLACKBURN:** Yes.

**MR SMITH:** We have to study and we have to keep up with it. We're a little bit different, as I said - we are reps - but 99 per cent of the workforce - and I'm just saying the building industry alone, because we know it - they are quite ignorant, and it's only the ones that can get help from us or myself personally - it's because I know them personally from down the pub or something. They will come up and ask me, and I'll pick it up and run with it, but a normal person, if he doesn't know anybody with our qualifications - they're left out.

**MS McKENZIE:** Yes, in the cold.

**MS BLACKBURN:** They're high and dry.

**MS McKENZIE:** They might just put up with heaps simply because there's no-one they know to turn to.

**MS BLACKBURN:** What people have to suffer because they don't know where to turn is diabolical. It's absolutely criminal.

**MR SMITH:** And you don't plan to hurt yourself either.

**MS BLACKBURN:** No.

**MR SMITH:** In my case - - -

**MS BLACKBURN:** The same as mine.

**MR SMITH:** - - - it was a long time coming. Because it's hereditary, it was a long time coming. I was sort of prepared for it, but when it did come then I realised the hardships that people with disabilities have got to put up with. My training over 20 years has been intensive. I've got something like 30-odd tickets and only maybe four or five are any good to be now. OH and S is one. Me and Nona are both first-aiders.

**MS BLACKBURN:** That's one I've had to give up, because I can't even perform that properly any more with my back. You know, I'm in the same boat. I've got a hell of a lot of tickets. 99 per cent of them I can't use any more, and that's discrimination in itself. I'm on pain-killers. I've come off the morphine, because I didn't like taking it, but once I cut my medical and life expenses I couldn't afford it any longer. So I'm putting rubbish into my system - eating my liver away, eating my kidneys away, doing immense damage to the inside of me - purely and simply because I can't afford what is a healthy alternative that works better. Because I am on medication - and I hate taking it, I really do, but I'm going to be on that for the rest of my days - that precludes me from doing an awful lot of work, because I'm under the influence of drugs.

**MR SMITH:** Can't operate the machinery, for starters.

**MS BLACKBURN:** Yes.

**MS McKENZIE:** Yes, that makes it really difficult.

**MS BLACKBURN:** It's just unbelievable. I'm discriminated on the fact that I've got pain.

**MR SMITH:** It's not on all cases. It wasn't so long back there was some manufacturer - they make park benches or park furniture - you know, tables and things like that.

**MS BLACKBURN:** Outdoor furniture.

**MR SMITH:** Outdoor furniture for public parks and that. He employs all people with glaucoma. They're all legally blind. He's got the same complaint himself and he - - -

**MS BLACKBURN:** God bless him! He's looking after them.

**MR SMITH:** Yes, but that's a very rare case. Most places, to go and get a job you've got to do a medical check-up. They want your medical background and, as soon as they find out you've got an injury or had a previous injury, they scratch you off the book.

**MS BLACKBURN:** Goodbye. You're too much of a risk to them.

**MR SMITH:** You're definitely disadvantaged by hurting yourself or having an injury or whatever.

**MRS OWENS:** I suppose, from the employer's point of view, they will claim, "Well, we've got a duty of care both to the individual that wants the job and to other workers there." There's a potential conflict, even amongst some employers that might want to do the right thing. I don't know whether you'd care to comment about this. It's sort of a broader question about the conflict that potentially is there between applying OHS regulations and, in the case of the act we're looking at, anti-discrimination legislation.

**MR SMITH:** We find in our job - Nona is about five foot four.

**MS BLACKBURN:** Thank you. You've just increased my height by two and a half inches!

**MS McKENZIE:** We'll believe anything, because this is a teleconference. You could be six feet.

**MR SMITH:** And I'm 10 stone wringing wet. What I'm getting at is there are certain jobs, like in our industry, that we are not physically able to do, but one job that somebody else excels at - me or Nona could excel at something else that they can't do. We did a confined space course and we had to get down sewer drains down at Carrum. Once I got in the darkness I was like a fish in water.

**MS BLACKBURN:** I had to pull you out of there, didn't I?

**MR SMITH:** Yes.

**MS McKENZIE:** I don't know how many people would want to speak to you after

you came out, that's the only problem.

**MR SMITH:** They were empty. It was just an exercise to - - -

**MS McKENZIE:** Yes, but what you say is true. One of the problems might be that employers - - -

**MR SMITH:** They're not aware. They're ignorant.

**MS McKENZIE:** Yes, they don't know enough, so they tend to exaggerate the risks or just make a blanket assumption that you can't do anything. Anything is unsafe.

**MS BLACKBURN:** Look, I even copped it with one of the insurance company doctors that they sent me to, the one that they based all their decisions on, and he's a man I consider should be six foot under. I don't know how many other lives he's destroyed either, but he's got no right to be practising any longer. He looked at me and said, "You, a builder's labourer? Look at the size of you. You're smaller than a minute." He just refuses to acknowledge that there was any accident or incident on the job. He's got a mental image of a builder's labourer, and I'm not it. I am definitely not it, and so I've got this idiot screwing my life and my mind because of his prejudice.

**MR SMITH:** I'd like to get back to Y and J. Like that bouncer at the door, a lot of managers are ill-trained and misinformed.

**MS BLACKBURN:** Yes.

**MR SMITH:** Even my employer - when he finds something for me - said 10 years ago, when the CFMEU started up the training unit, that he could see that - and it is a fact now - we're more educated and more trained up than what the actual employer is. He will ring me daily asking me for my opinion on different things, and yet he's the managing director. I'm not saying he's a dill or a fool, but he's just - - -

**MS McKENZIE:** Yes, but he knows that you're an expert in that area.

**MS BLACKBURN:** Yes.

**MS McKENZIE:** I think they're all the questions that I wanted to ask you. That's a really good submission.

**MRS OWENS:** I found it interesting. We can't solve your problem with the bouncer, but it does raise a lot of interesting issues about their training. I think the hotel itself really should know about what's gone on.

**MS BLACKBURN:** I agree with you.

**MR SMITH:** They should be more selective or the bouncers should have more training. They pass judgment on people walking up the street. I even did say to him, "Say if I was deaf and I'm walking across the road and a car beeps me? I can't hear it." So he automatically comes to the conclusion - - -

**MS BLACKBURN:** That you're a damned fool.

**MR SMITH:** - - - that I'm drunk.

**MRS OWENS:** But I suppose the only way that Young and Jackson's can actually deal with that particular bouncer is to know that the problem occurred and take some steps to make sure it doesn't occur again.

**MS BLACKBURN:** You know what you could do, Bluey? You could certainly let it be known - I agree with you. I fully agree with you. What I believe Bluey should do is, as you said, let Young and Jackson's know that this has happened. Let them know what's happened and offer to address a training session.

**MS McKENZIE:** Indeed, that would be ideal.

**MS BLACKBURN:** Yes.

**MS McKENZIE:** That would be a really good idea.

**MS BLACKBURN:** Say, "This is what your ignorance has produced. Be careful what you're saying. Think about what you're going to say in future. Get inside somebody else's skin before you open your mouth."

**MS McKENZIE:** It's a good idea. I reckon it's a great idea.

**MRS OWENS:** Young and Jackson's need to, firstly, know that it happened and also then, when they are employing bouncers, find out what the training was that they had and whether the training covered these sorts of issues. It's not just about being overly violent to people and killing them. I think the issue actually is a broader one about appropriate training in dealing with all sorts of people and incidences. They need to be able to deal with a lot of probably quite complex situations.

**MR SMITH:** It's all in your approach. As I said, I'm 10 stone wringing wet. I'd be one of the smallest blokes in the building industry and often I've been the shop steward on a building site. I've got to approach some of these big meatheads who could pick me and break me in half, but it's just the way you approach it and explain

to them; the way you go about things. It's like throwing somebody out of the pub. If it's 10 o'clock and you've got to leave, you don't wait till 10 o'clock and say, "Right, that's it, boys, see you later." You'll wait until two minutes to and say, "Quick, boys, drink up. I could squeeze another one in."

They'll think you're a good bloke; you're still getting them out by a quarter past 10. So it's different approaches, that's what I'm saying, and different ways of - for that bloke to just out and out say that to me was an absolute insult and they should have more training. Well, he should have spoken to us first. He did say later, when he came over to us and he was trying to square off, "Once I spoke to you I realised you just weren't drunk." I said, "Well, you shouldn't have made that assertion straight off and spoken to us first."

**MS BLACKBURN:** That's right. Look, with what bouncers have been up to lately - you know, the spate of bloody violence - I really think they need to take in psychological assessments of people who want to be in these positions. You've got to wonder sometimes. It's like coppers too, you know.

**MR SMITH:** It's ironic that this happened before that - - -

**MS BLACKBURN:** Well, it did happen - it happened before Hookes got decked.

**MR SMITH:** Yes, it happened before that - before Christmas.

**MS BLACKBURN:** 8 or 9 December.

**MR SMITH:** Yes, well, my birthday is 9th so that's about right.

**MS BLACKBURN:** Yes, in fact I can tell you exactly what day it was. I'll just quickly check in my diary. It was 8 December, well before Hookes and the other fellow. But it is definitely a reflection on lack of training and poor attitudes.

**MS McKENZIE:** There should be proper training.

**MS BLACKBURN:** Yes, and where does that start? Does that start at primary school?

**MS McKENZIE:** Well, maybe it does. Also maybe it starts with someone like the Victoria Hotels Association. If they have some training offered, they should be doing it across the board; not just for one hotel.

**MS BLACKBURN:** I presumed in my naivety that this sort of stuff was taken into consideration when it came to training, or is it only the building industry who takes into consideration sexual harassment and the implications thereof?

**MS McKENZIE:** I don't know. I'm not sure. But certainly there is a really good argument to do a lot more training.

**MS BLACKBURN:** For sure.

**MR SMITH:** Actually that training course that I was running is compulsory. Everybody must do it in the building industry and that includes management; anybody who sets foot on a building site.

**MS BLACKBURN:** That's right.

**MR SMITH:** Now, one of the things, or the main thing, that's basic - I've even had company safety officers come along and they have to do it because I'm a trainer and an assessor. But you know when you issue that card, or you sign that they've done their attendance, you know everybody recognises a mandatory sign or a caution sign. They know how to identify what fire extinguishers to use. It's only basic but it's all in training - and even approaching management. Just basically it touches on everything. If you see a shonky ladder - how to go about getting it isolated or not used; things like that, rather than an accident happen.

**MS BLACKBURN:** Yes, basically what their rights are and what their duties are under the Occ Health and Safety Act.

**MR SMITH:** And everybody has to do it. Well, a similar thing with the bouncers - not only just in this instance but in lots of cases, even management in factories. They just deal in forms and they just make a call through their ignorance. If you've got a disability you're severely disadvantaged. I know blokes who have got injuries and disabilities who aren't working and they're probably better workers than blokes who could get a 100 per cent fitness card.

There's one bloke in particular. He drives the Alley Mac lift up and down the side of the buildings. He's got one arm; he lost it in a car accident. Now, he's there all day, every day. Whatever floor you want to go onto you couldn't get a better lift driver. There are not too many employers who will give a bloke like that the opportunity.

**MS BLACKBURN:** I can't see very many of them giving me an opportunity because my back is stuffed. You know, I can't sit. I can't stand. I can't walk much. If I'm physically restricted in what I'm allowed to do no-one is going to - when they cut my wages I just lived off my savings because I knew it was coming to conciliation for them to reinstate my wages. There was no way in the world, given my injuries, that I could see that they wouldn't reinstate them. So I was happy to live off my wages.

They didn't reinstate them. I spent all my money and I'm on a disability pension. When I went for the interview with the woman who was the one to say yea or nay, she said to me, "Well, let's face it, Nona, who is going to employ you?" Now, she was dead-set right. Who is going to employ me? If it had been a person of a different character those words that she used could have been very very upsetting. They could have been extremely upsetting. "You're not fit for anything."

**MRS OWENS:** Yes. Nona, we're going to have to wind up now because we're running a bit late for our next participant.

**MS BLACKBURN:** Okay.

**MRS OWENS:** But that was very helpful.

**MS McKENZIE:** They are really helpful submissions. Thank you very much, both of you.

**MS BLACKBURN:** Look, you're much appreciated. Thank you for your time.

**MS McKENZIE:** It's a pleasure.

**MRS OWENS:** Thank you.

**MR SMITH:** If you want any more information we're quite willing to cooperate.

**MS BLACKBURN:** For sure.

**MRS OWENS:** Thank you. Goodbye.

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**MRS OWENS:** Hello. Nice to talk to you again.

**MR O'HART:** Yes.

**MS McKENZIE:** I am Cate, Brian.

**MR O'HART:** Hello, Cate.

**MS McKENZIE:** Nice to talk to you again also.

**MR O'HART:** Yes.

**MRS OWENS:** We have now received two submissions from you, so thank you for that.

**MR O'HART:** Yes.

**MRS OWENS:** Cate and I are wondering if you would like to tell us what has happened since the last time we spoke to you. I think we saw you in June.

**MR O'HART:** That's right; 30 June.

**MRS OWENS:** In Perth. We were wondering if there has been any progress since that time.

**MR O'HART:** Absolutely no progress. I've had a lot of correspondence with the state government ministers; three of them. I also have had contact with Ellison's office a number of times and we've got nowhere there. It is quite concerning. I've attended a lot of conferences in relation to this problem and as the days go by the problem gets more severe. As you know where I'm coming from, as a parent who looks after a 37-year-old intellectually handicapped daughter, we find the strain becoming increasingly - financially disadvantaged. How long we can take it for, I don't know.

The main concern are the barriers - the financial imposts - that the government places on us above the norm for looking after our daughter. Now, you would have got my submission. You would have got the media article with the submission - they are the attachments - and you would have got also the printout from the concessions granted to pensioners, senior and Gold Card holders here in WA.

**MS McKENZIE:** Yes, we've got all that.

**MRS OWENS:** Yes, we have.

**MR O'HART:** I think from that you see that 140,000 West Australians get those exemptions or concessions and from my perspective - and I should imagine it would be an objective perspective of any rational thinking human being - while you have 140,000 pensioners getting those concessions and someone looking after an intellectually handicapped person from birth who has taken the impost off the state and the Commonwealth and then get charged 100 per cent - 100 per cent - on those concessions above those concession holders. I see that as surcharge on the section of the community that I fall within.

Someone would have to tell me or convince me that that is not discrimination, because there's no way in the world will I accept that that is not discrimination. It is discrimination embodied in legislation - state legislation; legislation that is archaic and out of date. If you look at legislation, a lot of legislation was framed 20 or 30 years ago. It is not attuned to contemporary society and what has transpired in economic and social values in the interim. That's basically where I'm coming from.

More and more people are coming on board or getting into the situation day by day and people do not realise that also with the government's proposed changes to superannuation, where if you have an annuity - and people who put money into annuities are usually the more conservative older type who don't want to take any risk, because then they're assured of a steady income stream. When you get those people putting 50 per cent - sorry, are going to have 50 per cent of that money treated as an asset. That will mitigate against their entitlement to the pension and they're going to lose a greater amount.

Now, a person like me, in my situation, where I am totally supporting an intellectually handicapped adult child, it makes it more severe, because they just feed right down the stream to that person and then, as you know, Centrelink gifting rules - the five-year gifting rules - just make it impossible.

**MS McKENZIE:** The gifting rule means that your assets are counted until five years after you're given - - -

**MR O'HART:** Yes. If you put them in a trust for five years - \$10,000 for the first year and \$40,000 over the next four years, so you put it in a trust and, as I've explained in my previous submission, it cost me \$29,000 to get those concessions.

**MS McKENZIE:** Yes.

**MR O'HART:** To put it in a trust. Well, then what happens from there on in is that that asset for five years - in the first year \$10,000 comes off and over the last four years 40,000, which is - in this day and age of rapidly escalating prices, that is absolutely negligible. That is my beef. I have outlined in my letter the state charges, they are there, and the places of exemption. I have indicated in about the third or

fourth paragraph down that above a normal pensioner we would have a further impost of about \$1600 a year in land tax and not getting the rebate. I have listed there the cost of putting into a trust. I have outlined the ineligibility for the pension that we've just discussed.

**MS McKENZIE:** Yes. What you really need is a change in the state legislation.

**MR O'HART:** No. You need change in state legislation and you need change in Commonwealth - - -

**MS McKENZIE:** Commonwealth tax treatment, yes.

**MR O'HART:** Yes, because one of the things that is in your report - and I list it there in my recommendation and that is in your report, where it says, "Greater cooperation between state and Australian governments in reviewing legislation" - they need to be brought into harmony - "and providing substantive equity for the intellectually impaired and their parents and carers." Now, there's quite a play on substantive equity, because we are not getting substantive equity; nowhere near. It has not even been embraced at all.

If you look at a lot of the submissions that are coming in, one of the things that they're highlighting is the lack of substantive equity. That is coming through loud and clear. The Victoria Legal Aid one states that very clearly. It says the VFL - I'm getting onto football.

**MS McKENZIE:** Almost there, but not quite.

**MR O'HART:** Not quite.

VLA recognises that people with disabilities have the same rights and legitimate expectations as the rest of the community in relation to formal and substantive equality.

That's on page 6. If you go to the Disability Council of New South Wales, down on page 9, halfway down, they state there "at the same time, promote the right to substantive equality" - same thing. So that is coming through in a lot of the submissions; that the disadvantaged - or the discrimination that's there, one way to address it is through providing the same rights to these people irrespective of the circumstances they're in, because they are legally disabled. Why can't they have access to the same rights? And this is what they're driving at?

One area that does concern me, in the initial first 100 submissions that went in, there were a lot of august bodies representing intellectual people, disabled people, who put in submissions. Now, I haven't found one of those so far that have

responded to your draft report. That in itself is very discouraging, very discouraging indeed, because obviously they have taken the approach that they've put them in, it's there for the commission to look at and they don't feel that they have been addressed. They haven't even shown an empathy or positivity to the report and I think that in itself is very damaging from our perspective. In your report you have highlighted that:

The Disability Discrimination Act 1992 is about providing a fair go for Australians with disabilities.

However, the draft report recognises its ineffectiveness in the following statements - key point 4 on page 24:

Overall, the DDA has been reasonably effective in reducing discrimination.

And you put a rider, and the rider is that:

People with physical disabilities have been helped more than those with mental and intellectual disabilities.

You further acknowledge that on page 32:

The DDA also appears to have achieved uneven results for different groups of people with disabilities. It appears to have been more effective for people with mobility, sight or hearing impairments than for people with mental illness, intellectual disability, acquired brain injury.

Now, when I see that and no response from a lot of groups from the initial submissions and the way the report is written up, I have to ask questions and it raises the question why? The question needs to be fully addressed. There has been no effort in the report to quantify that element. In other words, it is so easy just to dismiss us and push us aside. There have been no efforts to quantify that problem, and if you don't address the problem, it is going to remain and it's going to get worse, and that's my perception of it. I highlight that point. There has been no effort to quantify or to qualify it.

**MRS OWENS:** It's not that we don't have the will to do so. It's just one of those things; it's extremely difficult to do. We can only quantify something if we get the information and the data. So what we've had to do is bring together a range of information from different sources and then make judgments.

**MR O'HART:** Yes, but I have a feeling, and I don't want to be too harsh here, that in the process very little has been elevated for the intellectually handicapped. Problems like decongregational and deinstitutionalisation, all of these aspects - bland

statements have been made. There have been no positive pointers as to what can be done or should be done. I've just put a note here, "Indicate degree of specific aspects." I've mentioned about the substantive equity, and I think that is a very important point, one of the important points in the whole draft report. It doesn't matter whatever the people with a disabilities have, is to try for a standard equity. So that's basically it.

I have indicated the concessions granted to seniors, Commonwealth card holders. Those sort of things are clear cut, but you have people, Commonwealth card holders who can have annual taxable incomes up to 80,000 and you have people in our situation where you don't get any concessions at all. That is a huge injustice, and it doesn't matter whose eyes you're looking through or what measuring stick you put over it. That is just a huge injustice and it is blatant discrimination. I put in here a new terminology: it is discrimination by default in legislation. In other words, throughout the last 10, 15, 20 years when they address legislation on state and Commonwealth, they look at the mainstream, they look at some on the margin but they don't look at the people in real need and consider them in the process.

You only have to look at some of the legislation to see that; to see how antiquated some of the things are in the legislation when exemptions are given. In WA here, one is in relation to concessions in trust. A person has to be in full-time care. If a person is in full-time care, how in the world can you get that person to be included in society and into the job market, which the government wants the same people to do? That is just one aspect there. You have another one where the person has to be an orphan.

I wonder how many orphans are catered in trusts in this day and age. You go back to the 50s and 60s, fair enough. You had the product of a war. You had people coming out from Europe and the UK, and so on - people killed in the war. You would have orphans, but this is a legacy of about 50 years ago. Do you see what I'm driving at?

**MRS OWENS:** Yes.

**MR O'HART:** Legislation is not being contemporary.

**MS McKENZIE:** It needs to be updated. That's right.

**MR O'HART:** This is a matter that two or three years ago I took up with the commissioners of state revenue here when I was talking to them about the legislation, and it's still current and hasn't changed and no-one is changing it. So I call that discrimination by default. It appears that governments give very little consideration to people with intellectual impairment when they formulate or review current legislation. My recommendations were, as you have them in front of you, the

establishment of an inquiry specific to the intellectually impaired and their parents and carers.

That is one way you can isolate the problem and focus on the problem, and I think then people and carers would come out of the woodwork, because they know it is centred on them. Someone is listening. Whatever they come up with, if nothing is done, they can say, "Nothing has been done." If something is done, they can recognise it. That is my perspective.

**MRS OWENS:** Before you get off that recommendation, I thought it would be useful just to talk about these recommendations. Have you got any views about the sorts of issues that could be covered in that inquiry?

**MR O'HART:** Yes. In a number of your reports that are coming through in response to the draft report, there is one ACL, I think is the name of the group, who have indicated they will not cooperate with the commission when it comes to the process of deinstitutionalisation. I'm just trying to find a report here in front of me.

**MRS OWENS:** We've had quite a few of the groups that have made that sort of point. We've talked about, say, setting up accommodation standards and they said, "Well, we don't really particularly want an accommodation standard because we don't believe in institutionalisation."

**MR O'HART:** That's right. This one was by Action for Community Living.

**MRS OWENS:** That's right. That was in Victoria.

**MR O'HART:** I subscribe basically with them. I don't believe in institutionalised care unless it's totally necessary, because I've broken through that barrier, and as I've said to you, my daughter is a 22-year-old. Today she is a 37-year-old. She is a 15-year miracle. Miracles can happen, and it has happened with her. The fabric is still very fragile and needs to be held in place, but she lives independently, and as a 22-year-old, you would never envisage that that would take place.

Neurologists never thought it could take place, but it has taken place, and this is development growth. Just recently last week I went to a Michael Hendrick conference in Perth, and that man has been in Australia, I think, on something like 80-odd occasions; 51 times in WA, and he is working with groups around Australia. He did the ACT appraisal on their accommodation for disabled people there, and I feel he is becoming very despondent about the lack of initiative taken by state and Commonwealth governments in this matter.

He has admiration of little groups that are trying to do something, but the lack of cooperation by state and Commonwealth governments is quite evident. So that is

just one little comment on Action for Community Living, and they have shown there that they don't want to get involved in it.

**MRS OWENS:** So that's one of the issues you would pick up in such an inquiry that you were talking about.

**MR O'HART:** Most definitely, because a lot of these people are being, as I've said in some of my submissions to the state government and the blue-print steering committee here, when institutions get these people, you have a facility; you do not have a home. A home and a facility are two distinct things. You have routines and regimes and all the rest of it that comes to facilities, and people can't treat it as a home. In the proximity of that facility or that home their work has a huge impact. Our daughter lives five kilometres from us, five kilometres from her work. She is intellectually impaired. She has slight spasticity. She is epileptic. She walks with a gait.

She can't travel more than that, but she's halfway between our home and her work, which gives us access to her to help her when the need is there. Also my wife does a tremendous amount of work with her in tapestries and other things for her mental stability and gives her an outlet, which she is acknowledged for. So these are things that proximity is a big factor when you have intellectually handicapped offspring. I mention that on ACL. The Queensland Parents for Disability, that was draft report 325.

**MRS OWENS:** Yes. We spoke to them on Monday.

**MR O'HART:** There are problems there that they raise when it comes to accommodation standards. My daughter also has block funding within a group of 14 going back, what, 14 or 15 years ago. We can't get the agency to move. We can't get the commission to raise that linkage. I've taken it up with the director-general here. She has issued letters to the agency who looks after our daughter, asking them to put out in the hours and also the cost. I have a copy of that letter. A copy went to the executive officer of the agency. We had a meeting. They won't put it in. Even on that, they're holding their ground politically and for other reasons. They won't fall in line with the director-general of the Disability Services Commission here, and we are left in limbo.

I know what the whole group is funded for, but we can't get any time allocation or funding allocated - even with parameters - for our daughter. That's what we have to live with. As I said, I'm going on 66 years of age. That's what I've got to take with me for the next few years, not knowing what's going to be done in relation to funding and time. These are the problems. That comes through into the Queensland Parents for People with a Disability report.

**MRS OWENS:** So funding is another issue that you would say needs to be addressed?

**MR O'HART:** Yes.

**MS McKENZIE:** And that inquiry should also address the sort of legislation you mentioned before, tax legislation - - -

**MR O'HART:** Joint legislation between state and Commonwealth, addressing the issues specific in legislation to parents and carers who are looking after their own and lifting the burden off the state. The next item I had here, "Properties held by parents on behalf of intellectually impaired children in which the adult child resides not be counted as assets under the Centrelink rules for the purpose of aged pension." If they gave that relief, it means that we could look after our daughter for a longer period. The more they tap into our resources, the quicker we will have to get back onto Centrelink, the quicker they will have to pay her allowances and whatnot. In other words, they're eroding our financial status in the process and they're driving us to the stage where they will have to pick up the burden. In other words, it's a form of social welfare that they're imposing on us by having these imposts above the norm. That is one of the other things that, as I said, I'm fighting.

**MS McKENZIE:** Yes, so that should be also a subject for an inquiry.

**MR O'HART:** Yes.

**MRS OWENS:** That could also be part of the terms of reference.

**MR O'HART:** Yes, and the same with land tax exemption and council water rates.

**MRS OWENS:** Yes.

**MR O'HART:** I've stated there, "Greater cooperation between the states and the Australian government in reviewing legislation." The main essence here is substantive equity. I put a little in there about achieving equity before the law for persons with cognitive disability. That's about it, but I just would like to spend a moment, if I may, on the comments given to you by Sue Tait, the president of the Intellectual Disability Review Panel in Victoria - I think she's from.

From my perspective, she is very much on the ball, has a good grounding and understanding and a lot of the issues she's raised are spot on, but the whole problem rests in the fact that she makes statements that she was appointed to her job on 1 January in the year 2000 and at that stage there had been zero complaints. Then further down she says, "So people find it very hard to complain." Most of these people caring and looking after the intellectually disabled hardly have time to pick up

a phone, get themselves up off the floor, get respite from the person they're looking after. They just can't get their mind together to take up these issues. I'm fighting hard. You know what I've put in.

**MRS OWENS:** Yes.

**MR O'HART:** So that will give you some idea, but she says further down, "There are 17,000 people altogether who use disability services and yet we had received none in the first six months of the financial year that I started the job." She's talking about complaints. She had 17,000 people and in the first six months she never had one complaint. You can draw your own assumptions. Then further into that submission she mentioned that she had an advertising or publicity spiel whereby she let people know, and she increased the productivity by 300 per cent, because in the next six months she had three complaints. I think that tells you what is happening out there, and it's up to the commission to highlight these aspects - that the people do not have a voice. They can't have a voice. They're finding it very hard to get out and express their points of view. That, in itself would be one aspect of an inquiry just on the intellectually handicapped. That basically is it.

**MS McKENZIE:** That's a very helpful submission, Brian. Thank you very much, indeed.

**MRS OWENS:** Thank you, Brian. I've now noted down seven possible terms of reference for such an inquiry.

**MR O'HART:** You would have sighted my letter regarding my misrepresentation, did you, to Delwyn Rance?

**MRS OWENS:** We've got your resume, we've got the press clipping, we've got the concession card holder material and we've got your submission.

**MR O'HART:** I sent a letter on 4 February to the Disability Discrimination Act Inquiry, attention Delwyn Rance.

**MRS OWENS:** I don't think we've seen that, I'm afraid.

**MR O'HART:** I would suggest you do. I'll read it to you:

Draft report page 119 misrepresentation: I wish to bring to the attention of the commission what I consider a misrepresentation or inaccurate reporting of what I placed before, and my address to, the inquiry. On reading my submission numbered 85, the correspondence I gave to the commission and the transcript of my presentation pages 724 to 741 on 30 June 2001, I cannot comprehend how such a statement as that on

page 119 of the draft report could be included, namely, "Other participants argued that the closure of institutions led to less accommodation for people with disabilities and placed additional burden on families." Brian O'Hart submission 85. The essence of my submission was to outline the barriers, imposts and inadequate legislation that hindered parents and guardians in providing independent accommodation for their intellectually impaired sons and daughters.

I attached to that page 119 to highlight it. I read my transcript thoroughly. I went back over all the letters I gave to you the night before I had the presentation in Perth and nowhere did I come to that conclusion or infer it at all.

**MRS OWENS:** I'm sorry about that. I've just found it in the report. I know what we discussed.

**MS McKENZIE:** I think you're right.

**MRS OWENS:** I know what was in your original submission, and I'm sorry that we didn't pick that up. I haven't seen your letter to Delwyn Rance, but we will follow it up. I've noted that in my copy of my report, and we will correct it.

**MS McKENZIE:** We'll correct it.

**MR O'HART:** That's fine. I've got a rough idea how the commission works. If people behind the scenes are writing things like this in that are inaccurate and misrepresenting - and I have a case like that - all I can infer is that there are other instances like that. The validity and the legitimacy of the report then goes into question. So that's the reason why I highlighted that.

**MRS OWENS:** No, it's very helpful to bring it to our attention. I don't think it's a deliberate inaccuracy. There are many submissions, of course.

**MR O'HART:** It's a lack of understanding of the background.

**MRS OWENS:** I have to say we haven't had a lot of people say, you know, what we've written has been incorrect, but that worries me to some extent because, as you noted - - -

**MR O'HART:** Well, it worries me.

**MRS OWENS:** - - - there are quite a few people that did make submissions before our draft report that haven't made submissions this time, and I don't know whether it's because they haven't read the draft report or because they're happy with what we've got in the draft report and have got nothing further to say. We don't know that.

**MS McKENZIE:** It's a bit like trying to measure the effectiveness of the act.

**MRS OWENS:** Yes.

**MR O'HART:** But I'm pursuing the matter on a number of fronts. I've also put in a submission last week to the Prime Minister and also a copy to Mark Latham, along this line. They have copies of my submission to you, so that governments know what various government departments and commissions are doing. They've gone in. Overall, I'd like to thank you very much for the opportunity to participate in this and, hopefully, some positive outcomes will transpire in the near future for the parents and guardians of intellectually handicapped people.

**MS McKENZIE:** We hope so too, Brian. Thank you very much for your submission.

**MRS OWENS:** Thank you very much. We greatly appreciate the time and effort you've obviously put in reading all those other submissions - - -

**MR O'HART:** Yes, I've read the lot.

**MRS OWENS:** - - - and some of the transcript. Thank you very much.

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**MRS OWENS:** We got your submission and thank you very much for that, because you've obviously spent a lot of time preparing it and you've made quite a number of recommendations to us.

**MS McKENZIE:** Very thoughtful.

**MS HALLAHAN:** Thank you.

**MRS OWENS:** So thank you very much for that. Do you want to introduce your submission or are you happy just to take comments or questions?

**MS HALLAHAN:** At this stage I'm happy just to take comments or questions. Other than that, the only thing I wanted to address was the view of Uniting Care Australia about the benefits of a society that doesn't discriminate against people with impairments.

**MS McKENZIE:** Please do.

**MS HALLAHAN:** Let's deal with the particulars of the submissions at the moment.

**MS McKENZIE:** So you'll do that at the end?

**MS HALLAHAN:** Yes.

**MRS OWENS:** I don't know about you, Cate, but maybe we could go through the recommendations unless you've got particular issues that you want to raise.

**MS McKENZIE:** We might go through the recommendations.

**MRS OWENS:** You've basically drafted your submission around your recommendations and I just thought maybe that would be the best way of dealing with it.

**MS HALLAHAN:** That's cool.

**MRS OWENS:** Some of them don't require much comment at all.

**MS McKENZIE:** Some of them are very clear.

**MS HALLAHAN:** The unclear ones will probably be the ones that we had controversy over.

**MS McKENZIE:** My first one was recommendation 3, which is about the conflicts

of interest.

**MRS OWENS:** That would have been where I would have gone, too.

**MS HALLAHAN:** Yes, I predicted that's where you'd go. The first thing I'd like to do is draw your attention to the fact that it's only a Uniting Care Australia recommendation and not a joint recommendation of Uniting Care Australia NSW-ACT, and that underlines the fact that we didn't actually reach agreement about this issue. I have a long involvement in disability advocacy. I've been involved in it since the late 80s. I've been writing and thinking and talking about it for a long time. I've also been involved in consultancies with federal government about establishing complaints mechanisms to deal with issues arising in community based human services.

My initial approach to it was one of the matter of principle, that you separate out partisan from neutral roles and you reduce conflict of duties and interests, not only in reality but also in perception. That was the approach that I took in analysing that whole area. When I raised it with my colleague in NSW-ACT Uniting Care, her view was that the bulk of opinion that she could discern from the submissions already posted on the web site and from HREOC itself was that they didn't really perceive much of a problem with that issue.

Then I went to a lawyer who's a very experienced disability lawyer, who's now working in the DDA legal service here, which is also a Uniting Care agency, and had a long talk with him about it. He alerted me to the other issue, which is the role confusion. The perception of who's doing what here is very difficult when working with people initiating complaints, people who are the subject of complaints, and various other agencies in the whole scene. It was his view that it would be really valuable to make sure that there was a lot of role clarity about these things.

**MS McKENZIE:** Does that lead to the idea that perhaps the commission, if it's got the power to, for example, initiate complaints for itself, shouldn't be doing conciliation; obviously shouldn't be doing conciliation of that complaint?

**MS HALLAHAN:** This is the next step. I have seen it in very clear agency separation. I know that that was the question you asked: is it possible for HREOC to do these two things with the Chinese wall - I think that's what you called it, isn't it?

**MS McKENZIE:** That's right.

**MS HALLAHAN:** When I went back to my colleagues in Uniting Care Australia, they were of the view that it was possible to do that and that was why we ended up putting in a position that we didn't have a clear preference about the three alternatives we listed and came to this much more vague general recommendation that it's

important to consider these issues. If I was going to just be wearing my advocacy hat, I would say that it's important to separate out all of those areas which involve the gathering, investigating, advocacy, prosecution of the complaint and the functions which are around the resolution of it, for the reasons that I earlier - - -

**MS McKENZIE:** Because of the either perceived or actual possibility of conflict?

**MS HALLAHAN:** Yes, and also because I think that people are more likely to comply with the conciliated agreement if they believe that it has been done in a true spirit of neutrality; that they've been invited to the table to find some way through this situation of conflict between two parties. If they believe that the person who guides them through that and arrives at some sort of agreement about it is someone who doesn't have a vested interest on either side, I think we'll get more compliance on it.

**MRS OWENS:** One of the proposals that HREOC has put to us is that rather than being able to initiate complaints at the outset - would be to take a situation or a problem directly to the courts and deal with systemic issues in that way. So forget the other proposal about initiating complaints and worrying about Chinese walls and all the rest of it. Just say, "Here are some systemic issues." As you probably are aware, HREOC has got an inquiry power now, but this would be something a bit stronger, where they would just take it directly to court. It would be very selective. It would be a power that would be used in a very selective way. I was wondering what your initial response would be?

**MS HALLAHAN:** Yes - - -

**MS McKENZIE:** You think that would address some of the problems that you see with conflict of roles?

**MS HALLAHAN:** Yes, because that then puts the court in the position where it has that - take the judicial aspects of it - and it has more capacity to make those roles quite clear. I think that my concern is a concern about preserving the integrity of that resolution/judicial end of it. I think something that could go straight to court would be a very interesting innovation. I think it could be very useful.

**MRS OWENS:** You might like to look at our transcript. We discussed these issues in some detail on Monday in Brisbane, in our Brisbane hearings. If you've got anything further you wanted to say on that, you could just write us a short note later. You don't have to do this, but given the obvious interest you've had in the issue of HREOC initiating complaints, and you've given us quite a detailed response on that issue, you might like to just have a look at what HREOC said and what we were asking at that hearing.

**MS HALLAHAN:** Okay, thank you. I'll take up that opportunity.

**MS McKENZIE:** My next recommendation is 6, Helen. What about you?

**MRS OWENS:** Yes, go ahead.

**MS McKENZIE:** You're suggesting that more research be done to establish whether or not affirmative action policies by quotas have been successful.

**MS HALLAHAN:** Yes.

**MS McKENZIE:** Can you elaborate? Do you have any feeling about this matter?

**MS HALLAHAN:** I guess I'm drawing on a much longer, wider debate that's happened with the women's movement in this area, and concerns about quotas locking people into only certain parts of jobs and all those sorts of things and an initial eagerness to do it and then, upon reflection, a stepping back from it in a way that didn't necessarily advance women. This is also something that my colleague in Uniting Care NSW-ACT was very interested in as well. Just a personal reflection here: I have a mobility impairment and was last year nominated to be the faculty representative - my faculty at Flinders University, as the student representative - on an appointment committee for the new faculty head.

There were students put forward to the four member schools and I was selected, and the vice-chancellor of the university made a speech about how they'd been very careful about their selections and all that sort of stuff and considered gender balance and everything. I asked her whether or not they were operating on a quota about having a disability - you know, an affirmative action here for disability. She said, "No," and I confess that I felt somewhat relieved about that. If I was going to be brought into that sort of role, I wanted it to be as a recognition of my skills and capacity to contribute to that process, rather than to satisfy another mechanism for another purpose.

I think there could well be a number of people with impairments in Australia who have that sort of feeling: that we can do this and we don't want to just be the token. There's a long history of apprehension about being "the token" in various environments and brought into places where the supports don't exist for people to be able to carry out their roles properly, where their contribution in areas other than that which relates to their impairment experience is overlooked - some of those sorts of issues.

So our view was that we would be interested to see whether or not research had been gathered in other parts of the world that examined whether or not this actually opens up real employment opportunities for people and that they become valued

members of workplaces and not just on the sticky floor of that.

**MS McKENZIE:** But you do mention in your report - I think in South Australia, is it - there's an indigenous employment strategy?

**MS HALLAHAN:** Yes. That hasn't happened as a quota. That strategy has started with a recognition that there is this - you know, we don't see evidence of indigenous people occupying positions all the way throughout those various structures of the church and we need to do something about that. That doesn't operate as a quota system, but rather as a way of identifying individuals and their strengths and making it possible for them to be able to step up to the line and compete for jobs as equals.

**MS McKENZIE:** So that's more like removing barriers, rather than imposing quotas.

**MS HALLAHAN:** Yes, I think so.

**MRS OWENS:** My next question - and it might be Cate's too - relates to your recommendation 7, which was about the development of accommodation standards. We have floated that in our report.

**MS HALLAHAN:** Yes.

**MRS OWENS:** I think you have expressed just a little concern about the possibility of a net loss of affordable housing.

**MS HALLAHAN:** Yes.

**MRS OWENS:** You suggested that if they are to be introduced, be phased in over time.

**MS HALLAHAN:** Yes.

**MRS OWENS:** I just wondered if you would like to comment further about that. I presume that you would get quite close to accommodation issues in the work that you do.

**MS HALLAHAN:** Yes.

**MRS OWENS:** Given your knowledge of it, I think you're probably the - we have asked a few people about this - one who's closest to it of the people we've been talking to.

**MS HALLAHAN:** Right, okay.

**MRS OWENS:** I would just like to get you to expand a bit on what you think about the idea of having accommodation disability standards and what it should cover. You know, it could go to everything from institutions - - -

**MS McKENZIE:** Institutions to - - -

**MRS OWENS:** - - - through to boarding houses.

**MS McKENZIE:** Public housing.

**MS HALLAHAN:** Yes.

**MRS OWENS:** Hostels and so on. We have had some response which has basically argued, "Well, we don't really like the idea of accommodation standards because we really don't like the idea of institutional accommodation for people with disabilities." Given that there are such arrangements in place, the question is: well, they are there; should we be doing something about it?

**MS McKENZIE:** Try and at least regulate, so that there's some quality, if we can call it that.

**MS HALLAHAN:** Yes.

**MRS OWENS:** Would you like to comment, Lorna?

**MS HALLAHAN:** Yes. I think you've touched on the much, much wider debate, which is what place do people have.

**MRS OWENS:** Yes.

**MS HALLAHAN:** And there is, no doubt, a very very clear consensus throughout the parts of the United Care Australia that I have contact with that we're interested in community first and definitely moving away from institutional and residential and human services sorts of accommodation arrangements. To deal with that first, I think the move that is being developed by the Australian Network for Universal Housing Design is worthy of support and I don't know whether you've had contact with them. They have been having a look at the whole issue of how you can build public spaces which are accessible, but then somebody can't get out of their house to get down the street or get into a house or whatever.

**MRS OWENS:** Yes.

**MS HALLAHAN:** So they're very very interested in influencing the Building

Codes of Australia to get universal housing designs adopted, so that all new buildings in Australia and all modifications to existing buildings in Australia begin to conform to those sorts of accessibility standards. That's a campaign they have. It will take them a long, long time to do it, but it's something that I think is really feasible and possible.

To return to the question of what to do about people living in places which are currently not accessible, this was a debate that opened up in the advisory committee - of which I'm sort of the secretariat person of - in relation to what has happened in aged care services and whether or not the trend in residential aged care services might be applicable to residential disability services. The feeling was that there was a general acceptance in principle of the need to raise the quality of accommodation for people living in those places, despite the fact that those places are not necessarily the most desirable places for them to be for a whole lot of other reasons.

**MS McKENZIE:** Yes.

**MS HALLAHAN:** The concern was that the impost on the agencies would be so great that we would end up with some of the sorts of problems that we have seen in the aged care sector, which is the building of elite services, a withering of the poorer services.

**MS McKENZIE:** Yes.

**MS HALLAHAN:** Some of those sorts of issues which I've listed in the submission. The other thing though about that - and it needs to be done very very carefully - is to acknowledge that placing standards in those sorts of buildings doesn't actually overcome the issue of community exclusion for people. I think that I would share the view that it appears you have picked up from many other people, which is that the use of resources to beautify existing housing stock which is exclusive housing - you know, not the sort of stuff that we would want - over and against the use of resources that will facilitate people to move out of those places and into good quality accommodation in community settings, when it came to where those resources go, we would much rather see them go into the second process and not the first. Uniting Care Australia has joined the national campaign around young people in nursing homes, which you've probably heard about, as well.

**MS McKENZIE:** Yes.

**MS HALLAHAN:** There has been a sort of piloting move happening in Queensland, which has said we will pursue the advocacy goal of creating valid alternatives for people so they don't have to live in these sorts of places and also to try and make sure that people currently living in communities don't lose those places when they have to come into nursing homes; but given that 2 per cent of the residents

of our aged care nursing home facilities are indeed younger people with impairments, we have to do something about making it possible for those people to have community networks and links which overcome their existing loneliness and isolation and we will focus effort in there, as well.

If accommodation standards become something which makes it possible for people to live better in places which are not desirable, but do not direct energy and effort and resources away from the overall goal, which is to see those places dismantled, I think that they have a place.

**MRS OWENS:** But more of a short-term place.

**MS HALLAHAN:** Yes, it is. The interesting thing about establishing standards is that because they have a regulatory impact, people will always go for what's required of them by the law - - -

**MRS OWENS:** Yes.

**MS HALLAHAN:** - - - before what is required of them out of goodwill and the right way to treat people, so I think that you do have to measure that impact somehow and I don't know how to do it.

**MS McKENZIE:** I won't ask you, in that case. Yes, it is difficult.

**MS HALLAHAN:** It's obviously a process that has to be developed very much within the context of the institutionalising policies and what is realistic for existing service providers. Whether or not it ends up being some sort of agreement which isn't necessarily legislated, but has some other force, I don't know. Sorry.

**MS McKENZIE:** No, it's a really difficult problem.

**MS HALLAHAN:** It is.

**MS McKENZIE:** I don't know whether we know how to resolve that. It's a bit of a balancing act in one way.

**MS HALLAHAN:** It is, isn't it? It does rely on that wider policy, which obviously makes the DDA successful where it is successful.

**MS McKENZIE:** My next one was recommendation 9.

**MRS OWENS:** Before we get onto that, I just want to clarify your recommendation 8, but I don't really necessarily want to discuss it, because I think it's clear; but I just wanted to know, you talk about supporting the ongoing

development of agency based mechanisms to counter and remediate harassment and vilification. Are you talking about advocacy agency based mechanisms or something broader?

**MS HALLAHAN:** No, some of it's just the human service providing agencies. I'm sure that you'd be familiar with the fact that a lot of the, certainly, harassment rather than vilification of people with impairments happens in the human service settings that they have to live and work in, and generally we favour a mentality over mechanisms approach, again, which says, "Let's find ways that agencies can make sure that those sorts of practices don't arise or continue or aren't dealt with," and that, certainly in my experience, shows that if you put effort into that part of it, the incidents of harassment and retribution for making complaints and all sorts of things like that are greatly reduced.

**MRS OWENS:** These are matters that have all been raised with us by a number of participants, so it's really interesting to see the comments on that. But then you go on in the same recommendation, and maybe I do need to ask you about that: you say that much more research is needed to establish the efficacy of anti-vilification legislation.

**MS HALLAHAN:** Yes.

**MRS OWENS:** And that any legislative provisions in this area need to be consistent with other anti-vilification legislation. It was one of those issues that we had raised in our draft report, and I think you're the only group that said, "Just stand back a bit; more research is needed," and I was just wondering why that position, rather than have some legislative underpinning.

**MS HALLAHAN:** When I was thinking about all of this, I thought, "I know what they're going to ask me about: every single one of them." This is also an issue where I had a fair amount of debate with my colleague in Uniting Care NSW-ACT, because she just wanted to say that we recommend anti-vilification legislation. My concern is anti-vilification mechanisms relating to the media and various uses of the media more than in that sort of service based harassment end of it. Various players within the media can contribute to a rising fear of people, particularly people with psychiatric conditions, substance abuse problems, people with intellectual impairments even, people with AIDS, those sorts of categories of people, and their voice can contribute to a rising public clamour for things that respond to the dread that people have of these categories of people.

As I talked about it with various people, it became clear that maybe using legislative mechanisms that silence that debate happening in public are not necessarily the best ways to deal with that debate. It doesn't necessarily give those of us who are involved in disability advocacy an opportunity to present an alternative

vision for the community. An example which I thought of, which happened here in South Australia, is where a company wanted to build some supported accommodation for people coming out of one of the big psychiatric hospitals. They were not people with acute care needs; they had been in there forever and they needed to find somewhere else to live. It was near a school. The school - a private school - raised an enormous clamour about it at every opportunity. Various people were able to come back and address each of those negative arguments that were put up, and the debate in the media actually made it possible for the local council to give the planning permission for that development to go ahead.

Whilst I cringe so often when I heard what the leader of the parents and friends were saying about this particular group of people, I was greatly heartened by the level of positive response that it had elicited, and I don't think that it would have been particularly helpful to have stepped in and said, "Okay. You can't say that. Shut up." Tricky, isn't it?

**MS McKENZIE:** I think a lot of the vilification legislation has exemptions in it, not necessarily expressed this way but for robust debate about the particular issues, and I also agree: it's really important that some exemption of that kind should be there. Probably you're right as well: sometimes things get better dealt with through education and debate rather than by everyone going into their corners and making a legal claim out of it.

**MS HALLAHAN:** I just wonder where those bad attitudes end up surfacing. If they don't surface in those ways, how can we actually shift the community thought about these things? But I also recognise the extreme pain that vilifying statements and things can place on people, and I acknowledge that. It's just a matter of thinking it through.

**MS McKENZIE:** I agree with you, though.

**MS HALLAHAN:** I think that probably generally the tone of the whole submission is I'd much rather find ways in which we can bring people with us than rule their behaviour out of court.

**MS McKENZIE:** Yes. Then there's recommendation 9, which I found really interesting because it's suggesting a question of who should bear the costs, and who should share the costs.

**MS HALLAHAN:** Yes. Fight hard on this one.

**MS McKENZIE:** No-one else has thought about this either in quite the same way, I must say. I just found it a really interesting thought. Basically, you would look at the employer meeting some of the cost; the government meeting some - a greater

amount?

**MS HALLAHAN:** Yes, definitely.

**MS McKENZIE:** Then the person with the disability contributing to some training costs, but presumably if they wanted the Rolls Royce version of the training, to put it that way, they want something above and beyond - - -

**MS HALLAHAN:** Yes. We're all in workplaces where people - either their employer or they themselves contribute to their higher education and stuff like that, and I think that it's an entirely reasonable thing for people with impairments to fit in with those sorts of existing arrangements.

**MS McKENZIE:** It's an interesting recommendation because it looks at the balance, which, as I said, is not something that other people have really had a go at.

**MS HALLAHAN:** The balance doesn't seem fixed for me. It was just really a matter of trying to work out how might a partnership make this happen, and how could there be a very clear policy direction and contribution of resources from public funds that were met by contributions made by employers, and I think that it is important to engage employers in this because they will just avoid the costs, where they will meet other costs for other groups of people - but to make it possible for, say, small business employers to really seriously consider it possible to take someone on.

**MS McKENZIE:** Yes. Small business is the one that has occurred to us as well, because it's the area where the cost factor is going to be most difficult for the employer to meet.

**MS HALLAHAN:** Yes, it is, but employers will also have fairly habituated responses about, "No, we can't do that." But if the process was conducted properly, I think that it might be quite conceivable that they could see that, for example, modifying work spaces or some of those sorts of things aren't necessarily huge imposts on them at all.

**MRS OWENS:** To the extent that the government makes a contribution, would you focus that government contribution more on small businesses or would that be a criteria for the extent of the contribution?

**MS HALLAHAN:** I haven't given it that much thought. I think the government has got a role in dealing with these issues for itself as an employer, I must say, and so, no, I don't think just in small business, but I think that small business is going to find it harder to absorb the costs, and so there is definitely an extra effort there required by government in that area, I would have thought.

**MRS OWENS:** We haven't had a lot of response on this, but to the extent people have thought about it, there tends to be an emphasis more on, "Well, governments should pay," and then we've looked at the adequacy of existing programs such as the workplace qualification program, but I don't know that there have been that many participants who have acknowledged that maybe the individual may also need to contribute. There have been some who acknowledge that that might be appropriate in certain circumstances but not a lot have acknowledged the three-way split.

**MS HALLAHAN:** There is potentially another partner in all of this, which is the employment agency that deals with the placement of the person with impairment as well. They certainly bear quite a lot of that. That's a government contribution. Certainly those agencies are funded with government funds. But they certainly bear a lot of the cost of workplace support and stuff like that - you know, people who come and assist the person with impairment to carry out their task or whatever.

**MRS OWENS:** I mean, there is a whole other set of questions about how adequate all those schemes are and how adequate that is.

**MS HALLAHAN:** Yes, I didn't want to address that because we just know that they're woeful anyway.

**MS McKENZIE:** Yes, we've had submissions that say exactly that basically.

**MS HALLAHAN:** Yes. I was trying to deal with the issues that you raised, needing more thought.

**MRS OWENS:** When you were talking about places of worship and church buildings you just mentioned in passing that a statewide trust fund was set up in Victoria to provide matched funds for parishes. That was an initiative of the church in general?

**MS HALLAHAN:** Yes, it was. They had a person who just took a great leadership role there with all the parties involved and actually developed an access plan, which is one of the few voluntary plans registered with HREOC, I think. Then the next step of it was to get church funds out of investment funds to set up this trust. They've sort of set up a number of staged goals in it. It basically relies on existing congregations contributing half of the costs and the trust contributes the other half to make worship spaces accessible. That's the first thing, and then to move on to other buildings that they may have, such as church halls and stuff like that.

**MRS OWENS:** That's very interesting.

**MS HALLAHAN:** Then they have only just - this is not even really public

knowledge, but as far as I know - - -

**MS McKENZIE:** It's about to be now.

**MS HALLAHAN:** - - - they've just received some money through the new Victorian State Disability Plan in their innovation projects - at least I think that's what it's called - where they're actually going to get the money to employ somebody who can do the educative side of it and work with congregations about why it might be important for them to participate in this program.

**MRS OWENS:** You mention, again in passing, that similar schemes are currently being explored in other states.

**MS HALLAHAN:** Yes.

**MRS OWENS:** How far has that got?

**MS HALLAHAN:** We've done some preliminary research here in South Australia where we've sought feedback from the various congregations about the status of their compliance with accessibility stuff. We haven't made that an independent assessment. They've just done it themselves and so whether or not they comply I really don't know. That is preliminary to us making some moves here about going down the Victorian path. New South Wales has funded a large project which was about developing resources directed at all congregations about the sorts of steps they might need to deal with people with different impairments. So they've produced a detailed document about what to do with hearing impairments and, you know, all of that and taken that sort of path.

**MS McKENZIE:** That's quite amusing because one of the suggestions that we floated in the report was a positive duty on employers to identify on an up-front basis the barriers that might exist for the employment of people with disabilities then, when someone actually came to the door, to take reasonable steps to remove the particular barriers for that person.

**MS HALLAHAN:** Yes.

**MS McKENZIE:** So really this one has done exactly that; done an up-front study trying to identify what problems might exist.

**MS HALLAHAN:** Yes. I'm also just winding up a three-year project which has been a partnership with the South Australian Synod here and the Centre for Theology, Science and Culture which I'm connected with through Flinders University. We have just worked with three congregations on what it might mean to work on the participation of people with disability in their congregations. We've

taken it from the perspective of working at the congregations; not with the person with a disability knocking on the door, begging to be let in, but to actually examine all the sorts of barriers that might be there; the barriers of hospitality to accessibility - all sorts of things like that. That report will be out later in the year.

**MS McKENZIE:** That's really interesting.

**MS HALLAHAN:** I think that this is evidence of an emerging sort of disability and spirituality trend in Australia, and it's got quite a strong voice within the Uniting Church at the moment. So it's actually the work of advocates and activists who have advanced this.

**MRS OWENS:** While we are just talking about that, it's just struck me, looking back in your submission, where you're talking about the Building Code of Australia and you say that it's state based and it had made clear commitments to improve access in existing buildings, the proposed standards regulated in the BCA could substantially contribute to improved access if groups adopt them voluntarily or formally under their action plan.

**MS HALLAHAN:** Yes.

**MRS OWENS:** Then you go on to say:

Otherwise, existing buildings are exempt - a serious inadequacy that will require a dedicated, strategic response.

**MS HALLAHAN:** Yes.

**MRS OWENS:** I just wonder about that. Are you concerned that there is a provision for unjustifiable hardship in the act that means that existing buildings don't necessarily have to comply? Do you think they should have to comply?

**MS HALLAHAN:** Well, from my position of being a disability advocate and activist I certainly think they should.

**MS McKENZIE:** Because existing buildings under the standard - the standard applies to new buildings.

**MS HALLAHAN:** Yes.

**MS McKENZIE:** And then it applies to existing buildings, but only where there is a sort of major renovation.

**MS HALLAHAN:** But this also applies in modifications of existing buildings.

Like, if you want to modify you have to make them accessible.

**MS McKENZIE:** That's right.

**MRS OWENS:** But only after, what is it, 50 per cent of the building has been renovated.

**MS McKENZIE:** That's right.

**MS HALLAHAN:** Right. Okay.

**MS McKENZIE:** So it's a massive renovation.

**MS HALLAHAN:** Yes, I think it comes back again to this tension between whether or not you can lead with regulation and how much regulation you need in order to lead, and how much room you have to bring people to a realisation that these are the sorts of steps they need to take. In this research project that I've been involved in we've worked with a congregation which is an incredibly well-heeled, leafy, eastern suburbs congregation.

They were very, very, very reluctant to build a ramp in the old 19th century part of an original building, you know, where the congregation use up to the sanctuary area, because they were advised by an architect that it couldn't be done in keeping with the heritage status of the building, whereas other congregations without those sorts of preciousness and far fewer resources get somebody to come in and build a ramp and stick a bit of carpet over it. In this case it was about making it possible for an eight-year-old child in a wheelchair to gain access to that part of the worship space. So even where they had built extensive extensions to this church and made sure that they were all quite accessible, they couldn't find a way to deal with that particular need for that child.

**MS McKENZIE:** It's really tough for the child.

**MS HALLAHAN:** It was heartbreaking for all of us.

**MS McKENZIE:** Yes, I understand their problem. It's tough for the child because the child can't access an important part of the worship centre.

**MS HALLAHAN:** And all the other children go and sit there at children's time.

**MS McKENZIE:** Yes, and the child gets isolated, and it's all so clear in front of everyone, every Sunday.

**MS HALLAHAN:** Absolutely.

**MRS OWENS:** I presume for the parents it would be quite hard to put in a complaint to HREOC.

**MS HALLAHAN:** Yes, it would.

**MRS OWENS:** Because it might actually put them off side with the rest of the congregation. Is that right?

**MS HALLAHAN:** Exactly. So the approach that - we were working with people who were in that congregation who were saying, "We'll take leadership on these sorts of issues." And they have tried many, many different sorts of approaches. The guys even said, "I'll go and build it there." But it's very interesting to just discover the depth of resistance and the preciousness that hangs around old church buildings.

**MS McKENZIE:** If it was me, if they can't mess around with the outward structure of the church, I'd try and do it by tunnel.

**MS HALLAHAN:** A tunnel. Well, all the kids would love it.

**MS McKENZIE:** Yes, with a ramp up and a trapdoor.

**MS HALLAHAN:** Yes.

**MRS OWENS:** It might have bluestone foundations.

**MS HALLAHAN:** It does.

**MS McKENZIE:** We're not going to make a recommendation about this.

**MS HALLAHAN:** No.

**MRS OWENS:** Tunnels in all churches.

**MS HALLAHAN:** So it's just really me trying to think through what experiences have we had and what value some other mechanisms have in all of this. Given the resources of this congregation, there would be no problem with them with the expense of it at all.

**MS McKENZIE:** Yes. It's the heritage value that - - -

**MS HALLAHAN:** Yes.

**MRS OWENS:** Thank you. I think I've finished, Lorna, with my questions. Have

you got anything else you want to raise with us?

**MS HALLAHAN:** It was just to sort of make a really nice-sounding, lofty statement.

**MRS OWENS:** Yes.

**MS HALLAHAN:** Because we've talked a lot about the costs and the difficulties and a really very very strong impression that arises from the human service providers who are working at that sort of very front-line level with individuals with impairments and their families, and also those of us who have been working in church structures, that a general public understanding that discrimination against people with impairments is not on, is a very valuable resource in our hands. All the sorts of things that we've discussed are also very valuable resources, but over time I think the clearest statement about this emerges from what we see as the developing relationships between people with disability and other people in the community and the reduction of fear and dread and the increased hospitality and friendship and connection between people.

That's not only beneficial for the person with impairment, but also incredibly beneficial to the wider community. It's not only a matter of making contributions which are clearly known as contributions, such as things we might be doing in the workplace, but the really valued contributions of people just being there and being with each other and forming relationships that could take them into all sorts of new ways and understandings about themselves and other people.

**MS McKENZIE:** If the DDA weren't there, would that impact - - -

**MS HALLAHAN:** Yes, I do think it would. It's very interesting. I was involved in the early days, campaigning around getting a DDA and then when all that had happened, I thought, "Oh, God, does that really help us or not?" and so it has been a very valuable exercise for me to look back over what it has meant in that period of time and to be able to try and assess something of the impact of it. I am sure that the DDA has made a significant contribution in this area, if for no other example but the one about how it was used in the Victorian Senate to get this whole access issue up and running. It was a very very good lever.

**MS McKENZIE:** Sorry? How it was used in the Victorian Senate?

**MS HALLAHAN:** Yes, to set up the - - -

**MS McKENZIE:** The trust fund?

**MS HALLAHAN:** Trust fund, yes.

**MS McKENZIE:** Yes.

**MS HALLAHAN:** It was a really valuable tool there.

**MS McKENZIE:** So sort of the knowledge of that was a driver?

**MS HALLAHAN:** Yes. Well, also the fact that we were able to say, "Actually, under the act you're obliged to do something about this," but generally directly have a piece of legislation and a set of mechanisms, like HREOC, connected to it, that clearly express a public policy view, which is that we are not going to continue in the old pathways of discrimination and we are going to find new ways of making sure that people with disability are alongside us and with us and where they belong. It's an incredibly powerful statement, I think, and empowering for people with disability and for advocates. That's a lofty statement, but I wanted to say it.

**MS McKENZIE:** Good.

**MRS OWENS:** I would presume that the church community, the congregation, should be a very fertile ground on which these messages make some impact. Maybe that's sort of prejudice on my part. I wonder really whether you need to go as far as having legislation in that instance, but obviously you do, just like in the general community the legislation I think has been needed and welcomed.

**MS HALLAHAN:** Absolutely. I guess I'm just talking about the church community, but I've been involved in stuff, and my professional role as an advocate, dealing with the education system and various other things like that. Without legislation there would just be no clear argument. There are great ambitions and hopes and everything tied up with it and I guess I've been talking at that level, but it also is incredibly valuable to have something which is documented, present, able to be waved around, considered to be the federal government's view on the matter, all those sorts of things.

**MRS OWENS:** Thank you.

**MS McKENZIE:** Thank you very much.

**MRS OWENS:** We have well and truly run over time with you.

**MS McKENZIE:** An excellent and very helpful submission.

**MS HALLAHAN:** Sorry, I was thinking I'd be slick, but I have gabbled on too much.

**MS McKENZIE:** No. Thank you very much. An excellent submission.

**MRS OWENS:** No, we asked lots of questions. Thank you very much. We will hang up now and - - -

**MS HALLAHAN:** Yes, and I'll have a look at the transcript of your meeting on Monday in Brisbane and get back to you.

**MRS OWENS:** Thank you.

**MS HALLAHAN:** Thanks a lot for your attention.

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**MRS OWENS:** We got a little note from you which we have made into a submission. I hope you didn't mind that.

**MR MARMO:** No. That's what I said because (name given) said, "Don't put anything in it which could be traced back or sourced to the person, because then it could be discriminatory."

**MRS OWENS:** You've raised some examples. I don't know whether you would like to introduce your submission. You talk about a person with depression being victimised by public servants.

**MR MARMO:** Yes. That actually was myself. The Taxation Office - you know, I was in such a state that I just couldn't do it. Taken to court and told - what's his name? There was a gentleman on TV in Albury where they didn't name who it was, but he has taken someone to court and the judge just dismissed it. He said there's not even a case against this person but it cost the person about 70 grand. Another one: he rang them up and said, you know, "I've got you where I want you. We're going to screw the last bit of blood out of you." I told him, "Look, I can't do it. I'm in such a state I can't do it." I was crying and his attitude was, "You have just got to do it." Then I go to court. I had letters from my doctor. The magistrate just looked at me and said, "You don't look sick to me." Who is he? Is he a psychiatrist or what? And he said, "Guilty".

I wrote to (name given) who I never had much - how could you say it? - value for him. I don't think he was fit to be a minister. He ignored the letter completely and sent it on to the treasurer's department and (name given), she wrote back to me and said, "Get a tax agent to do your books." Well, if I could do it, I would have done it. I've lost tens of thousands of dollars by not sending out accounts. I used to be a pest control operator. I've had a couple of people, you know, challenge it because they just don't want to pay the account and I've walked away. You'll find there's a lot of other people like this.

I was a small-time farmer. I had a loss of \$6000 of livestock with a dog, a stray dog. I asked the council to release the ranger from his duties because I knew (name given) quite well and he used to be - well, he was, I think at one stage, even a professional kangaroo shooter. He would have got the dog, but no, he had his duties to do and their attitude is - like, once I wrote a letter about dogs when they attacked some sheep - "Ring the ranger." So you've got to wait till it happens. You know, it's pretty bad when you lose \$6000 and they won't do anything about it. I ended up shooting this dog myself, risking going to gaol because the property was inside the town boundary. Another farmer who shot a dog that was attacking a goat, it cost him \$700 in legal fees to get out of it. The council won't do anything but it's their duty. You go to them for help and they won't do anything, but you're expected to do everything that they say.

Then getting onto that last case: I used to be a taxi driver for years and (name given) who I had known for 20-odd years, a detective - because I used to work in with the police. I have put several people behind bars by giving the necessary evidence; drug dealers and one bloke who did an armed hold-up. He was on bail and from my information they recovered the 3 grand he had stolen. (Name given) rang me up one day and he said, "Bruno, you used to do mostly night-time work, can you remember picking a man up from 55 Bruxner Avenue?" I said, "I used to pick a bloke up there regular, early hours of the morning, but I'd have to go and see the house."

So I went and saw the house and I wondered if that was the one. He was a Maori bloke who lived in Maroona, which is the other side of the river from Shepparton. He would often get a cab there about 3 o'clock in the morning and go home. I said, "What's the problem?" (Name given) said, "Well, look, this woman is a schizophrenic. Her father is a policeman and she has claimed rape on three or four occasions and we have just palmed it off. But this time she is really persistent." Now, as I've said in the letter, you would only need a small task of police that are trained in dealing with people with mental disabilities.

Anyway, I said to (name given) - he gave me a specific date; I think it was 7 August - I said, "I wouldn't have a clue of what dates." But one night I picked him up. There is excess fares after midnight and he only went 2 or 3 hundred yards down to this corner store and he said, "I'll get out here." "Well, if you want to get out here. I've made a big quid for carrying you a couple of hundred metres." Apparently that's the night that he went back then and raped her. I said to (name given), "If it goes to court and the defence lawyer says, 'Can you specifically say it was 8 August or 7 August?' I would have to say no." (Name given) says, "No. You'll probably find that once we approach him and say, 'Look, here's the letter from the taxi driver that picked you up and dropped you off at the shop,' he'll admit it." I never heard any more, but I presume that he was got on it.

Another case that involved myself. I have recently sold a property. The people that bought it are shysters because - a stock agent in Numurkah that I was talking to, I said to him that, "God, they're giving me trouble. They make a deal and then they offer 10,000 less." He said, "Bruno, they're not like us. They've got a dairy farm and all that." This was a house on one acre in the town of Wunghnu. Then I ran into this (name given). He's a private inquiry agent. (Name given) said, "Why were (names given) at your house?" I said, "They've bought the place." And he said, "Watch out. They're shysters."

**MRS OWENS:** I should point out to you, Bruno, that this is all going onto the public record.

**MR MARMO:** But in your letter they said it doesn't.

**MRS OWENS:** No. This is being taped. So we might have to ask the people that are doing the transcript to maybe remove the names of the people you're referring to.

**MR MARMO:** Yes, remove any names then that are on it. Your letter, the latest one I got on 2 March:

Your submission does not contain any confidential material and will be made available as a public document.

**MRS OWENS:** Yes. That has taken place. Now, this discussion we're having is a public hearing and the material that we discuss does go onto a transcript.

**MS McKENZIE:** So you'll want the names not mentioned at all.

**MR MARMO:** No, I don't want the names mentioned at all. The other thing is, like, the original submission I made, I think, covers that rape case. No-one will know where it is, or what?

**MRS OWENS:** No.

**MR MARMO:** When I sold this property, these people said in regards catamaran landing, aeroplane landing gear, as well as building materials and other items extended over the property, "If these items are not removed not less than seven days prior to settlement, the purchaser shall arrange for (name given), contractor, to give a written quote for removal of such items as are remaining to be cleaned up." She made it quite clear the fact that my disabilities physically - that's why she wanted that clause in. It wasn't cleaned up. They gave a quote about seven days before. As you can realise, there was heaps of stuff still there and he quoted 18 hundred dollars. When she locked the gate on me after they paid, there was about two hours' work left to remove the stuff that was there. She demanded this 18 hundred dollars and her solicitor, who held it in trust, paid it over to her or, rather, gave it back to her. That, I understand, is not covered under the Disability Act.

If you're advertising a property for sale, you can more or less - if you put in it you don't want any cripples to buy this property, then that's an offence, but if you put it into a contract - because I rang the disability people - I forget where it was - in Canberra or where - and they had a look and said there's nothing in the act which prevents a purchaser putting something in - - -

**MS McKENZIE:** To a contract.

**MR MARMO:** Especially because the vendor has the disability.

**MRS OWENS:** That's an interesting one. Nobody has raised that one before.

**MS McKENZIE:** That's a really good one to raise. My recollection is you might be right. My recollection - and I'll have to go and look - is that what's in the act about the sale of land all relates to the vendor, the seller, not to the buyer.

**MR MARMO:** Yes.

**MS McKENZIE:** If it's something the buyer has done, you might be right.

**MR MARMO:** That's it. That's what it is. I've now put the matter in the hands of the Law Institute, because there's another - at the end of that it says, "In the event the seller assumes responsibility for cleaning up and quoted removal costs shall be adjusted at settlement," but they just took the lot. He also did a lot of work which was not mentioned in the contract. It was a partly constructed house, so it wasn't what you'd call - it was a building site, not a residence, where you'd expect the gardens to be mowed at least.

**MS McKENZIE:** Yes, we'll look at that. That's interesting.

**MR MARMO:** Do you want me to fax you down a copy of the contract?

**MS McKENZIE:** No, there's not a problem, because you've told us on the transcript, so there are no worries about that, but I'll look at it in the way the act works and we'll see whether maybe that section should be broadened. That's very interesting.

**MRS OWENS:** That's a fascinating comment that you've made there.

**MR MARMO:** See, this is often the problem with a lot of acts. If one person is involved, sometimes it doesn't apply. It only applies when a group of people - but fair enough. I remember years ago there was a big dispute in the taxis in Shepparton. I was only a driver, and I was barred from driving because I criticised their attitude to the elderly people. I criticised their attitude to Aboriginals. I was barred from driving, and when I got onto the relevant department they more or less told me, you know, "If you were fat or skinny and that's why they wouldn't let you drive or if you were Catholic and they didn't like Catholics or if you were black, then you'd have a case. The fact that they just wouldn't let you drive personally" - they more or less wouldn't put it in writing, but at the meeting of the owner they more or less said any owner that employed me - because there were several of them prepared to give me work - that they would suffer the consequences. So there was nothing that could be done.

**MS McKENZIE:** Can I just go back to the lady you mentioned who was schizophrenic?

**MR MARMO:** Yes.

**MS McKENZIE:** You think there was a question of rape. Is what you really feel that the police, because of her illness, just didn't believe her?

**MR MARMO:** Yes. (Name given) more or less said, you know, being schizophrenic - because you know yourself some people with a mental problem will say anything, and you've got to - that's why I said the police should be trained to virtually have some psychiatric knowledge, to see whether she's telling the truth or not.

**MS McKENZIE:** Yes. One of the things we're looking at in our report is equality before the law, because that's one of the objectives of the Disability Discrimination Act. We do raise this question of access to justice and whether there shouldn't be an inquiry looking at various things, and that might be one thing that inquiry could look at.

**MR MARMO:** Yes.

**MRS OWENS:** It could also look at the other situation that you raised about treatment of people in the court system. I thought that you also raised an important issue there, in terms of your own experience and the magistrate saying, "You don't look sick to me," and making probably judgments based on how you appeared. I think that also is something that needs to be addressed.

**MR MARMO:** Yes. This is not on record, but a friend of mine - I was a pest control operator and I used to do her house all the time for spiders. She was a psychiatric nurse - one of the head psychiatric nurses - and I said, "Look, could someone have a look at me and talk to me to see what can be done?" If you met me in the street and we had dinner or something, you would say, "He's normal." Anyway, she said, "Look, I'll make arrangements for one of the people there to interview you at Ambermere, the mental home." The bloke - we're talking away and I told him all the facts and everything and he said, "Bruno, there's nothing we can do for you." "My God, don't tell me there's nothing you can do."

Anyway, finally I insisted. The head psychiatrist that's there is Indian, and I saw him privately. When I was telling him about not being able to cope and the ATO said, "You've got to." He said, "Bull dust. If you can't cope, you can't cope, and they shouldn't have penalised you." That's off the cuff, but this is one of the problems with where does - the thing is you get so many people that deliberately fraud and they say they made an accident. They didn't realise it. So you've got to be

able to discriminate with the two, but it was the same like that woman. I honestly can say I possibly saw her - you know, the years that I drove - but I wouldn't know her if I ran across her.

**MRS OWENS:** So to speak.

**MR MARMO:** You know, she probably was a willing sexual partner, but in the case - this particular night, she said no. He went down there and then he's walked back, so his excuse - and she saw him leave, and he probably knew that she was retarded. There was another girl in Shepparton here who ended up getting murdered, and she was a bad schizophrenic. She was a schoolteacher originally, then a bad schizophrenic, and she'd walk into hotels with no knickers on and a miniskirt. The police were really good, because they often used to pull up on the taxi rank and, you know, I'd mention anything that I'd seen. I said, "I took about five mongrels around to (name given) house," and he said, "Good, we'll go around and see them. They won't be there long." You know, they used to look after us, but where do you finish? Now, if she had made a complaint about rape, they just would never have listened to her, because she was so bad.

**MS McKENZIE:** That's very concerning, because it means that however dreadful the thing that happens to the person is, given it really may happen, you can never get redress.

**MR MARMO:** Mm.

**MS McKENZIE:** That can't be right.

**MR MARMO:** Because the mentally ill are - even in the taxis, one of the reasons I was barred, I would pick anyone up. You know, a taxi is a taxi, but some of the real bad ones, no-one would want to pick them up. Even now - you know those multipurpose taxis that are like buses? In Shepparton they do not run on weekdays after about 8 o'clock. They work on a roster system, but they don't keep them on the road say between 8.00 at night and about 7.00 in the morning.

A hypothetical case that I spoke about once to someone was, okay, a married woman, her husband's a truck driver. His boss is going to give him a week off, because she is due to have the baby Saturday. Friday afternoon he leaves Sydney and he won't get to Shepparton until 4.00 or 5.00 in the morning, but the baby was - the doctor said, "No, it will be late Saturday or even Sunday." Well, she goes into labour, right, hubby is three or four hours from home, so she rings her mother, who is confined to a motorised wheelchair. The mother rings for a taxi, but is told the multipurpose isn't available, which it should be 24 hours a day.

**MS McKENZIE:** Yes.

**MR MARMO:** Basically what she has got to do is either leave her wheelchair - you know, the motorised one - at home, because they can't fit it - - -

**MS McKENZIE:** They can't carry it.

**MR MARMO:** Or head off in the rain, whatever, on the streets, and head up there on a scooter. There has been a fair bit on TV about that and complaining about it, because they're supposed to be a 24-hour service.

**MS McKENZIE:** Yes, that's right.

**MR MARMO:** But it isn't. Okay, Melbourne is.

**MS McKENZIE:** Yes.

**MR MARMO:** Because, you know, there are so many of them. I have noticed one Sunday morning at about half past 4, I went - I go for walks and if I wake up early, I head off - one of them working, but that would have been taking the disco goers home. During the week - it's probably only Saturday night, Sunday morning, that that would work. The rest of the week it wouldn't be available.

**MRS OWENS:** Bruno, as an ex-taxi driver, did you ever see instances of people that were driving the multipurpose taxi favouring people without disabilities?

**MR MARMO:** The drivers?

**MRS OWENS:** Yes.

**MR MARMO:** Yes. There was a woman - this is before multipurpose taxis came. I have been out about 15 years. One woman driver once went to the railway station and she called me and said, "Look, I can't fit his wheelchair in the car." When I got there, the bloke said, "I pleaded with her. This completely dismantles. The heaviest part is the battery." So, right, I put him in, took the battery out, slipped that and the cart just fell to pieces. It was like an ordinary wheelchair.

**MRS OWENS:** Yes.

**MR MARMO:** She had refused to pick him up. There was one driver, he would - even if he was at the front of a rank and he saw an elderly person coming, you know, with that disability ticket, he would drive off. There is discrimination against the elderly. There was one woman (name given). She was a spoilt little brat. She was about 20 years younger than her husband and he was dead, but she was a lovely person. She had to go out every night. She had blown most of the family money and

her uncle - no, her nephew by marriage - her husband's nephew was her executor and he kept the money.

Every night she would go out at 7 o'clock and go out at 10 o'clock. Sometimes she would go down to the Australia Hotel, which was her husband's family hotel, and other times she would go private visiting, because you had to help her on with her cardigan and switch off - make sure everything was switched off. No-one wanted to pick her up. Now, she was automatically given to me and I was laughing. 6 o'clock at night it was usually, you know, quiet. Sunday, if I wasn't rostered on, I would just go and pick her up and take her home. Monday, Tuesday, Wednesday, Thursday, Friday, was everyone else sitting around doing nothing normally and I would go and pick her up. She knew if I was five minutes late I'd be there and then 10 o'clock I would take her home. Most times, you know, there was the odd job.

Now, they even wrote a letter to her nephew, who was the executor, to try and get her barred from using taxis, purely because when you got home you also had to help her off with her cardigan. Take her in - she would hold your arm, take her in, unlock her door, switch the light on and make sure she was right. As I said, you know, people in wheelchairs, there was always some of us that would take them, but they were discriminated on. Elderly people and Aboriginals, who could - you could basically say they had a disability; drunks and that.

I remember one white man in a suit lying in the gutter when I got to the front of the rank. They just drove around him, you see. When I got to the front I picked him up and put him in the cab. He wanted to go to Ambermere, the mental home. When I got there, they said, "No, he's not one of our patients," and then went through his pocket and got his name out of his wallet and they said, "Oh, yeah, he has been here. He lives at such-and-such." Well, I took him home. His wife was crying and put her arms around my neck and kissed me for bringing him home. Now, everybody else has drove past him. Being an alcoholic is a disability.

**MRS OWENS:** How long ago was all this? This was a few years ago?

**MR MARMO:** About 15 years ago, but it still occurs now.

**MRS OWENS:** Thank you very much for all that, Bruno.

**MS McKENZIE:** Thanks very much, Bruno. That's about all the questions I want to ask.

**MR MARMO:** Right.

**MS McKENZIE:** It's been a really interesting submission.

**MR MARMO:** Now, if you want to know anything, any more, either fax me or just ring me. If I'm not home, there's an answering machine and I will ring back and make a time.

**MRS OWENS:** Thank you.

**MS McKENZIE:** That's very kind. Thank you very much, Bruno.

**MR MARMO:** Yes. Right, I thank you very much for giving me the chance.

**MRS OWENS:** We will scrub those names off the transcript.

**MR MARMO:** Yes.

**MRS OWENS:** We will just close and we shall be resuming tomorrow morning at 10.25 am in this room.

AT 4.09 PM THE INQUIRY WAS ADJOURNED UNTIL  
THURSDAY, 4 MARCH 2004

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