Cyril Dennison

The Commissioners
Disability Care and Support Inquiry
Productivity Commission.
GPO Box 1428
Canberra City.
ACT. 2601.

Dear Commissioners, M/s Patricia Scott, David Kalisch and John Walsh

SUBMISSION TO THE AUSTRALIAN GOVERNMENT PRODUCTIVITY COMMISSION

"Disability Care and Support Inquiry"

Thank you for the opportunity of presenting this submission to the Productivity Commission Inquiry into Disability Care and Support.

"Without prejudice"

The experience and knowledge I bring to this Inquiry is that of a parent and father who with his wife and partner have successfully raised a family of three, the two eldest having gone on too live productive and happy lives as citizens in the Australian community.

I also bring to this commission my knowledge and point of view as an individual, an Australian Citizen from experiences of having to take care of our youngest daughter, now 36 years old, 24hrs /7 days a week as a consequence of a horrific MVA in the State of Victoria on 7th October 1996 in which she was the 100% innocent party. **(Exhibit 9).** The two vehicles involved were **not** registered in that State.

I have read the documents obtained from your web site and believe I have a reasonable understanding of the task set for you by the Australian Federal Parliament.

One of the main themes is the expansion of the limits or entitlements to the supply of care and support services to disabled persons, whether born with, acquired by a catastrophic event / accident or a severe and or debilitating illness, byway of possible introduction of a "no fault" social insurance to the Commonwealth Medicare system.

That would be a worthwhile and admiral achievement, subject too !!

Unfortunately, while the intentions of a "no fault" type legislation may sound good, in practice and application it is fraught with restriction and legal dangers to the personal freedoms of all, or most Australians under Common Law if the Commission were to adopt a **legislative model** based on that in use in the State of Victoria. (con't page 2)

That is not to say a just and reasonable outcome could not be achieved, it will have to be achieved without being to the detriment of the responsibilities, freedoms and entitlements that every Australian Citizen is guaranteed under our present constitution and Common Law, and even then we are not fully protected under common law.

I believe my responsibility to the Productivity Commission Inquiry, to my daughter, family, and perhaps many other Australian citizens " though I do not claim to speak or represent them" is to make the Commission aware of the reverse non benefit and consequences of considering similar "no fault" Legislation currently enacted and utilised in the State of Victoria, specifically the TAC Act 1986 (Section 60)

STATE OF VICTORIA TAC Act 1986 (Section 60) ---------- (Exhibit 4)

The writer alleges that Legislation of the State of Victoria specifically Section 60 of the TAC Act 1986, is corrupt, fraudulent, discriminates, detains and conscripts "the Cornella Rau" factor, a parent or persons to supply the assessed uncompensated care as it would have applied to a common law damages settlement in that State.

Section 60 corrupts, and in the case of my daughter has corrupted the course of natural justice and common law and the application of Medicare Act 1973 or the HIC Commission Act 1973.

It defrauds and has defrauded my daughter of fair and just compensation that would be available to any Australian citizen or visitor to this country in a similar situation in any other Australian State.

My daughter was accessed as requiring 96 hrs per week paid care, in her damages claim. The TAC Insurance Act 1986 restricts paid care to only 40hrs per week. When the QC for my daughter asked of the QC for the defendant " who will pay for or look after the Plaintiff the 56hrs per week uncompensated care?" the response was "The Legislation of the State of Victoria expects Mr Dennison to continue to look after his daughter as he has in the past" **"quote unquote"**

Common law was applied to the replacement of my daughters vehicle written off in that accident. The cost of a new replacement vehicle was paid by bank cheque within three days of filing of the insurance claim.

Common law applied, to the fine and demerit points applied to the original defendant a licensed driver from NSW to the accident which occurred in the State of Victoria. So two of the three applications of the law to the one accident, Common law applied and was dealt with in a expeditious manner within weeks of the original accident.

Yet Common Law, was not applied to the personal damages **enforced** settlement. How is it that there can be predatory and coercive conduct by TAC Insurance staff under instruction, soliciting business at the Alfred Hospital Intensive Care Unit.?

All Australian citizens are guaranteed medical care and services under the Medicare Act 1973, on presentation to any public hospital in Australia. (con't page 3)

The writer alleges that the conduct of TAC Insurance staff, at a table 3 meters from the main door to the Intensive Care unit of a major Public Hospital (The Alfred) which is funded in major part by the Federal Government, too coerce business from seriously damaged person families is not only unethical and obscene, as medical treatment is guaranteed to all Australian citizens under Medicare.

Medicare formerly the Health Insurance Commission in the case of motor vehicle accident pay the victims medical costs, which are then assessed and apportioned in another forum (ie) the Supreme Court at a later date.

Common Law provides that the CTP insurer of the vehicle at fault, who has admitted liability, meets all personal injury costs.
The TAC Insurance, the CTP insurer for the State of Victoria had no vehicle involved in that accident therefore had no legal or common law interest in that accident and should not have been involved at any part, particularly the damages settlement.
Their conduct is and was prejudicial to the legal and medical interests of any Australian citizen under Medicare /HIC legislated entitlements under Federal law.

Their conduct is and was **prejudicial** to any legal negotiations that would or may have eventuated at "any settlement conference" at a later date.

The Consequences of: "State of Victoria TAC Act 1986, Section 60, are it

1. Obstructs and denies the course of Natural Justice, with intent.
2 Obstructs and denies the course of Common Law, with intent.
3 It interferes and interfered with the Medicare /HIC rights of an Australian citizen under the Medicare Act 1973 on the 7th October 1996
4 It defrauds an injured party of their just entitlement to full compensation.
5 Forces the time and cost of assessed uncompensated care, to a parent or family
6 By the reduced compensation it prejudices the rights of the recipient to a equal standing under the Social Security Act 1991(Sect17) the "preclusion period."
7 "The Cornelia Rau factor"

TAC Act 1986 (Section 60), Detains, conscripts, and subjugates a spouse or parents too the assessed uncompensated care over years / decades to the injured person.

This detention prevents a parent or parents seeking and obtaining gainful employment suited to their qualifications and experience, to earn, save and accrue assets for their future and retirement.

In our democracy an Australian Citizen would normally have to commit a crime and be found guilty in a Court of Law before being jailed (detained) and restricted from earning a income.

#People volunteer their services because of love, commitment, and time availability, they are not **volunteered** by the State for the States purposes under corrupt Legislation.(TAC Act 1986 Section 60) #

(con't page 4)

8 This legislated withholding of just compensation is a cost that will eventually have to be borne by the Commonwealth Government / the taxpayer, when it was a cost that should have been fully met by the CTP Insurer liable FAI.

9 Even though the TAC Act prevents a settlement under common law, the imposed settlement presents further problems and penalties to the injured person and parents/carers.

10 It is the practice of Supreme Courts across Australia to mandate management of larger compensation settlements, whether negotiated or imposed to be managed by the State (ie) Public Trustee or Trustee Companies.

11 This seems totally inappropriate, unjust and indeed a serious miscarriage of justice that the Supreme Court can under cross vesting powers sanction an enforced (non common law) settlement under Legislation of the State of Victoria, yet on the **same** order delegate the Public Trustee of another State to manage the imposed settlement funds, and still have the Parents or Family of the injured party "detained and conscripted" to supply the assessed uncompensated care under the Legislation of the State of Victoria**(Exhibit 10)**

A Supreme Court has in fact sanctioned the "detention and conscription" of a parent to the 56hrs p/w uncompensated care of the injured person.

12 That appointment further subjugates the person who is under compensated and her family to the law or legislation of another State, (eg) Queensland in a non common law imposed settlement under the State of Victoria's Law. This goes to the principle of "Double jeopardy."

13 You cannot apply the legislation of two separate States to a non common law imposed settlement, to the one accident which occurred in Victoria.

14 Further negative impacts of that appointment, are the needless, fees and charges, on the application on the legislation of the second State.

15 Parents / Carers of the injured persons now having to account to the law and legislation of a different State for the accident which occurred in Victoria.

I have briefly given the Commission a factual record and illustration of how poorly drafted and enacted "No fault" Social Insurance CTP Legislation of the State of Victoria which clearly was crafted with the principle idea being the containment of CTP medical and rehabilitation costs **at the expense** of the long term care and rehabilitation of any CTP insured client, whether TAC Insurance or any CTP Insurer.

The question The Productivity Commission has to ask is how did Parliament of the State of Victoria ever enacted the TAC Act 1986 when it was clear from the start it would corrupt the course of Natural Justice and Common Law, and would facilitate the interference of the rights guaranteed to any Australian citizen under the federal legislation, the Commonwealth Medicare Act 1973 or HIC Act 1973. (con't page 5)

My recommendation to the Productivity Commission, is that **it not** use the TAC Act 1986 of the State of Victoria as the model for any proposed social insurance Federal Legislation, for the reasons I have previously put forward, **(1)** it obstructs and corrupts the course of Natural Justice and Common Law with intent, **(2)** it discriminates and penalizes **(3)** it defrauds those who are entitled to substantial damages settlement from receiving same **(4)** It invokes "The Cornelia Rau factor" by the State, **(ie)** It detains, conscripts and places the burden of care of the claimant on the parents or spouse for the assessed uncompensated carer hours.

On those facts, for the Federal Government to initiate and manage a "No fault" social insurance type system under the umbrella of Medicare Australia, The State of Victoria would have to come into line with the other States and rescind Section 60 of the TAC Act 1986, that way other stakeholders **(ie)** the Insurance industry would have to meet their responsibility and carry their fair share of medical, rehabilitation and carer costs and not pass it to the "detention and conscription of family members" of the injured and permanently disabled as a consequence of motor vehicle accidents.

The TAC Act in our case provided no financial benefit to the State of Victoria or its citizens. It cost my daughter $1.4 million uncompensated care. The Act is corrupt.

No State or Territory should be allowed to bring in "no fault CTP Legislation" similar to that of the State of Victoria as is stated on page 31, section 2 of the Productivity Commission Issues Paper, that will endanger our Common Law rights, and those that Australian Citizens enjoy under our present Federal Constitution. The right to litigate /sue for appropriate assessed damages.

OTHER OBSERVATIONS, SUGGESTIONS and CONSIDERATIONS.

Item 2.

Commonwealth Legislation (The preclusion period)

Social Security Act 1991 (Section 17(3)) The Preclusion Period legislation is unjust, fraudulent and discriminatory, **(Exhibit 7)** and should be reviewed as it is able to be **deceived** too the true entitlement a claimant should receive because of the TAC Act 1986 Section 60.
The "Preclusion Period" should be based on the "future income" factor of the damages settlement calculation **only**. Not on 50% of the total damages settlement.

(Section 17 (3)) of the legislation is a Penalty and Wealth Tax by stealth on the disabled persons for the rest of their life and their potential income, to the exclusion of them obtaining the normal Social Security benefits as they apply to the rest of the Australian population.

The disabled persons situation is penalty enough, a lifetime penalty in most cases. They are able to receive an income from investment of their damages by way of Allocated Pension there by paying their way, their contribution to society & taxes.

(con't page 6)

Those in receipt of compensation effectively become a self funded retiree pay tax on the funds invested, (ie) Term deposits, Allocated pension or Superannuation.

Therefore if **no income** is earned, either because of the Global financial crisis or reckless investment and conduct by Court appointed fund manager, they should be able to receive temporary short or long term income support from Centrelink, without qualification.

Item 3.

Medicare Levy:

The planned improvements to the "Disability Care and Support" are going to cost this nation billions of dollars, and one of the suggested methods of addressing the funds required would be to increase the **Medicare levy.**

Australia is a wealthy nation and I would totally agree to the suggestion that the Medicare levy be increased by .08% to finance the proposed "no fault social insurance" and additional services to the "Disabled Care and Support".

An additional area of financial contribution would be incumbent on the Insurance Industry, particularly companies who market, motor vehicle and CTP Insurances.

Item 4.

The Insurance industry contribution.

It is apparent that the principal beneficiaries of the new legislation will be the long term ill, or disabled and those who are permanently disabled by accident, (ie) sporting, workplace accidents, drug overdose – self inflicted or acquired, act of god, miss adventure, criminal assault and the area of largest representation, motor vehicle accidents.

Insurance companies (ie) SUNCORP Insurance, RACQ, NRMA, etc make hundreds of millions of dollars profit from motor vehicle and CTP insurance. It is therefore reasonable to expect financial contribution byway of **cash flow** assistance in addition to compensation settlements.

In the case of major insurance payouts for catastrophic /seriously damaged people part of any major settlement over $2 million the Insurance Company should pay the Commonwealth Government $ 350,000 per person towards the cost of a large architect designed 2 bedroom unit or Town house which would be included in a multiunit purpose built building for other persons in a similar situation, conviently located to all services.

This about **action** and **cash flow** and not having to wait for Government Budgets.

Being a 2 bedroom Villa /unit, would enable a family member, a paid carer or respite carer to stay or reside with the client when required.

(con't page 7)

A complex of 10 units would have one resident nurse on call for emergency situations. A further $150,000 per person would be paid into a Trust account managed by the Commonwealth for future care and service to the units occupant.

There is a three way input, **(1)** Land donated by the State, **(2)** the buildings initially financed by cash flow / no profit, from four or five of the major CTP Insurance companies, **(3)** the units are purchased from the Insurers by the clients they were designed for, from their damages settlement they have title of ownership to that property unit they die, which may be 10, 20 or 50 years.

When the original owner /occupant of the home unit expires or passes away, title and ownership of the unit then passes to the Commonwealth for refurbishment and use again for another long term seriously ill or disabled person.

This way we start to get architect design buildings erected for the young long term disabled persons, and get them out of old aged care facilities.

In Queensland, Brisbane has the ideal location which would easily carry 100 of these suggested units, 10 blocks of 10 x 2 Bedroom units.
The suburb is Brighton, the land suggested for this project used too be called "Eventide Nursing Facility" originally owned by the Commonwealth, but I believe given to the Queensland Government.

There are **acres** waiting to be utilised on just this sort of project. **(Exhibits 6)**
It needs to be used for this purpose now before it can be sold off by Government as an "Asset Sale" and developers grab it for high rise development, units, etc.

Item 5.

Tax Concessions and or Credits / Corporate fees and Charges

An alternate means of subsidising realistic carer payments to family carers.

There are those who choose to volunteer and care for the disabled or seriously ill of our own volition, out of love, commitment and time availability.
Others who are the legislated volunteered, "the detained / conscripted volunteers" (TAC Act 1986 Section 60) There are also those of us who are both.

Collectively, we are the invisible asset of and too the Australian community, we are also a productive and measurable asset to both State and Federal Governments to whom they are **not** accountable, but have to accounted too.
Volunteers and the volunteered are worth billons in unpaid $ value to the national estate and economy.

With our fast ageing population and growing disabled client base, where will the required carers come from? Increasingly this responsibility will pass to Families.

(con't page 8)

Suggestion: (Tax concession)

Take for example a family with one wage earner, three children, the second child (10y/o) permanently disabled through illness MS, is high dependency requires full time care. The sole bread winner earns $55,000 gross per annum. The mother is the principle carer, tiring work, would be fortunate to get a break on weekends when the husband is home. Would not be able to afford a paid respite carer.

Direct assistance to this family should be, and any other in a similar situation is, **no income** tax to be paid on the first $50,000 of income earned, there after as per the normal tax schedule, in addition the family would still qualify for the normal Social Security benefits for a family in this situation.

The number of families in Australia in this situation, given the suggested Tax Concession would have a nil to negligible effect on National income tax revenues, yet there would be an immediate impact and discernable benefit to the lives and general well being and disposable income of that family.

This form of assistance would be protected from cost cutting reviews bureaucrats seem to indulge in on a regular basis, as it is not part of the national tax revenue raising system.

Suggestion: (Tax credits)

This suggestion is particularly directed at people who do extended hours of dedicated care to the long term disabled and ill and receive no recognition or payment for their services for the State or Federal Governments.

They normally come into these situations by reason of a member of family or friend being placed in a situation of need of long term care, and before they realise it they are part of the system, that just uses them.

They supply their services to the community, often at cost to their own health and certainly to their financial well being.

There needs to be a “Tax Credit’ system put in place where these stalwarts of the community for every registered 100 hours worked they receive a Tax Credit for $1000
This can them be credited against their employed partners annual Tax Return or credited to their superannuation fund.

Rehabilitation: (Tax credits)

Early rehabilitation and exercise programs are bound to be a integral part of any physical and emotional well being program to assist the seriously disabled or medically ill persons. There are not enough of these gym / rehab facilities around at present to cater for our current situation let alone those that will present as a consequence of the proposed “no fault social insurance” initiative. (con’t page 9)

The government may have to consider the registration for rehabilitation and exercise purposes of current suitable gym facilities located close to Medical Centres.
The potential client should be able to present for an exercise program which is planned and monitored, but the client billed a nominal fee say $2.50 for 2hrs (Similar to the Sporting Wheelies Gym in Brisbane.)

The Rehab/ Gym centre would receive a Tax Credit of 2% off gross earnings at the end of each financial year for every 50 managed programs completed.

The Government would have to make sure that these managed programs do not turn out to be a extension of a "carer program" where the seriously disabled are dumped and left to sit in a piece of equipment, and the Gym become a substituted care facility.

Item 6.

Suggestions for Legislative addition or change:

As the proposed changes will be under National Legislation tying all Disability care and Support services together, the financing of same, the following should merit strong consideration.

One of the areas of greatest concern to myself and others who have a permanently disabled high dependency member of family locked into the system by Court Order **(ie)** funds to be managed by a court appointed manager is probably one of the greatest disservice and discomfort to be forced on to a compensated or under compensated person (TAC Act 1986) that the Supreme Court could do.

It means that the person and their family never actually get to move on with their lives, part of a MVA damaged persons recovery is the **acceptance** of their new self /situation, how can they when they are continually reminded by having to contend with mindless and obstructionist bureaucracy on a regular basis.

In fact it's an area that needs immediate review and legislated change, because it appears from face value the Supreme Courts take the attitude that the family of the dependant person is (1) dishonest (2) lack everyday plain common sense, (3) or the ability to acquire information for the safe investment of compensated funds.

Yet it is the same Supreme Court that can and do sanction settlements that either **force** the long term care on to the parents or partner, (TAC Act 1986) which I believe is against the Federal Constitution or they rely and take for granted the parents /partners will be the primary care givers, a position of trust??

The appointment of a State " Public Trustee" or "Trustee Companies" is probably one of the more serious injustices to be perpetrated on a compensated person, because these impersonal corporate conglomerates see any damages settlement as a "milking cash cow", and I speak from experience.

(con't page 10)

My daughter is currently charged management and admin fees of $30,000 p.a

That is absolutely obscene and a disgrace. Her funds and the return of investment on same are hers and for her sole benefit, not the Public Trustee or Trustee companies or Investment managers. That $30,000 should be available for what it was originally meant for paid carer fees, rehabilitation, therapies, medical etc.

The first party/persons to be considered for the investment and management of funds from a damages settlement should be disabled person's immediate family. Too achieve this appointment the family will have to submit a financial plan to the Supreme Court before the matter is sanctioned. If satisfied, the Court would then appoint them Trustee/ Manager of the settlement funds.
Solicitors of the client should not be appointed as their Trustees / managers.

The second option is for the Commonwealth Government to be appointed the Manager and Trustee for every major damages settlement Australia wide, with the direction given from the Supreme Court that the funds be invested in Comsuper and or the National Futures Fund.

The third option would then be State Public Trustees or Trustee Companies under Court Order for fees and charges to be restricted a maximum of $5,000 or 1/5th the value of scheduled market fees, which ever is the lesser per annum.

To the Federal Parliament, these damages settlements are a important market and need special protection and considerations as the legislators will be relying on the income earned from those investments to indirectly subsidise part of the proposed "no fault social insurance" initiative.
(ie) that the compensated funds go for what they were intended and not corporate profits, thereby enabling the Commonwealth to specifically target their new program and the under compensated of Victoria TAC Act 1986(Section 60)

The fourth and final suggestion, is that all current investments of compensated settlements in Allocated Pensions, Superannuation Funds and Managed Funds with Public Trustees and Trustee Companies nation wide, be switched to Comsuper or the National Futures Fund with charges to be restricted a maximum of $5,000 or 1/5th of scheduled market fees, which ever is the lesser per annum.

No Contracts: There should be no contracts that have to be signed by recipients of any equipment used for long term assistance or treatment (eg) wheelchairs, residential lifts, walking machines, etc. as with TAC Insurance Act 1986, a signature on receipt of the goods should suffice, our experience was their was no back up or acknowledgement of responsibility of the Insurer to that contract.

A Doctors Order: should carry the same authority as a Court Order is relation to the supply or installation of equipment used for the treatment or rehabilitation of the Disabled client, and not wait for the authority of the Insurers decision. Insurer decisions are governed by finance and not the best long term health and rehabilitative interests of the disabled client. (con't page 11)

Withholding of Pension: There should be legislated protection for the Disabled and the families/carers from Court appointed Trustees who withhold the payment of an Allocated Pension as a means of coercing compliance to their rules.

Current Federal legislation is that an Allocated Pension must be paid at least once a year to the entitled recipient is **"useless"** and ignored by the appointed Trustee.

In our case, my daughter **is not** a ward of the State, and the complication of the application of the legislation of two separate States to a non common law imposed settlement situation, the Court appointed Trustee of another State has shown this to be a serious weakness and injustice in the system.

Item 7.

CTP Insurances, and value placed on the Australian human body.

There needs to be a standard federal CTP Insurance fee /cover across Australia.

There needs to be an upward review of minimum valuation placed on the human body, (ie) eyes, hearing, limbs, head injuries. This review should include a guide to value of the live body by other advanced nations placed on their citizens.

This all should be governed by Federal legislation which would have a minimum, guaranteed value and payment for Global head of injury, eyes, hearing, limbs, cosmetic facial, acquired mental or psychological disability, etc.

There should be **no time** limit imposed re the assessed compensated carer hours.

Australia current values on the human body are poor and do not reflect the loss of use, quality of life and well being lost, to the acquired disadvantaged person. **(Exhibit 5)**

This review would then pass to the Insurance industry a more representative proportion of the costs met by government and or the individual.

Item 8.

No discrimination as too access to the proposed "no fault social insurance"

That any new or expansion on current legislation in relation to "disability and care support"" should have no discrimination or high qualification clauses in it at all, that any new or existing benefits are offered to all Australians.

(ie) even if the recipient has been paid compensation for damages as a result of a road accident, work site accident etc, that any new Commonwealth benefit that may be claimed and paid to one, may be claimed and paid to all qualifiers.

Past failures of both Federal and State governments to address short comings in care and disabilities services and legislation are coming home to roost with the proposed enactment of "no fault social insurance" (con't page 12)

My daughters case is a classic example, she was uncompensated **56 hrs per week** as the assessed, value $1.45 million by corrupt legislation of the State of Victoria.

I personally have had to pick up the short fall, and supply those carer hours.+
I am sure our family is not the only case to have been negatively impacted by the TAC Act 1986 (Section 60)
Victoria is likely to have thousands of people that have been adversely affected by the TAC Act 1986 and will be expecting some carer and other assistance from the new proposed federal legislation.

It is very interesting to read in the Courier Mail **(Exhibit 8)** of Public Servants on enormous salaries ($100,000 - $200,000) complaining of their life work balance and having to work **more** than **50 hours** per week.

Yet these same bureaucrats are part of the system who prepare legislation for Parliaments which have discriminated and advantaged Australian Citizens.

Item 9.

The "Cornelia Rau" factor.

Section 60 of the TAC Act 1986 enacts the "Cornelia Rau" factor.

Detains, conscripts, and subjugates a spouse / parent or parents to the assessed uncompensated care over years / decades to the injured person.
In our case of my daughter, 56 Hours per week uncompensated care for the rest of my daughters natural life calculated value at settlement $1.45 million

This detention prevents a spouse or parent seeking and obtaining gainful employment suited to their qualifications and experience, to earn, save and accrue assets for their future and retirement.

In our democracy an Australian Citizen would normally have to commit a crime and be found guilty in a Court of Law before being jailed (detained) and restricted from earning a income.

People volunteer their services because of love, commitment, and time availability, they are not volunteered by the State for the States purposes.

Item 10.

Organ donation:
It is a fact that Australia has a very poor record for participation of it citizens in the donation of "body organs" for replacement to the National interest.
The implementation of "no fault social insurance" to the Medicare system may present an opportunity to help address this dilemma.

(con't page 13)

There is bound to be some public agitation re the likely increase in the Medicare levy by .08% for the proposed "no fault social insurance" project. This could be turned to our Medical systems advantage, by offering a reduced increase in the Medicare Levy to .05% to those who register as a Organ donor. The .03% saving may be minuscule, but cost benefit at the other end, is large.

This registration would have to be filed at Medicare, and a new card issued an additional letter or number on it to signify the person as a registered donor. I am reasonably sure that I have read elsewhere that the Australian Tax Office and the Medicare computer systems talk to each other. Therefore for Taxation purposes this shouldn't present a problem.

Item 11.

Safety helmets:

As citizens of this Nation it is compulsory to wear "seat belts" in the car. to wear protective helmets when riding a motor bike, or a bicycle, skateboards and hard hats in a industrial work area.

Yet we **do not** require people who drive mobility scooters or electric wheelchairs to wear helmets, surely these are just the people who should. The disabled, frail and elderly, the very people who are likely to have a mishap and suffer concussion or a head injury when by misadventure or accident fall off one of this pieces of personal transportation, the very people the Government does not want to become clients of their "new initiative"

I am sure making it compulsory will be unpopular, maybe a Doctors certificate the only excuse for a person to not wear one, may assist in its implementation.

Item 12.

EXHIBITS.

Exhibit 1. Submission to the Queensland Law Reform Commission.
Exhibit 2. Letter to the Prime Minister of Australia, Mr Rudd.
Exhibit 3. Letter to the Premier of the State of Victoria. Mr Brumby.
Exhibit 4. Copy of the TAC Act 1986 Section 60.
Exhibit 5. Copy of Suncorp CTP damages payment schedule.
Exhibit 6. Photos of available land, previously "Eventide Nursing Facility"
Exhibit 7. Centrelink letter re "Preclusion Period"
Exhibit 8. Copy of a recent article in the Courier mail re Bureaucrats complaining of having to work 50hrs per week.
Exhibit 9. Copy of my daughters assessment at Brisbane P.A. Hospital. **(NOT FOR PUBLICATION)**
Exhibit 10. Copy of Court Order S8879 **(NOT FOR PUBLICATION)**

Thank you for the opportunity of presenting this submission, to the Product Commission Inquiry into "Disability Care and Support".

Cyril Dennison.
(attachments /exhibits x 10)