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**To:** [complaints@humanrights.gov.au](mailto:complaints@humanrights.gov.au)  
**Cc:** [Ferrara Reece](#)  
**Subject:** FERRARA, Reece: A/HRC/43/49 Psychological Torture by the Commonwealth of Australia  
**Date:** Tuesday, 26 April 2022 4:25:33 PM  
**Attachments:** [attachment.ifif](#)  
[EC22-000473.pdf](#)  
[2021-10-12 - Snr Sgt Stahlhut.pdf](#)  
[AV Commendations.pdf](#)  
[MP and Premier Emails and never replied 01.pdf](#)  
[211130 - Statement On Report Into Ambulance Victoria.pdf](#)  
[2022 04 28 - FERRARA Response AHPRA suspension.pdf](#)  
[Newmont Health Concerns RE Asphyxiant Exposures.pdf](#)  
[2022 04 20 - FERRARA, Reece - PID Update.pdf](#)  
[VICPOL Psychological Torture 003.pdf](#)  
[VICPOL Psychological Torture.pdf](#)  
[VICPOL Procedural Fairness 002.pdf](#)  
[VICPOL Procedural Fairness 001.pdf](#)  
[2022 04 20 - UN Complaint c2skihis.pdf](#)  
[2022 04 19 - ASIC Co Directors Claire Beech - Michael Smith.pdf](#)  
[2022 04 14 - Legal Aid Refusal letter.pdf](#)  
[2015 05 05 - Dr Hooper RE Family Violence.pdf](#)  
[2016 08 01 - VICPOL Complaint.pdf](#)  
[2018 06 20 - IBAC Response.pdf](#)  
[2022 03 15 - Centrelink Statement.pdf](#)  
[2016 VICPOL LEAP entries.pdf](#)  
[21.09.23 - FERRARA Reece - VEORC Statement\(101765.4\).pdf](#)  
[2016 10 21 - Statement to magistrate.pdf](#)  
[STORME Reece CV Plain.pdf](#)  
[2022 04 24 - unfinished Affidavit of Chronology Mr Reece FERRARA.pdf](#)  
[2022 04 28 - FERRARA Response AHPRA suspension.pdf](#)

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**Good Evening to you,**

The subject heading gives a clear indication that the content within may be unpleasant, or perhaps it isn't and when and if you finish reading the contents you will know exactly what I am referring to with the latter of this sentence. I have been in a battle for almost seven years now and I getting tired and my choices and options are quite limited now. There are parts that aren't finished and I feel like I'm running out of time. Excuse these blemishes.

"The first thing is to be honest with yourself. You can never have an impact on society if you have not changed yourself. You can never have an impact on society if you have not changed yourself... There is no passion in living small and settling for less than the one you are capable of living.":- Nelson Mandela

"Every one of us is responsible for the culture and reputation of our Army and the environment in which we work. If you become aware of any individual degrading another, then show moral courage and take a stand against it. No one has EVER explained to me how the exploitation or degradation of others enhances capability or honours the traditions of the Australian Army. The standard you walk past is the standard you accept. that goes for all of us, but especially those, who by their rank, have a leadership role.":- Lieutenant General David Morrison

"It matters not your gender, ethnic or religious background, your orientation, or your social status. Our struggles in this world are similar... If you want to change

the world. Start off by making your bed... It will not be easy. Start off the day with a task completed. Find someone to help you through life. Respect EVERYONE. Know that life is not fair and that you will fail often. But if you take some risks. Step up when the times are the toughest. Facedown the bullies. Lift the downtrodden and never. EVER, Give up. If you do these things, the next generation and the ones that follow will enjoy a world far better than the one we have today.":- Admiral William McRaven

## **PSYCHOLOGICAL TORTURE: A/HRC/43/49**

### **Predominant methods:**

In contrast to physical Torture, which uses the body and its physiological needs as a conduit for affecting the victim's mind and emotions, psychological Torture does so by directly targeting one or several basic psychological needs, such as:

- (a) Security (inducing fear, phobia and anxiety)
- (b) Self-determination (domination and submission)
- (c) Dignity and identity (humiliation, breach of privacy and sexual integrity)
- (d) Environmental orientation (sensory manipulation)
- (e) Social and emotional rapport (isolation, exclusion, emotional manipulation)
- (f) Communal trust (institutional arbitrariness and persecution)

### **Constitutive elements:**

In the context of psychological Torture,

(a) "Mental suffering" refers primarily to subjectively experienced mental suffering but, in its absence, can also refer to objectively inflicted mental harm alone.

(b) "Severity" of mental pain or suffering depends on a wide range of factors

that are endogenous and exogenous to the individual, all of which must be holistically

evaluated on a case-by-case basis and in the light of the specific purpose pursued by the

treatment or punishment in question.

(c) "Powerlessness" refers to the victim's inability to escape or resist the infliction of mental pain or suffering, and can be achieved not only through physical

custody but also, for example, through incapacitating medication, deprivation of legal

capacity, serious and immediate threats, and social contexts marked by coercive

control, mobbing, cyber-bullying, and persecution.

(d) "Intentionality" is given as soon as the perpetrator knew or should

have

known that, in the ordinary course of events, his or her acts or omissions would result

in the infliction of severe mental pain or suffering, whether alone or in conjunction with

other factors and circumstances.

(e) "Purposefulness" is given when mental pain or suffering is inflicted for purposes such as interrogation, punishment, intimidation and coercion of the victim or

a third person, or with a discriminatory nexus, regardless of purportedly benevolent

purposes such as "medical necessity", "re-education", "spiritual healing", or

"conversion therapy".

(f) "Lawful sanctions" cannot include any sanctions or measures prohibited

by relevant international instruments or national legislation, such as prolonged or

indefinite solitary confinement, sensory manipulation, collective punishment,

prohibition of family contacts, or detention for purposes of coercion, intimidation, or

for reasons related to discrimination of any kind.

*“Humiliation: Torture or inhuman and degrading treatment? Back-tracking to powerlessness, fear and uncertainty, the relational dynamics, or the power imbalance, between the perpetrator and the victim, particularly with the use of psychological methods must also be considered... For Perez-Sales, torture arises where, upon this background of 'powerlessness and suppression', there occurs a violation of dignity and autonomy Doerr-Zegers, speaking from experience on treating Chilean torture victims, states that the 'psychological component of torture becomes a kind of total theatre, a constructed unreality of lies and inversion, in a plot that ends inexorably with the victim's self-betrayal and destruction... Nowak as UNSRT unearthed the centrality of 'powerlessness' to torture: as the most serious violation of the human right to personal integrity and dignity, presupposes a situation of powerlessness of the victim which usually means deprivation of personal liberty or a similar situation of direct factual power and control by one person over another.”*

Cakal, E. (2018). Debility, dependency and dread: On the conceptual and evidentiary dimensions of psychological torture. *Torture: quarterly journal on rehabilitation of torture victims and prevention of torture*, 28(2), 15-37.

<https://doi.org/10.7146/torture.v28i2.106908>

“Totalitarian domination ... bases itself on loneliness, on the experience of not belonging to the world at all, which is among the most radical and desperate experiences of man.” As Arendt points out, “Loneliness is not solitude. Solitude requires being alone whereas loneliness shows itself most sharply in company with others.” A lonely man “finds himself surrounded by others with whom he cannot establish contact or to whose hostility he is exposed ... In solitude, in other words, I am 'by myself,' ... whereas in loneliness I am actually one, deserted by all others.” Solitude can be enjoyed—it is often even a luxury—whereas loneliness is terror.” Hannah Arendt in her analysis of *The Origins of Totalitarianism*.

“The term “Machiavellianism” originates in the name of Renaissance writer Niccolò Machiavelli, who provided in his work titled *The Prince* a detailed discussion of the tactics a ruler should follow in order to gain and keep power ( Box 1.1 ). Essentially, he described the ways of unemotional, sober governance. Machiavelli suggests that there are two alternative ways: one is peaceful and legitimate, while the other is based on force. If the first fails, one has to resort to the second. Therefore, the wise ruler should not adhere to his promise if it is against his interest. Of course, he would not be compelled to lie and deceive others if people were good. However, they are not. On the contrary, they are malevolent and traitorous, thus the ruler does not have to keep his word either. In any case, the prince always finds an opportunity to put his insincerity in a favourable light. “But it is necessary . . . to be a great pretender and dissembler; and men are so simple, and so subject to present necessities, that he who seeks to deceive will always find someone who will allow himself to be deceived.”

Bereczkei, T. a. (2018). *Machiavellianism : the psychology of manipulation* (1 edition. ed.) [Bibliographies]. Routledge. <https://ezproxy.deakin.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cat00097a&AN=deakin.b3926853&site=eds-live&scope=site>  
<http://ezproxy.deakin.edu.au/login?url=https://ebookcentral.proquest.com/lib/deakin/detail.action?docID=5178436>

“The dark triad traits (psychopathy, narcissism, and Machiavellianism) share many antisocial features. Both psychopathy and narcissism have been studied in the ostracism literature (Greene, Sommerville, Nystrom, Darley, & Cohen, 2001). As far as we know, Machiavellianism has not been studied in workplace ostracism. We focus on a related dark personality trait—paranoia (Spain, Herms, & LeBreton, 2014). A specific paranoid personality trait is one's tendency or motivation to acquire relationship-threatening information (MARTI) (Marr, Thau, Aquino, & Barclay, 2012). Psychopathy and affective empathy. Psychopathy or



subclinical psychopathy is characterised as being aloof, cold, and unresponsive to distressed cues caused by the under-aroused amygdala (Blair, 1995). The core feature of psychopathy is the lack of affective empathy, which refers to the emotional ability to feel another person's emotions, such as a feeling of sympathy for unfortunate others (Davis, 1983). People with psychopathy are less able to perceive other people's pain or distress, and consequently, they are less restrained in harm-eliciting ostracism. They see others as undeserving, using their manipulation (e.g., ostracism) to maximise their gain."

Dębska, M., Dębski, P., Polechoński, J., Rozpara, M., & Tomik, R. (2021). The Dark Triad of Personality in the Context of Health Behaviors: Ally or Enemy? *International Journal of Environmental Research and Public Health*, 18(8). <https://doi.org/10.3390/ijerph18084113>

Coleman, B., & Dulewicz, V. (2021). Assessing the Dark Triad of Machiavellianism, narcissism and psychopathy in the workplace [Article]. *Assessment & Development Matters*, 13(3), 14-17. <https://ezproxy.deakin.edu.au/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=a9h&AN=152478689&site=eds-live&scope=site>

"The process of dehumanisation involves the denial of a distinctive human mind in another, specifically the denial of experience so that others are treated like cold and unfeeling machines, and the denial of agency so that the other is treated as an animal or irrational. Deindividuation is part of this reclassification as 'other', so that patients are no longer seen as distinct people but as part of a less human herd. Further, the functional processes involved in care also impair patient agency by removing choice and inducing submission."

Dawson, J. (2021). Medically optimised: healthcare language and dehumanisation. *The British journal of general practice: the journal of the Royal College of General Practitioners*, 71(706), 224. <https://doi.org/10.3399/bjgp21X715829>

The research theories and scores of academic evidence to support it provide the mechanism, the motives, and the purposeful intent that forms the foundation of my allegations that the commonwealth is implicit in the engagement of systemic conduct consistent with the elements of psychological torture. By knowing or ought to have known that conduct engaged in would reasonably be expected to create fear, distress and confusion through unfounded opinions, allegations, arbitrary regulatory punishment, concealment and manipulation of procedure, creating an environment that was uncertain and had no clearly identifiable endpoint or conclusion rendering me into a state of total psychological helplessness, despair and chaos where the altered state of mind sought escape via suicide on multiple occasions which were trivialised, dismissed and dehumanised as a mere consequence of the unfounded view that it was a manifestation of a personality disorder whereby the behaviour and distress were grossly inappropriate. The stigma and dehumanisation of me presenting with mental health exacerbations which were the result of perceived torture were systematically written off as incoherent or confused or delusional as if it

was back in the days of institutionalised mental health “care”, further adding to the constant negative feedback loop of invalidation, dehumanisation, dismissal, trivialisation, judgement and contempt for my behaviour.

I most certainly believed I was trapped in an invisible prison and succumbed to multiple attempts to flee from such treatment and, in such a state of mind, death was the only place I would be able to find peace. Public authority after public authority continued to show their contempt for my existence and rights and simply no longer acknowledged my existence ensuring continued social isolation and stigma that has progressively drained all of my financial resources which again feeds back into the negative feedback loop moving ever forward to absolute social exclusion, poverty, denial of access, hearing or remedy and finally ensuring that the last sacred spark of that gives life-hope extinguishes. This is where I lost approximately 4 kg, and could not get up under the weight of learned hopelessness. Every waking second I felt nausea so intense that food was the last thing I could possibly even care about. With my ongoing issues with VICPOL, chaotic mental health, I soon lost all but one of my friends. My best friend witnessed me telling my ex wife How I felt about her lying to police and, although I didn't touch her, I did scare her. After that I didn't really hear from him again and when I asked for a character reference he refused and then that was it. The only person in the world that I loved and cared about was my son. I was left to grieve for my failed promise to him never give up keeping his family together. Support from mensline would get frustrated because I wasn't accepting that I was the problem and that by virtue of being a man, a women couldn't possibly be a perpetrator in family violence. The MARAM Documentation immediately dismissed the single sentence mentioning that some men are victims of family violence by abruptly following it up but stats to say that they would turn out to be the main abuser anyway. The research I did suggests that 5-6% of men are genuine victims in family violence and the barriers to help are enormous. I was ridiculed stop being a bitch and whats wrong with you? And You have any balls or what? I am not and never have been a violent or angry person. I refused to escalate to places she was prepared to go because for one, I don't like hurting people. Second, if I laid a hand on her it would be me who goes to jail. Evidently I never laid a hand on her but I was right except the magistrate didn't send me to jail and she enjoyed absolute immunity from her actions and could do whatever she wanted without seeing the inside of a court room or a black mark against your name for life on a police record. The shame and guilt of the disgrace I brought to the Paramedic profession followed by a life of being labeled a wife beater makes me felt sick every time. Even though I never hurt her and there were significant mitigating factors, persistent breach of family violence order is all anyone needs to see to render you absolutely worthless and henceforth have no right to any dignity or respect again.

The denial of ability to exercise self-determination by participating in the Paramedic profession which provides meaning and purpose to life. The arbitrary application of Australian law denying me access to procedural fairness, an opportunity to participate in a fair and impartial hearing and be afforded a human right to have the opportunity

to have my side of the story heard and be subject to selective persecution while the perpetrators of psychological abuse and denial of rights could continue doing so with state-sanctioned impunity.

Five years of significant family violence occurring unchecked, the further conduct of Ambulance Victoria, Victoria Police, the Independent Broad-based Anti-Corruption Commission, The Victorian Inspectorate, Queensland Police, Queensland's Crime and Corruption Commission, Potentially Victoria Legal Aid [as I have not had time to review the guidelines for their refusal], the Australian Health Practitioner Regulation Agency.

The financial and disability-based barriers to obtaining equitable fair access to an independent and impartial hearing in pursuit of the right to natural justice, the Victorian State Government refusal to acknowledge my existence, the corruption of the mining and resources industry, the conflicts of interest in the regulatory bodies of NOPSEMA, Worksafe NT whose investigators acknowledged private and professional relationships to the organisations they regulate seemingly less likely to be coincidental given that it is two different regulators in two almost opposite ends of the country and the Commonwealth Government of Australia.

My son is the only reason why I am still here and in the absence of moments where I completely lost my mind I tried to abandon him to go through a mix of anger at myself for being such a pathetic coward that I couldn't step off that log and break my neck, shame that I am now even more pathetic to societies eyes because I backed down to thanking my subconscious for preventing me from being able to move despite the conscious wanting it enough. I am not and never will be a danger to my son. My ability to absorb the harm the outside world continues to inflict upon me and provide for him a happy and nurturing place where we do nothing but build his resilience, self esteem and compassion for others and marvel at his kindness he shows his little sister. I tell him, that his mum and I are so lucky to have him. That he is a gift to this world that and he will go on to share his unique gifts and talents with it and lift people up to inspire them to fulfill their potential. Because that's what we deserve to give to each other. Because as a collective we succeed. When one succeeds we all do. Like they say in Africa, Ubuntu. I still remember watching young African kids in a video being told to race to the tree. Whoever gets there first gets the lollies. They looked at each other. Each grabbing the hand of the other. Skipped to the tree together and shared the lollies together.

**Please. I need one person in the entire world to help me. Just one.**

### **HEALTH DIAGNOSES**

1. I was diagnosed with Post Traumatic Stress Disorder (PTSD) [ICD-06-6B40] on the 2<sup>nd</sup> day of March 2016, predominately arising from chronic exposure to family violence in 2016 and lesser contributions to events attended as a Paramedic. The World Health Organisation's ICD-11, International Classification of Health and other diseases defines PTSD,

2. Post-traumatic stress disorder (PTSD) may develop following exposure to an extremely threatening or horrific event or series of events. All of the following characterise it: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning. (ICD-11)
3. I was diagnosed with ADHD [ICD-11-MMS-6A05] at the age of 37 in September 2020, culminating in completing a questionnaire on my son's symptoms later advising Dr Emma Butler (Clinical Psychologist and Paediatric Clinical Psychologist) that the questionnaire is also very applicable to my own life. It is difficult to comprehend how a breakthrough medication can change your life and everything you knew about yourself to that point. I felt complete and I didn't have to try so hard through activity to feel that way. [ results from the Brown Executive Function/Attention Scales™ by Thomas E. Brown, PhD (Butler, 2020) ]
4. The ICD-11 defines ADHD. Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. ...The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning.
  - a. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation.
  - b. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control.
  - c. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.

(ICD-11)

*"As the Productivity Commission found, many people do not receive the treatment or support needed and subsequently*

*experience 'preventable physical and mental distress, disruptions in education and employment, relationship breakdown, stigma, and loss of life satisfaction and opportunities.'* (National Mental Health Commission: National Mental Health Research Strategy, 2021)

5. It is important to point out that recent research has shown that ADHD is commonly misdiagnosed as a personality disorder (PD), bipolar disorder and even PTSD. (Anderson, 2017; *Australian Guidelines For The Prevention And Treatment Of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD: Victims of Intimate Partner Violence (IPV)*, 2020; Choi-Kain et al., 2019; Ditrich et al., 2021; Georgia et al., 2019; Holle & Karakashian, 2021; Kottwitz, 2021; Lee & Kang, 2020; Lee et al., 2021; Ruben, 2015; Sanecka, 2021; Serine et al., 2020; Talar et al., 2021; Young & Bramham, 2007; Young et al., 2020) One study used assessment tools designed for personality disorders and found that approx. 85% of the time, a person with ADHD would result in a positive confirmation of PD (Singh et al., 2015). The difference between the two is that ADHD is of organic pathology and effectively treatable with stimulant medication, which ameliorates those behaviours, while personality disorders do not originate from an organic origin and manifest through development and establish maladaptive behaviours in response to their environment. (Anderson, 2017; Calvo et al., 2020; Kottwitz, 2021; Oliva et al., 2020; Young & Bramham, 2007)
6. The WHO has also stated that the interchangeable nature of "Complex" PTSD (CPTSD) and Borderline Personality Disorder (BPD) should no longer be considered essentially the same. (Cloitre, 2020) There are definite characteristics unique to each. This research supports the Phoenix Organisations published Australian guidelines for specific populations in the management of PTSD, CPTSD and Acute Stress Disorder. (*Australian Guidelines For The Prevention And Treatment Of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD: Victims of Intimate Partner Violence (IPV)*, 2020; Frank, 2021; Møller et al., 2020; Qassem et al., 2021; Stein et al., 2020; Trumbull, 2020)
7. Personality is a unique and complex development of adaptive behaviours in response to the environment. A person may have traits that align with a disorder's particular classification. However, the manifestation of those traits is not severe enough to reach the threshold to be defined as a disorder. (Calvo et al., 2020; Laceulle et al., 2019; Ruben, 2015) The diagnosis of Borderline Personality Disorder is subject to conjecture in literature and inconsistent opinion amongst professionals. (Linhartova et al., 2020; Singh et al., 2015). Severe stigmatisation of the disorder has become commonplace, particularly among healthcare professionals. (Arnold et al.,

2019; Brown et al., 2022; Proctor et al., 2021; Sumnall et al., 2021) The ICD-11 defines a personality disorder as mild, moderate and severe and additional descriptors may be added to identify the type of behaviours that align to a particular variant, eg. Borderline.

8. From the outset, I will say that I don't think I would believe them if anyone told me what I am about to write. I would say that what you're talking about might be possible in another country like Russia or something, but I don't think that could happen in Australia. My name is Reece Ferrara. I have been described over the years as weird, different, odd, and assumed to be many more things without being afforded an opportunity to provide an alternate view to the one that was accepted in my absence. I am a single father of an almost impossibly kind little boy who taught me that fighting with siblings is, in fact, **not** an innate, natural and neurologically manifested behaviour of human evolution that I once believed it was. He has a two-year-old "half" sister, and I write that word, but It doesn't exist here, as, despite the fact she is not my child, I never knew it was possible to love another's child in the same way.
9. I am struggling to provide food for myself at this very moment because of some mistakes I made along the way and owned and the actions of many others who held an imbalance of power and control over me that ensured I could not exercise self-determination. These actions have contradicted many of the words written into law that you or your predecessors debated and deemed necessary to uphold the vision and values that the collective peoples of this country believed in and wanted to live by.
10. In that deepest darkness, I reached a place where I attempted to free myself of the enduring black with the light from the fire made of my Australian passport, Australian birth certificate, and anything else I was once passionate about or believed in. I have been described as a little naïve over the years. Still, I don't understand how the words below came to bear truth and allegedly reached the necessary threshold to amount to a recently defined horror of human capacity, Torture.

"(a) "Mental suffering" refers primarily to subjectively experienced mental suffering but, in its absence, can also refer to objectively inflicted mental harm alone.

(b) "Severity" of mental pain or suffering depends on a wide range of factors

that are endogenous and exogenous to the individual, all of which must be holistically evaluated on a case-by-case basis and in the light of the specific purpose pursued by the treatment or punishment in question.

(c) "Powerlessness" refers to the victim's inability to escape or resist the infliction of mental pain or suffering and can be achieved not only through physical custody but also, for example, through incapacitating medication, deprivation of legal capacity, serious and immediate threats, and social contexts marked by coercive control, mobbing, cyber-bullying,

and persecution.

(d) "Intentionality" is given as soon as the perpetrator knew or should have

known that, in the ordinary course of events, his or her acts or omissions would result in the infliction of severe mental pain or suffering, whether alone or in conjunction with other factors and circumstances.

(e) "Purposefulness" is given when mental pain or suffering is inflicted for purposes such as interrogation, punishment, intimidation, and coercion of the victim or a third person, or with a discriminatory nexus, regardless of purportedly benevolent purposes such as "medical necessity", "re-education", "spiritual healing", or "conversion therapy".

(f) "Lawful sanctions" cannot include any sanctions or measures prohibited

by relevant international instruments or national legislation, such as prolonged or indefinite solitary confinement, sensory manipulation, collective punishment, prohibition of family contacts, or detention for purposes of coercion, intimidation, or for reasons related to discrimination of any kind."

Professor Nils Melzer – United Nations Special Reporter for the Office of the High Commissioner of Human Rights [General Assembly A/HRC/43/49]

11. The Convention against Torture contains 33 articles and was entered into force on the 26th day of June in 1987. The Commonwealth of Australia signed the Convention on the 10<sup>th</sup> day of December 1985 and ratified the 8<sup>th</sup> day of August 1989. The United Nations Committee Against Torture recommended that Australia enact a specific offence of Torture at the federal level and issued a recommendation in May 2008. Honouring Australia's commitment to the Convention, the Crimes Legislation Amendment (Torture Prohibition and Death Penalty Abolition) Act 2010 was legislated.

#### 274.2 Torture

(1) A person (the perpetrator) commits an offence if the perpetrator:

(a) engages in conduct that inflicts severe physical or mental pain or suffering on a person (the victim); and

(b) the conduct is engaged in:

(i) for the purpose of obtaining from the victim or from a third person information or a confession; or

(ii) for the purpose of punishing the victim for an act which the victim or a third person has committed or is suspected of having committed; or

(iii) for the purpose of intimidating or coercing the victim or a third person; or

(iv) for a purpose related to a purpose mentioned in subparagraph (i), (ii) or (iii); and

- (c) the perpetrator engages in the conduct:
  - (i) in the capacity of a public official; or
  - (ii) acting in an official capacity; or
  - (iii) acting at the instigation, or with the consent or acquiescence, of a public official or other person acting in an official capacity.
- (2) A person (the perpetrator) commits an offence if the perpetrator:
  - (a) engages in conduct that inflicts severe physical or mental pain or suffering on a person; and
  - (b) the conduct is engaged in for any reason based on discrimination of any kind; and
  - (c) the perpetrator engages in the conduct:
    - (i) in the capacity of a public official; or
    - (ii) acting in an official capacity; or
    - (iii) acting at the instigation, or with the consent or acquiescence, of a public official or other person acting in an official capacity.
- (3) Absolute liability applies to paragraphs (1)(c) and (2)(c).
- Note: For absolute liability, see section 6.2.
- (4) Subsections (1) and (2) do not apply to conduct arising only from, inherent in or incidental to lawful sanctions that are not inconsistent with the Articles of the International Covenant on Civil and Political Rights (a copy of the English text of which is set out in Schedule 2 to the Australian Human Rights Commission Act 1986).
- (5) Section 15.4 (extended geographical jurisdiction—category D) applies to an offence against subsection (1) or (2).

## **BRIEF CHRONOLOGY EXTRANEIOUS ENTITIES AND ALLEGED EVENTS AMBULANCE VICTORIA**

12. At the rising severity of the pandemic in 2020, I wanted to assist with the growing pandemic, was successful at interview and I signed an employment contract with Royal Flying Doctors Service in Melbourne on the 27th March. I was engaged in a special circumstance where I was onboarded and inducted while waiting for Ambulance Victoria to make a decision on providing approval for me to work the non-emergency patient calls with RFDS at the non-emergency scope of practice.
13. 2020 04 24 AV reject authorisation to work in Non-Emergency Patient Transport sub-contracted work with AV. Never provide reason and appears to still hold detrimental views since conduct confessed 2015 Dec 22. The substantial mitigating context of chronic exposure to family violence, followed by diagnosis of PTSD were not adequately considered. I withdrew from unfair dismissal proceedings because I was "fighting for my life here. I can't fight them too." Jake Ferrara to Danny Hill United Voice Union.
14. *"the competing public interests that weigh against the taking of immediate*



*action – for example: To the public interest in allowing an otherwise competent practitioner to continue to provide health services in an area of need; and to the public interest in ensuring the regulatory system responds proportionately and fairly when allegations are made." AHPRA regulation guide*

15. [See VEOHRC Review AV Vol 1;
16. Email dated 2017 Jan 20 Ambulance Victoria: "Not for employment in the future";
17. Email dated 2020 Apr 24 RFDS "Unfortunately their response wasn't as favourable as we would have hoped and they've indicated that at this point in time they're not willing to grant us authorisation to roster you to work AV shifts. This is incredibly disappointing as we believed we put forward a pretty strong case for authorisation and demonstrated a layered support system for not just yourself but all our on-road workers.";
18. Email dated 2020 May 22 RFDS "Unfortunately as AV is unwilling to grant authorisation at this time we are regrettably unable to continue with your offer of employment as is outlined in your contract.";
19. *"A female Paramedic asked for flexible work arrangements so she could care for her small children. **She was blocked, belittled and feared retribution** from her managers. **It damaged her trust in the system and she felt unsafe to come to work. Her mental health and reputation suffered as she was labelled 'difficult'...** The breadth and depth of entrenched behaviours and power imbalances are impacting our people. Behaviours that do not align to the values of our organisation. Behaviours that **do not align to the expectation of the community** we are so proud to provide emergency care for. As the Commission rightly highlights, **some such instances are not merely hurtful or harmful, they are unlawful...** Sadly instead, **incivility and disrespect have been shown to be so ingrained in our culture that people can't recognise how their individual behaviours contribute** to an acceptance that this is 'just how we do things at Ambulance Victoria'. **This is not acceptable... The actions of perpetrators – no matter their level of clinical or corporate experience – will not be tolerated.** Their actions have harmed individuals. **It will require a collective effort – by current and future governments, by today's Board directors and those who may join in the future, by the CEO and the Executive Committee, by everyone** in the workforce and the organisation's key partners, including the Department of Health and the various unions and professional associations."*

**Mr Tony Walker Associate Professor and CEO of Ambulance Victoria.** (*Independent Review into Workplace Equality AV - Vol. 1, 2021*)

20. 2021 09 23 - VEOHRC Impact Statement,

"I cried for about 3 hours straight when AHPRA gave me the gift of being a Paramedic again. After that, I began to feel like I was worthy enough to start walking a mere knee height in the mud of my own doing. I was building momentum and getting more resilient. Knowing my impediments to employment and the inevitable rejection based on my mental illness I applied for a job with RFDS. I felt that to leave the past behind and never repeat it, I must own it and not hide it...

21. Ambulance Victoria's decision to reject my approval to work in non-emergency patient transport and RFDS decision to terminate my employment delt a crushing blow to my drive, motivation, and self-esteem. The weight of which made it hard to breathe and I fell back down into that darkness I came from. I felt like a loser...
22. I had paid my debt to society and had worked hard to rebuild my mental health, but I guess I will always be eating with the dogs in the dirt, so what's the point of even trying anymore. This experience made me feel like I was being told get back down in the mud where you belong and don't ever think you can get back out again. I can't exactly remember how long I agreed with this and put on a brave face for my son...
23. On this day I believe I am worthy, and I am a successful father. I would like to tell Ambulance Victoria and the general Manager of RFDS that I must not concern myself nor judge my worth as a human being with their opinions of me, of what I had done in the past and suitability for being a Paramedic...
24. The only thing I can do is be a model citizen of society, give my all to my Paramedic profession and strive to continue to move forward and be successful for myself and my son.

#### **SAFETY DIRECT SOLUTIONS PTY LTD**

25. "Hey you know what though. Some of the workers have been coming up to me and saying things like "this is more than anyone has ever done for us since I've been here." and asking me questions which is a really good sign that they are noticing that I am genuine and I actually care about them. It's just sad that they have never or rarely experienced a workplace that values them as individuals and consults with them as more than just a roughneck or driller. So I said to one that I refuse to quit. They can ship me off if they choose to and block me from coming back but they have to do that I won't be giving up." Email Sent Friday March 26 2021 at 21:20 to Angelique Slater – Executive Manager
26. "I'm feeling a little nauseous because I'm very conflicted. So since day 2 the ongoing behaviour of the Rig Manager and the Safety Team Supervisor is all too familiar to me from my days in Ambulance Victoria. I know exactly what is it and I know why they do it. Power, Control and Greed and I know the legislation, regulations and etc that they are in direct contradiction of. I suspected behaviour like this would also come from the workers but to my surprise the guys are really awesome like I stated earlier.

27. I think you know me now enough to know that this situation doesn't sit right with me. I want to keep working here, I like it and I could do some really wonderful things that won't necessarily cost much or I'll try and be as cost effective as I can. But to be hindered from my duty of care to others and well-meaning advice to "shut up and take my money because they will get rid of you." I can't live with myself if I didn't report what is going on here.
28. These guys have people at home that love them and some may even not have anyone that loves them to go off the rig to. If anyone of them looked me in the eye and said you knew what they do there why didn't you do something, fear for my own job and the potentially hostile unknown is not good enough. You've seen that training package I was putting together. The way those two run this place and the way the oil and gas industry has used corrupt and illegal practices to break their workers into compliance and don't speak up about mental health or other taboo topics is horrible to see.
29. One guy was thanking me for putting out electrolytes for them and we were talking about hydration and the Rig manager came in. His body language changed, alert and fidgety and closed off the talk and left. The intimidation here is real and everyone knows it. Everyone but me. Why is that? Because I'm new to Oil and gas rigs, so I haven't been conditioned into the compliance or booted out and blacklisted for standing up for human rights. Unfortunately they buy their silence as well.
30. So many pieces of work place law, regulation and duty are broken and I know it. I feel sick. I can't let myself rest because I'm in an airconditioned hospital and they're out there losing > 3L sweat with no electrolyte replacement. And why is that? "Oh we will be getting more when the drilling starts." Email Sent Friday March 27 2021 at 21:20 to Angelique Slater – Executive Manager

#### **MEDICAL RESCUE PTY LTD**

31. 2021 April 26 I answered a spam recruiting email for urgent placement at the Snowy Hydro Project "Immediate short term... There is also potential for this position to be ongoing..." Employment documents including AHPRA certificate and Police check provided at 15:13
32. 2021 May 01 Medical Rescue fail to keep their promise of providing casual contract prior to arrival to site.
33. 2021 May 02 Compliance documentation sent to AHPRA and acknowledged 2021 May 05.
34. 2021 May 10 Send Email containing Drug and Alcohol program deficiencies of the Australian Standard advising concern that the policies appears to be punitive, fails to correlate to a corresponding termination policy and employees terminated post non negative test are not provided any support or direction to the company Employee Assistance Program. I specifically raised the issue of vulnerability of these workers and risks of suicide or self-

harm. My case at the Fair Work Commission covered adverse action for exercising a workplace right.

35. 2021 May 27 Fair Work Application lodged

**MICHAEL SMITH CONTACTS AHPRA**

36. 2021 Jun 09 AHPRA reply to Smith RE: Concerns with me

37. 2021 Jun 16 Rokosuka Emails AHPRA just before hearing at 1025 "Can I please have an indication of when I will receive the necessary information regarding Reece Storm"

38. 2021 Jun 16 Fair work Hearing.

"...my AHPRA certificate or my AHPRA registration. I notice that - so I gave it to Samantha first via email and then I was asked for it again... was there any particular reason why the AHPRA certificate was needed twice?" Reece STORME 2021 Jun 16

39. "I believe the second time it was requested was so it could be uploaded to our onboarding system, which is normal procedure for any new employees, whether they are casual or full time... The client also requests evidence of AHPRA registration before they will approve them for flights and induction" Ms Stevi Rokosuka – Operations Manager 2021 Jun 16

40. "...the two weeks that I worked there, did you receive any information from anyone about my conduct or how I was going?" Reece STORME 2021 Jun 16

41. **"If I was concerned about conduct or any issues that were happening on site we would have had a discussion and there would have been the possibility that you would - you know, if there was a significant issue or concern, removed from the site, which you weren't."** Stevi Rokosuka 2021 Jun 16

42. "Commissioner, can we put forward an objection here? **His AHPRA registration has no impact on whether or not he was dismissed**, and it certainly (indistinct)." Mr Michael Anthony Smith – Director of Medical Rescue 2021 Jun 16

Ferrara V Medical Rescue Pty Ltd; 24-7 Assistance Pty Ltd T/A Medical Rescue C2021/3009 [2021] FWC 4913]

43. **<MICHAEL ANTHONY SMITH, AFFIRMED [12.46 PM]**

44. "Why shouldn't I infer that the reason they didn't respond was because you had instructed them not to engage Mr Ferrara any further?" Commissioner McKinnon

45. **"That is untrue. I've never given any direction at all not to engage Mr Ferrara again... the applicant's employment was not terminated at the initiative of the respondent as required by subsection 386(1)(a) of the Act. It ended on or as of 13 May 2021 as a matter of law that expiry of the fixed term agreement."** Michael Anthony Smith - Affirmed testimony

46. **[Decision Published 2021 Aug 10 [2021] FWC 4913]**

"There is at least a circumstantial case that Mr Ferrara was denied the

opportunity of full-time employment for reasons related to his personal background and/or medical condition, although this is strongly denied by Medical Rescue. Such concerns can be dealt with under section 372 of the Act, which deals with general protections disputes that do not involve the dismissal of an employee." Commissioner McKinnon

47. 2021 Jun 18 "It is unfortunate that AHPRA did not get in contact with us regarding MR Storme's registration requirements in a timely manner... If his restrictions are related to mental illness then this needs to be escalated" Dr Glen McKay

48. 2021 Jul 19 I Declined Calderbank offer to drop proceedings. [Affinity Lawyers]

#### **DR MCKAY PHONES AHPRA PROVIDING VERBAL NOTIFICATION**

49. 2021 Jul 20 Dr McKay Calls AHPRA speaking to Perdita Barrington "[Reece is ] Unusual person, So unusual that staff looked him up on the Ahpra site to see whether there were any conditions, **"We should be reporting psychiatric illness"**

#### **DR MCKAY SUBMITS MANDATORY NOTIFICATION**

50. Same day submitted an anonymous online complaint

"We were aware that there was a condition on his registration but as he only worked for us on a 2 week casual contract, we never received details from AHPRA about what this condition was. I still do not know what this is..."

51. "I was also notified of an incident where Mr Storme offered to "take a woman out behind the clinic and perform a termination of her pregnancy for 200 dollars."

52. "The other paramedic present in the room **filed a complaint about his conduct with our management team"**

53. "I contacted his previous employer (**Stewart Masson from Safety Direct Solutions** in Perth [stewart@sdsaus.com.au](mailto:stewart@sdsaus.com.au))..."

54. **"Stewart advised** that he also **experienced unprofessional conduct** and that **within a week of employing Mr Storme he had to be removed from the offshore gas rig where he had locked himself in a room and refused to come out** and was writing numerous complaints to regulatory agents..."

55. "I then contacted the **Commissioner of Ambulance Victoria** to understand what had happened with his employment with the ambulance service... Ambulance Victoria... **expressed a willingness to speak to an investigator from AHPRA.** Which suggests to me **they too have observations to share."**

56. "Mr Storme who has recently changed his name through deed poll for a second time **needs a psychiatric assessment of his fitness to practice and that he should not be allowed to practice without supervision"**

57. I believe Mr Storme is moving through the private sector working for very brief periods of time with different employers and then when dismissed or no

longer engaged following unusual or inappropriate conduct, **he uses the fairwork commission to file baseless complaints as a way to intimidate employers** causing reluctance to report his conduct. I have spoken to our lawyers about what to do in this instance and they have advised that I should be reporting Mr Storme as a mandatory reporting obligation. **If Mr Storme's conditions have anything to do with psychiatric history or assessments or monitoring then this notification needs to be taken seriously. I do not believe he is fit to practice and would benefit from at very minimum an assessment** and ongoing counselling... This will be the second time he has formally changed his name. which should also be considered a red flag...

58. ***I confirm that the information I have provided is true and correct to the best of my knowledge and belief*** Ticked Declaration

**END DR GLENN MCKAY MANDATORY NOTIFICATION**

59. 2021 07 29 Email Worksafe QLD raising concerns of psychosocial harm at Medical Rescue Pty Ltd as their part-time HR manager Samantha Pitura whilst under pressure disclosed "I have to take calls from home because we are so busy" or words to this effect. After the hearing it was clear she had no authoritative role in adverse action against me, rather, Michael Smith the Director made all the decisions including who to hire and not hire, despite having an Operations Manager. I reached out to Sam concerned for her wellbeing and said I would amend documentation to reflect that she was not the decision maker and just following directives from Michael Smith. She thanked me for my concern and advised that Michael terminated her employment within a day or two of the hearing.
60. 2021 Aug 02 Email Dr McKay "**We have not met**" but I have been following the series of complaints and reports..." These reports were not made without research to support them. Each one was supported by peer reviewed material that supported the complaints, specifically, Phoenix corporation setup in that the contracts were assigned to the entity Medical Rescue Pty Ltd but, employees were assigned to the entity 24-7 Assistance Pty Ltd. The relationship declaration with ASIC did not disclose the entities were related which meant that 24-7 Assistance could be wound up without paying employee outstanding pay and Medical Rescue Pty Ltd would start up somewhere else and start again (Anderson, 2016; H. ANDERSON, 2018; Anderson, 2019; Anderson et al., 2015; H. L. Anderson, 2018; Helen Anderson, 2014; Helen Anderson, 2017; *Inquiry into the practices of the labour hire industry in Queensland*, 2016; *Inquiry: Incidents of, and trends in, Corporate Avoidance Of The Fair Work Act 2009*, 2016; National-Retail-Association, 2018).
61. 2021 12 07 - Paramedic Council NSW, dismiss Dr McKays notification although do not provide a reason the decision was made.

62.

63. I happened upon this advanced Report authored by the Professor in September of 2021 when I was in the process of desperately trying to enter Queensland and make it to Mackay so I might be able to get a job as a Rescue Paramedic in the Mines west of there. In my disbelief, the words I read in his Report had an uncanny resemblance to experiences I have had beginning on the 22<sup>nd</sup> day of December 2015 by the Conduct of Ambulance Victoria followed by the Conduct of Victoria Police beginning on the 19<sup>th</sup> day of January 2016 at the Greensborough Police station in Melbourne, Victoria.
64. Having overcome Post Traumatic Stress Disorder and been unaffected by it for several years at this time, I was catapulted back into a past that was a unique prison of some of the deepest held fears of mine personified by the Victorian Police force. Not long before, Ambulance Victoria had shown me exactly where I was meant to carry out the remainder of my life. Swatting at flies in the mud of my own imperfections on all fours bearing the resemblance of a dog. I have spent six and half years piecing together the shattered fragments of those years and working out what happened, when, how, and why.
65. I have researched extensively journal articles, books, reports, and legislation reviewed over those years. I do not make these claims ill-informed or make them with many options or choices left. I submitted an application to the Federal Court ex parte and was looked down upon in that polite, politically correct way people can sometimes do when faced with someone who had no business being out of their league. The clerks seemed to see the value of my health care card, stuttering words and papers still being ordered only to be rejected as vexatious by the registrar in a record five or so minutes. I had only gotten myself out of bed that day after approximately two weeks of feeling so sick every waking second because the last fire of hope went out, and I could not lift the weight of that burden to eat, see my son and I lost approx. 4 kg.
66. Spontaneously, I thought of speaking to the one part of society I could still believe in and whose words kept me getting back up when the Titans of the Corporations I was fighting were beating me into the ground. I jumped up and started writing an affidavit and applications so I could stand before one of our most Honourable Judges and have him or her hear my words and provide their wisdom. What happened was exactly what the Honourable Judges Moore and Deane, to name a few, and Queens Council Mark Irving said and wrote about. I could tell them that I had been victimised several times and dared to blow the whistle on things I knew were wrong in the Mining and Oil/Gas sites. I could tell them I stood to protect the health and rights of everyone who was working there, even the managers and personnel who instigated the victimisation because I made a choice years before that I was going to be a Paramedic; I was going to heal the sick, injured and broken. That I was going to pay society back for the disgrace that I had brought to Paramedicine in 2015 and try to shed the weight of the shame and guilt that I still

carried from the method I used to deal with family violence inflicted by my ex-wife that was merely a manifestation of the evil her mother inflicted upon her and up the family tree that evil went back in time.

67. The police in Australia are hurting. They are hurting in a similar way that the Paramedics in Victoria have and still are despite the comprehensively reported harm highlighted in the Victorian Equal Opportunity and Human Rights Commission's Independent Review 2021 (vol 1) and 2022 (vol 2). I will reintroduce police a little later, but for now, the Paramedicine Profession has finally been exposed for the egregious harm inflicted on so many Paramedics behind the closed doors of Ambulances, Branches, and offices of the state's Ambulance Services over the decades. A particular type of collective has ensured their legacy, now turned into infamy, by a carefully and unofficial selective process that progressed specific individuals up into the hierarchy who shared similar views, attitudes, and motivators. I shared this theory with VEOHRC during the review, and essentially it is this.
68. There are two types of Paramedics. Those who live the self-sacrificing life possess a deep, innate motivation to relieve the suffering of others and, where necessary, do so at the expense of themselves. Typically, these people overcome the difficulties of standing their ground and asserting their actions in an environment that can sweep you off your feet if you do not have a stable base. The threat did not always occur in public or even have anything to do with caring for patients. The other side is held by those at ease with being heard, asserting their will upon others and, if met by resistance, intensifying their presence to the point of dominance, subverting the loser of the engagement to ridicule, ensuring isolation in their defeat. Henceforth, these individuals now found a home where the weakness associated with compassion, kindness and external expression of vulnerable emotions could be discouraged and weeded out by any means appealing to the hierarchy at the time. I would later find that peer-reviewed evidence that supports this theory, and they have provided an appropriate name for it—the Dark Triad.
69. The dark triad traits (psychopathy, narcissism, and Machiavellianism) share many antisocial features. Both psychopathy and narcissism have been studied in the ostracism literature (Greene, Sommerville, Nystrom, Darley, & Cohen, 2001). As far as we know, Machiavellianism has not been studied in workplace ostracism. We focus on a related dark personality trait—paranoia (Spain, Herms, & LeBreton, 2014). A specific paranoid personality trait is one's tendency or motivation to acquire relationship-threatening information (MARTI) (Marr, Thau, Aquino, & Barclay, 2012). Psychopathy and affective empathy. Psychopathy or subclinical psychopathy is characterised as being aloof, cold, and unresponsive to distressed cues caused by the under-aroused amygdala (Blair, 1995). The core feature of psychopathy is the lack of affective empathy, which refers to the emotional ability to feel another person's emotions, such as a feeling of sympathy



for unfortunate others (Davis, 1983). People with psychopathy are less able to perceive other people's pain or distress, and consequently, they are less restrained in harm-elicited ostracism. They see others as undeserving, using their manipulation (e.g., ostracism) to maximise their gain.

70. Research has found that psychopathy is positively related to ostracism in social dilemmas, such as in situations where protecting group interests also means harming a group member via ostracism (Takamatsu, 2019). Two constructs related to psychopathy are social dominance orientation and dehumanisation beliefs. Individuals who are high in social dominance orientation support group-based dominance and inequality (Pratto, Sidanius, Stallworth, & Malle, 1994). They believe that those in superior groups should be more advantaged, have higher status, and possess more resources. Individuals with high social dominance orientation tend to dismiss the well-being of those in inferior groups. Takamatsu (2019) found that social dominance orientation was positively related to ostracism in social dilemma scenarios. With dehumanisation beliefs, people think others have less or no human qualities (Haslam, 2006). Paired with disgust, dehumanisation is on the other end of empathy. Takamatsu (2019) found that dehumanisation beliefs were positively related to ostracism in social dilemmas. A common feature across psychopathy, social dominance orientation, and dehumanisation beliefs is a lack of affective empathy. High affective empathy makes one be sensitive to interpersonal harm. Takamatsu (2019) found that affective empathy was negatively related to ostracism in social dilemmas.
71. Power dependence theory predicts that people are dependent on powerful others (Emerson, 1962). Narcissists may have high dependence on power when they are viewed with high expertise status (Van der Vegt, Bunderson, & Oosterhof, 2006). This power dependence is further strengthened with high group goal interdependence (Johnson & Johnson, 1989). When both expertise status and group goal interdependence are high, group members may treat the narcissists as valuable resources. Group members may share the glory shed by the narcissists. They may rationalise and romanticise narcissists' controlling behaviours and high self-regard and find them to be attractive and charming.
72. Based on two studies using the round-robin method, Xu (2012) found that narcissism, expertise status, and group goal interdependence had a joint effect on workplace ostracism enacted by each team member toward the target employee. Specifically, target employees' narcissism was positively related to workplace ostracism when expertise status and group goal interdependence were low. Conversely, target employees' narcissism was negatively related to workplace ostracism when expertise status and group interdependence were high.
73. The sad thing is that this conduct is far more common than anyone would want to be aware of, but the mechanisms are universal. The Australian Defence Force, Victoria Police, Ambulance Victoria, and every state jurisdictional Police, Ambulance and Fire service in the country, including volunteer organisations like

St John and the Rural Fire Services, conduct themselves in the same way. My question is this. Is the suicide rate amongst the emergency services higher than the national average because of what they see in their duties? Or is it the abuse, incivility, nepotism, denigration and crushing of dreams conducted by predators out of public sight. All the while, in house witnesses stand by either too afraid to intervene, cognitive dissonance or are participators themselves? Then why do people put up with such abusive behaviour? A career that gives them meaning and purpose.

74. .

75. A significant weakness of mine is the vulnerability and distress that arises when, despite my best efforts to prove I am telling the truth, the subject of the attempts to prove my honesty does not believe me, which appears to have a negative feedback cycle that can continue depending on the criticality of the associated factors. When confronted by an arbitrary application of standards, this vulnerability can spiral beyond my ability to mitigate, particularly when ethical and integrity standards should be bound to a public authority. AHPRA's conduct and its unlawfulness rocked me to my core. The threat of taking away my second love in this world, Paramedicine, forced me into a destabilised state of mind. Furthermore, I believe that destabilisation was compounded by adverse actions from a corrupted resources industry involving mining, oil and gas. Paramedics are providing healthcare in a financial conflict of interest. They benefit from safety bonuses awarded for low numbers of workplace injuries where they are the treating practitioner and assign the workplace category of their own volition or succumb to coercion and pressure.

76.

77.

78. I have formed the genuine and researched view that AHPRA has unlawfully conducted itself and been compromised by conflicts of interest and the influence of private enterprise retaliation for exercising a workplace right. AHPRA continues to act in open dismissal of expert advice and persists in pursuing regulatory sanctions against me. The latest update is the immediate action of suspension of my registration. I have read the Senate Inquiry into AHPRA dated April 2022. For the reasons and evidence provided below, I am making a formal declaration of No Confidence in the administration of the National Paramedicine Board of AHPRA. I will no longer be subjected to arbitrary and conflicting decision contrary to expert opinion. AHPRA is being used as a tool to extend the revenge of a private company, Medical Rescue Group and its directors, Mr Michael Smith and Dr Glenn McKay into the public service in order to have me removed from Paramedicine for exercising a workplace right whilst continuing the pattern of

I use Adobe Acrobat Document Cloud and there are documents here that are not able to be sent via email due to size. I'll leave the links here:

1. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:2faaca65-2bc4-483d-b9a4-90cfc3222109> Practitioner Response to notification
2. <https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:5b93d2cf-894a-3a8c-9819-33cc20029923> Noble Corporation corruption and victimisation [alleged]
3. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:c2ec624a-b416-4077-9f92-8a0f531007d3> Appendix A of C2021/2448 Applicant Reece Ferrara [STORME]
4. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:ce0ea756-e443-4aeb-9ca5-320b4249468d> Email 2021 10 21 to Premier Daniel Andrews [no response]
5. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:679e7d6e-4c39-48f8-afc6-f235af3ddbc4> Dr Ingrams Independent Psychiatric Report
6. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:80af5e7b-9f5b-42df-8921-82ff40866272> Medical Rescue Fraud, defamation [alleged]
7. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:b7f5f51d-f954-457c-9fe6-70e03c700d5b> Ferrara to AHPRA "no opportunity to respond"
8. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:1fd6b9e2-15c0-4d1d-95ac-3720549934fe> Queensland Police assault [alleged]
9. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:883e3650-d230-409e-8bf3-3a3cc61256cd> Evidence sent for VOCAT hearing 2017/1756 Probabilities Fact: Was assaulted, VICPOL failed adequate investigation
10. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:883e3650-d230-409e-8bf3-3a3cc61256cd>

- [uri=urn:aaid:scds:US:49fc33c8-a128-4892-95ac-042b6a557768](#) Submission to Fair work Commission defending costs and providing AHPRA call notes of fraudulent allegations Case dismissed
11. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:96cc20b4-4c39-442e-9bc1-3cd87bab9fb0](#) Victorian Inspectorate
  12. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:36ac7211-959f-492d-84a0-5c88c7defeb8](#) Queensland Police [alleged assault]
  13. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:e6418d38-b7fd-4573-895a-095c8bb0d33a](#) Medical Rescue false and vexatious allegations dismissed
  14. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:cc7f2dd8-998c-46b8-9179-402c6936a34c](#) Queensland CCC Police do no wrong
  15. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:321e1042-6c12-4d2c-92b7-4a93d776e9de](#) Affidavit of False statements and alleged corruption of VICPOL
  16. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:6800fe9a-c6f3-466f-9848-39be99c98a3c](#) Admission to Austin Prevented by VICPOL hanging near greensborough Police station
  17. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:5bd02171-1bed-4f22-8bd0-833f3069c0df](#) Admission post VICPOL refusal to leave me alone then Capsicum sprayed
  18. [https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:757fb521-c1c6-4a8d-b33d-f4cdc877b7c1](#) PID to IBAC

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