

UNITED NATIONS OPTIONAL PROTOCOL
HUMAN RIGHTS COUNCIL
COMMITTEE AGAINST TORTURE

BETWEEN:

Reece Storme FERRARA

And Others

Plaintiff/Appellant/Applicant/Victim

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and

The Attorney General of the Commonwealth of Australia

And Others

Defendant/Respondent

[Int] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, opened for signature December 10 1984, signed June 26 1987, ATS 21 (entered into force September 7 1989)¹

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The respondents have engaged in actions or omissions, either in consultation with or independently, satisfying the definition in Article 1 or, in the alternative, Article 16. The respondents proceeded in a failure or breach of the Articles 2, 6, 10, 12, 13, 14, 15, 16.

[INT] Convention on the Rights of Persons with Disabilities ((Adopted by General Assembly Resolution A/Res/61/611 in 2006) [2008] ATS 12 (entered into force in Australia on August 16 2008],

¹ Méndez, Juan, Special Rapporteur to the Human Rights Council., *Thematic Issues*, HRC Res. 8/8, GE.11-10587, 16th sess, Agenda Item 3, UN Doc A/HRC/16/52 (2011/02/03); Méndez, Juan, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Solitary Confinement*, GA Res. 65/205, 11-44570 (E), 66th sess, Agenda Item 69 (b), UN Doc A/66/268 (2011/08/05); Nowak, Manfred, Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *Impunity as a Root Cause of the Prevalence of Torture*, Res. 64/153, 65th sess, Agenda Item Item 69 (b), UN Doc A/65/273 (2010/08/10)(*Interim report*)

articles 3, 4, 5, 7, 10, 12, 13, 14, 15, 16, 19, 22, 23, 25, 26, 27, 28 and 30.
the [INT] Convention on the Rights of the Child, opened for signature
November 20 1989, 1577 UNTS 3 (entered into force September 2 1990).
The secondary applicant is nine years old meeting the criteria of Article 1.
Failures or contraventions of
articles 3, 5, 9, 12, 16, 18, 19, 20, 24, 27, and 42.

[Int] Convention against Corruption, opened for signature October 31
2003, signed December 14 2005, ATS 2 (entered into force January 6
2006)

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1. ***'Of the 193 States invited to the online consultation, 28 (14 per cent) initially confirmed their participation but only 20 (10 per cent) actually attended. Unfortunately, of the 20 States in attendance, only 2 States (equivalent to 1 per cent of the invited States) actually contributed to the discussion, namely Denmark and Guatemala... 99 per cent of Member States, respectively, were unwilling to provide any input whatsoever regarding the impact, relevance and usefulness of the thematic reporting issued by the current mandate holder, or to make any recommendations as to potential improvements that could be made... The Special Rapporteur notes with great concern that... 191 of 193 States (99 per cent) do not appear to regard the mandate holder's thematic report on that topic as relevant to their national context, including States having recently received urgent appeals or allegation letters regarding migration-related torture or ill-treatment. Among others, such States include... and Australia (AUS 4/2019)...'***²
2. ***'In addition, the prolonged and indefinite confinement has had a serious impact on the mental health of these individuals. Many of them suffer from, inter alia, depression, anxiety and post-traumatic stress disorder. There are multiple reports of self-harm and suicide attempts. According to the information received, the***

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² Melzer, Prof. Nils, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Cooperation of States, HRC Res. 43/20, 46th Session sess, Agenda Item Agenda item 3, UN Doc A/HRC/46/26 (22 January 2021); Melzer, Prof. Nils, Utilization of Thematic Reports Presented by the Special Rapporteur, HRC Res. 43/20, GE.21-19749(E), 49th sess, Agenda Item 3, UN Doc A/HRC/49/50 (28 December 2021)

asylum seekers and refugees remaining on Manus Island do not trust the companies contracted by the Government of Australia to provide them with services as they have faced mistreatment and lack of understanding of their situation and needs by these contractors...'³

BRIEF SUMMARY

3. Ultimately, on the [April 14 2022](#) began the process of suspending my Paramedic Registration indefinitely, throwing away more than fifteen years of pre-hospital healthcare experience in an 'urgent action' motion contrary to medical [Independent Psychiatrist](#) and [Second report](#) [Dr Ingram].⁴

10 **SINGLE IDENTIFIABLE EVENT OF PARAMEDIC REGISTRATION REGULATORY DISPUTE**

Causation and Diversion of Established Course of Conduct

4. "As the minimum period for your conditions has passed, we invite you to apply for a review of the conditions."⁵
5. "Oh yes that would be wonderful. I have worked extremely hard and would love to have earned removal of any conditions. I am forever grateful to AHPRA for giving me the gift of my profession back as it provides so much meaning in my life and flow on effect to others who I am fortunate enough to try and assist in their time of need..."⁶
6. The extensive affirmed chronology I submitted identifies a sharp, clearly defined alteration of the respondents' course of conduct.⁷
- 20 7. The Australian Health Practitioner Agency (AHPRA) was misled by vexatious directors of a private corporation, Michael Smith Intensive Care Paramedic and Glenn McKay Medical Doctor of Medical Rescue Pty Ltd. Utilising their reputation, status, influence, governance social network and favour have misled and corrupted the authentic function of a public agency.⁸
8. As correspondence progresses, the respondents' actions continue down a now pre-determined pathway to suspension and, if not for making a stand, cancellation, and removal from the Paramedic profession.

³ Dainius Puras, Saeed Mokbil, Felipe González Morales and Prof. Nils Melzer. Official Communication from the United Nations Human Rights Council, Reference: AL AUS 4/2019, (2 April 2019)

⁴ Consultant Psychiatrist Dr Nicolas Ingram

⁵ eMail from Australian Health Practitioner Regulation Agency (AHPRA) [National] 2021 May 25

⁶ 2021 May, 25 eMail

⁷ Submitted to the UN in parts

⁸ [Int] Convention against Corruption, opened for signature 31 October 2003, signed 14 December 2005, ATS 2 (entered into force 6 January 2006); Australasian College of Paramedicine is an associate Organisation connected to AHPRA and the National Paramedicine Board.

THE VEXATIOUS NOTIFIER⁹

9. 00:03:54:20 - 00:04:19:20¹⁰

Assoc. Prof. Marie Bismark

There were a lot of anecdotal concerns in Australia suggesting that vexatious complaints were common, but little actual evidence about how frequently they occurred and the characteristics of those complaints. We were commissioned by Art to conduct an independent literature review, to review the evidence relating to vexatious complaints in Australia and internationally.

10. 00:04:21:11 - 00:04:25:05

Susan Biggar: Podcast Host

10 But what did the research show about the impact of vexatious notifications?

11. 00:04:25:20 - 00:05:03:08

Assoc. Prof. Marie Bismark

*There's good evidence that **any kind of complaint can be distressing for a health practitioner.***

Almost all of us go to work wanting to do a good job and it can be a very upsetting experience to receive a complaint. So that's true for any kind of complaint, whether it's vexatious or not.

*There's little evidence specifically on vexatious complaints. However, because of the nature of those complaints, it seems **reasonable to think that they might cause more distress because the intent of the complaint is to cause harm or distress.***

12. 00:05:03:08 - 00:05:24:03

20 Assoc. Prof. Marie Bismark

And there's no foundation to that complaint...

13. 00:12:04:01 - 00:12:30:12

Matthew Hardy: National Director of Notifications AHPRA

So we would look for whether or not there's any evidence of an apparent or reported conflict between the parties. We'd ask whether it was lodged at the notification during the course of legal proceedings. We'd look at whether there was any evidence of a pre-agreed working relationship between the notifier and the practitioner that's actually broken down. And we'd take a look at whether there's any evidence of a personal or professional competitiveness.

14. 00:21:16:23 - 00:21:55:03

30 Assoc. Prof. Marie Bismark

I think it's so important to try and understand someone's motivation for complaint and also the role of the regulator, the fact that a regulator takes no further action absolutely does not mean that the complaint was unfounded. There may have been a misunderstanding. There may have

⁹ Bismark, A/Prof Marie, Dr Rachel Canaway and Ms Jennifer Morris, 'Reducing, Identifying and Managing Vexatious Complaints', Australian Health Practitioner Regulation Agency, November 2017)

¹⁰ 'Taking Care the Who, What, Why and What Can Be Done About Vexatious Notifications', AHPRA Podcast Series (Featuring, Bismak, Ass. Prof. Marie; Griggs, Kate; Bird, Sara and Hardy, Matthew 2021)

Monday, November 21, 2022 Australia

been a very legitimate concern, which has already been addressed by the practitioner. The role of RPA is to protect the public, and there are many complaints where there's no need for formal conditions or suspension or removal of someone's registration.

15. 00:21:55:14 - 00:22:41:04

Assoc. Prof. Marie Bismark

10 With the initial complaint was still made based on very real and valid concerns which have been addressed during the investigation process in relation to mental illness. I want to echo the comments that were made earlier. Just because a patient has a mental illness, it doesn't mean that any complaints they make are vexatious. We do know that there are real concerns about the quality of mental health care provided today in Australia and somebody with a very serious psychiatric illness can still experience poor care and should have the same right as anyone else to have the complaint looked at.

16. 00:22:48:24 - 00:23:07:17

Sarah Bird: Manager Medico-Legal Advisor

Practitioners will experience a range of emotions when they receive a complaint or a notification. But I think if it's a complaint which is perceived by the doctor as being vexatious, the overwhelming emotion will be one of anger and distress.

17. 00:23:49:23 - 00:24:13:11

Sarah Bird: Manager Medico-Legal Advisor

20 And if there is, you know, some way in which they can assist in resolving the notifications concerns, then I think they should be part of it. But often doctors need to get that sort of emotional reaction out of the way first. So that's my two responses to really express the distress, anger, upset and so forth, and then step back.

Notifications that **come from practitioners, which are vexatious, are probably easier for us to identify in our screening process**, though it doesn't matter whether the notification came from a patient or from another practitioner, there's several questions that we would ask ourselves in light of the study from the University of Melbourne that Marie has been speaking about.

['Vexatious Notifications Webpage and Podcast Link'](#)

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A CRITICAL FLAW IN REGULATION OF REGISTRATION PROCESSES

18. It is important to note that from AHPRA's material, regulatory advisors appear to obtain and present information for the Board to make their decisions.

19. If a regulatory advisor has taken a call from a notifier, let's say a Doctor, and said this Paramedic offered a pregnant woman 200 dollars to perform an abortion "out the back" they may experience a human and reasonable

expression of emotions, perhaps outrage that could impair their impartiality.

Particularly because they do not get the practitioners' side of the story could very well decide in their mind that the person must have done what is alleged.

20. This advisor is now compromised by a confirmation bias and looks for information to confirm their belief the practitioner has done what is alleged. The more emotion the person experiences, the more vigorously they are willing to ensure the appropriate regulatory action is ultimately done.

21. This may include *bending the rules*, particularly if the allegations create significant anger at the alleged act/s.¹¹

10 22. The Board, even if their own biases are entirely excluded, are compromised simply because the information provided to them is prejudiced to the detriment of the practitioner. As a result, their capacity for an impartial decision is impossible, compromising the proper function of a public Agency bound to public accountability.

23. Yet, there are no safeguards or procedures I assume that AHPRA implements to prevent this scenario from happening.¹²

24. There doesn't appear to be anything preventing a Regulatory Advisor from influencing other staff in the regulatory process and, as such, would continue to amplify and spread prejudice and bias in the decision-making process
20 compromising the outcome.

25. *Bojan Bugarič has since **applied the language of 'isomorphic mimicry' to discuss rule of law reforms** in Eastern Europe.²¹ Writing in 2015, Bugarič argued that many post-Communist 'rule-of-law' reforms, such as **civil service laws and anti-corruption strategies, were instances of 'isomorphic mimicry,'²² resulting in a **plethora of "façade" institutions, devoid of importance or real substance.**'²³ Although Bugarič's discussion of 'isomorphic mimicry' is confined to the context of institutional failures in post-Communist Eastern Europe, I suggest that it **can offer insight on how legal gaslighting has occurred elsewhere.**¹³***

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¹¹ Rollwage, M., Loosen, A., Hauser, T. U., Moran, R., Dolan, R. J., & Fleming, S. M. (2020). Confidence drives a neural confirmation bias. *Nat Commun*, 11(1), 2634. <https://doi.org/10.1038/s41467-020-16278-6>

¹²

¹³ Cheung, Alvin, 'Legal Gaslighting' (2021) 72 *University of Toronto Law Journal*

AHPRA: NO CONFIDENCE

26. I do not engage in misleading or deceptive conduct, and learning an extremely difficult lesson from confessing misconduct with Ambulance Victoria, I vowed never to lie again.

27. I do not inflict harm back to others who have inflicted harm on me and only ever act out of self-defence. This was evident by the years of family violence and defending myself against false statements to police and continues with AHPRA and several other entities. I believe the suspension decision was incorrect and was carried out in response to linking Mr Michael Smith¹⁴ to the Paramedicine Board. The Conflict of interest schematic diagram was emailed to AHPRA 2022 on March 15.

28. This notification was [dismissed in December 2021](#). Throughout this time, AHPRA staff engaged in misleading and improper conduct, withholding information and the first independent health assessment report contrary to National Practitioner Regulation Law and [continued unreasonable sanctions](#).¹⁵

29. The process was conducted in a manner that denied the principles of the 'fair hearing rule' and ignored requirements to [afford due process](#)¹⁶ in what can be seen as [retribution for linking the Paramedicine board and Michael Smith](#) via email dated March 15 2022 '[Conflict of Interest Graphic](#)'. See also certified ASIC document Number [7E9714504 and 2E0002678](#)

30. I emailed the Conflict of interest document to honour the procedural fairness clearly absent in AHPRA's dealings with me to lead by example. It also meant that if there were to be any more corrupt or improper conduct by AHPRA and the Paramedicine board, a known stimulus would be easily identifiable and attributable to the new act.¹⁷

31. If AHPRA was so concerned about a "serious threat to public" I would have thought they would act back in October of 2021. This was where I sent a flurry

¹⁴ Former employer and Director who is an actual conflict of interest to several members of the Paramedicine Board.

¹⁵ Allsop AO, James, 'Values in Public Law' (2015) 21 Fed J Scho; Allsop AO, James The Rule of Law Is Not a Law of Rules, 1 November 2018); Allsop Ao, James, 'Civility, Reason, Fairness and Justice, and the Law' Opening of the Law Term Service at the Great Synagogue Sydney, 12 February 2014)

¹⁶ No opportunity to respond eMail

¹⁷ Refer to schematic graphic in this secure link,

of emails to all different entities in an aggressive and one in particular distressing content.

32. This was also where I had advised that I was going to hang myself and in that distressing email was a photo of the rope around my neck. I left the hotel I was in and tried as hard as I could to hang myself. This occurred in three attempts over a two-day period. Despite the desire, I experienced the innate self-preservation mechanism kick in with great force, and I just couldn't move a muscle to carry out the set-up deed.

10 33. Several significantly distressing events occurred close to this and in an ongoing consecutive fashion that completely overwhelmed my normal functioning and sent me back into a PTSD trigger.

34. 2021, August 25, I was forced to leave my son behind again because Ambulance Victoria had continued its' contempt for me by intervening and preventing me from getting employment in Victoria, where I lived with my son. Then, five years later, they decided to attack me personally by preventing me from providing for my child and exercising my right to self-determination in employment I was qualified and registered to do. ¹⁸

35. I am entirely left in the dark about the notification. I expect to be vexatious and coming from Medical Rescue, but I cannot be sure. ¹⁹

20 36. 2021, September 1, was when I was first informed in writing that there was a notification, and I knew it would be vexatious.

37. *Shared Power Principle, 'By "power", we mean the ability to make decisions that are crucial for a specific outcome.'*²⁰ (An outcome having significant and life changing effects on an individuals life)

38. The Following is transcribed from²¹

39. 00:14:11:03 - 00:14:56:22

Sarah Bird: Manager Medico-Legal Advisor

...sometimes there's been, as Marie says, a breakdown in the relationship and a great antipathy between two colleagues where there's some sort of psychopathology with the with the notifier or

¹⁸ Convention of Rights of the Child

¹⁹ Anguish at a process where I have am helpless to change the outcome

²⁰ 'The Shared Power Principle', Centre for Public Impact, July 2019)

²¹ Australian Health Practitioner Regulation Agency: Taking Care. The who, what, why — and what can be done about vexatious notifications. Guests, Assoc. Prof Marie Bismark, Health Consumer Kate Griggs, National Notifications Director of AHRPA Matthew Hardy and Medico-Legal Advisor Sarah Bird. Host: Susan Biggar. (2020).

On what date were those actions carried out?...

I am 100% confident that during the full duration of my time at the snowy Hydro site, no pregnant female attended the clinic while I was present or presented to me in my role as a Paramedic on site where I was a part of any health care interaction. I would like to request deidentified proof any such patient existed, on what date, time, treatment rendered if any etc.

I invite Med Rescue to comment on whether Med Rescue was seeking the advice from and the possibility of Michael Morgan of KottGunn Law firm representing them in this matter?

10 *If med Rescue know or have contacted my previous employer Safety Direct Solutions in Western Australia due to an error in an email naming them in a different matter? Michael Morgan was the legal representative of my previous employer. This is particularly relevant to allegation number 2. Whether Med Rescue would care to comment or add anything further.*

51. 2021 September 23,

Write Victorian Equal Opportunity and Human Rights Commission Impact statement for mediation against Ambulance Victoria and Royal Flying Doctors Service [Vic]

20 52. *My resignation from Ambulance Victoria was no one's fault but my own. I made ill choices in the context of two undiagnosed illnesses. The first was Post Traumatic Stress Disorder and later, Attention Deficit Hyperactivity Disorder. At that time, I accepted responsibility for my actions and gave up on myself as worthy enough to even mention the word Paramedic in connection with me...*

53. *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...*

30 54. Since March of that year, I have taught myself law and researched matters relating to Victoria Police and several other entities. I was sending emails to these entities advising of the things I had learned and with some requesting particular complaints be reviewed.

55. This was because I had a Victims of Crime Tribunal hearing to argue my case for an award for the assault from my ex-wife that resulted in the diagnosis of PTSD and having to re-experience the investigative deficiencies. So I cross-examined the informant and argued successfully where the magistrate made a finding of fact of my version of events. ²⁴

²⁴ Unresolved disputes with Victoria Police and the systemic barriers to a fair hearing;

56. After I kept getting told by a supervisor at BHP that "the team doesn't appreciate your enthusiasm" or other behaviours that manifest from ADHD, I voluntarily left BHP as I couldn't stop crying at random.

57. Monday, October 4, Emailed in crisis

After just being discriminated out of yet another job for being too "enthusiastic" and that I "need to talk less" I have thought a lot about this and I cannot come up with anything better. It seems to me I have two options. To go and live in isolation alone and try to survive Or to end my life. Things like merit, honesty and integrity just ends in punishment and I can't lie or be apart of anything that is ethically or morally wrong because it makes me feel sick.

10 *I am not writing this in a state of mental illness. I am not delusional, psychotic, experiencing a trigger of PTSD, drug or alcohol influenced, or any other mental illness symptom other than perhaps a depressed mood and affect. I am not a danger to the public. I am not mad nor am I vengeful or resenting of anyone... Those who know I guess you are off the hook now.*

58. I felt like what was going on, and the fact no one believed me, and I felt powerless to do anything about it. It felt something like torture but couldn't be because torture was of the physical (medieval) type.

59. This period's peak was when I discovered a document from the United Nations Convention against Torture by chance..

20 60. It conceptualised and described the elements of what was occurring to me at the time, breaking down instantly then experiencing rage at the real substance and the motives behind the collective action.

61. Constitutive elements: Context of psychological torture

- (a) "Mental suffering"
- (b) "Severity" of mental pain or suffering
- (c) "Powerlessness" refers to the victim's inability to escape
- (d) "Intentionality" is given as soon as the perpetrator knew or should have known... would result in the infliction of severe mental pain or suffering
- (e) "Purposefulness" is given when mental pain or suffering is inflicted for purposes such as interrogation, punishment, intimidation and coercion of the victim or with a discriminatory nexus,
- (f) "Lawful sanctions" cannot include any sanctions or measures... for reasons related to discrimination of any kind²⁵

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62. 2021 October 6, Dr Hokin makes a mandatory notification to AHPRA about me, *He was talking about being unfairly treated by " Medical Resque(sic)" and AHPRA... I am concerned about his welfare since receiving your email and have tried unsuccessfully to reach*

²⁵ Melzer, Prof. Nils Special Mandate Holder and Rapporteur, Convention Against Torture, Psychological Torture, HRC Res 34/19, GE.20-04273(E), 43rd sess, Agenda Item 3, UN Doc A/HRC/43/49 (20 March 2020)

Monday, November 21, 2022 Australia

him by phone and by email. I believe he is potentially a high risk patient. he has past history of suicidal ideation and was presented in the ED with a suicidal attempt in 2015 and 2017.

63. 2021 October 6, I couldn't bear the thought of going back home a failure without a job again, so I desperately tried to go where I could get the best chance of work, and that was the mining area in Queensland; however, borders were closed. This was the incident I and defending in Qld court with Qld police.²⁶

64. 2021 October 10, My registration was renewed.

65. I do not believe AHPRA can make the arguments in points (a) and (b)²⁷ a reasonable person could justify "serious risk to the public" in these events at this time.

66. If AHPRA was genuine and not alleged to be acting in an improper manner, they should have suspended my registration here on the urgent notification of my own treating Psychiatrist. AHPRA did not intervene.²⁸

67. Instead, AHPRA acted in a manner of self-interest when I produced the schematic linking Michael Smith to the Paramedicine Board members via email 2022 March 15, almost a month before AHPRA convened to consider immediate action. The timing and circumstances at this time fail to align to the copy-and-pasted reasoning for engaging the immediate action power delegated to them in public confidence and good faith.²⁹

ACTS OF PSYCHOLOGICAL TORTURE

68. The following is used from Perez-Sales, Pau: Psychological Torture - Definition, Evaluation and Measurement. Taylor & Francis Group, London, UNITED KINGDOM. ISBN: 978-1-315-61694-0. (2016).

<http://ebookcentral.proquest.com/lib/deakin/detail.action?docID=4732404>

69. "dignity is not a 'given', inherent to human beings, something acquired at birth. Instead, it is relational in the sense that it has to do with the considerations of others in our social group. It represents the basic human need for recognition and respect from others. Respect is one of the principle human rights in traditional societies, and providing respect is inherent to the relationships among humans in all cultures... When it relates to status within a group, dignity is

²⁶ [Int] Covenant on Economic, Social and Cultural Rights, opened for signature 16 December 1966, signed 16 December 1966, ATS 5 (entered into force 3 January 1976)

²⁷ See copy of AHPRA's submission

²⁸ Allsop, James, 'Law, Power and Government Responsibility' Australian Government Legal Services Conference, 14 October 2021); Without Fear or Favour: Judicial Impartiality and the Law on Bias Report 138, Australian Law Reform Commission, 2021/12/01)

²⁹

closely connected with honour, the need for other members of the group to act according to the status that one thinks one has or deserves within the group. The concept of honour reflects the need to maintain rank and status in a group.” From Dignity to Identity, Perez-Sales 2016

70. humiliation as acting towards others in a way that deprives them of the social respect and recognition entailed in the idea of dignity (see Figure 5.1). Hartling and Lucheta (1999) define humiliation as ‘the internal experience associated with being, or perceiving oneself as being, unjustly degraded, ridiculed, or put down – in particular, when one’s identity has been demeaned or devalued’ (p. 7).

10 71. Shame is another important emotion to define when studying psychological torture. Feelings of shame are related to the negative opinions (whether real or perceived) others have about oneself and one’s actions. The difference between humiliation and shame is that humiliation is the feeling associated with being deprived of dignity by others. It occurs in a specific context and is, therefore directly relational and interactive.

72. Shame is a long-lasting, self-focused negative feeling of being unworthy and without dignity in the eyes of others. Shame is a negative component of self and identity. Not all humiliation leads to shame.

20 73. Maier (2011) proposed a relational definition of torture: ‘torture is the infliction of physical and mental suffering on a person by another person (action-level conditions) with the intention to enforce the perpetrator’s will on the victim (attitudinal conditions) performed in a social setting in which [the] perpetrator can fully determine everything that happens while the victim is completely helpless and fully exposed (contextual conditions)’ (p. 105).

74. ‘In my opinion, it is the experience of absolute powerlessness which creates the feeling among the victims of certain gross human rights violations to have lost their dignity and humanity’ (Nowak and McArthur, 2006; Nowak, 2011).

75. Humiliation is related to the absolute loss of one’s power. In torture there is not only an absence of recognition as a human being, but also a total stripping of agency: that is its humiliating core (Kuch, 2011).

30 76. During torture, the victim is deprived of his or her human condition, and forced to sink back into his or her own bodily existence as a piece of flesh, an animal, a number. The victim is excluded from humankind... or even the simple act of being listened to, can have incredible power – not because of the value... but because of the impact of recognising the victim as a member of the human community.

77. Hannah Ardent found the wrote of the effects of social exclusion and the true meaning of loneliness in Tsao, Roy T., 'Arendt and the Modern State: Variations on Hegel in "the Origins of Totalitarianism"' (Pt [University of Notre Dame du lac on behalf of Review of Politics, Cambridge University Press]) (2004) 66(1) *The Review of Politics* 105; Arendt, Hannah, '*The Origins of Totalitarianism*', (Meridian Books, Mg15Meridian Books, [Second enlarged

Monday, November 21, 2022 Australia

edition] ed, 1971) ; Gaffney, Jennifer, 'Another Origin of Totalitarianism: Arendt on the Loneliness of Liberal Citizens' (Pt Informa UK Limited) (2016) 47(1) Journal of the British Society for Phenomenology 1

78. From: Reece.Storme@protonmail.com

To: tony.walker@ambulance.vic.gov.au; ken.lay@ambulance.vic.gov.au; rebecca.hodges@ambulance.vic.gov.au³⁰; danny@vicambounion.org; olga.bartasek@vau.org.au; michael.stephenson@ambulance.vic.gov.au; David.anderson@Ambulance.vic.gov.au; Nichola.holgate@ambulance.vic.gov.au

10 Subject: Extending an Invitation to address hearsay, rumour and unqualified opinions #1

To the Ambulance Victoria Executive:

79. My name is Reece Ferrara, and I have been known previously as Jake Ferrara and Reece Storme. I was terminated in 2016 in the context of family violence and personal use of Ambulance Victoria property, discarded intra-nasal fentanyl for use in private time. Since my conversation with Paul James in December 2015, I have taken responsibility for my behaviour and engaged in the meaningful and fundamental pursuit of personal growth without limit.

80. At the outset, I do apologise for behaviour in 2021 that was threatening and visually disturbing. However, taking out the aggressive and worrisome nature of the communications, the
20 substance that prompted them I still maintain is valid, contains merit, and is consistent with the human rights and responsibilities charter...

81. I would like to offer a chance for a meeting in person to discuss what I have researched and address unqualified perceptions of me, in particular, a pervasive belief I suffer from a personality disorder and am unsuitable to be a member of the Paramedic profession. There has been an inappropriate and gossip-driven misconception of me since 2007 at Victoria University, which followed its way into the organisation.

82. In order to understand my behaviour over the years, one must have the capacity to consider the effects of the chronic severe and destructive effects of family violence, in particular, the psychological harm typically inflicted by "vulnerable narcissism". I believe I have been able to
30 explain the reasons for experiencing ostracism to varying degrees during four of my six years while at AV. Its enduring pervasive and destructive effects into the present day. My termination

³⁰ Wendy Tuohy, Paul Sakkal, 'Ambulance Exec Quits after Calls for Sacking over Service's 'Harmful Culture'', (2022-03-29) <https://www.theage.com.au/national/victoria/ambulance-exec-quits-after-calls-for-sacking-over-service-s-harmful-culture-20220329-p5a90i.html> ; 'Workplace Equality in Ambulance Victoria', Victorian Equal Opportunity and Human Rights Commission., 2021) vol 1; 'Workplace Equality in Ambulance Victoria', Victorian Equal Opportunity and Human Rights Commission., 2022) vol 2; Foley, Hon. Martin, 'Statement on Report into Ambulance Victoria' (Statement, Department Health Human Services (Vic), 30 November 2020)

in the context of severe destructive family violence that was compromised by bias, Conflict of interest, victimisation, and inappropriate weighting of the available evidence.

83. Ambulance Victoria Acting CEO

Thursday, April 21 2022 9:12:01 AM

I am the acting CEO whilst Tony is away on medical leave.

Thank you for sharing the information. You have clearly done your research. For some context, my previous occupation up until September last year was as a member of Victoria Police working significantly in the areas of family violence and also applying all components of the Charter of Human Rights, amongst other things so I fully understand the content of your email. I wish you well in the future. Kindest regards Libby Murphy Acting Chief Executive Officer

84. From: Reece.Storme@protonmail.com

To: "Murphy, Elizabeth"

Date: Thursday, April 21 2022 11:54:47 AM

85. Thank you. I really mean that. Since I disgraced the Paramedic profession and the community, I am passionate about caring for and my ex-wife's gaslighting and especially spitting in my face in September 2015 for a trivial financial matter, I have struggled terribly with shame, guilt, and self-esteem. For years, I accepted being treated without dignity or respect because I didn't feel I was owed it anyway, instead, I believed I needed to earn it back through therapy and hard work to repay society for my disgrace.

86. You didn't have to respond but you did. For me, this basic and simple act made me cry. You acknowledged my existence and understood me. It made me feel human and not a dog that has been discarded. Thank you. I have to clear my name because if I don't there is a little boy who loves his papa but one day won't be able to talk about me to his friends because it will make him sad that others will only see my failures and never see the parts of me he loves.

87. I sincerely wish you all the success and strength that is needed to rescue the Titanic from sinking to the bottom of the ocean. I love the Paramedic profession too, even though the entire cohort doesn't want me in it and AHPRA moves to suspend my registration contrary to independent expert opinion consistent with the recent Senate Inquiry. When everything is taken from you through a combination of your own mistakes and things outside your control you can see the magnificence of the smallest actions and things.

88. Question 1 We refer to paragraphs 3, 4, 8, 9 and 10 of Part 1 of the Australia Government's Background Paper on the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which refer to rights which the Commonwealth has described as 'progressively realisable' rights and distinguishes those from 'immediately realisable' rights:
"(a) Which rights under the CRPD does the Commonwealth consider to be "progressively realisable"?"

89. *"The Australian Government considers that in general, the economic, social and cultural rights in the CRPD and in other international human rights treaties are progressively*

realisable. For example, Articles 24 (Education), 25 (Health) and 26 (Habilitation and Rehabilitation) of the CRPD are progressively realisable. The relationship between rights of immediate effect and progressively realisable rights within the CRPD is reflected in Article 4(2) of the CRPD. Article 4(2) provides that, with regard to economic, social and cultural rights in the CRPD, each State Party ‘undertakes to take measures to the maximum of its available resources...with a view to achieving progressively the full realisation of these rights, without prejudice to those obligations...that are immediately applicable according to international law.’

90. A ‘legitimate’ purpose is one which is sufficiently important to justify limiting a right in a free and democratic society. It involves more than merely preventing outcomes that are undesirable, offensive or inconvenient. Limitations that are considered legitimate in a free and democratic society will be consistent with values of tolerance, pluralism and broadmindedness. Something is not a legitimate purpose simply because most people would agree with it.³¹

91. The CRPD is guided by the principles set out in Article 3, including, *inter alia*:
(a) respect for inherent dignity, individual autonomy and independence of persons;
(b) full and effective participation and inclusion in society; and
(c) respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.³²

92. “On March 11 2010, Australia passed the Crimes Legislation Amendment (Torture Prohibition and Death Penalty Abolition) Act 2010 (Cth)... The Criminal Code Act 1995 (Cth) criminalises acts of torture and does not exclude or limit the concurrent operation of any **other Commonwealth, state or territory law as there are numerous laws in all Australian jurisdictions that criminalise conduct that could constitute torture.**”

93. Former UN Special Rapporteur Manfred Nowak considers that, in practice, any use of physical or mental force with the purpose of humiliation constitutes degrading treatment, and any infliction of severe pain or suffering for a specific purpose (as specified in the Convention) constitutes torture (Nowak and McArthur, 2006)

94. The testimonies from Abu Ghraib show that humiliation was not an end in itself but a means to provoke helplessness and submissive and compliant behaviours, which is at the core of a definition of torture. This was achieved by dehumanising the victim through inducing feelings of shame and guilt and provoking intense mental suffering. As we have seen, experiences such as these have long-lasting, often permanent, effects.

³¹ 91. Australian Government Response: Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2021).

³² Australian Government Response: Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2021).

Monday, November 21, 2022 Australia

95. Trauma has traditionally been defined as a fear-based response (Cantor, 2009), and fear as the central emotion in PTSD (Silove, 1998). This was, to an extent, the position of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). PTSD is seen as a disorder of heightened defense and a fear-conditioned response to an overwhelming aversive stimulus.

96. Some proponents of the fear model argue that the real clue that explains the impact of a traumatic event is not the fear emotion itself, but the unpredictability of events and lack of control.

97. Email to Haven Home Safe

Subject: At Risk of Homelessness: Initial Contact

10 Date: Wednesday, March 30 2022 6:44:31 PM

I am making first contact as there have been a series of consequences against acting in the best interest of the patient that has left me defending my Registration against AHPRA and Previous Employers and catastrophic defamation. I have submitted a Whistle-Blower for assessment to ASIC which is pending. My health has fluctuated involving hospital attendance to ED and am in financial distress. An appointment for financial counselling is next week... I have an 8 yo son with me.

98. From: Reece Storme Ferrara

To: Matt Keating; mkeating; Andrew.Kennedy@newmont.com;
Elle.Farris@newmont.com

20 Bcc: reece.storme

Subject: FERRARA, Reece - Health Decline

Date: Friday, March 4 2022 11:58:44 PM

My health has declined to the point where I am unable to get of bed let alone put up even half a fight. I don't care anymore if you pay or not everything is irrelevant now.³³

99. From: Reece Storme Ferrara <Reece.Storme@protonmail.com>

Sent: Friday, March 4 2022 11:37 PM

To: SingleCompliance; admincomplaints@ahpra.gov.au; NHPO (NHPO)

Subject: Compliance number: 0000152198

RE: VOLUNTARY LEAVE OF ABSENCE FROM PARAMEDICINE

30 I must state that I am not relinquishing or giving up my registration pursuant to the *Health Practitioner Regulation National Law Act 2009* (herein referred to as "the act") s137 . I am, however, taking a leave of absence to attend to personal matters that arise from consequences

³³ Non-State Actors accountability -

of adverse actions, defamation, discrimination and other inhumane or invalidating actions outside of my control. ³⁴

100. Torture creates environments that foster permanent feelings of humiliation, with the ultimate goal of creating shame, breaking self-worth, destroying willpower and obtaining submission. Torture is not always about pain... Torture techniques are acts that include humiliation and guilt as their keystones, with the ultimate aim of producing permanent feelings of shame. The psychological pain will then be inscribed on the body and mind and integrated into the identity of the victim.

101. Shame, however, is beyond the victim's control. The experience has connected with relevant elements of his or her previous psychological life and his or her identity is shattered. The experience, both difficult to communicate and profoundly shaming, can alienate the person from others for the rest of his or her life; it affects self-worth and the capacity to interact with and relate to others. ³⁵

102. The Torturing Environment Scale – TFS

	<i>Fear</i>	<i>NO</i>	<i>Cc-Lm</i>	<i>YES</i>	<i>I</i>
9	<i>a. Manipulation of hopes and expectations to produce extreme fear or terror (e.g. inducing helplessness; denying information; grotesque, absurd, illogical or terrorising environments; constructing scenarios; creating expectations of pain or death; prolonged waiting or silence)</i>			X	
10	<i>b. Threats against the person (e.g. endless isolation, endless interrogation, rape, pain, torture, death)</i>				
11	<i>c. Threats against family or relatives (next-of-kin) (e.g. rape, detention, punishment, retaliation), or threats against other detainees</i>				
12	<i>d. Anguish associated with lack of information (e.g. relatives of people detained/disappeared)</i>			X	
13	<i>e. Experiences of near death (e.g. mock executions, dry/wet asphyxia . . .)</i>				
14	<i>f. Forced witnessing of others' torture or death</i>				
15	<i>g. Use of situations evoking insurmountable fear (e.g. phobias, total darkness)</i>				
16	<i>h. Other situations provoking fear or terror. Specify: Arbitrary Regulatory Sanctions</i>			X	
	<i>Need to belong. Acceptance and care</i>	<i>NO</i>	<i>Cc-Lm</i>	<i>YES</i>	<i>I</i>

³⁴ Melzer, Prof. Nils, Special Rapporteur examines the relationship between corruption and torture or ill-treatment, Corruption-Related Torture and Ill-Treatment, HRC Res. 34/19., GE.19-00675(E), Agenda Item 3, UN Doc A/HRC/40/59 (16 January 2019)

³⁵ Pérez-Sales, Pau, 'Psychological Torture - Definition, Evaluation and Measurement', Routledge Taylor and Francis, 2016)

United Nations Optional Protocol

Monday, November 21, 2022 Australia

29	a. Prolonged solitary confinement (more than 15 days). Incommunicado detention				
30	b. Breaking social bonds/isolation from family, social, cultural, political networks			X	
31	c. Manipulation of affect (e.g. actions encouraging traumatic bonding with the torturer, ambivalent feelings of love/hate and care/rejection, 'testing' loyalty, occasional discretionary favors...)				
32	d. Other actions targeting the need to belong. Specify: Participation in Profession of choice			X	

103.

	<i>Identity, control, meaning and purpose</i>	<i>NO</i>	<i>Cc-Lm</i>	<i>YES</i>	<i>I</i>
33	a. Beliefs and worldviews. Attacks on sense of self (e.g. forcing detainee to break with his or her past/identity, questioning basic values, breaking worldviews)			YES	
34	b. Helplessness. Induced submission and compliance (e.g. changing rules, trivial orders, random punishment or rewards)			YES	
35	c. Instilling guilt (e.g. detainee forced to harm others; forced choices such as deciding who's next to die; forcing betrayal)				
36	d. Induced shame (e.g. forced to perform humiliating acts in public, public debasement, preventing personal hygiene, debasement based on ethnic or cultural background)			YES	
37	e. Induced humiliation (e.g. insults, deprecation, deprecation based on physical appearance, feral treatment, debasement based on ethnic or cultural background)			YES	
38	f. Violation of taboos (i.e. coerced actions that go against the person's moral principles)				
39	g. Installing goals and identity (e.g. forced to adopt new values and a new sense of meaning, pushed into a grafted identity)			YES	
40	h. Other actions targeting identity. Specify:				
	<i>Relational indicators</i>	<i>NO</i>	<i>Cc-Lm</i>	<i>YES</i>	<i>I</i>
45	a. Person completely deprived of will (the individual Freedom that requires reflection and conscious choice)			YES	
46	b. Violation of autonomy, expressed in the absolute power and imposing control of the perpetrator and the lack of control and helplessness of the victim			YES	
	<i>Relational indicators</i>	<i>NO</i>	<i>Cc-Lm</i>	<i>YES</i>	<i>I</i>
47	c. The situation fosters unpredictability			YES	

United Nations Optional Protocol

Monday, November 21, 2022 Australia

	(e.g. no restraints on time or location, no one knows where the detainee is held, uncertain or vague accusations, abrupt changes in rules or scenarios)				
48	d. Systematic violation of dignity; lack of recognition and respect for the victim as a human being			YES	
49	e. Torture designed and planned as a personalised process (torture tailored to the subject's characteristics and identity)			YES	
50	f. Signs of evil or extreme cruelty in the torture process				
51	g. Increased vulnerability associated with age (e.g. victim is a child, elder), gender and sexuality (e.g. victim is a woman, LGBTI), ethnic group or other factors Disability			YES	
52	h. Forcing the victim to play an active role in his or her own suffering and fighting against his or her own body and self (e.g. prolonged stress positions, prolonged impediments to physiological functions)				
53	i. Physical and or mental harm is prolonged or repeated over a period of time			YES	
54	j. Other relational factors. Specify:				

Part 4. Medico-Psychological Criteria			
The presence of one or more of the following indicators supports the idea of a torturing environment or a torturing situation. The absence of these indicators does not preclude the existence of a torturing environment, and may indicate physical or psychological resilience. Please check the appropriate box.		NO	YES
Medical and psychological indicators Due to one or more of the above techniques or situations, and within the cultural and social context of the examinee, the person shows:			
1. Steady signs of confusion or disorientation during or after detention			
2. Steady signs of anguish, fear or terror during or after detention			X
3. Steady signs of emotional exhaustion or cognitive impairment during or after detention			X
4. Signs of emotional manipulation during or after detention (e.g. guilt/shame, emotional dependence, ambivalent emotions toward alleged perpetrator)			
5. Signs of damage to identity and self-questioning worldviews			X

6. Indicators of brain damage (e.g. neurological examination, neuropsychological assessment, EEG and/or related tests or other measures of brain damage, CT-SCAN, MNR or other brain imaging evidence)		
7. Other acute medical disorders attributable to the alleged acts. Specify:		
8. Chronic medical sequelae attributable to the alleged acts. Specify:		
9. Acute or Chronic PTSD related to the alleged acts		
10. Complex PTSD/Enduring Personality Change after Catastrophic Experience (EPCACE) related to the alleged acts		
11. Dissociative states related to the alleged acts		
12. Other medical or psychiatric disorders attributable to the alleged acts. Specify:		

<i>Relational indicators</i>	<i>S</i>	<i>I</i>
45 a. Will	X	
46 b. Violation of autonomy	X	
47 c. Fostering unpredictability	X	
48 d. Systematic violation of dignity	X	
49 e. Personalised process	X	
<i>Relational indicators</i>	<i>S</i>	<i>I</i>
50 f. Extreme signs of evil or cruelty		
51 g. Vulnerability factors		
52 h. Active role in own suffering		
53 i. Prolonged harm (physical/mental)		
54 j. Other (relational factors)		
Raw Score		
Legal criteria	YES	
1. Institutional agents	Yes	
2. Torturing system criteria	Yes	
3. Clear motivation for obtaining confession	Yes	
4. Clear purpose of punishment, humiliation or revenge	Yes	

5. Exclusionary rule	
6. Legal precedents	

Medical and psychological indicators. *Due to one or more of the above techniques, and within the cultural and social context of the examinee:*

YES

- Confusion or disorientation
- Anguish, fear or terror
- Emotional or cognitive exhaustion
- Signs of emotional manipulation
- Signs of damage to identity
- Brain damage
- Other acute medical disorders
- Chronic medical sequelae
- Acute or chronic PTSD
- Complex PTSD/EPCACE
- Dissociative states

12. Other relevant condition

Nowak, Manfred, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Defining Torture, Context and Distinguishing Cruel, Inhuman or Degrading Treatment or Punishment*, HRC Res. 8/8, GE.10-10042, 13th sess, Agenda Item 3, UN Doc A/HRC/13/39 (2010/02/09)

table a7.1 Intentionality Assessment Checklist (IAC)

Intentionality Assessment Checklist (IAC)

1. Consistent

2. Not Present, Unknown or Irrelevant

3. Inconsistent

OVERALL INDICATORS					
1	Torturing Environment	Situation and context analysis. The overall detention context constitutes a torturing environment.			
2	Plan – Malice	There is a plan, understood as a planned sequence of events designed to produce a specific result or consequence (malice aforethought).			
3	Pattern or strategy	There is a similar pattern of strategies, behaviours or procedures taken against different people.			
SPECIFIC INDICATORS					

4	Social role	The social role of the people involved is compatible with an alleged intentionality.
5	Interaction	Absolute suppression of the victim's will. The victim is maintained at the mercy of others.
6	Intensity	The aggression is particularly intensive or the techniques used are particularly grave.

SPECIFIC INDICATORS

7	Prolongation or Reiteration	The acts are prolonged or repeated over time, particularly when this occurs even when perceiving the consequences.
8	Viciousness	Harm is sustained despite the victim's defencelessness.
9	Attitude (the end justifies the means)	The person knows the adverse consequences but would have continued even in the knowledge that the final result would be the worst possible.
10	Objective	A functionality or clear objective can be established.

Table 6.3 Bandura's model of moral disengagement		
Mechanism	Description	Example
Altering the perception one has of reprehensible conduct	Giving oneself a supposedly higher moral justification Posing a false dilemma between two equally moral options Making mitigating comparisons about what could happen in the same circumstances elsewhere	'It has to be done to protect the public' "We have to save the patients from harm" "It's them versus us" "They were lucky because could have taken away their registration.' 'In their country they would Have.'
Altering the perception of its consequences	Using euphemistic expressions for one's conduct	'Corrective or enhanced interrogation techniques' 'Legitimate use of the minimum force necessary'

Altering the perception of reprehensible conduct and its effects	Minimisation	'Nothing ever happened to anybody because of a few slaps. Tomorrow they won't even remember'
Altering the perception of other adversely affected	Diffusing responsibility Due Obedience	'Women love to make a huge deal about nothing'
Altering the perception of others adversely affected	Dehumanisation	I just did my job I've got a whole team to lead I can't keep an eye on everything "There's heaps of things you are good at, just let the Paramedic stuff go" "It's the fentanyl all over again. Its an obsession, you need to get a job."

BIAS, DEHUMANISATION AND MENTAL HEALTH STIGMA

91. 'While there have been some improvements in community understanding of common mental illnesses (particularly depression and anxiety), there is still widespread misunderstanding and ignorance. In particular, low prevalence mental illness, such as schizophrenia, bipolar disorder and personality disorders, tend to be poorly understood and attitudes towards people with these mental illness diagnoses are less positive than for more common mental health conditions.'³⁶

³⁶ Phd, Prof Nicola Reavley et al, 'Reducing Stigma and Discrimination Towards People with Mental Illness Final Summary and Recommendations', National Mental Health Commission, 2021); Sartorius, Norman and Hugh Schulze, 'Reducing the Stigma of Mental Illness' (Pt Cambridge University Press) (2005)