ACM MARK BINSKIN AC (Retd), Chair
THE HON DR ANNABELLE BENNETT AC SC, Commissioner
PROF ANDREW MACINTOSH, Commissioner

IN THE MATTER OF THE ROYAL COMMISSION INTO
NATIONAL NATURAL DISASTER ARRANGEMENTS

HEARING BLOCK 1, DAY 2 TRANSCRIPT

CANBERRA
10:00 AM, TUESDAY, 26 MAY 2020

MS D HOGAN-DORAN SC, MR T GLOVER, MS K DOVEY and MS A SPIES appear as Counsel Assisting
COMMISSIONER BINSKIN: Are we ready to proceed?

MS HOGAN-DORAN SC: Yes, Chair.

COMMISSIONER BINSKIN: Ms Hogan-Doran.

MS HOGAN-DORAN SC: Commissioners, the evidence you will hear this morning will concern the impact of the recent bushfires on health, both acute and chronic. It is part of our insights into the impacts of the 2019 2020 bushfire season on people and communities. That evidence will also open issues in relation to national coordination arrangements, collaboration and standards to improve Australia's resilience to, and recovery from, the impacts of natural disasters. These matters are relevant to paragraphs (a), (b) and (f) of the Letters Patent. We will return in depth to these issues at a later date, in particular to hear from the States, Territories and Commonwealth.

The impact has been reflected in the almost 200 submissions received by the Commission to date that focused on health and mental wellbeing issues. In particular, they emphasise the compounding effects left by the drought, bushfires and now pandemic. The public submissions highlighted that the major stressors to people and communities during the bushfires were: incorrect, outdated and unclear information provided during the emergency and the loss of internet and communication. Additional traumas have also been reported of struggling to access medical services.

The Commission has been greatly assisted by the submissions. They have come not only from individuals and community organisations but also medical professionals, academics and charities. Medical colleges and health bodies have also assisted us with detailed submissions, and we thank in particular the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Rural Doctors Association of Australia, the Australian Academy of Health and Medical Sciences, the Pharmacy Guild of Australia, the Australian Health Care and Hospitals Association and the National Rural Health Alliance.

This list is by no means exhaustive. Counsel have met with representatives from some of these medical colleges and peak health bodies, and we are grateful for their insights which have enabled the selection and presentation of today's topics. Commissioners, a note about the limitations of this morning's hearing into the insights of the impacts on people and communities. Those assisting you have not, to date, sought data or information from State or Territory health departments, conscious as we are of their heavy burden in responding to the COVID-19 pandemic. We have only approached the Commonwealth Department of Health in the last fortnight for information and we have been grateful for the rapidity with which they have engaged with the Royal Commission to enable today's hearing to proceed.
We note too that there are concurrent and recent inquiries in relation to mental health in particular. The Productivity Commission's inquiry into mental health is due to report in June, and the Senate's Education and Employment References Committee delivered a report in only February concerning the mental health of our first responders. These will be made available to you, Commissioners, in due course. We understand too that the Australian Institute of Health and Welfare's report on the state of Australia's health, Australia’s Health 2020, will be published in July. We anticipate presenting relevant findings from these inquiries to inform preparation of your final report.

Shortly, parties with leave to appear and others who might assist the Commission will be invited to provide comment on an issues paper which will be published by the Royal Commission on the health and mental health arrangements in the context of natural disasters in Australia. Submissions will be invited with a relatively long lead time for response. This will allow those impacted both by the questions and by COVID-19 to consider and respond while still enabling this Commission to continue its important inquiry work.

Commissioners, I will shortly call a panel of three witnesses. Before I do that, I seek to tender the relevant evidence and at the conclusion of their evidence I will read onto the record the relevant document ID codes for the parties granted leave to appear and others, following the processes of the Commission.

The first is a tender bundle of documents, document 2.1, which is identified in the tender list circulated to all parties with leave to appear, which is Professor Lisa Gibbs' witness statement and associated documents. Those will be numbered documents exhibits numbered 2.1.1 through to 2.2.1.1. Sorry, Commissioners, it should be documents from 2.1.1 through to documents 2.1.4.

COMMISSIONER BINSKIN: So those documents will be exhibits as marked.

CHILDREN AND YOUNG PEOPLE COPE WITH CRISIS, INFORMATION FOR PARENTS AND CAREGIVERS, MDH.501.001.0001. DOCUMENT 2.1.3, DOCUMENT BY THE UNIVERSITY OF MELBOURNE, PHOENIX AUSTRALIA AND THE AUSTRALIAN RED CROSS, PARENTING: COPING WITH CRISIS, MDH.501.001.0049. DOCUMENT 2.1.4, DOCUMENT BY THE AUSTRALIAN RED CROSS, RESOURCES FOR PARENTS AND CAREGIVERS, MDH.503.001.0001.

MS HOGAN-DORAN: A second witness today is Associate Professor Fay Johnston. Her document bundle is document bundle 2.2, and those will be exhibits 2.2.1 and 2.2.1.1.

COMMISSIONER BINSKIN: So those documents will also be received as exhibits as marked.

<EXHIBIT 2.2: DOCUMENT 2.2.1, WITNESS STATEMENT OF ASSOCIATE PROFESSOR FAY JOHNSTON, DFJ.501.001.0001. DOCUMENT 2.2.1.1, PAPER BY VARDOULAKIS ET AL., BUSHFIRE SMOKE: URGENT NEED FOR A NATIONAL HEALTH PROTECTION STRATEGY, DFJ.502.001.0001.>

MS HOGAN-DORAN: And the third witness today is Dr Penelope Burns. Her exhibit bundle is 2.3 and her document exhibit codes will be documents 2.3.1 through to 2.3.2.

EXHIBIT 2.3 DOCUMENT 2.3.1, WITNESS STATEMENT OF DR PENELOPE BURNS, PBU.500.001.0047. DOCUMENT 2.3.1.1, NEPEAN BLUE MOUNTAINS PRIMARY HEALTH NETWORK, PLANNING FOR DISASTER MANAGEMENT, PBU.500.001.0001. DOCUMENT 2.3.1.2, GENERAL PRACTICE ROUND TABLE MEETING, 25 JUNE 2013, PBU.500.001.0045. DOCUMENT 2.3.2, AUSTRALIAN DISASTER RESILIENCE HANDBOOK COLLECTION, HEALTH AND DISASTER MANAGEMENT, MDH.502.001.0001.

MS HOGAN-DORAN SC: Thank you, Commissioners. I call Professor Lisa Gibbs, Associate Professor Fay Johnston and Dr Penelope Burns. Their evidence will be taken concurrently, Commissioners.

COMMISSIONER BINSKIN: Good morning, Professor Gibbs, Associate Professor Johnston and Dr Burns. Thank you for joining us this morning.

PROF GIBBS: Good morning.

ASSOC PROF JOHNSTON: Good morning.

DR BURNS: Good morning, sorry.
MS HOGAN-DORAN SC: Doctors, the first thing we will do is I will ask each of you to take an oath or affirmation in turn. Professor Gibbs, will you take an oath or affirmation?

PROF GIBBS: Yes.

MS HOGAN-DORAN SC: Oath or affirmation?

PROF GIBBS: I beg your pardon. Affirmation.

<PROFESSOR LISA GIBBS, AFFIRMED>

MS HOGAN-DORAN SC: And Dr Burns, we turn to you, will you take an oath or affirmation?

DR BURNS: Affirmation, please.

<DR PENEOLOPE BURNS, AFFIRMED>

MS HOGAN-DORAN SC: And Professor Johnston, will you take an oath or affirmation?

ASSOC PROF JOHNSTON: An affirmation as well.

<ASSOCIATE PROFESSOR FAY JOHNSTON, AFFIRMED>

<EXAMINATION BY MS HOGAN-DORAN SC>

MS HOGAN-DORAN SC: Doctors, what I propose to do is take you, each of you, to your statements and then I will invite each of you to address the Commissioners with respect to the work that is detailed in your very detailed written statements, and then I propose, in respect of each of you, to invite the Commissioners if they have any questions, and then to invite all of you to respond to questions as a group. Professor Gibbs you have provided a written witness statement dated 22 May 2020 under a notice issued by the Commission?

PROF GIBBS: Yes, that's correct.

MS HOGAN-DORAN SC: And are the contents of that statement true and correct?

PROF GIBBS: Yes, they are.

MS HOGAN-DORAN SC: Dr Burns, you provided a witness statement dated 22 May 2020 under a notice issued by the Commission; is that correct?

DR BURNS: Yes, that's correct.
MS HOGAN-DORAN SC: And are the contents of that statement true and correct?

DR BURNS: Yes, that's correct.

MS HOGAN-DORAN SC: And Dr Johnston, you provided a witness statement dated 23 May 2020 under a notice issued by the Commission; is that correct?

ASSOC PROF JOHNSTON: Yes.

MS HOGAN-DORAN SC: And are the contents of that document true and correct?

ASSOC PROF JOHNSTON: Yes, they are.

MS HOGAN-DORAN SC: Professor Gibbs, I will turn to you first because the Commissioners have been advised you have another commitment at 11 o'clock and we don't wish to deter you from that important work. Would you describe to the Commissioners - you've provided a number of submissions and you've participated in the preparation of a number of reports, the primary of which is the Beyond Bushfires Study, which is a longitudinal study of the impacts of the 2009 Victorian Black Saturday bushfires. The Commissioners will be aware that you're a Professor of Public Health at the University of Melbourne and that your research work into the impact of natural disasters on mental health and wellbeing is a long term research focus.

The Commissioners have read in detail the material in your statement, but the Commissioners will be interested to understand the scope of the work and the extent to which it has been updated by more recent work, which I understand has been submitted for peer review publication.

PROF GIBBS: Okay. Thank you, and thank you for the opportunity to address the Commission. I guess I, you know, given I can only give a very brief overview statement to start with, I would like to just note that when we're thinking about the recent season of bushfires that it's still very early days in the recovery. Certainly, one of the recommendations from our research is that that we always think in at least a five year recovery framework from a major disaster, because that's the reality of the process it takes. And that's not to suggest that - not to understate people's capacity to be resilient because actually we see extraordinary capacity for people to process very distressing events and major disruptions. But there is no question, from our research from the Black Saturday bushfires, that if someone has experienced a major hazard event like the bushfires we have just seen, they are at greater risk of mental health problems in the years afterwards.

And when we're reporting on the mental health problems, we're talking about where people have reported symptoms that are consistent with a diagnosable mental illness. But we know from our discussions with community that actually there's a whole spectrum of experiences and those mental health symptoms that people or mental
illness symptoms that people are reporting are at one end of the spectrum and actually there's a whole range of impacts on wellbeing that happen at a subclinical level as well. So our concern is that they can be lasting, and for years, not just months.

So when we think about the original event, the risks of those sort of mental health impacts really arise or are amplified if someone fears that they were going to lose their lives, if they lost someone close to them, and if they lost their property, then that places them in a higher risk category. But we also see that what happens after the event is also a really significant risk factor, and this is part of the disruptions that we see in the aftermath of these sort of mass trauma events, where people are dealing with change of income, change of accommodation, relationship breakdown because of the strain of what's going on, potentially exposure to violence. All of these factors undermine people's capacity to deal with what's happening.

So they may have dealt with the bushfire itself, but it's everything that comes afterwards that starts to bring them undone. And that's a real concern but it's also an opportunity because there are ways that we can reduce those impacts, ways that we can support people in dealing with those changes and disruptions.

The other opportunity that I would see is in terms of the social influences on people's recovery. We found that family and friends were the most important resource that people drew on but also the greatest source of concern for people; and so some support in dealing with caring for self and others would be helpful, understanding how that worked in a post trauma environment.

The importance of the neighbour networks and the friend networks are really strong, but also belonging to local community groups. We found that that was, you know, almost a surprising level of benefit for people. If they belonged to a local community group, they tended to have better mental health and wellbeing three to five years later. If they belonged to more than one community group they had additional benefits and that continued, although it does reach a point that if you belong to many groups you're probably overdoing it, and that's often the people who are on the committees and running those groups and so they bear a bit of a burden in keeping the groups running for everybody else.

But we did also find that in a community where there were lots of people who belonged to local groups, the benefits started to extend to others in the community, and we think that there's something going on there about increased trust and reciprocity, support going on at a community level that is essentially the picture of a resilient community. And so while we - you know, I think it's fantastic that there's increased understanding now of the mental health impacts of these events, and absolute importance of the role of mental health professionals in supporting people who need that level of support. Let's not forget the important differences that can be made by supporting those natural community networks that are already in place and can be supported to keep operating and that can maintain a level of wellness in those communities.
I guess the other thing I would like to mention in my opening statement is the impacts on children, teenagers and school communities. We're all concerned about what does this mean for the kids, how can we make a difference? And certainly in our research we found that the exposure to the events and the aftermath did undermine children's sense of safety and stability, sometimes at a quite fundamental level of realising that your parents can't keep you safe. And while, like adults, many children are able to process what has happened and adapt, we did see patterns of ongoing anxiety, particularly when there are additional demands required of children, and that might be a change from primary to secondary school, or a different joining a different sports club. It depends on the child what that means for them.

But I guess of great concern is our research where we tracked the academic impacts on students, and we found that there was clear impacts on capacity for students to learn in the years after the bushfires and then, when they got back on track with their ability to retain information and to learn at the rate that you would expect, we found that they had got behind other students, got behind their peers. So that really there is a pattern, not for all students in these high impact areas but certainly an elevated risk that their academic trajectories are changed on an ongoing basis, and that will clearly have implications in terms of employment as well.

So the school communities are really fundamentally impacted by these events, and the level of support that's required for teachers and students is quite significant. The challenge is that we don't yet have evidence about what will make a difference, and that's my concern. There's been a fabulous emergence of resilience programs for schools. Now we need to build evidence about what makes a difference.

So I guess there's a lot more there that we can discuss. I will wrap it up at this point and recognise that the season we've had in many ways is similar to the scale and intensity of the Black Saturday bushfires, but also has its own characteristics where we see different groups affected in different ways, and the complexity of recovery within a pandemic context. So more to discuss there. Thank you.

MS HOGAN-DORAN SC: Commissioners?

COMMISSIONER BINSKIN: No. I thought that was a very good and concise summary there. I think we will continue. If questions come up, we will ask later on. Commissioner Bennett, have you got one, though?

COMMISSIONER BENNETT: I do, and I'm not sure whether it's best to ask them now of Professor Gibbs because some of them may also be matters that impact upon what the other witnesses are saying.

MS HOGAN-DORAN SC: Perhaps I might just ask Professor Gibbs, in relation to the fourth aspect of the work that she didn't touch on in her opening statement which links to the reason why she needs to leave by 11.
COMMISSIONER BENNETT: I may ask a couple of questions effectively arising after that.

MS HOGAN-DORAN SC: After that.

COMMISSIONER BENNETT: Thank you. Yes.

MS HOGAN-DORAN SC: Professor, you've been involved in a project called the ReCap Project that builds, in part, on the data and findings from your work from the Beyond Bushfires Study and the related research. Could you just explain or identify what that project is, and what you will be doing from 11 today?

PROF GIBBS: Yes, absolutely. So what we try and do with our research is work really closely with the people in the field, and the process there is to find out what evidence do they need to inform their work, and then to generate that evidence and feed it back to them so that they can be engaged in evidence informed practice. So we were commissioned to do the ReCap Project in partnership with Massey University of New Zealand to map the evidence against the different domains of recovery that need to be considered in the community context.

And so to recognise that we're often working in silos in supporting people after a disaster, but in their lives they're having to deal with all of the different aspects of recovery, and this is represented in their recovery capitals by social capital, natural capital, financial, built, political and cultural and human capital. All of those things together will influence how people fare in the long term. So what we've done is map evidence arising from Australian research as well as New Zealand research against those different capitals, so that we can, with some confidence, say: well, if you're working with people in relation to social capital, these are some things you may need to consider in the field. And so this is a, you know, an iterative process working with our end user organisations.

COMMISSIONER BENNETT: Thanks. Professor Gibbs, a couple of things. First, I note that you made, at the end of your statement, some very specific and very helpful recommendations arising out of your work, and I'm not going to take you through those now, I found them very helpful, thank you. I mean, the whole of the statement was terrific and thank you for that. I did find that very helpful for us, or me personally, where you actually make specific recommendations. But, from what you have just said today, I've got a couple of questions, if I may.

PROF GIBBS: Sure.

COMMISSIONER BENNETT: Some of them are title issues that you raised yourself. I note in your statement you refer to the fact it takes people about two years to start rebuilding. And I was wondering, I guess I'm going to put it all together and then get you to answer whether or not that has been an impact as a turning point in that, going from the negative, maybe living in outside accommodation to that, even though you're still living outside, to that positive moment of at least turning into
positively starting to rebuild and matters such as that, if you have you had any
observation on that with the timing of the recovery? The other questions really relate
to again my the last point you made about the time to get evidence as to what makes
a difference, especially with children I'm turning to the children thing now I guess
my question for that is: what do we do in the meantime? I mean, it will take time to
get these studies, and yet we've got at the moment, still in the immediate post
recovery stage, what does one do until one gets those answers? So far as children
were concerned, and I found that quite I mean, that concept of the special effects on
children and the concept that, you know, the concern that parents can't keep them
safe, I found that that is quite profound. But again, now just thinking, I suppose,
about COVID, is the impact on children of perhaps concurrent or immediately
sequential disasters? You know, having COVID come on back of the bushfire
recovery and matters such that, if you've got any observations? And the one other
thing, if I may just to add them all in together so you can do a wholistic one, the
other thing we've heard about is the impact on people after the disaster of having to
retell their story multiple times when they're dealing with access to different
opportunities for recovery, and I was wondering if any of your work has addressed,
or can address, those factors? I'm sorry to lumber them all in together but I thought it
might help actually if you deal with them whichever way you want. Thank you.

PROF GIBBS: Sure. Thank you. And I should have said also in talking about the
ReCap Project that we are actually about to release resources that will help our
recovery workers in the community right now to guide their work, and that was why
today's meeting is so important. The first thing you mentioned is the rebuild and I'm
really glad you mentioned that, because this is a point of tension often between
public expectations and the reality within those communities. I think it's a very
visible thing that people need to be back in home, so if their homes have been
damaged or destroyed. It feels like a marker of recovery that they're back in a home
again. And obviously it's incredibly difficult to be living in sheds and temporary
accommodation and all of those things, but it's also incredibly difficult to make really
important decisions when you've got bushfire brain, as people often refer to it. So the
trauma fog is not a time when it's easy or sensible to be making serious decisions.

I remember hearing the story of a family that was - were, you know, a car was
donated to them and all they had to do was go to the car yard and pick the colour of
the new car. There were two colours available. It was beyond them to choose the
colour. That's how, you know, the brain goes when you're in that sort of
overwhelming situation. So to choose a new home and go through that rebuild
process, really difficult. I should be more concise. My point is that what we found
interesting in our data was that regardless of when people started their rebuild, they
were typically happy with when they started. And so it is about allowing people to
move at the time that works for them.

Sometimes when people moved quickly and they got into their new home, it didn't
feel like home, and they realised they still hadn't processed what had happened. So
my suggestion is that we need to provide the supports to allow people to move at the
pace that works for them.
The question about different programs and what do we do when we still don't have strong evidence about what makes a difference: what we need to do is have appraisal criteria to assess what is promising in the programs that are available, and there's different reasons why a program might be considered promising. It may be that they've already done some evaluations that indicate that it's likely to make a difference. It may be that it's just really strongly based on theory and replicates another a model in another field. It may be that it's low intensive but can be reached can reach many people. So I think there needs to be a clear appraisal criteria, but there also needs to be dollars to support evaluations of the programs that are rolled out. And it's very rare to have adequate funding for rigorous evaluations, so that's a factor.

The other thing in terms of, you know, students' sense or children's sense of safety being fundamentally undermined is that it's very instinctive to want to protect our kids, and so in doing so, sometimes we treat them as passive and vulnerable. But actually to feel safe, we know ourselves, to feel safe means that you understand what's going on and you know how you're supposed to deal with it. So part of restoring a sense of safety is actually making sure our kids understand what's going on and have a role in contributing to recovery to preparedness.

And there are some really great disaster resilience programs that can support that process. And the other thing to think about with these programs for the young people is that while many of them should be school based it makes sense, the school is the community hub, it's where they're spending a lot of their time our highest risk students are not going to be attending school. They're the ones who will be absent and will start to refuse. They might move around schools and they're the ones who will not be getting the benefit of these school based programs. So we really need to think about community based programs as well that families can access if their child is not able to attend school in the as a result of what they have experienced.

And I'm just checking what else you queried. The complex recovery is something that we're really still learning about, and we one of the things that I'm really committed to is doing research on the post disaster impacts for students and comparing our bushfire affected communities with our general school communities, so we can learn about the added risk of disaster exposure because all of our students are experiencing school closures from the pandemic. What does that look like for our bushfire affected students? And we're just in the process at the moment of trying to secure extra funding for that.

But, you know, I am expecting there will be diversity within that, because I would imagine for some students it has been quite nurturing to be able to be home based with their schooling in the aftermath of the bushfires, depending on the state of their family and their home. There will be some homes that where there's an increase in family violence, and that's an awful reality, but there will be other homes where it is comforting for students to be at home with their families while they process what has happened from the bushfires. So we need to learn more about that.
The final point that you raised about the issue of retelling the trauma experience, I could comment on that from what I'm aware of, but I have to declare that it's not my area of expertise. I'm not a clinician, so I think it's probably best that I don't comment.

COMMISSIONER BENNETT: Thank you very, very much indeed.

COMMISSIONER BINSKIN: Okay. Thank you. Professor Macintosh.

COMMISSIONER MACINTOSH: Thanks, Chair. Thank you, Professor Gibbs, that was really helpful this morning and through your witness statement. Two quick questions. I just told the Chair one, so apologies. The first one is, you mentioned in your submission or statement about the idea of creating a communication register. I just wondered if you knew any examples of where that has been done and done well?

PROF GIBBS: No, that's a really good point because it would have to be and I could check with my New Zealand colleagues if they've had something similar, but typically what we find is that is that where there are people who have been evacuated, for instance, there's often police will keep a record of who was involved, or where there has been loss of property and people are entitled to grants, there will be a government record of that. So it's not that there's no information collected about these people who are affected, it's that it typically can't be shared.

And it becomes outdated very quickly because people move and circumstances change. So it's just because so much happens in the immediate aftermath and is relevant to what's happening then, but not with consideration for what is needed in the years afterwards; and it became very clear to us that there's an opportunity to just be able to let people know of what services, programs, etcetera, are available that they may be interested in, but we had no way of reaching them. So it just seems a pretty simple thing in today's day and age where we have everything online that people self-register, and it's an interested party so that they can be notified of opportunities.

COMMISSIONER MACINTOSH: Yes. Thank you. Following up on the same topic, for these leavers, these people, either visitors who are in there temporarily and leave afterwards and also people who are permanent residents and then leave subsequent to the event, through your advisory roles do you know whether these sorts of people have been extended assistance by governments and charities, particularly the holiday makers, for example, on the South Coast or down in other places?

PROF GIBBS: As far as I don't know for the current events. I know that for previous events there's often special arrangements made. So, for example, I know that the Victorian Government had a support process for people affected by the Bali bombing. So they've come back, they've dispersed to their various homes, but there was a system set in place to connect with them and provide support. So my understanding is that it's event specific. And what was particularly notable for us,
when we had a look at the people who stayed living in their community versus those who did relocate and go elsewhere, was that the source of information was seemed to be coming from the original place of residence.

So if they were still connected to the town, notifications rather than it being available elsewhere. If there was very little available for the families of people affected, so if they had lost a family member in the fires but they themselves lived out of the community, they often were not aware of what was happening. So there does seem to be a gap in the systemic approach for those who live outside of the affected areas.

COMMISSIONER MACINTOSH: Thanks, Professor.

COMMISSIONER BINSKIN: Professor, just one question. It came up in one of the community forums that we had where a family had been staying with grandparents, I think, and children, and at the end of the fires they returned home. But the home was actually a couple of states away, and so they were separate to the community that was attempting to rebuild and had issues trying to access support for the children. Are there mechanisms that you know are available for families who might be disconnected like that but have truly suffered trauma?

PROF GIBBS: I'm probably not the best person to respond to that, but certainly there is this the recognition of who and how people are affected is really complex, and there is a, sort of, a notion of a hierarchy of loss which determines who is entitled to particular services and who isn't, and that can be problematic. But I couldn't comment on the particular systems that are in place for that.

COMMISSIONER BINSKIN: No, and I appreciate that. I didn't want to put you on the spot but I do appreciate you giving us a very good summary of the complexity around recovery, in particular, children. But it actually relates right across the community and highlights that recovery takes time, yet there are always pressures to try and recover quickly and move on, and many communities are in a recovery when the next disaster hits, and so that adds to that, that complexity as well, and I'm sure your studies are bringing those issues out.

PROF GIBBS: Yes, absolutely. And there's something that seems to have emerged with the recent season that I think needs attention, and I included it in my statement that is the perception of these disasters has changed. They're no longer perceived as rare events. They're often seen as climate change and a part of our new reality. And we don't know how that's going to affect recovery because the sense of hope and sense of self and community efficacy are really important parts of people's ability to deal with what has happened and to get back on track. So if that's undermined by a sense of, well, this is going to keep happening, how are we going to deal with that, I think that's a real concern that requires further understanding.

COMMISSIONER BINSKIN: No. Thank you for that. Commissioner Bennett.
COMMISSIONER BINSKIN: Sorry. We were just having a bit of a side bar there. Professor Gibbs, thank you very much for that. Ms Hogan-Doran.

MS HOGAN-DORAN SC: Commissioners, it may be of assistance to you if we go next to Dr Burns who may be able to respond to some of these questions in her opening statement.

Dr Burns, you're a general practitioner working in general practice in Sydney and you're also working in a local respiratory clinic supporting the COVID-19 pandemic response. But you have worked in the field of disaster medicine for over a decade: indeed, have a Master's of Public Health in Tropical Medicine majoring in Disaster Medicine. If you could give some insight to the Commissioners about your key roles and your involvement in disaster medicine, and perhaps also take on some of the questions that were put to Professor Gibbs from your own experience in the 2013 bushfires, in 2009 bushfires in Victoria?

DR BURNS: Thank you. Yes, so look, I guess my experience also includes the fact that I'm doing a PhD at ANU at the moment, looking at the health consequences of disasters and also GP capacity and capability in disasters as well. And I guess I do— I echo a lot of what Professor Gibbs says. I guess, from a GP perspective, I think the important way that I see this and I have seen this over the last 10 years has been that disasters are very much an individual experience and they're a person centred experience. And so, from a general practice perspective, what we experience of people going through disasters is that they are experiencing these disasters in their own context and it's just part of their journey through life, if you like, and through health and wellbeing.

And so I've seen observations from, for example, the Brisbane floods where the help that some people might need is slightly different to the help other people might need. So where some people might need very practical assistance, getting farms and fences back up, then other people might need more sort of support with counselling and things like that. So I guess I would just like to echo Professor Gibbs' statement that disasters happen and continue to happen, and personal events in people's lives continue to happen, and that nothing stops. So during the New South… during the Victorian bushfires, for example, in 2009 we saw, soon after that, the swine flu or the H1N1 pandemic come through. So we have this pattern of repetition. We were very much focused on drought before the bushfire came, and then we've had flooding, and so in all the communities around Australia there's this rolling experience of disasters.

I guess my main contribution to this is the general practice perspective. I've been working this field for a long period of time and I when I originally started I came with some personal experience of disasters. And what I noticed was that, although we have about 40,000 GPs scattered around Australia, we work in local communities who are there when the actual disaster strikes, they are actually not systematically included into that response. And so over the last decade I've noticed that there has been very limited ad hoc involvement of GPs and little formal inclusion.
And I think the really important thing to remember about resilience and disaster response is that the emphasis is often on building local capacity and supporting local capacity. And I think that in terms of addressing some of the questions already made, supporting local community and local health care professionals to build their own capacity and have them linked in to that person's journey and they are trusted people. We've gotten many stories of post 2009 Victorian bushfires, post the 2013 bushfires, of people flooding in to a trusted health care professional that they know. The waiting rooms were packed with people who were in distress. And so I think it's important to realise that on the ground when that happens there are already some valuable health care professionals who are not yet currently included very well in that response. I want to go to …

COMMISSIONER BINSKIN: Dr Burns, I will just interrupt you there. That's an interesting point because we're seeing a variety across the country and across regions about where local GPs have been included in the planning and response very well and others where it has actually been the exact opposite. Can you comment on what the barriers may be to GPs not being included in the planning upfront, please?

DR BURNS: Yes. So I'm hoping that what we have seen is, over the last decade, we've seen gradual improvement in that, and we have definitely so in my report I talk about the 2013 bushfires and that's where we had we actually had an ad hoc response that sort of developed as it went. And so what happened was a GP liaison officer, and that was myself, I was invited into the State Health Emergency Operation Centre, and that provided a communication link with the State down to the local level. We had a very proactive PHN that responded in an intuitive way to involve the GPs and they also had a good link with the LHD, and so that worked well.

So they- GPs were actually spontaneously included in quite a good system for inclusion in that disaster response. And so, following that, plans were developed and a document was created that was actually presented at the World Association of Disaster and Emergency Medicine conference last year, and is actually sort of leading the way in this field internationally, if you like, about methods in which GPs can be included through PHNs. This is only just happening, and so the reason it's different around different communities is that it has involved a lot of effort and a lot of work in one area that has already experienced disaster, and then the sort of development of systems that might work.

So this is still an evolving process and this hasn't happened with all PHNs. I am aware, in the middle of February there was a meeting of New South Wales State, for example, PHNs and the idea there was to share that information and to continue to help PHNs, sort of, state wide develop their planning. So this is it's an evolving process as we try and establish ways to include GPs in disasters.

COMMISSIONER BENNETT: Can I just take you up on that? When you say it's an evolving process, so there are discussions going, picking up on the Chair's question of what are the barriers, can I ask you, what sort of thing is said as to be the reasons
why you would not include GPs in a recovery situation, or an immediate post disaster situation? What are people saying are the reasons?

DR BURNS: Okay. So I've done I've sort of interviewed disaster managers and GPs following about six different disasters around Australia and including the Christchurch earthquake. GPs are a private organisation, they are not part of the public health structure, and so in the planning of preparedness, my understanding at the moment is that a lot of that goes through that sort of silo, if you like, and so it is- it's quite difficult then to reach outside and include more private groups in that. So I think- this is a- this is a discussion that has been going on over the last decade, and I'm afraid I don't have the correct answer to this. It would require, and I've suggested this in my submission, I think including GPs and inviting them to the table at every level of disaster planning. So I would see that would be at the national level, at the State level, and at the local level.

COMMISSIONER BINSKIN: Thank

DR BURNS: Does that answer?

COMMISSIONER BINSKIN: Yes, I think that's good. I mean, it's interesting, that's the sort of the lens looking down. But if you were part of the community you would look at all the providers and think that they should all be a part of this, and the community wouldn't understand what those delineations are. So thank you very much for clarifying that.

DR BURNS: So if I could use the 2013 bushfires as an example or the 2013 bushfires worked well because there was a close liaison between the LHD and the PHN. It also worked well because we had disaster managers in the State Health Emergency Management Unit who were keen to involve disasters. So stepping in was a new role in that situation, and all of this was being developed as we went and, I guess, policy and job descriptions and roles were being developed. But what it created is what we didn't have before, which was we have a really good communication chain between the State Health Emergency Operation Centre down to the local PHN and then across to some of the GP organisations, such as the RACGP and the AMA.

So that there was a combined group effort to support the GPs. It gave really valuable information at the time as to what GPs are experiencing on the ground and that was fed up through the PHN to the LHD and also up through the GP liaison officer to the State Health Emergency Management Unit. And that gave extra information, such as who were the more vulnerable people, did they need assistance, what were the GPs seeing on the ground? It provided GPs as eyes and ears, if you like, as to what was happening in the middle of those communities, because they are part of the communities. We also provided ….

COMMISSIONER BENNETT: Sorry, Dr Burns, I don't want to interrupt your view but I know Professor Gibbs is going.
DR BURNS: Yes, sure.

COMMISSIONER BENNETT: And I would be very grateful if Professor Gibbs could make a comment before she leaves on what we're now discussing from your perspective; bearing in mind, Professor Gibbs, that you did refer to the importance of local and community support and engagement in recovery. I just wondered if you could give us a comment on Dr Burns' description of the utilisation of GPs in the immediate recovery processes and longer term recovery processes?

PROF GIBBS: I totally support the suggestion that GPs should be contributing to decisions about what's happening locally and feeding that up, and also having an influence at higher levels. I just, you know, also support the I know from the witness statement that that they it needs to be trauma informed GPs that are part of that process; that we can't expect GPs without that training, to be able to engage meaningfully. I think that's unfair to them and also unfair to the process. So there are some excellent training programs around at the moment for health professionals, including the ones offered by Phoenix Australia, and that I would suggest that needs to be part of that process, but I'm sure that's, you know, what has been suggested already.

COMMISSIONER BENNETT: Thank you very much. Sorry. Sorry, Dr Burns, I just wanted to catch Professor Gibbs before she left.

DR BURNS: No, that's actually really valuable because as part of the PHN, the Nepean Blue Mountains PHN plan that we have, that has been created and is a living document, that has involved a group of GPs that have provided an expression of interest in being involved in, say, attending evacuation centres. And those GPs, part of that is that they've been strongly supported with training in MIMMS, Major Incident Medical Management Support, and that's understanding of disaster systems, which you need to have, and also mental health support and training around psychological first aid and other issues in that. So I agree.

COMMISSIONER BINSKIN: Okay. Thank you. Dr Burns, is there anything else you would like to add there before we go to Professor Johnston?

DR BURNS: No. I think that's enough.

COMMISSIONER BINSKIN: No. That was a good summary.

COMMISSIONER BENNETT: Sorry, just one more question for Dr Burns. You did talk about the fact there are discussions taking place and it is an evolving process. Are you aware yourself of any other areas, other than the one that you've been directly involved in, that have utilised GPs the way you have, either in New South Wales or, indeed, across the country?
DR BURNS: I'm very aware that there are other PHNs that are very organised and are organising at the moment, and I have had contact with one or two PHNs in Victoria following the bushfires who were very organised. But I guess the in general, I think this is a new space. The Medicare locals existed before the PHNs and before that GP divisions, and so PHNs have only been around for a number of years, I can't give you the number of years, and they have been really busy trying to work out what their scope of practice is, and I think that that's now evolving. And so for areas that haven't experienced disasters, there's been less impetus, I guess, to get involved in that area. But I think now with the recent events there has been a strong move to include all groups.

I must say that a lot of our lessons learnt are coming from New Zealand. I'm co-chair of the World Association Disaster and Emergency Management Special Interest Group in Primary Care which is very newly formed, which also shows how new this idea of including primary care in disasters is. And I internationally and I worked with a lot of international GPs my main awareness is New Zealand, who are in Canterbury, in Christchurch. They've been very well incorporated into disaster planning and preparedness, and were very involved during the earthquakes. So there are examples around, but it's a matter of slowly moving them into process.

COMMISSIONER BENNETT: Thank you very much.

COMMISSIONER BINSKIN: Thank you. Ms Hogan-Doran.

MS HOGAN-DORAN SC: And, Professor Gibbs, if you need to just dial off in the course of Professor Johnston's we will just proceed.

PROF GIBBS: Yes, I need to probably drop out now. Thank you.

MS HOGAN-DORAN SC: Thank you so much for your assistance.

Professor Johnston, you're a public health physician and environmental epidemiologist and you're head of the Environmental Health Research Group at the Menzies Institute for Medical Research at the University of Tasmania.

Commissioners, we had a substantial number of submissions from members of the community as well as members of health organisations and charities directly discussing the impacts of the bushfire smoke on Australians, and many were concerned with the impact of prolonged exposure to bushfire smoke on their health and the health of their families. Professor Johnston, this is your particular area of expertise and interest, and if you might provide an opening statement to the Commissioners that captures the work that you're doing and the concerns and issues that you've identified?

ASSOC PROF JOHNSTON: Yes, thank you, and thank you for the opportunity to speak and contribute today. I've been researching the health effects of bushfire smoke and similar hazards for about 20 years now, and I guess one point about them is that Australia is a very flammable environment. Fires are a part of our environment and
Smoke is a part of our environment. So it's something we live with regardless, and regardless of whether there is also an emergency where fires are threatening communities. So it's a hazard that causes harm in a lot of different contexts in fire emergencies, in planned burning, and in fires that don't threaten communities.

And it's an unusual hazard in that it transports itself. Smoke can travel hundreds of kilometres and affect communities hundreds, sometimes thousands of kilometres from where the fires are, and by nature of that it affects numerically far more people than the actual fire. The case in point, of course, was our last season where our estimate was 80 per cent of the population of Australia were adversely affected by smoke from these fires.

So smoke, just to explain a bit about the nature of the hazard, it's made up of it's a complex mixture: it's combustion, an incomplete combustion of hydrocarbons, and there's hundreds of chemicals contained in smoke, gasses and very small suspended particles, often carbon based particles. And there's health evidence about all of these constituents, but the one that's really important for public health and the public health impacts are the suspended particles, particularly the very tiny particles. And by "tiny particles" I'm talking about ones that are less than particulates, I should say, just because I might lapse into that terminology are often known as particulate matter or PM. PM is a very common abbreviation used.

So it's a marker for the whole toxic mix of smoke. PM$_{2.5}$ is a size class of these suspended particles and it's particles that are less than 2.5 micrometres in diameter, a micrometre being one one thousandth of a millimetre. So tiny particles, not able to see them, go into your lungs, cause problems in the lungs, go into the bloodstream and cause problems throughout the body.

But initially, and to explain how they cause health impacts, the kind of responses they produce in the body are relatively small and subtle, and this is one of the particular public health issues with smoke. In any one individual it might be a small response. The body will perceive the smoke particles in the same way it will detect a burn or an injury or a virus. It will set off the body's immune responses, it will set off inflammation, it will cause stress responses and it's all of these responses that do the harm. In a healthy individual, they can be subtle and they will go away when the smoke goes away. In a person at higher risk, they can precipitate serious illness and death.

So what I mean by that is if you already have asthma, if you already have chronic lung disease and you inhale some smoke, even a modest amount of air pollution that might not bother anyone else, that can make that condition worse, and in some people it will make it bad enough to send them to hospital. Similarly, heart disease is very common in our community. If you're already at higher risk of a heart attack for whatever reason, then an increase in particles in the air and the changes your body makes in response to that, and those changes include things like abnormalities of your heart rhythm, an increased tendency for your blood to clot, both those things can cause a heart attack or a cardiac arrest and cause deaths.
So we've got a lot of people in these higher vulnerable groups in society, and the health impacts of smoke are disproportionately felt by people in these higher risk groups. And there's other higher risk groups for other reasons older people, mainly because they've got a greater range of chronic diseases, by the time you get to the final stages of the life or even the latter stages and young people. And young people. Young people, the risk is slightly different. Unborn babies, babies and young children are developing their systems and because they're still developing, they're vulnerable to environmental insults.

We know this very well from studies of passive smoking, cigarette smoking, urban air pollution and there has been much less work done with severe smoke events, but the bits of work that have been done show fairly consistent results. And I've done some of that work myself following babies and children after the smoke event associated with the Hazelwood Coal Mine fire.

So that health impact, I guess how that plays out, so we get measure… The other thing is the relationship between the amount of smoke and the health impacts if you measure it at a community level. For many health outcomes, these relationships are quite well established from studies of particulate matter from a whole range of sources and, in general, particulate matter that comes from a fire that has a very similar size of impact. It's generally worse for lung problems, it's more irritating. But for heart problems or deaths, it's pretty similar. So we know, for example, that a 10 unit rise in PM_{2.5}, it will be associated with an approximate one per cent increase in deaths in the community. And we know that it's generally a straight line relationship. Now, that's quite a modest rise. If it rises 100 or 200, you could expect a 10 to 20 per cent increase in the death rate on those days. So, although death is a really rare outcome from smoke, if you've got a lot of smoke and a lot of people then it becomes measurable.

And what I did want to share with you is, with my group, we did make an estimate of the impacts of the summer bushfires, in fact, for the last 20 summer bushfire seasons but this last season in particular, and it's early days. The actual studies that need to be done to get the deaths data and look at the health data haven't been done yet. What we did was looked at the amount of pollution over the entire summer period and we were able to attribute PM to bushfires as their source, as the summer bushfires; and then we were able to work out the size of the population affected by the smoke each day, and the amount of smoke each day, and then apply the known relationships between admissions to hospital and increases in PM_{2.5} from smoke, and deaths and also attendances to emergency departments for asthma.

And when we did this for the last season, if we looked at all states of Australia we actually did two analyses: one just the eastern states and one for all states including Western Australia, South Australia and Tasmania, where there were also fires. The results were pretty similar. The vast majority of impacts were in the eastern States. But we found that there were 445 deaths attributable excess deaths attributable to
smoke from these fires, 3340 admissions to hospital for heart and lung related problems, and 1373 additional presentations to an emergency department for asthma.

So these are modelled estimates. They don't include a whole range of other health impacts like symptoms, like loss of work time, missing school, needing medications, impacts on diabetes, impacts on ambulance callouts, for example. But these are the ones where there was enough evidence to be able to model the impacts. The other point was that we could attribute a cost there's standard costs associated with value of a statistical life and the cost of admission for a respiratory illness. So we were able to work out a yearly cost, bushfire smoke for each summer season, and the cost that we calculated, our estimates for the last season were at $2 billion in health costs associated with premature loss of life and admissions to hospitals. And that's about 10 times higher. There's fluctuation year to year, of course, with fire activity but that was a major departure from anything we had seen in the previous 20 years.

So that's health impacts and why they can be so important from smoke. Moving now, I guess, to how we managed it as a country and a community, and how we looked after people who were at greater risk of adverse health effects from smoke, I guess my main comment and the main area I've got a number of suggestions; I think there's a lot of issues in terms of addressing climate change, in terms of increasing the evidence base, so good public health advice. But I think what we can do right now is get better at how we share information about smoke to members of the community, and health impacts, for all sorts of reasons. We're a jurisdictionally State and Territory based country, and responsibility for measuring air quality and reporting air quality; there is a national standard for various air pollutants, but how that information gets shared with the public and the advice that goes with this varies state by state and actually varies by surprising amount.

So the units it's reported in varies. Some states will report in the actual units of measurement, which are micrograms per cubic metre of air. Others will report in an index which is another number about, or exactly four times higher than the micrograms per cubic metre. Some will report that averaged over 24 hours, some will report that averaged over one hour. So that's a diversity of information that's complex. It's hard for someone who, say, has asthma to know what they're looking at, particularly if they're looking to a diversity of sources. And we did some research on people and where they got information from, and there's 10 or 20 or more websites. There's all the different states and territories, there's international websites. There's an app which our group at the University of Tasmania developed, which gets data from each state and territory and presents that as an hourly average. That's the only actual consistent source where you can look and see something consistent across the entire country.

This and then it varies, the health advice that goes with each level, and when you might choose to elevate your health advice. That's another variation between states. So I think one of my strongest recommendations, and I should also acknowledge that steps have been taken already by states and territories to address this variation. That was clear to every state and territory that this was a problem and there was a meeting
in February with most environment agencies. That's another source of fragmentation, I guess, for air quality. It does require environment agencies who actually measure the air and health agencies. So they're quite different departments. So they need to come together and then all the states need to come together, and that did happen in February. And there was agreement to work towards national consistency and a background paper prepared, and I'm not sure where that's up to because I have been working solidly on COVID to assist my health department, and I think that work is still in progress.

The other part and parcel, I guess, what we need to work to in the future, in my opinion, is a clear it's a hazard that's going to increase. It's a hazard that affects all of us. We need to learn to live with fire and smoke, there's no doubt about that. So working towards a national strategy informed by expertise that not only includes consistent measurement and messaging but evidence based, based on the research, but a really good public communication and education strategy because this partly results from research I've done as well. The information we tend to give tends to be very simple: stay inside and close the doors. You know, who's at higher risk.

But the reality is how to protect your health when there's more air pollution in the air. It's actually quite complicated and how long do you have to stay inside and what happens if you open the door just to go out once, and what happens after five or six hours when we know that smoke penetrates fairly quickly, do you have to keep staying inside? But we also know that smoke can get trapped inside. Nearly every bit of advice we give: don't do exercise. Fair enough, that increases the amount of smoke you breathe. When the smoke's going on for months, exercise is really protective against heart disease. Like, when do we exercise, how do we exercise? Same with face masks: work in occupational settings, no good evidence for being useful for members of the public.

So there's a lot of evidence but a lot have education, because this is a hazard that often is there regardless of an emergency, and the best way for people to protect their health is actually to know what's going on by seeing real time information about air quality, knowing if it's rising and falling. And knowing what to do for themselves, so self-management, improved self, improves quality of life, and that's what I think we need to be aiming for. So that, I will leave it there.

COMMISSIONER BINSKIN: Thank you, Professor Johnston. I think that was a good summary, and towards the end there you hit on a couple of points that actually is concerning the Commission, and I noted in your submission to us there was one sentence that took me particularly in the fact that there was simultaneous reporting of good and then hazardous air quality in one particular location. And I think any system that has that level of discrepancy is something that we will be looking at, what steps need to be taken, and we are chasing it up with other agencies as well to see what the way ahead is here. And having lived in the ACT over Christmas, I'm acutely aware of the smoke and, as you said, trying to manage that and keep that out of the house is quite difficult.
Commissioner Bennett, any questions?

COMMISSIONER BENNETT: Yes. Yes, I do. I have to say I was also struck in your report by the way in which you have dealt with the different way the information is dealt with in different parts of the country, which is quite extraordinary. And I think the example you gave just now about a person suffering from asthma, who for example, may move from one State to the other or not know where to go for that information, and I did note your reference to the app and I did look it up last night myself actually, when I read your information. So thank you for that.

I have, and I do take, and I understand that there is now, you say that there is now a move to standardise things across the country, and that's something that you have been a part of, so I won't go into that at the moment. Can I ask a really basic question, and you raised in your paper also, and you mention now masks and you mention portable air filters. Is that, I mean, bearing and I think you said that the particulate matter is less than 2.5 microns. Isn't there a way in which one can have masks that will actually be of you said they're of no utility or they're not established utility? Why not? Why, as a matter of theory, can't you have a mask that would keep out that size of particulate matter? And would you also comment on the portable air filters, and I'm thinking (a) for example, in the context of people's homes; (b) for example, in schools and how that fits in with let's say air conditioning, because a lot of office blocks are air conditioned where people work. I think there was a view last bushfire season, (a) that you were better off if you were in an air conditioned building, but (b) people were in air conditioned buildings so they could walk into the foyers and smell the smoke. So I wonder if you would just comment on that general filtration, if you can call it that, issue and the ability to deal with it?

ASSOC PROF JOHNSTON: Yes, certainly. I will do masks and then I will move on to air filters. Yes, you're quite right, you can build masks that effectively filter particulate matter and they're used in occupational settings very effectively. The issues with using them, that I'm talking about, are use with the general public and not in occupational settings.

COMMISSIONER BENNETT: So was I.

ASSOC PROF JOHNSTON: And there's a number of reasons for that. One is that in an occupational setting that goes with education about how to fit a mask and it's often a time limited exposure while welding, while dusting, while fighting a fire, while

COMMISSIONER BENNETT: I think we've become more familiar with that concept with the COVID-19 outbreak.

ASSOC PROF JOHNSTON: Indeed. That's right. The issue is they need to fit perfectly, and it's really hard to get a perfect fit and you need to be taught how to do it. And they're not made in children's sizes. They're no good if you've got a beard.
And when there's smoke from bushfires that goes on for days and it penetrates into the house, marginal benefit of putting on a mask for going outside for an hour, when you're living it 24/7, even if you've got that perfect fit, isn't established. So if it's leaking around the sides it's not doing any good.

The other point about them is if you actually look at the studies, not so much of how well the material filters the particulate matter, if you look at studies that also look at health end points, they show two things. One is that there's increased work of breathing. So if you've already got a lung problem where you have got trouble breathing, if it's not causing increased work in breathing, it's probably not filtering the particles. But it can make things worse and people can get more fatigued at a time they don't need to be more fatigued.

The other is that there haven't been any good studies that have actually shown a health benefit in terms of those markers of inflammation and other of the 11 or 13 studies that have evaluated health end points, I think one showed a benefit in otherwise healthy people who had fewer markers of inflammation. About half showed some sort of harm in terms of increased work of breathing, and the other half didn't show a benefit or a harm. So the fact that they're quite technical to put on, and there's all these other uncertainties, means that to advise the entire members of the public to go out and get them for a prolonged episode isn't based on great evidence. And maybe we can improve that, as we improve the evidence and as we improve the design, but at this point now, it's not there.

When it comes to air filters, there is much more robust evidence and evidence linking use of portable air cleaners that filter particles in homes leading to improved health outcomes. So, in my mind, that's actually the best buy because it does clearly work to remove the particles. There's other components of bushfire smoke that are irritating and toxic that it won't remove, but particles are the main one. And you can have a cleaner air environment in your own home. It's much easier to seal a child's bedroom or a living room and have that as a clean air area and then if you open and shut the doors the cleaners then carry on reducing the particles so they're not trying to filter the whole outside air and those have shown a health benefit.

The research there for Australia is lacking. Our housing mostly that research has been done in North America and some in Hong Kong but air conditioned or heated, well-sealed housing is where most of the research has been done. And Australia's housing stock tends to be a lot more leaky. And particles are a bit like a gas, they will leak in relatively quickly. We do equilibrate to outside air pollution levels relatively quickly. But they're the best buy. They're a barrier financially, it's two or three hundred dollars. We need to do more research on exactly which rooms and how to use them in Australia, but that's probably the intervention with the best evidence for protecting health.

COMMISSIONER BENNETT: Thank you very much.
ASSOC PROF JOHNSTON: Air conditioning, just briefly, probably helps particularly new systems in new buildings. They do have HEPA, high efficiency particle air filters, known as HEPA filters, but people come in and out of those buildings. So there's partial benefit from those as well.

COMMISSIONER BENNETT: That's very helpful. Thank you very much indeed.

COMMISSIONER BINSKIN: Thank you, Professor. Commissioner Macintosh.

COMMISSIONER MACINTOSH: Thanks, Chair. Thank you both for your evidence this morning and your statements and all the other help you've given us to date. I just have two questions for Dr Burns. We know that rapid assessments, so rapid damage assessments, are carried out post disasters in a lot of areas. Do you know whether those assessments cover health needs and health impacts?

DR BURNS: I probably, I do believe that they do in a broad perspective. I guess if I could talk from a general practice perspective and from the experience of GPs on the ground, is that I think we don't actually… the health consequences following disasters are things like there's documented evidence in the literature around increase in blood pressure in large numbers of people immediately following disasters. There's increased risk for myocardial infarctions and those sorts of cardiovascular events. There's increased risk from patients' discontinuity of medications, so a lot of people don't have medication continuity. And there's also, we know there's an increase in exacerbations of not only asthma but other chronic health conditions, and all those happen in the first days and weeks.

My understanding and my knowledge, there's no sort of community rapid health assessment of those events. Any assessment would be more around more higher acuity injuries and obvious events. One of the issues that I see is that the literature review I did, I retrieved originally a large number, over 4000 articles, and only two per cent of those reflected what was happening in primary care. And I think the issue is that we have a huge amount of chronic and lower acuity health care events that are seriously impacting on people in the emergency, in the acute aftermath and in the days, weeks and years afterwards that are probably not considered as much as they could be in these assessments post disaster.

So, to answer your question, I don't know the answer to that, but from a primary care perspective, I do know that there's not that sort of that assessment done.

COMMISSIONER MACINTOSH: Great. Thank you.

DR BURNS: Does that answer your question?

COMMISSIONER MACINTOSH: It does. It does. I will just take you to one other question. In your witness statement, I believe it's on page 16, so that's PBU.500.001.0063, you say that there's a need for permanent integration of GPs into state and territory disaster plans and response in Australia is needed. That's the
statement, but elsewhere in your statement you focused mainly on New South Wales, which I think is the area which you primarily practice and where you study. Are you able to give us any information about the extent to which that is happening in other jurisdictions, or is it something that we need to explore further elsewhere?

DR BURNS: I'm afraid I'm not able to comment on that, although I have heard news about COVID involvement in South Australia in the GP news, but I'm not able to comment on that. I was involved originally well, I am involved still, I guess, in the GP Round Table that used to meet from 2013 on disaster planning preparedness. But I understand this is hard to this is sort of a difficult area because we have no systematic inclusion of GPs through all those different levels at the moment. And the pieces of inclusion that we do have, have been created, sort of, at a local growth level or a ground up level. And so what I would hope would happen ...... there would be systems inclusion. A key issue that this creates is that it means that GPs are not supported and are probably one of the more vulnerable members of the community when these events occur because they are very much on their own.

COMMISSIONER MACINTOSH: So to put that in my words, what I hear you saying is, at the moment it's very much bottom up so it's very hard to tell what's going on and you're calling for a much more top down system to ensure that we get sort of complete coverage, and complete inclusion of GPs in emergency management. Is that a fair summation?

DR BURNS: Yes, I think that's a very fair ... wonderful input and creation of some involvement of GPs at various levels. But it's very ad hoc and it's not well systematised. And so some of the things I see I'm on a lot of different committees and one of the things I see is that groups are making decisions about what GPs can do without having a GP at the table, and it can be inaccurate. So I think it's important to have GPs at the table at the various levels so we can inform planning and we can say how we can contribute and hopefully become a systematised part of the response and the recovery. And there's many, many stories from the five years, six years, seven years, as Professor Gibbs was alluding, post disaster where people are still recovering from these effects. And these are also not only mental health effects, these are physical health effects as well. And so one of the things I would like to see, as Fay has mentioned, I would like to see a more comprehensive examination of what the health needs are. We don't want to silo people into pieces. We need a really strong biosocial approach to health, and we need to contextualise this for each different community because the needs are different.

COMMISSIONER MACINTOSH: Thank you, Dr Burns. And thank you also, Professor Johnston.

COMMISSIONER BINSKIN: Thank you both. Ms Hogan-Doran?

MS HOGAN-DORAN SC: There's one matter. Professor Johnston, you referred, in your evidence, to having done an analysis of the 20 consecutive fire seasons since 2000 and estimating a cost of the smoke related health costs. I might just have that
pulled up, operator. It's DFJ.501.001.0001 at page 10, and it's Figure 2. If that could be zoomed in. Now, the notation to that figure, is that a paper is under review, and you indicated in your evidence that that was an estimate based on an initial review of the 2019/2020 impact. The subject to that review, that's a significant disparity when compared to previous seasons. And you said at the commencement of your evidence that the experience, the estimated experience of Australians exposed to bushfire smoke through the most recent season was 80 per cent penetration. What confidence do you have in that estimate of penetration and in the estimated smoke related health costs?

ASSOC PROF JOHNSTON: The estimate comes from the... we calculated the exposure to smoke from fires to PM 2.5 specifically from fires, using existing monitoring networks of the environment agencies all around Australia, and those monitoring networks have actually got better through time. But every large population centre in Australia is monitored for air quality. And the vast majority of Australia's population does live in our major cities; for instance Sydney, Melbourne, Adelaide, Perth. Those places have all had air quality monitoring for 20 years.

So we're able to look back at the daily air quality. If it was above, like, in the top five per cent of pollution for what you would expect for that month in summer- our air quality is generally fantastic in the absence of a bushfire or in the absence of a dust storm. Dust storms are generally documented, so days that were polluted where there was also a dust storm were totally excluded from this. So we only included days where the measured PM during the summer months was in the top five per cent. And we had done previous research and demonstrated that pollution in the top five per cent in 95 or more cases is due to bushfires in Australia.

So we were confident, for all those reasons, that it was bushfire related air pollution and it was taken from monitoring networks. So that's the first step, is working out the population exposed and how much they were exposed. And then the second step is working out the health that's associated with that amount of increased pollution. And that's a very standard method used in Global Burden of Disease estimates by the World Health Organization. So methods for working out excess deaths due to air pollution have been in place for years. So we use standard methods for that.

And then again, it's fairly standard methods of attributing a dollar value to loss of life. It's based on willingness to pay. It's not based on how much longer you have to live. It's based on what you might pay to avoid or lower your risk of death. The hospital costs are based on standard cost of an admission for the various conditions.

So we're reasonably confident but, of course, it's modelled, it's estimated. It's not truth and reality but it gives us a ballpark figure and, really, the purpose in doing this was to look at the difference across the years, and we used identical methods through this timed series. So it was partly to show the enormous departure from what we've experienced in the last 20 years, and also it gives a breakdown by State. So orange, for example, is New South Wales and the wider light blue is Victoria, and the top red
is Queensland. So it also gives an idea of the relative smoke impacts and the number of people who got those smoke impacts in each of those states.

MS HOGAN-DORAN SC: And, Professor Johnston, the last matter I wanted to take you is also annexed to your statement, was a recent extract sorry, an extract from a recent publication of the Medical Journal of Australia of which you are a co-author, Bushfire smoke: Urgent Need for a National Health Protection Strategy. Operator, DFJ.502.001.0001, if you could go to page 2, and the figure at the bottom of the page. One of the matters that you refer to in your statement is that in different states and territories there are 24 hour average air quality indicators measures and in others there are hourly air quality measures. What's the importance of an hourly measure being provided?

ASSOC PROF JOHNSTON: The as close to real time or hourly is what's available in most places. It's important to enable people who are at higher risk of smoke to manage themselves, their condition, their health conditions, for their children, and decisions about where to go, whether to seal up the house or whether to air the house out. With a 24 hour average, and this happened quite a few times, it's the gold standard. It's what our air quality standard is based on, for very good reasons. It helps us monitor trends over years through time and how we're going reducing traffic and other emissions.

It was never designed to help people manage bushfire smoke exposure, and bushfire smoke can fluctuate with the changing wind. So the 24 hour average you can have severe impacts overnight, for example. By morning that might have cleared, but standard advice will be that air quality is hazardous, and all the suite of advice that goes with hazardous air quality will be provided, but it might actually be quite clear. And people will be confused because they will look outside and see it's clear and not sure what to do.

And the opposite can happen. We can be told it's good air quality or fair air quality, but smoke can move and rise very quickly, and you can see that from this figure how steeply it rises and falls. Then people the air quality 24 hour average will say good or fair, and then people will feel obliged to work, to go out, to go to school, while experiencing quite considerable health impacts. So it's just not useful for an individual to manage themselves and that's what the real time data, presented in a way that's interpretable, can offer.

MS HOGAN-DORAN SC: Thanks, Professor Johnston. Commissioners, any questions?

COMMISSIONER BINSKIN: No, thanks. That was an excellent answer, in fact, and it showed the different collection requirements for different needs, and the high level of fidelity for medical standards. So thank you very much to you, Professor Johnston, for that. Ms Hogan-Doran.
MS HOGAN-DORAN SC: I note the time, Commissioners. I propose that that concludes the evidence of Dr Burns and Professor Johnston, unless there's any additional questions. I'm not sure of the position of the Commissioners but otherwise we would propose that we take a morning adjournment.

COMMISSIONER BENNETT: The only thing I would be tempted to do would be just to ask each of Professor Burns and Dr Johnston if there was any very short matter that either wished to make a comment on in relation to the evidence they've heard from the other witnesses to date?

MS HOGAN-DORAN SC: Professor Burns, perhaps you might go first?

DR BURNS: Yes, I think I really appreciate being part of this and listening to the other evidence and both presenters, the information they've presented actually is very useful for GPs experiencing these events. I guess one of my comments would be that I have been involved very much in mental health effects following disasters, and I worked with Professor Beverley Raphael during the Victorian bushfires in 2009 and we saw a lot the children not a lot of children a lot of teachers who were managing children and went through that experience.

I guess one of the things I would like to comment is that one of the… mental health is probably one of the key things that GPs see a lot during these events. And regardless of what where they're directed, people will turn up to the general practitioners and they, I think, from my research interviewing people, you know, 90 to 100 per cent of consultations following and during the early days of a bushfire will be related to mental health or will have a mental health component.

And although these are distressed people. These are not people who have diagnosable medical conditions, and so one of the key roles is of the GPs is actually to calm people down. And I know that, you know, I've spoken to GPs where the patients have turned up on the doorstep covered in smoke, just wanting to touch base and make sure that it's okay and, you know, with that disaster brain, sort of, asking for what they need to do. So I guess what I would say is that there is a huge mental health impact in disasters and that's documented as huge but there's an even larger one that's not documented.

So the disaster research that includes primary care is minuscule. And so I think that there is still yet a lack of understanding of the true impacts of disaster across all those different areas because we are probably need to think more broadly and think around people's care after disaster. So we need to include all those different groups the elderly, the young, the families but we also need to look at things like effects on people's employment and the social determinants, health, effects on their progression through schooling, all those things; and also those people that might have other disasters that then occur, like again stories of, you know, people have their own ongoing health effects that occur during these events.
So I think my observations of disasters so far would be that I really feel like we need to broaden the scope and the consideration of conditions that we include when we're making disaster planning and recovery arrangements. Thanks.

ASSOC PROF JOHNSTON: Yes, thank you. I will just make a comment in my research on bushfires and the public health impacts. Smoke, I guess, is just one of many health impacts from bushfire disasters. Threats to public health, water supplies and catchments is another obvious one. And then there's the health impacts, physical and mental health impacts. Physical being injury, you know, immediate, accidents relating to vehicles, injuries from fires and radiant heat and so forth, and then mental health impacts.

And I'm not referring to biodiversity or any other impacts. The other one is, of course, loss of infrastructure and loss of power and the health and social impacts that arise from that. And probably and this is my opinion at this point the ones that are most important for ongoing public health at the time and ongoing, I would say, are the mental health impacts and the smoke impacts because they're widespread, they're persistent, and they can last, particularly mental health impacts, can last a considerable like years. Same with smoke, if you're talking exposure very early, they last a vulnerable time. So that's my opinion, I guess. And acknowledging the wide spectrum of impacts.

COMMISSIONER BINSKIN: We appreciate your opinion. Thank you, Professor Johnston. Dr Burns, Professor Johnston, thank you for joining us this morning. We really do appreciate it. It's been very informative for us and with that, we would like to excuse you from the Commission. Thank you.

ASSOC PROF JOHNSTON: Thank you.

DR BURNS: Thank you.

MS HOGAN-DORAN SC: Would this now be a convenient time for a very short adjournment?

COMMISSIONER BINSKIN: Short adjournment and then straight back to tender Mr Cashmore?

MS HOGAN-DORAN SC: First, junior counsel assisting, Ms Spies, will deal with the tender of the material from this morning's session and then we will move to Mr Cashmore, the principal of Mallacoota College and his recorded evidence straight after that.

COMMISSIONER BINSKIN: Okay. Let's take a short adjournment and return at 11.50. You want it shorter than that?
MS HOGAN-DORAN SC: 10 minutes would be fine. Thank you, Commissioner.

COMMISSIONER BINSKIN: Okay. Well, that was a bit longer. So I will give you eight minutes and we will come back at 11.45.

MS HOGAN-DORAN SC: Thank you, Commissioner.

<ADJOURNED 11:36 AM>

<RESUMING 11:46 AM>

MS HOGAN-DORAN SC: Ms Spies will deal with the document tender and then the subsequent video.

COMMISSIONER BINSKIN: Ms Spies?

MS SPIES: I have now identified the documents that are contained within the bundles that were marked earlier this morning. The first bundle, which is marked 2.1, the first document is the witness statement of Professor Lisa Gibbs, document ID is MDH.500.001.0001. Document 2.1.1.1 is a report by Gibbs et al., Beyond Bushfires: Community Resilience and Recovery final report. That is document MDH.500.001.0027. Document 2.1.1.2 is a paper by Bryant et al., Longitudinal Study of Changing Psychological Outcomes Following the Victorian Black Saturday Bushfires, and that is document MDH.500.001.0060.

Document 2.1.1.3 is a paper by Gibbs et al., Delayed Disaster Impacts on Academic Performance of Primary School Children, and that is document MDH.500.001.0071. Document 2.1.1.4 is a paper by Gallagher et al., The effect of group involvement on post-disaster mental health: A longitudinal multilevel analysis, and that is document MDH.500.001.0083. Document 2.1.1.5 is a paper by Molyneaux et al. Interpersonal Violence and Mental Health Outcomes Following Disaster, and that is document MDH.500.001.0093.

Document 2.1.2 is a document by the University of Melbourne, Phoenix Australia and the Australian Red Cross, Helping children and young people cope with crisis, Information for parents and caregivers, and that is document MDH.501.001.0001. Document 2.1.3 is a document by the University of Melbourne, Phoenix Australia and the Australian Red Cross, Parenting: Coping with crisis, and that is document MDH.501.001.0049. And then finally in that bundle, document 2.1.4 is a document by the Australian Red Cross, Resources for Parents and Caregivers, and that is document MDH.503.001.0001.

In the bundle that was marked 2.2 this morning, document 2.2.1 is the witness statement of Associate Professor Fay Johnston and that is document DFJ.501.001.0001. And the second document is 2.2.1.1 and that is a paper by Vardoulakis et al., Bushfire smoke: Urgent need for a national health protection strategy, and that is document DFJ.502.001.0001.
In the third bundle that was tendered this morning, bundle 2.3, the first document is 2.3.1, the witness statement of Dr Penelope Burns, and that is document PBU.500.001.0047. Document 2.3.1.1 is the Nepean Blue Mountains Primary Health Network, document Planning for Disaster Management, and that is document PBU.500.001.0001. The third document, 2.3.1.2 is the General Practice Round Table Meeting, 25 June 2013. That is document PBU.500.001.0045. And finally, document 2.3.2 is Australian Disaster Resilience Handbook Collection, Health and Disaster Management, and that is document MDH.502.001.0001.

MS HOGAN-DORAN SC: Commissioners, just before Ms Spies deals with the video, I just had a notification to parties that this afternoon one of the witnesses is John Price, the ombudsman from the Australian Financial Complaints Authority. The Australian Financial Complaints or AFCA has provided an updated and supplemental response to the notice to give. That has been uploaded or is in the process of being uploaded into the court book, and I anticipate that Mr Price may refer to it in the course of his evidence this afternoon.

COMMISSIONER BINSKIN: Okay. Thank you for that. Ms Spies, thank you.

MS SPIES: Commissioners, next we're going to hear from Tim Cashmore who is the proud principal of Mallacoota P12 College. Mr Cashmore describes his personal experience of the fires that surrounded Mallacoota around New Year's Eve and also discusses the effect on the Mallacoota community. Mr Cashmore's evidence has been edited to include a map and several photos referred to by Mr Cashmore in his evidence. In addition, the video includes two maps as an aide mémoire and they have been inserted in the video to highlight the features of Mallacoota referred to by Tim Cashmore.

The original footage of Mr Cashmore's evidence, along with the separate documents referred to by him are available. Commissioners, I tender the video of Mr Cashmore's evidence, which is document RCN.700.000.0002 and the transcript of Mr Cashmore's evidence which is document RCN.500.001.2188, and Commissioners, that is at tab E2 of the bundle. These will be tendered as bundle 2.4 consisting of documents 2.4.1 and 2.4.2.

COMMISSIONER BINSKIN: That bundle with the video and the transcript is received as an exhibit as marked.

EXHIBIT 2.4 VIDEO OF TIM CASHMORE'S EVIDENCE, DOCUMENT RCN.700.000.0002, AND TRANSCRIPT TIM MR CASHMORE'S EVIDENCE, RCN.500.001.2188.

MS SPIES: We will play the video evidence which runs for 58 minutes and 13 seconds, and it's proposed that we will then adjourn till 2 pm.
COMMISSIONER BINSKIN: So after the video we will adjourn until 1400 Canberra time. Thank you.

<VIDEO OF TIM CASHMORE PLAYED TO ROYAL COMMISSION>

<LUNCHEON ADJOURMENT 1:24 PM>

<RESUMING 2.00 PM>

COMMISSIONER BINSKIN: Ms Hogan-Doran?

MS HOGAN-DORAN SC: Chair, Commissioners, this afternoon we are going to focus further on the insights into the impact of the 2019-2020 bushfire season upon people, businesses and the built environment. Tomorrow we will turn to the effect on the natural environment and on Friday we will specifically focus on critical infrastructure including power and telecommunications.

First up, junior counsel assisting, Kess Dovey, will take the Commission to a number of documents we have received and which describe the scale of the recent bushfire season and the damage caused. We will then have three witnesses: John Price from the Australian Financial Complaints Authority, Kate Carnell, the Australian Small Business and Family Enterprise Ombudsman, and Noel Clement from the Australian Red Cross. But to be clear, our main focus today is on the damage caused by the recent bushfires and the support that has been provided to assist people in recovering from that damage. This baseline evidence is only the first stage of our investigations. It is guided by the Terms of Reference into, among other matters, how arrangements for recovery from natural disasters might be improved.

There are several areas we will touch on today which merit further investigation and to which we will return in future hearings to specifically investigate community, industry and organisational concerns. In particular, these appear to include issues around the effectiveness of insurance as a risk mitigation tool and the involvement of charities and volunteers in response to, and recovery from, natural disasters.

Counsel assisting conducted a panel session last week, virtually, with representatives from consumer groups: CHOICE, the Consumer Action Law Centre, the Financial Rights Law Centre, the Australian Communications Consumer Action Network as well as Mr Price from AFCA. This discussion, along with the detailed review of public submissions and stories of community witnesses, are feeding into our ongoing investigations in this area. The evidence adduced today is not designed to address all these issues but simply to begin to set the scene upon which the Commission's further investigation will build.

Ms Dovey will assist you, Commissioners.

MS DOVEY: Thank you.
COMMISSIONER BINSKIN: Ms Dovey.

MS DOVEY: First up, I tender a bundle of effects documents which are in the tender bundle as item 2.5. There's nine documents in that list and I'm not proposing to read out the document numbers all at the start. I'm going to read them out as we go through each document in turn. But they will be tendered as exhibit number 2.5, numbers 1 to 9 through there. These are materials which we've drawn out to demonstrate the scale and effect of the 2019-20 bushfires. I am going to start with a national picture, then take a bit of a look at some State figures in one particular State, and finally share some extracts of submissions demonstrating the effects at a local government level.

Turning to the national figures, as the Commissioners are aware, on 6 January 2020 the Commonwealth government established the National Bushfire Recovery Agency for a period of two years to lead and coordinate a national response to rebuilding communities affected by bushfires across large parts of Australia. The head of the NBRA, Andrew Colvin, the National Bushfire Recovery Coordinator, is going to appear next week to give evidence at the end of this hearing.

The NBRA has very helpfully provided, in response to notices, information in advance of Mr Colvin's evidence, which evidences the scale and effect of the recent bushfire season. I'm now going to bring up some of those documents. The first document to bring up, please bring up document PMC.501.001.0003. This is at tab F1 of the Commissioners' bundle. It's an animation which runs for a minute and 25 seconds, and it shows the progress of the fires in the South East of Australia between the beginning of September and the end of February, of the most recent season. The active fires are shown in red and the burn scar left behind is shown in yellow.

Next week, when Mr Colvin appears, we will see a version of this that shows the whole of Australia but we've started with an up close version because it more easily evidences a couple of features of the fires. One is that the fires didn't progress at an even pace but often exploded in bursts across the country, challenging firefighting resources, and another is that the fires often surrounded particular locations for periods of time and then sometimes went away to come back, and so communities were facing imminent threat for long periods of time and sometimes trying to move to recovery, only to have the fire return.

COMMISSIONER BINSKIN: So we will enter that time lapse animation as an exhibit as you have marked it.

MS DOVEY: It's in bundle 2.5. It will be exhibit 2.5.1.

EXHIBIT 2.5, 2.5.1 TIME LAPSE ANIMATION.

MS DOVEY: The second document is a document also provided by the NBRA. It's document PMC.500.001.0001. That's at tab F2 of the Commissioners' bundle. This is to be tendered as item number, in bundle 2.5 as item 2.5.2.
COMMISSIONER BINSKIN: We will take that as an exhibit as marked.

EXHIBIT 2.5.2 DOCUMENT PROVIDED BY THE NBRA, PMC.500.001.0001.

COMMISSIONER BINSKIN: I do have a question. Are you going to talk to this?

MS DOVEY: I am going to talk to this, yes.

COMMISSIONER BINSKIN: Perfect.

MS DOVEY: So this document is a response to a notice to give information that sets out some statistics in relation to the damage caused in the recent bushfire season. If we can turn to page ending 0002, if we look at the answer to what is question 19 there and in particular at the table, we have got some statistics in terms of the damage caused, which show us that the information provided says that 3117 houses were destroyed, 6310 outbuildings, 291 facilities.

Looking at the second dot point under the table, we note that the NBRA says that the data is provided from trusted government sources; however, it's acknowledged that there is no standardised way of reporting the information to the NBRA. For example, New South Wales is the only State that reports on facilities, and so that figure of 291 is largely, if not wholly, and I suggest likely wholly, drawn from New South Wales. And Queensland only reports on house destruction and damage. Now, this is a matter that we are going to be investigating further as we seek additional information, particularly from States and Territories as we go forwards, to try to pull together a really clear picture of what has happened to the extent to which we can.

COMMISSIONER BINSKIN: So with that, though, there is no Commonwealth agency that has the data across Australia, noting that there are two States missing from this as well Northern Territory, Western Australia because they didn't activate under the disaster recovery funding arrangement; is that correct?

MS DOVEY: You're absolutely right. So we will see later on, one of the documents we have shows each of the local government areas that was activated for assistance under the Disaster Recovery Funding Arrangements. And those arrangements are going to be dealt with in more detail at a later point in time when we look at the overarching funding arrangements. But, essentially, they're a way of providing financial support for relief and recovery activities resulting from natural disasters and terrorist acts pursuant to an agreement between the States, Territories and the Commonwealth government. Now, you're absolutely right: Western Australia and Northern Territory, there haven't been any areas activated. And I will show you a map, we will coming to before too long, which will indicate that there were fires in those areas, and again, that's something we're going to look at a bit more as we investigate and seek further information from different parties. If we can bring up just the bit at the bottom of that same page, under question 20, we just draw out that the NBRA has set out exactly that; that they acknowledge that this is only in relation to those areas activated for
assistance under the DRFA and that significant additional areas were impacted by fire, particularly in the Northern Territory.

If we can move on to the page ending 0003, at the top of the page there's a table which shows us the area of land the NBRA has noted as being affected by the fires, and again, we will see Western Australia and Northern Territory are not included in these figures. At the bottom right hand corner we can see that the full figure is 8.287 million hectares were affected. And that line, the “total” line along the bottom shows us the totals across the country: for agriculture, almost 1.4 million; forestry, 2.1 million; nature conservation and managed resource protection making up the best part of half of the affected area at 3.5 million; rural, residential and farm infrastructure 10,000; urban intensive areas, 50,000; and an “other” category, at almost 1.2 million hectares. So that's the scale of the areas that were burnt.

Again, only including those areas for which we have reporting or the NBRA has reporting. If we could move to the next page ending in 0004, and here we have requested some information in terms of what the NBRA has on the impact on businesses, primary producers and industries, and what we get is a lot less specific. It is an area where it is far more difficult to get clear figures. You can see in the first dot point under question 23, that the NBRA has had analysis undertaken by EY, Ernst & Young, on behalf of them, which suggests that the total economic damage is measured by annual loss of economic output is in the order of $3.6 billion. If we can go further down the page.

COMMISSIONER BINSKIN: Sorry, can I just clarify that? Is that against the same standards as previously, which is not all States, or is that across Australia?

MS DOVEY: I think we-

COMMISSIONER BINSKIN: We might get them to clarify that.

MS DOVEY: I think it's a question that needs to be deferred and put to the NBRA so that we can clarify what these figures actually mean. And I think it's going to be a process going forwards.

COMMISSIONER BINSKIN: Okay.

MS DOVEY: because the NBRA are relying on information coming from each of the States.

COMMISSIONER BINSKIN: Okay. We will just let them know that we would like to have an understanding of that date.

MS DOVEY: Absolutely, thank you. Moving down to the third dot point, information provided by DAWE to the NBRA, we can see there's an estimate that approximately 2600 agricultural businesses were directly affected by the bushfires and sorry, again, these are located within the local government areas. And then.
moving down to the next dot point below that: the most affected industries include tourism, forestry, agriculture and horticulture, and there's some statistics in relation to some specific industries that have provided information. One per cent of Australia's vineyards were burnt, four per cent of the wine grape production was lost; some statistics in relation to the apple and pear industry, and also noting the forestry industry was particularly hard hit but the full effect isn’t known, but 17 per cent of Australian productive native forests were burnt and 6 per cent of plantations were within fire impacted areas. So that's a work in progress, essentially, that we're going to have to look at a bit more.

Just down the very bottom of the page under question 24, we've asked a question about specifically looking to small businesses and information on small businesses that were affected, and what the NBRA says, is that in those areas that were activated, there are approximately 640,000 small businesses. If we move across to the next page ending 0005, at the top, the first full paragraph at the top, we can see that of that 640,000, in the affected areas, 21,405 small businesses and primary producers have been approved for support in the form of loans and grants, costs shared between the Commonwealth and the States. And the NBRA says at the end of that paragraph that this gives a more accurate indication of those businesses that were severely impacted.

And this is a matter of further investigation, to seek to clarify and get further information on the number of small businesses that have, in fact, been affected by the fires and the extent to which they are getting the support that they need. We will be hearing from Kate Carnell, the Australian Small Business and Family Enterprise Ombudsman, later this afternoon, and it’s an area she can speak to, to some extent. We are also anticipating getting further evidence from community witnesses who can speak to their specific experience and it's a matter we will otherwise investigate in other ways.

Can we please move to document SER.9001.0001.0001. This is at tab F3 of the bundle and it should be tendered as item 2.5.3.

COMMISSIONER BINSKIN: Okay, so we will receive that as the exhibit as marked.

EXHIBIT 2.5.3 DOCUMENT SER.9001.0001.0001

MS DOVEY: That's right. Thank you. This is a response by Services Australia to a notice to give information, and Services Australia again will be having someone attend at the end of this hearing block, and there are questions that we can put to them around the support that they're providing at that later point in time. In order to get a sense of the kind of support that has been given to people in the community, I'm just going to quickly describe the three main kinds of payments that Services Australia has been making. The first there is the Australian Government Disaster
The Recovery Payment, known as the AGDRP, which is a once off non means tested payment for eligible individuals who have been adversely affected.

The second up there, and perhaps we could move down a little bit so we can read the text, is the Disaster Recovery Allowance, which is a short term income support payment paid for up to 13 weeks. And then the third, if we can drop down on the list, is the additional payment for children, the APC, down the bottom. The two just above the APC are an ex gratia payment to be made to New Zealand citizens, but the third one I want to focus on is that additional payment for children, which is a payment that can be automatically or is automatically paid to parents, carers who are deemed eligible for that first once off payment, the AGDRP.

If we can move on to the next page which ends in 0003, down the bottom we see that Services Australia report that they've paid $261,989,192 to people in respect of these payments. The bulk of that for the first two payments, with about 32 million of it being the additional payment for children. If we can go up to the top of that page under the first dot point, Services Australia has provided information on the waiting times to provide these payments, or at least to approve the payments, and those waiting times average at six days for the once off payment, and 35 days for the 13 week ongoing payment. So that's the way that that appears to be working at the moment. And there are more questions that can be put to Services Australia next week.

Just moving on, finally on that document, to page ending in 0005, in the fifth dot point under point 5, if we can zoom into that, we notice that Services Australia draws attention to something that has been coming up repeatedly in conversations with community witnesses and across the board, which is that multiple avenues for individual financial assistance require separate applications to multiple agencies. The application process requires Australians impacted by a disaster to repeatedly tell their story in order to meet similar eligibility requirements. This can be cumbersome, confusing, and stressful to those who are vulnerable, in an already challenging time. And we are being told that time and again when we talk to people in the community.

COMMISSIONER BINSKIN: That confirms that that's a statement, though that doesn't actually answer the question at the top. It states the problem, not the opportunity to improve. So I think we will look to explore that when we talk to them as well.

MS DOVEY: Yes, Chair. Can we please move on to the next document which is ICA.501.001.0001. This is the first of two documents we've received from the Insurance Council of Australia. We've made two requests of them and they've helpfully responded two times. This first, I'm actually going to the second of the two requests is at tab F4 of the bundle. It should be tendered as item 2.5.4.

COMMISSIONER BINSKIN: We will take that exhibit as marked.
MS DOVEY: And if we can move to page ending in 0002, at the table at the top of this page, the Insurance Council of Australia has helpfully set out some statistics showing the number of insurance claims and the value, the estimated value, of the insurance claims, which is in there, about $2.2 billion at this stage. And you can see it's broken down between domestic building at 1.2 billion; commercial property, 719 million; business interruption, 54 million; commercial other, 51 million. So businesses are getting some assistance through this way, and we can try to track that down. And we tried to pull these pieces together to get an overall picture of the damage that's happening to people. If we can go down further

COMMISSIONER BENNETT: "Closed" there means what, means that the whole of the money has been paid and therefore the case has been finalised as far as the insurer is concerned?

MS DOVEY: That's my understanding of that figure.

COMMISSIONER BENNETT: Thank you.

MS DOVEY: If we can go further down the page, in the bottom paragraph, the second dot point, we can see that the Insurance Council reports that normally there might be about almost four per cent of lodged claims being denied across business, but for this particular event the rate of denial is significantly lower. It's estimated as 0.66 per cent. And I just draw that out as something which is standing out for this particular event. And we will hear from Mr Price of AFCA that the sense they're getting as well is that insurers are in many ways responding very well to this particular event.

If we can move on to the following page, which is 0003, there's a discussion here about the removal of debris costs for people whose houses have been totally destroyed or very significantly damaged. The Insurance Council says that the debris can contain contaminants, for example, asbestos, and that is certainly something we're otherwise hearing from the information that is coming in from submissions and from the community, as well as items that can cause injury. Around halfway down the Insurance Council notes that in an effort to reduce the financial impact of disaster victims, preserving as much of sum-insured as possible for rebuilding, governments in New South Wales, Victoria and South Australia agreed to fund and manage removal of debris activity at no cost to victims or insurers.

So this is something that's been going on through the key States that have been affected that probably have the most damage in terms of housing. A few paragraphs down, “the Victorian Government has identified that the mean cost of this removal is around $54,500”, so it's a significant cost that's being saved by people.
COMMISSIONER BENNETT: The big effect of saving that cost, as I understand it from the document, is that otherwise it's deducted from the insured amount. So that, difficult as it is to rebuild within an insured amount, even setting aside questions of underinsurance, if you've got a $250,000 bill for removal of debris then there's not going to be much left for a lot of people to try and build again.

MS DOVEY: That's absolutely right. It will depend on the policy. There will be policies where removal of debris maybe sits separate out from the insured amount.

COMMISSIONER BENNETT: But sometimes it's not.

MS DOVEY: Absolutely.

COMMISSIONER BENNETT: Do we have any we have no information at the moment as to whether any of the other States impacted by bushfires have taken the same course?

MS DOVEY: We don't have information on that at the moment. If we can please move to the second of the two Insurance Council documents. It's document ICA.500.001.0001. This is tab 5 of the bundle and should be tendered as item 2.5.5.

COMMISSIONER BINSKIN: So it will be received as an exhibit as marked.

EXHIBIT 2.5.5 INSURANCE COUNCIL DOCUMENT, ICA.500.001.0001.

MS DOVEY: In this response, on page 0002, we received information on the information the Insurance Council has on the handling of claims. And just to note that under 2.a, that first dot point, the Insurance Council reports that no material issues have presented to date that have impacted assessment and/or settlement time frames overall. 41 per cent of residential building claims have been closed. However, the following dot points set out various aspects that could cause delay. COVID-19 is an obvious one, and no doubt we're all aware of the potential for that. But insurers have been challenged by the large geography for the events and the remote natures of some locations. Mr Cashmore described how there was a six hour round trip to remove asbestos debris from Mallacoota because it's so far away from the place where you can dump it and then come back again.

It also notes that while there is a significant financial benefit to people in having the government organise the removal of debris, there have been delays in the ways in which that is done. There are still houses out there where blocks have not been cleared. So the industry's reliance on government resources has meant, according to the Insurance Council, that there are delays in claims handling in many instances, and that delay sits outside the insurer's control because they're waiting for the government to do it. So it goes both ways.

COMMISSIONER BINSKIN: I understand from the community forums, Kangaroo Island had a similar issue with not they can't just clear it, they can't get it off the
island. There were mechanisms being discussed to try and resolve that as well. There are a lot of communities that this has affected.

MS DOVEY: That's right, and asbestos is a significant issue with this and it prevents people returning to their blocks until such time as .....  

COMMISSIONER BENNETT: Is there any information on what sort of percentage of places that have been destroyed that had asbestos problems? Do we know anything about that yet?

MS DOVEY: We don't have an overall figure for that, but the next document will help to some extent. Those are the figures that we have on a national level. So if we can now turn to document CJN.001.001.0001, we're going to have a look at a snapshot at the State level, and this is New South Wales. This is produced by the New South Wales Department of Communities and Justice, the Office of Emergency Management. This is tab F6 of the bundle which should be tendered as document item 2.5.6.

COMMISSIONER BINSKIN: Okay. So that will be received as an exhibit with that number.

EXHIBIT 2.5.6 SNAPSHOT AT STATE LEVEL, NEW SOUTH WALES, PRODUCED BY THE NEW SOUTH WALES DEPARTMENT OF COMMUNITIES AND JUSTICE, THE OFFICE OF EMERGENCY MANAGEMENT, CJN.001.001.0001

MS DOVEY: Thank you. So this gives a bit of a snapshot as of 24 April 2020, and this is a raw document received from the State, and we will be investigating these figures in more detail as we go forwards. We will also be seeking this kind of information from other States to the extent to which we can get it and investigating the different kinds of things that States record and the inconsistencies between those and the consistencies between them. So we can see here that they've assessed a total of over 41,000 properties; 2,475 houses have been destroyed; 284 facilities destroyed. We saw earlier that the NBRA recorded a total of 291 facilities destroyed. It's very close to this figure. It seems likely that almost all of those were in New South Wales.

Going further down, there's an estimate of 880 kilometres of roads have been affected. Sorry, still up in that table, just further down in that table; that 24 Aboriginal Land Council and community sites have been affected; 141,755 hectares of Crown land; estimated private fencing adjoining Crown land, 10,000 kilometres. The numbers are really big. Moving further down, if we can go down to the animal and agriculture section of the table.

COMMISSIONER BINSKIN: Before we go there, can I just note that there's nothing in the mental health and trauma. They're not tracking that or they don't have the stats? Not quantified?
MS DOVEY: Yes. I mean, it says "Significant impact not quantified." We will be asking more questions.

5 COMMISSIONER BINSKIN: Okay.

MS DOVEY: I wouldn't want to hold this against them. It may be it simply doesn't fit within that particular snapshot.

10 COMMISSIONER BINSKIN: Okay. Thanks.

COMMISSIONER BENNETT: It may be I mean, bearing in mind the evidence we heard this morning about the fact that a lot of this research is still ongoing, and we did hear from Professor Johnston as to a well, she had the smoke impact. I don't know if there's, I didn't get the impression from the evidence this morning that the work had progressed so far to be able to quantify. I mean, quantifying the impact. It's not quantifying even the cost of it, it's quantifying the impact of it. I don't know whether any such work would have been done.

20 MS HOGAN-DORAN SC: And, Commissioner, you will recall I said this morning that we have not approached the Departments of Health in the States and Territories yet.

25 COMMISSIONER BENNETT: That's right.

MS HOGAN-DORAN SC: We don't have that information, and we are proposing to give them a fairly extended period of time when we do ask them for that information, but we will ultimately report that back to you.

30 COMMISSIONER BINSKIN: Okay. Thank you.

COMMISSIONER BENNETT: Thank you.

MS DOVEY: Looking at the animal and agriculture, there's an estimated 88 almost 89,000 kilometres of fencing that has been destroyed, and one thing we've been talking to people out in rural areas is that replacing fencing is a huge issue. And fencing is sometimes not entirely covered by insurers; sometimes they will only cover half the cost of fencing even if your fences are insured. There are issues associated with that.

35 COMMISSIONER BENNETT: Just as a heads up, there's also an issue about fencing that goes alongside national parks.

MS DOVEY: That's right.

40 COMMISSIONER BENNETT: And who bears the cost of replacement of that fencing too.
MS DOVEY: That's right. And, generally speaking, my understanding is that insurers will often cover the whole cost of that because any private property is expected to cover the cost of the fencing between themselves and the land. But if you're uninsured then you're going to be responsible for the full cost of that fencing.

COMMISSIONER BENNETT: Not only if you are uninsured, but normally when neighbours, if you take the old idea of neighbours sharing fencing

MS DOVEY: That's right.

COMMISSIONER BENNETT: then I don't know if it happens when your neighbour is not a private person.

MS DOVEY: Yes.

COMMISSIONER BENNETT: Or company.

MS DOVEY: Yes, that's right. Looking down at the bottom of the page, there's a box titled Multi Agency Building Impact Assessments and Make Safe. And here we come, and here's some level of data around the number of houses that do, in fact, have asbestos in them as assessed by New South Wales. So this is presumed tested. So 600 tested and 121 positive is the way I read these figures. But again, we will be going into more detail with that and we will looking at it as a bigger issue. It is, in any event, a material number of people who have asbestos there.

To move on, that's what I was I'm going to go to in terms of the State level. I'm now going to move to the local government level, and to start with that, I'm going to bring up a document number RCN.900.008.0001. And this is a map, again provided by the NBRA, and this shows in grey the declared local government areas that have been declared for assistance, and the red is the burn scar. So this shows us sorry, I should say it's tab F7 of the bundle. That should be tendered as item 2.5.7.

COMMISSIONER BINSKIN: And it will be received as an exhibit as marked.

Thank you.

EXHIBIT 2.5.7 MAP PROVIDED BY NBRA, RCN.900.008.0001.

MS DOVEY: So the bulk of the recovery work that the NBRA is involved in, in any event, is that grey area which you will see largely comes down the Eastern coast. But there is a lot of other red and it's something we're going to have a look at.

COMMISSIONER BINSKIN: Interestingly, it's hard to see if some of those LGAs were affected by fire, or directly affected. They all were?

MS DOVEY: These are all the ones that have been activated

MS DOVEY: for support, and this is information from the NBRA. So that is a question that perhaps we can put to the NBRA

COMMISSIONER BINSKIN: Okay.

MS DOVEY: as to the extent to which, or what triggers that activation.

COMMISSIONER BINSKIN: Yes, okay.

MS DOVEY: And I am assuming that different levels of support are required for the different ones

COMMISSIONER BINSKIN: Yes.

MS DOVEY: that have been activated, but I do think there are questions that we are going to be looking at further in relation to this.

COMMISSIONER BINSKIN: And the significant burn scar areas that were in LGAs that weren't activated as well?

MS DOVEY: That's right.

COMMISSIONER BINSKIN: Thank you, yes.

MS DOVEY: To have a look at the local government area we're going to look at some brief extracts from two local council submissions. The first is that of the Towong Shire. It's document NND.001.0162.02_0001. This is document at tab F8. It should be tendered as document 2.5.8.

COMMISSIONER BINSKIN: We will receive that exhibit as marked.

EXHIBIT 2.5.8 TOWONG SHIRE SUBMISSION, NND.001.0162.02_0001.

MS DOVEY: If we can turn to the page ending in _0007, there we are, so this is the Towong Shire. The Towong Shire is in the north east of Victoria and it sits just under the Murray River. The top border is the Murray. And this shows the extent of that shire area that was burnt in these fires: that's a very significant extent. If we can then go over to page ending in _0008 we get some statistics on what the council reports has happened in their shire: 548 properties affected; 71 destroyed, of which 42 were a primary residence; 5067 stock destroyed. They report 35,000 hectares of pasture lost; 3000 hectares of plantation lost; a bit over 3000 kilometres of fencing. So that's just a sense of what can happen in just one local government area.
The next council, just to get a snapshot from, is the Snowy Valleys Council. This is document NND.001.00408.01_0001. This is at tab F9 of the bundle. It's the last document I'm going to take you to. It should be tendered as item 2.5.9.

COMMISSIONER BINSKIN: We will receive that as an exhibit as marked.

EXHIBIT 2.5.9 SNOWY VALLEYS COUNCIL, DOCUMENT NND.001.00408.01_0001.

MS DOVEY: This submission is titled Submission to the New South Wales Independent Bushfire Inquiry. I have checked, this is the submission that was made to us and I believe that to simply be an error on the front page of the document as provided to us.

COMMISSIONER BINSKIN: But I think they also said that they were providing us with the same submission as they provided New South Wales.

MS DOVEY: That may well be right. This is, in effect, the submission to us notwithstanding the title of the document.

COMMISSIONER BINSKIN: I won't take it to heart.

MS DOVEY: If we can please go to the page ending in _0003. Again, this is Snowy Valleys which is just north of the Murray from Towong. This again is a map showing an area of the fire over the Snowy Valleys Council and they report that the equivalent of 45 per cent of the local government area was burnt. On this map, if you look closely, you can see the locations of two of our community witnesses. Around the middle you can see Tumbarumba and that's where Professor Sue Townsend lost her home, just outside of Tumbarumba, and over on the far left you can see Jingellic, and we have a witness from Jingellic who will be speaking to us likely on Friday; we will be hearing from her as well.

If we can move to the page numbered it ends in number 0005, we get a bit of a snapshot of what the more specific effect has been: 45 per cent burnt; 960 farming properties affected; 182 houses destroyed. Down at the bottom half, the Cabramurra School was destroyed; 587 outbuildings were destroyed. Moving on to the next page ending in 0006, we can see two businesses were destroyed; 46 facilities; 44 houses were damaged. They lost the Batlow Cannery, the Ournie Community Hall, the Union Jack Hall, Paddy's Hall toilet block, and 100,000 hectares of agriculture. I should have also said this is a local council in which there was a fatality and 12 injuries, which was noted on the previous slide as well.

So that's just a snapshot of what it can look like in the local area. These are just figures and they don't tell us what it was like to be there on the ground and that's also why we're hearing from community witnesses.
COMMISSIONER BINSKIN: This was one of the areas that the Commission visited and it was quite telling, right around the area. And, from memory, Batlow was one of the towns that was declared undefendable, but people pulled together to defend it. So, yes.

MS DOVEY: Thank you.

COMMISSIONER BINSKIN: Thank you for that.

MS DOVEY: That completes the tender.

COMMISSIONER BINSKIN: Thank you.

MS HOGAN-DORAN SC: Commissioners, I'm now proceeding to call, in fairly quick succession, three witnesses this afternoon, and then we have the video evidence of Kirsty Hargreaves from Mallacoota, small business employee in Mallacoota. I will deal with the documents first. I tender the Australian Financial Complaints Authority response to a notice to give. It's behind tab G1. That is doc code FCA.500.001.0001. And the supplementary data update, which we received this morning, that's behind tab G2, that's FCA.501.001.0001 and those will be tendered as exhibit 2.6 with document numbers 2.6.1 and 2.6.2.

COMMISSIONER BINSKIN: They will be received as exhibits as marked. Thank you.

EXHIBIT 2.6.1 AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY RESPONSE TO A NOTICE TO GIVE, FCA.500.001.0001.

EXHIBIT 2.6.2 AUSTRALIAN FINANCIAL COMPLAINTS AUTHORITY SUPPLEMENTARY DATA UPDATE, FCA.501.001.0001

MS HOGAN-DORAN SC: I call John Price. Mr Price, will you take an oath or affirmation? Just one moment, Mr Price, we will just make sure that your microphone has been turned up at our end. Will you take an oath or affirmation?

MR PRICE: Take an affirmation, please.

<JOHN PRICE, AFFIRMED>

<EXAMINATION BY MS HOGAN-DORAN SC>

MS HOGAN-DORAN SC: Mr Price, you're the Lead Ombudsman Insurance with the Australian Financial Complaints Authority?

MR PRICE: I am.
MS HOGAN-DORAN SC: And you've been with the Authority for some time including its predecessor organisation, The Financial Ombudsman Service; is that correct?


MS HOGAN-DORAN SC: If you could just briefly sketch to the Commissioners, what's the role and function of AFCA, if I may refer to it in that way?

MR PRICE: Yes. The Australian Financial Complaints Authority, AFCA, is the independent external dispute resolution service for the financial sector, and offers a free dispute resolution scheme for consumers and small business. In addition to our complaint resolution service role, AFCA has responsibilities to investigate, resolve and report to regulators on systemic issues.

MS HOGAN-DORAN SC: In relation to systemic issues, we will go in a moment to some of the actual claims data that we've just received by way of update from the Insurance Council and AFCA's experience of complaints being made by consumers in respect of any insurance disputes they have, but in the course of your work since the 2019 2020 bushfires, is AFCA detecting any systemic issues?

MR PRICE: Not systemic issues in the sense of the insurance industry. We've had five matters referred to us; four of those have already been cleared as not being systemic, and there is a current matter which we are looking at to determine whether or not we should proceed further with the investigation.

MS HOGAN-DORAN SC: The updated data you have provided today in relation to claims, if we could go to doc FCA.501.0001.0001. As I understand it, that gives the most recent available data as to complaints received in relation to the 2019-2020 bushfires, and if we could go to page 3, just note

MR PRICE: Yes.

MS HOGAN-DORAN SC: that document was received by the Commission today in answer to a request by us on 25 May, which I think was Monday. So we thank you for that prompt response in providing the supplementary material. If we could go to page 3 under the heading Update, as I understand it, that gives the claims amount that has been in dispute is in the order of 6.8 million; is that right?

MR PRICE: That's correct. We have received a total of 68 insurance related disputes with a total claim amount of six million, eight hundred and 40 sorry, $6,847,000.

MS HOGAN-DORAN SC: Now, one of the matters that we've seen, had reported to us through consumer groups and also the Insurance Council as well, is that there's some time or some lag in the process of insurance claims being made and any
disputes elevating to a level where they might come to the attention of AFCA. Is that right, in your experience?

MR PRICE: Yes, there is a lag in the sense that a consumer who has a complaint first goes back to the insurer for their, what's called their internal dispute resolution. The insurer has 45 days in that process to resolve a matter. If they then come to AFCA, we refer it back to the consumer sorry, to the insurer to give them one last chance to resolve. The reality with the bushfires is that many people have come directly to AFCA and we have referred the matters back to the insurers and as a result we've been able to resolve 47 complaints already. We only have 21 live complaints in relation to insurance, and we have paid out, or recommended compensation of over $3.3 million.

MS HOGAN-DORAN SC: And, speaking generally, based on the long experience that you have with AFCA, its predecessor FOS, and its predecessor with the Insurance Ombudsman, is this the dispute data that you were expecting or is it unexpected in some way?

MR PRICE: I think what we've seen is a significant improvement in the insurance industry response to natural disasters over the years. We don't typically receive a lot of disputes from bushfires but in particular since 2009 and the Black Saturday bushfire. Since then, we've had numerous natural disasters in Australia, and the insurance industry has become very proactive in dealing with these matters. They're very conciliatory in their approach, proactive in involving the local communities and working with AFCA and consumer groups to resolve matters. So that has- we've seen that result in a reduction in the number of disputes coming towards AFCA in these type of complaints.

MS HOGAN-DORAN SC: And when you say "these type of complaints" that's principally in relation to claims handling; is that right?

MR PRICE: Principally in relation to claims handling. Claims delay is a typical complaint, and you will see from one of the examples in our paper reference to a claims delay. The actual delay is really minimal but it highlights the anxiety and stress that people feel when they're faced with issues, in particular surrounding their accommodation.

MS HOGAN-DORAN SC: You set out a number of case studies in the first response. I don't propose to take you to them, and the first one I note, though, was concerning claims studies. But the second one concerned a claim for business interruption insurance and one of the matters that can be- it appears to be an issue and I would ask you to confirm this is that the coverage that is offered by a policy may be limited in its terms. For example, a business might have its business earnings fall dramatically because the small business is unable to be accessed because of road blockages, but the policy might not necessarily respond. Is that the kind of thing that comes to AFCA and has in these instances?
MR PRICE: We haven't seen many business related disputes at AFCA arising from this disaster. But yes, these type of exclusions exist, or limitations on policy coverage exist, and they do come to AFCA. This was a in terms of the particular example that we've given, the matter was expedited to a panel to consider whether or not there was a basis for payment, and the panel made a decision that there wasn't in this case. It is important to realise that AFCA's decisions are not binding on consumers or small business, and that the particular business is now able to pursue the matter through a court if they wish to.

MS HOGAN-DORAN SC: You mentioned about exclusions, so the coverage might be limited in some way or that certain types of damage might be excluded under the policy. We had some evidence this morning about smoke impacts on people. What about smoke impacts on businesses or business furnishings or things like that? Is that often covered by insurance, or an excluded item?

MR PRICE: I suppose the best answer I can give there is that it's not something that we're seeing as a complaint.

MS HOGAN-DORAN SC: Right.

MR PRICE: So whether the policies are specifically excluding it and the insurers are deciding that they will pay those claims is something that I really can't comment on. I think our total number of commercial property disputes received is two.

MS HOGAN-DORAN SC: Right. It's possible, is it, that those kind of complaints might be pursued in other forums- another forum or bodies?

MR PRICE: It's certainly possible that that might occur. Although, AFCA has the ability to deal with matters involving complaints of up to a million dollars and award, in general insurance award compensation of up to $500,000. So you would expect most of these matters, if there is a dispute, would come before AFCA.

MS HOGAN-DORAN SC: Right. The example we considered just a moment ago was a claim in relation to business interruption insurance, but ultimately a consideration of the terms of the policy suggested that the claim that was made was outside the terms of the policy. Are you seeing any issues in relation to consumers' understanding of the terms of their policies and what might be covered or not covered when they either purchase insurance or when they ultimately come to look to make a claim on their insurer?

MR PRICE: Yes, I think the biggest single issue that we have in general insurance is disclosure not disclosure by consumers, but disclosure of the terms and conditions of the policy. There have been numerous studies by the Insurance Council of Australia, by the Financial Rights Legal Centre, by ASIC, and there was a Treasury discussion paper that commenced in January last year that acknowledged that consumers do not understand the extent of cover under policies. The PDS that's provided to people, product disclosure statement, is in reality a complex legal document. Questions is
there about whether the policy is a defined events policy, an accidental damage policy, whether it excludes cover within a certain distance of fire or not. As a rule, not things that people are looking for when they're purchasing a policy. It would appear that people purchase on the basis of price and advertising. I think we're all guilty of that.

And I really do think that there is a need now to have the debate around standard levels of cover that can't be contracted out on, standard definitions that clearly explain to consumers what they're entitled to, so that people can understand the type of cover that they've purchased. And if an insurer is going to step away from that cover, that they make it very clear: not hide it within the body of the policy, but make it very clear and upfront that this no longer covers that type of policy.

MS HOGAN-DORAN SC: You made your-

MR PRICE: There's been discussions sorry, there's been discussions around having something similar to what we see with medical insurance, having three levels of cover: a basic, a silver, bronze I should say bronze, silver and gold levels of cover, that type of description. I think the debate needs to really be accelerated there so that we can overcome these problems.

MS HOGAN-DORAN SC: One of the matters you spoke about is standard levels of cover. What about standard definitions? You've spoken in the past and there has been substantial work in the industry, as I understand it, in relation to bringing consistency to the definition of "floods" for the purposes of flood insurance. What of the position in relation to definitions of "fire"?

MR PRICE: We don't we don't see a lot of disputes relating to the definition of "fire", but we have certainly seen the benefit of having a standard definition of "flood". When the Wivenhoe Dam burst or was released in 2011, AFCA received some 1300 complaints. Cyclone Debbie, a bigger event, 2017, after the after the standard definition of "flood" was introduced, we received, I think, only 430 complaints. Townsville in 2019, we've received 161 complaints. I think it speaks for itself. It's factual.

MS HOGAN-DORAN SC: What about any issues in relation to affordability of insurance? Is that a matter that comes to the attention of AFCA, either individually or on a systemic basis?

MR PRICE: Yes, it can come to AFCA on a systemic basis occasionally, although we are limited in our ability to look at actuarial data. But I think affordability is likely to be an issue that we see going forward. Anecdotally, the insurance companies have indicated that there may be issues with reinsurance going forward which will lead to an increase in the cost of insurance across the board. We are seeing, with COVID-19, issues arising and, in the case of Australia, we have had seven major natural disasters in the last 12 months, and that will impact upon the affordability of insurance for everybody.
MS HOGAN-DORAN SC: The last matter I want to raise with you is what appears to be, from your response, or the Authority's response, the emergence of a new development, which is a rise in a fee for service claims management body; that is, people essentially acting as an agent or broker in relation to assisting people to make claims but charging a fee for that and taking that from deducting that from any successful claim. Is that something that's of concern to AFCA?

MR PRICE: It certainly is. It's something that has developed over the last couple of years and we are increasingly seeing people come to AFCA, assisted by claims management or fee for service claims management bodies. We're really the- they're not required, AFCA is an investigative process, and people are able to come to AFCA without assistance. We're finding that in the claims management service area, there's very little assistance provided by the claims management service provider, yet they could be charging anything up to 30 per cent. They're of the cash settlement. They're unregulated at the moment and we think that, and along other consumer groups, consider that there should be special regulations to bring these people into under regulation and protect consumers.

MS HOGAN-DORAN SC: Thanks very much, Mr Price. Is there anything else that you think may be of assistance or benefit for the Commissioners to know?

MR PRICE: I think in terms of the I've made the comment about the industry being proactive, and I think it's instructive for the Commissioners to understand that AFCA, as a body, in the last 12 months or thereabouts has received close to 100,000 disputes. In the last financial year, we've received over 14,000 general insurance disputes, yet we have only received 68 general insurance disputes related to this bushfire. I think that indicates to me, at this stage, that the insurance industry has performed reasonably well, and proactively in dealing with a lot of these matters.

MS HOGAN-DORAN SC: Commissioners.

COMMISSIONER BINSKIN: Thanks. Yes, thank you, Mr Price and thanks for joining us this afternoon. We appreciate that very much.

MR PRICE: Okay.

COMMISSIONER BINSKIN: I've got a couple of questions for you, they're more process questions. You talked about floods and how that has improved over time with insurance. But is there anything dictating that insurance companies have to tell you, if you lived in a bushfire affected area, when you take out insurance? There is in a flood affected area but sometimes bushfire affected areas aren't as obvious to people, living in suburbia?

MR PRICE: No, there's nothing sorry, Commissioner. There is nothing, that I am aware of, that requires an insurer to inform a person that they are in a bushfire
affected area. And I appreciate in particular, with the changing climate, that more people are likely to be impacted by bushfires than in the past.

COMMISSIONER BINSKIN: Yes, especially, I guess, if someone has just a rolling policy that rolls every year and during that time the classification of your property changes but you may not be aware of it, is one, and I know, from some community engagement, that has been one of the issues. The other one I think came up early in our community engagement, was where some affected people, early on in the fires noting this fire season went for about six months early on in the fire season, chose to take an early payment payout that included removal of debris and all that, and then later on governments came out and chose to cover that, that removal of debris. Is there any comeback for insurance policy owners in that, or is that the deal's done and everyone moves on?

MR PRICE: No, under the general Insurance Code of Practice, a cash- a person who received a cash settlement, they can come back, if they believe that cash settlement is inadequate, within 12 months. There's no such time limit on AFCA. A person could certainly come to AFCA any time if they believe that the settlement was inadequate. It's certainly one thing that has occurred, and I perhaps should have raised this when talking with Ms Hogan-Doran. Part of the issues we receive are around delays and there have been questions raised around delays caused by the failure to remove debris. Unfortunately, the government sponsored program has often been the catalyst for that delay, preventing the insurer commencing the repair work.

My understanding, when the government undertook to remove the debris, is that the insurance companies would apply the money that would otherwise have been spent by the insurer in removing the debris, they would apply that to the sum insured. I think what we do need is to have some clarification around that to ensure that consumers are being properly compensated and that the removal of rubbish has occurred as promised by the by the government.

COMMISSIONER BINSKIN: Thank you. I appreciate that. I will just go to the other Commissioners and see if they have any questions. Commissioner Bennett.

COMMISSIONER BENNETT: Thank you. I have one small question. I understand you said there were only 68 complaints that have come to AFCA in relation to the bushfires, and I understand that it's difficult geographically because the bushfires were not evenly spread throughout the country. But in terms of the nature of the complaints, is there any geographical comment that you can make in relation to them? I mean, is there any kind of complaint that have been more closely identified with a part of a State or a particular area, or is that just not something you can really deal with or it doesn't really apply because we had so many more bushfires in Victoria and New South Wales, for example?

MR PRICE: Well, the obviously we have in our submission, provided a bit of a map to show the distribution of the complaints. But, look, the reality is they were in the major affected areas and it's the same type of issue that arises from these areas. One
of the problems, and I think it's created by the obvious and understandable level of anxiety and stress that people suffer, is that if you have an insurance assessor go out and I had a particular example in Batemans Bay, whilst the area around Batemans Bay was still burning. AFCA received an email, or an SMS I should say, from a person that was barely intelligible. That I rang that person late at night concerned for their- what was happening. The person was able was quite articulate.

They had already received 12 months temporary accommodation payment from their insurer at their request, but they had had an assessor come out who indicated they would require three quotes before they could get their total loss insurance payment. Now, that clearly wasn't the insurance company's policy. I rang the insurer that night. The following morning they had somebody go and visit that person in Batemans Bay, despite the fact that there were fires everywhere, and the matter was resolved. It is that communication piece during these events that is so critical to everybody to try and ensure that we don't get people unnecessarily upset.

COMMISSIONER BENNETT: Thank you for sharing that story with us.

MS HOGAN-DORAN SC: Commissioner, the map that was referred to by Mr Price is at FCA.500.001.0001 at 0005.

COMMISSIONER BINSKIN: We will just get that up and then Commissioner Macintosh will have a question.

MS HOGAN-DORAN SC: Now, as I understand it, Mr Price just if I may, Chair, just to clarify that was the complainants' postcodes plotted on a map to give a visual representation of where the complaints have arisen. That was based on the initial response from April by AFCA of about I'm just trying to work out what's the denominator 78 complaints at that point, but nothing that has been provided by way of update indicates there's any material change to that distribution of complaints? Is that as you understand it?

MR PRICE: Just to clarify yes, that's right. I should clarify. AFCA has received 110 complaints in total but only 68 relate to general insurance.

COMMISSIONER BENNETT: I think my question, though, was whether or not there was any whether the nature of the complaints varied particularly across locations rather than the numbers?

MR PRICE: No, the nature of complaints doesn't vary.

COMMISSIONER BENNETT: Thank you.

COMMISSIONER MACINTOSH: Thanks, Chair. Thank you, Mr Price, for your evidence. A quick question: what's the best way of finding out how many claims have been handled by claims management providers, either in this event or in previous events?
MR PRICE: I would love to know. I think probably through the insurers who would be seeing those. AFCA is keeping a record of what's coming in now, and we're closely monitoring the performance of the claims management services. We have, under our rules, the ability to not accept a dispute from a claims management service if we believe that they are not engaging in property conduct. But otherwise we're quite limited because of the fact that they are not regulated.

COMMISSIONER MACINTOSH: Thanks very much.

COMMISSIONER BINSKIN: Thank you, Mr Price.

MS HOGAN-DORAN SC: Chair, that's all I have for Mr Price. Thank you so much, Mr Price. Might Mr Price be excused?

COMMISSIONER BINSKIN: Mr Price can be excused, and thank you very much for joining us. I appreciate that.

MS HOGAN-DORAN SC: Commissioner, the next witness is Ms Carnell. I will just take this opportunity no I won't, I will just call Ms Carnell. While Ms Carnell is coming through the video conference waiting room, I will take steps to tender her statement which was provided in answer to a notice to give. That's code CAR.500.11 sorry, I withdraw that and start that again, CAR.500.001.0001.

COMMISSIONER BINSKIN: Okay. We will take that receive that exhibit as marked.

<EXHIBIT 2.7 STATEMENT OF ANN KATHERINE CARNEILLDATED 22 MAY 2020>

MS HOGAN-DORAN SC: Ms Carnell, will you take an oath or affirmation?

MS CARNELL: I will take an affirmation, thank you.

<Kate Carnell, Affirmed>

<EXAMINATION BY MS HOGAN-DORAN SC>

MS HOGAN-DORAN SC: Ms Carnell, you provided a statement to the Commission in answer to a notice dated 22 May 2020?

MS CARNELL: That's right.

MS HOGAN-DORAN SC: And the contents of that statement are true and correct?

MS CARNELL: Yes.
MS HOGAN-DORAN SC: Just a moment ago we heard some evidence from Mr Price from the Australian Financial Complaints Authority. The Australian Small Business and Family Enterprise Ombudsman, to what extent is it a similar organisation or authority to AFCA and how is it different?

MS CARNELL: Okay. It's very different. AFCA has a capacity to give compensation where there are complaints against people that are members of AFCA, are registered financial operators, banks, insurance companies and so on. The Act that sets up my office gives us two roles: one is an advocacy role which allows us to have inquiries, to provide advice and input into government policy direction, to advocate on behalf of small to medium businesses. That's defined as under 100 employees in our Act. And our other role is an assistance role where we look after individual small businesses that have got problems with big business or, alternatively, with the Federal Government. We work quite closely with the small business commissioners in each State who have coverage of issues surrounding State governments and issues that are based in that State, shall we say. So we all work together to ensure small businesses are covered and supported.

MS HOGAN-DORAN SC: How big is the small business community in Australia?

MS CARNELL: It's always a very interesting question, but there are 2.3 million trading small businesses in Australia if we don't talk about self-managed super funds, you know, a range of non-operating ABNs or whatever. So there's 2.3 million and, interestingly, 97 per cent of those have fewer than 20 employees and, of those, 75 per cent of those have fewer than five. So a very large percentage of small businesses in Australia are really quite small.

MS HOGAN-DORAN SC: Do we have a good sense yet of how many small businesses were affected by the 2019 2020 bushfires?

MS CARNELL: Look, it's hard to make a comment, but the sort of figures that were, I suppose, thrown around a bit, was that we were talking about 200,000; we're talking about a large number. But remember, that's not surprising if on the basis there's 2.3 million small businesses in Australia, and in that area that the bushfires burnt through, that there was a large number of towns and so on, and rural areas that often have lots of small businesses.

MS HOGAN-DORAN SC: What are the kinds of issues that you've been hearing in your role as Ombudsman from small business after these bushfires?

MS CARNELL: Look, what we I suppose what we heard initially was a range of small businesses who were literally overwhelmed by the whole situation. As you can imagine, not only did many of them, or a number of them, lose their homes but they lost their business as well. They lost their farms and so on. And in the first instance, the great dilemma here was lack of consistent information. So there was information coming from State governments. In some cases there was insurance companies on the ground. There were charities. There was the Federal Government. There was, you
know, the bushfire volunteers. There was all sorts of people. But what they were after was it was consistent information to tell them what they could do, where they could get some help and support, and how they could get on with running their businesses.

5 MS HOGAN-DORAN SC: And the location of a number of these fires was down the coast of New South Wales and in Victoria.

10 MS CARNELL: Yes.

15 MS HOGAN-DORAN SC: And, of course, also through to Queensland and areas such as Kangaroo Island and the Adelaide Hills. The kinds of impacts on those businesses was not just fire affected but indirect effects; is that right?

20 MS CARNELL: Look, that was a major issue here. If you think about those areas they are predominantly rural, but often tourist destinations. And if you think about the time when these fires burnt through, it was when they were about to experience probably the busiest not probably the busiest time of the year for them. And so for lots of them, the challenges here was that they had lots of stock, they were geared up for the tourist season, and all of a sudden there was absolutely nothing. And then there was the significant issue between those businesses that were directly affected and those that were supposedly indirectly affected.

The fact is, for the businesses involved, they had even if they weren't burnt, they had no customers. They were often the highways were closed, there was nobody there. A lot of the stock, the cool-room stock, all those sorts of things went away even if they didn't lose power, and I have to say, in many circumstances, they did. And, of course, the other issue was that in lots of cases the internet went down as well. So the capacity to actually communicate or get a sense on what was happening was really difficult, and really hard to put in an application online if there's no online.

25 MS HOGAN-DORAN SC: So just after the bushfire season, as it came to an end, there was a small period of time before the COVID-19 restrictions started to impact. How are you seeing the impact of COVID-19 on top of the bushfire experience for small business?

30 MS CARNELL: Devastating. You know, one of the things that I think kept a lot of the small businesses positive and directional after the bushfires was that the communities pulled together and in many cases started to talk about running local events; you know, getting the tourists back in town. You know, buy from the bush. You know, visit the, you know, visit the holiday locally. There was a range of campaigns running to encourage us all, as Australians, to have our holidays locally in these places. And then COVID. And so then nobody could go anywhere.

35 So the work and effort in lots of in lots of times expense that had gone into organising local events for the you know, to get the tourists back, all went for nothing as well. So you know, the devastation for the people involved was
significant. And so was the complication of this. Already we had the scenario where it was incredibly difficult for many small businesses to work out, in the first instance, whether they were directly affected or not directly affected; whether they could get one of the loans or not, whether they could get the $50,000 grant or not. And then there was, you know, then after that there was the $10,000 grant for people for businesses that weren't directly affected. And then, on top of that, you end up with the COVID scenario with a whole range of other information and challenges that they had to get their head around. So really difficult.

MS HOGAN-DORAN SC: So we heard some evidence earlier this afternoon from the Commonwealth Government in terms of the amount of money that has been paid out already. You've mentioned the $50,000 cash grant and the additional $10,000 for those indirectly impacted. You mentioned concessional loans. Are they up to $500,000; is that correct?

MS CARNELL: That's right, that's right.

MS HOGAN-DORAN SC: For small business who have suffered either significant asset or revenue loss. Just for clarity, are all of those grants and loans, and cash payments still available for small business?

MS CARNELL: Look, they are. Yes, they are, as well as the new COVID, the new COVID ones. Some of the challenges, though, if I could just focus on the $50,000 grant for a moment, because you know lots of small businesses weren't confident enough to get a to put themselves further into debt, even though the loans were incredibly generous, but it still meant debt and it still meant you had to be confident enough you could pay it back. So they were really on the whole, at least in our experience, looking for the grants. They were looking for them quickly, so that they could get you know, they could get up and running, they could start the process of getting their businesses operating.

The $50,000 grant, to start with in the first instance, it was challenging to work out where you applied, who you applied to, and in the initial instance there were some very complex forms; you know, different levels of government doing different things, different places to apply to, all those sorts of things, which is really difficult. And then for the $50,000 grant, the first sort of the first questions were, "What are you going to spend it on? Can you please get a quote, a number of quotes. Could you please attach the quote. Could you" you know, there was a whole range of scenarios like that. And, when you think about it these were the people in towns like Mogo, you know, that half the buildings, or a large number of buildings were burnt, you know.

They were struggling to find anyone to get a quote from. And to be to be that specific about what they were going to spend the money on, probably forgot that these were really little businesses, and it was a bit challenging for them to get their head around that. And then, as I spoke to one business when I was down visiting a range of them, he said, "Well, we've got it all together finally. We found all the documents we
needed. We got them all. And then we couldn't find where to send it to because there was no email address." I know that sounds silly but that's the level of challenge that we saw for a range of those businesses.

MS HOGAN-DORAN SC: So those challenges that you saw, have they started to be addressed during, or perhaps because of the COVID experience?

MS CARNELL: Absolutely. COVID has been lots more streamlined, shall we say, than the bushfires were. And, of course, for COVID because, you know, as it would be quoted, we're all in this together, that everybody is sort of being treated similarly in particular in particular industries; you know, restaurants, cafes and so on have the same rules. The dilemma with the bushfires is there was this mixture of affected, directly you know, directly affected, not directly affected, not sure whether you're affected at all. So there wasn't the level of ease of information because it depended a lot on where you actually sat.

MS HOGAN-DORAN SC: One of the recommendations you made in your statement is:

"An improvement for the future would be to have the over-arching frameworks with the approaches that are going to be delivered, thought out and in place in advance, before the crisis actually hits."

MS CARNELL: Yes.

MS HOGAN-DORAN SC: An aspect of that, what kind of communication channels or what kind of things could be improved by way of facilitating that processing sorry, application and processing and payment process?

MS CARNELL: Well, look, we think that the National Cabinet approach has been really successful when it comes to COVID-19. It brings together the decision makers from the various States and Territories with the Commonwealth Government, and decisions can be made, and distributed reasonably quickly. And we think a similar approach could be done, you know, with appropriate governments, you know, where there isn't other forms of natural disasters, whatever they might be. We think that worked pretty well. But the thing we would like to sort of stress is that when things are announced, it's really important to announce them either with time frames or when they are about to be delivered.

The thing that causes small business a problem is they hear that something is announced; there's going to be, you know, JobKeeper or there's going to be a $50,000 grant. They hear it on the news. They hear the appropriate politicians say it, and then you can't find it anywhere. In fact, it's really not available now and it's a bit hard to work out when it will be available. That might not sound like a big deal but if you're trying to run a business, you're trying to keep the show on the road, having clear knowledge of when things are going to be available and who's going to be eligible is pretty important.
MS HOGAN-DORAN SC: The last matter I want to raise with you is a web portal that was designed and is referred to on your website called My Business Health. We had some evidence this morning from Professor Gibbs who spoke to, and others, including Dr Penny Burns, of the impact on people of their mental health issues that they might experience in the immediate aftermath. And you said earlier that a number of these small businesses are going to be 20 or less employees. What kind of intersection is there between personal mental health issues and the issues involved in running a small business?

MS CARNELL: Huge interface, as you can imagine. You just try to put yourself in a position of a small business on the south coast of New South Wales that went through the bushfires, didn't have a Christmas, you know, didn't have any Christmas trade, was just starting to think, you know, "Maybe we're going to make it, maybe we're not" and then COVID happens. They've been in the business for 20 years. Their house is their loans are secured against their home, so if they lose their business they lose their home. It's pretty stressful, you know, to put it mildly. It's a bit hard to work out how something could be more stressful in many ways, apart from maybe losing loved ones.

So the issue of mental health and the balance of business health and mental health and wellbeing are really important. So the My Business Health site attempts to bring together what a small business needs to do to keep their business healthy, and it focuses on things like what grants are available, what does cashflow look like, what do you need to do to keep your business going? You have to look after yourself and gives a range of support lines like the Beyond Blue, COVID Support Service, a range of other support services that are available because, you know, the thing about small businesses small business people, is that they will look after themselves last.

They will look after their families and their staff, and they will try to get things happening again and so on, and then they will think they should be tough and strong. And the fact is nobody is that strong. So the challenge, we believe, based upon evidence and based upon research, is that it's important to not make it about mental health, as such, but to make it about how you get your business back on track, how you can actually get through this scenario. So you bring together wellness and mental health with your business health and try to encourage that to happen.

I'm also Deputy Chair of Beyond Blue and was CEO of Beyond Blue for a while and one of the things that Beyond Blue learnt during the Victorian fires is that for lots of people, and small business people particularly, it's not the first couple of months that are the problem, it's when things calm down a bit. It's when they're not running around trying to clear the site, trying to get new stock in, all those sorts of things. It's at about three months where, all of a sudden, it just becomes overwhelming. And so the challenge with mental health services in these natural disaster scenarios is not to assume that this is about, you know, the first six weeks, the first eight weeks. It's actually 12 months to look after people and to make sure services are available, potentially even longer than that, but certainly, you know, it's longer than you think,
is the story. And we've got to make sure services are available at six months, 12 months and potentially 18 months.

MS HOGAN-DORAN SC: Thanks very much, Ms Carnell. Commissioner?

COMMISSIONER BINSKIN: Ms Carnell, thank you very much for taking the afternoon, or time in the afternoon, to talk to the Commission and your comprehensive submission. It was very detailed and very good, got straight to the point, which we appreciate. I don't have any questions on top of that just yet but Commissioner Bennett? No? Commissioner Macintosh?

COMMISSIONER MACINTOSH: Thanks, Chair. Thanks, Ms Carnell, for your statement. I just had one. In your statement on a number of occasions you really push the point on the need for a single point of contact for small business. Now, I just wondered whether you had given any thought to how such a system might work, given that natural disasters occur at a local scale, they occur at a regional scale, they occur at a State scale and sometimes they occur at a national scale. How we could design a system that can accommodate national disasters occurring at a different scales and, by virtue of that, the fact that you run into different government agencies and also charities working in this space?

MS CARNELL: We believe that the best outcome is for this to sit with the Federal Government in terms of the planning, along with State Premiers, and then have a rollout mechanism through local councils where appropriate. So there needs to be buy in by three levels of government. But somebody has to be responsible, shall we say, which needs to be the Federal Government because in most cases that's where a chunk of the money flows from; in fact, almost all cases it's where a lot of the dollars flow- flow from. And so have in place a mechanism prior to natural disasters where it's really clear what the communication mechanisms will look like and what the organisational mechanisms will look like.

So you if you're having a cyclone and floods in Queensland, then the same mechanism comes into place but it's a matter of the Queensland Premier and the Queensland infrastructure, along with the federal disaster management approaches, which will include, you know which will, in the end, include banks and the ATO and others. But we've decided, you know, how this works before it happens and how you roll that out in a way that there's not mixed messages all over the place. And it's also important to make sure that the way we do it is fit for purpose.

One of the when we first rolled out the $50,000 grant it was being run through Services Australia, I think, in the first instance, and it was being almost seen as a as a welfare payment, but it was a payment to small businesses. And so the whole you know, these were people who had never actually filled in a, you know, a Centrelink form in their life in many circumstances. So we have to think through what it actually looks like for the people who are at the other end of this and what's fit for purpose and what isn't, and you will only do that if we plan early.
COMMISSIONER MACINTOSH: Thanks very much.

COMMISSIONER BINSKIN: I appreciate that. Commissioner Bennett, have you got any questions?

COMMISSIONER BENNETT: Yes, I do actually have a question. Thanks, Ms Carnell. With the idea of having a single point with the Federal Government, State Government and rolled out through local government you suggested, do you see the charities being put through the same organisational framework or, I mean, rather than I mean with under the "control" then of government? Is that part of the scenario?

MS CARNELL: Look, obviously they need to be, particularly the charities that are really involved in disaster management like Red Cross. They have a great mechanism, a great rollout capacity to, you know, to get people on the ground quickly, providing, you know, basic support in those scenarios. So there's you know, they would need to be part of that, but it just means that they're, you know, in the meetings, in the loop, know what they're supposed to be doing in the first instance. And, you know, it just seems it just seems really logical. And the importance of having buy in from so what do the banks do in that scenario where there's nowhere, you can't get money out of the bank, there's no terminals that are working. There's just all those things that can be sorted out prior to the event, not at the last minute.

COMMISSIONER BENNETT: That leads, in a little way, to the second question I had, which is I had understood there was also some activity from big business, from the Business Council. Have you seen whether any impact from that for small business?

MS CARNELL: Look, the Business Council has rolled out a program of they've got some containers, you know, that were made available by some of their members, and they've taken those out to areas where businesses got burnt and so have provided some capacity for the businesses to get up and running again which is which is great. It's fantastic. But the dilemma comes is that to get those sort of things happening that that probably happened in the last month, and for a lot of the businesses that have burnt, they burnt on New Year's Eve. So I'm not saying, you know I think it's fantastic what they've done but the challenge in getting this right, getting this you know, getting support out quickly is that is actually getting support out quickly and helping small businesses know what they can what they can hope for, what they can expect. So if they know they're going to get a $50,000 grant, so they know that, even if it takes, you know, a couple of weeks to get it, they can plan around it, which is the single point of contact approach.

COMMISSIONER BENNETT: Thank you.

MS CARNELL: So that you can get information, you can know what's happening and you can get it quickly.

COMMISSIONER BENNETT: Thank you very much.
COMMISSIONER BINSKIN: Thanks, Ms Carnell. Appreciate that. Ms Hogan-Doran.

MS HOGAN-DORAN SC: I don't have anything further for Ms Carnell, might she be excused?

COMMISSIONER BINSKIN: Yes, she may be excused. Ms Carnell, thank you again. We appreciate you taking the time.

MS CARNELL: Thanks very much. Commissioner.

MS HOGAN-DORAN SC: Commissioners, you've heard just then some evidence from Ms Carnell concerning charities in answer to a question from Commissioner Bennett. Just by way of update, one of the matters that the Commission team has been pursuing is the donations that have been received by charities and their distribution of those donations. On 1 May 2020, the Commission issued a notice to give information to the Trustee for the New South Wales Rural Fire Service and Brigades Donations Fund. Quite promptly we received a response from the fund informing the Commission that on 16 April the trustees had filed a summons in the Supreme Court of New South Wales seeking orders for judicial advice to assist them in relation to the administration of the donations that had been received in recent months by the fund. And subsequently we received a detailed response to the notice which identified, amongst other matters, that approximately $114 million had been collected during the 2019-2020 bushfire season from individual community and foundation donations and bequests.

Just yesterday, the New South Wales Supreme Court gave judgment and advice in relation to that application. That matter is being considered and, at this stage, we don't propose to proceed with examining any of those matters in the course of this hearing block, but we just note that is part of the Commission's continuing consideration.

Our last live witness today is – that's an unfortunate word to use- our last witness today is Noel Clement from the Australian Red Cross. I tender Mr Clement's witness statement which is dated 22 May, and the documents annexed to it, 1 through to 10. Those will be document bundle 2.8, with document numbers 2.8.1 through to 2.8.1.10 and I will have those read onto the record at the conclusion of the day's proceedings.

COMMISSIONER BINSKIN: Okay. And I'm happy to read those onto the record and we will take those as exhibits as marked.

MS HOGAN-DORAN SC: I call
COMMISSIONER BINSKIN: And I think we will also read on, there's a couple from Ms Carnell that we didn't address leading into her, we will read those later in the day; is that the plan?

5 MS HOGAN-DORAN SC: Thank you, Commissioner.

COMMISSIONER BINSKIN: Yes.

MS HOGAN-DORAN SC: I call Noel Terrence Clement. Mr Clement, will you take an oath or an affirmation?

MR CLEMENT: An affirmation, thank you.

<NOEL CLEMENT, AFFIRMED>

<EXAMINATION BY MS HOGAN-DORAN SC>

MS HOGAN-DORAN SC: Mr Clement, I'm not sure whether you heard everything I said to the Commissioners just before. Could you hear what I said?

20 MR CLEMENT: I did not, sorry.

MS HOGAN-DORAN SC: All right. I just indicated to the Commissioners that there are matters that were under continuing investigation in respect of other charities and, to be fair to you, I don't propose to deal with all those matters of relevance that you might touch upon today. The Australian Red Cross has provided a very detailed answer to a written notice and you've also provided a very detailed statement which incorporates much of the matter in that. In light of the evidence that we've heard today, there's a couple of matters that I would like to take up with you that have emerged from the witnesses both this morning and this afternoon. The first is, the Australian Red Cross clearly has a very involved and deep connections with disaster relief in Australia and internationally, and you've been involved in the Australian Red Cross now since 2001; is that correct?

35 MR CLEMENT: That's correct, yes.

MS HOGAN-DORAN SC: And you're presently the director of the Australian programs?

40 MR CLEMENT: That's correct.

MS HOGAN-DORAN SC: What does that involve, just to give the Commission some idea of the scope of the responsibilities that you have?

45 MR CLEMENT: Sure. So my responsibilities include all of our program, humanitarian program operations across Australia. So ranging from emergency
services, migration support, our work with Aboriginal and Torres Strait Islander programs, and a range of community programs.

MS HOGAN-DORAN SC: Is it right to say that the Australian Red Cross is relatively unique in that it's quite embedded within the disaster response program or processes in Australia; is that right?

MR CLEMENT: So we are embedded in disaster arrangements in each State and Territory, that's correct.

MS HOGAN-DORAN SC: And what does I said "embedded", what does that mean for the

MR CLEMENT: What that means is we, I beg your pardon. So we take on formal roles in each State and Territory disaster plans or sometimes local government disaster plans that stipulate the sort of role we will undertake when disaster occurs, particularly in that response phase.

MS HOGAN-DORAN SC: All right. And we heard some evidence this morning of the Red Cross being involved in local coordination centres and also relief and recovery centres, for example, in Mallacoota.

MR CLEMENT: Yes.

MS HOGAN-DORAN SC: You say you deal with something in your statement about the particular circumstance of Mallacoota for your volunteers and workers, and I thought it might be of assistance to the Commissioners, having heard the evidence of the principal of the Mallacoota P12 College today, what were some of the issues that were faced by the Red Cross workers and volunteers in Mallacoota in the New Year's Eve fire?

MR CLEMENT: So at New Year's Eve itself, we had a small number of volunteers who were local community members that were in that community and effectively isolated for the first couple of days and providing support. So they were community members who defended their own homes and then put on their Red Cross shirts and supported community and did a lot of the initial set up of support that happened for those communities, and then two or three days later we were able to get additional volunteers in and other agencies were able to come in as well.

MS HOGAN-DORAN SC: Were there any dealings or coordination between the Australian Red Cross and the Australian Defence Force when they in both the planning to bring Defence Force personnel and supplies into Mallacoota and then the evacuation?

MR CLEMENT: So the planning that I understand occurred was around the evacuation. So we were certainly actively involved in planning, designing the evacuation with Defence Force and I understand the State authorities as well. And
we also provided support to people during those evacuations. So we had volunteers providing psychological first aid, both during the ship evacuation and at reception centres in the two locations where people were greeted when they arrived back closer to Melbourne as well.

Ms Hogan-Doran SC: One of the things that we heard this morning was that the great distress that is experienced by people and families in the immediate aftermath of, or during the course of the immediate aftermath of a disaster is being lost or losing contact with loved ones, and their wider family and support network. Does the Australian Red Cross have a particular program or plan to deal with those situations?

Mr Clement: We do. So Australian Red Cross delivers the what's called Register.Find.Reunite on behalf of State authorities. So it's a service developed by the Commonwealth government made available to States to use and under each State arrangements we register people who have been evacuated. And in the event that families have been separated there's opportunities for an inquiry line for people to check whether their family members have been registered and are somewhere safe. So that's a service that we provide in disasters.

Ms Hogan-Doran SC: How well did that service operate over the Christmas break?

Mr Clement: So that service operated. We used, I understand, a lot of paper based forms so there was some challenges with data and with technology, particularly in a place like Mallacoota I understand, but the paper based forms is a backup method that we've got that works quite effectively. So we were able to get those registrations and undertake those registrations as part of the process.

Ms Hogan-Doran SC: How much does, obviously the international Red Cross has a broad footprint in humanitarian aid and humanitarian work. To what extent is that experience used to inform the relief and recovery work of the Australian Red Cross in Australia domestically?

Mr Clement: So we certainly learn from our, what we call sister national societies, so over many years we've exchanged experience, particularly in providing psychosocial support, so that's particular strength for the Red Cross movement. So we share with other international societies our experiences and theirs. We have a particularly close relationship with New Zealand Red Cross where we will actually exchange volunteers and support each other around building our capacity. So certainly in sharing experiences and our methodologies there's a fair amount of that occurs.

Ms Hogan-Doran SC: And how many people approximately did the Australian Red Cross assist during the 2019-2020 bushfire season?
MR CLEMENT: So we registered about 65,000 people and about 50,000 people we provided some sort of support to. So that would be largely psychosocial support to relief evacuation, recovery centres, etcetera.

MS HOGAN-DORAN SC: All right. Now, as I understand it, Australian Red Cross is out in all communities, all communities in bushfire affected areas, or what kind of impact, if any, has COVID-19 had for the ongoing provision of support by the Red Cross?

MR CLEMENT: Yes, so COVID-19 has certainly created additional challenges. So firstly, for Red Cross it's meant that our teams that would have ordinarily been undertaking outreach and were undertaking outreach door to door visits of people in communities, that had to cease because of COVID-19. So that was about 19 communities we were doing that in. It's meant that our grants team providing support for people applying for people applying for financial assistance have gone to work from home arrangements and it's meant that we've had to be really creative in how we try and reach out to people who haven't contacted us before and how we undertake that early recovery support to the communities that have been impacted.

MS HOGAN-DORAN SC: You also mention your recovery centres. Have those continued to be opened or have those closed down?

MR CLEMENT: So my understanding is recovery centres have either been significantly scaled back or closed down, most closed down. So there were quite a few of those open before COVID occurred.

MS HOGAN-DORAN SC: So I appreciate that's in the face of the restrictions. They've been mandated because of the public health issues. What happens to those people when the Red Cross is not able to assist them in the way you did before?

MR CLEMENT: So the relief and evacuation centres is one of the ways we provide support, but we've also been reaching out through recovery networks. There are Facebook pages in some of those communities we're, you know, maintaining contact with anybody who's applied for grants. We've got a range of other ways that we're seeking to make that contact but it certainly increases the difficulty and the challenge and makes it harder to reach people who haven't reached out for assistance.

MS HOGAN-DORAN SC: How is the Red Cross's workforce holding up in the face of all of this?

MR CLEMENT: Look, we've had a couple of thousand people deployed and supporting this who have managed very well. Certainly we have fatigue issues and, given we were responding to disasters for many months, you know, Red Cross people, like anybody, were experiencing fatigue but they are a resilient, incredibly giving group of people and they continue to want to do the best for the communities that they work in.
MS HOGAN-DORAN SC: And one of the things that you were asked to address, and we thank you, in your response was to identify for the Commission how much by way of donations the Red Cross received, and I disclose I was one of those people who made a donation to the Red Cross. You indicated it was something in the order of $216 million and in addition pledges having been received of 126 million which I understand are largely from corporate. Is that

MR CLEMENT: Sorry, if I can clarify. Sorry.

MS HOGAN-DORAN SC: Please.

MR CLEMENT: No, so the pledges are a part of that. So we've had pledges of 136 million in total. We've received 126 million of those pledges.

MS HOGAN-DORAN SC: I see.

MR CLEMENT: That's part of.....

MS HOGAN-DORAN SC: Is the 126 million that has been received a subset of the total of 216 million?

MR CLEMENT: That's correct.

MS HOGAN-DORAN SC: I see. Thank you. And what has the Red Cross done with that money, just generally?

MR CLEMENT: Yes. No, absolutely. So we provided support to communities in a number of ways. So $5 million of those funds have supported our emergency response work this year, which is what we originally commenced fundraising for. We put additional money into immediate support grants. We've also started distributing medium to long term support and we've provided a three year recovery program to support communities in that long term recovery that we know is necessary from major disasters like this.

MS HOGAN-DORAN SC: One of the matters that you said in your response was that you distributed 83 million to date, and that most has been distributed to people in four States, the four States that experienced the greatest level of impact. One of the questions I had out of that was that 64 million was distributed in New South Wales, just under 11 million in Victoria, six and a half in South Australia and 1.5 in Queensland. Is that done on a needs basis or a response to, in a sense, request basis?

MR CLEMENT: So it's very much done based on requests for assistance. So we reached out to all of those communities. We respond to people who've sought assistance. So that is on the basis of applications that have come to us or that we've supported and we've been able to pay.
MS HOGAN-DORAN SC: So one of the matters that came up during the course of the bushfire season was that there's a number of media reports and information that you've included in your statement thank you as to the statements that were made. If you I will invite you to explain to the Commissioners the challenges in both distribution of funds, but also the challenges communicating those decisions.

MR CLEMENT: Okay. So you would like me to go to distribution first?

MS HOGAN-DORAN SC: Yes thanks.

MR CLEMENT: Sure. So probably our main challenges in distribution have firstly been identifying people who have been impacted. So there's been no single or shared list that we've been able to access that indicates to us, particularly, you know, those greatly impacted such as those whose homes were destroyed and damaged. So the various methods we need to use to reach out to make sure we're getting to people. That's the first thing.

The second challenge would be we know that disaster recovery is long term and we know that people need support at different stages, immediate, medium and short and longer term and we know we need to work at the pace that people are ready to seek support. So trying to work at that pace and make sure that support is available. And probably one of the third and most significant challenges for us has been lack of access to good information to be able to verify that the people we are paying are those who have been impacted and particularly around things like destruction of property, and trying to minimise the impact on people through that verification process.

MS HOGAN-DORAN SC: In fairness to you, one of the things that is going to be addressed in the video evidence that will be following yours is that of the experience in Mallacoota where there was no central list being created and maintained by any government agency or any other official agency, but instead was by, indeed, the employees of the local real estate agency. I'm not sure if you've actually turned your mind to this, but who might be the appropriate entity to create that list of lost homes so that the relief and the donations that you've gathered can be deployed sooner?

MR CLEMENT: So I we have turned our mind to it. We think there are a few opportunities, but one of the opportunities I guess we would highlight is the Register.Find.Reunite that registers people who have been evacuated. It is often the largest source of data on who's been impacted in a community that could be added to- to determine what was those- what were those impacts. That's one opportunity. But really there are a number of ways. I think for us the most important point is that there is a point of information that, you know, relevant agencies are able to access to be able to both contact people and verify impact.

MS HOGAN-DORAN SC: Just bear with me one moment, please, Mr
COMMISSIONER BINSKIN: Ms Hogan-Doran, while you're asking that question, looking for the next question, just to follow on... Mr Clement, how have you identified much in the way of fraudulent claims or the like or any cyber activity against the Red Cross during this process?

MR CLEMENT: Yes, Commissioner. So we had a very significant cyber activity from the outset. So what we call bot applications and the latest number I've seen is close to 900 of those received. So they're electronically generated. We refer to other applications as suspicious until we're clear that they are fraudulent. So we've had a very large number of applications that are either suspicious or we've been unable to verify the information that people have given us. So that's been a fairly significant effort and to work through in the applications as well.

COMMISSIONER BINSKIN: I appreciate that. And not having a single database would make that difficult to be able to prepare.

MR CLEMENT: That's right. Absolutely.

COMMISSIONER BINSKIN: Thanks. Commissioner Macintosh.

COMMISSIONER MACINTOSH: Just following on from the Chair's comment there, do you have systems in place where you identify suspicious claims to pass that information on to the police or to other charities or to other government agencies to ensure that they're aware where you've identified people who are making false claims.

MR CLEMENT: Commissioner, so we absolutely have been passing some on to the police. What we've been very focused on is, to be honest with you, is to get funds out to people, so where applications are suspicious we continue to work through those with applicants. Where we identify that there is fraudulent intent we are referring those to police and we have been doing that. But we intend to go back through more of those applications to determine if more of them should be referred.

COMMISSIONER MACINTOSH: And any sharing with other charities?

MR CLEMENT: We've not shared that information with other charities. We've shared it with police, and I don't couldn't tell you what police have been, whether they've shared it.

COMMISSIONER BENNETT: That then provides a segue, if I may, into one of the questions that I have, if I might, Mr Clement. This is not about fraudulent claims or matters such as that, but I was interested in having you described, if you would, having said that you were embedded to some degree in the planning for this and other charities aren't, I would be interested in having an understanding of how the Red Cross liaises with other charities on the ground and, in particular, both the large charities and some of the ad hoc smaller ones that sort of have rose up, for example, during the bushfires, you know, by means often of social media. Did you, if so, how
did you, and to what extent was there a sharing of data? In a general sense, if you could describe that for me, I would be very grateful.

MR CLEMENT: Commissioner, if you don't mind me just clarifying, so there are other charities also embedded in those arrangements. We are not the only one.

COMMISSIONER BENNETT: Okay, well, whether they are or not?

MR CLEMENT: So charities that are embedded in the arrangements, we have quite a bit of experience working with those charities and fairly clear who's undertaking what roles. There absolutely are always smaller charities and organisations in a disaster that will provide support, which is fantastic in those communities. We seek to connect to those communities those charities wherever we can at a local level. So it happens very locally, and particularly as we move into the recovery, a lot of the work that our recovery workers are doing now is actually connecting with those groups and often what we do is we're able to bring those connections together, identify the gaps and really leverage what those charities are already doing. So that's what we try and seek to do in the communities.

COMMISSIONER BENNETT: Does that mean that there is a more or less comprehensive, or at least significant exchange of data with regard to local individuals and businesses and people who have been impacted by the fire, between the charities?

MR CLEMENT: No, not data. So data, we all face the same restrictions on how data is collected and the use of that data. So it is information on the sorts of impacts on who is doing what within a community, what sorts of support agencies are providing it, that sort of information.

COMMISSIONER BENNETT: Do you think it would be helpful if there was do you think it would make a difference on the exchange of data if there was a provision, so far as, you know, privacy and all of the other legislation that's involved in that, if there was a provision exempting you from being prevented from exchanging data with other charities and other people on the ground?

MR CLEMENT: So we yes, we do believe that an arrangement would be positive. We would, though, add to that that some sort of data sovereignty and people's rights to be able to protect their own data should be considered in such an arrangement.

COMMISSIONER BENNETT: Or if there was consent, for example?

MR CLEMENT: Yes, absolutely.

COMMISSIONER BENNETT: Okay. And my other question, if I could take that on, just one more, if I may. You were talking about the need for long term planning and we've heard a lot about the length of time it takes for recovery in a real sense. Does the Red Cross have some sort of a strategic plan in place for the distribution I don't
mean every last penny because you can't have a plan if you don't know what's happening but do you have a strategic plan in place for the distribution of all of the moneys that you've received for the purposes of impact on of the bushfires in Australia?

MR CLEMENT: For this event particularly?

COMMISSIONER BENNETT: For this event, I mean you received a great deal of money for this event.

MR CLEMENT: Yes.

COMMISSIONER BENNETT: Is there a strategic plan for the distribution of all of those moneys for the purpose for which, you know, it was given in effect?

MR CLEMENT: Yes.

COMMISSIONER BENNETT: Over time?

MR CLEMENT: Yes, we have a high level dispersement strategy that has been endorsed by the panel that we established in January that looks to immediate, medium and long term needs, and seeks to map out what those sorts of needs might be. That's something that, you know, is regularly used by the panel in making decisions about the sorts of grants that we then release and other supports.

COMMISSIONER BENNETT: And plan the plan in the end is, depending on the length of time and the fact that you can't be precise, of course, with who needs what when is that there will be a distribution of the funds that the Red Cross holds to that end?

MR CLEMENT: So there will be a distribution. We will provide support to communities, yes, with those funds.

COMMISSIONER BENNETT: Thank you. Thank you very much, thanks Mr Clement, that's very helpful.

COMMISSIONER BINSKIN: Thank you. Ms Hogan-Doran, back to you.

MS HOGAN-DORAN SC: I have nothing further for Mr Clement. I just wanted, on behalf of the Commission team, to thank Mr Clement, the Australian Red Cross and the other charities that met with the Commission team. I can't remember if it was last week or the week before. Mr Clement probably has a better recollection.

MR CLEMENT: The week before.
MS HOGAN-DORAN SC: But we've been much assisted by the charitable sector in relation to the preparation for these hearings and for the ongoing work of the Commission, and we thank them.

COMMISSIONER BENNETT: I was going to add, I think I speak for everyone, for what it's worth, I think that there's been a broad recognition that the charity sector as a whole has had a profound impact on the recovery and, well, the immediate response and recovery in the bushfire affected areas and I think we're all appreciative of that.

MS HOGAN-DORAN SC: Thank you, Mr Clement. Might Mr Clement be released on his summons?

COMMISSIONER BINSKIN: Released from your summons, Mr Clement. Don't take that the way it sounds. We appreciate you spending the time with us, but we would like to explore more in the charity area and in particular the Red Cross in the future. But thank you very much for the submission and participation so far. We appreciate it. Thank you.

MR CLEMENT: Thank you very much.

MS HOGAN-DORAN SC: Ms Dovey has elected to deal with the exhibits.

COMMISSIONER BINSKIN: That's delegation, isn't it?

MS DOVEY: Thank you, Commissioners. Turning first to the documents associated with the evidence of Kate Carnell, these I think we're up to bundle number 2.7.

COMMISSIONER BINSKIN: That's right.

MS DOVEY: There are four documents in that bundle. They're in the hard copy folders, as I understand it, at tab no, I'm going to miss the tab number. I do have, in fact, the document numbers though. The document numbers are CAR.500.001.0001, CAR.501.001.0005, CAR.501.001.0003 and finally, CAR.501.001.0001 and those should respectively be as I understand it, we're up to 2.7.1 through 2.7.4.

COMMISSIONER BINSKIN: Okay. They are all received as exhibits as marked. Thank you.

EXHIBIT 2.7 DOCUMENT NUMBERS CAR.500.001.0001, CAR.501.001.0005, CAR.501.001.0003 and CAR.501.001.0001

MS DOVEY: Moving on to the documents, the bundle associated with Mr Clement's evidence, these are at tabs I1 through I11 of the hard copy bundle. We're up to exhibit number 2.8, so bundle of documents 2.8. The first is the witness statement of Noel Clement and that's document ID ARC.501.001.0001. That is item 2.8.1. The
following 10 documents, if it's acceptable, I will read out the beginning and then I will read out only the last four digits of each because that's the only thing that differs.

COMMISSIONER BINSKIN: That's acceptable.

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MS DOVEY: So they all start with ARC.501.001. The first of the 10 documents, which is document 2.8.1.1 ends in 0031. The next which is document 2.8.1.2 ends in 0148. The next, which is document 2.8.1.3 ends in 0150. The next, which is document 2.8.1.4 ends in 0157. The next, document 2.8.1.5 ends in 0162. The next, 2.8.1.6 ends in 0165. The next is document 2.8.1.7 and ends in 0170. Then document 2.8.1.8 ends in 0179, and document 2.8.1.9 ends in 0187 and document 2.8.1.10 ends in 0202. And that is the end of the tender.

COMMISSIONER BINSKIN: Good job. So they're all received as exhibits as marked. Thank you.


MS HOGAN-DORAN SC: Commissioners, the final matter today is the second community witness video. On 4 May, Ms Dovey and I travelled to Mallacoota in Victoria, where we met with Mr Cashmore and our next witness, Kirsty Hargreaves, who is a young woman who works at Mallacoota Real Estate and, as you will hear shortly, in her mum's cafe on the main road in Mallacoota. She and her partner lost her home as well as her Nan and Pop who lived on the same block, lost their home in the fires on 31 December 2019. I tender the video of Ms Hargreaves' evidence, RCN.703.000.0002, and the transcript of her evidence, RCN.500.001.1863. Those are to be tendered as bundle 2.9 consisting of documents 2.9.1 and 2.9.2.

COMMISSIONER BINSKIN: So they will be received as exhibits as marked. Thank you.

EXHIBIT 2.9, COMPRISING 2.9.1, VIDEO OF KIRSTY HARGREAVES' EVIDENCE, AND 2.9.2, TRANSCRIPT OF KIRSTY HARGREAVES' EVIDENCE.

MS HOGAN-DORAN SC: The video evidence runs for approximately 40 minutes. I note the time. It's 4 o'clock now. We thank Ms Hargreaves for her assistance. I commend the video to you.
COMMISSIONER BINSKIN: Thank you. We will watch the video, then we will adjourn after the video and reconvene tomorrow morning at 10 am Canberra time.

MS HOGAN-DORAN SC: Thank you, Chair.

<VIDEO OF KIRSTY HARGREAVES SHOWN TO COMMISSION>

<ADJOURNED TO WEDNESDAY, 27 MAY 2020 AT 10 AM>