

Witness Name: Charles MacKenzie
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INFECTED BLOOD INQUIRY

EXHIBIT WITN3939024

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AUSTRALIAN RED CROSS BLOOD SUPPLY STAKEHOLDER MEETING

held in the

Jubilee Room
Parliament House
Macquarie Street
Sydney

Thursday, 27 May 2004 at 10.00 a.m.

Facilitator:

Sir Laurence Street, AC, KCMG, QC

Attendees:

Reverend Bill Crews, AM (Exodus Foundation)
Dr Tony Keller (National Donor and Product Safety Manager, ARCBS)
Mr [GRO-A] (Independent)
Mr Stuart Loveday (Executive Officer, Hepatitis C Council,
New South Wales)
Mr Charles MacKenzie (Administrator, Tainted Blood Product
Action Group)
Mr Peter Mathews (Vice President, Haemophilia Foundation
of Australia - HFA)
Ms [GRO-A] (Representative, TRAIDS Support Group)
Ms Maria Romaniw (Co-ordinator, TRAIDS)
Dr Brenton Wylie (National Blood Products Manager, ARCBS)

Observers:

Ms Libby Day (National Communications Manager, ARCBS)
Dr Anne Fletcher (Co-ordinator, ARCBS)
Mr Elton Humphery (Committee Secretary, Senate Community Affairs
References Committee)
Senator Sue Knowles (Deputy Chair, Senate Community Affairs
References Committee)
Senator Jan McLucas (Chair, Senate Community Affairs References
Committee)
Senator Claire Moore (Member, Senate Community Affairs References
Committee)

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1 Sir LAURENCE STREET: Ladies and gentlemen, the starting
2 time was to be between 10 and 10.15, so I think we can
3 say that all those who are expected to be here are here.
4 I will just quickly run round the table and identify,
5 first of all, those who are participating in the
6 discussion: Mr Peter Matthews on my left, Mr Stuart
7 Loveday, Ms [GRO-A], Ms Maria Romaniw, Mr [GRO-A],
8 Mr Charles MacKenzie, Reverend Bill Crews, Dr Tony Keller
9 and Dr Brenton Wylie.

10
11 Also, I think I speak on behalf of certainly the Red
12 Cross organisation and I think all of us here, we are
13 delighted that the three Senators who are members of the
14 Senate Committee have come along as observers. The view
15 was taken that it was much better to invite the Senators,
16 those who wished to come, to listen to the meeting so
17 they would have a better sense than of how feelings
18 really are than having to read from the printed script.

19
20 So, Senators, you are extremely welcome, and it is nice
21 to be able to have you in this Parliament House - I
22 suppose I can speak in a representative capacity - and
23 also Mr Humphery, who is the Senate Committee Secretary.

24
25 Now, ladies and gentlemen, just a few words about the
26 purpose of this meeting, as I understand it. To start
27 with my role, I have been asked by the Red Cross, as I
28 will call it for ease of reference, to facilitate this
29 discussion. I don't have any connection at all with the
30 Red Cross apart from an occasional monetary donation. I'm
31 afraid that it ought to be more but we can't spread
32 ourselves too thinly.

33
34 My involvement in this general area of society is through
35 St John Ambulance, of which I have been the State
36 President for over 30 years. We've got our general
37 meeting tonight and that's why I've got a St John tie on.
38 But I have no links whatever with the Red Cross. I was
39 not aware of the issues that were under consideration in
40 the Senate, apart from the daily press, which means to
41 say I was not aware of the issues, I suppose. But I have
42 now read my way into some of the transcripts and I have a
43 better understanding of the important work that's being
44 done by the Committee and of the importance in the wider
45 community of these issues.

46
47 Now, this meeting was convened as a private meeting. It's
48 not public in the sense of the press being admitted. On
49 the other hand, as I understand it, there is no oath of
50 secrecy required of anybody. I think that's correct, is
51 it not? Obviously, you ladies and gentlemen represent
52 various important institutions in our society, with one
53 exception, the gentleman who is here representing
54 himself, but it is important that you feel free to report

1 back and let those behind you have whatever impression
2 you gain of the discussion today.
3
4 One of the things that has emerged as I read the reports
5 or the transcripts of the Senate and as I have gathered
6 from discussion with the blood bank officials, is that
7 there has been a break down in communication. There
8 hasn't been enough interaction between all those who are
9 concerned in this major public interest activity as to
10 various facets. Everybody around the table here has
11 something to contribute to their common stock of
12 knowledge as to what will enable this to go forward to
13 the future without some of the problems that have emerged
14 in the past.
15
16 The purpose of today's meeting is to sow the seeds for an
17 ongoing interactive relationship between the ARCBS and
18 those institutions and, ultimately, individuals who have
19 a concern with the activities of the ARCBS. It is not a
20 public-relations exercise simply to demonstrate in a
21 superficial sense the concern by the ARCBS. For that
22 reason, the press was not invited and it is not a public
23 meeting. It's what I like to regard as a seminal meeting
24 to lay the groundwork for ongoing interaction.
25
26 Now, the Senators know this far more intimately than I
27 do, but so often in our society difficulties arise and
28 they tend to get left aside while the immediate problems
29 are addressed and the underlying difficulties are still
30 there. I go back a decade to the cot cases as they were
31 called, nothing to do with cots or hospitals, but there
32 was complaints against Telstra or whatever it was, but
33 they were not properly addressed by the communications
34 organisation and they festered up until they had to come
35 out into the open.
36
37 Well, now, it is not for me to speak on behalf of the
38 ARCBS, but I think it is felt that perhaps past
39 communication might have been better and the purpose of
40 today is to put in place a framework, not in a structured
41 committee-type sense but in a loose framework, which will
42 ensure to those who have a stake in this particular
43 important public activity that they have access to the
44 top people in ARCBS and that problems can be identified
45 and dealt with as they begin to emerge rather than
46 allowing them to escalate in the way in which the
47 problems underlying today's meeting have escalated.
48
49 However, I'm, in a sense, pre-empting what is going to be
50 said by Dr Wylie, but I wanted just to get out into the
51 open what my involvement in it is. We are going to meet
52 for an hour or a little more if so desired. It's not
53 intended that we get right down to grass roots with
54 individual cases. We are looking at the overall systemic

1 issues that have emerged and we are going to try to leave
2 in place an ongoing interactive fabric between the ARCBS
3 and those who are concerned in its activities, and if we
4 can provide some assistance to the Senate Committee, that
5 would be very much a bonus out of today. It's I think
6 very heartening that the Senate not only has established
7 this Committee but that three Senators have taken time
8 out to come and be present at today's meeting.

9
10 So, I will pass over then at this stage to Dr Wylie to
11 start.

12
13 **Dr BRENTON WYLIE:** Thank you, Sir Laurence. I have a short
14 statement that I would like to read to you. I think,
15 firstly, on behalf of the Australian Red Cross Blood
16 Service we would like to thank you all for your time
17 today and say that we are extremely pleased that you have
18 been able to meet with us in this forum.

19
20 This meeting is really a result of the hearings that took
21 place with the Senate Community Affairs Reference
22 Committee and its inquiry into hepatitis C and the blood
23 supply. At those hearings we listened carefully to the
24 concerns of those who made submissions to the inquiry,
25 and we've reflected on what was said. A number of things
26 have become clear to us as a result of the hearings, and
27 we felt it would be beneficial to investigate a face-to-
28 face forum today.

29
30 Primarily, we are here today to express to you, as
31 representatives of organisations who act on behalf of
32 those effected by hepatitis C, our sorrow at what has
33 occurred.

34
35 We are also here today because we understand the
36 importance of establishing a dialogue with you, as Sir
37 Laurence has outlined, and we seek your input in terms of
38 how best to move forward to support those affected by
39 hepatitis C.

40
41 The Red Cross has recognised that in the past some blood
42 transfusion recipients contracted hepatitis C from blood
43 transfusions. This is a terrible fact, and we are sorry
44 that this has occurred. We are sorry that for some of
45 those recipients contracting hepatitis C this has often
46 resulted in debilitating symptoms of the disease and in
47 some cases unfair discrimination. We, as individuals at
48 the ARCBS, have been distressed to hear of people's
49 particular situations.

50
51 As we have stated before, we extend our sympathy to each
52 Australian who has acquired hepatitis C, including those
53 who have contracted it through blood transfusion. We
54 recognise the impact that this disease can have on the

1 person and their family. However, as we said at the
2 inquiry, we maintain that we acted and took decisions
3 responsibly and in accordance with the best available
4 scientific knowledge at the time and, accordingly, we do
5 not accept liability. As part of this forum --
6
7 **Reverend BILL CREWS:** We might as well go.
8
9 **Sir LAURENCE STREET:** Please, would you address any
10 comments to the Chair.
11
12 **Reverend BILL CREWS:** Sorry.
13
14 **Sir LAURENCE STREET:** Nobody is obliged to stay, Mr Crews.
15 If you don't want the opportunity either to participate
16 or to hear what others have to say, it is you who will be
17 the loser, not anybody else. I should say that we have
18 arranged for a transcript with the thought that it would
19 be of assistance. If anybody prefers to speak off the
20 record, the ladies who are doing the transcript will
21 simply shut down. I have no doubt that there will be some
22 useful contributions from around the floor, and I hope I
23 may even attract Mr Crews back into the fold again to
24 make a contribution. But I repeat that the ladies will
25 cut off if anybody wishes to speak off the record.
26
27 **Dr BRENTON WYLIE:** As part of this forum we would also
28 like to say that there have been specific circumstances
29 mentioned in the hearings, but it is clear that we have
30 not always met the expectations of people with
31 hepatitis C in terms of how we have interacted with them.
32 We would like to make it clear that this was not
33 deliberate or through lack of compassion. All those
34 within the ARCBS are human beings, and we have the very
35 best of intentions at all times.
36
37 We hope that we have learned from our experiences and
38 intend to implement improved systems wherever practicable
39 in our day-to-day dealings with those affected by
40 hepatitis C.
41
42 As a humanitarian organisation and charity which is
43 dependent on the goodwill of the Australian public, ARCBS
44 fully recognises the importance of transparency in its
45 activities, and we acknowledge that there has been
46 frustration about our inability to discuss issues in
47 relation to the legal process.
48
49 The fact is that because of our obligations of
50 confidentiality we cannot discuss issues relating to
51 this. However, we are here today because we at the ARCBS
52 believe that there is some common ground between all the
53 organisations represented at this table.
54

1 We share a common concern for those affected by
2 hepatitis C. We are continuing to provide services such
3 as Lookback, counselling and referral services to those
4 affected both as the result of transfusion and those
5 identified through the donation program. Importantly, we
6 are committed to continuing to provide these services in
7 consultation with the Australian and State and Territory
8 governments.

9
10 What we would now like to focus on is the present and the
11 future, and we would like to discuss with you today how
12 we are able to move forward beyond the Senate inquiry. We
13 are keen to hear your thoughts on constructive ways to
14 improve our existing services and dealings with those who
15 have hepatitis C as we all move forward.

16
17 Again, I would like to say that the circumstances that
18 bring us together today are very sad ones. That anyone
19 ever got hepatitis C through a blood transfusion is a
20 terrible fact. We are very sorry this has ever occurred.
21 We would like to listen to you now today and hope that we
22 can find a positive outcome in this process for all of
23 us. Thank you, Sir Laurence.

24
25 **Sir LAURENCE STREET:** Thank you, Dr Wylie. Now it is a
26 matter for any input from around the table. It is hoped
27 that it will be a two-way dialogue.

28
29 **Mr [GRO-A]:** Firstly, Sir Laurence, I would like to take
30 the floor, if that's appropriate.

31
32 **Sir LAURENCE STREET:** Yes, certainly, Mr [GRO-A].

33
34 **Mr [GRO-A]:** I will introduce myself firstly to everyone
35 here. My name is [GRO-A]. I am from Queensland. I
36 contracted hepatitis C in 1989 as a result of a blood
37 transfusion. At that point of time I was a superintendent
38 of police with the Australian Federal Police. I was, in
39 fact, a very senior member of that organisation and one
40 of the youngest superintendents in Australia at that
41 point in time.

42
43 During that period, or up until that period, I had been
44 involved in a number of inquiries in Australia, including
45 the Fitzgerald inquiry in Queensland, and certainly had a
46 fairly good insight into the operations or organisations
47 and certainly into the restructure of organisations at
48 that time.

49
50 As a result of that transfusion, I ended up having to
51 take early retirement. I ended up financially at a stage
52 where I actually owed more money than I had, and at the
53 end of the day it has now cost me my marriage. So at this
54 point in time in my life I have very little to lose, and

1 in real terms I come here as a very angry man, but I come
2 here for another cause too today, and that is to make
3 sure that this never happens to another Australian or
4 another Australian citizen in the future, and on that
5 basis I want to contribute to this process to make sure
6 that this whole thing goes forward and goes forward in a
7 proper and transparent manner.

8
9 I haven't had the opportunity at this point in time to
10 read through the submissions that have been made by the
11 Australian Red Cross or the other submissions made to the
12 inquiry. In fact, given the results of the previous
13 inquiry that was held by Professor Baraclough, I have
14 very, very strong reservations, given the outcome of that
15 inquiry, and the fact that the Red Cross then sought to
16 pursue people that had, in fact, made submissions to that
17 inquiry.

18
19 On that basis, I felt that it was a very disgusting and
20 fairly outrageous situation that that should happen and
21 actually be brought forward by a humanitarian
22 organisation, or an organisation that actually purports
23 to be humanitarian.

24
25 Whilst on that subject, I do want to differentiate at
26 this period of time with the Red Cross there are some
27 wonderful people on the ground that put in their own
28 time, their own effort and certainly make marvellous
29 bequests to the Red Cross to do the work that has been
30 carried out in Australia to date. Unfortunately, the
31 second layer of the Red Cross, which is their executive
32 and management, failed to meet that, and certainly we've
33 talked about transparency this morning, which is totally
34 lacking. The organisation, in my view, is certainly very
35 dated and certainly does need major reform to take place
36 before it goes forward into the future.

37
38 Certainly from my point of view - if you would allow me
39 just to refer to my notes because I suffer from
40 hepatitis C, so I do have some disabilities at this point
41 in time - I suppose from my perspective from the
42 beginning I've never had any contact directly from the
43 Red Cross to actually tell me that I've received
44 hepatitis C.

45
46 Now, given that situation, I've put at risk my family,
47 people that I'm in contact with and other people in the
48 broader community. Now, simply by omission, by failing to
49 tell me or failing to tell other people, that I regard as
50 one of the highest priorities, because the spread of this
51 disease will continue until that is done properly.

52
53 Mention was made of the Lookback program. Now, I have
54 serious doubts as to the effectiveness of that to date,

1 and I certainly think there's been comment made about
2 that to this point in time.
3
4 Now, as I said, I see that the Red Cross is probably in a
5 very pivotal situation in Australia. It is entrusted with
6 probably one of our most valuable commodities - that is,
7 the blood supply to the Australian citizens. On that
8 basis, that organisation needs to be absolutely
9 untainted, notwithstanding the products that they are
10 actually distributing within society. I therefore feel
11 that there needs to be an absolute overhaul of the
12 management of the Red Cross.
13
14 The relationship between the Red Cross, CSL and the
15 Department of Health is, to my view, somewhat incestuous,
16 and I believe that those areas particularly need to be
17 looked at. So I think that from that perspective the time
18 needs to start from now and we need to go forward from
19 this point in time.
20
21 Now, certainly, I know that there are a lot of emotional
22 issues involved with this and certainly I suppose from my
23 experience I see two areas where this really needs to be
24 progressed. In the first instance, there is really the
25 matter in, I suppose, the short and medium term of the
26 recipients and certainly the people who have been
27 affected through the transfusion service in so far as
28 they be offered the appropriate levels of support.
29
30 Now, I have not been able to receive the levels of
31 support that I require. I have inquired within the
32 hepatitis C councils. They cannot support me in these
33 issues. I don't have a problem with the needle exchange
34 program or anything like that. That is not my need. My
35 need is that I wish to continue. I have a positive work
36 ethic. I cannot undertake the work that I do at the
37 moment because I simply don't have the necessary ability
38 to do it because I tire very easily and I simply cannot
39 get my paperwork done, which in turn means I cannot meet
40 my compliance issues. So those are issues that I face.
41
42 Now, the hepatitis C councils cannot help me with this. I
43 go to social security or Centrelink and they can't help
44 me with this. So, effectively, whilst I'm trying to
45 remain a productive member of society, I can't do it. In
46 fact, the way our structure is at the present time, the
47 easiest course for me is to actually go down and take a
48 pension, but I don't want to do that. So, I have a
49 totally different ethic to the majority of people that
50 the hepatitis C councils are currently dealing with.
51
52 I have, I suppose, a totally different perspective on
53 things. My needs are totally different, and on that basis
54 I don't see that they can provide me with the necessary

1 level of support.
2
3 Now, with regard to the Red Cross, I see, as I said,
4 certainly that issue there of looking after the issues
5 that are faced by people with hepatitis C and the second
6 part of it is the ongoing issue of looking as to whether
7 or not the Red Cross is, in fact, negligent. There has
8 been a number of settlements made by the Red Cross as a
9 result of legal process. Now, some people have been
10 compensated, some people have not. In fact, I'm somewhat
11 surprised at the issue of compensation and the
12 discrimination has not been picked up by someone and
13 actually noted in a submission.
14
15 I thought that someone looking at an anti-discrimination
16 matter would do that. But, certainly, from that point of
17 view I believe that there does need to be a judicial
18 process with inquisitorial powers to properly put to bed
19 once and for all whether the Red Cross was, in fact,
20 negligent at that point in time.
21
22 **Reverend BILL CREWS:** Yes.
23
24 **Mr. [GRO-A]:** Now, from that perspective there are
25 probably a number of options. A number of countries
26 around the world within the Commonwealth, the United
27 Kingdom and Europe have taken different measures and
28 different steps to deal with this. Canada, I suppose, is
29 one extreme, and then you have the other system that is
30 looked at in Great Britain. If we go down the process of
31 a judicial process, I think that we can put the whole
32 matter to bed. We can, hopefully, take out a lot of the
33 legal system and, I suppose, a lot of the cost that would
34 be involved if it is just done as one single entity.
35
36 On that basis, my view is that we actually look at two
37 directions on this: first, some form of judicial process,
38 and the second part being the victims' needs and on top
39 of that a reform process at the end of that judicial
40 process to restructure the Red Cross and do it properly.
41 I basically would just like to say that at this point in
42 time to the Red Cross. Thank you very much, Sir Laurence.
43
44 **Sir LAURENCE STREET:** Thank you for that and, as you know,
45 it has gone down on the record, too. Thank you for making
46 those points.
47
48 **Mr. [GRO-A]:** I realise that time is short, but I do have
49 an obligation to make those points.
50
51 **Sir LAURENCE STREET:** Well, you have made them frankly and
52 forcefully and I am appreciative of your having done so.
53 Now, does anybody else wish to make a presentation?
54

1 Dr BRENTON WYLIE: I'm happy to respond.
2
3 Mr [GRO-A]: I'm quite happy to hear your response.
4
5 Dr BRENTON WYLIE: You have obviously raised a lot of
6 issues there, I have to acknowledge, and I have to thank
7 you for being so forthright because we can only move
8 forward from here. A lot of the issues --
9
10 Mr [GRO-A]: That is my strategic --
11
12 Dr BRENTON WYLIE: Sure. A lot of the issues that you
13 raised are being dealt with by the Senate inquiry and I
14 think we need to wait for the outcomes of the inquiry
15 before we can constructively move forward on some of
16 those. But I think a couple of the issues you did raise
17 we can move forward on, which is the reason why we have
18 come here today. There is common ground in the sense that
19 we think any discrimination that you or the people you
20 represent is unfair. I mean, we --
21
22 Mr [GRO-A]: I can speak first hand as a victim of that.
23 When I went back to my workplace, I was strongly advised
24 not to tell people that I had hepatitis C. But given the
25 nature of my work and the fact that I was a field command
26 officer, I felt that I had a moral and ethical obligation
27 to make it quite clear to my members that I had
28 hepatitis C because I did not want under any
29 circumstances them contracting that virus as a result of,
30 once again, me doing exactly what you haven't done, and
31 that is not telling them. That was to my detriment
32 because I felt, I suppose, like a leper in my own
33 workplace. People shunned me and I found it very, very
34 difficult for people to acknowledge the fact that I had
35 taken every precaution and certainly was aware that I
36 would not unnecessarily spread that virus.
37
38 Dr BRENTON WYLIE: The issue that you are raising there is
39 a huge issue. It's an issue that we have a lot of
40 concerns about. It's an issue that Stuart Loveday, for
41 example, may be able to speak to in a minute, but there
42 were a couple of other things that you addressed and, you
43 know, we accept that communication hasn't been what it
44 could have been and should have been.
45
46 Mr [GRO-A]: Well, I was quite surprised today to
47 actually hear you start a sentence without the phrase
48 "without prejudice". In fact, I would ask you at this
49 point in time, that statement you read from this morning
50 was a very nice statement. Was that prepared by a lawyer
51 or by you?
52
53 Dr BRENTON WYLIE: It has been prepared through the ARCBS.
54

1 Mr [GRO-A]: Was it viewed by a lawyer before you read
2 it out?
3
4 Dr BRENTON WYLIE: No, what we are able to say to you
5 today --
6
7 Mr [GRO-A]: No, No. I'm asking you was it viewed by a
8 lawyer before you read it out to us?
9
10 Reverend BILL CREWS: Because we were told we could not
11 bring a lawyer with us.
12
13 Mr [GRO-A]: No, that's not the point.
14
15 Sir LAURENCE STREET: Just let me introduce a note of
16 practical politics here, ladies and gentlemen. It was and
17 I had not seen it until last night or yesterday so it
18 can't be said that I was the lawyer, but I'm not a lawyer
19 anyway. It got too hard for me and I retired. But
20 anything in this area, I think we would all recognise, is
21 fraught with the litigation horror hanging over it. Now,
22 litigation is not the best way to handle the problems.
23
24 Mr [GRO-A]: This is what I'm getting at. The first step
25 of this process is that I would like to hear from his
26 heart, not from what his lawyers have looked at.
27
28 Sir LAURENCE STREET: Well, one has to be careful. As you
29 know, if you get into a car smash and you get out and you
30 say to the other driver, "Oh, I'm so sorry, it was my
31 fault," you put in your claim, and the insurance company
32 says, "You admitted fault. We don't cover you." We are
33 hamstrung in our society by an insurance sensitivity. The
34 word "sorry" was there repeatedly.
35
36 Mr [GRO-A]: Sir Laurence, I accept that and I accept,
37 in part, what are you saying. I suppose the difficult
38 thing is that the attitude of the Red Cross has been to
39 date, "I will ring my lawyer before I ring my client, my
40 stakeholder or my customer." That culture is totally
41 wrong.
42
43 Sir LAURENCE STREET: I can understand that, but just let
44 me say as a totally disinterested former lawyer, if the
45 Red Cross came out and said, "We admit liability for
46 what's happened," they would be bankrupt in no time
47 because their insurers would walk away from them. Now,
48 these things have to be handled with care.
49
50 Reverend BILL CREWS: Really, with great respect, if that
51 is the case, why do they bother to come? If they are
52 liable and they can't say it, then we have just got to
53 keep going to smash that case down.
54

1 **Sir LAURENCE STREET:** Well, this is not the forum. We are
2 not just focusing on a single aggressive issue. We are
3 focusing on a big human problem.
4
5 **Mr [GRO-A]:** We have to take this whole matter forward.
6
7 **Sir LAURENCE STREET:** Yes, and I think that if we've got a
8 clear apology, a sorry statement, that to my mind is
9 significant. There is a legal gap between that and
10 saying, "We accept legal responsibility." As I say, the
11 insurers walk away from it, and we all know in our
12 society from the crash of HIH what happens when insurers
13 walk away. A big part of our community just has to wind
14 down. So it would be irresponsible for the blood bank
15 authorities to put at risk their insurance cover.
16
17 Now, you made the very strong point that there should be
18 a judicial inquiry into it. That's probably the place to
19 do it. This is not the place for ascribing legal
20 liability. So I think we have got to be careful not to go
21 too far into that area.
22
23 **Mr [GRO-A]:** Thank you, Sir Laurence. I partially seek
24 your indulgence here, but I suppose where I'm getting to
25 is actually the communication method. In other words, you
26 have got to get away from lawyer speak and start to
27 introduce people skills from day one. Irrespective of
28 what your lawyers say, you can stay within their
29 guidelines, but you can talk to people.
30
31 **Dr BRENTON WYLIE:** Can I say that we agree and accept that
32 and one of the things that we reflected on, because it
33 came back really strongly through the submissions, was
34 that we haven't done a great job in communications and,
35 you know, one of the things we want to take away from
36 today, at least a start if that's possible, is about how
37 that can be improved. We are here today to try and change
38 that. We are here to put something in place where you get
39 what you feel you need from us.
40
41 Another thing that you mentioned that has caused us great
42 concern is the aspects of therapy and the finances.
43 That's hopeless. At the end of the day - and we said this
44 in our submission to the inquiry - we want the best
45 personal, social and medical support that you and the
46 people you represent can get. We want that. We said it to
47 the inquiry, and we say it again today. We hope it is
48 able to be dealt with in the outcomes.
49
50 I don't know if Stuart wants to add anything here, but to
51 us that's a problem. It's a problem that we agree with
52 you is a problem and it has to be addressed.
53

1 Mr **GRO-A**: As a victim, I can tell you that, because
2 at that point in time I have gone from a salary of over
3 \$100,000 a year, which was a decade and a half ago - now,
4 that was a lot of money then - and certainly my career
5 prospects and everything has gone. I have gone from that
6 to a stage where I have gone to zero income because I ran
7 out of sick leave, I've run out of everything else, and
8 at the end of the day, if you look at my hierarchical
9 order of needs, I am down to the base responsibility of
10 trying to somehow provide for my family. I never asked
11 for that.

12
13 All my life I have had optimum health cover and I have
14 had everything else, yet suddenly I am out on a limb and
15 no-one can help me, and that has made me a very angry and
16 bitter man in that instance. As I've said today, I have
17 come here today because I don't want this ever to happen
18 to another Australian.

19
20 Dr BRENTON WYLIE: No, sure.

21
22 Mr **GRO-A**: And that has got to be my greater goal. And
23 certainly I'm quite happy to offer my professional
24 expertise and certainly, from my background, any area
25 that I can assist to forward this matter on that basis,
26 but, as I said, you must understand that that is where I
27 am coming from.

28
29 Dr BRENTON WYLIE: And I agree that you are in a difficult
30 and unsatisfactory position.

31
32 Mr **GRO-A**: Every time I go to the letterbox there is a
33 letter from the tax office, "You haven't complied";
34 there's letters from social security saying, "We can't
35 help you because you haven't done your tax return." I am
36 constantly juggling to try and keep three children in
37 school, trying to keep a wife, who has now left me
38 because of this, and, as I said, I have very little to
39 lose. I have obvious ways, I suppose, of taking this
40 matter in an opposite direction altogether, which would
41 be to the detriment to everyone in the long term, and I
42 don't want to do that. I want to try and do this
43 properly.

44
45 Dr BRENTON WYLIE: As I say, we want to go forward. You
46 said that strongly also. There were a couple of other
47 things you touched on. It may well be that perhaps at a
48 subsequent meeting or interaction we can explain it
49 better to you, but I think from my perspective the Red
50 Cross and the blood service is a totally different
51 organisation structurally and in many other ways than the
52 time you are talking about. A lot has changed.

53

1 Mr [GRO-A]: Let me give you a simple example. There was
2 no ownership in this meeting today. In other words, there
3 was no consultative process that took place. The meeting
4 was imposed and you said, "Okay. This is the way we are
5 going to do it. You are invited." In other words, there
6 should have been some sort of ownership given to the
7 participants here today, be it myself and be it anyone.
8 That's really a part of modern management.

9
10 If you are looking at good corporate governance, these
11 are the things that you have to look at. Professionally
12 you are both probably very, very well qualified, but at
13 the end of the day are you qualified to really sort of
14 look at these issues? Have you become introspective
15 because of your organisation?

16
17 Now, we look back at the Bali incident. You talk of the
18 greater Red Cross. Now, there was an audit done. However,
19 that was done on the basis that the Red Cross said, "Yes,
20 we will conduct an audit. Yes, we will have our audits.
21 Yes, we will set the parameters for that." There is no
22 transparency in that. That perception comes back out to
23 the public. So if you want to survive as an organisation
24 you are going to have to change that. It's simple.

25
26 Dr BRENTON WYLIE: Well, we are here to work. This is an
27 initial meeting today, and it may well be that if we do
28 meet again it can be different. A lot of things can be
29 considered, and that's another idea you have put on the
30 table, and I take that on board. If I could just touch on
31 one other area that you covered - and Reverend Crews was
32 nodding when you were talking about the unsatisfactory
33 nature of Lookback - it is an unsatisfactory process.

34
35 No matter how you do it, it's imperfect, and one of the
36 problems that we have all got to deal with is that there
37 are a lot of organisations in the chain. We are obviously
38 at the front end of it setting it up, but then there are
39 the hospitals and GPs, and for the period of time they
40 were there that we are talking about, records of problems
41 were all manual, it was all paper. It takes time. And
42 this explains why cases can change over time and the
43 facts that we think that we are dealing with; it explains
44 why it takes time; and it also explains why sometimes we
45 can't get an answer. But maybe Tony could explain a
46 little bit more about what we are trying to do in that
47 area.

48
49 Dr TONY KELLER: Brenton is right. It is a very complex
50 and unsatisfactory process.

51
52 Mr [GRO-A]: I appreciate that but I suppose the
53 instance I'm saying there, instead of sitting on your
54 hands and saying, "What are going to do?" and looking at,

1 "Well, there are going to be legal problems if we do
2 this," address the problem immediately, pick up the
3 issues that are paramount - in other words, the issues
4 that are going to impact on society. Don't worry about
5 the lawyer side of things. Get that sorted out but at the
6 end of the day focus on those things first off. Don't sit
7 back and wait for years for it to happen, because once
8 things become dated it becomes very difficult to deal
9 with.

10

11 **Dr TONY KELLER:** I agree with you. They are all excellent
12 points. We do need a major review of the Lookback system,
13 and we are going to undertake that, and we would like to
14 consult with you in that process to see how you would see
15 it best run. As Brenton says, it is never going to be
16 perfect because the systems in the past need fixing up -
17 the systems in hospitals, the tracing.

18

19 **Mr [GRO-A]:** Absolutely.

20

21 **Dr TONY KELLER:** There are a whole lot of issues that need
22 to be addressed.

23

24 **Mr [GRO-A]:** I made that point.

25

26 **Dr BRENTON WYLIE:** Could I just cite one example why the
27 current system is unsatisfactory from our point of view?
28 At the moment it is not even compulsory for medical
29 practitioners who feel they have a patient with
30 hepatitis C to report it as a case, and we spoke to that
31 at the inquiry, and there's a thing that goes by a fancy
32 name of haemovigilance, where we can put in systems,
33 because we are interested in finding as many people as we
34 can, but perhaps of equal or greater importance is if we
35 can find cases there, then we can find donors that we
36 don't know about, and then we can do Lookback on those
37 and find them. So we spoke to that at the inquiry.

38

39 It is a very difficult thing, and at the end of the day
40 it is only going to be as good as the links that we can
41 all put in place. We have made a lot of developments but
42 we can't make it happen, even accepting that at the end
43 of the day it can't be perfect, by ourselves.

44

45 **Mr [GRO-A]:** As I said, my own example is I have never
46 been officially notified by the Red Cross that I've got
47 hepatitis C. That will give you an example, I suppose, of
48 how effective the system is. On that basis, any contact
49 that I have had back with the Red Cross has always been
50 referred to their lawyers. There was only one gentleman
51 in the Red Cross that I really regarded as a true
52 humanitarian. Unfortunately, he is not with here today.
53 That was Dr Ian Young. Now, certainly he, I suppose, had
54 differing views to most other people but, once again, he

1 certainly had his client at heart, and that,
2 unfortunately, hasn't been reflected through the other
3 members.

4
5 **Dr BRENTON WYLIE:** Certainly one of the things we have
6 taken on board is that - and I think I mentioned this a
7 short time ago - we feel that we need to make a
8 distinction in the legal aspect, which is frustrating all
9 of us, and the communication aspect. I don't know what
10 suggestions you may have on this specifically but
11 internally we need to separate. While the legal process
12 is there in the background, we need to separate that from
13 our day-to-day interactions and communications with
14 people.

15
16 **Mr [GRO-A]:** You can't play God with people's lives.
17 This is what it comes down to at the end of the day, and
18 that's not fair to people. You are providing probably one
19 of the most vital services in the Australian community.
20 Should this country ever come - God help if ever it
21 comes - under terrorist attack or something goes wrong,
22 your service will be absolutely critical, and that
23 service must be 100 per cent right at that point in time.

24
25 Now, it is easy to say that won't happen to Australia,
26 and, in fact, I used to lecture at the School of Military
27 Intelligence years ago, and Australia really didn't have
28 the foresight at that time to see what could happen. Bali
29 was probably the first indication that this was going to
30 happen post-September 11. Realistically, that is on the
31 cards for the future.

32
33 **Dr BRENTON WYLIE:** I think, sadly, as a country, we must
34 all accept that that is a possibility. It is important to
35 draw a distinction. If you are asking if the blood supply
36 can ever be 100 per cent safe, I can't give that
37 guarantee.

38
39 **Mr [GRO-A]:** I would not ask that. We have the best
40 technology in the world, I agree, but we have big
41 failings in our methodology.

42
43 **Dr BRENTON WYLIE:** Again, I would say a lot has changed,
44 but maybe we will have an opportunity to talk further at
45 a subsequent time.

46
47 **Mr [GRO-A]:** This is where the transparency comes into
48 the issue and the accountability.

49
50 **Dr BRENTON WYLIE:** We have the National Blood Authority.
51 We've tried to centralised, we've tried to standardise.
52 We have a national service. So, again, you may feel there
53 are still a lot of issues there, but a lot of steps have
54 been taken.

1
2 **Mr [GRO-A]**: You need to push the responsibility back
3 down in your organisation. You need to de-layer the
4 organisation. You really need to bring it back into line
5 with modern management.
6
7 **Mr CHARLES MacKENZIE**: Sir Laurence, can I briefly touch
8 on this issue?
9
10 **Sir LAURENCE STREET**: Yes.
11
12 **Mr CHARLES MacKENZIE**: I have spoken to an awful lot of
13 people who have transfused hepatitis C from blood
14 transfusions and when I started, there literally were
15 these people who had never spoken to anybody else. You
16 know, they would see a telephone number on television and
17 they would ring through and they basically described
18 these experiences which were uniformly the same. I can
19 honestly say that. We are talking about 99 per cent were
20 the same, that they experienced the horror of not knowing
21 what was wrong with them.
22
23 These are people who went for 10 or 15 years being
24 perceived as lacklustre at work. Their employers in many
25 cases actually sacked them and their GPs for varying
26 different reasons couldn't tell them what was wrong with
27 them, didn't know what was wrong with them, so they
28 didn't have the capacity to go to their employer and say,
29 "Look, this perceived tiredness is not me being
30 lacklustre. It's actually the result of a tragedy, being
31 that I've been contaminated by this awful virus by a
32 blood transfusion."
33
34 Most people didn't get that opportunity, and so with
35 that, they have been lost for years. I think, really, the
36 turning point is the late 90s, the beginning of this new
37 century, that many people found out through ill health.
38 As the virus has come on and become more damaging, many
39 of them collapsed and those sorts of things, and
40 eventually GPs would do every kind of test and eventually
41 find out what was wrong.
42
43 What's happened here is there has been a massive deal of
44 anger that has built up over this time and this is very
45 sad. Most people, I don't know what the reason is and I
46 put this down in my submission to the Senate, who have
47 come to me are not haemophiliacs. They are women, mothers
48 who have lost their partners and they have lost their
49 partners not necessarily because their husbands
50 discriminate against the virus or fear of catching the
51 virus, it's because their husbands just did not know what
52 was wrong with them for 10 or 15 years. You know, why
53 they didn't want to conduct normal relationships as they
54 had done prior to infection; why they weren't as

1 energetic with their children as other women were. They
2 even had problems with their own children. You know, why
3 couldn't they be as active as other mothers?
4
5 So, when they find out how they became infected, they
6 look to the Red Cross and they think, "Well, this now
7 makes sense, but why wasn't I informed? Generally, with
8 the advent of the Internet, they will go on the Internet
9 and they will read about hepatitis C. They will read
10 about what was known and so on and so forth, and realise
11 this hepatitis C didn't come about yesterday; it has been
12 around for a while. There's all of this anger. So they
13 look to the Red Cross. What will the Red Cross do? And as
14 the Red Cross has mentioned, they have this predicament
15 of this fear of the legal process and that kind of gets
16 in the way, and then we have this Lookback issue, which
17 is frustratingly difficult, according to Tony.
18
19 But, you see, Tony, this is the problem. You committed an
20 absolute own goal. In June 2002 Bill and I held a meeting
21 for victims of transfused hepatitis C, and one of the
22 biggest gripes that came from that meeting and caught on
23 camera by media and reported by media was this issue of
24 people saying, "Why did it take so long? Why did no-one
25 tell me how I got this, what was wrong with me?" I don't
26 know if Tony said this or a lawyer said this or it was
27 their corporate communications manager who said this -
28 certainly Tony Keller signed off on it - a press release
29 went out in June 2002 by the ARCBS noting that they had
30 dual Lookback systems for tracing people and that claims
31 from this meeting in Ashfield were unfounded.
32
33 Well, they weren't unfounded. These were people who had
34 paid with their marriages, with their families, with
35 their jobs. They hadn't been informed. A criticism of
36 Lookback that you might have done something wrong or you
37 didn't do a good job, that wasn't the criticism. The
38 criticism was "Why, why, why, why did no-one come to me?"
39
40 I think what we are seeing here is a reluctance by the
41 Red Cross and the health departments to send out letters
42 to all people who were transfused in the high risk
43 periods, to conduct public health campaigns to say,
44 "Look, were you transfused before 1992 or 1990? Did you
45 know that there was a 1 per cent, perhaps 2 per cent
46 risk," whatever that risk is agreed upon.
47
48 There is a reluctance to do that because it is believed
49 that that could cause panic throughout the community,
50 that it might cause a drop in blood donations and so on
51 and so forth. So, the decision was made that they would
52 enter into this Lookback process which might cause less
53 panic to the community. But my primary concern is that,
54 forgetting the lawyers and forgetting other concerns with

1 health departments, what on earth are we going to do
2 about those people still out there who could very well do
3 with that information so that they can get to hospital
4 and have an assessment?

5
6 That's something that must be done. It's absolutely
7 imperative, and I think one thing that should could from
8 this process is that that must be paramount, more
9 paramount than the gripes that I might have or the gripes
10 that the Red Cross might have with the legal process. We
11 simply have to actually get to those people. We can't
12 continue this business of a doctor not adequately warning
13 a patient. It's got to stop. If it means \$100 million on
14 a public health campaign or whatever the figure would be,
15 it's got to be straightforward. We have to get this thing
16 done because it's the story of so many people.

17
18 I also would like to, before I finish, say that I
19 honestly believe that the Red Cross is betting their
20 organisation on this issue. There are a lot of people
21 that believe that you can't have a blood supply without
22 the Red Cross. Not so. The blood supply belongs to
23 Australia. It does not belong to the Red Cross. We have
24 seen in Canada that the Red Cross voluntarily removed
25 themselves from the blood supply after pressure from
26 their own inquiries into their tainted blood history.

27
28 Now, I believe that you are betting your organisation.
29 Where we were two years ago, which was a ragtag mob of
30 victims, we are not there now. We are more unified. There
31 are more people, more access to research. There is more
32 commitment, but I think and I want this to go on the
33 record, that the most important thing is reversing - not
34 going forward, but reversing some of the damage for the
35 victims.

36
37 I have made that submission to the Senate. I have listed
38 really key things that have come out that would be really
39 great for people and perhaps it's the case that, and this
40 is an example, when the Canadian compensation fund of
41 some 1.2 billion was set up, the perception earlier on
42 was there would be this flood of claimants coming to take
43 money from this fund. That hasn't some seven years later
44 been the case. They thought they might have 40,000 people
45 come along. They have had 5,000.

46
47 Now I think it could be the case that the Red Cross could
48 resolve all of this. They could resolve all of this, and
49 it could be done without litigation. I mean, I can't
50 guarantee that for everyone but, individually, if you got
51 everybody in the room - at the last few meetings we have
52 had say 60 to 100 people. If you were to attend a meeting
53 like that, if you brought volunteers, home help people
54 along, in one fell swoop you could perhaps get rid of 100

1 angry people in one room by saying, "Well, look, what are
2 you short on at the moment? We are not saying to you
3 don't sue. What we are saying is how can we help you at
4 the moment? Are you having problems with child care? Can
5 we provide home help?"

6
7 Now, this might be expensive, but that's the reality of
8 the situation and, really, for the good of your own
9 organisation, that would be a really first-rate idea. I
10 think the other first-rate idea, and it wouldn't be just
11 a public relations stunt - I think it would actually
12 quell the suspicions and quell the fear of victims -
13 would be to include victims, the haemophilia bodies and
14 various other groups in some kind of uniform effort to
15 assist people and worry about the legal stuff at another
16 time. I mean, you could go another step, which would be
17 to compensate people right now based on their individual
18 needs or to publicly agree to a tribunal of compensation
19 where a tribunal, perhaps, assists people, offers them
20 financial assistance on an individual basis.

21
22 But that can happen right now, and you would be
23 surprised. If you just said, "Let's put the lawyer issue
24 to one side and let's actually get in there and get the
25 help happening right now" - home help, food packages
26 would be really good, seriously, that's what it comes
27 down to, as amazing as it sounds, things like that would
28 actually do a world of good and it would help the
29 perception of your organisation as well. Thank you.

30
31 **Dr BRENTON WYLIE:** A lot of things that you have touched
32 on there, there is going to be comment on them in the
33 inquiry. I mean, we keep hearing from Charles and the
34 other people here that they don't get what they need. We
35 are frustrated to hear that. We can think about a lot of
36 things but we can't do them all because a lot of them
37 involve - you know, I think we would have said that there
38 were structures in place to do that but they are clearly
39 not working for you.

40
41 **Mr [GRO-A]:** No.

42
43 **Mr CHARLES MacKENZIE:** The Red Cross is a much loved
44 organisation in Australia. There's no doubt about that.
45 Its volunteers have a history of doing fantastic work.
46 The problem for victims is that they tell people around
47 them, "Look, I have this virus," and their families hear
48 about it all the time, but its like, "But the Red Cross
49 is so wonderful." I mean, they are capable of no wrong.
50 So for many victims there is a perception that they are
51 liars, that we know so little about this virus and the
52 Red Cross has said so little about it.

53

1 I remember there was an advertising campaign - I think
2 Stuart will remember - in the 90s which went on
3 television talking about hepatitis C and it was, "You can
4 acquire it through IV drug use, the sharing of needles or
5 non-sterile tattooing." But it didn't on television talk
6 about that you actually could have been one of those
7 thousands of unfortunate people who had a blood
8 transfusion in the high-risk periods and could be walking
9 around with it today without knowing.

10
11 Now, I agree there could have been people who shared
12 needles who still didn't know they had been affected, but
13 there was a responsibility to also tell those people
14 who'd received blood transfusions that they could be at
15 risk. We are talking about a television campaign that
16 took place, I believe, in about 1995 or somewhere around
17 that period. Well, I know people who only found out three
18 months ago that they had acquired hepatitis C. So that
19 television campaign prevented them from having an
20 opportunity to get to hospital earlier, and I still
21 believe there are many people like that now.

22
23 **Dr BRENTON WYLIE:** I think you are right, and I think you
24 have touched on one of the key points which I actually
25 agree with pretty strongly, and that is somehow we have
26 to find more of the people out there who have been
27 infected. You commented on our Lookback. There are a
28 couple of ways to approach it. Again, I think the
29 senators may make some findings on this. You could do
30 what is called a formal, universal Lookback program. In
31 fact, that was done for HIV in this country, and it was
32 just hopeless. It just didn't work.

33
34 **Mr CHARLES MacKENZIE:** Why do you think, for example - can
35 I just give you a scenario very briefly?

36
37 **Dr BRENTON WYLIE:** Sure.

38
39 **Mr CHARLES MacKENZIE:** And this is no baloney, basically.
40 But I actually reckon since the AIDS time Australians
41 have become fairly savvy about viruses and things like
42 that. I know that discrimination still exists and I know
43 it is there. It is a sad fact of human nature. Things can
44 be done to address that, but I really don't think we are
45 at where we were in 1984 with the AIDS time.

46
47 I really think Australians are bright enough if they were
48 to see a commercial which was like this, responsibly, or
49 they received a letter which said, "Prior to such and
50 such date if you had a blood transfusion the risk of you
51 having acquired a virus like hepatitis C might have been"
52 whatever it was per cent wise, whatever per cent is
53 agreed.

54

1 There is a capacity to responsibly brief people about
2 their risk factors which won't cause panic. When you are
3 trying to do a donor-triggered Lookback, where you are
4 trying to find where that donor from 1984 might be - we
5 can't find their address - or a recipient-triggered
6 Lookback, I think it has inherent problems, whereas if I
7 was to do it, I would take advantage of the Australian
8 postal system.

9
10 Let's have a group of experts compile a letter which is
11 seen to be responsible, which is seen to not unduly alarm
12 the public, and let's do the first thing that we have to
13 do, which is let's consider the rights of people affected
14 to be able to access hospital first before we consider
15 the rights of GPs and their embarrassment or lawyers and
16 their potential risks. Safety first, lawyers, GPs, those
17 considerations, I think, whatever the cost may be of
18 that, have to play second fiddle to the rights of
19 Australians and their primary rights to be alerted of a
20 warning to their health, and I really believe that.

21
22 **Dr BRENTON WYLIE:** I say again I agree with you. We have
23 got to find some way to find more of these people. You
24 have put a proposal on the table that I think we all need
25 to think about, but even with that we are not going to
26 get it perfect because probably there is a fair
27 percentage of people out there, tragically, that don't
28 even know they had a transfusion, who were transfused.

29
30 **Mr CHARLES MacKENZIE:** That's correct.

31
32 **Dr BRENTON WYLIE:** So that is an even harder group to get
33 to.

34
35 **Mr CHARLES MacKENZIE:** but we could put that in the
36 message as well, that there is a fair percentage of
37 people who don't know they had a transfusion, and I will
38 give you an example. I have spoken to people who have
39 gone to the Red Cross and said, "Look, you know, I had a
40 transfusion. I am sure I did. That's how I got this
41 hepatitis C." The Lookback program and the Red Cross have
42 come back and said, "You didn't have a transfusion." They
43 then have gone off and researched for themselves and
44 found they did in fact have a transfusion. They go back
45 to the Red Cross. The Red Cross, or ARCBS, says, "Oh, you
46 are right, you have done." So there seems to be a lot of
47 confusion there, and I think that we could include that,
48 Brenton, in saying, "There are a lot of people that don't
49 actually know they had a transfusion."

50
51 Who could those people be? Those people could be someone
52 who, say, was unconscious during an operation and wasn't
53 briefed. I think we can still do that. I don't see that

1 as being a real obstacle in the primary concern of
2 warning people.
3
4 **Dr BRENTON WYLIE:** Can we agree that that's an issue that
5 we agree on that needs to be solved --
6
7 **Mr CHARLES MacKENZIE:** Yes.
8
9 **Dr BRENTON WYLIE:** -- and the way to do it we need to
10 explore?
11
12 **Mr [GRO-A]:** Very briefly, Sir Laurence, and I address
13 this through you, at this point in time certainly the
14 idea that Charles just put forward has merit. I lived
15 with the situation for 12 months not knowing that I did
16 not have AIDS because no-one from the blood service could
17 tell me, or would tell me - in fact, they wouldn't
18 communicate with me - exactly what I'd got. I lived with
19 that for 12 months not knowing whether I was going to end
20 up with AIDS or what was wrong with me. That's fairly
21 difficult. And when you have got to tell your colleagues
22 at that point in time, "I don't know whether I have AIDS
23 or not," it is not a very nice thing and, as I said, I
24 was treated as a leper. So I know what it is like to be
25 discriminated against, particularly as a senior
26 executive.
27
28 **Dr BRENTON WYLIE:** As I say, we think that is
29 unacceptable, and I think this education aspect which
30 Charles was touching on is a huge issue.
31
32 **Mr [GRO-A]:** Okay. Coming back to this now, Charles has
33 mentioned about trying to actually, I suppose, put a net
34 out to catch these people that may have hepatitis C at
35 the moment and might not be aware of it. Now, certainly,
36 the majority of those people that had transfusions would
37 be aware. There is a small minority that may not.
38
39 Now, that can be an initiative, once again, either of the
40 Red Cross or, in fact, the Commonwealth. Now, the
41 Commonwealth could actually distribute that letter and,
42 once again, provide feedback to the Red Cross to actually
43 validate or, I suppose, to provide an audit process for
44 it.
45
46 Now, if that was an initiative undertaken by the
47 Commonwealth in conjunction with the Red Cross, if you
48 have got major concerns about the litigious nature of
49 what may happen as a result of that, that would be
50 actually offset by the Commonwealth actually heading up
51 that letter for you.
52
53 **Dr BRENTON WYLIE:** Well, can I take that on board?
54

1 Sir LAURENCE STREET: Thank you, Mr GRO-A. Now Mr Loveday,
2 and then I will give you the call next, Mr Crews.
3
4 Mr STUART LOVEDAY: Thank you, Sir Laurence. I would like
5 to speak on behalf of the Hepatitis C Council of New
6 South Wales, acting in my capacity of Executive Officer
7 since 1994 of that organisation. I would also like to
8 note my role as President of the National Australian
9 Hepatitis Council, a position which I have held for three
10 years, and this is an organisation that was set up in
11 1997 as the national peak body of the State and
12 Territory-based Hepatitis Council.
13
14 I would like to start just by acknowledging the input,
15 the concerns expressed, the hurt, the anger, from
16 individuals affected by hepatitis C - in particular; the
17 work done by Charles and Bill and GRO-A, and the bravery
18 of the people who attended the inquiry giving evidence;
19 Maria, who represents part of New South Wales Health in
20 the form of TRAIDS - to acknowledge the hurt and the
21 anger and the situation and the position of people
22 affected by hepatitis C and the additional pressures
23 caused by the fact that hepatitis C was in these cases
24 acquired through medical means and through blood
25 transfusion.
26
27 I don't want in my brief talk today to address the formal
28 statement I made in evidence, the verbal evidence, or in
29 the submissions that either the Hepatitis C Council of
30 New South Wales or the Australian Hepatitis Council have
31 given. That's on the record and that's clear.
32
33 What I would like to say is that, personally, I have been
34 fully involved with the situation of all people affected
35 by hepatitis C, whatever the route of transmission,
36 since October 1994. Right from the outset when I started
37 this work I have been acutely aware of the potential for
38 division of the differences of the routes of transmission
39 which has led to hepatitis C infection, the potential for
40 that to happen and the debate that has happened around
41 that.
42
43 What I would like to do now is strongly welcome the
44 gesture by the ARCBS, and there is going to be some
45 qualifications coming up, to start the process of
46 redress. We heard in the inquiry from a range of people
47 that they have never heard the ARCBS say sorry for the
48 fact of the acquisition of hepatitis C through a blood
49 transfusion. I welcome that gesture now because it has
50 been said. I believe it has been said in a heartfelt way.
51
52 Certainly, I am conscious of the legal risks and
53 implications associated with anything put in writing or
54 anything stated in a forum like this, but on behalf of

1 the Hepatitis C Council of New South Wales, and that's
2 the capacity in which I'm speaking today, I would like to
3 accept that particular apology and there are
4 qualifications coming up now.

5
6 It would be good if the ARCBS were to broaden that beyond
7 just this particular setting and pass that apology on in
8 the public setting by going on the public record through
9 an open letter. We would certainly carry that in the
10 magazines and information resources of the Hepatitis C
11 Council of New South Wales and the Australian Hepatitis
12 Council, but that's a very limited reach that we have.
13 The *Hepatitis C Review* is our main means of
14 distribution - in addition to the website, that is -
15 which has a circulation of 17,000, and the *Australian*
16 *Hepatitis Chronicle* has a circulation of about 2,000 -
17 very limited. So whatever the ARCBS does, it should be
18 broad and it should be public.

19
20 I would like to note and welcome the fact that the Senate
21 inquiry is actually happening because I think this will
22 get to a lot of the - certainly it allows a forum for
23 expression of need, of hurt, of anger. It also allows a
24 very formal way forward because it is a Federal
25 Government inquiry, one which has national implications,
26 and we certainly welcome that.

27
28 We cannot, as community-based organisations, pre-empt the
29 findings of that inquiry. We have made our own
30 recommendations, and I am not going to go back through
31 those again, but we look forward to the result of that
32 inquiry.

33
34 Brenton, you asked me to comment particularly on the
35 situation according to disclosure and, [GRO-A], you
36 mentioned the dilemma that you were in with the moral
37 need to disclose and protect.

38
39 Mr [GRO-A]: That should be paramount because as a
40 matter of public interest --

41
42 Sir LAURENCE STREET: Don't take the floor back. Just make
43 a quick comment.

44
45 Mr [GRO-A]: As a matter of public interest that needs
46 to take priority.

47
48 Mr STUART LOVEDAY: Yes. The disclosure situation
49 regarding disclosure of hepatitis C is an extremely
50 complex one. We know there is no legal requirement to
51 disclose one's status in any circumstances except when
52 you donate blood. I don't know if that is a legal
53 disclosure or if that's a requirement of the ARCBS. I
54 don't think there is any legal backing to that but,

1 certainly, in the employment situation there is no legal
2 requirement to disclose. There are various State and
3 Territory health department policy requirements to
4 disclose if you are working in a particular health care
5 field, if you are involved in exposure-prone procedures.
6

7 So that leaves us, as organisations, who provide
8 substantial resources, information and support resources
9 for all communities affected by hepatitis C, to give some
10 guidance as to how to disclose. There are publications
11 around that. There is the main national one, *Who to tell*,
12 and there are various State and Territory ones as well.
13 It's a complex matter and we don't give advice. Through
14 our help lines, our website and our information, we give
15 the pros and cons and it is up to people to make up their
16 own minds. But I just wanted to acknowledge your dilemma
17 and pay respect to those people with hepatitis C who have
18 felt morally obliged to disclose. It often rebounds, as
19 you have said.
20

21 **Mr [GRO-A]**: Absolutely. I believe, as I said, that I
22 had an absolute and ethical obligation to do so, because
23 had I not, I could not live with the conscionable act of
24 having caused that problem to someone else.
25

26 **Mr STUART LOVEDAY**: I would like to agree with the
27 statement made earlier about the inadequacy of the
28 communication aspects of the ARCBS. One aspect of our
29 evidence, which I will repeat, is that we, as a community
30 group in New South Wales, were appalled at the way the
31 ARCBS at one point advised some people that they had
32 hepatitis C. It was by letter and it was provided in a
33 very matter-of-fact way and sometimes those letters
34 arrived at a time when people were absolutely horrified,
35 they had absolutely no means to access information and
36 support. There were no websites available in those early
37 days and we took that up with the Red Cross at the time
38 and that behaviour was changed and they moved that to a
39 system of informing the person's doctor, who was then
40 asked to inform the person with hepatitis C.
41

42 Now that in itself was problematic because doctors then,
43 as now, didn't have the level of information and, in some
44 cases, the skill to be able to impart that information in
45 a proper way. So I would like to acknowledge and call on
46 the ARCBS to extend the apology for the fact of
47 hepatitis C transmission, to extend that to apologise for
48 the communication aspects that have happened in the past
49 and look forward, as has been stated, to how this can be
50 improved in the future.
51

52 Charles, I just wanted to comment very briefly on the
53 public awareness campaign that you mentioned. That was
54 the world's first mass media public awareness campaign,

1 which happened as a result of the 1998-1999 New South
2 Wales Legislative Council's Standing Committee on Social
3 Issues inquiry into hepatitis C. One of the
4 recommendations of that highly critical inquiry, which in
5 its report "Hepatitis C is a neglected epidemic" made a
6 recommendation for a mass media public awareness
7 campaign, and that was taken up by New South Wales
8 Health. That public awareness campaign happened in
9 April 2000 rather than 1995.

10

11 I acknowledge fully that the 30-second TV adverts that
12 were used over the course of that four-week campaign did
13 not include the transmission at risk of blood
14 transfusion. However, it did in all the other campaign
15 material, the posters, the leaflets, the work that was
16 done by the 17 geographical area health services in New
17 South Wales. I was on the committee representing the
18 Hepatitis C Council of New South Wales that led to
19 devising the content of all the material, including the
20 30-second TV adverts.

21

22 There was great debate within that committee at the time
23 as to what were the essential things to go into that
24 advert. The 30-second time limit was there. The main
25 purpose of the campaign was to make the general public
26 aware of hepatitis C, how it was transmitted at that
27 point in time and where people could go for further
28 information, that it was a serious health condition, that
29 there were so many people affected. Those were the aims
30 of the campaign. There was a secondary aim to help reduce
31 discrimination.

32

33 That campaign evaluated incredibly highly, and I know
34 there was criticism at the time and a lot of hurt felt by
35 people at the time that the route of transmission of
36 hepatitis C through medically acquired means,
37 particularly through blood transfusion, wasn't mentioned
38 in the 30-second campaign, but I know that the decision
39 not to do that was taken at the time on the basis of what
40 was the optimum for the general public good and what was
41 the optimum they could treat within that 30-second
42 advertisement. So I just wanted to set the record
43 straight on the time period.

44

45 **Mr CHARLES MacKENZIE:** Can I just briefly say, without
46 taking the floor, I do think that, again, this has been
47 part of the problem. I am not criticising. I understand
48 where you are coming from. I agree. I come back to this.
49 As long as there's more than one person out there who
50 doesn't know they have got hepatitis C who may have
51 been - you are talking about the risks then in 2000. If I
52 had been on that committee, I would have said that the
53 risk then is anyone who has got it that doesn't know
54 they've got it, whether that be anyone that - you could

1 tell them, "Look, if you share a needle you could get
2 hepatitis C" - that's a good warning - "but, actually,
3 maybe you've already got it." And I think as long as
4 there are people out there that have it that don't know
5 they have it, they are a risk in 2000 or 2004, and I
6 think that is something we have got to address.
7
8 **Sir LAURENCE STREET:** Thank you. I am anxious to have some
9 time with Mr Crews.
10
11 **Mr STUART LOVEDAY:** That was the extent of my statement.
12
13 **Sir LAURENCE STREET:** I think one of our senators has to
14 leave.
15
16 **Mr CHARLES MacKENZIE:** Sir Laurence, can I quickly on a
17 really important point - I really have to say this, Sir
18 Laurence. I welcome the Red Cross's apology. I believe
19 they should put their statement as they have in this
20 paper in every major newspaper in cities around the
21 country, and I think that would be a very important step
22 that should be initiated immediately.
23
24 **Sir LAURENCE STREET:** Well, I think that would be useful.
25 One thing I am aware of is that the blood authority
26 thought they were just embarking on a public relations
27 campaign, but the point you make is that this is public
28 awareness, public information.
29
30 **Mr CHARLES MacKENZIE:** If you look at this apology, I
31 think it is fair to say that there has been a lawyer
32 briefed in that apology, and I think that's okay, but I
33 think it is important for that same apology that I have
34 heard - I don't think I should just be privy to it. I
35 don't have the means or the funds to tell everyone. Let's
36 put it in the newspaper and let's move from there.
37
38 **Dr BRENTON WYLIE:** Can I just say that we are conscious
39 that today, as we said at the outset, wasn't the end, or
40 hopefully it was the beginning and we need to examine the
41 best way to further extend it, because we take Stuart's
42 point, and yours, fully.
43
44 **Reverend BILL CREWS:** I just want to say I came into this
45 because somebody I love very much was found to have
46 hepatitis C, otherwise I would never have got near the
47 whole thing. I just got dragged into it. And from the
48 very beginning it was obvious that that person had got
49 hepatitis C through a blood transfusion.
50
51 I went to the Hepatitis C Council, and I said, "These
52 people should get some help." "No, you can't do that
53 because of discrimination," and I couldn't work out how
54 you could say that acquiring hepatitis C through a blood

1 transfusion and looking at acquiring hepatitis C through
2 sharing needles had anything to do with discrimination at
3 all.

4
5 I found that many people who caught hepatitis C were
6 women through childbirth, or something like that, and
7 they progressively, as Charles said, became sicker and
8 sicker. And then I've had bruising encounters with Red
9 Cross barristers, where the attitude has just been
10 appalling - just appalling.

11
12 So while I say thanks very much for the "I'm sorry",
13 these people actually need extra help because it seems to
14 me sinful, just sinful, that at a period of time when a
15 test was available the Red Cross could not advertise and
16 ask all people who believed they'd had a blood
17 transfusion to come in and have a test, like they did
18 with AIDS. The public was aware after the AIDS thing that
19 these things happened.

20
21 Now, that test, as far as I know, has been available for
22 about 10 years. In that 10 years many of those people who
23 acquired hepatitis C through blood transfusions have had
24 children, they have had relationships. How many of those
25 children have got hepatitis C through that we don't know.
26 So that, from my way of thinking, from the very day that
27 test was available, the Red Cross is liable for not
28 alerting the public to go and have the test simply
29 because so many people have had children and other
30 relationships and have passed it on when for many of them
31 they needn't have, and it seems to me the reason they
32 didn't do that was to protect the reputation of the Red
33 Cross rather than care about the suffering of these
34 people, who look at their children and think, "Have they
35 got hepatitis C or haven't they?" And I think that is a
36 really serious issue that has not been looked at in this
37 whole time.

38
39 Can you imagine a mother looking at a child and thinking
40 now, after finally finding out when there could have been
41 a test years ago, "I wonder if it has got hepatitis C or
42 not," and then being advised by a psychologist not to
43 take the child to have the test because the child is
44 adolescent and has enough issues already without having
45 the issue of maybe having hepatitis C on top of that, and
46 I think those are issues you guys have got to look at,
47 and I think it has been criminal - absolutely criminal -
48 not to have alerted people about that. And then when you
49 ring the Lookback program and you get the attitudes, it
50 just leaves me angry.

51
52 I have got so involved in this now I'm not going to give
53 up. We have come this far in two years and we haven't
54 used all the information we've got, and we will just keep

1 going because, like **GRO-A** and these people, we have got
2 nothing to lose. You have only got your jobs but we have
3 got nothing to lose, and we will keep going, and that's
4 where I think we need to come to an agreement that
5 somehow you have got to stop us keep going because we
6 will, we just will, and that's really all that I want to
7 say, and I'll do it because of these kids, who I feel you
8 are responsible for being born with hepatitis C.

9
10 **Sir LAURENCE STREET:** Well, thank you, Mr Crews. I know
11 that came from the heart and it was, from my point of
12 view, very forceful. So thank you.

13
14 **Dr BRENTON WYLIE:** Could I just respond briefly?

15
16 **Sir LAURENCE STREET:** Somebody else may want to make an
17 input.

18
19 **Dr BRENTON WYLIE:** We hear that, and I think we've agreed
20 that it is important to find as many of these people as
21 possible. I think it is important to place on the record
22 that the decision not to do the universal Lookback
23 element was not made by the Red Cross; that was made by a
24 government agency and a government committee.

25
26 I think we do need to agree today, however, that it
27 remains a problem, and it was mentioned in many of the
28 submissions to the inquiry, and we are hopeful that some
29 constructive way of solving this problem or progressing
30 it will be part of the inquiry, and we are here at the
31 table today to play our part in improving this situation
32 because I understand everything that Reverend Crews has
33 said. It is a very emotional situation and it's a
34 situation that needs to be improved, and we are here
35 today to try and play our role in it.

36
37 **Sir LAURENCE STREET:** Yes, thank you, Dr Wylie. I will
38 just see whether any of the other ladies and gentlemen
39 wish to comment. I will just take TRAIDS first.

40
41 **Ms MARIA ROMANIW:** My name is Maria Romaniw. I represent
42 TRAIDS, which provides emotional support and counselling
43 for people with medically acquired HIV and hepatitis C.
44 When I received the letter inviting me to attend today I
45 rang around and spoke to a few clients to get their
46 feelings and thoughts on this matter because, after all,
47 it is what they want, not what the workers want, which is
48 important. You talk about looking to the future but what
49 became very clear in talking to the clients was they
50 couldn't look to the future because they felt the past
51 had not been addressed.

52
53 The emotional, personal and financial impact cannot be
54 overlooked. They are still living with that. But just

1 moving ahead, in looking to the future, we know that HIV
2 has been passed through blood, we know hepatitis C has
3 been passed through blood. In England there was concern
4 with CJD. We do not know. Regardless of heat treatment
5 and how you manage blood, there will always be another
6 virus in the future.

7
8 So, I guess, what lessons have we learned from this? How
9 would we handle this situation in the future is very
10 important, because this can happen again. It has happened
11 twice already and who knows what else will come up in the
12 blood in future.

13
14 Health Department policies talk very strongly about
15 consumer participation. If you are going to move ahead,
16 you need to develop strong policies about what you are
17 going to do if this happens again and you need to involve
18 the consumer.

19
20 Secondly, I would like to go back to the financial
21 impact. If you talk to any of the people who have
22 acquired hepatitis C through blood transfusions, blood
23 products, you will hear the same themes again, how it has
24 impacted on their life, their career, the financial
25 impact. I know one gentleman who spends \$2,000 a month on
26 alternate therapy. What they ask for is support. They
27 talk about home care, child care, financial support to
28 get to hospital when they are on treatment, because
29 driving or negotiating public transport is very difficult
30 when you are on treatment and you are not feeling well.

31
32 But while they talk about the things that would be
33 helpful and supportive for them in living with
34 hepatitis C, they also show a concern about people who
35 are not diagnosed. There are a lot of people not
36 diagnosed and, yes, how best to provide that information
37 and target them. When you find the right method, you need
38 also to consider that there are many people who do not
39 speak English, and quite often in campaigns providing
40 information, people with culture and linguistic
41 backgrounds are not considered. There are some of these
42 people who come from countries with a very high presence
43 of hepatitis C who do not know they are having advanced
44 liver disease and who are not accessing services.

45
46 Secondly, I believe there was a radio campaign some years
47 ago. People went to their GPs. Their GPs didn't have any
48 knowledge when they were testing them. If you are going
49 to do this and where people go for their testing, you
50 need to ensure that they know what to do and provide the
51 right information.

52
53 There was just one other point I wanted to make about
54 that. One of the clients suggested that the Red Cross

1 should be providing the testing and support. In terms of
2 services, Lookback and whatever services the Red Cross
3 provide, how do they let people like GPs know about their
4 services? This is where people have been picked up and
5 diagnosed and GPs are still not very informed about what
6 services are available. They don't know about Lookback.
7 So how best are you going to provide that information? I
8 think that's all I want to say in a nutshell at the
9 moment, thanks.

10

11 **Sir LAURENCE STREET:** Thank you.

12

13 **Ms [GRO-A]:** Just briefly, I would like to make a
14 couple of comments mainly from picking up things here
15 today. I would like to see a public campaign around
16 hepatitis C with focus on education and awareness. I
17 would like to see that campaign distinguish between
18 hepatitis C, hepatitis B and hepatitis A, because I think
19 a lot of people in the community see hepatitis as a dirty
20 disease, whether it is C or B. I would like to see that
21 to get rid of public fear. I would also like to confirm a
22 point that Charles brought up earlier about all the
23 people in the community who have hepatitis C that may not
24 know and what Maria just said now from the multicultural
25 aspect.

26

27 I got my hepatitis C overseas and I know a lot of other
28 people did, too, and I would like to see an awareness
29 campaign aimed at people who might have got it overseas.
30 I would like the blood bank to be in on this, even though
31 they deal with transfusions, and from the point of
32 education and awareness, I think the blood bank should
33 take that on.

34

35 **Mr STUART LOVEDAY:** Mine is just a very quick point of
36 disagreement and perhaps correction, Sir Laurence, and if
37 I may, through you, address it to Bill. Bill, you stated
38 when you approached the Hepatitis C Council seeking
39 information and help - it was many years ago but I do
40 remember that meeting very well because that was the
41 first time I met you and in your role in the Exodus
42 Foundation you were quite a famous person - that people
43 need help and you also said that "We can't do that
44 because it would be discrimination." I don't have notes
45 of that meeting. Obviously, It was an informal meeting,
46 but I certainly do not believe that I would have said
47 that "We can't help." Certainly our ability to help, if I
48 may finish, is limited to the provision of information,
49 support, referral and advocacy.

50

51 **Sir LAURENCE STREET:** I don't know whether that is within
52 the scope of what we have to talk about today and I'm
53 aware that the Senators have to leave at 11.30 a.m.

54

1 Mr [GRO-A]: Certainly the Hepatitis C Foundation has
2 provided zero support for myself, nor have they provided
3 me any way forward with this matter. Unfortunately, their
4 focus is on other issues, and that has not helped me.

5
6 Sir LAURENCE STREET: As a concerned Australian, can I say
7 that what I have heard this morning has been absolutely
8 eye-opening and I can imagine that the Senate Committee
9 may have had the same view because you are more in touch
10 with society in general than other people of my
11 generation are. But the stories that have come out have
12 been an eye-opener to me. I know that Reverend Crews and
13 I had a little run in to start with, but when I heard him
14 speak, as I said, it was from the heart and one can't
15 turn aside those things and Mr [GRO-A]'s personal tragedy in
16 a related law enforcement field that we were both
17 involved in.

18
19 This is a tremendous community problem. I think it is
20 wonderful that the Senate has taken this on. I know what
21 a burden these parliamentary inquiries are. It is not all
22 a breeze simply because you have somebody like
23 Mr Humphery's services, but I think it is a fantastic
24 demonstration of the value of our democratic institution
25 and I hope the Senate will be able to get a lead through
26 into, let's face it, Treasury. We will have to work on
27 Senator Coonan, although everybody who has a problem
28 works on Senator Coonan. But we have got to unlock some
29 funds, obviously, and it is not for me to enter into the
30 politics of it but I think it is wonderful that we have a
31 Senate Committee working on it and that we have three
32 Senators who have come this morning to listen. I'm sure
33 that I speak for all of us here in expressing the respect
34 that we hold for the Senate, the Senate Committee and the
35 three Senators who are here.

36
37 Mr [GRO-A]: I would certainly like to commend
38 Senator Jan McLucas for taking a lead in this also, in
39 combination with the Red Cross.

40
41 Sir LAURENCE STREET: I just wanted to say that before you
42 go. Now, we have one other contribution, I think.

43
44 Mr PETER MATHEWS: Just a very short statement, Sir
45 Laurence. I just want to say that I'm here representing
46 the Haemophilia Foundation of Australia as well as the
47 Haemophilia Foundation of New South Wales and the over
48 1,000 people living with haemophilia and hepatitis C
49 today.

50
51 I understand that today's meeting is in relation
52 primarily to fresh blood products, and that does not
53 incorporate people with haemophilia who use products made
54 from pooled blood, and so that opens up another set of

1 issues. I do want to thank you for the apology and I
2 would like to have a discussion in terms of how we can
3 pass that on to the people with haemophilia in Australia.
4 It's a matter that Senator Knowles challenged me on, that
5 we were looking for someone to acknowledge what had
6 happened, not in terms of saying, "Yes, I was the one who
7 did this" but just simply an acknowledgement that people
8 with haemophilia did get hepatitis C through contaminated
9 blood products. So we certainly do thank you for that.

10

11 **Sir LAURENCE STREET:** Thank you, Mr Matthews. Well now,
12 ladies and gentlemen, we had the room booked until 11.30.
13 I think we have got as far as we can usefully go in this
14 initial toe in the water meeting. We will have a
15 transcript. In point of how much can be made available,
16 as I said at the outset, although not open to the public,
17 these proceedings are accessible publicly and the
18 transcript is available if anybody wishes to obtain a
19 copy of it. I think they just have to apply to the ARCBS
20 and it is available to be used. Am I correct in that?

21

22 **Dr BRENTON WYLIE:** Yes.

23

24 **Sir LAURENCE STREET:** So we have some transparency. I
25 would like to think we have perhaps established just a
26 little toe in the water which is going to broaden itself
27 out. I'm not going to try to summarise the issues, ladies
28 and gentlemen, for one very real reason. I got carried
29 away when I heard Mr **GRO-A**, Reverend Crews, Mr Loveday and
30 others speak. I rather lost track of the fact that, as
31 chairman, I'm meant to be making notes so that I can sum
32 up at the end. But the transcript is there and I can
33 formulate some closing comments if I draw on the
34 transcript. But to me it has been an absolute eye-opener
35 to hear at first hand not just the concerns but the
36 positive approach, and we have got some very real
37 positive approach. I think we can get a little summary at
38 the end just simply to close off the record, but it is a
39 first step and really the ball is squarely in the ARCBS's
40 corner.

41

42 **Dr BRENTON WYLIE:** We are grateful we have had the meeting
43 today. There are some difficult issues, but I think that
44 there has been enough that I have heard around the table
45 that will enable us to make a second step.

46

47 **Sir LAURENCE STREET:** Yes. I haven't actually received a
48 transfusion, but I have given many donations in the days
49 when I was younger.

50

51 **Mr **GRO-A**:** Sir Laurence, if I may just indulge
52 everyone for a moment, today is actually the National
53 Cancer Day morning tea day, and I though if anyone around
54 the place wants to leave a gold coin I will take it back

1 to the Ipswich Rotary Club and donate it to the Cancer
2 Council.
3
4 **Sir LAURENCE STREET:** *Ipswich* was the name of the ship I
5 served on in World War II, so I have always got an
6 affinity with anybody from Ipswich.
7
8 **Mr [GRO-A]:** And I think the founder of the Red Cross
9 was actually the Governor of Australia. His wife actually
10 sent a letter out to all the Lieutenant-Governors' wives.
11
12 **Sir LAURENCE STREET:** Ladies and gentlemen, I will just
13 formally close this meeting but acknowledging it is a
14 first step. I would be just as angry, but if we can just
15 channel that anger into positive, energetic, productive
16 moves in the future, it is going to be wonderful. I think
17 the fact that we have got leadership from our Senate is
18 tremendous. I will blow down Senator Coonan's ear next
19 time I see her.
20
21 So let us then terminate this meeting. I don't close the
22 topic by any means. I am going to have a brief word with
23 the two senators before they go for just five minutes.
24 Thank you ladies and gentlemen.
25
26 Ladies and gentlemen, I forgot one thing. I should have
27 acknowledged Greg Pearce, the member of the Upper House
28 of the New South Wales Parliament, through whose good
29 offices we had access to this room.
30
31 The meeting concluded at 11.38 a.m.
32