**“Ableism in the Settler Colony”**

**Host: Pauline Vetuna**

**Guests: Latoya Aroha Rule, Dominic Golding, Marijo Bazego & more**

**Transcription by Leilani Fuimaono**

PAULINE: You're listening to Power from the Margins, 3CR's Disability Day Broadcast. Welcome to ableism in the settler colony. Later in this program, you'll hear from Dominic Golding on the research project he conducted on refugees with disabilities in colonial Australia, as well as interviews with an ex-detainee of colour, and a refugee of colour with disabilities. Right now here's interview with Latoya Aroha Rule on the intersection of race and disability in Australia's prison system.

LATOYA: My name's Latoya Aroha Rule. I'm Wurundjeri and Maori person living on Kaurna land in South Australia, Adelaide. I do a lot of campaign work, I would say, so I identify as an activist scholar. I do a bit of writing around Aboriginal deaths in custody, but also campaigning particularly over the last three years on this issue, after the death in custody of my own brother Wayne Fella Morrison here in South Australia.

LATOYA: What we know at the moment with some statistics done by a friend of mine, Jerry *[inaudible]* from Western Australia, we know that one in five Aboriginal Torres Strait Islander women are incarcerated at the moment, and that's one in seven for Aboriginal Torres Strait Islander men, which is literally some of the highest incarceration rates in the world for Aboriginal people. As we also know, a lot of those psychosocial cognitive disabilities.

LATOYA: So when we talk about say like reporting for instance, we know that there's always an insufficient amount of reporting and research that actually captures people with disabilities, because of the wide range of what that actually looks like. But there's been a few reports done, one by the human rights watch committee, and to such a high level and rate of Aboriginal Torres Strait Islander peoples in prison have multiple disabilities that aren't getting captured by the particular data that we need to be capturing these in.

LATOYA: And we only see the outcomes of these high statistics and these rates, when people are subjected to different oppressions in prisons, and where their healthcare needs are taken seriously. So, in terms of statistics, we are the most incarcerated people in the world right now.

PAULINE: I think I first heard you speak at Imagining Abolition last year, which was the conference that Sisters Inside put together. At that conference, there was one session that specifically at the intersection of ... Well, it was basically a clinical psychologist, a white clinical psychologist actually, who was talking about disability and youth justice, that was the name of the session, I believe.

PAULINE: And I went to it, and it was a 20-minute talk on how from the get-go, kids, labeled problem children because they have undiagnosed disabilities, wind up in youth incarceration and from then on it's just basically a lifetime in the system. I was wondering if you could talk a little bit about young Aboriginal people in youth incarceration.

LATOYA: Yeah. So, particularly for young Aboriginal Torres Strait Islander peoples, our young peoples actually, at least in the Northern territory at the moment, may have 100% of all youth peoples in prisons. So, there's not one non-Aboriginal person at all locked up at the moment in the Northern territory. We know that there's obviously huge rates, particularly right now for the New South Wales and Victoria, being incarcerated.

LATOYA: Some reporting has come out through Amnesty International, with their communities is everything campaign, there's a few other human rights watch communities, and if you know Rights Legal Center, that is a public channel on youth incarceration. If we can remember the Don Dale incident, we've had particular images being released to us of the Aboriginal young people in spit hoods, and really being tortured in these places of imprisonment as well.

LATOYA: And while we're talking about disability, young people are actually leaving prisons ... All peoples really are leaving prisons because of the violent nature of what they do to people. So, they're actually leaving prisons with these new issues, I guess you can say. But that's not only that they're leaving into things like homelessness and poverty, but they're leaving traumatized. They're leaving, after being beaten and bashed by corrections and police while they spent time inside.

LATOYA: So, we have to consider the fact that health needs aren't being met inside, but they're actually coming out with even more health concerns and that's just not what the state sends people away for. We don't expect people to be injured and harmed during their time incarcerated, but we do know that these are the most violent spaces, particularly for Aboriginal, Torres Strait Islander people ,people of colour and black people that exist right now in our society, if not in the common day surveillancing of us in everyday society.

LATOYA: We also know that people with disabilities are particularly kept in places of solitary confinement for not abiding by rules and regulations of the prison system. We know there's an overrepresentation of being locked up in fucking captivity, to be honest. That's what solitary confinement is. The dehumanisation that I'm talking about, this is something that relates back to colonisation.

LATOYA: It's particularly just this ongoing systemic issue of racism for people who are already facing those oppressions and injustice and inequalities. That's high end in places like prisons and police cells. But at the moment in South Australia, thankfully through people like Connie Bonaros from SA Best political team in parliament, she's been able to push a new bill in parliament to actually ban those spit hoods in places of youth imprisonment across South Australia, which would actually make us nationwide in the colony of Australia to completely ban all spit hoods in all places have used detention. So, South Australia is the last one to do that.

LATOYA: But we know that those still exist in particular restraints, still exist in adult prison. So, I will hopefully next year be beginning to build that campaign further to look at adults. There's some really strong players across Australia who are really keen to look at those restraints because we know ... And when I say restraints, I'm not just talking about physical restraints through different mechanisms, but I'm talking about procedures of restraint as well.

LATOYA: So, in my brother's case we've heard evidence, and we've seen evidence of corrections officers using their force of their body to restrain my brother. So they fell on him twice, one particular corrections officer ... Sorry, when I say fell, I mean purposely use their body weight to restrain an individual. There were over 14 corrections officers involved in that restraint, seven in the van. So, when they pulled Wayne out, he was unconscious.

LATOYA: Those aspects are really important for us to be looking into because they coincide with other deaths in custody, but also just other complaints where people have nearly lost their lives or have been hospitalised in prisons, because of these types of restraints and mechanisms use. They're very dangerous, and it's a form of torture, and that's in a lot of ways how it's been called out.

LATOYA: In terms of healthcare in prisons, we know that particular for Aboriginal Torres Strait Islander people again, there's no culturally appropriate healthcare, so there's no Aboriginal Torres Strait Islander nurses, or medical staff in the prisons much at all. Can I just also say for trans and non-binary people, there's an insufficient amount of research being done.

LATOYA: So I can't even say for those groups, what kind of health care needs or thinking about disability as well, what kind of access they're receiving. Because we know that today there are still trans women in men's prisons for instance, and so we know that in terms of getting access to what they need to stay healthy, to stay sane, and for their social and emotional wellbeing, they're not actually receiving that healthcare.

LATOYA: And so, in terms of their healthcare, there's a huge issue as well for people who already have things that they need monitored. If we can think about one example that I have of this is actually one of my friends gave me a call last year when her father was taken from prison, and he actually had cancer in prison, and he fell over and his cell, and they didn't know why. He was rushed to the hospital.

LATOYA: And the family actually weren't notified for two days, and they were actually accidentally notified. So, South Australia has a policy where the family aren't to be notified until seven days if that person is even in hospital. So, when you think about people in prisons with disabilities, their families might not even be told or notified that they're actually ... aren't receiving the access to healthcare that they need, and the advocacy that they need.

LATOYA: Then we know that by the time that might happen, if they stay that long in hospital or for their care, and sometimes it's too late. This is something that I'm really passionate about, and so that needs to change. These are issues that just aren't being spoken about either, so it's really important that we do that now.

LATOYA: The fact is, is that the colonial state will never dismantle itself, and so it's not going to give up money to put into research on these really particular issues that focus mainly around Aboriginal Torres Strait Islander, black, and POC, trans, non-binary individuals in prison, because at the end of the day, that doesn't really affect the colonial project and its continuation.

LATOYA: And so, it's really hard to find the resources to do this research in the first instance, and then people that are doing them, we know that majority of those are great allies, a lot of them, but it's still just insufficient. We need the resources to be doing this work ourselves.

PAULINE: Thank you.

LATOYA: Thank you.

PAULINE: You're listening to “Ableism in the settler colony”, 3CR's Disability Day Broadcast. Next up, here's Dominic Golding, the Ability Rights Coordinator at RISE: Refugee Survivors and Ex-detainees. Last year he released an advocacy report titled, Ex-detainees, asylum seekers and refugees with disabilities: our needs and perception of disability. He spoke to Mario Bazega about this, and systemic barriers that refugees and asylum seekers with disabilities face.

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DOMINIC: I have two disabilities, and I'm of a Vietnamese background. I have a good experience of the disability sector. And what has happened over that time is that, a number of our members have come forward requesting support around their disabilities, so I'm kind of naturally good at that, and I thought we've developed a support program, not in essential like a case management work, but in the sense trying to find linkages and services available for asylum seekers and refugees.

DOMINIC: But doing that, what I encountered was that a lot of information that's not available, unknown about the disability sector, and by the refugee sector. And now I'm puzzled by that, because I worked in the community sector for the last 17 years, mainly around refugees and migrants. And I thought, “Oh, that's just really interesting.” Even though I've grow up in Australia, I have two disabilities, I have a hearing impairment as well as mild cerebral palsy], so I kind of know the sector quite well.

DOMINIC: But a lot of the questions I asked is about, where can I get support, who can I talk to, what access to I have? And a lot of the time when I went out to look for certain services, mainstream services, to get accurate information about eligibility and accessibility was just amazingly difficult. Though, you can go on all the different websites, A, they're all English, that's the first barrier, and number two, to find the relevant information, you have to go through several different pages of the website in order to find what you need.

DOMINIC: And it's like, well, I'm English speaker, literate, and if it's difficult to me, it might be quite difficult for recently arrived. The lived experience of our members is vital to how we deliver our services. And it also vital to how the advocacy works, at large. So, because it’s driven by our own lived experience. The services, I try to be as open and accessible as possible, but also so that the members of the board, I also have that background.

DOMINIC: On that process of support and getting the funding support, we rely mainly on donation from the refugee communities, but also we make a political stance set because of the government's role in perpetuating not only mental health issues, but also disability issues, for our members who are in detention or that's out of detention.

DOMINIC: So, we believe we should not take money from the federal government. So we cannot take that step when it comes to developing our support services advocacy in that space.

MARIJO: It's a big difference to say other organisations that are in the refugee sector, who haven't kind of centered that lived experience as much, and involve people who actually are asylum seekers and refugees.

DOMINIC: Oh yes, I would agree with that. That's mainly because no fault of their own, but your operating those services apart within the mainstream perimeter. So, this is really about delivering a service that generally come from a universal, equitable position, it's actually not catering to what you would think would be the denominator group that you're servicing.

DOMINIC: So, we can take the opposite view which is, I experienced a concern in the community and a barrier, I will develop a service to help directly about that. An example would be, we have quite a few different services. So, we have a lobby which is fully accessible, it's stocked by text and books by people of colour, but mainly most of our work is advocacy, and the other lot of our work is legal advocacy type work around the tribunal.

MARIJO: So, that brings me to the report that you wrote. It's called “Ex-detainees, asylum seekers and refugees with disabilities: our needs and perceptions of disability”. So, you've kind of already talked about why this is important, can you talk us through the process of how this report came about?

DOMINIC: Yeah. This report came about from my engagement with funding bodies. And the principal question that we got feedback from the funding bodies was that, where's the information, where's the data around refugees with disabilities? And we went “Oh, okay”. Just having anecdotal evidence from our members was not enough. We needed to come up with a more concrete conclusive basis of why our service is needed, particularly for this cohort, which is, refugees and asylum seekers with disabilities.

DOMINIC: So I had the opportunity to do the Social Equity Institute Fellowship at Melbourne Uni that allowed me access to the resources and two mentors from the sector: one in the disability sector, one in the refugee sector. We started out with a literature review, and then I incorporated what I call unstructured/semi-structured interview process with our members to see whether ... How much of the information that's out there in relation to the experiences of our members, trying to match them together.

DOMINIC: So, it was really on that refugee organisations, our modern resource centers, health clinics and health services, and disability services. That I get an understanding of, if any of their clients have a refugee background, and had a disability, they have a bit of a base understanding of some of the complexities of coming to the country, newly arrived, and with a disability.

MARIJO: When I was reading it, I was thinking this is really good for just mainstream community services, right? Because often they don't come in contact with people who are refugees and newly arrived, and I think you were talking before about funding bodies. And funding bodies can sometimes be very siloed in the way they fund, and then services also become really siloed. And I know that's something you wrote in your report.

MARIJO: So, can you talk to me a little bit about the silos, and how actually that gets enacted when people try and access supports?

DOMINIC: The through report has really come ... Well, I believe came out of the medical model. The disability was staying traditionally as from the function of one body, and not an impairment. So, while looking at disability was in a sense developed on, how do you fix that? But that's one thought of it, and got a lot of literature, a lot of work around how that is compared to the social model of a disability. But the refugee end of it, it really comes down to border caution.

DOMINIC: The literature around legal status of being a refugee, and what do you need to prove to be a refugee, which is about persecution. And what would be really interesting was that, I found that none of the disability literature and the refugees sector literature, actually community catered both intersectionality-wise.

DOMINIC: So, they rarely do the information from the refugees about experiences of disability, and what that means. And I found that really strange, because generally, most refugees come from conflict zones. And what happens in conflict zones? People get shot at, there're bombs, there're planes burning villages, and towns, and so forth.

DOMINIC: Generally that creates disability, but the disability sector really comes more out of a community activist step from the 1960s and 70s, but mainly from the 1970s in the domestic advocacy. So, it's out of the institutions from the medical model into the community. But the disability sector literature was really about how do you get equality, how do you get fair treatment, how do you challenge the idea of the medical and moving it into the social model.

DOMINIC: But what they talk about is minority groups, what we like to call people of colour or migrants. Much of the literature from the disability sector is anglo-saxon mainstream, which is where it comes from. So, what is interesting about disability is that, the only aspect of disability that looks as close to the refugee area was veterans, war veterans.

MARIJO: Interesting.

DOMINIC: And the history of war veterans advocating for better support services for their disability. So, I tried to put those two together.

MARIJO: Another barrier that you highlighted in your report is that refugees who arrive on humanitarian grounds and asylum seekers are granted different visas. So the visas, depending on what visa you're on, is actually also dependent on what services you can access. Can you talk a bit about that?

DOMINIC: That's a very complex one because visas are perfectly built to be complex, they are. So, to unpack it as simply as I can, if you're a refugee, you can come into Australia on a humanitarian entrant visa, you're automatically given permanent residency. This gives you access to all the mainstream services, disability services, plus Medicare. All the Bridging visas, TPV, and shared visas only give you access to Medicare, and that's restricted on what kind of services there are.

DOMINIC: Medicare is not disability support services, and that's why I tried to make it clear in the report that those who are asylum seekers have an additional barrier, and when they have a disability, there's more barriers to encounter.

MARIJO: Absolutely.

DOMINIC: So, if you have a hearing impairment and you're an asylum seeker, you cannot always get hearing aids from the mainstream hearing audiologist in Australia. But also you're locked out of one principle defining act of a form that's currently happening with the NDIS, which is only available for those who are on permanent residence. Now, that's where it gets a bit complicated to try to separate the visas, as well as the different classes, and what you're eligible for.

MARIJO: The way you've explained that is, there's a whole bunch of people that actually can't have access to any services, or any help in the community. Going back to the silos you were talking about before, and how there's no communication between the different kind of sectors and things like that, one of the things that you wrote about in your report, which I thought was really interesting was, that often services don't ask the question about disability, and ask about whether people are needing support for that.

MARIJO: So, can you talk a bit about that, and why you think that it's not being talked about when people are coming in contact with services, particularly settlement services?

DOMINIC: Well, that comes from a long, long, long history of migration support and settlement in Australia. Migration support it really based on a certain manner, idea or Maslow's hierarchy of need. That the refugee sector and settlement has focused it on those shorter things. They have not considered disability. That's kind of a later down the track, or if a family member had a disability, they would deal with that later.

DOMINIC: So, that's why settlement has not really dealt with disability well. Also one of the main things is that, because they don't ask about disability, it's not addressed. So, if you have got a client that comes into the door for intake, and you don't ask about disability, they're not going to answer about their disability.

MARIJO: Yes, that's right. This show we talk a lot about invisible illness as well and invisible disabilities, so it's even less likely that people are getting services are going to pick up on that, right? Unless they ask the question.

DOMINIC: What is really interesting though is that, from feedback from a lot of members is that if you present to the refugee support or settlement service, clearly with a visible physical disability or intellectual disability, they're more on top of things when it comes to getting that support services available for you in the community.

DOMINIC: But if you present what a lot of the refugees have, which is invisible disabilities, then you're less likely to get the support you need. Now, this has been a downfall like shrapnel injury, torture injury, bad back injury, acquired brain injury because of torture and trauma, bombs going off, and because you're being shot at. Not every bullet causes clearly a deformed impairment or disability, but it's a disability that affects you 24/7. So it might decrease or limits your limitations to be able to do things. So, getting those support and justifying is a lot harder.

MARIJO: In the report there was also some quotes from people who you had interviewed, just around their perceptions of disability, and what that actually means for them and for their communities, can you talk a little bit about that?

DOMINIC: Yeah. That came about with my investigation into the literature of both refugees and disabilities sector. And I thought, well hang on, we're going to be warned a little bit. Have we actually asked newly arrived refugee and asylum seekers what the term disability means for them? Mainly because the mainstream disability services in Australia presents disability to the public.

DOMINIC: If you want to get support, you must get your disability addressed by this organisation, and that's quite confronting for newly arrived of people. They're like, “Whoa, what does this mean?” Because English is a second or third, or even a fourth language, and also, well, “back in my language or country of origin, that does not make sense”.

DOMINIC: For many people that come from countries where disabilities, and having a disability is still looked down upon, or support required to address that disability is not going to come from government, it's going to come from the community. What has happened in one language, there is no word for disability, but it's the specific different types of impairments.

DOMINIC: In another language, the way we describe disability, when we translate it, is a negative. So, the negative is reinforced when they come to Australia and I see the services that are available for them.

MARIJO: So, we've talked a lot about all the gaps that there is. Dominic, what do we do about it?

DOMINIC: This report and what I came out with is, kind of an overall analysis of how systems are working. And I'll put it ... We'll need to work within those systems. We've got the structures available, but we need to be more proactive as mainstream service providers to do the right thing as you would an Australian citizen. Just because you're newly arrived and don't speak English, or may not know a full translated document from the services, you need to actually take the initiative, and be active about how they get the support that they need.

DOMINIC: If you go to the GP, you get your initial health test assessment, the ones you need, the doctor should ask about disability there in order to get the referral required. That's where I'm getting at.

MARIJO: I feel like mainstream services saying, “I don't know,” is just not good enough, and I think it's up to the mainstream services to reform, to change their approach and not rely on organisations like yours to fill that gap for them.

DOMINIC: In some ways in support we're kind of like throwing out a bit of bait. And also encourage the organisation to do their homework after reading it. So, it wasn't meant to be a comprehensive thesis on refugees with disabilities, it wanted more to encourage internal reform in the process of how you give the support to your clients.

PAULINE: You're listening to Power from the Margins 3CR's Disability Day Broadcast. I had the honor of speaking with an ex-detainee who wishes not to be named for this program. Here is his story.

SPEAKER: I am an ex-detainee who came to Australia seeking asylum. I got detained. I was there like 13 months. That was here in Melbourne. To my great shock, I never saw anything like that in my past life, particularly from the countries they beat drums of that, they are the champions of human rights, and they sometime believe that they have got the right to impose their will on poorer, or the countries which are far from Australia. Whether it be Britain or United States of America, wherever they believe to go for some adventures or misadventures for their political or commercial gains, they go and wage wars.

The biggest thing which is lacking in the argument or refugee or asylum seekers debate worldwide is, who are these people seeking asylum or the stateless? There is a lot of noise that's made that it is complicated. The number of asylum seekers is staggering. There are more than these million people. Australia can't accept refugees, hold refugees.

And I have always said, the countries who they are well internally signatory to the refugee convention which gives asylum seekers, or the people who they are fleeing for the convention reason. The signatory countries have got an obligation to accept them. The biggest contradiction for me is this, that the countries who they are signatory to the refugee convention, they go into the world, the countries sometime to about 15,000 kilometers away from Australia knowing that there'll be millions of people be killed, injured and forced out of their homelands.

And then those very countries are reluctant to accept refugees which are caused, pushed, forced by taking part into the world. And when they come here, we're still ... One little point I wanted to raise is, we are signatory to that treaty, and that treaty, that document of United Nations if you read, that's not changed. What has changed is Australia's internal laws. How to implement, interpret and accept refugees, that's the biggest hypocrisy.

I always believe if Australia cannot accept or have capacity to accept refugees, they should ... Number one, should not go into the wars believing the clear-cut understanding. Any layman would understand if you go to war, people will be killed, be injured or forced out of their homeland or countries. So, knowing this that people will flee, knowing that we are still signatory, and then not to accept people and put them into detention centers. Sometime six, seven, eight, nine, 10 years.

In one of the Australian High Court's decision and it was said that, it is legal to detain people, even if that means that the detained people will remain there for the rest of their lives. Well, if we reach there and then we see we have signatory, and then we are signatory to United Nations Human Rights articles or the sections. I will forget if I'll ... But there are like section nine, section seven or eight.

So a lot of the things we are in violation to in that area. And when people come here, now coming back to your original question, I walked into a detention center physically and psychologically fit person. I have no problems. I worked in construction industry as civil engineer for 27 years prior to coming to Australia, had no problems. But soon after arriving here, I started having back pains, crippling back pains.

They was openly saying that I'm putting it on to gain sympathy or something. I was helped by people to take me even to my essentials, to go to the toilets, or take showers, or put some chair there or ... I was denied wheelchair. I needed it when I would crawl on the floor, but openly even then told I'm putting it on. There used to be a doctor who would come maybe once or twice a week for a few hours, and you will be only able to see a doctor if the nurse believes that doctor should see me or see the sick person.

So, I've been through that hell, and I did applied Bridging visa. I was on health grounds and was denied. I was there 13 months, so my condition got worse. There were four L discs. Lower discs were infringing on my spinal cord or giving me havoc in a way that I wasn't able to use my legs to walk or things like that. And then I had three discs in my neck and C-section, and my mental health deteriorated too.

We were writing and asking, begging people outside ... We started asking people to come and visit us. In a way people were not visiting people. Even now, in a country or city like Melbourne, there are people incarcerated. Through our visitors, we started questioning and asking, started interviewing on radios or newspapers or things like that. People started coming in.

We were getting a lot of help from lawyers, doctors. But in a center like that, there was no proper assessment of your mental or physical health. They do have a fulfilled all the ... What do you say? Obligations, that there is psychologist visiting. There is an organisation called Foundation House. One of their psychologists will come volunteer ... And volunteer or paid I don't know, but those were the people.

: They will make a report, and if that person is on your side, they write a report, you get better treatment or sometimes get out. In my case it didn't happen, and I knew that ... Then you start thinking, the life is not worth living or what has happened to your whole family, or the life you have had in the past, and there is no hope. And when you're told that you will never be given a visa or something, or you're putting it up, we are very strict about it, then you lose hope for life, you lose life.

: I was very, very extremely lucky that I had some big names, QCs and barristers used to visit and then contact. So, we were able to go to the federal court asking for an independent psychiatric assessment which took place. And in that they found that I am in a bad way fit psychologically. And that has to happen. Someone who is in detention, they can't even get a lawyer.

In a very stroke of luck that you have some connections, that you have some big people, they can take your case to the federal court, and then you get out. So, I get out on a psychological disturbance or a psychiatric-assessment based. After coming out, there was a year and a half I was placed on a Bridging visa E that I'm not allowed to work, not allowed to engage in education, not allowed to do even volunteer work.

So, I was placed in a perfect way of where you are just a beggar that you have to ask everything: food, water or medicine, or clothing, or accommodation. There were charity organisations that help. How that works, I'm not going to go into detail. It's all very injuring stuff. When you lose your self esteem as a person, self-respect as a person, you start expecting that some of the people will give me a lead.

I have a family which is totally demolished with all those kind of stiff stuff. Maybe year and a half later, my visa application got accepted. Once that happened, you put on a newstart allowance, had no information about that I am this, and I can get any help. I was expected to work and I wanted to work. I tried everywhere.

The system is set up in a way that everybody where we go, oh this is your case officer. Case officer come say, how many hours you worked, or how many applications you've applied, where you applied? And then you go there every couple of weeks, you fill the forms, and the person sets and push the data into the computer and you go.

The similar thing happened. I've worked for a couple of years on and off odd jobs, whatever I was able to, they couldn't do anything. And then I have had these episodes of time where I will be on crutches, or be completely on the floor crawling. I have had all kind of proof, MRIs, X-rays, CT scans, confirming that I've got these injuries.

I got in detention 2001, early 2001. The people, generally Australian public, how and why they must be ... I don't know, maybe not able to understand what happens to people in detention centers. You see people are trying to kill themselves every day or breaking glasses, holding glasses, trying to cut themselves, slash themselves and drinking detergents and all these kinds of things, losing hope, or running from 10 meters ... Running into walls, falling down or things like that.

: You've witnessed that every day with the children and women, young and old, everybody around. Sick people have somebody who was having a heart arrest ... Cardiac arrest, and the ordinary guards that are coming, “Oh, you're putting it on.” And the other one will come and say, “Oh, maybe that is something serious.” Or, “Give him some Panadol or something.”

And then we'll be yelling and asking them, and some operation manager will come after 20 minutes of cardiac arrest. Luckily the person didn't die, but then they will take them in their ordinary sedan car to a hospital, only to be told by hospitals that, this guy is having a cardiac arrest, and you are bringing this person into a sedan car, it's wrong.

Or if you're holding 100 people, and you don't have ... You have to, you should be. I don't know what law says, you should have an ambulance there when the circumstances are that people are trying to cut themselves or kill themselves. Well, there is no such facility. And if you witnessed these kind of things for a prolonged time, it ought to damage you psychologically. I would quote Professor Patrick McGorry, I and him had a little chance of speaking at Melbourne University at some stage. And he quoted and said, “Detention centers are factories which produces mental illness.”

There's a report from the United Nations Human Rights Commission that they found ... Their finding was that people are in gross depression. Australian Human Rights Commission's findings, Feminist Internationals Findings, there are reports after reports, inquiries after inquiries, but system works like that. Once you're out, you're out.

I applied for ... With all the documents or evidences I have for a disability pension. It was like ... One year was still ... The decision is coming, the decision come, okay now they finding is not good so okay, what do you want? So I have a review. Okay, we'll review the year is passed, another year it is, “Oh, the review says that maybe this year you'll pass like that, and we'll see what we can do.” Nothing happened.

And I was transferred from one service provider to another service provider. They said, “We've got two years time, they want you to work.” I would want to work if I could be accepted or within my capacity. But that's not the case here. And you have the reports, I can't do work, and they can't do anything. So I would go there, they'll fill the data and go. After two years they transfer me to the other one ... To other one with work, and I'll have to then again apply.

And with more reports from the specialists, psychologists, GPs, neurosurgeons everybody who's engaged in rehabilitation or somehow to keep you afloat, alive. And then that was also ... The finding was again, after three to six months that I'm not eligible. I said, “Okay, I'll go into that. Now I will go into the internal review, and if that doesn't find out, then I'll go to the other legal ways to get some relief.”

That's when I was given. So, maybe a total of five years of struggle to even get accepted as yes, yeah, your injuries are genuine, and you don't need to look for work or that you have to be cared or given this as a disability pension. So that's where I am.

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PAULINE: Finally, here is a Tamil refugee talking about the impact of visa restrictions on him as a person with disabilities. His words here are being spoken by an interpreter.

INTERPRETER: In 2012, I came to Australia seeking asylum in this country. I was included into the society by giving me a Bridging visa in 2013. In 2016, I submitted my application through an attorney for asylum in this country to the Immigration Department. In April 2017, after examining my application, I was given the Safe Haven Visa.

According to that visa, it is called Safe Enterprise Heaven Visa, a person who gets that visa should live in a regional area for three and a half years (42 months) and the person who gets it should be able to be engaged in employment studies or ... Employment studies and working. Under that condition, I moved to the place where I am living in that regional area under that condition. Because of the albinism, I was not able to get a job in any of the employment. And because of that, I am at the mument studying in native college English language class.

The problem with me is with albinism. And my eyesight weakness also is the reason for me to find the suitable job. Because of this disability, I am not in a position to do normal work. I am getting Centrelink benefit payment that is also with a great difficulty, because I have to report to the Centrelink office every two weeks.

And every three months, it is really reviewed by the department and the Centrelink department. What I am trying to say is, because of the disability, still the disabled people are treated as second class, especially the charitable organisations like I'm Salvation Army, and-

SPEAKER 2: Red Cross.

INTERPRETER: Red Cross and all that. They also don't provide much service to disabled people like us. Albinism usually, if people get it because of some deficiency in melanin, that gives a different colour to the body, and the sight-

SPEAKER 2: Eyesight.

INTERPRETER: ... eyesight also is reduced. Because of this deficiency, I won't be look at sunlight directly. And even in the night, I find it difficult to look at the lights. I got the contact of albinism, and problem also. Albinism in Australia and I couldn't spoke to that lady from that organisation. They took my email address and the phone number, and told me that they are going to have a conference, and they will be contact me later on.

I was not informed about the conference, but as well, they didn't make any arrangements for me to go for the conference. In my area where I live, there are two small boys who has also albinism. They belong to the Australian community. I had contacts with them within a short time. The boy's mother told me they had a conference in Adelaide and we went for that.

: Now when I got back to Sandra from Albinism Australia, she said she was attending the conference in Adelaide at that moment. When she comes to my region, she will be contacting me. She never contacted me after coming there, but I myself contacted her later on. When I contacted her, she asked me to join an online group by paying $40.

So, I told her that I like to meet you personally, so can you give me an appointment to see you? And she never gave me that appointment. I was not good in English. Because of that, I contacted a person from APN, APN where I go for my English classes, and I asked that lady to explain things properly. Then only she told me our group doesn't do much work for anyone.

She told me that they don't do much work. They have only their conference every two years, and she said it would be a waste for you to join the conference, so I just gave it up. My understanding and what I want to know is that, when there is a support ... There's support from UN for albinism people, and specifically they're having a day for Albinism Day, and what is the point in having all these things, when they are not doing anything to us?

During the time I was in Victoria ... When I was in Australia it helped me. The only help I got to hear was the transport facility to travel in train, tramp and bus. In the regional areas, Vision Australia offices there, but they don't work the way the Vision Australia office work in the cities, you see? Especially when I asked for ... They are understaffed as well. Then I asked for this white stick, so many times I have to request them for that.

After repeated calls only, finally a lady gave it to me, and I have never seen that lady after that, because they are so understaffed. In my regional office, they have a suboffice. They have their head office in Belgrade which is far away from my place, where I stay. In 2018, she contacted me once, and she wanted to see me. And when I told her about the appointment date, I got another appointment, since then I have never seen her.

Otherwise, when I visit that suboffice, I don't see anyone there in that office. When I was in Melbourne, they supported me very well. But regional office they said, “Sorry, we don't have any staff here. It is very difficult for us too.” I am living in a regional area. The reason is, according to the condition of the issuance of the visa, we are supposed to live in that area for 42 months.

You would have known recently that the immigration department is a very harshly implementing the policies, because of the population burst in the city areas. They want more people to move to the regional areas. I am happy about your interviewing me during this disability week, because this should bring awareness in the society.

PAULINE: Thank you. You're listening to Power from the Margins 3CR's Disability Day Broadcast. You've just listened to ableism in the settler colony. To support the work of RISE and to donate, you can visit their website, riserefugee.org. I'm PAULINE, thank you for listening.