# T R A N S C R I P T

# LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

## Inquiry into Claims made through the Transport Accident Commission (TAC)

Melbourne – Tuesday 9 June 2026

**MEMBERS**

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
Lee Tarlamis

**WITNESS**

Melita Parker.

**The CHAIR**: Welcome to the public hearing of the Legal and Social Issues Committee. I declare open the Legislative Council Legal and Social Issues Committee's public hearing for the Inquiry into Claims Made Through the Transport Accident Commission (TAC). Can we please make sure that all mobile phones are off or they are switched to silent so that we minimise background noise.

Firstly, I would like to acknowledge the original custodians of the land, the Aboriginal peoples, and pay respects to elders past, present and emerging.

I will now introduce our committee members. I am Joe McCracken, Chair. I will go to my left and to my right and then online.

**David LIMBRICK**: I am David Limbrick, Member for South-Eastern Metropolitan Region.

**Ann-Marie HERMANS**: Ann-Marie Hermans, Liberal Member for the South-Eastern Metropolitan Region.

**Michael GALEA**: Good morning. Michael Galea, Deputy Chair and Member also for the South-Eastern Metropolitan Region.

**The CHAIR**: We will go to Lee and then Anasina.

**Lee TARLAMIS**: Lee Tarlamis, Member for South-Eastern Metropolitan Region also.

**Anasina GRAY-BARBERIO**: Anasina Gray-Barberio, Member for Northern Metro.

**The CHAIR**: Perfect, thanks. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and say the same thing, those comments may not be protected by that privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript, and ultimately that transcript will be made public and put online.

For the Hansard record, are you happy to say your name and any organisation you are appearing on behalf of – or yourself?

**Melita PARKER**: My name is Melita Parker, but I prefer to be called Milly Parker. I am just here as myself.

**The CHAIR**: Perfect. Thanks. Milly, I will hand it over to you. I will put 10 minutes on the clock and the floor is yours. Welcome.

**Melita PARKER**: Thank you very much. Thank you, Chair and committee, for the opportunity to appear today. It is an immense privilege. I am here regarding my submission, number 61, and the supplementary evidence that I provided the committee. Does the committee have that supplementary evidence? Great. I just want to check that because that supplementary evidence revealed significant findings within it.

I want to start and make it very clear that I am not here to demonise TAC, the staff or any clinicians that I have been involved with. I am here to share what has happened to me as a cautionary tale that is still ongoing and to contribute constructively to reform. I am aware that this committee will hear stories far more harrowing than mine, but I am here because my story is thoroughly documented and because the pattern it reveals is not unique to me. I hope that my evidence shines a light on experiences that others may have not had the capacity to document as I have or bring to this committee.

I want to make something else very clear. Without the Transport Accident Commission, I would not be who I am today. I became a TAC client in 1992 at the age of 21. I was a passenger in a car that hit a tree at 140 kilometres. I was resuscitated, airlifted to the Alfred with a fractured skull, fractured spine, brain injury, bleeding lungs and multiple other injuries that have left me living with chronic pain for 34 years since. I was on life support for nearly a week. During that time my mother was asked if she would consent to donating my organs. I was expected to die. I did not. With, and only with, the TAC's support I rebuilt a life that I was not expected to have.

I have proudly publicly championed this scheme for over 10 years, unpaid because I believed in it that much. I served on TAC's inaugural Disability Advisory Committee under CEO Stephen Grant. Under his leadership, the self-purchasing legislation passed Parliament in 2004. It was radical and progressive legislation at the time: clients given choice and control over their own care. TAC published a client magazine called *Empower*, which was perfectly fitting. It was an exciting time to be involved at TAC, and the enthusiasm for reform was infectious. Self-purchasing is the clearest example of how the TAC client was front and centre. The scheme adapted to clients. This was not just Victorian reform – the self-purchasing model, individual funding, genuine client choice, the scheme adapting to the person became the blueprint for the NDIS. I spent the next decade campaigning alongside the disability community to take what TAC had built and make it available to every Australian. In 2013 the NDIS was passed into law. What TAC pioneered in 2004 became the architecture of a national scheme that has changed hundreds of thousands of lives. It is an extraordinary legacy, and my work in that led to the honour of receiving an Order of Australia Medal for services to disability in 2018. Both the Transport Accident Commission and the NDIS are cited in that recognition. TAC did not just give me a future, it taught me about good governance, legislation, disability reform, equality and advocacy, and in doing so it gave me a purpose, which is why being here today, saying what I am about to say, is so difficult. I can no longer in good conscience have people believe I support the TAC as it stands today.

Around six years ago my pain was worsening and I needed to draw on significant TAC support again. What I returned to was a very different TAC. In over 30 years as a TAC client I had never made a complaint, never even thought about it. Then in 2025, within four months, I made three complaints. All were upheld. All resulted in formal apologies. Those complaints included delayed treatment, requiring Ombudsman intervention; unprofessional conduct towards my treating dentist; and false information in a TAC-commissioned occupational therapist report. That third complaint, the occupational therapist report, attributed statements to me I never made, twice. There were two instances in that one report that were false. TAC, the OT, the doctors and I all agreed it was false, but TAC would not have it changed. The resistance I met trying to get that changed was enormous. It took a formal complaint before they would, and even in the apology, the response to my complaint, the TAC noted that I remained distressed despite reassurance. They framed my insistence to have false content removed as distress rather than properly acknowledging that their own document contained false content.

What appeared on my file afterwards was not an acknowledgement that a false document had been corrected. TAC called a rehabilitation provider I was to meet for the first time and told them:

> Client is currently quite agitated and may be in pain. Please do not discuss anything return to work with her. This is a sensitive topic and not relevant to the ongoing management of her claim.

I found that via the freedom-of-information request that I put in in January, which they only released to me last month. Along with that there are notes that I am triggered by return to work. But what has disturbed me most is not any single incident, it is the pattern I have observed. It is the culture. It is a system that moves only once escalation is applied through normal channels, through complaint to the Ombudsman or ministerial contact. A system that only moves when you become impossible to ignore is not serving injured people; it is an endurance test.

Among the 1300 pages that I had to manually go through this past month through freedom of information I found by chance a small tick box next to a classification that applied to my file. It appeared only once; I was lucky to have caught it. I want to read it verbatim. My case is classed as a 'sensitive client', with the note:

> Client is well known and has been heavily involved in TAC branding and advocacy, recent complaints and ministerials.

The basis for that classification is not clinical complexity; it is not anything medical at all. It is my reputation: TAC branding association, my advocacy, complaints, and that I contacted the minister. Both this classification and the preferential treatment it appears to attract are the absolute antithesis of who I am.

I have spent my working life standing for fair and equitable treatment regardless of who someone is or how loudly they can advocate. I told TAC, I told the Ombudsman, I told the minister I did not want special treatment. I told the minister I could have reached out to former CEO Joe Calafiore, whom I have known since the 2000s and my days on the TAC Disability Advisory Committee, but I would never put him in that position. It would be unethical. The scheme should work as designed for everyone.

That sensitive client classification has operational effect. My pain specialist submitted a ketamine infusion request in 2025. It went unapproved for months. In 2026, with that classification, the same request was approved in eight days. In April 2026 I also emailed the TAC team leader whom I have since been dealing with directly, explaining I was due for botox for my migraines. My 12-month approval had run out. It was approved the next day – no doctor, no referral, no clinical panel. Me – I requested it. The system should work for everyone, not just the people whose classification triggers next-day approvals. The contrast with having a sensitive client classification, for reasons I mentioned, could not be starker, because just 12 months earlier the same system that approved botox in a day left me in pain for four months. I waited 102 days for a ketamine treatment that was only eventually approved because the Ombudsman stepped in. Complaints, the Ombudsman and the minister made the system move.

For nearly four months in 2025 TAC delayed approval for the only effective pain treatment I have. Because I have nerve pain, normal pain medications do not – I do not even take Panadol, because it is useless. It does not work, and I have contraindications to the normal drugs. The same ketamine infusion TAC had funded in 2021, 22, 23 and 25 – we tried something else in 2024 that did not go too well. My point is they simply did not make a decision within 102 days. When systems withhold decisions rather than making them, the burden falls entirely on the injured person to force them to move. That is not inaction; it is a decision by TAC not to decide, and it has a cost. My unmanaged pain caused severe bruxism. A healthy molar fractured and had to be extracted. TAC has since accepted liability for that tooth, but it was not lost because treatment was refused; it was lost because no decision was made at all. I cannot imagine what others with far more significant issues than mine are experiencing, given the toll this has taken on my mental health, my physical health and my capacity to keep fighting. I ask this committee to use my case as a torch on system behaviour – not just for me, for everyone this system is failing.

In that same tranche of FOI records I discovered decisions about my care were being made using information that was wrong – not debatable, wrong. Migraines, placing the onset of them and that I was taking medication since I was three years old. My migraines began at 21, after I fractured my skull, not when I was a toddler, and that report is being relied on today. In a single clinical panel referral created on 2 May, the day after the Ombudsman intervention forced a ketamine approval following a 102-day wait, I found multiple errors. My WorkCover injury, which arose in 2014, 22 years after my accident, was recorded as pre-existing. A radiofrequency procedure for pain recorded as completed in June 2023 I did not have. Both ketamine infusions and a lignocaine infusion were recorded in the same year when I only had one of those, the lignocaine. Bizarrely, a referral note for my ketamine request, for a patient whose only pain relief is annual ketamine infusion, reads ‘for addiction specialists review, please’ with a smiley face next to it – on a serious clinical note.

I had one OT report rewritten due to false statements. Through those same FOI records I found a second – a different practitioner, a different year. Both attributed return-to-work intentions I never expressed. I have permanently been unfit for work since 2014. When I queried the OT, she told me, ‘Sorry, the template required it, unfortunately.’ The burden is now on me to prove that the documents being used to decide my treatment are wrong, and access to that information is extremely difficult. I have to now make another freedom-of-information request, a process most injured people would never know how to initiate. I respectfully ask this committee to use its powers to request TAC to review my file and disclose what reports are actually being used in treatment decisions today. TAC holds all the power in the relationship. They hold the records. They write the narrative of what type of client you are. They decide what information you see. They classify you without telling you.

One observation outside the terms of reference but relevant: I am in the unenviable position of holding active claims in both TAC and WorkCover simultaneously. Both sit within the same minister’s portfolio. I am experiencing significant issues with EML, my WorkCover agent. It is astounding how similar the treatment has been across two separate schemes run by the same minister.

I have pursued every pathway available to me, and I will continue. I have sought legal assistance through every available avenue. I asked the Law Institute of Victoria twice to give me a referral, and they did not. I have had to become my own legal representation because that is what the system currently requires. The health complaints commissioner's independent submission identifies the same patterns I am facing as an individual. My case is unusual in how thoroughly it is documented; it seems it is not unusual in kind. I am yet to go through again the 1300 pages I have just had, and I am requesting more. If that is what is in my file, what exists in the files of others who never ask or know to ask to see them?

I am one person, unwell, living with a brain injury and PTSD, without legal representation, up against a billion-dollar insurance scheme with every institutional resource available to outlast me, and by design they will outlast me. Without TAC I would not have experienced the extraordinary life I have lived. I care deeply for this scheme, and that is precisely why I cannot stay silent about what it has become.

**The CHAIR**: Thank you. There is a lot in that. I appreciate it. Are you happy to take questions?

**Melita PARKER**: Absolutely.

**The CHAIR**: I will go first, and then we will go through members of the committee. Jeez, I do not even know where to start. There is so much there. Firstly, just thanks for putting all that on the record. I can understand it would have been incredibly difficult for you to go through that. There is a lot there to bring up, and sometimes it can be really confronting, so I really appreciate that you actually did that.

**Melita PARKER**: I appreciate that. Thank you.

**The CHAIR**: The question I want to ask you first, amongst many: you said earlier on, about the culture, the system moves once pressure is applied and it is a bit like an endurance test.

**Melita PARKER**: Absolutely.

**The CHAIR**: You described in great detail that you have had to go to great lengths to get outcomes, including going to the Ombudsman, contacting the minister's office and that sort of thing. Many others who might have experienced similar situations may not know the system like you do and may not have had the ability to do that. I will start at the start. How have you found navigating that process and the fact that you have had to actually go to those lengths? How does it make you feel?

**Melita PARKER**: I am absolutely exhausted. My doctors are asking, 'Why has your health deteriorated so much in the last 18 months?' And it is because of this constant conflict, even on the most basic of things. It is very much, I feel, a culture within TAC that is adversarial at every level.

**The CHAIR**: I noticed before you said that there is a shifting of the burden from TAC to the person who is trying to engage with the system – the client.

**Melita PARKER**: Absolutely. I am a policy and governance geek. I love – I spent my life –

**The CHAIR**: There are worse hobbies.

**Melita PARKER**: No, I really love it. So what I have been able to do is, even though it is horrific, what I have been through, I have been able to detach and use my policy brain and kind of try to reverse-engineer what on earth is going on here, because every tier I am thinking, 'No, surely not.' I am finding that sensitive client classification just –

**The CHAIR**: I have only got about 20 seconds left, but I want to ask you – you said also that you have been dealing with WorkCover, obviously dealt with by the same minister – what your message would be if you could talk directly to the minister. What would it be?

**Melita PARKER**: Look, I would need an hour, probably. But I think it comes back to culture, as I gave that little history lesson about the culture at TAC back in the 2000s. It was incredible, the excitement. It was infectious. The client was the centre – there was no doubt about it. Now it is like you have to adapt to them.

**The CHAIR**: I appreciate that. I will pass over to Mr Galea now.

**Michael GALEA**: Thank you. Thank you for your remarks and your submission, Ms Parker. I very much appreciate having you here. One of the stand-out lines from your submission was that this is not an absence of policy, it is a failure of execution. What are the key points where you are seeing that execution fall down in your case, and how is that different to your previous examples?

**Melita PARKER**: I think the TAC service charter: everything in that – I read it, and none of that is occurring.

**Michael GALEA**: You think there is a misalignment between the charter and –

**Melita PARKER**: Absolutely. It is like a big, glossy – but I look at it and think, 'Well, that's not happening.' None of that is happening.

**Michael GALEA**: For example, you have got the issue in your case with the treating dentist and the OT engaged by the TAC. Is that where the issues stemmed from? Was that the break point in the chain that led to the execution not being delivered?

**Melita PARKER**: No, no. It has been going on since – well, the last five years. I have put up with a lot, but when I lost my molar, it was just the biggest wake-up call. I just thought, 'Whoa. This inaction is' – I lost a 40-year-old healthy tooth because of bureaucracy, or maladministration, because a decision was not made. I honestly believe that the policies are there –

**Michael GALEA**: Is it more at the case manager level? Where do you think the issues stem from?

**Melita PARKER**: In my case, I have only had a case manager since the Ombudsman.

**Michael GALEA**: Okay, I see. The decision-maker in terms of your treatment, or the decision being delayed or not made – was that the point at which there was a failure which led to the situation that you dealt with?

**Melita PARKER**: Yes, absolutely, but in all other areas as well. Yes, it is just across the board. There has definitely been a major cultural drift from the TAC that I experienced in the 2000s. And I am not being nostalgic. I am an advocate for vulnerable people, and I can see what is happening.

**Michael GALEA**: You have cited a failure to determine treatment request within 28 days effectively takes away people's right of appeal. Do you think there should be a mechanism by which, for example, at a certain point – in WorkCover, for example, if you put a claim in and it is not responded to, it is deemed to be accepted. Do you think a similar thing should apply in terms of treatment plans?

**Melita PARKER**: I think TAC would say that exists, but it does not. I mean, you have to be aware. I am policy-literate and governance-literate. I cannot imagine someone who is traumatised and perhaps has a cognitive deficit much larger than I trying to navigate that. There should be a strict timeframe, as the Act states, and if that is broken, if that is breached, there should be actual consequences for that. 128 days I waited until the Ombudsman stepped in on my behalf to make them do what they should have done by the 28-day mark.

**Michael GALEA**: And you have turned to my next question, but I am out of time, so I will pass over. Thank you.

**The CHAIR**: Thank you. Ms Hermans. Over to you.

**Ann-Marie HERMANS**: Hi, Milly. Thank you so much for coming in and for sharing your story. Obviously the accident you were in was horrific and could have taken your life, and you have managed to turn that around, which is wonderful. And it is wonderful that you have been an advocate for a government department in action for many, many years, and thank you for that as well. If you were able to change one thing right now about the TAC given your experience from the past, what would that be?

**Melita PARKER**: It would just go back to the requests. Just stick to the timeframes. That would be my first – look, there are lots.

**Ann-Marie HERMANS**: The timeframes are one. I guess I am trying to understand too: obviously your accident was a very long time ago, and the aim of TAC, obviously, is to try to help people get back on their feet so that they are no longer dependent on the TAC.

**Melita PARKER**: Yes.

**Ann-Marie HERMANS**: Help me to understand how the situation with your molar was relevant to your accident previously. Did any conflict come into it? I am not questioning that it is. Just help me to understand this, because I do not. How is the tooth situation relevant to the accident from so many years ago? How does that operate within the TAC?

**Melita PARKER**: Great question. I fractured my skull in the accident, and because I had PTSD from the accident, bruxism was also an accepted part of my injury. Back in 1995 it was an accepted injury. What happened with the delay in pain treatment is my bruxism had a flare because I was in unmanaged pain for nearly four months – nothing, no pain relief. So that kicked off bruxism I already had, which was an accepted injury. Imagine being in that much pain that you are grinding your teeth at night.

**Ann-Marie HERMANS**: So it was through the grinding of the teeth that you had the issue with the molar that then caused the whole situation that meant that you lost the molar?

**Melita PARKER**: Yes.

**Ann-Marie HERMANS**: I am just trying to see the pattern. I kind of got lost on the molar situation. You have talked about the culture, and again you have told me that the big thing here is sticking to doing things within the timeframe. Is there anything else about the culture that you have noticed that is a big stand-out from the past to today? You are saying they are not living up to some of the things that they say they are – can you name a couple just before we run out of time?

**Melita PARKER**: I would just say it is not client-centred anymore. I have to fit into what they say rather than the reverse. And I understand it all has to be – the client can be centred within the framework of the Act and the service charter. I get that, but it is definitely an extraordinary power imbalance now. You do have to do what they say. You have to fit into how they are interpreting the charter or the Act or what have you.

**Ann-Marie HERMANS**: Thank you.

**The CHAIR**: Thanks. Mr Limbrick.

**David LIMBRICK**: Thank you. Thank you so much for appearing today and for your advocacy in the past and continuing advocacy right now. I want to pick up on a couple of things that you said in your evidence and just clarify something for me, whether I heard correctly: it seemed to me that your view on the sensitive patient classification seemed to imply that you believe the TAC is prioritising treatment based on political and reputational risk rather than clinical issues. Is that correct?

**Melita PARKER**: The evidence is there, David. I have that log. I have the freedom of information. That is verbatim, what I read to you. I have never – my jaw dropped, and I was disgusted that because I had made complaints and because I was louder my treatment was getting fast-tracked. To me, as I have said, my whole life has been – I was the public face and voice, and I championed TAC to get equality for the rest of Australia. To see that I am getting fast-tracked because of doing that – now it is weaponised. Do you know what I mean? It is extraordinary.

**David LIMBRICK**: I think I do know what you mean.

**Melita PARKER**: And I want to know how many other people are classified like that. I do not think anyone else would have that particular classification.

**David LIMBRICK**: Maybe this committee can ask for that information.

**Melita PARKER**: And what triggers classification. I have tried to understand it in my own brain, and I just keep coming back to the evidence and the dates and treatment timeframes now compared to a year ago when I did not have that sensitive client classification.

**David LIMBRICK**: Thank you. I also want to ask – you mentioned about a culture. Do you think that some of this culture is around resourcing for the TAC, because one of the things that has concerned me about the TAC, and I am not sure if you are familiar with this – you probably are – is since 2019 there has been close to $3 billion in capital repatriation taken out of the TAC and put into consolidated revenue of the government. What are your thoughts on how this might have affected the resourcing and culture of the TAC?

**Melita PARKER**: Look, that is a huge problem. I remember even back in the 2000s the government seemed to take a huge chunk of money out of TAC, so it has been happening forever – perhaps not at the billion-dollar level consecutively. But one does have to wonder the causation. But I think they can all coexist. There is trouble with resourcing, but there is definitely a culture within TAC where that is normalised – like my OT report, they have normalised that false information on reports is okay, and they have framed it that I am distressed about that. No, it is false information on a medical document. At what point is that acceptable? And I keep coming back to the resistance I met in getting that report changed. And I can be assertive – I mean, I have worked at federal government. You have to be. You have to be able to stand your ground. And it concerns me greatly that someone may not be as capable to say, 'No, that's not right. Hang on. No, you are changing that document. It is false. That is a legal document. What is in it is wrong. You will change that.' But the resistance I met – even I am like, 'Whoa, you know, that's a lot.'

**David LIMBRICK**: Thank you. I think I am out of time. I will pass to the Chair.

**The CHAIR**: Thanks very much, Mr Limbrick. I am going to pass over to Mr Tarlamis, who is online now. You might see him on screen there. Lee, over to you.

**Lee TARLAMIS**: Thank you, Chair, and thank you, Ms Parker, for your detailed submissions and also for coming along and talking to us today. It has been quite invaluable to get your insights. You spoke about the non-alignment with the service charter. You have also spoken about timeframes. Are there any other specific recommendations that you would make to improve the claims process?

**Melita PARKER**: I think there should be an independent complaints body with binding authority. I know we have the Ombudsman. I know we have TAC complaints. But what I have experienced is the process is exhausting. I have been to the Ombudsman. It takes 28 days. And TAC complaints, they determine whether your complaint is worthy of being investigated. Most recently I have gone to the Ombudsman, and that has taken a considerable amount of time, and they have said, 'No, we need more information. Go back to TAC, make a complaint. We want the formal outcome of that', so it is exhausting. Perhaps it is because my trust has eroded in TAC, but the TAC in-house complaints, even though they say they are independent, I think they are far too close for that to actually be the truth, especially given what I have found in my freedom-of-information records. There are conversations in there between the investigators and TAC staff. I am not making any allegations, but I just think it is not as independent as it should be. Did that answer your question?

**Lee TARLAMIS**: Okay. Yes, it did. Thank you.

**Melita PARKER**: Like the NDIS has, perhaps – some sort of body like that.

**Lee TARLAMIS**: Thank you. I might leave it there, because I am conscious of time and that there are others that still have to ask questions.

**The CHAIR**: Thanks, Lee. Anasina, I will hand over to you now.

**Anasina GRAY-BARBERIO**: Thank you very much, Chair, and thank you so much, Ms Parker, for your evidence this morning. I really appreciate all the advocacy that you are doing for yourself, but for others experiencing disability. For the record, who is the minister you contacted?

**Melita PARKER**: It was Minister Ben Carroll.

**Anasina GRAY-BARBERIO**: What was the outcome of that meeting, if any?

**Melita PARKER**: I sent an email last year.

**Anasina GRAY-BARBERIO**: Did you meet with him face to face at all at any point, Ms Parker?

**Melita PARKER**: No. No, just letters. And I received an email a month later, after everything was resolved, saying basically, 'Yes, I've been in touch with TAC. Everything is resolved.'

**Anasina GRAY-BARBERIO**: So he or his office intervened in your case?

**Melita PARKER**: Yes, he did actually, which was helpful.

**Anasina GRAY-BARBERIO**: That is really good, Ms Parker. Are you able to provide for the committee the FOI documents that you have requested?

**Melita PARKER**: Absolutely. I have everything here.

**Anasina GRAY-BARBERIO**: Thank you. That would be great.

**Melita PARKER**: I do want to add, though, one thing that I had to do was write back to the minister, because in his reply saying everything was sorted both the TAC and the minister never mentioned the Ombudsman, which I found quite offensive. And so I wrote back to the minister, and I said, 'For the record, I'm placing the Ombudsman back in this conversation', because it is not just that the issue was resolved, it is what it cost to resolve it. And quite frankly, the omission of the Ombudsman intervention I just found offensive.

**Anasina GRAY-BARBERIO**: Thank you for that. Have any of your treatments been referred to NDIS? At any point were you told by any TAC staff of any treatments that they could not provide – to refer you to NDIS?

**Melita PARKER**: No.

**Anasina GRAY-BARBERIO**: Okay. Thank you. And just coming back to the client sensitivity classification, do you believe at any point you were blacklisted?

**Melita PARKER**: Not yet. No.

**Anasina GRAY-BARBERIO**: Can you just sort of elaborate? What do you mean by not yet? Are you afraid or is there any risk that you might be blacklisted because you are –

**Melita PARKER**: I am not afraid, but I am certainly conscious, being assertive, that perhaps that may well happen, and I will face that if it comes.

**Anasina GRAY-BARBERIO**: Are there signs that you are seeing that that could be a possibility?

**Melita PARKER**: Not particularly, but there is definite tension between us.

**Anasina GRAY-BARBERIO**: I think I just heard the bell there, Ms Parker. Thank you so much for your time. Thanks, Chair.

**Melita PARKER**: Thank you.

**The CHAIR**: Thanks very much, Ms Gray-Barberio. That rounds up all the questions, Milly. Thank you so much for your time today and the evidence that you have given. We really appreciate it.

**Melita PARKER**: Thank you all for doing this.

**The CHAIR**: And thank you for all the work that you do on behalf of people with disabilities as well. It is greatly appreciated, so from us thanks for your time today.

**Melita PARKER**: Not a problem. And if you need anything more, just feel free to yell out.

**Ann-Marie HERMANS**: Thanks very much.

**David ETTERSHANK**: We may do that.

**Witness withdrew.**