



Submission to the Senate Inquiry into the State of Australia's Aviation Sector and Its Ability to Deliver Reliable and Affordable Services to Rural, Regional and Remote Communities

**Submitted by: MJD Foundation Ltd
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Purpose

This submission is made by the **MJD Foundation** to inform the Senate Rural and Regional Affairs and Transport References Committee's inquiry into the state of Australia's aviation sector and its ability to deliver reliable and affordable services to rural, regional and remote communities. It focuses on the accessibility and affordability challenges faced by people living with disability — particularly Aboriginal people living in remote Northern Territory communities — and the consequences of inadequate aviation infrastructure, limited competition, and inconsistent service provision. The submission aims to assist the Committee in identifying practical reforms to improve equity, reliability and disability inclusive access to essential air services.

Executive Summary

For people living in remote Northern Territory communities, aviation is not a discretionary service — it is an essential lifeline for accessing healthcare, disability supports, family connection and economic participation. This is particularly true for Aboriginal people living with progressive neurological conditions such as Machado-Joseph Disease (MJD), who often require air travel with specialised mobility equipment and support workers, and for whom delays or cancellations can have serious health and social consequences.

The MJD Foundation's experience delivering services across remote NT regions highlights significant gaps in the aviation system. Most NT airports do not provide Disabled Passenger Lifts (DPLs), requiring the Foundation to purchase, own and maintain this critical accessibility infrastructure in order for clients to travel safely and with dignity. DPLs are aircraft specific, therefore even where DPLs exist, last-minute aircraft substitutions by airlines can render them unusable, resulting in people living with disability being off-loaded or unable to travel at short notice, extending other support requirements away from home without sufficient notice. These outcomes are particularly concerning given that temporary exemptions previously granted under section 55 of the Disability Discrimination Act 1992 have long since expired, and no current exemption is in place to permit ongoing inaccessibility. Despite this, inaccessible boarding continues as a routine operational reality, indicating a failure to transition from historical exemptions to full compliance.

At the same time, the absence of competition on many remote routes has contributed to rising airfares, placing additional financial and practical strain on families who must travel frequently for medical care and essential services. National data shows that regional airfares are significantly higher than metropolitan routes (Australian Government, 2024) and that many remote services are now supported by a single carrier. When accessible travel fails, the combined effect of limited service options and high costs leaves individuals and support organisations with few viable alternatives.

Taken together, these challenges demonstrate that reliability and affordability cannot be assessed separately from accessibility. A service cannot be considered reliable if passengers with disability can be denied travel due to equipment failure or incompatible aircraft, nor affordable if the fallback option is extended care away from home or emergency transport funded through disability support packages. Without clear accountability for disability infrastructure, coordinated airline and airport responsibilities, and targeted reform for remote routes, people living with disability will continue to face systemic disadvantage in regional and remote aviation.

This submission calls for reforms that ensure accessible boarding infrastructure is treated as essential aviation infrastructure; that aircraft and route planning does not undermine disability access; and that affordability and competition settings recognise the critical role of air travel in maintaining health, wellbeing and equity in remote Australia.

Who is MJD Foundation

The MJD Foundation is a national leader in supporting Aboriginal and Torres Strait Islander families living with Machado-Joseph Disease (MJD) and Spinocerebellar Ataxia 7 (SCA7) — two rare, inherited neurological conditions that cause progressive loss of mobility, coordination, and independence.

What makes MJD Foundation unique is our **"Our Way" approach** — a culturally grounded, two-way model that embeds Aboriginal Community Workers at the heart of our work. It ensures services are not only clinically effective, but also delivered with cultural safety, family leadership, and long-term trust.

We provide specialist, place-based support in some of the most remote regions of Australia, where few others operate. Our value lies in our ability to:

- **Walk alongside families over generations**, delivering long-term, holistic support that reflects cultural priorities, family structures, and community context.
- Combine **clinical and genetic expertise** with the lived experience and wisdom of Aboriginal families.
- Employ and train **Aboriginal Community Workers** who are essential to ensuring services are delivered in a culturally safe and meaningful way.
- **Navigate complex systems** (like the NDIS and health services) on behalf of families, acting as a trusted bridge between remote communities and mainstream services.
- Partner with clients and families to co-design supports and tools that are **grounded in culture, language, kinship, and Country**.
- **Influence systems change** through research, advocacy, and sector leadership, ensuring families affected by MJD and SCA7 are visible, respected, and supported.

In everything we do, we are guided by our clients and families, and by the belief that people living with MJD and SCA7 have the right to live with dignity, choice, connection, and strength — their way.

About Where We Live

The MJD Foundation works with Aboriginal and Torres Strait Islander families living in some of the most remote communities in the Northern Territory and Far North Queensland, including the Groote Archipelago, Galiwin'ku (Elcho Island), Ngukurr and Weipa.

These communities rely almost entirely on air travel to access healthcare, disability supports, hospital services, respite, and essential supplies.

Road access is either non-existent or seasonally cut off, and weather events can isolate communities for weeks at a time. Aviation services are not simply convenient — they are lifelines.

How Flying Affects Our Clients, Families and Staff

The people we support live with MJD and SCA7, degenerative neurological conditions that progressively impair mobility, balance, swallowing, communication and independence. The diseases are progressive and ultimately result in complete dependence. Many clients require:

- hoist- or lift-based transfers for boarding aircraft
- power wheelchairs or customised mobility equipment
- additional support workers for safe travel
- regular medical reviews in Darwin, Cairns, Gove or other regional centres

For these families, missing a flight is not missing a meeting — it means missing essential healthcare, being stranded away from home, or experiencing distress, pain and cultural disconnection.

Air travel shapes every aspect of our service delivery:

- Our staff fly regularly to remote communities to deliver clinical services or disability supports.
- Clients must travel for urgent and scheduled appointments, genetic testing, respite, and inpatient treatment.

- Families rely on regional airlines as the only means to participate in cultural, family and community life.

The reliability, affordability and accessibility of remote aviation directly affect health outcomes, disability progression, and wellbeing.

What's Not Working – Systemic Accessibility Failures and Cost Shifting in NT Aviation

Despite air travel being essential for people living in remote Northern Territory communities — particularly people living with disability — accessible aviation infrastructure and inclusive operational practices remain inconsistent, unreliable and poorly distributed across the NT.

1. Lack of Accessible Boarding Infrastructure in NT Airports

Most airport operators in the Northern Territory do not provide fit-for-purpose Disabled Passenger Lifts (DPLs) or equivalent boarding equipment for passengers who require hoist-based transfers. As a result, the MJD Foundation has been required to purchase, own and maintain DPLs at four NT airports — Darwin, Groote Eylandt, Gove and Elcho Island — because neither airlines nor airport operators consistently provide this essential equipment.

While a DPL is available at Darwin Airport and is owned by ground handling operator Menzies Aviation, this equipment does not accommodate all aircraft sizes and types operating on regional and remote NT routes. Similarly, the DPLs owned by the MJD Foundation are constrained by aircraft compatibility and cannot service all fleet configurations used by airlines servicing regional and remote locations.

Operational practices further limit accessibility at Darwin Airport. Flights arriving from remote community airports typically do not undergo passenger security screening at the origin airport, which means passengers cannot disembark into secure areas on arrival in Darwin. For this reason, airbridges are rarely used for these services, even where physically available. Passengers are therefore required to disembark via stairs, creating an absolute reliance on compatible and operational DPLs for people who cannot use steps.

The interaction between incompatible aircraft, inconsistent lifting equipment and operational security requirements creates a high-risk environment in which accessibility cannot be guaranteed for people who rely on hoist-based transfers.

These infrastructure gaps result in:

- Passenger safety risks, where safe mechanical lifting is unavailable and manual handling is unsafe or travel is refused;
- Increased risk of injury to airline, airport and support staff, due to inappropriate or unsafe manual lifting practices;
- Inconsistent access, dependent on aircraft type, equipment availability and ground staff presence rather than passenger need;
- Inability to guarantee travel for people living with disabilities who rely on hoist transfers to attend essential healthcare appointments, disability assessments and critical family or cultural obligations.

These failures are not isolated incidents. They reflect a systemic absence of enforceable responsibility for accessible boarding infrastructure across the aviation system.

Requiring a charitable organisation to fund, own and maintain critical aviation infrastructure has created significant financial, legal and governance risks for the MJD Foundation.

The obligation to maintain DPLs exposes the Foundation to:

- Ongoing and unpredictable costs, including servicing, compliance inspections, repairs, transport between locations and end of life replacement;
- Budgetary risk, where unplanned equipment failures divert scarce funds away from frontline disability, health and community services and may require exorbitant non-commercial (RPT) travel costs;
- Insurance and liability exposure, including potential liability for equipment malfunction, staff injury or passenger harm, despite the Foundation having no control over aircraft selection, flight scheduling or airport operations;
- Governance and compliance risks, where a not-for-profit organisation is effectively required to assume responsibility for aviation infrastructure normally expected to be owned and managed by airports or airlines.

This cost shifting model is structurally inappropriate and unsustainable. Charitable organisations are not aviation service providers, nor do they derive revenue from air transport. Requiring them to underwrite accessibility obligations represents a failure of system design and public policy.

The **Aviation White Paper (2024)** acknowledges widespread accessibility barriers in Australian aviation and commits to the development of aviation specific disability standards to clearly define responsibilities for both airlines and airports.

Similarly, the **Senate Inquiry Terms of Reference** explicitly call for examination of the aviation sector's capacity to deliver reliable and affordable services to regional, rural and remote communities, a capacity that cannot be achieved where essential accessibility infrastructure is absent or inconsistent.

Without mandated, accountable provision of accessible boarding equipment across NT airports — aligned to operational realities and fleet use — people living with disability, particularly those in remote Aboriginal communities, will continue to face preventable exclusion from essential air services.

2. Historical disability exemptions and ongoing non-compliance

MJD Foundation is aware that Airnorth was granted **temporary exemptions under section 55 of the Disability Discrimination Act 1992 (Cth)** in **2003** and again in **2006** (Australian Human Rights Commission, n.d.). These exemptions related to the operation of sections 23 and 24 of the DDA (discrimination in access to premises and services) and to compliance with the Disability Standards for Accessible Public Transport.

The exemption granted in 2006 was approved for a **fixed period of two years only**. No subsequent exemptions have been approved by the Australian Human Rights Commission, and **no current exemption is in force**.

Despite this, Airnorth continues to operate services in circumstances where passengers who rely on hoist-based transfers are unable to board aircraft due to the absence of accessible boarding equipment or suitable alternative arrangements. The effect is that passengers with disability are still being denied access to air transport services in practice, despite the absence of any lawful exemption permitting this outcome.

This raises serious concerns about **systemic non-compliance** and regulatory gap-creep, whereby temporary exemptions issued decades ago appear to have informally evolved into a de facto, permanent operating position. Temporary exemptions are intended to allow time-limited transition toward compliance — not to legitimise ongoing inaccessibility indefinitely.

The continued absence of accessible boarding for some passengers with disability, in the absence of a current exemption, undermines the integrity of the Disability Discrimination Act framework and places an unreasonable burden on individuals, disability support providers and publicly funded systems such as the NDIS.

The Senate Inquiry's focus on reliability and affordability cannot be separated from legality. Where an airline operates without a current exemption but still does not provide accessible boarding, the result is not only unreliable service delivery but the displacement of cost, risk and responsibility onto people living with disability and their support systems.

3. Airnorth Aircraft Changes Result in Denial of Travel

Airnorth, the primary airline servicing regional and remote locations across northern Australia, frequently swaps aircraft at short notice to types that are not compatible with available Disabled Passenger Lifts (DPLs), resulting in passengers living with disabilities being unable to board or disembark. This has led to clients being off-loaded without warning, stranded away from home, or unable to attend critical healthcare appointments (MJD Foundation, 2025).

These experiences align with national reporting and human rights findings that demonstrate systemic barriers for disabled air travellers across Australia, particularly where lifting equipment, compatible aircraft, and trained staff are unavailable (ABC News, 2025; Australian Human Rights Commission, 2024).

4. High Regional Airfares and Lack of Competition

Remote Northern Territory communities experience some of the highest airfares in Australia, with many routes served by only a single airline. This reflects broader national trends identified by the Australian Government, which show that regional airfares are significantly higher than metropolitan routes, that competition on regional and remote routes has declined, and that the number of remote air services has substantially reduced over time (Australian Government, 2024) (Senate Rural and Regional Affairs and Transport References Committee, 2025).

These market conditions directly affect MJD Foundation clients, many of whom must travel with support workers, specialised equipment, and on short notice due to health or support needs. Rising fares reduce the frequency of essential visits and constrain families' ability to access medical care and support loved ones during treatment.

5. Accessibility Funding Does Not Reach Remote Regions

While the Australian Government funds programs such as the **Remote Air Services Subsidy Scheme** and the **Remote Aerodrome Upgrade Program**, these programs do not address the absence of accessible boarding equipment or solve the immediate operational barriers created by fleet changes and inconsistent supports.

Remote airstrip upgrades improve safety, but do not guarantee equitable, disability inclusive access. For people who require wheelchairs for safe mobilisation, smaller aircraft present significant challenges when it comes to boarding and disembarking. None of the remote airstrips that service locations where the MJD Foundation clients reside have hoist systems suitable for people living with disabilities who are unable to walk leaving them unable to access air services at all.

Case study: When Accessible Boarding Fails – Jane's Delayed Return to Groote Eylandt

(Client name changed to "Jane" to protect privacy.)

Jane is an Aboriginal woman living with Severe Machado-Joseph Disease (MJD). She travels with significant mobility needs and relies on a **Disabled Passenger Lift (DPL)** for safe and dignified

boarding and disembarkation from aircraft. In late January 2026, after a planned period of respite and clinical support in Darwin, she was due to fly home to Groote Eylandt. What unfolded over the following days demonstrates not only how fragile current aviation accessibility arrangements are in the Northern Territory, but how **ownership without control** of critical infrastructure places an unfair and unworkable burden on a charitable organisation.

Crucially, the **MJD Foundation owns the only DPL capable of servicing smaller aircraft in Darwin**, as well as **the only DPL available on Groote Eylandt**. Without these lifts, **no hoist-based transfers would be available at all** for people with significant mobility impairments travelling on these routes. Their existence is the sole reason Jane and others like her can travel in dignity under normal circumstances. This includes NT Health patient travel clients who are travelling to Darwin to access important tertiary care who may need lift access due to sickness, injury or disability.

However, while the Foundation owns this equipment, it **does not have routine or independent access** to the lifts to conduct servicing, maintenance or safety checks. Nor does it control how, when or by whom the lifts are used. They are operated day-to-day by airlines and ground staff as part of airport operations. Yet, when a lift fails, the responsibility to fix it — operationally, financially and logistically — **falls back to the Foundation**, even though it has no operational authority over their use. This mismatch sits at the heart of what went wrong.

The early warning signs emerged on 15 January, when the Foundation was advised that the **jet capable DPL at Darwin Airport** was controlled by **Menzies Aviation** and that **Airnorth could not accept DPL requests** at that time due to a combination of operational factors at the airport. At the same time, it was confirmed that **aerobridges could not be relied upon**, partly because one was out of service, partly due to higher priority aircraft movements. The only DPL consistently accessible to the Foundation in Darwin was **its own lift**, compatible solely with the smaller E120 "Braz" aircraft which is not compatible with the DPL located on Groote Eylandt, creating immediate dependence on aircraft type and airline scheduling.

Over the next week, Foundation staff tried to **engineer a viable pathway** for Jane to board safely. They escalated to the airline's duty manager to **unlock access to the Menzies jet DPL via an Airnorth arranged process**, explaining that without it Jane would be unable to travel and would need to remain in care at significant cost. Airnorth responded that the situation was more complex than first advised but confirmed two days later that **Darwin jet DPL access had been achieved**. At almost the same moment this breakthrough occurred, a new failure emerged at the other end of the journey: the **MJD Foundation-owned DPL on Groote Eylandt became unserviceable**, requiring a battery replacement. What followed highlighted the precarious position the Foundation is placed in.

Because the lift belongs to the Foundation, **the expectation fell on its staff to restore it**, despite the organisation not being an aviation operator. Staff **sourced local contractors**, engaged electricians, and **activated informal networks on Eylandt to locate a suitable battery**, all while knowing there was no guarantee the battery was the only fault. At the same time, they had to replan flights, advise airline staff, manage approvals, and prepare fallback options in case the repair failed — including potentially transferring Jane onto a smaller aircraft and attempting a manual transfer on arrival. None of these contingencies could guarantee safety or dignity for someone who relies on hoist-based transfers.

Throughout this period, the Foundation's operational load escalated rapidly. Staff were not only managing Jane's situation but also **protecting the viability of accessible travel for all clients** by attempting to keep the DPL system functioning. This included informing Gove Patient Travel and the Angurugu clinic about the travel restrictions so they could make alternative plans for health patients during this time. The work required repeated ticket changes, Disability Access Facilitation Information (DAFI) reapprovals, liaison with airlines and ground handlers, coordination with respite providers, and consultation with NDIS planners — all occurring alongside standard service delivery responsibilities.

The pressure intensified because there was a **hard deadline of 29 January** for Jane to vacate her respite accommodation in Darwin. Extending respite would have incurred significant additional costs and disrupted other clients' care. When it became clear there was no reliable way to restore hoist-based access in time, the Foundation was forced to seek a last resort solution.

The only safe and timely option was a **Royal Flying Doctor Service (RFDS) flight**, quoted at **\$9,561**. This cost was **drawn directly from Jane's NDIS plan**, reducing the funding available for her ongoing disability supports. While we are grateful that RFDS was able to assist, the service is not intended for this purpose, and relying on it for Jane's return travel could disadvantage others who genuinely need emergency medical transport. The decision was taken to protect Jane's safety, dignity and right to return home, but it exemplifies how **failures in aviation accessibility are financially displaced onto people living with disability**.

For Jane, the experience was deeply unsettling. Each day brought uncertainty — dependent on equipment she did not control, processes she could not see, and deadlines she could not shift. For her family, the anxiety lay in whether she would make it home at all, and at what cost to her future care. For Foundation staff, the situation was draining and demoralising: they were effectively treated as **the custodians of aviation infrastructure**, expected to fix system failures without the authority, access or resourcing that such responsibility demands.

Jane's partner had the following to say about the situation: *"We was upset, we needed to come back last week on the Airnorth. Jane was a bit worried you know. Me too I was pretty upset about that too."*

This case illustrates a structural failure, not an isolated incident. The **MJD Foundation owns DPLs only because, without them, there would be no hoist-based transfers available at all** for its clients on these routes. Yet ownership without control leaves the Foundation exposed — unable to guarantee servicing, unable to oversee safe operation, unable to prevent operational decisions that make the lifts unusable — while still being held responsible when the system breaks down.

What makes Jane's case particularly troubling is that it occurs against a historical regulatory backdrop that does not support ongoing accessibility. The MJD Foundation is aware that Airnorth was granted temporary exemptions under section 55 of the Disability Discrimination Act in 2003 and 2006, including from compliance with the Disability Standards for Accessible Public Transport. The latter exemption was approved for a fixed period of two years only, and no further exemptions have been granted by the Australian Human Rights Commission.

In other words, the regulatory permission for inaccessibility expired many years ago. Yet Jane still encountered barriers to boarding, not as an exception, but as a routine operational reality. From the client's perspective, there was no indication that her inability to board stemmed from a lawful, time-limited exemption; it simply felt like the system was not built for her.

This context is important because it underscores that Jane's experience was not the result of an unavoidable legal gap, but of a system that has normalised inaccessibility long after temporary exemptions lapsed. The stress, cost and disruption Jane experienced were therefore not inevitable — they were the product of a failure to transition fully to compliance.

Jane ultimately returned home because an emergency, high-cost workaround was found and funded through her disability supports. That outcome should never be necessary. It underscores why **accessible boarding infrastructure must be owned, maintained and operationally controlled by aviation providers**, not charities — and why reliability and affordability in remote aviation cannot be separated from accessibility.

In the context of Groote Eylandt, this case study represents only one illustration of a much broader set of logistical and systemic challenges arising from the absence of clear accountability on airlines to provide

accessible services. For the past two years, the only DPL available on Groote Eylandt has been compatible solely with an E170 jet aircraft, which services the island only twice per week (Monday morning and Thursday afternoon). Where Airnorth substitutes aircraft at short notice, including on the day of travel, the DPL becomes unusable and previously approved DAFI arrangements are cancelled. The cancellation of a DAFI shifts responsibility for enabling travel away from the airline and onto the individual passenger and any supporting organisation. As a result, organisations and families have been required to plan around highly constrained and unpredictable aviation arrangements for years to ensure that sick, injured and disabled people can travel off Eylandt for medical, cultural or other essential reasons. The circumstances described in this case study should therefore be understood not as an isolated failure, but as a cumulative consequence of a system that has normalised inaccessibility and transferred risk to those least able to bear it.

What Would Help – Recommendations

1. Make Accessible Boarding Infrastructure Mandatory

Accessible boarding infrastructure should be treated as essential aviation infrastructure, not as an optional or discretionary service. Airports that receive Commonwealth funding — including through the **Remote Airstrip Upgrade (RAU) Program**, the **Regional Airports Program (RAP)** or other aviation support mechanisms — should be required to demonstrate they can safely and reliably accommodate passengers who live with disability.

In particular, funding agreements and eligibility criteria should require airports to provide:

- **Disabled Passenger Lifts (DPLs) or equivalent lifting devices**
Airports servicing regular passenger flights should be required to have appropriate lifting equipment capable of supporting passengers who rely on hoist-based transfers. Equipment should be suitable for all the types of aircraft regularly operating on each route and should enable safe, dignified boarding without reliance on manual lifting or ad hoc arrangements.
- **Appropriate storage, maintenance and redundancy**
Accessible boarding equipment must be properly stored, routinely maintained, and subject to clear maintenance schedules to ensure operational reliability. Where an airport is a sole point of access to a community, consideration should be given to redundancy or backup arrangements to minimise disruption when equipment is undergoing repair or replacement.
- **Trained and competent staff**
Airports must ensure that sufficient staff are trained and competent to safely operate lifting equipment, including during staff absences or turnover. Training should cover safe transfer techniques, equipment operation, communication with passengers living with disability, and cultural safety, particularly in remote Aboriginal communities.

In addition, airports should be required to:

- **Embed accessibility infrastructure into routine capital planning** rather than relying on charitable organisations or ad-hoc arrangements to fund equipment.
- **Coordinate with airlines** to ensure aircraft scheduling, ground handling arrangements and staff availability align with accessibility requirements.
- **Report on accessibility capability and outages** as part of grant acquittals and compliance activities, to promote transparency and accountability.

Mandating accessible boarding infrastructure as a condition of government funding would ensure that public investment in regional and remote aviation delivers equitable outcomes for all passengers, including

people living with disabilities. It would also align directly with the Australian Government's commitment to develop **Aviation Disability Standards**, which are intended to clarify responsibilities and ensure coordinated, end-to-end accessibility across the aviation sector.

2. Prohibit Aircraft Substitutions That Undermine Accessibility

Airlines operating remote and regional routes should be required to ensure that operational decisions do not negate accessibility arrangements that passengers who live with disability rely upon to travel safely and with dignity.

In practice, this should include requirements to:

- **Maintain aircraft compatibility with accessibility equipment**
Airlines should schedule aircraft that are compatible with available Disabled Passenger Lifts (DPLs) or other boarding equipment on routes where passengers requiring hoist-based transfers are booked. Accessibility needs that have been notified at the time of booking must be treated as an operational constraint, not a discretionary consideration.
- **Activate formal contingency plans when fleet changes are unavoidable**
Where an aircraft substitution is unavoidable due to safety or operational reasons, airlines should be required to implement pre-approved contingency plans. These plans should include access to alternative lifting equipment, substitution with a compatible aircraft, or guaranteed re-accommodation on the next accessible service without penalty to the passenger.
- **Provide timely communication and alternative arrangements at no cost**
Passengers and service providers should be notified as early as possible when an aircraft change may affect accessibility. Where travel cannot proceed as planned, airlines should be required to provide alternative arrangements — including rebooking, accommodation, ground transport or rescheduled medical travel — at no cost to the passenger or supporting organisation.

These measures would reduce the risk of passengers being off-loaded at the airport, stranded away from home, or missing critical healthcare appointments, and would align airline operations with obligations under the *Disability Discrimination Act (1992)* and forthcoming Aviation Disability Standards.

3. Improve Competition and Transparency in Regional Fares

The Productivity Commission inquiry into regional airfares recognises that limited competition, market concentration and opaque pricing practices contribute to higher costs and reduced reliability on regional and remote routes. These issues are particularly acute in the Northern Territory, where many communities are served by a single airline and where air travel is essential rather than discretionary.

Our clients and the communities we support would benefit from:

- **Greater fare transparency**
Clear disclosure of fare structures, ancillary fees and pricing variability on remote routes would assist consumers, service providers and governments to better understand cost drivers and identify where intervention may be warranted, particularly for essential travel.
- **Targeted evaluation of monopolised remote routes**
Routes serviced by a single carrier should be subject to enhanced monitoring by government, including assessment of fare levels, service frequency, reliability and accessibility outcomes. Where market failure is identified, policy tools such as service guarantees, targeted subsidies or alternative service models should be considered.
- **Consideration of capped fares for essential medical and disability-related travel**
Many people who live with disability in remote communities must travel frequently and often at

short notice for medical care. Consideration should be given to fare caps, regulated pricing, or dedicated assistance schemes for essential medical and disability-related travel, particularly where no competitive alternatives exist.

Improving competition and transparency would help ensure that affordability does not become an additional barrier to accessing healthcare, disability supports and family connection in remote Australia.

4. NT Specific Accessibility Funding

Generic regional aviation programs do not adequately address the unique accessibility challenges faced in the Northern Territory, particularly for Aboriginal people who live with disability residing in remote communities. A dedicated, NT-specific accessibility funding stream is required to ensure equitable access to air travel.

Such a funding stream should support:

- **High cost, low volume remote routes**
Recognising that remote NT routes often involve small passenger numbers, long distances and high operating costs, funding should be targeted to ensure that accessibility requirements can be met without being deemed commercially unviable.
- **Culturally safe disability travel supports**
Funding should enable culturally appropriate assistance for Aboriginal passengers with disability, including support for carers, escorts and community-based travel coordination, enhancing communication and recognising the intersection of disability, culture and remoteness.
- **Equipment maintenance, replacement and redundancy**
Accessible boarding equipment such as DPLs should be treated as essential aviation infrastructure. Funding should support not only initial procurement, but also ongoing maintenance, staff training, replacement and backup equipment to avoid service disruption when equipment fails.

This approach would reduce reliance on charitable organisations to fund critical infrastructure and would align with broader government commitments to Closing the Gap and improving access to essential services in remote communities.

5. Require Airlines and Airports to Share Responsibility

Disability access to air travel must not fall to charities, individuals or families. Airlines and airport operators must jointly and proactively meet their legal and regulatory obligations to provide accessible, non-discriminatory transport services.

This shared responsibility should be clearly articulated and enforced under:

- **The *Disability Discrimination Act (1992)***
Both airlines and airports are service providers under the Act and must ensure that their policies, infrastructure and operational decisions do not directly or indirectly discriminate against people with disability.
- **The forthcoming Aviation Disability Standards**
The development of aviation specific disability standards presents an opportunity to clearly define shared responsibilities across the entire passenger journey, including booking, boarding, disembarking and transfer processes.
- **The principles set out in the Aviation White Paper**
The White Paper recognises systemic accessibility failures in the aviation sector and calls for improved coordination, accountability and outcomes for passengers with disability.

In practice, this should include formal agreements between airlines and airports that clarify responsibility for accessible boarding equipment, staff training, contingency planning and communication protocols. Accessibility should be embedded into service contracts, airport operating conditions and route approvals, rather than treated as an optional or secondary consideration.

Lessons Learned from Jane's Case

Jane's experience demonstrates that accessible aviation in remote Australia currently relies on fragile, ad-hoc arrangements rather than enforceable systems. While the MJD Foundation owns Disabled Passenger Lifts (DPLs) at Darwin (for smaller aircraft) and on Groote Eylandt, this ownership exists only because, without it, **no hoist-based transfers would be available at all** for people with significant mobility impairments on these routes.

However, ownership without operational control creates unacceptable risk. The Foundation does not have routine access to the DPLs to conduct servicing, maintenance or safety checks, nor authority over how and when they are used by airlines and ground staff. Yet when equipment fails, the responsibility — financial, logistical and ethical — defaults back to the Foundation to source contractors, obtain parts, manage repairs and find alternative travel solutions for clients.

Jane's case shows that when accessible boarding infrastructure is unreliable or incompatible with aircraft and airport operations, the consequences cascade rapidly: clients face uncertainty and distress; families experience anxiety about safety, deadlines and costs; frontline staff are diverted from care delivery into crisis coordination; and disability funding is depleted to cover emergency transport that should never have been required.

The need to fund a \$9,561 RFDS flight from Jane's NDIS plan highlights a broader policy failure. When aviation accessibility breaks down, **costs are shifted from the transport system to individual disability supports**, undermining the intent of the NDIS and representing poor public value. Most critically, the case underscores that accessibility cannot be separated from reliability or affordability. A transport system cannot be considered reliable if a passenger living with disability can be left stranded due to equipment failure, nor affordable if the fallback is an emergency medical flight funded through a disability plan.

Jane returned home because extraordinary effort, goodwill and funding were mobilised at the last moment — not because the system worked as designed. This case makes clear that **accessible boarding infrastructure must be owned, maintained and operationally controlled by aviation providers**, supported by mandatory standards, clear accountability and enforceable contingency arrangements. Anything less leaves people living with disability, their families and support organisations carrying risks that do not belong to them.

Conclusion

For people living with MJD, air travel is a medical and social necessity — not a luxury. Reliable, accessible and affordable aviation is essential for health equity, community strength, and disability rights in the Northern Territory.

The MJD Foundation urges the Committee to prioritise reforms that deliver consistent and reliable accessibility infrastructure across regional and remote aviation networks, embed disability-inclusive practices within airline operations, and address the lack of fairness and transparency in regional airfares. Central to these reforms is the establishment of clear, joint responsibility across the aviation sector, ensuring that airlines, airports and governments are collectively accountable for providing safe, dignified and non-discriminatory access to air travel for people with disability. Without such reforms, Australia's aviation sector cannot be said to be meeting the Inquiry's objective of delivering reliable and affordable services to rural, regional and remote communities, particularly where access to essential healthcare and disability supports depends on air travel.

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