Closing the Gap: is the evidence really there?

Racism and the NT Intervention

Irene Fisher, Chief Executive Officer, Sunrise Health Service Aboriginal Corporation

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Acknowledgments

It is 21 months since the announcement of the Northern Territory Emergency Response—more commonly known as the Intervention. It is 15 months since the election of the Rudd Labor Government. It is 15 days since the Rudd Labor Government announced it would continue the Intervention for a further three years.

For what it's worth, it would take 15 hours to do a round trip by road from Bulman to Ngukurr and back—two of the communities served by the organisation I work for, the Sunrise Health Service. That assumes you have a car and—at this time of the year during the Wet Season—that you can get through by road at all.

In fact, the people of our region do this trip regularly for ceremonial reasons: for initiations as well as major religious rites which can be attended by hundreds of people from our region and beyond.

The most common reason for such cross country travel, however, is to attend funerals. For us—all of us—funerals are an all too present fact of life.

Funerals for our children.

Funerals for our young people.

Funerals for our old people.

For us, the ritual of death and funerals is the most prominent aspect of social life.

Indigenous Affairs Minister Mal Brough said the situation in the Northern Territory was "akin to a national emergency". Prime Minister Howard called it "Australia's Hurricane Katrina".

Labor agreed with the then-government, and allowed **the** passage of 500 pages of legislation on 6 August 2007 just 47 days after the announcement of the emergency response and less than 24 hours after providing it to peak and other bodies—the bill was passed in the House in a single afternoon. The Senate was given less than one week to preform its function as a house of review.

It is difficult to describe to you here today the impact of the decision to intervene—a plan which we were later to learn was cooked up by Brough and his department in the space of a day.

The great irony was that intervention into the national emergency of Indigenous living conditions was something for which Aboriginal people have been campaigning for the last two generations—across the whole nation, not just the Territory.

We'd been "cooking up" demands to alleviate conditions that in many cases are worse than the Third World for more than 40 years. Graphic depictions of material poverty—and road maps to their resolution—have been covered by hundreds of reports and research projects into health, housing, education, substance abuse, community safety, training, employment—the list goes on.

And as for the plight of our children? The so-called motivation for the Emergency Response?

Our children had featured in virtually all those reports—and had been subject of direct representation to prime minister Howard on a number of occasions this century. In reality, funding to women's shelters; night patrols; kids programs had been dumped by the Commonwealth over the decade he was in power.

So it was no particular surprise when, soon after the 2007 election, it became clear that the Intervention was staged as a political stunt to boost support for a government withering on the vine—the "rabbit out of the hat" John Howard was desperately seeking.

With the election of Labor, there was some optimism that there might be major changes to the scope and nature of the Intervention. The political analysis was that Labor had deliberately kept themselves as a small target over the Intervention, and that there would be a significant shift in policy and emphasis over the Intervention post-election.

However, apart from some cosmetic changes to CDEP and the permit system—which have yet to be enacted—the new government decided to keep the Intervention rolling.

There were two slight shifts in emphasis.

Firstly, they promised to review the Intervention after the first year of its operation.

They did that, and ignored its key recommendations.

Secondly, they promised that the results of the Intervention would be monitored, and that changes would be "evidence-based". It would be the mantra of the new Rudd government across much of its first months of power.

This is no idle comment. A quick Google search will find Kevin Rudd is linked with the phrase "evidence-based" some 21,300 times; **and** Jenny Macklin some 2,300 times.

In the words of Jenny Macklin, federal minister for Indigenous Affairs:

> ... *we must continue sound, evidence-based policy interventions that close the gap between Indigenous and non-Indigenous Australians.*[1]

Evidence, it was claimed, would replace ideology.

And so it's evidence-based policy that I want to talk about this afternoon. How well has it measured up when it comes to the Intervention? What elements of the Intervention have responded to evidence that already exists, and what efforts would be made to find evidence to justify continuing—or adapting—the Intervention? What evidence is there that the Intervention has directly assisted in caring for our children—the premise on which the Intervention has been based?

I will look at two broad areas—health and human rights.

My comments, in the first instance, are based on evidence from the Sunrise Health Service.

In the second instance, my comments are based on the negative—on the complete lack of evidence that the removal of human rights can assist in building positive health outcomes. The Sunrise Health Service has as one of its member communities the town of Barunga. Back in 1988, Barunga—and the Barunga Statement—was a national focus for the rights of Aboriginal people—and the enhancement of human rights. It is not an issue we let go of lightly around our part of the world.

The Sunrise Health Service

The Sunrise Health Service was established in response to widespread dissatisfaction with health delivery in the region east of Katherine, about 300 kilometres south of Darwin. With a population of around 3,400 people, health outcomes among Indigenous people of the region are typically poor, with a high level of chronic disease and a life expectancy significantly lower than the Australian population as a whole.

From 1999, sponsored by the Jawoyn Association, a three year process began through which ten communities and associated outstations came together to establish the Service. Originally established as a Coordinated Care Trial, Sunrise moved towards a fully fledged Aboriginal Health Service at the beginning of 2005. It covers an area of some 112,000 square kilometres.

The fundamental role of Sunrise is as a *primary health care* service, and has taken over this responsibility from the Northern Territory Government's Department of Health and Families. It is funded by the Northern Territory and the Commonwealth's

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[1] 21 October 2008

Office of Aboriginal and Torres Strait Islander Health. It employs doctors, nurses and Aboriginal Health Workers in its member towns and communities.

Sunrise has, therefore, been at the front line **in** dealing with the health components of the Northern Territory Emergency Response. All towns and communities in the Sunrise region are "prescribed communities" under the NTER legislation—with the exception of the township of Mataranka. They are therefore subject to the full impact of the Intervention.

The Child Health Checks were seen as a new and innovative measure under the Intervention; however Sunrise had been conducting Child Health Checks in our region since the Medical Benefits Item was introduced. Sunrise's success rate is significantly higher than areas of the Territory in which the Child Health Checks were carried out by visiting rather than local health professionals—95 per cent compared to 74 per cent of children. However it is probable that the 26 per cent remaining are likely to be most vulnerable.

The data collected, therefore, was in addition to information gathering Sunrise already carries out in the region.

Health and the Intervention

For the purposes of today's discussion, we'll look at one important data set—childhood anaemia. Anaemia is iron deficiency, which generally leads to poor growth and development including, for example, brain development.

The reason for looking at anaemia is that it is an accepted key performance indicator for the general health of children. If there is neglect, in a relatively short time frame, rates will increase.

Anaemia in children is most commonly due to iron deficiency, and iron deficiency is associated with the following:

1 low birth weight, especially pre-term;

2 child not receiving enough solid food, or late starting of solid food;

3 child not receiving enough good food;

4 early stopping of breast feeding without the provision of formula milk;

5 recurrent infections—especially diarrhoea; and

6 hookworm infestation.

From this, it can be seen that anaemia in children may be the direct result of poor nutrition—if the diet does not contain foods that contain iron, the child will become anaemic. This suggests that if the family is not able to afford good foods, or if good foods are not available in community stores, then the child will become anaemic and growth and development will be affected.

For obvious reasons, anaemia is a key measure in monitoring child health—and indeed the Intervention Child Health Checks found anaemia in 15 per cent of children they tested across the Northern Territory – and remember that 26% were missed.

Child Health Check data has been collected by Sunrise since our beginning, so we have been able to make direct comparisons between pre- and post-Intervention data.

The result is not pretty.

Anaemia rates in children under the age of five in the Sunrise Health Service region have jumped significantly since the Intervention. From a low in the six months to December 2006 of 20 per cent—an unacceptably high level, but one which had been reducing—the figure had gone up to 36 per cent by December 2007. By June 2008 this level had reached 55 per cent, a level that was maintained in the six months to December 2008.

This means that more than half of the children under the age of five in our region face substantial threats to their physical and mental development. In two years, 18 months of which has been under the Intervention, the anaemia rate has nearly trebled in our region.

The figures are still early, but we have also seen a worrying rise in low birth weight amongst our kids, from 9 per cent in the six months leading up to the Intervention; to 12 per cent in December 2007. In the next six months that rose again to 18 per cent, and the figure stood at 19 per cent—more than double the pre-Intervention rate.

Low birth rate has a variety of causes—including poor nutrition amongst mothers and is, as I have mentioned, associated with anaemia.

To be fair, there may be other reasons, and other factors involved, but I put it to you that if these rates were being seen in the leafy suburbs of Sydney or Canberra, it would be seen as a major childhood emergency.

But the emergency is in our communities, and we are yet to see the Intervention turn this around.

Indeed we know the Intervention, and its hand-maiden of Income Management, has had a direct impact on nutrition. As Income Management first arrived in Katherine in late 2007 we documented a number of instances in which the roll out affected people's capacity to purchase food at all. This included diabetics, with no local store access,

being unable to access managed income for weeks at a time in the period leading up to Christmas 2007.

For those here who do not know about diabetes, regular intake of food is required to maintain safe blood sugar levels. The response of people in this situation was to sleep until food became available.

Sleep is what was available to these people—not the evidence the federal government says it required.

Again, to be fair, the federal government, as part of the Intervention, has committed $100 million over two years to Aboriginal primary health care in the Northern Territory. Indeed, the Office of Aboriginal and Torres Strait Islander Health has been the one agency that has had a genuine understanding of needs-based resourcing of our health services.

It has based this on the evidence—evidence that has been apparent for many, many years, but also evidence that has been gathered as part of the Child Health Check program within the Intervention.

But there is a worrying element to this: the collection of this evidence under the Child Health Check initiative will cease at 30 June this year. Despite the fact that its Territory-wide coverage is only 74 per cent, and that the program has only been monitored for 18 months, that set of evidence will no longer be collected in a coordinated way through the Intervention process.

This retreat from evidence is occurring at the same time that Minister Macklin recently announced a commitment by the federal government to continuing the Emergency Response for a further three years.

And at the heart of that three year process is the intervention for which there is almost no evidence of benefit at all—Compulsory Income Management.

Compulsory and universal income management was designed, according to its proponents, to protect our children. Half of welfare income is now effectively quarantined for 70 per cent of the Aboriginal population of the Northern Territory on Aboriginal land, as well as community living areas and town camps. The regime is designed to prevent money being spent on alcohol, pornography or cigarettes - it allegedly will prevent people being humbugged for money for grog and drugs.

One hundred per cent of baby bonus money is also quarantined—and made available over three months, unlike its lump sum availability for other Australian mothers.[2]

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[2] According to Jenny Macklin, 21 October 2008: "... it's why payments like the Baby Bonus are being re-structured in the best interests of children. Currently, income managed recipients of the Baby Bonus inprescribed Indigenous communities have 100 per cent of the Baby Bonus income

Likewise, the Rudd Government stimulus money of last year, and that being currently distributed, is one hundred per cent managed; and again paid out over a period of months rather than as a lump sum.

It includes aged pensioners without children—the so-called beneficiaries of income management. It includes functional families. It includes those who neither drink nor take drugs. It includes families in which school attendance is high.

And now, across a series of trial sites in the Northern Territory and elsewhere, income management will be linked directly with school attendance. Families will face the possibility of having their income suspended for up to 13 weeks if their kids are not enrolled or attending school. This is a very concerning measure as we are not sure how people will fare especially those in vulnerable groups such as anaemic children, pregnant mums and the elderly.

Access to quarantined money is controlled through the issue of the Basic Card, a form of debit card which is only available to be used at approved stores, and for approved purchases. If people want to buy items outside these stores—such as white goods, furniture or children's toys—they must obtain a written quote, with the government paying for such goods directly with the supplier.

It's a bizarre and bureaucratic system, with an annual cost—mostly through the employment of hundreds of public servants to "manage"— some $90 million a year.

$90 million to "manage" some $270 million of quarantined income!

It's hard to imagine a more inefficient government program … and there is *no* evidence that it will work as claimed.

Indigenous Affairs Minister Jenny Macklin said women in some Aboriginal communities had pleaded with her to maintain quarantining as a compulsory measure. This followed the Government's decision that the Racial Discrimination Act would not be reinstated until the welfare system complies with its provisions.

But as the ANU's Jon Altman pointed out:

> *Anecdotal evidence is one thing and we have to recall that Mal Brough also based this intervention on a comment he had from women in remote communities … that does not constitute evidence and it's not transparent.*

Income Management has *not* reduced alcohol or drug consumption, indeed the alcohol restrictions on prescribed communities has merely shifted the problem to town. It has *not* stopped humbug, or the conversion of Basic Card purchases into cash for grog.

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managed and paid in instalments. These decisions are not always popular but we will continue to make them to protect Australian children.

Nor has it increased the supply of fresh food, for example, which as I have noted is vital to fighting anaemia.

Jenny Macklin cited so-called "evidence" on this matter in a press release on 11 July last year, when she said:

At the moment we don't have all the evidence in yet but there is evidence that there has been an improvement particularly in the consumption of fresh food.

Shortly afterwards, that "evidence was discussed in the Senate by Senator Siewert and Tom Calma. It turned out the "evidence" was based on phone calls to ten stores. Six said "yes" when asked if sales of fresh food had increased, without supporting evidence; one said "no", and three were unknown.[3]

So much for evidence-based policy replacing ideology.

As Professor Larissa Behrendt and Ruth McCausland have pointed out, there is scant evidence linking income management to improved school attendance and educational outcomes. In fact, in the areas where such approaches have been trialled in the East Kimberley, there was *no evidence* that it boosted school attendance. Also of concern is that in the Northern Territory children are not graded this is an issues requiring further investigation.

The claim by Jenny Macklin, that "Labor will take an evidence-based approach to improve the social, cultural and economic well-being of Indigenous Australians", frankly rings hollow.

Income Management shames those who live under it; and takes us back to the days of the mission; it sets Aboriginal people apart from their fellow Australians. As Sunrise has said in its Submission to the House of Representatives Inquiry into Community Stores:

> *It should ... be noted that Aboriginal people of the region have lived under conditions of significant poverty all their lives. To this extent, they have always been effective at individual and family budgeting in ways only similarly poor people can contemplate. The removal of discretionary budgeting for these people reduces rather than enhances people's capacity for personal and family*

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[3] Senator SIEWERT: Are you aware that in conducting that research [on the fresh food], they phoned 10 stores and asked if their sales had increased - six said "yes" but they did not provide any evidence of it; one said "no" and I think three were "unknown"?

"In your opinion, is that a satisfactory basis for an evaluation of whether the intervention has been successful and people are getting fresh fruit and vegetables?

MR CALMA: Firstly I am not aware of the survey or the review, and I have not seen the outcomes. If it was just a phone call to the store manager, I would suggest a more rigorous process might be more beneficial

budgeting. Its infantilising effect is deeply resented by many people, especially women, in the Sunrise/East Katherine region.[4]

Which leads me to my second point of discussion: the removal of human rights for Aboriginal people in the Northern Territory.

It is now well known that the Northern Territory National Emergency Response explicitly suspended the operation of the Racial Discrimination Act for people on "prescribed communities". Less well known is that it also quashed anti-discrimination laws of the Northern Territory.

Neither measure was an accident.

The governments took this approach to "manage" Aboriginal incomes and to control what happens on Aboriginal land.

The 1967 Referendum gave the Australian constitution the so-called "race power". It was a power given to the Commonwealth that was always assumed to be for the "benefit" of Aboriginal people.

The Race Discrimination Act of 1975—based as it was on international law—led, among other things, to the Mabo judgement and the recognition of Native Title.

The Commonwealth used the race power to remove the operation of the Race Discrimination Act under the Intervention, and it is worth noting that this was the third time this has taken place. In each case—Hindmarsh Island, Wik, and the Intervention—the revocation of the Race Discrimination Act targeted Aboriginal people.

This action has been condemned, and its reversal was indeed one of the central recommendations of the Review of the Northern Territory Emergency Response led by Peter Yu. It is the subject of current submissions to the United Nations under the Convention on the Elimination of all forms of Racial Discrimination, which have led to a demand by that UN Committee for the Australian Government to—in effect—show cause why the race Discrimination Act has been suspended.

And, lest I be accused of being un-Australian in my criticisms, it's an action that has also been condemned by Australian of the Year, Mick Dodson.[5]

It was the subject, only this week, of a submission to the UN from Amnesty International Australia.

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[4] February 2009, Submission: Inquiry into Community Stores in Remote Aboriginal and Torres Strait Islander Communities, Sunrise Health Service, P.7

[5] *Awaye* 14 March 2009, radio National, interview with Mick Dodson.

Amnesty's Dr Seth-Purdie told ABC radio last Monday that the Northern Territory Intervention was a "clear-cut" breach of the International Covenant on Civil and Political Rights, while the income management regime was "humiliating" for many Aboriginal Australians.

"There's never an excuse for breaching the prohibition against racial discrimination, even in a national emergency," Dr Seth-Purdie said.

Yet some people seem determined that Aboriginal people must be discriminated against for our own good. US academic, Lawrence Mead told a conference in Cairns in 2007, only days after the announcement of the Intervention, "the solution to the Aborigines is that they must first be bound before they can be free".[6]

This, in an era when President Barack Obama at his inauguration could point to generational change in dealing with race. Mead—and his supporters—would wish to see Aboriginal people in chains in order that they might be liberated.

Surely this is ideology replacing evidence.

I am still waiting, but I have yet to see *any* evidence that the removal of human rights leads to better health or educational outcomes—or can protect our children.

It has been calculated that, over the next 25 years, some 30,000 Aboriginal children will be born in the Northern Territory. At a rough estimate, given 70 per cent of those kids will be born into families living on the so-called "prescribed communities", some 20,000 children will grow up in this environment.

Unless things change—and unlike their fellow Australians—these kids will grow up under a regime under which they do not enjoy the human rights the rest of us do.

Already, about 12-1400 Aboriginal kids have been born into this brave new world.

And the Intervention was supposed to save our kids.

You be the judge.

Thank you.

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[6] Lawrence Mead, Conference Paper, *Strong Foundations: Rebuilding social norms in Indigenous communities*, Cairns, 25-26 June 2007