

Why the Northern Territory is not Chicago's County General Hospital
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Good morning - I would like to begin today by acknowledging the traditional owners for the land on which we gather.

Thank you for the opportunity to address the Conference—it is a great privilege.

Having been involved in the early days of the establishment of CATSIN I always take delight in addressing this forum and continue to be impressed by the growth of CATSIN from its days as a small group, to the large talented gathering of today. I would love to still be a member however I must plead Mea Culpa to having let my registration slip much to the displeasure of Ms Sally Gould, so as part of my penance Sal very generously invites on occasion to address this forum.

The last time I addressed the forum was at the Alice Springs conference, it was in the early days of the NT Intervention, and I remember being overcome with emotion as I described the early days of its implementation. In fact Sal had to come up on stage to support me. I am confident that there will not be a repeat of that as I stand before you today a slightly battered survivor of what can happen when bureaucracy goes horribly wrong. We have been reeling from massive changes at every level of government, changes that have imposed on us without consultation.

This morning we are—all of us—gathered to examine the theme *We can do it—Yes we can*. As a battle weary survivor the NT Intervention with its burdensome bureaucratic control my initial response to the theme was ... **do we want to?**

The answer is, of course, that we must!

The “yes we can” theme is based on the inspiring call of from Barack Obama in his historic presidential campaign

It is a theme based on the inspiring call of “Yes we can!” from Barack Obama in his historic presidential campaign.

Obama's home town is Chicago—a city also the home of the mythical County General Hospital, and television's longest-running and most successful medical drama, *ER*.

The letters *ER*, of course, stood for “Emergency Room” which, amidst the soapbox opera, was often the focus for human drama. It was a site that was always characterised by intense action, fighting for the lives of people against overwhelming odds. By and large, the medical heroes won the battle—or at least learnt valuable lessons for the future. The medical heroes, despite some human frailties, shone

through because of their dedication, passion and commitment. The show won 16 Emmy Awards across its 15 year history, and a record 123 Emmy Award nominations.

The Northern Territory is a long way from Chicago's County General Hospital—yet, since 21 June 2007, we've had our own version of *ER*.

In our case, the letters *ER* have stood for Emergency Response. It's that Northern Territory Emergency response that I'd like to briefly examine today—as well as draw some lessons over community control and self determination in Indigenous health.

Instead of George Clooney, the Territory's *ER* got stuck with Mal Brough.

And instead of Emmy Awards, we had our fundamental human rights taken from us and its place the basic Card!

As you can see, the Northern Territory is not County General!

And as weird and surreal as politics in the Northern Territory can be, the Northern Territory is not a mythical place.

Indeed lest people think me too flippant on the topic of the northern territory intervention I would like to state at the outset that nowhere in the history of Australia has any community been subjected to the removal of basic rights and the massive changes at Commonwealth, territory and local government levels.

A statement released following recent visit by the special rapporteur Professor James Anaya noted “The emergency response is incompatible with Australia’s obligations under the Convention on the Elimination of all forms of Racial Discrimination and the International Covenant on Civil and Political Rights, treaties to which Australia is a party, as well as incompatible with the Declaration on the Rights of Indigenous Peoples, to which Australia has affirmed its support”.

He stated that *“the associated special measures overtly discriminate against Aboriginal peoples and infringes on their right of self determination and stigmatizes already stigmatised communities.*

I found Minister Macklins response to this criticism to be rather confusing, when in defence of her approach she emphasised *“the need to protect the lives of the most vulnerable” and that they need to be balanced against other human rights”*.....apparently they are mutually exclusive!!!

There has been a massive paradigm shift in Indigenous affairs that has been imposed on us, without consultation, and based on ideological theories rather than sound evidence based approaches that have been proven to bring about sustainable change.

The policy landscape in Australia surrounding Aboriginal and Torres Strait Islander Health is changing at a great rate of knots—amidst astonishing complexity. It is a view shared by the Senate Select Committee in its second report on Regional and Remote Indigenous communities released in June 2009. It noted that:

one of the issues that has frustrated the committee, and which has been raised a number of times in meetings and in evidence, is the seeming lack of a clear and transparent policy framework governing the operation of Indigenous Affairs in Australia.

I will go through a broad outline of some key changes since June 2007 and let you be the judge.

On 21 June 2007 the Northern Territory Emergency Response—our *ER*—was announced by the former Minister for Families, Community Services and Indigenous Affairs¹ - the Hon Mal Brough.

The NTER is governed under a complex package of legislation—500 pages of it—that governs policies, programs and service responses ranging from Child Health Checks to Income Management and the Basics Card, and also spanning leases over land; attacks on the permit system; pornography signs; alcohol restrictions; seizure powers over assets, the licensing of community stores, the star chamber powers of the ACC to seize health records on demand, and the authority of the GBM over services.

And above everything else, the suspension of the Racial Discrimination Act over Aboriginal people in the Northern Territory.

The NTER is also the overarching framework for other programs, such as the Expanding Health Service Delivery Initiative, also known as EHSDI. It was established as a two year program commencing in 2008, and recently extended till 2012

Later on 13 February 2008, the Prime Ministers' pledge was delivered, outlining a new national effort aimed at closing the life expectancy gap between Indigenous and non Indigenous people and the national apology we saw, heard or read was finally made to the stolen generations.

About a month later, at the National Indigenous Health Equality Summit held in Canberra, the *Close the Gap Indigenous Health Equality Summit Statement of Intent* was signed.

¹ Hon Mal Brough MP- was the Minister for Families, Community Services and Indigenous Affairs and the Minister Assisting the Prime Minister for Indigenous Affairs between 28 January 2006 and 3 December 2007.

Some seven months after this COAG agreed to six ambitious goals for closing the gap between Indigenous and non-Indigenous Australians. The Commonwealth government also outlined four pillars in its strategy to address Indigenous disadvantage in the second month of 2009².

Amidst all these nationally changes, radical changes were happening simultaneously at the territory level. This included the establishment of new super shires which shattered existing community governance structures. Though the first elections for the new shires were held in October 2008 people are still confused as to what has happened.

Further on 20 May 2009 the Northern Territory Government announced a new policy—*A Working Future*—which has a number of key elements including Territory Growth Towns, Outstation/Homelands Policy, Remote Service Delivery Reform, Employment and Economic Development and a Remote Transport Strategy.

One day later the Australian Government released the Future Directions NTER discussion paper.

In addition on 2 July 2009, COAG held a meeting in Darwin, with a broad-ranging discussion on further measures to overcome Indigenous disadvantage against the background of the global economic and financial crises.

Just to add to the confusion, a 2009-2010 Budget note decreed that the NTER would now be called NT Closing the Gap

End of timeline

The impacts of this ever changing policy paradigm are numerous and significant. At Sunrise we are constantly being placed under additional pressures to ensure that we have the most up to date information.

An example of the impact of this is that people become confused: without a clear communication strategy that is accessible for all audiences it is impossible to continually unravel and communicate the detail in a timely manner.

We are jumping at grant buckets of newly announced money even though we might not believe that the grant is targeted to the highest health priority. A population benchmarked basis for funding allocations also proves frustrating as we are keen to travel down a needs based resource allocation framework to ensure resources are allocated where they are most needed – this approach is evidence based.

² The Hon Kevin Rudd, MP, Prime Minister, *House of Representatives Hansard*, 26 February 2009, pp. 3-4.

And like other Aboriginal and Torres Strait Islander Health services we are further burdened by the reporting requirements—which in turn impacts on the currency of our IT and data systems and resources needed to complete progress reports in a number of formats for both different and the same buckets of money.

While Sunrise acknowledges that OATSIH are in the process of streamlining reporting requirements - this will only account for 8 reports that are reported through 12 different formats. Sunrise receives funding from 3 main sources: Commonwealth, Territory and non-government organisations.

In total Sunrise completes progress reports for up to 10 individual projects. In fact my theory on funding is that it is inversely proportional to size, ie the smaller the bucket the greater detail of reporting.

The hundreds of millions of dollars that have flowed to the NT have resulted in a feeding frenzy by bureaucracy. An unintended consequence of increased funding to NT health has meant a blow out in services, so that Sunrise is constantly inundated with a multitude of programs being delivered in an apparently uncoordinated way by government. So one day well have someone wanting to talk to us about establishing self-dialysing units, and the next day someone wants to talk audiometry. I'm not wishing to sound ungrateful for these services however we have gone from famine to feast overnight and we simply do not have the capacity to cope with it

(Hugh's slide)

Finally another impact felt by Sunrise is that consultation processes appear to lack transparency—over simplified examples and scenarios are consulted; and only some elements of entire Strategies are consulted instead of people being given the information on the whole picture.

And as for the plight of our children? —The so-called motivation for our *ER*?

The Northern Territory Department of Justice holds data on lodgements in court for sexual assault and convictions for sexual assault across the NTER communities. There were 7 convictions for child sexual assault committed in the NTER communities in the six months to the end of December 2008 compared to 8 convictions in the six months to the end of December 2007, as stated in the Department of Families, Housing, Community Services and Indigenous Affairs monitoring report released in June 2009. It is important to note that most convictions in the Northern Territory relate to offences committed outside the NTER communities³.

Also the report of the NTER review board noted that while considerable quantitative and qualitative data is available in key areas it was clear that little or no baseline data existed to specifically evaluate the impacts of the NTER.

³ pp 100 of the Second Report – June 2000

As stated in the report of the review board - the lack of empirical data has proved to be a major problem and is an area that requires urgent attention⁴.

Another key element and emerging evidence that I would like to look at is income managed funds being spent on food

The Federal Government claim, as at January 2009, that a total of \$133,065,182.70 has been income managed, of which \$130,618,623.34 has been allocated by customers to various priority items. But expenses incurred by income-managed customers are very hard to substantiate.

As the second report of the Senate Select Committee into Regional and Remote Indigenous communities noted the truth is that

there is no itemised data from the use of the basics card to identify what income managed money has actually been spent on⁵.

Income Management does nothing to assist people budget. It shames those who live under it; it infantilises us and takes us back to the days of the mission; it sets Aboriginal people apart from their fellow Australians.

For those of you who may not know 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 or furniture—they must obtain a written quote with the government paying for the goods directly with the supplier.

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

Of further concern is that our people who are homeless—living in overcrowded houses – are being expected to save up bonds from the remainder of their income managed money. Far from benefiting us, income management further disadvantages us, especially when we consider some 33 per cent of the homeless people in the Northern Territory were in 'improvised dwellings, tents or sleeping out', compared with the national figure of 16 per cent.

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

We've been asking for an *ER* for decades.

⁴ Northern Territory Emergency Response Review Board October 2008

⁵ pp 30 of the Second Report – June 2000

We'd been "cooking up" demands to alleviate conditions that are in many cases 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.

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. 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.

In closing I can't encourage this forum and those involved, or those embarking on a career within the Health area enough.

Your contribution is vital—it will make a difference—as we move into this brave new policy world where we are attempting to close the gap in life expectancy within a generation.

But without a strong policy framework that honours Community Control and Self Determination we will fail. In August 2009 Sunrise participated in a consultation workshop on the NTER redesign held in Katherine – as a unified voice a formal request was called for by the stakeholders to be taken to the Minister to

exempt Katherine from the current measures under the NTER and allow us to develop our own programs

As unified group we also requested permission to

develop the terms of reference for the Ministers consideration and endorsement and to conduct a trial until August 2012

This approach would afford us the community control that **must** be a key plank for effective health policies, programs and services to be developed and delivered.

We are, as I said, a long way from Chicago's County General. Television's *ER* ran for 15 years. According to the politicians, our *ER* is now to be called Closing the Gap will last a generation.

Without community control services for Aboriginal and Torres Strait Islander people it will not be effective – only with community control can Sunrise say

— we must do it, we can do it – yes we can!

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