

Intervention is hurting health

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The Sunrise Health Service covers 112,000 square kilometres of the Northern Territory east of Katherine and is at the frontline in dealing with the health parts of the intervention. All but one community within its area are subject to the intervention's measures, including welfare quarantining.

Sunrise has compared data collected before and since the intervention and the results are dispiriting.

Anaemia is an iron deficiency that leads to poor growth and development, and as such is an indicator for the general health of children. Since the intervention, anaemia rates in the area have jumped significantly.

In the six months to December 2006, 20 per cent of children were anaemic. A year later the figure had increased to 36 per cent, and by June last year it had reached 55 per cent, where it stayed in the last six months of 2008.

Now, more than half the area's children face big threats to their physical and mental development. In two years, 18 months of which was under the intervention, the anaemia rate nearly trebled.

There is also a worrying rise in low birth weight among babies. In the six months leading up to the intervention, 9 per cent of children had low birth weights. This rose to 12 per cent in December 2007, and to 18 per cent six months later. By the end of last year, it was 19 per cent, double the figure at the start of the intervention.

Since compulsory income management of welfare payments began in the region in late 2007, there have been documented instances when it affected people's capacity to buy food. This in-

cluded diabetics, who with no local store access were unable to access food for weeks at a time. Their response to this situation was to sleep until food became available.

Income management has not reduced alcohol or drug consumption – indeed, alcohol restrictions on prescribed communities has merely shifted the problems to larger towns or bush camps. And it has not stopped “humbug” or the conversion of Basic Card purchases into cash for grog. There is also no evidence that it has increased the consumption of fresh food among Aboriginal families, which is vital to fighting anaemia.

There was strong agreement about the need to protect women and children from violence and to improve the socioeconomic position of Aboriginal

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families between those who designed and welcomed the intervention and those who questioned its methods.

The key criticism from those of us asking questions was why all the evidence of what is known to work to make communities safer and to improve education and health was ignored in favour of expensive, untried, top-down, heavy-handed policy approaches.

On Friday, the Government is expected to endorse the Declaration on the Rights of Indigenous People, along with the national apology to the stolen generations, another symbolic shift from the Howard government's indi-

genous policy. But there are still striking similarities between the practical approaches of the former government and the present.

Nowhere is that clearer than the continuation of the suspension of the Racial Discrimination Act, the right to appeal to the Social Security Appeals Tribunal and the right to seek redress under the Northern Territory anti-discrimination legislation.

The suspension of the right to seek redress have left those people subject to welfare quarantining with no avenues of complaint if they feel unfairly treated. And there are more reasons to be concerned about continuation of the intervention without reflection on what is working and what is not.

While the Minister for Indigenous Affairs, Jenny Macklin, has said she is relying on conversations with some people about the need to continue without reviewing the policy, the evidence on the ground – like that from Sunrise – suggests it is time for the Government to seriously rethink the mechanisms it is using in the Northern Territory, especially around welfare quarantining.

There are two challenges for the Government over its indigenous policy. The first is to make it compliant with the standards it supports in the Declaration on the Rights of Indigenous People.

The second is to make real its promise that it will be led by the evidence of what works rather than ideologies that don't. Both challenges will lead to more positive steps to addressing the socioeconomic disparity experienced by Aboriginal communities and the issues of protecting women and children that has been the justification of the intervention.

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