Housing for Health in Indigenous Australia: Driving Change when Research and Policy are Part of the Problem

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The failures of social policy in Indigenous Australia are legion, to the current point where the former national government declared a national state of emergency in its own borders. In calmer times, recommendations for solutions almost inevitably include a call for more practice-oriented research to increase the evidence base informing social interventions. Just as inevitably, researchers bemoan the difficulties of influencing policy and the culpabilities involved; while policy practitioners have equally standardized frustrations concerning the irrelevance of much research. Many understand this familiar division, almost affectionately, as a function of the different organizational cultures separating the academy from the bureaucracy. This paper complicates this longstanding binary by drawing on an example of an evidence-based program to improve housing functionality in Indigenous Australia, known as Housing for Health. Stereotypical claims about the cultural differences separating policy and research are replaced with lessons about the specific characteristics of those who would wield effective strategic-administrative interventions and are able to enjoin evidence to action.

Key words: research and policy, public housing, Indigenous environmental health, Australia

Introduction

In Australia today, an extraordinary number of interventions were mobilized around the spectre of Aboriginal child sexual abuse in the Northern Territory, which has the largest Indigenous population as a proportion of the overall population. On 21 June 2007 the Prime Minister of Australia, John Howard, and the Minister for Families, Community Services and Indigenous Affairs, Mal Brough, announced a suite of "national emergency measures" targeting Indigenous families in the Northern Territory. The fast-moving and multi-pronged emergency response is difficult to describe

precisely but includes alcohol bans, health checks for children under sixteen, deploying extra police and military personnel to stabilize communities, linking continued family welfare payments to school attendance, and dismantling most community-based elected organizations. The measures ostensibly follow the release of a report from the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (see Wild and Anderson 2007).

This is one way that a research artifact—a report that collates published and verbal testimonials and data—can be used to rationalize potent pre-election declarations. In less heated times, the more standard concern among policy makers and researchers is with developing the right kinds of development logic and program interventions to frame Indigenous social reform. To borrow the words of anthropologist David Mosse (2004:639) the preoccupation is "with getting policy right; with exerting influence over policy, linking research to policy and of course with implementing policy." Just as commonly, analyses of the many failures, shortcomings, and disappointments of policy and program interventions will identify the cultural gulf separating policy and research communities as part of the problem that must be overcome if a better evidence base is to be generated. Australian political scientist Meredith Edwards (2005:63) describes the "uneasy relationship between researchers and policy practitioners" in classical terms: "each has different perspectives on what the problem is, and unrealistic expectations of each other."

The intention of this article is to tackle these normative depictions of the separations between policy and research and the best means of influencing practice, drawing on the case of Housing for Health, a licensed methodology for improving housing amenity in Australian Aboriginal communities. It explores the irony that the intervention that has proved most successful at contesting and amending normative policy discourses on Aboriginal living conditions, using applied research techniques to do so, did not originate from either policy or the academy. To this day it occupies a somewhat antagonistic relation to both. Four particular issues arising out of the evolution of Housing for Health are explored: how policy and research are popularly conceived by practitioners in both fields; how both policy and research are mired in their own institutional habits and regimes of self-interest; how research and policy functions vis-à-vis remote Australian Aboriginal communities; and how reform might still be negotiated in the face of the heavy defaulting pressure for simple-to-think responses.

This last avowedly instrumental theme forms the key aim of this article. The partisan analysis presented here draws inspiration from recent anthropological accounts of the state (e.g. Das and Poole 2004; Gupta and Ferguson 2002; Hansen and Stepputat 2001b; cf. Sharma and Gupta 2006) and critical accounts of forms of anthropological enmeshment within bureaucratic cultures of development (Mosse 2005; Olivier de Sardan 2005). These innovative works replace the negative critique of policy implicit within forms of anthropological analysis, which usually side with subaltern or local empowerment efforts against the oppression of institutional forces, with more intricate and ultimately more constructive studies of mutual dependency and co-created effects. In particular, I highlight the role of normative research in aiding and abetting standardized policy positions and conversely, the role of critical anthropology in helping identify the stakes involved.

The timeliness of this account cannot be understated. As Will Sanders (2000: 237) notes, Australian Indigenous housing is in every sense unfinished business. In Australia today, how Indigenous people tend public housing is the subject of high public and policy anxiety, currently linked to attempts to dismantle communal tenure and land permit systems. The current "national emergency" stems in part from longstanding concerns over issues of Aboriginal housing amenity, responsibility, and supply. Much of the housing stock in remote Indigenous communities is decrepit, with too many people sharing too small a space and haphazard processes for implementing rental collection and associated repair and maintenance regimens. Past and present governments at state and federal levels have balked at meeting the full costs of supplying sufficient publicly-funded houses for the growing yet nationally marginal population, especially when the recipients appear to debase what they have been allocated.[1]

Housing for Health developed as a grass roots initiative in the early 1980s to tackle one aspect of these intransigent issues by attending to the amenity of existing housing stock—namely, through returning functionality to essential household hardware, such as water supply, bathing ability, effluent disposal, and electrical safety, targeted for their potential impact on child health in particular (Pholeros, Torzillo, and Rainow 2004). In expanding from a small scale pilot to a national effort, the program has challenged much orthodoxy about why and how Aboriginal housing degenerates and as many myths about what might be done to improve living conditions. Among the many features to be highlighted out of the trials and tribulations of taking Housing for Health to national scale in Australia, the issue that concerns me here is the role of normative research in co-producing the conventions of policy belief this program has had to surmount over the past two decades. To set the context for this argument, the following section sketches the general ways research and policy interpenetrate and share interests, before examining the Housing for Health example in greater detail.

The Interpenetration of Policy and Research

As an anthropologist who has also periodically operated as a senior bureaucrat, I know that the demand for improved performance in social interventions occurs within a distressing knowledge vacuum about how to achieve what the system so adamantly prescribes. But just as there are no reasons to be sanguine about the logic of policy decision-making and implementation, so too naïve faith in the power of scholarship flattens on closer acquaintance with the marketplace of research and what passes for policy critique. In Australia, the social scientists keen to enter into dialogue with social policy in the interests of such unarguable philanthropic concepts as public good, or participatory and community-oriented Indigenous research, tend to offer three sorts of artifacts, listed from more to less common:

1. Technico-scientific studies which aim to solve problems of intervention or application—done with or for the target population—often with the aim of conscripting local knowledge to the task and driven by notions of betterment (but inattentive to questions of sustainability and traction);
2. Evaluative commentaries on the failures of policy application, which unintentionally reify the foundational premises of that which is being critiqued by assuming the overall interventionary framework to be more or less warranted;
3. Close grained ethnographic studies of distinctive Indigenous heritage and cultural mores, which privilege local knowledge and assume bureaucracy and service delivery to be hostile or incompetent, if theorized at all.

Few Australian analyses offer what an anthropological approach might: a thick description of processes in the front and backstage of policy setting through to practice (Hansen and Stepputat 2001a:17; Mosse 2005:232-3). This is a shame, for when we take the real, inhabited contemporary worlds of policy seriously as a cultural domain—*seeing* the state, not *like* one (cf. Corbridge 2005; Scott 1998)—we are brought face to face with a challenging and reflexive discursive realm barely different from the world of academia.

Studying up in his ethnography of organizations, anthropologist George Marcus (1998) found that modern bureaucrats are highly intellectual, inventive, and self-analytical subjects. They are able, willing, and skilled in reflecting on the ambiguities and contradictions of their domains, deploying vocabularies saturated with the intellectual products of critical inquiry: psychoanalytic, sociological, political economic, quantum mechanical, and anthropological (Lash 1994, Riles 2000). That is, they were much like academics.

The community service organizations of the Northern Territory attract professionals armed with community development credentials and a genuine desire to help the benighted Indigenous population, whose overall health and socioeconomic position are considered the most poor of all "fourth world" people. As a recent comparative analysis of national health data for Indigenous populations in Australia, New Zealand, Canada, and the United States of America revealed, Australia ranks bottom in the league table of first world nations working to improve the health and life expectancy of Indigenous people (NAACHO and Oxfam 2007). The explanations that are shared among the bureaucrats who are trying to reverse these indicators are sophisticated and learned. They know that the scientific knowledge they hold, the health status they enjoy, their professional position as intervenors, their occupational status, their power of voice, are the over-determined functions of their academic privilege (Lea 2005). So knowing, they are keen to overcome the power-knowledge distinctions that divide them from their clients and, to this end, hyper-privilege participatory practices and forms of action research (Kowal and Paradies 2005).

Who does this sound like? It is pretty close to how many committed academics would conceptualize the issues and ethics. Despite this affinity, academics often place themselves on a higher plane, claiming an analytical and moral supremacy with which to slam-dunk bureaucratic knowledge. We (academics) think we know better, think we operate and think better, about most things. This assumption is arguably an old fashioned form of bad faith or, as Dan Kulick (2006) has claimed in the case of anthropology, a denied libidinal pleasure in being aligned with the subaltern against oppressive external forces. This tempting analytical habit can unintentionally blind us to a more interesting set of shared interests. Notwithstanding the serious intent and concern driving interveners and researchers to work in the cause of the weak, the disadvantaged, the poorly served, there is a fundamental narcissism to policy and research analysis that enables the uncritical reintroduction of familiar concepts in the name of innovation. Within Australia at least, where the ability to attract and distribute new project funds is a mark of professional success, ad hoc research case studies and fragmented policy approaches may both be of great institutional benefit. While Aboriginal settings have been subject to many program and project overtures, and many contemporary failures may be attributed to the unintended results of past actions, bureaucrats and researchers both work to sustain the illusion that their proposed policy and project frameworks are essential or original efforts.

For all the demand for evaluation and notions of evidence within policy, existing approaches that have questionable effect are seldom the basis for a fundamental rethink of the logic underlying conventions of approach or delivery. Instead, pointing to the gaps in policy, or to under-resourcing, or to the more that needs to be done for implementation to be fully effective, provides the buttressing arguments that justify new versions of old approaches. If only the perennial issues of implementation fidelity, funding (in)stability or insufficiency, poor compliance, political will, lack of coordination, insufficient time, community disengagement could be addressed, then the said intervention or program or approach will have a better chance of working. Academics, posing as independent or evaluative voices, will point to all the ways an approach was incorrectly applied or fell short of its avowed ambitions, the further work that is required to really understand the issue, and so forth, while remaining silent on the question of their interest in the irresolvable social research problem.

More cynically, slapdash social inquiries may be commissioned that are analytically lightweight—with participating academics claiming, somewhat disingenuously, that being more critical might mean they never get a repeat research commission. Getting refractory advice past the organizational tendencies to attenuate critiques and repeat standard critical commentary is admittedly difficult, but not only because funding is in the balance. Acidic analyses that cut through embedded systems of practice and thought can create confrontations that are psychologically and materially consequential; and since no one is really demanding these beyond rhetorical overtures, why go there? Rather than providing any kind of breakthrough, under-theorized analyses of failures of policy can be readily harnessed as devices of institutional reinvention, upholding the overall apparatus of intervention with incremental adjustments at the margins.

Housing for Health

Let me now narrate the story of Housing for Health. While the broad contours of my argument may still be interpreted as a standard anthropological critique of bureaucratic self-interest (in that the case study can be read as an account of grass-roots heroism set against a conventional backdrop of bureaucratic bias and ignorance), my aim is to also suggest an empirically and ethically much more complicated situation. Housing for Health is a methodology for measuring, rating, and fixing household hardware deemed essential for health.[2] The approach has its origins in work developed in 1985 by the newly formed Nganampa Health Council, one of Australia's oldest community-controlled health organizations, which provides health services across the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in northwest South Australia. Then Director of Nganampa and Anangu elder, Yami Lester, brought together a doctor, an anthropologist, and an architect to see what they could do to improve living conditions in the APY Lands. Thoracic physician Paul Torzillo was then the medical officer working at the Pukatja (Ernabella) health

clinic for the Nganampa Council; anthropologist Stephan Rainow had lived in the area since 1977 and spoke fluent Pitjantjatjara; while Paul Pholeros, an architect, had been engaged by Nganampa Health to carry out additions to a small health clinic in Fregon.

Yami Lester, thought blinded from an early age by a 'black mist' believed to be the fall out from atomic tests at Emu Junction and Maralinga, saw that even with Anangu control of the regional health service and with improved clinical treatment of illness, overall, Aboriginal health was not fundamentally improving. Somewhat unfashionably at the time, he proposed that medical services *and* a healthy living environment were both required for health gains. The other person to exert a background influence was the late Fred Hollows[3], whose operating principles influenced how the team approached their work. Not one to mix sentiments, Hollows believed that programs should deliver immediate returns for the people being assisted; and that any measuring and recording for data collection must be accompanied by action, encapsulated in his famous maxim "no survey without service." He further believed that work with Aboriginal people should be done on a not-for-profit as opposed to a "poverty pimp" basis (Corris and Hollows 1991:132).

For fifty years, people had been saying poor living conditions made Aboriginal people sick, but the tendency was to leave explanation of enduring poor health at the door of this categorical social determinant without further unpacking. As Torzillo now recalls, "It was a bit like the weather: it existed, it impacted, but how was not very well clarified." The holistic diagnosis "living conditions" swamped the ability to isolate the technical tasks required to respond with practical, non-traumatic, and replicable solutions. Prevailing epidemiological and public health research repeated the general finding, inviting endless committee, conference and workshop assemblies across Australia to suggest policy should emphasize funding for Indigenous homemaker skills, household living, or hygiene classes as remedy.

Yami asked the three men to specify what the connections between living conditions and poor health actually were; then to think through how appropriate responses might be prioritized. To make this assessment, the trio studied living areas in all the APY Land communities and a selection of homelands, taking careful note of where people were sleeping (on the ground, in the yard) and how the houses were actually being used. In what has since become shorthanded as the UPK[4] Report, their early findings were published in a big-book format to enhance its grassroots dissemination (Nganampa Health 1987). Elliot Johnston QC, Royal Commissioner on the Australian Black Deaths in Custody Inquiry, picks up the story in Volume II of his report (Johnston 1991: Vol II, Chapter 18.8):

> Having reviewed the environmental inadequacies of the Anangu Pitjantjatjara Lands the [Nganampa Health] Council developed a list of healthy living practices which were essential for well-being in remote areas. These were prioritised in order of their likely importance to improving health status. They were:

- washing people
- washing clothes/bedding
- waste removal
- nutrition
- reduce crowding
- separation of dogs and children
- dust control
- temperature control
- reduce [electrical] trauma.

Knowing that the identified "Healthy Living Practices" were still based on supposition, the trio undertook to test the effect of attending to the nine identified areas over one year in the small South Australian settlement of Pipalyatjara (Pholeros, Rainow, and Torzillo 1993). Working closely with Anangu, doing something everyone said they couldn't (such as researching how Aboriginal people performed intimate functions like bathing and toileting), the team scored how well the hardware of the house let people do these nine seemingly easy things. This led to a focus on the interconnections. So, for example, assuming that to be free of infection it is important that a child is washed on a daily basis, what might this entail? A tub that is big enough would be the most visible thing, but less obvious ingredients include hot water in the winter; being able to locate some soap in a (usually) overcrowded house; an ability to drain the waste water away; and importantly, an environment where the effluent is not already overflowing from backed-up toilets preventing access to the wet area of the house in the first instance. Having *all that* assumes everything from potable water; reliable and available contractors to mend worn or broken parts; quality initial installations of electricity, water, and waste disposal systems; through to a solvent and functional community council.

Pursuing Yami's second instruction, in the second phase of their applied research they decided to raise the implementation stakes even higher: could they help local people of Pipalyatjara maintain the health hardware of their houses? If so, what would it cost? They refused to take on the preformulated if sympathetic explanations then circulating in public health research circles concerning purported Anangu cultural differences (such as assertions that showers would not be used even if they did work or that septics routinely blocked because both amenities were foreign for desert-dwelling hunter gatherers). Nor did they accept the instinctive policy verdict that hardware primarily failed because of householder vandalism. Instead, somewhat antagonistically, they insisted on undertaking detailed empirical work for themselves, well knowing what they were up against:

> I knew that someone would say, when we showed them data on water use, 'well that's a kid whose to blame for turning the tap on' because you're dealing with a critic who's never been on the paddock. They haven't met or mixed with these kids; they've never met the teenage girls who want to have a twenty minute shower; they've already supposed these people don't wash and so it has to be a primitive thing…We knew we'd get that question [asked of our findings], so…we correlated water flow and use…Sure enough, the very first presentation

meeting I ever went to, when we were showing that people will wash themselves and their clothes regularly if they have the means, the first claim was 'a kid just went in and turned on a tap and let the water flow. We don't believe it.' Why? 'Because they're desert people and they don't like to wash.' There was a bloke saying that in the committee room and you could see all the people nodding, going 'he's right.' (Interview notes, Paul Pholeros, April 2005)

After a year of successfully trials of a locally-run maintenance program, of measuring usage, putting water meters on shower heads, on toilets, on basins, finding novel ways to test the ready-made explanations for why Aboriginal houses were dysfunctional, the team found that most of the problems were underground—literally and metaphorically. Eighty percent of all the problems they encountered were due to initial faulty construction and lack of supervision: septic tanks not connected; meter-long drainpipes that led to nowhere (McPeake and Pholeros 2005; Pholeros, Rainow, and Torzillo 1993). They found one single case of vandalism to a power box. They also proved Aboriginal people were not the main culprits and that competent maintenance could be provided, data collected, and projects completed by local people. As the team has written,

> The apparently simple targets (the nine healthy living practices), unlike previous complex policy documents, were well defined and hard to achieve. They formed a locally understood standard with which to judge government provided services (housing, water supply, maintenance etc). These services often fell well short of the UPK mark (Pholeros, Torzillo, and Rainow 2004: 2).

The other big issue to emerge was maintenance. Without routine repair and maintenance programs, health hardware folded and became disease contributing rather than health enabling. Investigating the connections here, the team originally found that no single government area was responsible for funding maintenance. Not one. The prevailing policy judgment at the time, voiced with the confident authority of central office hearsay, was that doing so would encourage *dependence*, when Aboriginal people needed to be able to fix infrastructure themselves in the interests of *sustainability*.[5] Besides which, as everyone knew, Aboriginal people were a major part of the blame: they vandalised their houses or would perform desperate acts, like pulling up floorboards for firewood:

> So there were all these myths, like these blackfellas vandalize it…I mean even the Pip[alyatjara] project showed that's bullshit. [Then they said] if you do have houses and hardware working, people won't use it anyway…. There's a story that no one will believe now but we've still got all the letters from the Water Authority [saying] we will not allow you to put a meter on the tank to see how much water flows through a whole community…They just refused to put in a water meter. Why? Because they [already knew] the main use of water: well, blackfellas waste it of course! They leave the taps on! When you show that that is in fact clearly not the case, and use data to prove water use was

only a quarter in those days what it was in Sydney—it's only when you put all those bits together that you can debunk these verdicts (Interview notes, Paul Torzillo and Paul Pholeros, April 2005).

The team undertook the original UPK work with a tiny grant from the South Australian government, directed to Nganampa Council. It did not cover salaries, travel, or research expenses, for this was not deemed official research: "No, we had no transport, no vehicle, no nothing. Like—it was crap when I look back. I mean, you arrive in Alice [Springs]…[and we'd] be going out bush in some bloody broken down car and just hope we'd end up somewhere…" (Interview notes, Stephan Rainow, May 2005).

Notably, neither the UPK report nor the eponymous book *Housing for Health* (Pholeros, Rainow, and Torzillo 1993) describing the Pipalyatjara results were conventionally peer-reviewed, a failing for which they were and remain routinely criticized (see Bailie 2002, Bailie and Runcie 2001, Torzillo and Pholeros 2002). Even so, the book remains the most widely disseminated publication on the subject of infrastructure and Indigenous health. Indeed, to cut a complex twenty-year story short, their work eventually generated the National Indigenous Housing Guide (FACS 2002)[6] and featured as a recommended intervention of the Royal Commission into Aboriginal Deaths in Custody (Johnston 1991). Over time, they were funded to expand their work in partnership with state, territory, and regional governments and have now created healthier hardware in over five thousand Aboriginal households across Australia.

Lessons on Impact

We could say wow, what a terrific story of research influencing policy on a broad scale! A group of people charged by a local leader with designing action consult with the enormous flood of studies available in the world—experimental studies, controlled group studies, syntheses, surveys, epidemiological overviews, opinion pieces, reports—to develop a straightforward set of principles focused on reducing health risks in houses. They take the next step and show how their findings can be made to work in practice. Their work is influential; it affects policy.

Yes—and no. Throughout they have faced a typical dilemma: an attractive idea assumes larger-than-life status, the rhetoric of uptake takes over, and yet the fundamentals for fidelity in practice are simply not there. In the early days, news of the house-production UPK report and Housing for Health trial spread like wildfire. As Rainow recalls,

> Then all of a sudden it was like out of the blue, almost out of nowhere everything was UPK. I remember it: everything was UPK! It was like a switch had been turned on. So Housing in South Australia said 'right, from now on every house of yours is going to be UPK.' UPK toothbrushes, UPK Toyotas, UPK soap, UPK—it just blitzed (Rainow, interview transcript, see also Pholeros, Torzillo, and Rainow 2004: 2).

It is reminiscent of Garnter's model of the technology hype cycle.[7] An emerging technology is seized upon in its early days and generates significant interest, with one person after another speaking about the product, keen to be the first with the breaking news. This peaks with over-enthusiasm and unrealistic expectations, descends through a period of disillusionment, where interest wanes and cynicism rises, purportedly to arrive at a mature understanding of the technology's relevance or sustainable role in a market or domain. In the case of Housing for Health, the UPK fad disappeared almost as quickly as it appeared, reflecting the greater urge to reinvent a blank intervention slate within government—and the professional turnover that fuels such amnesia. Even during the peak of the UPK 'hype cycle,' the three reformers became aware that government agencies who were claiming to implement the principles of their program were doing nothing like what their actual grounded research was saying was essential. Attractive sayings like 'no survey without service' were readily coopted within policy discourse, reflecting their utility as words which imply a determination toward action, even if none is mobilized. At the same time, in the backrooms of the government departments responsible for housing policy, the Healthabitat team were told their findings were too specific: Indigenous communities might work like this in the desert, but not anywhere else. What could twelve houses at Pipalyatjara possibly say about the rest of Australia?

Resistance Returns

After much deft political footwork where they found champions at senior levels of government and bureaucracy[8] to comprehend their intent, the team raised the stakes again, rolling the program out to *one thousand* houses across different terrains in Australia. They were ruthless in insisting that people using their method had to be trained and licensed to do so, having found from experience that if they failed to supervise projects carefully, trade contractors would move away from the purpose of what they were required to do toward an outward appearance of it, pocketing the difference. This in turn led to discrediting accusations that Healthabit profits from the training and accreditation process associated with their licensing, despite their not-for-profit company status.[9] Having proved there are sustainable ways of making sure that there is safe water in, bad water out, toilets that work, and electricity points that are not hazardous, fresh complaints emerged. As one critic told me, "If this intervention is so good, why are Aboriginal people still living in such ugly shit boxes?" Or in the words of a former minister, "the fix program can't be publicly funded *ad infinitum*: Aboriginal people should fund repairs themselves, perhaps through deductions to their welfare payments." Public health professionals have suggested a program that stops with fixing the plumbing and the wiring is too limited: what about everything else that is wrong with the house, the yard, the community?

The Healthabitat trio are not passive in agitating conflict. They are openly scornful of descriptive research which finds over again that Indigenous people live in overcrowded houses, accusing these of being parasitical "surveys without service." In contrast, they argue, their research has focused on the distal and proximate ends of infrastructure, showing what actually happens within the household, not simply reporting on the component external parts (how many houses there are, whether there is a bore or not) and prejudging the lived empirical detail. Throwing down the gauntlet to public health researchers in particular, they boast of also solving the issues they identify without stretching their work to answer issues it was not designed to. (They do not claim to stop houses from being overcrowded, to prevent teenagers from becoming pregnant, or people from drinking, say). As they would put it, they remained "less ambitious and more focused," despite the tremendous pressure to be holistic to the point of doing nothing in particular.

With each year, the Healthabitat team deal with a new generation of naysayers in both the research and policy communities. Their accumulated data (now on over 5,000 houses) repeatedly shows that breakdowns occur frequently in *all* housing stock in the Aboriginal lands, not just those deemed dysfunctional by central policy administrations; and in most communities, there are ongoing issues and problems to do with washing facilities and sewage and waste-water disposal. They are still able to show that 67 percent of the faults their work detects is due to poor initial installation, 26 percent is from normal wear and tear, and seven percent is due to householder damage (SGS Economics & Planning and Tallegalla Consultants Pty Ltd 2006; Torzillo 2007). They can tell you exactly which standard public housing issue part of the stove top/ solar hot water heater/ cistern/ faucet/ light fitting/ electricity switch will fail first and why; and have initiated a program of research and development to trial economical alternatives, sharing the results on a public website and in twice yearly information sharing sessions. But their maligned research protagonists remain suspicious: exactly why is it that they do not publish in the peer-reviewed literature? Are they hiding from more expert scrutiny? To quote one critic, there should be "no service without peer reviewed research."

Sometimes they are told their data is too specific. What use is all this information on the inadequacies of Indigenous housing infrastructure to the more pressing problem of overall housing shortages? Or that detailed data is unusable when zero-sum decisions need to be made. Suggesting certain brands of more expensive tap or solar hot water system have greater durability and longer term savings, for instance, does not help when the immediate program budget for Indigenous public housing must be made to yield more for the many, at least in the short term. Similarly, the data confronts competing policy imperatives. For instance, one persistent finding from two decades of work is that old housing stock out-performs new houses in terms of the durability and function of the internal hardware. The logical policy response might be to focus on routine maintenance of old stock and to ensure quality assurance in new housing fit outs. But building fewer houses of higher quality not only requires a long-term view and holding immediate unmet need at bay, it also escalates

the price of each individual house; an unacceptable proposition within a public accounting system which insists that Aboriginal housing should not cost too much for that perennial welfare moralist, the unnamed taxpayer.

Is Good Policy Unimplementable?

Housing for Health will always be contested.[10] It fixes things that can not be seen: it is hard to cut a ribbon when the effluent drains away properly for the first time but the bathroom still looks grubby. It identifies faults that are hard to redress without combating the conspiracy of effects that yields fragmented service delivery, poor quality fit out of houses, exploitative trade contracts, unrelenting housing shortages, and demoralized community organizations. Given all this, is it the case, to again borrow from anthropologist David Mosse (2004), that good policy in Indigenous Australia is unimplementable?

It is a good question, and not only because of the relentless nature of the barriers to prosecuting evidentiary work. Anthropologized verdicts about cultural imperialism are also hard to shift. When I have presented aspects of this work to fellow anthropologists, I am told that as Aboriginal people do not like cooking inside they do not need functioning kitchens; or that if local people were involved in the design of their houses they would be less liable to damage—which makes the technical issues of effluent disposal a matter of cultural design. For all strategic wielding of empirical research to overturn myth and self-interest, for all their policy impact, the three men brought together by Yami Lester are themselves sceptical about the relationship between research and practice and carry a weary sense of changing nothing more than the quality of government rhetoric. Changing things, they tell me, "almost always involves ninety percent of hard slog and about ten percent of making a theory or a conclusion or a summary of what you've done:"

> It is hard…I mean, I'm dealing with people in these peak housing bodies around the country who've never designed, who have never built, who've never even project managed one single house…. It's nonsensical why we even have these debates. The world—I don't think it's just in the Aboriginal world—it's inhabited by people who can get along really nicely by saying about five or six cue cards and if you ask how do you know that? What is your proof? Well, that will basically set you on a conflict path.

Almost certainly, a key to Housing for Health's staying power is the clout of the longitudinal data. By definition this means the men involved have also had staying power, outlasting the vicissitudes of policy, the pressure to rely on hearsay and the desire for politically proclaimable expenditure items, however misguided. I have drawn attention to the role of research in recycling the policy orthodoxies that the Housing for Health program then had to dismantle. It is not so much that Housing for Health work was untainted by the ordinary complicities of ordinary policy and research activity but that it had to push against the conventions of belief that research plays a part in generating that has been my concern. It is ironic that the people responsible for driving Australia's most successful intervention for housing amenity reform are neither pure researchers nor pure bureaucrats but arguably call on the canniest features of both. They accompanied their field research with other actions—good story telling, forbearance, repetition, and astute political advocacy—that created the conditions of possibility for the uptake and sustainability of their work. The idiomatic talking style of all three reformers is not irrelevant to their success in an Australian Indigenous service delivery setting but critical: they were smart enough to understand the language of both paddock and boardroom, and irreverent enough to cut through sly bureaucratese and the community development platitudes of public health researchers with well-aimed, mutinous analyses. They were, as Fred Hollows might have put it, unburdened by the odor of sanctity (Corris and Hollows 1991: 12). But if these are the essential characteristics for making policy implementable, it whittles the community of effective social reformers operating in Indigenous Australia to a very small handful.

Notes

[1]An as-yet-uncosted project to increase the number of new houses and to undertake a full scale repairs and maintenance 'blitz' on existing stock in Northern Territory communities was mooted as part of the emergency reforms—with stings in the tail. Minister Brough has warned that any new houses must be either in private ownership (that is, purchased through a mortgage) or if the assets remain public, be managed by state and territory government departments and not local Aboriginal Community Housing Organizations (ACHOs). The latter are to be disbanded in favour of normalisation in service delivery, despite the lack of any real evidence that mainstream government departments have a better track record in delivering viable housing options in remote communities. The consultancy report (PricewaterhouseCoopers 2007), cited as justification of the new approach strangely omits discussion of the overarching role played by state and territory governments in the poor track record of ACHOs.

[2]The environmental health and infrastructure approach developed by Healthabitat Pty Ltd (the company formed by Pholeros, Rainow and Torzillo to refine and manage Housing for Health projects) involves a team of people including local Indigenous community representatives and licensed tradespeople conducting a 230-point check of health hardware items in each house in a community. To this date, the teams feature majority Indigenous employment.

[3]Professor Fred Hollows (1929-1993) was an ophthalmologist who, among other things, established the first Aboriginal medical services in Australia and pioneered replicable approaches to eye health in third world nations.

[4]"UPK" stands for *Uwankara Palyanyku Kanyintjaku*, which translates as a strategy for well-being: literally 'making everything good'.

[5]In the present moment, this is the main argument for removing communal property title in favour of individual mortgages in communities and town camps.

[6]The National Indigenous Housing Guide is a technical manual for people involved in the design, construction or maintenance of Indigenous

housing, structured around the nine healthy living practices framework. It highlights issues to be considered by designers, builders, engineers, tradespeople and maintenance workers when considering the design, selection, installation, construction and maintenance of housing health hardware items (e.g. taps, showers and toilets) and compensates for the fact that national building standards either do not apply or are not routinely applied in remote housing.

[7]A multinational provider of research and analysis about the global information technology industry (http://www.gartner.com/it/about_gartner.jsp—December 30, 2007)

[8]It is intended that the politics of finding and the costs of being such a bureaucratic champion will be addressed in a separate article.

[9]It should be noted at this point that the three directors all have separate day jobs and supervise the suite of programs that have been evolved under the Housing for Health mantle on a part time basis.

[10]This year the federal government suppressed publication of the latest version of the National Indigenous Housing Guide, for example, until the Healthabitat team threatened independent publication

References

Bailie, Ross S.
 2002   In Reply: Household Infrastructure in Aboriginal Communities and the Implications for Health Improvement. Medical Journal of Australia 176:503 (letters).

Bailie, Ross. S., and Runcie, Myfanwy J.
 2001   Household Infrastructure in Aboriginal Communities and the Implications for Health Improvement. Medical Journal of Australia 175:363-366.

Corbridge, S. ed.
 2005   Seeing the State: Governance and Governmentality in India. Cambridge: Cambridge University Press.

Corris, Peter and Hollows, Fred
 1991   Fred Hollows: An Autobiography with Peter Corris. Richmond: John Kerr.

Das, V. and Poole, D. eds.
 2004   Anthropology in the Margins of the State. School of American Research Advanced Seminar Series. Sante Fe; Oxford: School of American Research Press.

Edwards, Meredith
 2005   Social Science Research and Public Policy: Narrowing the Divide. Australian Journal of Public Administration 64:68-74.

FACS
 2002   National Housing Guide (Second Edition).Canberra, Australia: Commonwealth Department of Family and Community Services.

Gupta, Akhil and Ferguson, James
 2002   Spatializing States: Toward an Ethnography of Neoliberal Governmentality. American Ethnologist 29:981-1002.

Hansen, Thomas Blom and Stepputat, Finn
 2001a Introduction: States of Imagination. *In* States of Imagination: Ethnographic Explorations of the Postcolonial State. Thomas B. Hansen and Finn Stepputat, eds. Pp. 1-38. Durham and London: Duke University Press.

 2001b States of Imagination: Ethnographic Explorations of the Postcolonial State. Durham and London: Duke University Press.

Johnston, Elliott
 1991   National Report of the Royal Commission into Aboriginal Deaths in Custody. Commonwealth of Australia: Australian Government Publishing Service.

Kowal, Emma and Paradies, Yin
 2005   Ambivalent Helpers and Unhealthy Choices: Public Health Practitioners' Narratives of Indigenous Ill-health. Social Science & Medicine 60:1347-1357.

Kulick, Don
 2006   Theory in Furs: Masochist Anthropology. Current Anthropology 47:933-952.

Lash, Scott
 1994   Reflexivity and its Doubles: Structure, Aesthetics, Community. In Reflexive Modernisation: Politics, Tradition and Aesthetics in the Modern Social Order. Ulrich Beck, Anthony Giddens, and Scott Lash, eds. Pp. 110-173. Stanford, Calif.: Stanford University Press.

Lea, Tess
 2005   The Work of Forgetting: Germs, Aborigines and Postcolonial Expertise in the Northern Territory of Australia. Social Science and Medicine 61:1310-1319.

Marcus, G. E. ed.
 1998   Corporate Futures: The Diffusion of the Culturally Sensitive Corporate Form. Chicago and London: University of Chicago Press.

McPeake, Tess and Pholeros, Paul
 2005   Fixing Houses for Better Health in Remote Communities. National Housing Conference, Perth, 2005.

Mosse, David
 2004   Is Good Policy Unimplementable? Reflections on the Ethnography of Aid Policy and Practice. Development and Change 35:639-671.
 2005   Cultivating Development: An Ethnography of Aid Policy and Practice. London, Ann Arbor: Pluto Press.

NAACHO, and Oxfam
 2007   Close the Gap: Solutions to the Indigenous Health Crisis Facing Australia. A Policy Briefing Paper from the National Aboriginal Community Controlled Health Organisation and Oxfam Australia. Oxfam Australia.

Nganampa Health
 1987   Uwankara Palyanyku Kanyintjaku (The UPK Report). South Australian Committee of Review on Environmental and Public Health within the Anangu Pitjantjatjara Lands in South Australia

Olivier de Sardan, Jean-Pierre
 2005   Anthropology and Development: Understanding Contemporary Cultural Change. (English edition). London and New York: Zed Books.

Pholeros, Paul, Rainow, Stephan and Torzillo, Paul
 1993   Housing for Health: Towards a Healthy Living Environment for Aboriginal Australia. Newport Beach: Healthabitat.
 2004   Healthabitat: A brief history. Newport Beach: Healthabitat.

PricewaterhouseCoopers
   2007   Living in the Sunburnt Country' Indigenous Housing: Findings of the Review of the Community Housing and Infrastructure Programme Final Report – February 2007. Canberra: Commonwealth Government of Australia.

Riles, Annelise
   2000   The Network Inside Out. Ann Arbor: The University of Michigan Press.

Sanders, William
   2000   Understanding the Past, Looking to the Future: The Unfinished History of Australian Indigenous Housing. In Settlement: A History of Australian Indigenous Housing. Peter Read, ed. Pp. 237-248. Canberra: Aboriginal Studies Press.

Scott, James C.
   1998   Seeing Like A State: Why Certain Schemes to Improve the Human Condition Have Failed. New Haven and London: Yale University Press.

SGS Economics & Planning, and Tallegalla Consultants Pty Ltd
   2006   Evaluation of Fixing Houses for Better Health Projects 2, 3 & 4. Australian Government Department of Families, Community Services and Indigenous Affairs Occasional Paper No. 14.

Sharma, A. and Gupta, A. eds.
   2006   The Anthropology of the State: A Reader. Malden, MA; Oxford, UK: Blackwell Publishing.

Torzillo, Paul J., Pholeros, Paul, and Rainow, Stephan
   2008   State of Health Hardware in Aboriginal Communities in Rural and Remote Australia. Australia and New Zealand Journal of Public Health (in press).

Torzillo, Paul J. and Pholeros, Paul
   2002   Household Infrastructure in Aboriginal Communities and the Implications for Health Improvement. Medical Journal of Australia 176:502-3 (letters).

Wild, Rex and Anderson, Pat
   2007   Ampe Akelyernemane Meke Mekarle "Little Children are Sacred": Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. Darwin: Northern Territory Government.