As an academic invited into the policy-making arenas of the Territory Health Service (THS) to assist with policy development, Lea offers critically engaged insight through this edgy text, which focuses on northern Australia generally, but specifically on the Northern Territory (NT), with a focus on the Top End — or the far north of the NT. Through the deconstruction of the semantics of policy discourse an intimate account of the governance of government unfolds. In this work Lea aims to return personhood to technocrats in order to ask the questions: ‘How do government officers in the helping services shape themselves in relation to those they set out to help? How do they become both agent of government and community advocate? What are the contradictions and how are these resolved?’

As Lea points out, there is much research articulating the interdependent nature of the Aboriginal/non-Aboriginal relationship, but not from a space recognizing the dependence of the ‘bureau-professionals’ on Aboriginal people. Through a series of ‘policy-making events’ she finds that the health policy discourse and practice is self-perpetuating. ‘The unifying aesthetic of failure in the cycles of argument and debate is essential to the culture of remedialism, which — like all organic forms — is unconsciously geared toward its own reproduction’. By all accounts this provocative finding has created ripples — if not tsunamis — in the NT public health sector; this is long overdue. That Aboriginal people make up approximately one-third of the NT population with a set of health statistics that will not seem to shift no matter what the intervention requires a radical reassessment.

The text is organized in three main parts. The first outlines the bureaucratic setting in question; the second how bureau professionals learn about and then attempt to execute their vexed responsibilities; and the third considers how work life is viewed once these bureaucratic modes of apprehending the world are incorporated.

The style is in turn theoretically complex and colloquial in the one sentence; it can be unsettling and reminded me of a cross between Taussig’s imaginative realism and Appadurai’s Social life of things (1986), that latter translated here as the ‘social life of health facts’. At once

densely descriptive and analytically laden, there were points where I suffered from alliterative exhaustion: ‘[W]ithin the tricky sticky entanglements of agency and obligation, within the internal animation wrought out of being at once governed and governing, our compulsion is compelling’. Nevertheless, realizing the intimate practices of Foucault’s governmentality is powerful stuff and an at times difficult read is compelling’. Nevertheless, realizing the intimate practices of Foucault’s governmentality is powerful stuff and an at times difficult read can be forgiven. However, whereas I could not put down Peter Sutton’s recent text The politics of suffering (2009) – because of his no-pretension writing style (no reflection on the content) – I am afraid initially that I found this text hard to pick up. The circumscription of the writing was at times simply painful to follow, though Lea seems to settle more comfortably in the tale as the text progresses.

The issue of style aside, this book is a must-read. Lea uncloaks the ways in which data drive the interventions: ‘[A]s if a fetish object, data acquires magical, transformative properties in the professionals’ imagination – if only the information can be made accessible to Aboriginal people then they would realize how sick they were and want to get better’. Yet, as Lea reveals, health statistics are cultural constructs – they may speak for themselves to the professionals – but the abstract ‘cultural forms of pie charts, graphs and didactic images’ rarely speak to Aboriginal people, at least in the remote regions of the north. How illness is actually lived and experienced is not something that bureau-professionals consider. This issue of the ‘severe’ limits of bureaucratic inquisitiveness into Aboriginal culture is keenly illustrated by the way in which the curses on various Numbulwar buildings – store/school canteen – were accepted as ‘strange events’ which were simply to be incorporated into the work routine of the THS nutritionist. The silence surrounding these anthropologically intriguing events simply served to reinstate the opacity of Aboriginal culture. Lea’s frustrated reflections at working within the constraints of the lives and interests of the visiting health professionals sheds a bright light on these cultural chasms.

A real strength of the analysis threaded throughout the text is the unpacking of the irony of the THS professionals not wanting to ‘blame the victim’ – going out of their way to ensure that their language was not race-sensitive, for instance – yet their horror in the field of the scabies, the mangy camp dogs, the chaos ... knowing that this is what they want to change – yet not wanting to offend, to appear even to notice. This external culture of acceptance – where ‘professionals must tiptoe around reified traditional culture and view all bad habits as introduced’ – is an especially hoary issue.

The question asked at the beginning – ‘given all the goodwill, money and effort thrown at interventions, why do Aboriginal people die 17 years younger than their non-Aboriginal counterparts. What will it take to “close the gap”?’ – is answered in this text, indirectly but ultimately successfully, as the ethnography strips away at the policy jargon and its enactment to reveal and name the implicit ethnocentricities within it.

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