

INVESTIGATION REPORT INTO
**MORGUE MANAGEMENT ON REMOTE
COMMUNITIES IN THE
NORTHERN TERRITORY**



Kalkaringi Morgue



Lajamanu Morgue



Alpurrurulam Morgue

***“WE OWE RESPECT TO THE LIVING BUT TO THE DEAD
WE OWE ...??”***

Voltaire (1785)

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TRANSMISSION LETTER

The Hon. Paul Henderson MLA
Chief Minister
Parliament House
Darwin NT 0800

26 March 2012

Dear Chief Minister

This report of an investigation into morgues and mortuary services on remote communities in the Northern Territory is delivered to you under Section 153 of the Ombudsman Act 2009 for tabling in the Legislative Assembly within the next six sitting days.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Carolyn Richards', is written over a horizontal line.

Carolyn Richards
Ombudsman

ACRONYMS

- Department of Health (DoH)
- Department of Housing, Local Government and Regional Services (DHLGRS)
 - Alice Springs Town Council (ASTC)
 - Barkly Shire Council (Barkly SC)
 - Belyuen Shire Council (Belyuen SC)
 - Central Desert Shire Council (CDSC)
 - Central Land Council (CLC)
 - Coomalie Community Government Council (CCGC)
 - Darwin City Council (DCC)
 - East Arnhem Shire Council (EASC)
 - Katherine Town Council (KTC)
 - Litchfield Shire Council (LSC)
 - MacDonnell Shire Council (MSC)
 - Northern Land Council (NLC)
 - Roper Gulf Shire (RGS)
 - Tiwi Islands Shire Council (TISC)
 - Victoria Daly Shire Council (VDSC)
 - Wagait Shire Council (WSC)
 - West Arnhem Shire Council (WASC)
 - Service Delivery Coordination Unit (SDCU)
- Department of Justice (DoJ)
- Department of the Chief Minister (DCM)
- Families and Housing, Community Services and Indigenous Affairs (FaHCSIA)
- Indigenous Affairs Advisory Council (IAAC)
- Katherine Funeral Services (KFS)
- Katherine West Health Board (KWHB)
- NT Police, Fire and Emergency Services (NTPFES)
- Office of the Chief Minister (OCM)
- Office of the Health Minister (OHM)
- Territory Growth Towns (TGTs)

EXECUTIVE SUMMARY

This report is of an investigation into the management of morgues in the Northern Territory and outside of the major centres. The need to investigate is apparent from the following selected excerpts about the availability of morgues.

Excerpt taken from an email to the Ombudsman Office on 11 November 2011 by a Doctor working for the Katherine West Health Board.

...It was in my house that a body was placed at room temperature for 3 days in August this year. I am a GP with Katherine West Health Board, and I spend Monday to Thursday each week in Yarralin.

My home in the community was a 2 bedroom Demountable. Upon my return from a 2 week holiday in August, I was informed by the clinic staff that a body (in a coffin) was stored in my home (in the kitchen area) the previous week.

Needless to say, I was horrified and very angry. I grabbed all my belongings and called my supervisor at once and was flown out by chopper within the hour. The clinic co-ordinator told me he had nowhere else to put the body...

Excerpt taken from an email dated 29 April 2011 sent from the Shire Manager of the Daguragu Community Government Council (DCGC) to the CEO of Victoria Daly Shire Council (VDSC), Ms Sandra CANNON.

...I am emailing you in regard to the morgue at Kalkaringi. As you would be aware from previous discussion it is not working, however there is little choice in regard to it being used. Currently there is a body in the morgue and we are unable to contact any family members. We have been assured that a body will last 7 days before decomposition sets in.

The situation is untenable as it is now very close to seven days. I have been working on an alternative storage, which may be our bakery freezer...

Excerpts taken from an email dated 14 December 2011 - Commander Katherine Region.

...a body was stored in a shed at the rear of the clinic, the shed has no A/C but was the only option at the time and was not looked favourably upon by the clinic, however the corpse was decomposing and smelt too much to put in the clinic or at any other location...

I know that once a body was stored temporarily in the Timber Creek Court room - This was due to multiple other persons being injured in the motor vehicle crash and there was little/no time for people to stand around and argue about where the body would be stored.

Excerpt from 4 October 2011, Senior Policy Officer (SPO) on behalf of the NLC Chairman:

...NLC staff from the Jabiru office transported the body to Jabiru. This was a most unacceptable outcome for the two young women involved with no training and little preparedness to undertake such a task.

This led to counselling for these staff...

Excerpt from a DHF document dated 13 September 2010, from the A/Executive Director Health Services to the Health Minister:

...Late on the afternoon of 9 September 2010, while accessing the mortuary facility at Wadeye to admit the body of new born baby returned from Darwin, the Health Centre Manager noted that the refrigeration unit was not working. Also present were a Catholic Brother, a Shire employee who had unlocked the facility, and the parents and extended family of the deceased. It appears that the unit had been out of order for at least three days. There was one body in the unit, due for burial on 10 September 2010, which was extremely malodorous...

The need to investigate is encapsulated in an email from a former Government Business Manager (GBM) at a community which became part of the Victoria Daly Shire Council in July 2008.

GBM Email dated 11 October 2011:

...Problems!

A death occurred at Kalkarindji on Sunday morning 9th Oct. The deceased was transferred by the Police to the Kalkarindji morgue – NOT WORKING - Resulted in the body having to be conveyed by Police to Lajamanu 110km away and placed in their morgue. Body was later transported by the Katherine Undertaker back to Kalkarindji to be checked by a doctor for 'certified' cause of death and then conveyed in to Katherine Hospital morgue. Issue now remains that when the body is to be buried it will need to be conveyed back to Kalkarindji. WHERE will it be held pending burial?

Kalkarindji morgue is still inoperative. The A/Shire Services Manager has stated he will NOT be committing Shire time – resources – funding to repair the facility unless he is assured the cost will be recovered from the appropriate NT Govt. dept. WHO IS THE APPROPRIATE NT GOVT. DEPT?"

The result of this investigation confirms that there is no 'appropriate NT Government Department' to whom responsibility and resources for the establishment, maintenance and management of morgues rests.

The Ombudsman does not formulate Government policy about which Agency ought to have responsibility. This report which is delivered under Section 153 of the *Ombudsman Act* to the Chief Minister, is a chronicle of the state of morgues, the consequences to families of deceased persons caused by inadequate access to a morgue; the consequences for Police, health staff, council employees, Land Council employees; to the ability of the Coroner to perform his functions and of the economic consequences of the lack of morgues.

THE OPTIONS

I have identified, as have various Agencies, the following options about who should have responsibility to provide and maintain morgues. These options have since at least 2008 been under consideration/discussion/development and the subject of meetings, Ministerial Briefings, numerous exchanges of correspondence and a report on a management model.

No decision has been made that can start the process of administering adequate mortuary services for the public and implementing a system for Territory citizens. The one exception is the Wadeye Morgue Management Plan and Agency Agreement of May 2011 (Annexure 2 to this report).

The Options are:

1. The Department of Health.
2. The Department of Local Government, Housing, and Regional Services.
3. The Shire Councils.
4. The Coroner – Department of Justice.
5. The Police.
6. The relatives of a deceased person with support from the Land Councils or other benevolent purpose funds.

These six entities as a group are called in this report ‘the Possible Providers’. This report sets out what has been done in the past to attempt to solve the problems; and the comment of some Possible Providers on what they see as their responsibility and why they are not or should not be responsible. The following is a summary of the positions taken. Full details appear later in the report.

- | | |
|--|---|
| 1. Department of Health | The Department of Health has no responsibility for a patient once that patient dies. At major hospitals and some clinics a body may be stored as an act of compassion. |
| 2. Department of Local Government, Housing and Regional Services | The management of morgues is not a core function of local government and shire councils are not funded to provide such services. |
| 3. Shire Councils
(except Wadeye) | We cannot accept responsibility for morgues because we are not funded to cover the cost. If we were funded we would accept responsibility. |
| 4. Department of Justice | The Department of Justice responsibilities regarding the management of reportable deaths (<i>Coroners Act</i>) does not contain any provisions (whether powers, functions or otherwise) regarding responsibility for morgues. |
| 5. The Coroner and NT Police | Responsibility accepted for the transport and preservation of a body that results from a ‘reportable death’. If there is no morgue the body is flown out. Approx cost \$5000. |
| 6. Relatives of a deceased. | People in remote areas are entitled to have facilities for the respectful treatment of the dead. (Anecdotal from complainant and NLC). |

The business model prepared by the Department of Business and Employment (DBE) postulated the cost that might be incurred if the policy was to be that the families of a deceased person paid the actual cost of providing and maintaining mortuary services. It also explored the viability of Private Enterprise operating mortuary services in Remote Communities. It concluded that a commercially operated business could not operate profitably. It further concluded that if the actual cost was paid by families the *“price’ per body is beyond what could reasonably be expected of a significant portion of those living in remote communities and their socio economic environment”*. That paper is dated September 2011.

It appears from various reports, Ministerial briefings and minutes of meetings that between February 2010 and September 2011 efforts were directed to establishing a policy and agreement of stakeholders

that each Growth Town under the Working Futures policy could have mortuary facilities run by either private enterprise or a benevolent entity with a contribution to be paid by the relatives of a deceased who used the service. The stakeholders involved have variously been, the Department of the Chief Minister, Department of Health, Department of Business and Employment, the Department of Local Government, Housing and Regional Services, the Shire Councils, the Northern Land Council, Aboriginal Medical Services Alliance NT, the Aboriginal Health Services, NT Police, the Coroner and the Coordinator General.

What will happen now if the September 2011 report about the non viability of that policy is accepted? Whatever decision is made it is urgent that priority be given to formulating a policy and implementing it.

INTRODUCTION

When a human life begins, there is only one guaranteed outcome – Death. It is a significant event, yet death is a subject which may be considered difficult to explain and even more difficult to discuss at great length. Respect, Dignity and Compassion are words each freely spoken when we learn of the death of another person, and the depth of emotion in response to that news will often vary depending on the circumstances leading up to, surrounding and following the death.

It is mostly those who are left behind, the families, friends and colleagues who are provided respect, dignity and compassion. Allowances are made and consideration given for people to grieve or celebrate a deceased person's life, to conduct ceremonies or rituals and to pay tribute to or reflect on the life of the person who has died. Regardless of race or religion, colour or creed, personal attributes or status within the community; following death, every person deserves to be equally treated.

In July 2011, a complaint was made to my office by the North Australian Aboriginal Justice Agency (NAAJA), on behalf of a mother (the complainant) whose son passed away in January 2011. For cultural reasons, and in respecting local customs, the name of the deceased and his mother are not mentioned in this report.

The complaint related to the deficient Morgue facilities in the remote Aboriginal Community of Kalkaringi. Information provided to me was that the refrigeration unit within the Kalkaringi Morgue, a facility designed to delay decomposition, had failed. It was during this time that the complainant's deceased son lay unrefrigerated for several days. It was later established that for a considerable period of time the refrigeration unit was blowing hot air onto the body of the deceased.

I am advised that in October 2008, two (2) years and three (3) months prior to the matter complained of, the CEO of the Victoria Daly Shire Council (VDSC) raised the issue of maintenance and management of the Kalkaringi Morgue with the Honourable Mr Rob Knight, MLA, the then Minister for Local Government.

Since that time, this very issue has been raised by a number of people in various agencies and organisations, in numerous ways, yet little appears to have been done to improve the facilities at Kalkaringi, which in itself is of significant concern.

It is understood that morgue/s in a major hospital/s would come under the governance of the Department of Health under the *Medical Services Act*. However, the Kalkaringi morgue (and indeed any other morgue/s on a remote community) that is not part of a hospital does not; raising the question: "Who is responsible for these morgues that are not part of the health system?"

My investigation sought to answer the question: *When a person dies on a remote community, what process, polices and systems exist to ensure that the deceased is handled appropriately?*

BACKGROUND - KALKARINGI MORGUE

The Kalkaringi Morgue is located on lot 97 Buntine Highway Kalkaringi Northern Territory. It is on freehold land in the Victoria Daly Shire Council (VDSC) transferred as part of the NT government's recent reform of local government. (Previously, it was part of the Dagaragu Community Government Council).

In theory, the Shire may be considered the owner of the building. However, the Shire has made it clear that they are not responsible for the morgue and would not operate it without funding or training. Anecdotally, the building is believed to have been built in the early 1990s although there are no records available at the Shire to verify this. The facilities in the Morgue are designed to hold 3-4 deceased persons in storage freezers. No facilities have been purchased for this morgue since 2008. The morgue is connected to the Shire's power source. There is no backup power supply in case of a power outage.

The Shire advised that they have been paying the morgue's power bills and have not been able to transfer these costs since no one has stepped forward to accept responsibility. In terms of security, the Shire issued a directive for the morgue to be locked. No regulating agency has inspected the morgue for compliance with Building, Electrical, Refrigeration and Occupational Health & Safety Standards.

No morgue or body management training has been provided to Shire staff in operating the morgue. The Shire advised that due to lack of regulations, adequate funding and appropriate training they are not operating the morgue. No further information is available.

KALGARINGI MORGUE PHOTOS



FRONT VIEW



WITH DOOR OPEN



SIDE VIEW



VIEW OF THE MORGUE SHOWING 2 X 2 CAPACITY & 1 X 1 CAPACITY FREEZERS



DEFINITIONS

MORGUE:

A morgue or mortuary (in a hospital or elsewhere) is used for the storage of human corpses awaiting identification, or removal for autopsy or disposal by burial, cremation or otherwise. In modern times they have customarily been refrigerated to delay decomposition. (Wikipedia).

REPORTABLE DEATH:

As at 21 September 2011, Section 12 of the Northern Territory *Coroners Act* states:

- (a) *a death where:*
 - (i) *the body of a deceased person is in the Territory; or*
 - (ii) *the death occurred in the Territory; or*
 - (iii) *the cause of the death occurred in the Territory; being a death:*
 - (iv) *that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from an accident or injury; or*
 - (v) *that occurred during an anaesthetic; or*
 - (vi) *that occurred as a result of an anaesthetic and is not due to natural causes; or*
 - (vii) *of a person who, immediately before death, was a person held in care or custody; or*
 - (viii) *that was caused or contributed to by injuries sustained while the person was held in custody; or*
 - (ix) *of a person whose identity is unknown; or*
 - (b) *the death of a person who ordinarily resided in the Territory at the time of death that occurred at a place outside the Territory where the cause of death is not certified by a person who, under a law in force in the place, is a legally qualified medical practitioner.*

CORONERS ACT

Section 17 (1) of the *Coroners Act* – Control of body pending certificate permitting disposal states:

Where a reportable death has occurred and the body of a deceased person is in the Territory, the body is under the control of the coroner investigating the death until the coroner or coroner's clerk has issued a certificate permitting its disposal.

THE COMPLAINT

In January 2011, a 20 year old Aboriginal man committed suicide in the remote community of Kalkaringi¹. Death by suicide is a *Reportable Death*, as defined by Section 12 of the Northern Territory *Coroners Act*.

Acting on behalf of the Coroner, Police Officers from the Kalkaringi Police Station arranged for the deceased to be conveyed to the Kalkaringi Morgue ('the morgue') pending transfer to Darwin for autopsy in accordance with section 20 of the *Coroners Act*.

Arrangements were made with Katherine Funeral Services (KFS) to collect and convey the deceased to Darwin. However, local flooding and poor weather conditions resulted in KFS not being able to undertake conveyance until three (3) days later.

At some point between the deceased being placed in the morgue, until collected by KFS the morgue's refrigeration unit failed. This failure resulted in decomposition to a point that the deceased was unrecognisable.

Eleven (11) days later, the complainant attended the Royal Darwin Hospital Mortuary seeking to view her son. The complainant was informed by Police that a viewing was not advisable due to the state of decomposition. The complainant saying *"This is very distressing to me because I couldn't say goodbye properly to my son."*

In a letter of complaint to my Office, the North Australian Aboriginal Justice Agency (NAAJA), representing the complainant, stated NAAJA made inquiries with a number of agencies in an attempt to get answers. NAAJA noted the following:

- *The refrigerators at the Kalkaringi morgue had not been working properly for some months.*
- *Neither VDSC, Katherine Hospital nor Royal Darwin Hospital were responsible for the Kalkaringi morgue.*
- *Confusion between the Government and the Shire since 2009 over the issue of morgues.*
- *This issue had been discussed between the Shire and the then Department of Local Government and Housing in 2009, which highlighted no legislation available for morgue management.*
- *No agency was identified as having responsibility for morgues in remote communities.*

NAAJA concluded *"... this is a situation which offends public decency and human dignity in a number of significant ways and cannot be allowed to continue unchallenged."*

OUTCOME

- It appears that significant and unreasonable delays, coupled with a lack of definitive action regarding morgue management and responsibilities, may have contributed to the issue of complaint. In simple terms, had the morgue facility at Kalkaringi been regularly maintained and correctly managed, it is likely refrigeration would not have failed. That failure denied a mother an opportunity to say goodbye to her son. In my view, that is reprehensible and it is an affront to all within our community.
- To date, no one has accepted full responsibility for the Kalkaringi morgue. Given the level of public interest, I expected government to have put a temporary system in place to ensure that morgues within communities are in working order. Several years on, despite the efforts of some Shires and Agencies, nothing has been achieved.

¹ Throughout this report Kalkaringi is also spelt Kalgarindji. This is due to VDSC and others documenting both spellings. No disrespect is intended.

- During investigation the number of persons, agencies and organisations involved in this matter increased, along with information (largely copies of emails, briefings, letters and other documents) provided. It was time consuming finding who people worked for, and contacting them to verify information, particularly as some of their involvement was made several years ago.
- The information provided suggests that there has been much *talk* about identifying who is responsible, but little positive action to resolve the problem. It also suggests that at various stages over the last three years, when reported incidents occurred, it prompted further discussions. Little has been done to fix the Kalkaringi morgue and address the overall bigger issue of governance. This cannot be allowed to continue.
- It appeared that after I began making inquiries into this matter things started to happen. At best this gave the impression that something positive was being done, when in fact it was not. No one came forward to accept responsibility or take positive action.
- It appeared that some of the key agencies avoided obligations, by shunting their responsibilities, from one organisation to another. A number of shires and agencies are aware of the situation with morgues on their Shires. Yet, some of them when contacted responded: *“the government needs to do something about it”*.
- A number of opinions expressed were the Department of Health (DoH) should be responsible (for managing morgues within remote communities), because they already manage morgues at health clinics and in the major hospitals, and appear to be well equipped with resources and expertise.
- The information provided during my investigation was that a number of organisations would follow up issues of morgue management with the government. No further information was provided that follow up actions were taken.
- Information about deceased persons being kept in unsatisfactory places can result in the body decomposing. This is not only unacceptable, disrespectful and undignified, but also a risk to health and potentially a breach of legislation.
- There is a high risk of a body deteriorating, becoming contaminated and compromised, particularly when required for preservation, forensic examination or Coronial investigation.

I acknowledge and accept that there may be cultural issues that need to be considered in response to the recommendations I have made. That being said, it does not matter where or how a person lives, or at what level a person sits within the community. What does matter is that in death, every person must be treated equally, with utmost respect and with absolute dignity. It is imperative that those who have the authority and ability to remedy this situation do so in a timely and responsible manner, to avoid any repeat occurrence.

The aim of this report is for Northern Territory government to address and remedy the significant deficiencies, regarding the maintenance and management of morgues within remote communities.

The Government accepts the need for action and has done so for several years. My investigation has not found any reason to explain the delays.

MEDIA COVERAGE

On 19 January 2010, the NT News published the following article from the then Member for Arafura, the Honourable Marion Scrymgour, in relation to the Gunbalanya incident. It reads:

I'll make morgues bigger

In the media coverage of the Gunbalanya morgue crisis over the last week the main sources of comment have been Kim Hill in his capacity as NLC CEO and Jenny Cleary on behalf of the Health Department.

The media coverage culminated in a story in the Sunday Territorian, in which it was stated "The Northern Land Council spent five days on behalf of a distressed family trying to find a storage place for an elderly Gunbalanya man's decomposing body last week because the local morgue was full" As Kim well knows, I spent most of those five days on the phone trying to resolve the issue. I spoke repeatedly to Kim, to members of the family, and to various public servants.

In the end, I spoke to the Acting Chief Minister and as Kim again well knows, she immediately and decisively directed that the Northern Territory Government facilitate the urgent transfer of the body.

Contrary to the suggestion in the Sunday Territorian that the Gunbalanya morgue is no longer the responsibility of the Health Department, as far as I am aware the operation of the morgue is still very much a Northern Territory government function and responsibility. The premises are NT Government-occupied premises, and as the Sunday Territorian article notes, it is certainly not a local government responsibility.

Comments like "we only look after the living" are insensitive, incomplete, and unhelpful, and I do not believe they reflect the reality of Government's role in established remote communities where a small but effective morgue facility is a vital piece of public infrastructure.

The problem in this instance was not that Gunbalanya doesn't have a morgue but rather that the existing morgue was full.

I will be seeking an upgrading of morgue facilities in all large communities in my electorate and believe that the situation in all remote communities is now to be reviewed as a matter of priority.

*Marion Scrymgour MLA
Member for Arafura*

Sadly, despite the well intentioned assurances little if any progress has been made. Over two years have passed without this issue being adequately addressed by any agency within government.

On 20 October 2011, there was a media release from the Minister for Indigenous Development, the Hon Malarndirri McCarthy, announcing the appointment of Ms Olga Havnen as the new NT Coordinator-General for Remote Service Delivery for a two year term effective 24 October 2011.

Among other things, the Minister stated she would be meeting with Ms Havnen on a regular basis to ensure she received frequent and timely information. I respectfully urge the NT Coordinator-General for Remote Service Delivery to revisit the recommendations of the former Coordinator-General Mr Bob Beadman on the issue of morgues on remote communities and bring to the attention of the Minister to action as a matter of priority.

RECOMMENDATIONS

I recommend the Northern Territory Government:

1. Ensure Kalkaringi morgue (and any other morgue needing repairs within remote communities) is repaired and adheres with OH&S requirements, and Building and Industry Standards.
2. Revisit and implement the remaining recommendations made by former Northern Territory Coordinator General for Remote Services, Mr Bob Beadman, in his May 2010 report to the Minister for Indigenous Development: (I note that some work has already been done on Recommendations 8.1 and 8.3).
 - 8.1 *Clarify with all parties the roles and responsibilities of the Police, Coroner, Department of Health and Families, Land Councils, funeral directors, shires, and families of the deceased, on the management of the remains of a deceased person.*
 - 8.2 *Install unambiguous arrangements for the onwards management of morgues, with appropriate funding arrangements to ensure that no cost shifting is occurring.*
 - 8.3 *Explore business models for funeral services in Growth Towns (most likely in conjunction with morgue management).*
3. In consultation with stakeholders, address the overall governance issue of responsibility for morgues in remote communities by:
 - i) Developing new legislation (or amend existing legislation) to regulate the management of morgues within remote communities.
 - ii) Identifying an Agency, Shire or Council, (or a combination) to be responsible for maintenance and management of morgues in remote communities.
 - iii) Allocate sufficient funding.
 - iv) Developing appropriate policies and protocols to apply to morgue management.
 - v) Providing accredited industry training and best practice guidelines for staff involved in the operation of morgues.
4. Until overall governance issue are completed:
 - i) Appoint an agency to deal with morgue management and maintenance.
 - ii) Implement a project management system to track and report on progress to government.
5. Consider and implement the 21 October 2011 Deputy Coroner's recommendation (D0015/2011) '*...that government give consideration to the issue of who has responsibility for the maintenance and management of the Kalkaringi morgue...*'
6. Develop an effective Audit, Repair and Maintenance program to monitor morgues in remote communities and consider whether the current Building Asset Management System (BAMS) could be used to record and maintain information.
7. Offer an apology to the complainant for the hurt suffered as a result of not being able to view her son's body due to the failure of the Kalkaringi morgue.
8. Develop time frames and a tracking mechanism for implementing recommendations.

INVESTIGATION

PRELIMINARY INQUIRIES

On receiving this complaint, it transpired that no Agency had direct or accepted responsibility for morgues in remote localities within the Northern Territory. I conducted preliminary inquiries under section 28 of the *Ombudsman Act* (the Act). As part of those inquiries, I wrote to several Shires, Agencies and Organisations seeking information about morgues within their communities. I have relied upon the accounts of those people directly affected or involved.

Documents supplied by NAAJA, various NT Government Departments, Shire Councils, Organisations and Stakeholders were reviewed. Several extracts from those documents are shown in this report.

Media articles, policy documents legislation were also perused. Discussions were held with a number of people. Based on unclear and somewhat conflicting information, about which agency has responsibility for morgue management, I moved the complaint into formal investigation, section 47 of the Act.

In October 2011, I notified NAAJA, the Minister for Indigenous Development the Honourable Ms Malarndirri McCarthy MLA, and a number of Shire and Agency Chief Executive Officers that I was undertaking a formal investigation. My Notice advising that an investigation would be conducted into the complaint as well as morgue management throughout the Northern Territory.

I thank the people who supplied information my Office. The results of my investigation are provided below.

NORTH AUSTRALIAN ABORIGINAL JUSTICE AGENCY (NAAJA)

NAAJA provided copies of documents obtained during NAAJA's inquiries. The issue of morgue management in remote communities can be traced back as far as 2009.

In a letter from the Chief Executive Officer (CEO) of the Victoria Daly Shire Council (VDSC) to the Executive Director (ED) of the former Department of Local Government and Housing, dated 19 February 2009, VDSC CEO wrote:

...I also informally raised the issue of maintenance/management of morgues. In the Victoria Daly Shire we have morgues at Kalkaringi and Wadeye and the Government Business Manager has applied for funds to extend the Wadeye Morgue. We are currently expected to maintain and manage morgues which have a very high electricity cost. The Shire Plan indicates our core service is cemetery management and there is no mention of morgues. We have had discussions with the Health Department who have indicated that this is not their responsibility.

I asked for clarity in regards to what the Northern Territory Governments position is and how morgue management occurs in the larger service centres such as Darwin and Alice Springs. I am still awaiting advice in regards to the above...

The Executive Director's reply to the VDSC CEO, dated 27 February 2009 in part states:

... With respect to morgues I can advise that initial discussions between senior staff of this Department and the Department of Health and Families have taken place and have identified morgue management as an issue for other shire councils as well. Further investigations are now being undertaken by both Departments to ascertain the number of morgues currently operated by councils, their exact locations and the resources being utilised to manage them. Once this information is to hand discussions between all relevant parties will commence in an effort to ensure that morgues are funded and managed by the appropriate entities.

I note that morgue management is not a function that falls within the ambit of the 'cemetery management', which is in fact a core service of your shire council. Currently, there is no specific legislation concerning morgue management and it would seem that it

is a service that has simply been picked up by various local governing bodies over time in some remote areas...

It is not known what transpired. Funding and management of morgues in remote communities, except those attached to health clinics or hospitals, three (3) years after the Executive Directors email, continues to be an unresolved issue.

In a letter from the CEO of the Katherine West Health Board Aboriginal Corporation (KWHB), to NAAJA (complainant) dated 20 June 2011, it was written:

...In short, the Katherine West Health Board (KWHB) has no responsibility for the maintenance and running of the mortuary at Kalkaringi... since the establishment of the shires, the funding, maintenance and operations of morgues in remote communities in the NT is a matter of conflict between the Northern Territory Government and the Shires.

I understand the responses to you would be of little comfort given the deep grief you have experienced recently. KWHB will continue to advocate to the NT Government to ensure morgues are better managed in the remote communities of the Northern Territory...

NORTHERN TERRITORY COORDINATOR GENERAL FOR REMOTE SERVICES (NTCGRS)

Both the Northern Territory and Federal Government have committed to improving services in remote communities. In June 2009, the Chief Minister appointed Mr Bob Beadman as the inaugural Northern Territory Coordinator General for Remote Services.

A *Working Future* policy, cited as a *Territory Government Initiative*, was implemented and is closely aligned with the Council of Australian Governments (COAG) National Indigenous Reform Agreement (NIRA). *Working Future*, among other things, aims to improve outcomes for all Indigenous Australians. The NIRA recognizes that improving outcomes for Indigenous people requires adoption of a multi-faceted approach that sees effort directed across seven key building blocks: Early Childhood; Schooling; Health; Economic Participation; Healthy Homes; Safe Communities, Governance and Leadership.

One of the Northern Territory Coordinator General roles is to work collaboratively with other parties to oversee, monitor, assess and advise in relation to:

Development and delivery of government services and facilities in the Territory Growth Towns² to a standard broadly comparable with that in non-Indigenous communities of similar size, location and needs elsewhere in Australia, including through:

- *Improvements to the coordination of the development and delivery of such services and facilities*
- *Reforms to the development and delivery of such services and facilities.*
- *Progress towards achieving the national 'Closing the Gap' targets in remote towns and communities of the Northern Territory.*
- *Planning and strategic investment, in cooperation with the Commonwealth Coordinator-General, in the 15 locations identified under the National Partnership Agreement on Remote Service Delivery.*
- *Progress on implementing the six steps of the Working Future policy.*

The NTCGRS is required to provide a report to the Minister for Indigenous Development every six (6) months. At the time of inquiries, four (4) reports have been provided by the NTCGRS and can be accessed online at www.workingfuture.nt.gov.au

² Map of Territory Growth Towns & Major Centres in the NT – Annexure 1.

In May 2010, Mr Beadman provided a progress report, 'Report #2' to the Honourable Malarndirri McCarthy MLA. Within that report, at pages 62 to 64 Mr Beadman made some observations on the issue of *Morgues and Cemeteries* and specific recommendations aimed at remedying this very matter. (For full commentary on this issue see Annexure 3). Mr Beadman's recommendations were:

- 8.1 *Clarify with all parties the roles and responsibilities of the Police, Coroner, Department of Health and Families, Land Councils, funeral directors, shires, and families of the deceased, on the management of the remains of a deceased person.*
- 8.2 *Install unambiguous arrangements for the onwards management of morgues, with appropriate funding arrangements to ensure that no cost shifting is occurring.*
- 8.3 *Explore business models for funeral services in Growth Towns (most likely in conjunction with morgue management).*

I note that between May 2010 and January 2011, despite Mr Beadman's advice and recommendations, it appeared government failed to resolve the situation.

Following the retirement of Mr Beadman (July 2010), Mr Matthew Fagan from the Service Development Coordination Unit (SDCU) of the Department of Housing, Local Government Regional Services (DHLGRS) was assigned to perform the NTCGRS role on a temporary basis.

On 20 October 2011, the Minister for Indigenous Development, the Hon Malarndirri McCarthy, appointed Ms Olga Havnen as the new Northern Territory Coordinator General for Remote Services effective 24 October 2011.

DEPARTMENT OF HOUSING, LOCAL GOVERNMENT, REGIONAL SERVICES (DHLGRS) - SERVICE DELIVERY COORDINATION UNIT (SDCU)

Initially attached to the Department of the Chief Minister, SDCU is now part of DHLGRS. Staff, files and records transferred to DHLGRS in December 2009.

The SDCU was created to facilitate the NT Government's commitment to *Closing the Gap* of Indigenous disadvantage. SDCU is responsible for delivery of the National Partnership Agreement on Remote Service Delivery and the Territory Government's Working Future strategy.

The National Partnership Agreement on Remote Service Delivery is described as "*a long term, generational commitment based on delivering coordinated, targeted and accelerated development in Indigenous communities, and it changes the way governments invest in remote areas*³."

My Investigator spoke to the DHLGRS Director Implementation, on 6 July 2011. The DHLGRS Director Implementation said that no agency within the NT Government has overall responsibility for the management of morgue facilities and that government had been notified of the management and ongoing maintenance concerns of the Kalkaringi Morgue. On 8 July 2011, the DHLGRS Director Implementation confirmed his advice by email:

... As discussed I can confirm that there is no NTG agency that has overall responsibility for managing mortuary facilities in remote communities. The NTG's current position is that it is a function normally carried out by the private sector. We are attempting to facilitate those arrangements where a suitable provider and/or facilities can be identified. For example, we have partnered with ALPA stores in the East Arnhem region to provide a portable morgue for residents of Gapuwiyak.

³ DHLGRS website

The morgue building in Kalkarindji was run by the former Kalkarindji Community Government Council, this council (amongst many others) was replaced by the Victoria Daly Shire Council who have not accepted responsibility for managing any morgues on the basis that they are not provided any funds by governments to do so. The position the Shire has adopted is similar to other shires in the NT. We are working with the VDSC to implement a user pays arrangement for the facility in Kalkarindji...

When asked in August 2011 to provide an update, SDCU said government were no closer to a resolution.

I wrote to the CEO of DHLGRS, Mr Ken Davies, on 26 August 2011 asking whether his Department had any responsibility for morgues on remote communities. On 16 September 2011 he replied:

...The Department does not have responsibility for morgues in shires or remote communities...no funding is provided to councils to operate morgues...the management of bodies of deceased persons is the responsibility of either the Coroner for reportable deaths... and the immediate family...although some community government councils previously managed refrigerated mortuary facilities, the new shire councils are choosing not to be involved because they are not funded to provide this service...

In a meeting with Messrs Mathew Fagan and DHLGRS Director Implementation in mid October 2011, my Investigators were informed that no tangible outcomes or progress had been made following the NTCGRS Recommendations to Government in May 2010.

Mr Fagan said that from the NTCGRS and SDCU perspective, families were ultimately responsible for all arrangements regarding transportation and storage of deceased persons. For remote communities, a body is sometimes held in the local health clinic prior to burial (short term is acceptable), with assistance from local NGOs and local community government councils. However, it is unreasonable to expect bodies to be kept at clinics for lengthy periods.

My Office was given information that in 2009 DHLGRS requested funding assistance from DoH, which was refused. DHLGRS accept that something should be done in this area. However, government and private sector attempts at addressing this situation have not proved successful, with the situation allowed to lapse.

In regard to the NTCGRS recommendations, it was conceded by SDCU that no further progress had been made. It was stated that this was a complex issue involving Indigenous peoples local, cultural and social customs and traditions, as well as seasonal, geographical and logistical considerations.

While recognising these challenges considerable effort has been expended by a number of senior officers in a number of agencies, attempting to address this issue over a lengthy period of time, with little positive results.

I wrote to the CEO of DHLGRS in October 2011, seeking clarification. On 22 October 2011 the CEO responded in part:

...We do provide a 'whole of government' coordination function for remote service delivery through the Service Delivery Coordination Unit (SDCU). The SDCU has been attempting to broker improved arrangements for the operation of morgues in remote towns, including at Kalkaringi. This has included working with a range of government agencies, private funeral providers, non-government organisations, Shire Councils and local communities. The work of the SDCU has also informed the recommendations of the Northern Territory Coordinator General for Remote Services in relation to morgue operations...

On 25 October 2011 information was sought from DHLGRS Director Implementation on the implementation of Mr Beadman's recommendations and on correspondence exchanged between DHLGRS Executive Director Ms Evelyn Robinson and the VDSC CEO in 2009.

On 28 October 2011, DHLGRS Director Implementation advised that information was being sought, but that all responses would need to be cleared through the CEO, other Chief Executives and the Minister.

On 1 December 2011, DHLGRS' Deputy Chief Executive, Strategic Policy and Governance, responded by email and attached copies of the following documents:

- *DoH Remote Health Atlas Deaths-Overview*
- *DoH Remote Health Atlas Reportable Deaths-Coroner's Cases*
- *DoH Survey of Morgues - 1/2/10*
- *DHLGRS Survey of Morgues-February 2010*

In relation to Mr Beadman's Recommendation 8.1, DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...Roles and responsibilities of Northern Territory Government agencies with respect to the management of bodies, in particular the Department of Health, the Police and the Coroner, are clearly outlined in the Remote Health ATLAS Deaths Overview and the Remote Health Atlas Reportable Deaths – Coroner's Cases.

- *Land councils have no responsibility for the management of the remains of a deceased person but do assist families with funeral expenses.*
- *Shire councils have no legislative responsibility, nor do they receive any funding from the Territory Government, for the management of the remains of a deceased person. However, some have provided limited assistance in the management and operation of morgues at some locations as a gesture.*
- *Funeral director services are private businesses and accept responsibility for the remains of a deceased person only when engaged by a client to do so.*
- *Families are responsible for the remains of a deceased person immediately following a non-reportable death or, in the case of a reportable death, following notification from the coroner that the body is available for collection...*

In regard to Mr Beadman's Recommendation 8.2 DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...While this department does not have specific carriage of matter relating to the operation of morgues, a whole of government coordination function for remote service delivery is provided through the Service Delivery Coordination Unit (SDCU). SDCU has been attempting to broker improved arrangements for the operation of morgues in remote towns, including Kalkarindji. This has involved working with a range of government agencies, private funeral providers, non-government organisations, Shire councils and local communities. The work of SDCU has also informed the recommendations of the NT Coordinator-General for Remote Services in relation to morgue operations....

In regard to Mr Beadman's Recommendation 8.3 DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...At present, the Department of Business and Employment considers that market conditions are such that privatisation of mortuary services is unlikely to be a commercially attractive investment. The main factors in this proposition are:

- *Projections on level of usage and costs suggest that the minimum price per body is beyond what could reasonably be afforded by a significant proportion of residents in remote communities; and*
- *Challenges associated with starting businesses in remote communities limit the potential attractiveness of such an enterprise for prospective investors, including the need to recognise and accommodate cultural*

requirements (for example, management of bodies from “poison cousins” at a single facility).

A cost neutral or benevolent service model is potentially achievable. Such a model is in place in Galiwinku and Gapuwiyak. It generally requires the sponsorship of current funeral funding bodies such as Land councils, Aboriginal Benefits Account and local Indigenous corporations, and gifted infrastructure of mobile/lower cost (including operating and maintenance) facilities...

In relation to Mr Beadman’s Recommendation 8.4 DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...Although the Cemeteries Act is currently under review, the amendments under consideration do not relate to morgues, as the Act presently relates only to the establishment, maintenance and control of cemeteries and burials and cremations...

In relation to the results of ‘Investigations’ undertaken to ascertain the number of morgues currently operated by councils, their exact locations and the resources being utilised to manage them, DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...See documents... provided by the Department of Health and the Department of Housing, Local Government and Regional Services. Please note that these documents are the results of investigations carried out by both agencies in February 2010, and that discrepancies related to different approaches to collecting information...

The DoH document contains information regarding storage capacity and location of morgues within communities. This includes information about 20 regions containing 52 DHF Health Centres within large and small remote communities, five DHF hospitals in major centres, morgue types, locations, who managed the facility, resident population numbers including Darwin, Katherine, Alice Springs, Tennant Creek and Nhulunbuy. It is not stated who prepared this survey or if it includes morgues not connected with DoH Health Centres.

I have not been advised what happened with this information, who undertook the exercise, who it was reported to, or who was responsible for taking action. Copies of these documents and the two Remote Health Atlas’ DHLGRS Deputy Chief Executive, Strategic Policy and Governance referred to can be found on the DoH web⁴.

In relation to the outcomes of ‘discussions between all relevant parties’, DHLGRS Deputy Chief Executive, Strategic Policy and Governance stated:

...The outcome of these discussions was to refer the issue to the Department of Business and Employment to explore business models for funeral services in Growth Towns. This action was completed and a summary of the outcome is shown against the response to the Coordinator-General’s Recommendation 8.3...

In noting the response about the level of work done, it does not appear to have addressed the issue of overall responsibility for governance of morgues not part of the health system. This must be addressed in order to identify an appropriate agency or shire, (or a combination of them) to take responsibility. There is much uncertainty over this issue, which must be resolved.

On request, DHLGRS Deputy Chief Executive, Strategic Policy and Governance, provided the names, contact details and positions held by a number of senior staff involved in discussions in early February

⁴ http://remotehealthatlas.nt.gov.au/deaths_overview.pdf
http://remotehealthatlas.nt.gov.au/reportable_deaths_coroners_cases.pdf
Annexure 9 – DoH Survey
Annexure 10 – DLGHRG Survey

2009 of the then named Department of Local Government and Housing, and the Department of Health and Families.

Some of these officers were contacted in January 2012 stating they had little or no involvement with morgues at the time.

On 12 January 2012, one officer, (name withheld), Area Manager Northern Region, DHLGRS, responded:

...As requested this is my recollection of my involvement in the issue of morgue management in remote communities.

In the 3 years prior to the commencement of Shire Councils on the 30 June 2008, I had been part of the Reform Team working on the local government implementation. As part of that process we identified a number of unfunded non core functions that councils were carrying out, one of those was morgue management...

I was asked to ascertain how many councils were involved in this and to hold initial discussions with the Department of Health to gain more of an understanding of the issue. I had a meeting with (name withheld) who was then attached to Environmental Health, (name withheld) advised that Territory Health had no role or responsibilities post death for the management of bodies. I also could not find any legislation that bound any Northern Territory Government agency to morgue management.

Apart from this initial investigative work I had no further role in relation to the morgue issue...

Another officer, DHLGRS Director Legislation, Strategic Policy Development and Coordination, (name withheld), stated:

... I work with legislation and from time to time the morgue question has cropped up and I have been asked if it is covered by legislation. My response is no-it is not covered by any legislation that this Department administers and I don't think it's covered by any other legislation...

In January 2012 my investigator asked DHLGRS Deputy Chief Executive, Strategic Policy and Governance for an update and information about a Forum Meeting said to have been held in October 2009 on morgue management.

On 13 January 2012, DHLGRS Deputy Chief Executive, Strategic Policy and Governance responded, stating:

...Further to our discussion earlier this morning, I can confirm the following information:

- 1. (name withheld) - (DHLGRS Regional Executive Director, Big Rivers) is currently on leave. I have spoken with him, and he says he has been aware of the issue of morgues and who is responsible for them, and that Victoria Daly Shire had asked for assistance with the cost of repairing the Kalkarindji morgue facility, but did not have much direct involvement with it (this refers to Sandra Cannon's email ... April 2011). The matter had been referred to the Service Delivery Coordination Unit (part of our line agency, but with across-government remit) and the action officer was (name withheld). (DHLGRS Regional Executive Director, Big Rivers) says he was not copied in to any substantive correspondence between xxx and Sandra.*
- 2. (Name withheld) is currently on leave overseas but I have spoken with his manager, Mathew Fagan. There was a funding pool in 2010-11 available for small grants to advance projects or actions from the Local Implementation Plans in the remote service delivery sites (sites identified in the Remote Service Delivery NPA) but no funding was sought by or provided to the Victoria Daly Shire Council (VDSC) for morgue facilities. Mathew couldn't say what occurred with (name withheld) follow up of the particular request for assistance in April 2011 except that there was a deal of communication between (name withheld)*

and the VDSC at the time. His conclusion is that it did not result in any funding as he (Mathew) would recall that.

3. *The CEO Shire Forum held on 7 August 2009 (shire CEs and the DLGH CE, David Ritchie, and other agency staff) discussed issues of non-core local government services including airstrips and morgues. Notes from the meeting indicate that DLGH agreed to "provide clarification of who is responsible for the provision and operation of morgues". A draft letter (I cannot confirm if it was a final or when it was sent) from the CE David Ritchie to shire council CEs following that meeting said that he would "escalate the issue to the Department of the Chief Minister for consideration under the Northern Territory Working Futures Strategy and Remote Service Delivery Community Planning". The reference to DCM means the Service Delivery Coordination Unit which was in DCM at the time and which later transferred to this agency in its new structure in early December 2009. This would have resulted in the agenda item for the next CEO Shire Forum on 22 October 2009 (the document you have). I am still searching for the minutes of that forum and will advise as soon as I can. In the meantime, however, it is noted that morgues and or airstrips were not discussed at the next CEO Shire Forum after the October 2009 meeting.*

Two final pieces of information for you (I think that's all then?):

1. *Despite an extensive search, I have been unable to locate any notes or minutes from the CEO Shires Forum on 22 October 2009, or any paperwork that followed the meeting.*
2. *We have located an exchange between Sandra Cannon and (name withheld) on the matter from August 2011, suggesting an approach to providing a morgue for Kalkarindji but which did not progress the matter any further with either party (ie it offers no further insight or information that would assist your inquiry).*

Please let me know if I can assist with anything further...

Since initial inquiries proved inconclusive, I wrote to a number of Shires, Councils, Agencies and Organisations seeking information about their roles and level of responsibility over morgues that may be within their communities. I did not seek information about morgues managed by health centres or major hospitals.

In summarising the responses I received, fourteen (14) Shires advised they did not have a morgue, or responsibility or involvement. Four (4) Shires advised that they had morgues. Of these, two (2) Shires advised they had some responsibility and involvement in maintaining their morgues while the other two (2) advised that they had no responsibility or involvement.

The Northern Land Council (NLC) said it provided one-off funding and operational assistance when a deceased person was required to be urgently transferred to Jabiru due to the facility breaking down in Gunbalanya in 2009. The NLC also advised of another incident (similar to that of the complainant) that occurred at Gunbalanya in 2009. This matter, about a deceased person who had been left on a community with no one responsible for transporting the body to the mortuary, was reported in the media.

A number of shires and councils commented that this issue needs to be addressed and welcomed an investigation.

DoH and DHLGRS advised they have no overall responsibility for funding, maintenance or otherwise over remote location morgues. This advice however, appears contrary to information obtained during earlier inquiries indicating there had been some involvement by both DoH and DHLGRS in early 2009.

The above information provided by the Shires could be relied on to form the basis for further investigation by Government and also as a reference point in developing a 'Master List' of morgues within communities.

VICTORIA DALY SHIRE COUNCIL (VDSC)

My investigator was provided with copies of two emails. The first a copy of an email that the Director Implementation, (name withheld) sent to the Chief Executive Officer (CEO) of VDSC on 19 August 2011, which in part reads:

...I'd like to have a chat to you sometime about the possibility of introducing a user pays scheme for the morgue facility in Kalkarindji. I haven't worked out the full details but essentially the Shire (or another provider) would hold the key to the facility and charge a fee (that covers all related expenses) every time it needs to be unlocked. I imagine the main users would be the Dept of Health, Police, Katherine Funeral Services and the Coroner. I did discuss the idea some time ago with (name withheld) from Katherine Funeral Services, he hated it. But I can't think of a better model given the NTG's current position. What do you reckon?...

The second email was the CEO of VDSC's reply to Director Implementation dated 23 August 2011:

... I think even if it is user pay it should be the health dept who do it. My staff have no training in the looking after of dead bodies or how to look after the technical aspects of morgues. If we were to do it, it would need a guarantee of training (annually due to changes in staff) and agreement the NT government would pay for any repairs. In theory we would need training and mending money whether anyone used it or not...

On 2 September 2011, the CEO of VDSC wrote to me in reply to my request for information:

...This is an issue that has been constantly raised with the Northern Territory Government since 2009. We have received emails indicating they are not the Shires responsibility and the Northern Territory Government is working on a solution. The Shire receives no funding for morgue operations or repairs and staff have no training in relation to the operation of morgues nor would it be expected that a local government authority would have any role with morgues. In response to your specific questions:

- *There is a morgue at Kalkarinji and there is also a morgue at Wadeye operated by Health is our understanding. Lot 97 Buntine Highway Kalkarindji. 3-4 persons. It has storage freezers and is connected to the Community electricity supply.*
- *The Shire has no responsibility for the maintenance of the facility. When we indicated to the Northern Territory Government that there was a body placed there and it wasn't working they agreed to pay for repairs which the Shire organised. It is our understanding the funeral director placed the body there without informing the Shire. The Northern Territory Government is responsible and the key contact is XXX.*
- *The Northern Territory Government is meant to maintain the facility, the Shire received no funding.*
- *As we are not responsible we do not have a policy.*
- *There does not appear to be any process. Since the incident you describe occurred I have given instructions it should be locked until someone takes ownership of the facility. This will ensure that fly in funeral director do not place bodied (sic bodies) in the morgue.*
- *Communities organize funerals and storage via the funeral companies and there is normally some support for expenses from the Land Councils.*
- *I enclose an email discussion that occurred at the last event.*

- *In short, the shire receives no funding nor is not in control of the morgue. We have been raising our concerns with the Northern Territory Government for over three years but no solution has been found. In our view, we believe the Health Department would be an appropriate body and has a clinic on most communities."*

The CEO also provided copies of six (6) email transmissions dated between 2 February 2011 and 29 April 2011, regarding the Kalkaringi morgue. These emails exchanged between the CEO and a number of officers from the Shire and other organisations. I have included relevant extracts of those emails to highlight what occurred.

1st Email dated 2 February 2011: From Superintendent NT Police, Katherine Division, to the CEO of VDSC on the issue of maintenance and management of the Kalkaringi morgue and the circumstances leading up to and following the failure of the morgue facilities:

I am writing in relation to the management and maintenance of the Kalkaringi morgue facility.

As you may be aware, there was a death in the community late in the evening of Thursday 13 January which was attended to by Police and resulted in a deceased person being placed into refrigeration in the morgue facility. At the time that Officers went to use the morgue the refrigeration units appeared to be switched off. With assistance from clinic staff the refrigeration was re-started and the deceased person was placed inside pending road transport by Katherine Funeral Services (KFS) the following day.

Unfortunately there was significant rain over the region at the time and the highway was temporarily cut by localised flooding, forcing the KFS vehicle to return to base. The road reopened on Sunday 16 January and KFS was able to travel to Kalkaringi to collect the deceased person.

However, when KFS attended the Kalkaringi morgue they discovered that the refrigeration equipment had failed at some point over the weekend. The deceased person was subsequently transported back to Katherine for on-shipping to the morgue in Darwin for autopsy. Upon arrival at the morgue in Darwin the body was inspected and found to be badly decomposed and not in a suitable condition for viewing by the deceased's family. It appears that the decomposition occurred due to the body being stored in the Kalkaringi morgue without adequate refrigeration over the weekend.

I am advised that the deceased's family have indicated that they intend to make a formal complaint about the management of the body on this occasion, although at the time of writing I have not yet seen any formal correspondence.

In gathering information about this incident I have spoken with current and previous NT Police Officers at Kalkaringi, who have advised that the morgue facility has been in a state of poor repair for some time. I gather that a local tradesmen has been used to keep one of the fridges operational, however this is a "jury rigged" arrangement and is not suitable for long term storage.

Given the unfortunate situation outlined above, I have given a direction to NT Police Officers at Kalkaringi to cease using the morgue facility until it is repaired to a standard suitable for the refrigerate storage of bodies. As an interim measure, any bodies that cannot be immediately road transported by KFS will be transported by air directly to Darwin. This arrangement won't be sustainable in the long term, so it will be necessary to return to using the Kalkaringi morgue at some point in the future.

Can you please confirm that Victoria Daly Shire Council has management responsibility for the Kalkaringi morgue facility? If it does, could you please advise what repairs and maintenance are planned, and which Council officer at Kalkaringi has day to day management of the facility.

2nd Email dated 2 February 2011: The CEO of VDSC forwarded Superintendent's email to SDCU's Mr Matt Fagan the Acting Coordinator General with the additional comments:

... I will be telling him (Superintendent) we get no funding no training and have raised with mtg for over 2 years at some point at the bom wasn't your unit put in charge of solving this has any thing changed and who do I say is responsible for this...

3rd Email dated 2 February 2011: Mr Matt Fagan replied to the CEO of VDSC:

...We do have some capacity to assist establishment and/or repair of morgues, but it is clear that no level of government sees itself "responsible" for morgue operation in remote towns and that instead a private sector/NGO operator needs to be found. For example, in Arnhem Land we are securing arrangements with ALPA stores to operate morgues.

We will deal with the inquiry from Superintendent ..., but obviously you should also feel free to contact him and point him in our direction...

It does not appear that any immediate action was taken or undertakings made to address the situation and ensure no repeat occurrence.

4th Email dated 29 April 2011: Almost three months later, the Shire Manager of the Daguragu Community Government Council (DCGC), sent an email to the CEO of VDSC regarding the Kalkaringi morgue:

Morgue Issue-IMPORTANT:

I am emailing you in regard to the morgue at Kalkaringi. As you would be aware from previous discussion it is not working, however there is little choice in regard to it being used. Currently there is a body in the morgue and we are unable to contact any family members. We have been assured that a body will last 7 days before decomposition sets in. The situation is untenable as it is now very close to seven days. I have been working on an alternative storage, which may be our bakery freezer,⁵ or a mobile morgue that may be available from Lajamanu in case no family are available for a funeral tomorrow.

I would suggest that we spend the money to have refrigeration mechanic address the problem and contact the department of health or other high level bureaucrat to inform them that they will get the bill. I say this with the utmost seriousness, as the Shire is seen by the community as the entity that deals with the morgue and cemetery I do not want to be here when a body that was intact on arrival is buried as a bag of mush. This is an issue that requires immediate attention before another body arrives. The current body arrived unannounced. I am concerned that at some stage soon a local may contact media, as a community service provider I believe we should be taking a proactive compassionate approach to this issue and have it resolved ASAP and then seek compensation from the appropriate Government department.

XXX has been in contact with XXX re this issue this morning as well. The acting GBM has suggested we contact a woman XXX in the NTG Health dept.

Please advise as I will engage a fridge mechanic ASAP...

5th Email dated 29 April 2011: The CEO of VDSC replied to the Shire Manager of DCGC, the DHLGRS Senior Executive Director; DHLGRS Director Implementation; Director Corporate and Community Services VDSC; and Regional Manager DHLGRS.

... XXX/XXX...or anyone who is listening. This has been going on for over 3 years. The last time this happened XXX sent me an email saying the shires have no responsibility for it and that he would be working with the department and health to sort this out. The last time it happened

⁵ Potential breach of the *Public Health (General Sanitation, Mosquito Prevention, Rat Exclusion and Prevention) Regulations, Public Health (Nuisance Prevention) Regulations and Public Health Act.*

about 6 months ago it was in the press and the body decomposed due to the morgue not working and no one having any training to use. He also indicated they would find money to repair it and liaise with the police who were complaining to the shire about how bad the service had been.

I am going to authorise Ben to get it repaired and need to know who will foot the bill and when this will all be sorted out. Ben who put the body there out of interest?...

It would appear a decision had been made at this time to repair the morgue. This email highlights the frustration of staff in 2011 and the lack of definitive action that was raised by an incident some three (3) months earlier, but which actually started three (3) years earlier. This email also suggests that SDCU was responsible for fixing this issue with input from DHLGRS and DoH. However, both agencies refute any obligation regarding this matter with neither accepting responsibility.

6th Email dated 29 April 2011: The Senior Executive Director, DHLGRS, replied to the CEO of VDSC as follows:

...I'll chase this up. Noted that you are going to get the refrigeration fixed in the meantime...

On 25 October 2011, the VDSC provided my investigator with a copy of an Agenda for a meeting held on 22 October 2009 at RCG House Darwin. The purpose of that meeting (Forum) was *"...to build shared understanding of the issues facing the local government sector and jointly identify solutions..."* The agenda items included, among other things, *"Provide update on Morgue/Airport escalation to DCM."*

On 2 November 2011 VDSC provided another email dated 25 February 2009 from the Senior Manager, Service Delivery, of the then named Department of Local Government and Housing (DLGH), addressed to a number of key and senior officers of Shires seeking *"Information in relation to Council controlled/operated morgues"*. This email in part reads:

... As a result of correspondence from one of our Shires regarding morgue management, I am seeking information from each Shire as to what the current situation is. I met with the Director of Environmental Health this morning and as a result I have undertaken to seek the following information as a means to entering further negotiations.

What Shires currently control/operate morgues and in what communities?

What is the physical locations of the morgues in the community ie are they near or annexed to a health centre or police station?

What are the associated costs ie after hours attendance by staff, power etc?

What is the approximate use per month?

Are there OH&S⁶ issues associated with the management ie lack of lifting devices, appropriate transport?

I understand this is a sensitive issue in communities and appreciate any information you can provide me ...

In a conversation with my Investigator, the Senior Manager of Service Delivery (DLGH) indicated that after the email was sent he transferred to another area and had no further dealings with this matter. He advised that prior to his transfer, he reported directly to Executive Director DHLGRS, and that he did not know who, if any one at all, had been tasked to follow up on his inquiry once he had left.

In December 2011, DHLGRS provided a single page document titled *'Survey of Morgues as at February 2010 showing communities with morgue facilities'*. (This is possibly the result of the Senior Manager of Service Delivery's earlier email request for information on morgues).

⁶ The lifting of any weight may cause back injury. Training in appropriate lifting techniques is advised.

My Investigator asked the CEO of VDSC to clarify her statement in her letter to the Executive Director DHLGRS, of 19 February 2009, claiming that the morgue issue was 'informally raised' with the then Minister for Local Government, the Hon Rob Knight. On 5 January 2012, the CEO of VDSC replied:

...In response to the question as to when it was informally raised with the department I can only make the following comments

- 1. It was raised a few times at the CEO meetings with the then CEO David Ritchy during 2010/11. The department took the minutes for these meetings and it may be recorded. They only occurred about 3 times a year.*
- 2. I did speak to both XXX and XXX (department executives) informally although I could not give dates.*
- 3. I believe our council informed the minister both in regards to air landing strips and morgues. I think the airports got picked up to solve but the morgue situation didn't. This would have been different councillors and different times and I could not provide any evidence.*

I have no doubt that the department was well aware of the issue since late 2008, whether they formally informed the minister I would not know."

During a follow up telephone discussion in January 2012, the CEO of VDSC again stated that this very issue had been ongoing since 2008 and that she had consistently raised her concerns with a variety of people, including members of Parliament and high level government employees.

DEPARTMENT OF HEALTH (DoH) FORMER DEPARTMENT OF HEALTH & FAMILIES (DHF)

The CEO of DoH, Mr Jeffrey Moffet, (in replying to my request) wrote to me on 27 September 2011:

...DoH is not responsible for constructing or maintaining morgue infrastructure in remote communities nor is it responsible for managing bodies of deceased persons, ie conveying them to the morgue, after they have been placed in the morgue or for arranging viewings. The management of the bodies of deceased persons anywhere in the Northern Territory is the responsibility of either:

- The Coroner for reportable deaths (when the attending doctor is unable to write a death certificate); or*
- The immediate family for non-reportable or expected deaths (when the doctor can write a death certificate).*

In respect of these challenges and of cultural practices short term storage of a body can be possible at a health centre. Cooperation in relation to religious and cultural practices is also provided where possible. Families are encouraged to make alternative storage arrangements within 24 hours in order to minimise the impact on the normal operations of the health centre. Where deaths occur in the community, the health centre may also provide a temporary air-conditioned environment for the body where no suitable alternative is available, again as a short term measure. The level of involvement of health management of the bodies of deceased persons in remote communities is described in the DoH Remote Health Atlas (attached). This involvement is related to:

- reporting deaths to a medical practitioner;*
- completing a Life Extinct Form if appropriate;*
- notifying management on-call and the local Police;*
- ensuring completion of medical record documentation;*
- liaising with family members; and*
- preparation of a body for transport.*

DoH does not provide any funding to shires or community organisations for morgue maintenance.

As DoH has no administrative responsibility, it does not contract out morgue maintenance services to shires or any other community organisation. The issue of power supply failure to community based morgues is not a DoH responsibility.

DoH is aware of the locations of most remote morgues however does not maintain a consolidated and up-to-date list of morgues.

DoH does not have a role in relation to any of the circumstances described above.

DoH does not have a role in relation to these circumstances. This applies to non-reportable deaths which are the responsibility of the family and reportable deaths which are the responsibility of the Coroner. The duration of storage of a body in a morgue is entirely a community matter. In the case of reportable deaths, the body will be transported to a morgue in a regional centre pending forensic examination then returned to the community.

Morgue capacity issues that arise in remote communities are sometimes caused by unnecessarily prolonged body storage. If a body is held in a freezer for six months or longer, this obviously creates capacity issues.

The Red Lilly Health Board (Aboriginal Corporation) has addressed the problem of prolonged storage by putting a two week limit on body storage to free up space.

The Department of Health has made clear its position that it has no responsibility for morgue infrastructure or the management of deceased persons in remote communities.

The Department of Business and Employment (DBE) became involved in the issue of morgue infrastructure and funeral services in remote communities in 2009. That involvement was contingent upon moving services to a commercial footing, that is by encouraging private enterprise and creating jobs in Growth Towns.

DBE completed the modeling on operating costs and necessary charges of remote morgue services, if they were operated privately but the model did not prove viable and the proposal has been shelved.

It is our understanding that DBE has switched to consulting with communities specifically requesting morgue services as part of Local Implementation Plans in Territory Growth Towns...

On 15 December 2011, my investigator contacted the Senior Policy Officer, Remote Health Services at DoH, seeking clarification on a DoH Ministerial Briefing, noted by the Honourable Kon Vatskalis, dated 28 January 2010, indicating DoH involvement with morgues on remote communities. The questions my investigator asked and the responses received are provided below.

i) On page 2 of this briefing (paragraph 15-bottom of the page) it refers to DCM and DHF jointly developing an options paper on privatising funeral services. Are you able to provide a copy of this options paper?

Response:

We (then DHF) did not consider that we were 'jointly' developing an options paper but were merely 'assisting' - we did not use the word jointly in the brief. And, as it turned out, we were not directly involved in developing the business model or drafting the paper. Our role was as a source of information about what arrangements existed at the time the options paper was being developed. When the January 2010 Ministerial brief was developed it was my understanding that DCM was directing work on this matter (and that DBE was the instrumentality in carrying out those directions), hence the paragraph that stated DHF was assisting DCM. I do not have a final copy of the options paper and don't know if I can authorise release of an incomplete draft version without the authority of the author. Suggest you contact XXX of DBE as there maybe a final version.

ii) On page 2 of this briefing (paragraph 16-bottom of the page) it refers to an interim arrangement with NT Police agreeing to deliver services on a fee-for-service basis with DHF, DCM and Police scheduled to meet in February 2010 to work through this proposal. Are you able to provide details of this arrangement, the minutes of that meeting and a copy of the proposal?

Response:

I did not attend the meeting between DHF, DCM and NT Police which I only heard about second hand, and do not have a copy of the minutes. Information on what was discussed at the meeting was passed on to me verbally, I think by XXX of DBE and this information was incorporated in the brief to convey what seemed then to be a positive development. To my knowledge, the suggestion that NT Police were willing to facilitate an interim arrangement was not progressed in February as stated in the briefing and the possibility of NT Police involvement thereafter was not mentioned in subsequent briefings. I do not know if the proposed February meeting took place.

iii) On page 3 of this briefing, under the heading "Sensitivities" the second paragraph mentions DCM having taken a "lead role". Are you able to explain what is meant by this and what was the extent of DCM's involvement in this issue at the time? I would appreciate if you could provide documents to support the information supplied.

Response:

...I think that the paragraph you referred to under 'sensitivities' reflected our thoughts on the matter perfectly. An explanation goes like this: It was gratifying to see that a more senior NTG Agency (DCM) had taken an interest in a recurring and difficult issue and that it (DCM) had directed another NT Government Agency (DBE) to develop a business model that promised a more satisfactory arrangement for residents in remote communities. At last we thought that there was going to be some traction on this issue and that the DCM would want to progress it to a final and satisfactory conclusion. That in our estimation was DCM taking a lead role. I have no documentation relating to this particular point...

In February 2012 the Senior Policy Officer, Remote Health Services at DoH also provided my investigator with a copy of the *Wadeye Morgue Management Plan and Agency Agreement - May 2011*⁷. He advised that this document is not a DoH initiative but was developed by the community for the community, with DoH and NT Police having input into the plan's development.

I believe this Plan and Agency Agreement is a good example of a community taking initiative in developing guidelines to control and manage their local morgue in the absence of any intervention and direction from a government agency.

In February 2012, DoH's Director of Health Development, Health Services Division, responded on behalf of DoH stating DoH does not have responsibility for morgues in the NT but have specific guidelines relating to the care of deceased persons in NT hospitals.

DoH's Director of Health Development, Health Services Division also provided copies of a broad range of documents mainly specific to hospitals and morgues in the major centres in Darwin, Katherine, Tennant Creek, Alice Springs and Gove, including the Wadeye Morgue Management Plan and Agency Agreement. These documents contain detailed policies and guidelines on issues pertaining to the care of deceased persons in NT major hospitals. There is no such documentation covering morgues within remote communities not attached to a DoH facility.

⁷ This document has been reproduced (Annexure 2) with the names, telephone numbers and signatures, comprising senior officers from VDSC, DoH, NT Police, Traditional Owners and Executive/Committee members of Thamarurr Development Corporation Incorporated (TDC Inc.) and other contact officers removed.

DEPARTMENT OF BUSINESS AND EMPLOYMENT (DBE)

My Investigator contacted DBE's Senior Project Manager, Remote Industry Development, in mid October 2011.

On 19 October 2011, DBE's Senior Project Manager, Remote Industry Development provided my Investigator with a summary paper of the business viability of mortuary services. This document is a 4 page confidential draft report titled *Mortuary Services in Remote Communities - The Commercial Viability of Private Enterprise Operation of Mortuary Services in Remote Communities dated 13 September 2011*.

The document discusses the viability of private sector mortuary services in remote communities in the Northern Territory through introduction of a fee-for-service model for transport to and storage within morgues constructed or delivered to these areas.

DBE's Senior Project Manager, Remote Industry Development advised that the purpose of the document was to highlight some of the results of the modelling that demonstrated the lack of business viability of mortuary services in remote communities. She advised that one of the actions in a number of Local Implementation Plans was that DBE undertake some work to investigate this possible business opportunity. She advised that the paper was circulated to those agencies and local organisations that may have an interest in the matter.

On 26 October 2011 DBE's Senior Project Manager, Remote Industry Development advised by email:

...Below is some suggested text explaining a little background on the mortuary services study. We're not exactly sure of the timing but think it was early 2010. Karl may be able to clarify this.

During meetings conducted across the Territory in early 2010 (?) as part of the Remote Service Delivery National Partnership Agreement, the issue of morgues and mortuary services was raised as a priority in a number of communities, specifically Gunbalunya, Gapuwiyak and Maningrida. The issue was reflected in an action included in the Local Implementation Plans which identified the Department of Business and Employment as the lead agency to investigate the business viability of the private provision of mortuary services. The results of that research and modelling undertaken by DBE indicate that a commercially orientated business could not operate profitably in the current environment...

On 9 January 2012 my investigator contacted another DBE officer, (name withheld). This officer advised:

...As discussed, DBE became involved in looking at the private sector opportunities for remote Morgues in 2010. This was through the Local Implementation Planning process which is a key pillar of the working future policy. A few towns identified morgues as priorities for them. You can access these LIPs at www.workingfuture.nt.gov.au...

DBE's involvement was to complete the following actions in the time frames below.

<i>Gapuwiyak</i>	<i>Aug-10</i>	<i>Dec-10</i>	<i>Look at feasibility and options for building and operating a mortuary as a subsidised Gapuwiyak business.</i>
<i>Galiwinku</i>	<i>Aug-10</i>	<i>Dec-10</i>	<i>Negotiate with local community for options to build and operate a morgue.</i>
<i>Maningrida</i>	<i>Aug-10</i>	<i>Dec-10</i>	<i>Work with the local community for look at an opportunity to operate a morgue as a small business</i>
<i>Nguiu/Wurrumiyanga</i>	<i>Aug-10</i>	<i>Dec-10</i>	<i>Work with the Matiyupwi Clan (through Tiwi Enterprises) on options for them to build and operate the mortuary as a Tiwi Business. Nb. Community lead, DBE supporting</i>

In developing the options for morgues as a business we spoke with the main hospitals with mortuaries in the NT, some private operators and various bodies in other states. We also spoke with Police and Health.

We are advised that generally in remote areas many deaths are subject to coronial review (as sick people usually pass away in the closest main hospital), so while a town may have a relatively large population, it still wouldn't sustain a morgue on a commercial basis. My impression from meeting with them is that all parties are keen for a defined process and that police in particular were happy to help. As the business department, our scope was to consider the business aspects only, of potential morgue operations. This task has been completed."

It appears that DBE's involvement was limited to developing a business model. They have not been referred to in any of the other stakeholders and agencies responses as having any further responsibility for morgues within remote communities.

NT POLICE FIRE & EMERGENCY SERVICES (NTPFES)

I wrote to the Commissioner of Police, on 26 August 2011. The Commissioner replied to my letter on 17 October 2011, stating in part:

...Northern Territory Police act on behalf of the Territory Coroner to investigate all reportable deaths that occur in, are caused in or where the body is in the Northern Territory. 'Reportable death' is defined in Section 12(1) of the Coroners Act. The Territory Coroner has responsibility for the body of the deceased until disposed of, as specified in Section 17 of the Coroners Act. Northern Territory Police again assist the Coroner in this regard in caring for the body of a deceased person upon initial discovery until suitable storage can be achieved.

The Coroner may order an autopsy to be conducted on the deceased as part of a coronial investigation. In the majority of reportable deaths an autopsy is conducted. Autopsies are only conducted in Darwin and Alice Springs, where suitable facilities exist to undertake the procedures. Transport of a deceased person to Darwin or Alice Springs from another location in the Territory may be required for the purpose of an autopsy.

Births, Deaths and Marriages estimate there are between 900 to 1000 deaths that occur each year across the Northern Territory. There are approximately 300 reportable deaths each year which indicates the majority do not need Police involvement. Procedures exist for the transportation of a deceased person undertaken by a local contractor either by road transport, or if the need exists an air charter.

Costs associated with these contract arrangements are borne by the Coroner's Office. The interim care of the deceased can at times present difficulties if the death takes place at a remote locality. This can be complicated when there isn't a local morgue or the facilities are inadequate, and weather conditions which may delay road or air transport.

It is the Northern Territory Police position that the responsibility for morgue facilities at remote communities rests with either the Department of Health or the respective Shire Councils. We recognise responsibility for remote morgues is still subject to negotiation between the two organisations.

Police, when dealing with a reportable death, will use local morgue facilities, and where they are found to be inadequate or non-functioning will endeavour to work with the Shires to overcome problems, make improvements, or make alternative arrangements. It is important to acknowledge that NT Police have no authority over the Department of Health or Local Shires regarding the location or state of morgue facilities.

As you would be aware a failure of a remote morgue and subsequent decomposition of a body occurred earlier this year at Kalkaringi. Police in the absence of technicians took steps to power up a refrigeration unit only to later find that the cooling system was not functioning effectively. The unit was later serviced by the Local Shire and is now operating as required.

Remote areas where morgue facilities do not exist rely on the availability and vagaries of 'immediate' road and air transport. In some instances local police find alternate means of refrigerating bodies until conveyance can be undertaken. While police take responsibility

for the conduct of an investigation into a reportable death, and this extends to arranging for the conveyance of the body in order for an autopsy to be carried out, police are not in the business of being mortuary service providers. In our view this is a matter for the Department of Health or Local Shire...

The Commissioner authorised my Investigators to contact his remote area staff to obtain further information.

Contact with the Superintendent of NT Police Katherine Division and his team proved helpful and gave a valuable insight into the situation at Kalkaringi from the time of the death in January 2011 and the condition of the morgue.

The Superintendent provided me with a copy of a covering memorandum dated 12 September 2011 titled "*Management of Morgue Facilities at Kalkaringi – Death of XXX*" that he had prepared for police management outlining events concerning the death of the complainant's son, including issues surrounding the management of the Kalkaringi morgue's refrigeration facilities. He also provided an excerpt from the relevant Police General Order on *Coroners and Inquests*, some text about this issue on 12 October 2011, details of the latest breakdown of the Kalkaringi morgue and some photographs of the Kalkaringi morgue building with its refrigeration storage facilities.

I have included the Superintendent's full report dated 12 September 2011 below. It provides a comprehensive account of what occurred at the time. (The deceased's name has been omitted and other names withheld by this Office).

This memorandum concerns the death of XXX, specifically issues surrounding the management of morgue refrigeration facilities at Kalkaringi that were identified during the subsequent coronial investigation. The coronial file relating to this death is attached; the investigating officer found that the death was self inflicted and recommended that no inquest was necessary.

Between first collection of the deceased and arrival in Darwin for autopsy the body experienced significant decomposition, so that it was not possible for next of kin to have a viewing. A letter of complaint by the deceased's family has since been lodged with the Ombudsman's Office, and the Coroner's Office has requested further information about the management of the deceased prior to arrival at Darwin for autopsy.

The purpose of the following report is to provide a summary of the handling of the deceased once it was reported to authorities, and set out some details in relation to management and responsibility for the morgue facility itself.

Background

On Thursday, 13 January 2011, Brevet Sergeant (name withheld) and Constable (name withheld) were performing relief duties at Kalkaringi Police Station. Shortly before midnight they were called to attend a report of a death at Kalkaringi community. On arrival they liaised with (name withheld) from the Kalkaringi Health Clinic who had also been called to the scene.

An assessment of the scene combined with witness observations identified that the deceased had probably committed suicide. Police examined the body and took photographs of the scene. During this process a crowd of over 30 people attended the house and started grieving. Detecting that the crowd could become difficult to manage, Brevet Sergeant (name withheld) suggested moving the deceased.

Movement of the Deceased

The deceased was initially placed in a body bag and moved into the rear of the community Ambulance, then driven to the Kalkaringi morgue, which consists of three refrigeration units in a small brick out building. There are two double units and one single

unit, none of which have a temperature gauge on them. The building itself has a small box air-conditioner which is broken.

On arrival it was noted that power to the building was off and therefore none of the refrigeration units were cool. Brevet Sergeant (name withheld) inspected the power box and determined that a circuit breaker had tripped. He re-set the circuit breaker twice before the power remained on. Inside the building Constable (name withheld) inspected the refrigerators and moved a power cord from one outlet to another; apparently restoring the unit to operation.

Both Officers saw the fan turning and heard the motor running and formed the view that the refrigerator was operational. Opening the refrigerator they discovered that it was still warm inside, so they decided to move the deceased to the Kalkaringi Health Clinic until the unit had cooled down. At 12.35am the Officers returned to the morgue and placed the deceased into the refrigerator.

At this point Katherine Funeral Services (KFS) were notified of the death and they made arrangements to attend Kalkaringi and collect the deceased the same morning. Still unsure about the morgue refrigerator, the Officers conducted follow up checks at 1.35, 2.35 and 3.00am to make sure it was cooling, eventually becoming satisfied that the unit was operating correctly.

At around 9.00am KFS called Kalkaringi Police Station to advise (sic advise) that they could not get past Coolibah Creek on the Buntine Highway due to extremely heavy localised rainfall over the previous period.

At about 9.10am the reporting Officer was notified of the situation and an air charter was authorised as an alternative means of transporting the deceased from Kalkaringi to Katherine, given that flooding had cut road access. Subsequently Brevet Sergeant (name withheld) had a further conversation with Senior Constable (name withheld) of the Coronial Investigation Unit (CIU) to discuss transport of the deceased.

Consideration was given to the fact that, even if KFS had been able to move the deceased to Katherine on their first attempt, final transport to Darwin would not have occurred until Monday anyway. This meant that, if the morgue facility at Kalkaringi was adequate, there was no advantage in flying the deceased in to Katherine on Friday, as the deceased would have been placed into the Katherine morgue pending final transport to Darwin after the weekend.

It is important to note that, at this point in time, Brevet Sergeant (name withheld) believed that the refrigeration at Kalkaringi morgue was operating satisfactorily, and Senior Constable (name withheld) had no reason to suspect otherwise.

The true state of affairs, which will be addressed below, was not known to either member at the time.

Consequently, a plan was agreed upon for KFS to make a further attempt to drive out to Kalkaringi on Sunday 16 January 2011, once local flooding had receded sufficiently to make the road passable.

Shortly thereafter Brevet Sergeant (name withheld) contacted. Brevet Sergeant (name withheld), the incoming Officer in Charge of Kalkaringi Police Station, and advised him of the situation. There was no specific discussion about the effectiveness of the morgue refrigeration equipment, however at the time Brevet Sergeant (name withheld) believed that the equipment was operating satisfactorily.

On Saturday 15 January 2011 Brevet Sergeant (name withheld) and Constable (name withheld) departed Kalkaringi and returned to Katherine, concluding their temporary deployment. The same morning Brevet Sergeant (name withheld) travelled from Lajamanu to Kalkaringi to take up his post as Officer in Charge of that station. Not being

aware that there was any issue with refrigeration in the morgue, he did not conduct any checks on the facility prior to KFS arriving the next day.

At about 11.30am on Sunday 16 January 2011 KFS attended the Kalkaringi morgue and collected the deceased for transport back to Katherine. Brevet Sergeant (name withheld) spoke with the KFS staff about the pick up and they did not raise any concerns about storage of the deceased or the operation of the morgue refrigeration. However, they subsequently advised the CIU that when they removed the deceased from the refrigerator it was "...hot and blowing hot air onto the deceased."

Considerations

On Thursday 13 January 2011 Police at Kalkaringi had no reason to believe that there were ongoing maintenance issues with the morgue facility (these will be discussed in more detail below). Upon discovering that power had dropped out to the facility that took reasonable steps to power up the refrigeration equipment and then checked on it several times to ensure that it remained under power and appeared to be cooling.

Without any prior knowledge of the maintenance issues at the facility it was reasonable for Brevet Sergeant (name withheld) and Constable (name withheld) to draw the conclusion that a circuit breaker had tripped out. Once they restarted power to the refrigeration equipment and checked it several times, it was reasonable for them to conclude that it was operating effectively.

The usual method of "next day" road transportation of the deceased from Kalkaringi to Katherine was not possible due to localised flooding in the area. The decision to perform a delayed road transport of the deceased, rather than utilise an air charter, was made on the basis that the refrigeration appeared to be operating satisfactorily. Without knowledge of the management and maintenance issues at Kalkaringi morgue (which are addressed below) it was reasonable to assume that the equipment was functional.

During the hand over from Brevet Sergeant (name withheld) to Brevet Sergeant (name withheld) there was no specific mention of any concern with the effectiveness of the morgue facility. In light of the fact that Officers believed that they were only dealing with a tripped circuit breaker, that they had taken steps to rectify the problem and that the equipment appeared to be working satisfactorily, this was reasonable in the circumstances.

Given the localised flooding affecting the area, and the lack of awareness of the management and maintenance issues at the Kalkaringi morgue, the Police involved in this process made appropriate decisions in all of the circumstances.

Management and Responsibility for the facility

The Kalkaringi morgue facility is situated nearby the local Police Station; however it is not an asset of the Northern Territory Police Force. The facility was previously managed and maintained by the Kalkaringi Community Government Council; however this entity ceased to operate with the creation of the Victoria Daly Shire Council on 1 July 2008.

Some time after 1 July 2008 the Victoria Daly Shire Council (the Shire) identified that they were not funded or staffed to manage the morgue at Kalkaringi, or at any other location for that matter. Chief Executive Officer Sandra Cannon states the Shire flagged this issue with the Northern Territory Government (NTG) in 2009, who accepted that morgue management wasn't within the scope of the Shire funding arrangement.

Since that time it appears that there has been no further formal management or maintenance of the facility. Previous Officer in Charge Brevet Sergeant (name withheld) advises that prior to his departure from Kalkaringi in March 2010 he was aware of the maintenance issues at the morgue and in fact took steps to arrange a local contractor to perform some unpaid work on the facility in order to keep it operational.

In March 2010 Brevet Sergeant (name withheld) handed over control of the Kalkaringi Police Station to his then second in charge Brevet Sergeant (name withheld), who was aware of the limitations with the morgue facility. Brevet Sergeant (name withheld) resigned and left the Northern Territory in September 2010.

Between then and the arrival of Brevet Sergeant (name withheld) in January 2011 there was a succession of temporary staff working at the Kalkaringi Police Station, and corporate knowledge about the morgue facility was lost. There was no easily accessible station correspondence about the management of the morgue and nothing in writing at the facility to indicate that it wasn't being maintained. Unless Officers on relieving at Kalkaringi had specific cause to use the morgue there was no reason for them to be aware of its history and the fact that it wasn't being maintained.

As a result of this incident the reporting Officer issued a station instruction on 2 February 2011 that provided as follows —

- Kalkaringi members should cease using the morgue facility for medium or long term storage until it is properly repaired.*
- Where immediate removal of a deceased person cannot be facilitated (for instance if the highway is blocked due to flooding) then members should contact CIU in Darwin who will make arrangements for air transport of the body to Darwin.*
- If one of the fridges can be made operational (I understand that a local electrician has achieved this before) then it can be used for short term storage pending the arrival of Katherine Funeral Services or air transport from Darwin.*

As a result of this station direction Brevet Sergeant (name withheld) has made enquiries with the local contractor who previously performed repair and maintenance work on the morgue, however he has advised that he will not perform any further work on the facility without payment. As an alternative for short term storage, arrangements have been made with the local abattoir to provide ice which can be used in conjunction with the existing refrigerator units.

The reporting Officer spoke with (name withheld), Director of Implementation within the Service Delivery Coordination Unit of the Northern Territory Government (NTG) about the management and maintenance of the Kalkaringi morgue facility on 3 February 2011. He acknowledged that the Victoria Daly Shire Council did not have responsibility for management of the morgue, and said that NTG was working on identifying a new entity to take control of the facility. Until such an entity could be identified, he stated that the NTG would not be allocating funding for repairs or maintenance to the facility. As of September 2011 this situation had not changed, and the NTG was exploring a user pays system of funding morgue operations.

Considerations

Lack of an identifiable entity with responsibility for the Kalkaringi morgue has meant that no sanctioned repairs or maintenance have occurred at the facility for several years. The NTP do not own, manage or maintain the Kalkaringi morgue, however it does have an interest in storage and transport of bodies as part of the investigative response to reports of deceased people in the community.

Whilst a previous Officer in Charge of the Kalkaringi Police Station was aware of the status of the morgue, this information was not adequately recorded and passed on to other Officers working at that location. As the Divisional Officer responsible for Kalkaringi Police Station at the time of this incident, I acknowledge responsibility for ensuring that this kind of information sharing occurs. To that end a station instruction has been issued which explains the state of the morgue and gives direction about how to manage the storage and transport of bodies from that location.

The issue of management and maintenance of remote area morgues has been ongoing for some time. A scan of local media identifies that a similar issue occurred in Oenpelli in 2010 when the local morgue, operated on a volunteer basis, ran out of space and a body suffered decomposition due to poor storage.

The need to clarify management arrangements was also flagged by Coordinator General Bob Beadman in his second report about remote services delivered in mid 2010.

Conclusion

Regarding the management of (the deceased), it is submitted that Police Officers based at Kalkaringi and in the CIU made decisions that were reasonable in the circumstances, given their knowledge of the state of the morgue facility at the time.

It was the responsibility of the reporting Officer, as Divisional Officer for Kalkaringi at the time of this incident, to ensure that details about the state of the morgue were adequately recorded, and that an appropriate station instruction was promulgated to guide local Police on how to appropriately manage a body at that location. Subsequent to this incident, an appropriate instruction was issued and arrangements are now in place for suitable management of bodies.

The state of dysfunction surrounding management of the morgue facility at Kalkaringi, and various other remote communities, has existed for several years now. The NTG has been working on finding a solution however has not yet been successful. There is a need to expedite this process.

Superintendent Katherine Division

Extract of General Order: Removal of bodies:

- 53. Deceased persons shall be treated with dignity and respect at all times.*
- 54. Transportation of deceased persons will generally be arranged by the CIU at either Darwin or Alice Springs.*
- 55. To prevent decomposition and ensure the preservation of evidence, deceased persons should be refrigerated without delay. In areas outside of major centres where refrigeration is not available, bodies should be placed in an air-conditioned room in a Health Clinic while arrangements are made to transport the body. Police cells should not be used for this purpose. Department of Health have advised that it is part of their protocols to assist in the short term holding of bodies until they are conveyed to Darwin or Alice Springs for autopsy.*
- 56. Chain of evidence shall be maintained for all deceased persons to ensure the integrity of any potential evidence.*
- 57. Members will take precautionary measures when handling deceased persons to reduce the risk of infection or contamination from biohazards. in accordance with General Order Infection Control Procedures.*

Kalkaringi morgue

The morgue is located on open land opposite the Police Station. It is the responsibility of Vic Daly Shire although the OIC reports that there appears to be ongoing discussions in stakeholder circles about who should foot the maintenance bill.

Since the incident in January the morgue has been used at least 4 to 5 times with no issues. The local electrician has had a look at it and it is operational. There are 5 units in the Kalkaringi morgue (2 doubles and 1 single). The middle double does not appear to be operational (when turned on does not cool). The unit that Police utilize is the single right hand unit and it appears to be ok. The room itself has an air conditioner that is operational and it cools the room down. The OIC regularly checks the morgue to see if it is operational.

On 12 October 2011 a body was placed in the morgue. When the morgue was checked four hours later (due to the issues above) it was found to be non-operational. The body

was transferred to the Lajamanu morgue facilities and Police will not be using the Kalkaringi morgue until a proper assessment and repairs have been carried out.

Storing deceased Kalkaringi residents in the Lajamanu morgue facilities may cause some angst in view of the fact that they are different cultural groups (Gurindji/Walpiri) but there have been no issues reported to date."

My investigator noted that on 2 February 2011, the Superintendent sent an email to the CEO of VDSC who subsequently on-forwarded it to SDCU's Mr Mathew Fagan. In replying to the CEO of VDSC, Mr Fagan advised that he will deal with the concerns and encouraged the CEO to refer the Superintendent to him.

I asked the Superintendent if, since February 2011, there had been any dealings, conversations or correspondence exchanged between the SDCU or any other NT Government Employee regarding the Morgue. On Friday, 25 November 2011 the Superintendent advised he had not been contacted further on this issue.

Provided below are relevant Police emails referring to morgues in various locations.

The OIC of Kalkaringi Police Station, to Superintendent (name withheld) on 22 November 2011:

...No one has approached us directly but I have initiated talks with the new Shire Services Manager yesterday (name withheld), about this only briefly along with other matters (vehicle inspections) and we are having a meeting on Thursday with the stakeholders including the GBM (name withheld). (XXX arrived in Kalkaringi about a week ago and will be the permanent SSM hopefully)

XXX seems to be in the opinion that he can progress with the morgue. I have told him of the previous issues and he is going to pursue this matter.

This morgue will be one of the issues to be raised this Thursday...

On 25 November 2011, the Acting Senior Sergeant, Arnhem & Western Division Northern Command, sent me the following email, in relation to a stakeholder meeting about the Kalkaringi morgue:

...Stakeholders community meeting was held at Kalkaringi. (Yesterday)

Issues discussed.

Morgue

The morgue is the main issue that concerns Police and after a discussion about this all are in agreement that something must be done to make the Kalkaringi Morgue operational as soon as possible. Future funding will be looked into at a later date.

In the opinion of the reporting member, in consultation with the local electrician, to make the morgue operational the fridge units and the wall air conditioner unit possibly only need to be regassed.

At the meeting was the Kalkaringi School Principal (name withheld), and he indicated that he has a fridge mechanic coming to the school next week and he will talk to his department to see if they can check the morgue and see what is required at the morgue.

(Name withheld) the new Shire Services Manager for Kalkaringi, is aware of the issues facing the morgue and attempting to source funding for immediate and regular maintenance.

25/11/11

0930hrs Spoke to (name withheld) OH&S rep for Vic Daly Shire based in Katherine, who attended the Police Station requesting that he have a look at the morgue.

(Name withheld) went to the morgue with (name withheld) and discussed the issues there. While at the morgue local meat works and pastoralist manager (name withheld) fronted and spoke to (name withheld) as well. (Name withheld) also indicated that he has a fridge mechanic coming to service the meat works refrigeration's units next week and he will also attempt to get them to have a look at the morgue. This may be the same mechanic that is coming for the school.

If there is any work to be done it is hoped the cost will be "absorbed".

Talking to (name withheld), the shire are prepared to maintain the morgue provided they get funding to do so. Where is this funding going to come from and which government department is going to be responsible for this-unsure. The main thing is to get this morgue operational now and appears this will be happening not to far down the track.

...Remote Sergeant.

I wrote to the Police Commissioner again on 12 December 2011. The Commissioner authorised his Commanders to cooperate with my investigators directly and provide as much information they had or were aware of, regarding all morgues and morgue facilities within remote communities. Subsequently, my investigators began receiving additional information from Police.

On 13 December 2011, a Senior Sergeant forwarded my investigators information relating to the Gove District Hospital Mortuary and attached a report prepared by NTFES-Disaster Victim Identification (DVI) Coordinator, Brevet Sergeant (name withheld), dated 4 June 2010, titled *Mortuary Audit Report Gove District Hospital Mortuary Nhulunbuy N.T.*

This report contains useful information about the Gove District Hospital Mortuary and ancillary mortuary facilities. It stated that the Northern Territory Police Force will coordinate the Disaster Victim Identification process relating to any declared 'DVI Incident' within the jurisdiction of the Northern Territory. The coordination would include the management and use of permanent and temporary mortuary facilities.

The Northern Territory Police - DVI Commander and staff developed contingency plans to allow a professional and well organised response to any Declared DVI Incident. In accordance with this responsibility an Audit Report was being prepared in relation to each of the respective mortuaries within the Northern Territory.

This information should assist the DVI Commander and Coordinators in their planning and responding to an incident. They will know what facilities and resources a particular mortuary has available and who can be called upon to manage and activate those resources at short notice.

On 14 December 2011, a Commander (although not having a complete list of morgues Command-wide), emailed my investigator a document (Annexure 4) titled "*Morgues-Arnhem and Western Division*". This is a spreadsheet containing information on morgues in the Arnhem and Western Division (broken down by Police District) that was created after the Kalkaringi incident. It contains the names of Police Stations, locations, controlling agency, morgue capacity and comments on condition, status of facilities, etc.

In addition, the Commander further commented:

... Timber Creek has NO morgue facility and the clinic does not see storing bodies as there (sic their) responsibility (I suspect this is a Katherine West directive). Katherine Funeral Services often can not attend at the time of death and as such vigorous discussions usually begin between Police and the Clinic regarding the storage of bodies here at Timber Creek. I know that once a body was stored temporarily in the Timber Creek Court room - This was due to multiple other persons being injured in the motor vehicle crash and there was little/no time for people to stand around and argue about where the body would be stored. As a result this has since been raised by clinic staff that it is ok to store bodies here, they have been advised that it NOT the case and it was an extreme one off circumstance. If my memory serves me correctly a few years ago a body was stored in a shed at the rear of the clinic, the shed has no A/C but was the only option at the time and

was not looked favourably upon by the clinic, however the corpse was decomposing and smelt to much to put in the clinic or at any other location, I am unsure if there is any mention of this in the case log - XX was the deceased. I have found that Clinics are extremely reluctant to store bodies as it means they normally have to close until such time as elders get together and 'smoke' the building out which can take anywhere from one day to a week to happen...

The above information is more anecdotal evidence where bodies have been temporarily kept in various unsuitable places due to the lack of adequate morgue facilities. I acknowledge that emergency situations arise from time to time making it necessary to keep a body somewhere temporarily. However, if there were suitable facilities available on site or nearby then these situations could be avoided.

On 14 December 2011, Superintendent (name withheld) emailed Remote Sergeant (name withheld) from Kalkaringi stating:

...It has come to my attention that Vic Daly Shire are wishing to / or have placed temporary morgue facilities (fridges) in the Police Compound as a work around for the current facility in Kalkarindji. Morgues are not Police Core business and these should be managed by the Shire and placed within Shire facilities. I think we should help find a solution, but not take on ownership or responsibility for this.

Can you please ensure that this is undertaken.

I have attached some old correspondence which I have received which may assist you in explaining our position to the Shire Manager...

Superintendent (name withheld) forwarded my investigators emails he received from a number of his officers based at various communities. One email he provided was from Wurrumiyanga Police Station on the Tiwi Islands:

...There are currently no Morgue facilities on Bathurst Island.

My understanding of the situation here, in regard to morgue facilities, from conversations with the CEO of Tiwi Enterprises (Tiwi Land Council), is:-

Morgue facilities were included as one of the requests ('we would like') in the 99 Year Lease, however, given the ongoing cost of running/maintaining this facility (\$200,000.00 per annum +), there have been no parties willing to take this on.

From discussions with the Nguuu Health Clinic, they do not appear interested in having anything to do with it - 'We deal with the living and not the dead', additionally they have made requests of Tiwi Enterprises to purchase a Hearse rather than (sic than) having to use the Emergency Vehicle (Landcruiser Ambulance) all the time.

The Department of Business & Employment (DBE) recently did a scoping feasibility study on behalf of Muntiyumpwi (Traditional Owners for Wurrumiyanga) on this issue. The scoping showed that it wasn't a financially viable venture to run it as a business. The financial cost would ultimately (sic ultimately) be more than (sic than) people would be willing to pay, and under the current model the facility would run at a loss.

I can see that the lack of a Morgue facility being an issue only when we have bad weather, and there is a delay in getting the body out via aircraft, only then will we have nowhere to store the Deceased other than under an aircon. There are no coolroom facilities other than the Supermarket - which is not an option.

I can not see why a smaller unit, similiar (sic. similar) to that of a small Mobile fridge unit (240 volt) on a sturdy box trailer, able to be transported around the Islands, could not be a more practicle (sic practical) solution.

Other additional information

I have observed since being stationed here - 09.05.2011, with six non-reportable deaths, that they like to bury the deceased on the same or following day, and the body remains in the home until transported to the ceremonial (sic ceremonial) area prior to burial.

The 'Land Council Burial Policy', which was confirmed last Thursday (08.12.2011), outlines a set of guidelines on what costs will be covered for particular services, and what services will not be covered (sic covered).

Royalties paid to the Aboriginal Benefits Account (ABA), from income generated from Mining and Other Industry across Aboriginal Land, put something like \$300,000.00 aside for Funeral costs and Ceremonies (Ceremonies which for cultural reasons are held 12 months after the Death). Each Land Council puts in a request for ABA funding for cultural business including funerals/ceremonies ...

The Superintendent on checking with some of his officers, based in police stations on other communities, also provided the following information:

- *Galiwinku has a mobile morgue which is owned and run by the local ALPA store.*
- *Jabiru has a small mortuary that is located at the rear of the Jabiru Health Centre. It has a capacity to hold 3 bodies and is maintained by the Jabiru Health/Kakadu Health Service. Police have a key to this facility.*
- *There are no morgue facilities in Minjilang.*
- *Oenpelli has a small morgue which can hold a maximum of three (3) bodies. A local man is responsible for the opening and day to day running of it.*
- *There are no Morgue facilities on Melville Island.*
- *There are no mortuary facilities at either Ramingining or Millingimbi.*

Another email that the Superintendent forwarded, from his officer based at Maningrida, dated 16 December 2011 reads:

...No morgue here in Maningrida, best they have is aircon at the clinic. The clinic have complained about housing bodies there in the past as they then have to shut the clinic for cultural reasons. I have then raised the issue of getting a morgue with the regional health staff but they said the Health Dept is not interested so neither are they...

FAMILIES AND HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS (FAHCSIA)

The Government Business Manager (GBM), (name withheld), of the former Kalkaringi/Daguragu Communities, (now part of VDSC), provided my investigators with some useful background information and comments. I have included excerpts below.

In an email dated 16 August 2011 addressed to several people at FaHCSIA the GBM wrote:

...I'm aware that you've jumped the fence for the moment - however - your comment at the Katherine re-call that you were in discussion with ? regarding Morgues has prompted a request for advice as to where things are at.

This issue was recently brought up at a Service Providers Meeting (4 August) here at Kalkaringi.

- *Responsibilities for the morgue - 2 of the 3 freezers are U/S - No funding to maintain - Nobody accept responsibility. URGENT - TO BE RESOLVED.*
- *Greg (Sgt. NTPOL): Advises 2 of the units are in fact working:
-A death in community will result in Police seeking transport (air) out if necessary (may require a post mortem re cause of death).*

-If body 'fresh' - up to 2 days - ice down can hold. Up to 10 days if sealed/embalmed for funeral.

-If body brought in for funeral - responsibility of community (?)

(name withheld): Will follow matter up and advise.

Subsequent advice from the Exec. Dir. Infrastructure (name withheld) Vic Daly Shire is that the Kalkaringi morgue is on a site inherited by the Shire - It is not their responsibility nor is it their 'core' business, as a consequence they wish to divest themselves of it. Repair, maintenance and running costs have been met by the Shire to date – (name withheld) comments that whoever the responsible party may be (NT Dept. Health - Dept. Local Govt.) the Shire will continue to look after the 'asset' provided sufficient funding to do so is made available.

As per comment at the Service Providers meeting, Police may use the morgue until the body is relocated to the Katherine morgue (Hospital) - For burial purposes, a body will be brought in by a funeral director and deposited in the morgue until the burial ceremony takes place. If a death occurs and there are no suspicious circumstance and the cause of death has been certified (age / chronic illness) by a Doctor from the clinic, the body may possibly remain in the 'local' morgue for an extended period.

There are also circumstances where bodies brought in to a community for burial have been placed in temporary community placement prior to burial ---- NO COMMUNITY MEMBER WILL ENTER THAT PLACE AGAIN UNTIL SUITABLE 'SMOKING' AND CEREMONY HAS BEEN CONDUCTED. A recent case at Yarralin where a doctor's accommodation was compromised whilst she was absent also resulted in her refusing to stay in the place and she returned to Katherine. Yarralin, like a number of small 'outstations' have in recent time grown to community status and now require infrastructure common to the larger centres. This is one such matter which brings 'growth' communities to the limelight. This issue goes far beyond Kalkaringi and is a problem Territory wide. - This issue needs to be resolved!

Bottom line being: Vic Daly Shire are prepared to service/maintain morgues on their patch however, they require the necessary funding to address the cost associated with it!

Interested to hear where this is at...

In an email dated 8 September 2011 the GBM wrote to a colleague in FaHCSIA:

...Have spoken with Karl DYASON; Director, Implementation Svc. Delivery Coord. Unit, NTG - He is aware of the problems associated with acceptance of responsibility and the 'ducking for cover' that's going on regarding it. Karl advised that as a result of a body going 'ripe' here at Kalkaringi when all mistakenly thought the unit was operating properly, the NT Ombudsman is in the process of conducting an enquiry into morgues and responsibility for same. Your comment that State Office had been discussing this issue - has anything come out of there...

In another email dated 9 September 2011 to my investigator the GBM wrote:

...as discussed this is an issue which needs to be taken to the highest level for resolution. The bottom line is perhaps, as advised by Vic Daly, the existing 'facilities' will continue to be serviced etc. but the responsible Dept. needs to accept their responsibility in the cost associated with repair/maintenance, running costs and even to some extent, training of local community members in issues associated with running a community based morgue. For your information, this issue has been raised at FaHCSIA 'State level' - Awaiting comment resulting from FaHCSIA Executive involvement...

During a subsequent discussion with my investigator on 11 October 2011, the GBM stated that to his knowledge, the morgue has been in Kalkarindji for around 20 years and located midway between the Victoria Daly shire office and the police station on Dalton Road, and looks in average condition. He also

advised that he has not heard anything further since pursuing this issue with his own people at FaHCSIA in August/September 2011.

The GBM also said that at present there was a body in the morgue and it was operating as far as he knew. He claims the biggest factor is the cost of electricity and adequate training of personnel to operate/maintain the morgue.

On following up on the incident with the Doctor described in the GBM's email of 16 August 2011, the Doctor emailed my investigators on 11 November 2011 advising of her experience encountered at Yarralin:

...It was in my house that a body was placed at room temperature for 3 days in August this year.

I am a GP with Katherine West Health Board, and I spend Monday to Thursday each week in Yarralin.

My home in the community was a 2 bedroom Demountable. Upon my return from a 2 week holiday in August, I was informed by the clinic staff that a body (in a coffin) was stored in my home (in the kitchen area) the previous week.

Needless to say, I was horrified and very angry. I grabbed all my belongings and called my supervisor at once and was flown out by chopper within the hour.

The clinic co-ordinator told me he had no where else to put the body. It was a severe lack of good judgement on his part and he was reprimanded by the organisation.

However, it was not his problem in the first place. There are no systems in place in Yarralin (and other nearby communities) for storage of dead people awaiting funerals.

In the past, temporary storage at Yarralin has happened in the back room of the health centre. This is also an unsatisfactory option, but I suppose somewhat better than in someone's kitchen.

I did eventually return to Yarralin, but only on condition that I be given a proper house that would be exclusively mine, and I would be the only person with access to the keys.

I also made it clear that I would never step into the demountable again. Several of my colleagues at Katherine West Health Board have also refused to stay there. There was an indescribable odour when I had gone in to get my things...

The Doctor's experience is a disgraceful example of the lack of any proper facilities and/or accountability or care by any organisation to address this situation. The Doctor's home, while provided as part of her employment contract, should at all times be regarded a private residence. It is difficult enough to entice professionals to work in remote locations without storing dead people in their homes.

I have not heard anything further from the GBM if FaHCSIA is doing anything in relation to this matter or the extent of their involvement. It appears that despite the intermittent ad-hoc approaches taken to fix the morgue at Kalkaringi, it is insufficient as the facility continues to break down.

NORTHERN LAND COUNCIL (NLC)

On 26 August 2011 I sought information from the Chairman of the NLC. The Senior Policy Officer (SPO) for the NLC on-forwarded a copy of an email he sent to the Chief of Staff, Office of the Chief Minister, on 25 February 2011. In essence, following up on meetings held in 2010 regarding mortuary facilities in communities. The SPO stated that he had not received any feedback from the process, and he was seeking an update. When my investigator asked the SPO when these meetings took place, he advised that he could not locate the notes from the meetings but believed it was held between late February, March or April of 2010.

The NLC advised that as at October 2011 no reply had been received from the Chief of Staff, Office of the Chief Minister and the issue remains unresolved.

On 4 October 2011, the Senior Policy Officer (SPO) provided the following response on behalf of the NLC Chairman:

...I am responding to the letter from the Ombudsman to CEO of the NLC 26th August.

During the 2009 wet season a situation developed at Gunbalunya where a deceased person was left in a residence where no agency or organisation would accept responsibility for transportation to a mortuary.

The local facility with capacity for two deceased was already occupied.

NLC staff from the Jabiru office transported the body to Jabiru.

This was a most unacceptable outcome for the two young women involved with no training and little preparedness to undertake such a task.

This led to counselling for these staff.

The NLC along with AMSANT subsequently met with (Chief of Staff, Office of the Chief Minister) and others from Chief Ministers office to review the circumstances around this situation with a view to ensuring there would be no repeat occurrence.

The Minister for Health's office staff took over this task and audited facilities available in communities.

Apart from a few telephone calls with (name withheld) from the Health Ministers to office to follow up there was never another meeting and from the NLC's point of view the original concerns to ensure there was a clear responsibility for these matters was never fully resolved.

On the 25th Feb 2011 at the request of my CEO I emailed (Chief of Staff, Office of the Chief Minister), Chief Minister's office regarding the need for a resolution to these matters but received no reply.

Present at the original meeting were AMSANT CEO (name withheld) and (name withheld) also from AMSANT along with NLC CEO (name withheld) and myself.

(CEO NLC) asked me to thank you for raising this matter with the NLC and trust this information is of assistance in your enquiry...

The SPO also attached a Department of Health and Families document released in 2007 (reviewed in 2008) titled *Remote Health Atlas Deaths-Overview*. The document contains policy and procedural information on dealing with deaths in remote communities.

ABORIGINAL MEDICAL SERVICES ALLIANCE NT (AMSANT)

A representative from AMSANT advised that after the Gunbalanya incident in January 2010, AMSANT and NLC staff met with government representatives on 16 February 2011 and were advised that government would conduct an audit of all remote community morgues, with a view to repairing or upgrading facilities. The representative also said that AMSANT conducted its own survey of morgue facilities and had provided those results to government. He advised that since the mid 1980's, there has been an approximate 100% population increase in remote communities and in that time, little has been done to maintain or upgrade the existing morgue facilities.

The representative believes that morgue facilities should be shared among Community Clusters and that at least 20 Community morgues should be made available. That cultural issues and local customs will always need to be considered and an advisory group is recommended which would enable cultural brokerage. He also believes that the Department of Health should have overall responsibility for all morgues in the Northern Territory.

KATHERINE FUNERAL SERVICES (KFS)

The Manager of KFS advised that they do not have any direct operational responsibility or involvement with morgues in remote communities and that in the majority of cases KFS use the morgue facilities at the Katherine Hospital under a joint use arrangement. The Manager said that KFS also respond to requests

from Police and the Coroner as and when required. The Manager does not believe that anyone has accepted responsibility as they consider the issue to be too hard and due to cost implications. He thinks that the Timber Creek and Yarralin communities contact KFS to service their dead, while on Kalkaringi nobody is responsible for the morgue. On Elliot the community runs the morgue located in the health centre premises while on Lajamanu the community runs and pays for the upkeep of the morgue.

OFFICE OF THE CHIEF MINISTER (OCM)

On three occasions, 27 October 2011, 2 November 2011 and 4 November 2011 my Investigator contacted the Chief of Staff, Office of the Chief Minister, to converse and provide information. On 4 November 2011 an Executive Officer (EO) emailed some information had been found and the Chief of Staff would be in touch.

On 4 November 2011, the Chief of Staff telephoned my investigator and advised that he recalled meeting with the NLC and AMSANT in early 2010 and other staff members were delegated to deal with the issues. He advised that he was unaware that the NLC had chased him up in February 2011 for outcomes.

The Chief of Staff also stated that death in communities is a complex issue and is a responsibility of all areas to manage and deal with. He further stated that all Police matters (Reportable Deaths) are the responsibility of government until coronial requirements are met. The Chief of Staff undertook to provide some information and documentation on this issue by Friday 11 November 2011.

On 17 November 2011, the Executive Officer emailed my investigator advising that the contact officer to get information from was (name withheld), Ministerial Advisor to the Health Minister, the Hon. Kon Vatskalis. No further contact with the OCM was made and no further information was received.

Subsequently, a draft of this report was given to the Chief Minister's Senior Advisor and comments requested within five days, but none were received expect from the CEO of DHLRGS.

DEPARTMENT OF THE CHIEF MINISTER (DCM)

I wrote to the CEO of the Department of the Chief Minister on 12 December 2011 advising of the complaint and my investigation. I requested DCM assistance with inquiries. The Department's Executive Director of Corporate Services, met with my investigator that day.

On 14 December 2011, the CEO wrote to me advising that his Department had some minor involvement (along with DBE) when the SDCU was attached to the Department and when the commercial viability of operating morgue facilities in identified Territory Growth Towns was being looked into. However, as the SDCU was transferred over to DHLGRS in December 2009 he advised me to direct my inquiries there.

OFFICE OF THE HEALTH MINISTER (OHM)

My search for information led me to the Ministerial Adviser Health, for the Office of the Health Minister, (OHM) the Hon Kon Vatskalis. On 18 November 2011, the Adviser emailed my investigator with information and copies of a number of documents that she had obtained from DHF, AMSANT and NLC when the OCM was involved with this issue. In an email dated 18 November 2011, the Adviser stated in part:

...In early 2010, there was an incident in Gunbalunya about the availability of morgue facilities and transporting the deceased body to Jabiru for collection by Katherine Funeral Service. At the time, NLC and Dept Health staff worked on resolving the problem. A meeting was held on 18 November 2010 with (Chief of Staff Office of the Chief Minister), NLC and AMSANT & myself to review the mortuary facilities in remote communities. From that meeting, I collected information from Dept Health, AMSANT and NLC about current facilities and procedures-see below.

In a June 2010 brief, Dept Health advised Minister for Health that DBE were taking carriage of looking into developing morgue/funeral service in Territory Growth Towns through Local Implementation Plans.

In Sept 2010 following a breakdown of the morgue facility at Wadeye, the Dept was asked to investigate morgue management in remote areas. There was also an issue in Central Aust that we provided a response to (name withheld) & AMSANT in Sept 2010. I haven't had any further input or advice since that time...

I have included most of the documents the Advisor provided (consisting of emails, ministerial briefings, correspondence, comments, etc) because it contains references and information showing that the issue of morgue management on remote communities had over a period of time been raised and discussed by a number of stakeholders, agencies, organisations and Ministers. The titles of these documents and a brief description of each, along with my comments are provided below.

(i) Morgues 2010 with AMSANT Clinics

This document is an undated one page spreadsheet containing information about morgue facilities on remote communities, ie morgue types, locations, managed by, resident population, Territory Growth Towns and comments received from a number of clinics, health centres and small/large communities that were contacted. (Copy attached at Annexure 6). It does not say who prepared it and it is unclear if this exercise progressed any further. The Advisor stated:

...The contact person for AMSANT was (name withheld) CEO. He provided the document to me on 20/4/2010. I am not aware of who prepared the document within AMSANT.

Actions from the documents:

The information from Department of Health, AMSANT and NLC was gathered to provide an overview of the current facilities and arrangements for managing deceased bodies in remote communities. This information formed the baseline to assist the relevant agencies plan further actions.

I sent the document from Department of Health "Morgues 2010 DHF clinics and related & hospitals" to AMSANT & NLC on 23/2/2010 and asked them for the information from their services. I sent the documents from NLC "NLC Funeral Arrangements" and AMSANT "Morgues 2010 with AMSANT clinics" to Department of Health on 24/5/2010.

I understood the Department of Health was working with Department of Chief Minister for further follow-up with other government agencies including DBE.

I understood from the subsequent advice e.g. in the Estimates brief (June 2010) and the Wadeye brief (September 2010) that this action was progressing with DBE.

A brief was prepared for the Minister for Health for Estimates Committee Hearings 2011 and provided to the Minister's office from the Department of Health in June 2011, which outlined the progress that has been made for Wadeye and for Arnhem communities with mobile facilities administered by Arnhem Land Progress Association (attached)."

(ii) West Arnhem Information Brochure "Sorry Someone Has Passed Away"

This document is a two page brochure dated March 2010 developed by local community representatives from the Red Lily Health Board Corporation, NLC, and Health. It contains some helpful information for families in the West Arnhem Area on issues such as Expected Death, Reportable Death, When Someone Dies in Hospital, Morgues in the West Arnhem Area, Assistance for Families, Funeral Directors, etc and contact names/numbers for further information. (Copy attached at Annexure 7)

The Adviser stated that the Red Lily Health Board Corporation is an incorporated body that has been set up to take on the management of health services in West Arnhem Region. This Board was established as part of the regionalisation process, to move toward community controlled health services. The Advisor also provided information showing that a community committee was formed called *West Arnhem Region* (including NLC) that established some guidelines which include support to the community regarding deceased persons, adopted the brochure and promoted it to the community and was given as a good example of local communities and parties working together.

(iii) Deceased Bodies in Remote Communities

This two page undated DoH document (which appears to be an extract of another document) is about morgue facilities and the development of commercial mortuary and funeral services in remote communities. It also contains a number of key points on the management of deceased persons, Families, the Coroner and DoH's responsibilities, costings for transporting bodies and building purpose-built morgues in remote communities taken from a DBE developed business model for providing these services.

The Advisor stated that this brief was prepared for the Minister for Health for Estimates Committee hearings in June 2010. It was provided to the Minister's Office about 4 June 2010 as a hard copy and as an electronic copy on 16 June 2010. (Copy attached⁸).

(iv) Ministerial Briefing 2010-2222 KV. Morgue Facilities in Central Australian Communities-West Side Regionalisation Steering Committee

This DHF Ministerial Briefing dated 8 September 2010 was forwarded to the Health Minister after the Chair of the West Side Remote Regionalisation Steering Committee wrote to him and the Chief Minister and Health Minister raising concerns about the management of morgues within Central Australia remote communities. The briefing stated in part:

...ISSUES ARISING

There are currently four morgues within Central Australia, and responsibility for management and maintenance is undertaken in some communities by Shire personnel (Yuendumu and Kaltukatjara), Health Centre staff (Papunya) or by Police (Yulara).

The Department of Business and Employment (DBE) became involved in the issue following some adverse media coverage surrounding the death of a man in Gunbalanya, and subsequent movement and storage of his body earlier this year. This involvement is contingent on moving services to the private sector as part of the Territory Growth Towns (TGT) Initiative through Local Implementation Plan (LIP) community consultations.

In the interim, the Department of Health and Families' (DHF) involvement is dictated by the circumstances surrounding the death of an individual, and who in each of the communities has responsibility for management of the morgues.

DHF has requested that the this matter be placed on the agenda for the next West Side Remote Regionalisation Steering Committee meeting so the Committee can consider the information provided and identify any outstanding issues.

This matter is being considered as part of the Territory Growth Towns initiative, therefore DHF anticipates communities will be consulted through the LIP process and will be provided with the opportunity to contribute to a resolution.

SENSITIVITIES

All organisations/agencies within remote communities in Central Australia have the view that they should not be responsible for the management of morgue facilities because it not part of their core business.

Recommendation

It is recommended that you sign the attached response ...

A copy of the Chair's letter to the Chief Minister and the Health Minister on the issue of morgue management in remote central Australia communities (referred to above) and the Health Minister's reply to the Chair is provided below:

⁸ Annexure 5

The Chair of WSRSC letter to the Ministers dated 18 August 2010:

Dear Ministers

A Steering Committee has been formed to promote the establishment of a regional Aboriginal community controlled health service among those remote communities in the Alice Springs region that lie to the west of the Stuart Highway.

The Steering Committee members come from remote communities which include Willowra, Yuendumu and Nyirripi in the north of the region, Kintore in the west through to Kaltukatjara, Mutitjutjulu and Imanpa in the south of the region. Many other communities such as Papunya, Hermannsberg, Areyonga and Haasts Bluff are also represented.

In addition to community representatives, the Steering Committee includes representatives from the Australian Government Department of Health and Ageing (OATSIH) and, the Northern Territory Department of Health and Families. AMSANT, the Aboriginal Medical Service Alliance of the Northern Territory is also a member of the Steering Committee.

The Steering Committee was formed in November 2009.

In recent meetings of the Steering Committee, the issue of community morgue facilities was identified as a particular problem in remote communities in Central Australia. Steering Committee members are concerned about situations where no suitable morgue facilities are available to receive recently deceased persons in remote communities.

Members of the Steering Committee are concerned that people in remote communities are unable to obtain clear information about:

- *Who is responsible for the care and management of morgues including issues such as payment for the connection of electricity to the morgue, the cleaning and maintenance of morgues and ensuring proper management of the facility;*
- *Access to the morgues, to undertakers and to other help such as returning deceased family members from distant places for burial. Who has access to the key to open the morgue;*
- *How do we ensure the size of the morgue is the right size for the number of people in the surrounding district that want to use it? This is a particularly concern in communities close to popular tourist routes and in places where access roads are regularly closed by rain;*
- *How can we find a way to improve existing morgue facilities that are either too small or that cannot be used for longer term storage of the deceased (eg: are "fridge type" rather than "freezer type")?*
- *How long families are able to use the morgue for their family member(s)?*
- *What happens when the morgue is full and another person passes away. If that occurs when the access road to the community is closed, what contingency arrangements apply?*
- *What consultation processes are in place to ensure that any new morgues are constructed on sites that are culturally appropriate?*

The death of a family member is always hard and causes a lot of stress for the family. That is why it would be best to try and settle these issues now. As Chair of the West Side Remote Steering Committee, I am seeking your advice about these questions and to find out how we can.

Yours sincerely

Chair

Health Minister's (Hon Kon Vatskalis) written reply to the Chair of WSRSC 27-September 2010:

...Thank you for your letter of 18 August 2010 to me and the Chief Minister, the Hon Paul Henderson MLA, regarding management of morgues in Central Australian remote communities.

I understand that management of morgues within remote communities is being considered as part of the Territory Growth Towns initiative where I expect communities will be consulted through the Local Implementation Plan (LIP) process.

There are currently four morgues within Central Australia, and responsibility for management and maintenance is undertaken in some communities by Shire personnel (Yuendumu and Kaltukatjara), Health Centre staff (Papunya) and by Police (Yulara).

From the Department of Health and Families' perspective, the circumstances surrounding the passing of an individual generally dictate what assistance is provided. In most cases, where the death is expected and the doctor is able to write a death certificate, families make arrangements for funerals and transportation if the funeral is not going to be held straight away.

The Department of Health and Families is able to provide support by offering the use of telephones so that arrangements can be made, assisting with completion of any forms and also providing a bag if the body is to be transferred to a community morgue.

When a death is sudden or unexpected it is normally the responsibility of the Coroner, Police and Department of Health and Families staff to organise transportation and storage of the body.

When someone dies in hospital after they have been transferred there from the community, Department of Health and Families is responsible for storing the body in the hospital morgue and transferring it back to the community. Department of Health and Families does not take responsibility for transportation back to community unless the individual was transferred to hospital through the Health Centre.

Department of Health and Families staff provide as much assistance as possible to families experiencing a death in the family, including emotional support when required.

I have asked that this matter be placed on the Agenda for your next meeting with Departmental representatives so that the Committee can consider the information provided and identify any outstanding issues requiring further consideration...

(v) Newsflash-Restricted Distribution-Mortuary Malfunction at Wadeye

This document is a former DHF document dated 13 September 2010, from the A/Executive Director Health Services to the Health Minister, informing him about a mortuary malfunction at Wadeye in September 2010. I understand from the Adviser that DoH was going to discuss the issue of this morgue facility with VDSC and Thamarrurr Incorporated. The Newsflash reads:

ISSUE

Late on the afternoon of 9 September 2010, while accessing the mortuary facility at Wadeye to admit the body of new born baby returned from Darwin, the Health Centre Manager noted that the refrigeration unit was not working. Also present were a Catholic Brother, a Shire employee who had unlocked the facility, and the parents and extended family of the deceased.

It appears that the unit had been out of order for at least three days. There was one body in the unit, due for burial on 10 September 2010, which was extremely malodorous.

There has been a long standing verbal agreement between the Health Centre and the former Thamarrurr Council that the Council and community manage the mortuary.

The Victoria Daly Shire has expressed its opposition to this, however Shire staff at Wadeye have continued with the arrangement, as evidenced by the Shire employee possessing the keys to the facility and subsequently arranging the repair of the refrigeration unit.

The issue of mortuaries in remote communities is contentious. Further discussion is required with the Victoria Daly Shire however, there is strong indication from Thamarrurr Incorporated that they wish the community to continue to manage the facility.

ACTION TAKEN

The refrigeration unit was repaired by 9.45pm on 9 September 2010. The body due for burial was frozen and buried at 11.00am on 10 September 2010.

This failure of another morgue, which I had not been made aware of during my earlier inquiries, raises the question of how many similar incidents have occurred which have not been reported. This memo indicates some involvement by DoH through discussions with VDSC as well as some disagreement between the VDSC and local community on who should be responsible for the morgue. The Advisor said that it was her understanding that the Department of Health would be discussing the issue of this morgue facility with Victoria Daly Shire and Thamarrurr Incorporated from the Newsflash.

(vi) Funeral Arrangements NLC

This undated document is a spreadsheet apparently containing information obtained from canvassing communities about their morgue facilities. The communities contacted were East Arnhem, West Arnhem, Borroloola, Barkly VRD, Katherine, Ngukurr, Darwin, Daly, and Wagait regarding information on the current procedures within their region, who picks up a body, how many morgues are in their region, holding capacity, are there freezers or refrigerators and how long are bodies held for. The responses received were summarised in this spreadsheet, giving a snapshot of the situation on each community. I understand from the Adviser that the NLC's Senior Policy Officer provided her with this document on 21 May 2010 but she does not know who prepared it.

(vii) Morgues on DHF Clinics and Hospitals

This document dated 1/2/10 is a one page spreadsheet containing information received from 52 DHF Health Centres on large and small remote communities and five DHF hospitals in major centres on morgue types, locations, who it was managed by, the resident population numbers and Territory Growth Towns (TGTs). It is not stated who prepared the list.

It is unclear if this survey included morgues other than those on DoH Health Centres. I have not been provided with conclusive information on what happened with this information; whether it was used to progress this matter, who undertook the exercise, who it was reported to, and what action, if any, was taken. It is understood that the contact person for the Department of Health was (name withheld) and (name withheld) and the action officer (name withheld). (Copy attached at Annexure 9).

On 30 November 2011, the Adviser provided additional information and a copy of another older DHF Ministerial Briefing 2010/0221-KV dated 28 January 2010 from the Executive Director Health Services to the Minister for Health, titled *Management of Deceased Persons-Remote Communities*, which reads:

BACKGROUND

There have been a number of reports in the print and electronic media recently criticising the Department of Health and Families (DHF) for the delayed transfer of a body from a family home to a morgue in Katherine because the body holding facility in Gunbalanya was full.

The reports also included calls from Aboriginal organisations for the Northern Territory (NT) Government and DHF to take responsibility and to immediately undertake a review of community morgues to ensure that this sort of thing does not happen again.

ISSUES ARISING

The provision and maintenance of body storage facilities in remote communities and transportation of bodies is inextricably linked to legal responsibility for the bodies of deceased persons from the time they are seen by a medical practitioner. This is the point which determines who is legally responsible for matters that are essentially external to the provision of health care.

The issues raised in the media relate exclusively to the storage and transportation of bodies of persons who die in remote communities and are not designated as reportable deaths under the Coroner's Act. In the case of a reportable death due to unnatural or unknown causes where the attending medical practitioner is unable to write a death certificate, the deceased immediately becomes the responsibility of the Coroner.

When a person dies of natural or expected causes and the doctor is able to write a death certificate, the deceased person's body immediately becomes the responsibility of the immediate family.

In the case of a natural or expected death, responsibilities extend to family members to arrange storage of a body pending private funeral arrangements. In the case of a reportable death, the Coroner makes arrangements to collect the body to be stored in a secured facility such as a hospital mortuary in a regional centre pending forensic examination.

If a person dies in a DHF managed health centre, staff may provide assistance and allow temporary holding in the health centre pending collection by family or the Coroner. This is only a very short-term goodwill arrangement that must not interfere with normal health work.

Given that it is either the responsibility of the Coroner or the family, body storage or transportation to body storage facilities in another location (eg. hospital mortuary or private funeral parlour) when none exists in the community where death occurred or is at full capacity, are not issues that legally involve DHF.

Although DHF is not formally responsible for providing and maintaining body holding facilities, in a small number of communities where health services were originally constructed as an overnight stay facility (eg. Jabiru and Borroloola) a form of body storage capacity is associated with the Health Centre.

The issue of body storage in remote communities is complicated by the need for storage capability to befit funeral arrangements. The time between death and funeral may, for cultural reasons, vary from a few days to a month or more. For short-term storage a refrigerated facility is appropriate, but for longer term storage it is necessary to freeze bodies.

In the past, a prevailing view has been for local government councils to be responsible for mortuary facilities and indeed some local government councils have until recently operated and maintained body storage facilities in for example, Wadeye and Kalkaringi. However, this view has changed. The Victoria Daly Shire Council Chief Executive Officer now holds the view that the Shire Council, which has taken over responsibility for Wadeye and Kalkaringi, will no longer be responsible for managing or maintaining these facilities.

When the Victoria Daly Shire Council took over in 2008, it repaired the Kalkaringi two berth body storage unit that is attached to the Council building because it was unusable. Six months into its operation the council decided to let go any involvement, citing that it was not usual Council business and its staff were not trained for this kind of work. The Council advised that it was not funded to deliver body holding services. If funding was available, the Victoria Daly Shire Council would be prepared to enter into a service agreement with the NT Government.

Funeral arrangements involving air transport of bodies may cost in excess of \$5000 and the Land Councils, community organisations, the Indigent Persons Funeral Scheme administered through the Coroner's Office and Centrelink (non-funeral specific bereavement payment), are available to assist families in meeting funeral expenses.

There are no commercial funeral service providers in remote areas. Given that Aboriginal enterprises already operate in many remote areas for other services on a commercial basis, a private remote funeral service is a realistic proposition.

The Department of the Chief Minister (DCM) with the assistance of DHF has been developing an options paper based on the premise that funeral services should not be free and that accordingly funeral services in the region should move to a private model.

As an interim arrangement, the NT Police which has the infrastructure and body transportation procedures in place, has agreed in principle to deliver an interim service to remote areas on a fee for service basis. DHF, DCM and NT Police will meet in February 2010 to work through this proposal further. The interim arrangement will continue until such time as the commercial opportunities of mortuary and funeral services in remote areas can be fully explored and presented.

TIMING

Routine

FINANCIAL

The capital cost of upgrading refrigerated body storage infrastructure and transport in remote areas is recognised as critical to establishing a viable and sustainable private funeral service.

A three berth free standing refrigerated body storage unit (for short-term storage) would cost in the vicinity of \$30,000 plus the costs of freight, installation and ongoing maintenance. The Tennant Creek Hospital and Arnhem Land Progress Association have recently purchased three berth body storage units.

A three berth body freezer unit (suitable for long-term storage) would cost in the vicinity of \$41,000 plus freight, installation and ongoing maintenance costs.

These costs are exclusive of any super-structure in which to house the fridge/freezer. Building costs for the super-structure would be in the vicinity of \$100,000 each.

SENSITIVITIES

The Northern Land Council and Aboriginal Medical Services Alliance Northern Territory have recently been critical of the Northern Territory Government and DHF in relation to the recent incident in Gunbalanya that involved grieving family members.

Over the years DHF has been in the awkward position of having to explain that it is not responsible for the management of deceased persons and given that the DCM has taken the lead on this occasion, is in recognition of that fact. DHF will however, work with other government agencies to finally resolve the issue.

CONSULTATION

(Name withheld) DBE Business Liaison Group on behalf of DCM Ms Sandra Cannon CEO Victoria Daly Shire Council

(Name withheld), CEO Sunrise Health Service

(Name withheld) CEO Katherine West Health Board

MEDIA/COMMUNICATIONS

There have been a number of negative media reports relating to the recent incident in Gunbalanya.

RECOMMENDATION

It is recommended that you note the information in this briefing...

The above briefing was signed by the Health Minister, the Hon Kon Vatskalis on 9 February 2010. Of note are the comments that DCM along with the then DHF were developing an options paper based on funeral services being privatised and comments about an interim arrangement with NT Police agreeing to deliver a fee-for-service with DCM, DHF and Police meeting in February 2010 regarding the proposal.

Another comment made in the briefing was about DCM having taken a lead role in this matter and DHF working with other government agencies to resolve the issue. However, I have not seen evidence that this has progressed.

I also note the information about the ongoing management of the Wadeye morgue facility and development of a *Morgue Management Plan* and *Agency Agreement* between key stakeholders. The question is whether a similar model can be adopted by the other Shires that have a morgue/s on their community.

Based on the information the adviser provided, it seems that some considerable effort had gone into pursuing this issue over a period of time which resulted in useful information being gathered. Unfortunately, for reasons unknown, the exercise appears to have lost momentum and the project was apparently not followed through to completion.

It also appears that DHLGRS had developed its own survey spreadsheet of morgues, which was provided to my investigator by the Deputy CEO of DHLGRS, raising questions of effective communication between the agencies involved in this matter.

On 6 December 2011 my investigator requested further information from the Adviser about the DHF Ministerial Briefing dated 28 January 2010. On 14 December 2011, the Adviser replied and provided a copy of another document titled *Morgues and Funeral Service Delivery in Territory Towns dated 1 February 2010*:

...I received an early draft of the Options Paper. I did not receive a final version and I am not aware if it was progressed in any meeting.

I have not had any involvement relating to the arrangement with Police for a fee-for-service as it is an operational matter, so I do not have minutes or a copy of that proposal.

Sensitivities – ‘DCM lead role’ –to clarify the meaning of this you would need to speak to the Department of Health action officer or approving officer for that brief. I understood it to mean that DCM was overseeing or leading the work associated with this matter. I did not have any involvement or receive any documents about this.

Wadeye Morgue Management Plan & Agreement – I understood these to be operational documents developed by the agencies involved in Wadeye to guide their work on how to manage deceased bodies in their community. As such, I did not receive any copies of these documents...

Below is the document which the Adviser referred to and attached to her above email:

Title: Morgues and Funeral Service Delivery in Territory Towns

Date:01.02.2010

Background:

In the Territory in the circumstance of a death outside of a hospital in an urban area the body is generally removed to a hospital for temporary holding by ambulance or police. In the case of a death by natural causes, funeral directors collect the body, prepare and store the body in preparation for burial. Decision about which funeral director, the nature of burial and related social/cultural and other decisions are the responsibility of the family.

Hospitals generally hold bodies for relatively short periods of time pending the finalisation by families of decisions about who will provide the funeral. Deaths that are referred to the Coroner are covered by other state managed arrangement.

Under the circumstances of a natural death in RSD sites, ad hoc and informal arrangements are usually made with the Department of Health and Families, the

Police, and Shires all contributing. No fees are charged. In remote communities there are no private funeral service providers and the majority of remote towns do not have a mortuary. Where mortuaries exist they are generally attached to local healthcare centres or are operated by local government or other local bodies under informal arrangements.

In cases where there isn't appropriate storage for bodies, and where burial is not immediate bodies must be transported to a mortuary which often involves private charter flights to major centres. Families can access various funds including Land Councils, community stores, royalty associations and/or Centrelink for support with these costs.

If the body held in a Department of Health and Families morgue, the Department does not charge a holding fee. There are reports of bodies remaining in public morgues for 12 months and more.

Government's intentions for Territory Growth Towns include the development of state services, the economy and the physical and social infrastructure necessary to secure the social inclusion of remote communities in Territory life.

There remain significant economic, social and other priorities and limitations on available funding that demand a careful appraisal of options, timing and focus of development. During meetings conducted as part of the Remote Service Delivery NPA, the issue of morgues has been raised as a priority for a number of RSD towns, specifically Gunbalanya, Gapuwiyak and Maningrida.

Current Situation

On the 10 January a man passed away in Gunbalanya. The local morgue was already at capacity and extant and/or informal arrangements that had been used previously broke down. As a result the body remained without refrigeration and his corpse rapidly deteriorated. The subsequent efforts to remedy this break down brought significant additional distress to family, community members, departmental and other staff involved. This incident attracted national media coverage.

The intention of Territory Growth Towns is to build economic, social and physical infrastructure in the 20 communities to standards that are comparable with other NT towns. Considering this the recent sad events have focused attention on a range of matters related to funeral and related services in these towns.

If the establishment of a system comparable to that which exists elsewhere in the NT and one most likely to avoid another breakdown similar to the recent one are our goals a number of key issues have to be addressed:

- 1. How to recognise and maintain family's desire to discharge their relational duties to the deceased*
- 2. The absence of funeral director services in remote communities (supply side issues)*
- 3. The potential implications for the sustainability of funeral services given the poor economic capacity of many remote living families (cost influencing demand).*

The issue for Government is how to frame its contribution to these interrelated challenges in a way that is appropriate. Current policy settings, without finding solutions to the above issues will unfortunately leave open the real prospect of more Gunbalanya type incidents.

A solution will require co-ordinated action on a number of fronts and at different levels of government and at community level. A market based solution that respects and responds

to social, economic and cultural realities is the ideal although it is unlikely to be an immediately available option. Some facilitation by government will be required to construct this opportunity in TGT locations.

Current market conditions are such that no private sector solution is immediately possible. Reasons include:

- *The true costs of morgue and funeral-related services are not currently passed on by local and Territory government agencies. Accordingly, there is no commercial driver to run funeral businesses in the bush.*
- *Business risk may be seen as too high given that associated capital and recurrent costs are high and the strength of demand is dampened by market perceptions of the capacity of consumers to pay. The cost of a 4 bed morgue is estimated to be approximately \$50,000 including transport.*
- *There are general and entrenched challenges associated with starting a business in a remote area and in the case of funeral provision additional cultural considerations to be overcome.*
- *Workforce issues*

Effort will be required to assist the construction of an environment that supports the uptake of the business, employment and social inclusion opportunities in TGTs. An interim arrangement with a view to longer term enterprises being seeded is necessary.

Next steps:

- *SDCU to coordinate with DHF and Police to negotiate a Northern Territory Government interim management plan to improve communication and coordination*
- *SDCU to coordinate with Shires, Land Councils, Aboriginal Corporations and other relevant stakeholders to further negotiate and communicate an interim management plan for funeral services*
- *SDCU to prepare a proposal for the implementation of a charge-for-service model for undertaking services in remote towns (this will be initially make the service cost neutral for service provider and begin to create a commercial environment in which a for profit service could exist)*
- *SDCU to work with ABA, NTG, AG and other entities who could potentially fund the start up infrastructure costs for one morgue facility per Territory Growth Town and identify one local management body to enter into a long-term lease for the facility.*
- *SDCU explore the roll out of an appropriate user pays funeral fund arrangement in remote communities similar to that currently operating in some locations*
- *DHF review staffing and service protocols to ensure that they are consistent with cultural security policy settings*
- *SDCU to work with relevant agencies to develop a business model for remote funeral director services. The model will seek to achieve privatisation of funeral businesses and infrastructure within Territory Growth Towns over next 5 years.”*

This document is not addressed to anyone in particular. It contains information on the issues and challenges in delivering appropriate infrastructure, economic, social and physical services to remote communities as part of the Territory Growth Towns and thoughts on how to best address these challenges. SDCU was identified in February 2010 as the main organisation responsible for taking a number of steps to progress initiatives further.

DEPARTMENT OF JUSTICE (DOJ)

On 3 January 2012 a Legal Policy Officer (LPO), from the Department of Justice (DOJ) contacted my investigator by email advising that the VDSC had notified him of my investigation into morgues on remote communities. The LPO advised that he was making similar inquiries regarding morgues on remote communities and requested clarification on aspects of the investigation. The LPO also sought advice as to which agency had accepted responsibility for morgues on remote community.

He advised that pursuant to the requirements of the *Coroners Act*, DoJ was trying to determine which agency had responsibility for the Kalkaringi morgue, following the Coroner's recommendation that the government look into the issue of responsibility.

My investigator later emailed the LPO, advising that according to information received from DoH; the management of deceased persons is wholly the responsibility of either the Coroner or NT Police on behalf of the Coroner for Reportable Deaths, or the immediate family for Non-Reportable Deaths. A copy of DoH's document "*Reportable Deaths*" was provided.

On 10 January 2012, I wrote to the CEO of DOJ advising of the complaint and my investigation. In early February, a DOJ Policy Lawyer, Legal Services, contacted my investigator and **advised** that he would be coordinating a response to **both** the Coroner's Office and **to** my Office, following the recommendation concerning the management of morgues contained in the **Deputy** Coroner's report.

By letter dated 19 March 2012, the CEO advised me as to DoJ responsibilities regarding the management of reportable deaths. In part, the CEO stated:

...The Coroner's Office has administrative arrangements in place for the collection and transportation of reportable cases including responsibility for the repatriation of bodies to remote communities for burial according to local custom. This responsibility does not extend to morgues where bodies are housed prior to coming into possession of the Coroner or a government contractor...

I confirm that no further action is required by the Attorney-General under section 46A of the Coroners Act as the Deputy Coroner's comment does not relate to an agency, rather it is a recommendation for government to consider formulating a policy or administrative regime concerning management of the facilities.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION (KWHBAC)

On 6 January 2012 the CEO of KWHBAC emailed my investigator some historical information about the Kalkaringi morgue. He stated that prior to VDSC taking over the Kalkaringi Community, the local morgue was run and operated by the then Dagarugu Community Government Council (DCGC) when he was CEO of DGCC from 1999 to 2005 and that during that time:

- *DCGC did not receive any funding to run the morgue.*
- *The morgue was relined and air conditioning was installed to make it cooler.*
- *2 refrigerators were received from the NT Government to hold 2 bodies.*
- *The facility was cleaned with a gurney on a regular basis.*

WEST ARNHEM SHIRE COUNCIL (WASC)

The WASC advised the following:

- *There are no morgues in Maningrida, Waruwi or Minjilang.*
- *The Shire is not provided with information on the day to day operational status.*
- *There is a three (3) body capacity morgue at the Jabiru Health Clinic, and a two (2) body capacity morgue at the Gunbalanya Health Clinic.*
- *The facilities are maintained by the NT Government, presumably by the Department of Health.*
- *There is no legislative requirement for local government to provide or maintain morgues and it is not listed in the Core Service activities as established by the NT Government in their Regional Management Plan (RMP).*

ROPER GULF SHIRE (RGS)

The Manager Governance and Corporate Planning from RGS informed me that although the Shire has no responsibility or involvement with morgues on remote communities it has some concerns with this issue and requests it be addressed by government as a most urgent and sensitive matter.

BARKLY SHIRE COUNCIL (BARKLY SC)

The CEO of BarklySC advised that:

- *There are only two morgues in the Shire.*
- *The morgue at Elliot situated at the Elliot Health Clinic has a capacity for 3 deceased person and is equipped with storage freezers. The facility is connected to the community electricity supply and is funded and maintained by the Department of Health.*
- *The morgue at Alpurrurulam has a capacity for 2 deceased persons. It is equipped with storage freezers, is connected to the community electricity supply. This facility is maintained and funded by the Barkly Shire Council from its operational budget.*
- *There are no morgues at Wutunugurra, Ali Curung, Ariparra and Ampilatwatja.*
- *For communities without a morgue, deceased persons are transported to Tennant Creek or Alice Springs.*

On request, Shire staff kindly provided some photographs of the Alpurrurulam morgue:

FRONT VIEW OF THE ALPURRURULAM MORGUE



SIDE VIEW OF THE MORGUE



SIGN ON FRONT DOOR OF THE MORGUE



THE MORGUE'S AC & REFRIGERATION UNIT



MORGUE TROLLEY TO TRANSPORT BODIES



On advice from Shire staff, my Investigator contacted an officer from DoH at Elliot and requested photos of the Elliot local morgue. The officer kindly provided the photos of the Elliot morgue on the Shire Clinic Grounds - shown below. It is understood that this morgue only has a small motor which runs for a maximum of 68 hours.

ELLIOT MORGUE PHOTOS



OUTSIDE VIEW OF MORGUE



INSIDE VIEW 3 X BODY CAPACITY FREEZER

CENTRAL DESERT SHIRE COUNCIL (CDSC)

The CEO of CDSC advised that only three (3) of the nine (9) communities within the Shire have operational morgues, Yuendumu, Lajamanu and Nyirripi. The communities of Ti-Tree, Laramba, Yuelamu, Engawala, Atitjere and Willowra do not have morgues. The local clinic (Department of Health) is responsible for the handling of deceased persons and for arranging collection by the funeral undertakers. My Investigator contacted the Shire to request information and photographs. The Shire's Director of Works kindly provided photos of the morgues and comments:

Yuendumu: The Yuendumu Community Morgue runs on mains power with a back up supply. This facility is controlled by Shire staff on a daily basis but any electrical work is carried out by contract electricians. Funding is provided by the Central Desert Shire's Operational Budget. The Alice Springs Funeral Service is also notified of any death and for body collection. The local clinic (DoH) is responsible for the handling of the deceased person and for arranging collection of the deceased person by the funeral undertaker (usually one day from notification). No photo was provided for this morgue. However, the Shire's Director of Works stated that the Yuendumu morgue is a standalone building, very similar to the Nyirripi morgue with a 2 person capacity fridge inside. It is located on the edge of the community and is padlocked.

Lajamanu: The morgue in Lajamanu has a capacity to hold four bodies and runs on mains power. This facility is controlled by Central Desert Shire staff and any work required is carried out by contractors. The maintenance and power costs are funded from Shire's Operational Budget. The local clinic (DoH) is responsible for the handling of the deceased person as well as arranging for the collection of the deceased person by the funeral undertaker (usually one day from notification). The funeral service in Alice Springs is notified of any death and for body collection.

OUTSIDE VIEW OF LAJAMANU MORGUE



LAJAMANU MORGUE - 1 X 4 BODY CAPACITY FREEZER



Nyirripi: The morgue in Nyirripi has a capacity for two deceased persons. The storage facility has freezers, the building is air conditioned and is connected to mains power. The Central Desert Shire is responsible for maintaining the facility and the contractor is contracted for the repairs. The Shire is responsible for all maintenance costs. The Shire's Director of Works sent my investigator two photographs of the Nyirripi morgue with comment:

...Nyirripi morgue is a stand alone building near the church and cemetery, locked with a padlock. Residents do not loiter there.

Note the building has deliberate airflow gaps in the top course of bricks, and is therefore thermally inefficient inside (it gets very hot in summer). It requires a thermal upgrade including sealing airgaps, insulating the ceiling, painting roof and walls white (to reflect heat) and installing a reliable wall-mounted aircon (the current unit is old).

When the room is hot, it makes the fridge air conditioner unit work very hard. The fridge and its internal aircon are ageing, and there is no temperature alarm connected to the inside of the fridge to alert staff if the aircon stops working (when a body inside). This would trigger a flashing light on the outside of the building.

This is currently mitigated by Shire staff checking the fridge at 4 hour intervals when a body is resident. This presents unacceptably high risks if the aircon fails, particularly at night.

I have sought advice from LGANT on 'best practice' morgue equipment for remote communities, and am awaiting a response. The Shire has inadequate funds to undertake a building or fridge upgrade, and suggest that funding from GMAAC or similar is appropriate to fund these upgrades.

At present, Shire Works staff are expected to manage any bodies within the morgue. I am told by my Works Manager at Yuendumu that if there are 3 or more bodies in the morgue (which has happened - and there is only a two-person fridge), then the third body is placed on the floor in a body bag and icebags from the shop are purchased and placed around the body to keep it cool. This can go on for days.

It is unacceptable from a Work Health and Safety perspective for untrained Works staff to be performing this task, and I suggest the role of body management should be undertaken by clinic staff."

FRONT VIEW OF NYIRRIPI MORGUE



NYIRRIPI MORGUE - 1 X 2 BODY CAPACITY FREEZER



SHIRES WITH NO MORGUES

The following shires and councils advised that they do not have a morgue (and have no responsibility) on their remote communities:

- Alice Springs Town Council (ASTC)
- Belyuen Shire Council (BelyuenSC)
- Central Land Council (CLC)
- Coomalie Community Government Council (CCGC)
- Darwin City Council (DCC)
- East Arnhem Shire Council (EASC)
- Katherine Town Council (KTC)
- Litchfield Shire Council (LSC)

- MacDonnell Shire Council (MSC)
- Tiwi Islands Shire Council (TSC)
- Wagait Shire Council (WSC)

NT CORONERS OFFICE

The Deputy Coroner handed down findings in relation to the death of the young man in Kalkaringi. My Office was provided with a copy of the Coroner's report dated 21 October 2011. In part, it states:

... There was some delay in transfer of his body to Darwin for a post mortem examination due to rain and local flooding. When Katherine Funeral Services, on behalf of the Coroner, attended at the Kalkaringi morgue at about 11.30 pm on Sunday 16 January 2011 it was established that the morgue refrigeration had not worked efficiently which resulted in severe decomposition of the deceased's body. As a result it was not possible for the deceased's family to have a viewing.

... Whilst the coronial investigation raised issues regarding the appropriate safe keeping of the deceased's body, which is an integral part of the coronial investigation process, the Office of the Coroner is not responsible for the Kalkaringi morgue.

... I do however, as a result of the coronial investigation, make a recommendation that government give consideration to the issue of who has responsibility for the maintenance and management of the Kalkaringi morgue...

A copy of the Coroners Report was also provided to the Honourable Delia Lawrie MLA, in her capacity as Attorney General of the Northern Territory.

INDIGENOUS AFFAIRS ADVISORY COUNCIL (IAAC)

During the investigation contact was made with the Indigenous Affairs Advisory Council (IAAC), whose primary role is to (among other things) provide advice and make recommendations regarding the implementation and development of the *Closing the Gap* and *Working Future* agendas. Consisting of 12 members from a variety of regions and the Chairs of the 4 land Councils, IAAC assists the NT Government to engage effectively with Indigenous people, community and organisations throughout the NT.

My investigators established that the former NT Coordinator General, Mr Bob Beadman had presented a copy of his report to IAAC on 13 July 2010, which included his recommendations on morgue management on remote communities.

A *Working Future Communique* was issued following the meeting containing comments on a number of items discussed. In particular there was one item titled *Northern Territory Coordinator General for Remote Services Report #2*, which reads:

...Mr Bob Beadman Northern Territory Coordinator General for Remote Services, provided the IACC with a copy of his second report. Mr Beadman advised the purpose of the report was to identify gaps in the government's approach to closing the gap and recommend how those gaps could be addressed. Members later discussed the report with Minister Malarndirri McCarthy, but indicated they would need further time to read the report and provide comment. The Minister indicated she would be pleased to receive further comments from members...

That report (for the period December 2009 to May 2010) also contained Mr Beadman's findings and recommendations on morgues.

On establishing that the CEO of NAAJA, Ms Priscilla Collins was also a member of the IAAC, my investigator emailed Ms Collins a copy of Mr Beadman's recommendations and asked her to bring it to the attention of IAAC members. The CEO replied to my investigator on 3 November 2011 advising she would arrange to contact IAAC members and further commented:

..I find it appalling after the NT Co-ordinator General presented his Remote Services Report in December 2010 regarding morgues and cemeteries and still no action has been taken.

The NT Government must act now to clarify which government agency has the role and responsibility of managing the remains of a deceased person.

Currently government agencies are passing the buck and no one wants to take responsibility.

Aboriginal people in remote communities should be treated with the same dignity and respect as people living in urban areas...

When my investigator later contacted the CEO asking if the matter could be brought to the IAAC committee's attention and whether they had any further comment or information to provide, The CEO emailed stating in part:

"I didn't get a response as the IAAC members agreed it should come from the group. Our next meeting is on 15 December..."

I am not aware if IAAC pursued Mr Beadman's recommendations with the Minister after considering his report. I contacted IAAC requesting this issue and Mr Beadman's recommendations is included in the Agenda for discussion by IAAC members at the next meeting in December 2011

On 9 January 2012 my Investigator followed this matter up with the CEO, who had endeavoured to follow this up with IAAC. She told my investigator that a letter had been drafted to send to the Minister, the Hon Malarndirri McCarthy, MLA, on behalf of the IAAC (subject to IAAC committee approval), requesting the Minister investigate the management of morgues.

RELEVANT LEGISLATION

The following NT and Interstate legislation was considered:

- *Local Government Act* as in force at 1 March 2011.
- *Local Government (Administration) Regulations* at 29 August 2008.
- *Cemeteries Act* at 1 July 2011 (and Regulations).
- *Coroners Act* at 21 September 2011.
- *Coroners Regulations*.
- *Births, Deaths and Marriages Registration Act* (and Regulations).
- *Medical Services Act*.
- *Building Regulations*-Schedule 2 of Regulation 8 included 'Mortuaries for Special Use Buildings'.

I could not find NT legislation specifically covering the management, administration and regulation of morgues within remote communities. The Department of Justice has also confirmed to me that there is no such legislation except with respect to Reportable Deaths.

The NSW *Local Government Act 1993*, as at 15 September 2011 refers briefly to morgue maintenance. Subsection 5 of section 124 refers to 'mortuary' and in part states:

Part 2-Orders-Division 1-Giving of orders:-What orders may be given, in what circumstances and to whom.

A council may order a person to do or to refrain from doing a thing specified in Column 1 of the following Table if the circumstances specified opposite it in Column 2 of the Table exist and the person comes within the description opposite it in Column 3 of the Table. This section does not affect the power of a council to give an order (or a notice or direction) under the authority of another Act.

To take such action as is necessary to bring into compliance with relevant standards or requirements set or made by or under this Act or under the Local Government Act 1919: (a) a camping ground, caravan park or manufactured home estate (b) a moveable dwelling or manufactured home (c) (Repealed) (d) a place of shared accommodation (e) a hairdressers shop or beauty salon (f) a mortuary, (g) (Repealed) (h) a water meter, water supply or sewerage system on premises.”

INFORMATION RECEIVED FROM OTHER SOURCES

A number of other organisations were contacted to see if there was any specific information, legislation, policy, procedures, standards, facilities etc., relating to morgue management on remote communities.

Comments were received from an officer of the National Pathology Accreditation Advisory Council (NPAAC) who advises the Commonwealth, State and Territory Health Ministers on matters relating to the accreditation of pathology laboratories. The officer relayed comments from the Chair of the former NPAAC Technical Drafting Committee that developed the NPAAC *Requirements for the Facilities and Operation of Mortuaries* that they thought may be of some interest, as follows:

- *There is a Local Government (General) Regulations 2005 (possibly from NSW) in which Schedule 2 (standards enforceable by orders) and part 4 relates to Standards for mortuaries. This does not stipulate hospitals only but unfortunately does not mention refrigeration.*
- *The following applies to non-hospital facilities also: The Public Health (Disposal of Bodies) Regulation 2002 (from NSW) Part 2 speaks of body preparation rooms, and itemises that the 'refrigerated body storage facilities big enough for 2 adult bodies'. There is no mention of temperature ranges or refrigeration standards.*
- *NSW Health has a Guidelines (490 Mortuary/Autopsy Unit), which does go into the mortuary cold chambers, stating a +2/+4 degree C.*
- *NPAAC Requirements for mortuaries are only applicable in a hospital or forensic setting*
- *Aside from the above, we are not aware of any other relevant standards/guidelines.*

The following list of guidelines and standards are all available on the internet to assist in developing policies, procedures, standards, new legislation (or amending existing associated NT legislation) for morgue management on remote communities. They are a useful tool to develop and design morgue facilities and systems on remote communities, and set out standards and benchmarks that the NT can adopt.

- *Public Health (Disposal of Bodies) Regulation 2002 (NSW).*
- *NSW Guideline: Bodies for Longer than Permitted in Public Health (Disposal of Bodies) Regulation 2002.*
- *Mortuary-Audit Tool from Public Health (Disposal of Bodies) Regulation 2002 (NSW)*
- *Best Practice in Funeral Industry Regulation—Centre of Philanthropy and Non-profit Studies by Professor Neal Ryan and Craig Furneaux School of Management dated July 2005.*
- *Requirements for the Facilities and Operation of Mortuaries (Second Edition 2009) by the National Pathology Accreditation Advisory Council (Tier 4 Standard) Australian Government Department of Health and Ageing.*
- *Management of Deceased Persons from South Australian Guidelines for Infection Control in Health Care Facilities-South Australian Health Commission January 1993.*
- *Operational Circular-Policy for Health Care Workers (HCW) and Mortuary Staff Handling Dead Bodies from Department of Health Government of Western Australia 2 February 2006.*

ANNEXURES

ANNEXURE 1 - MAP TERRITORY GROWTH TOWNS & MAJOR CENTRES IN THE NT⁹



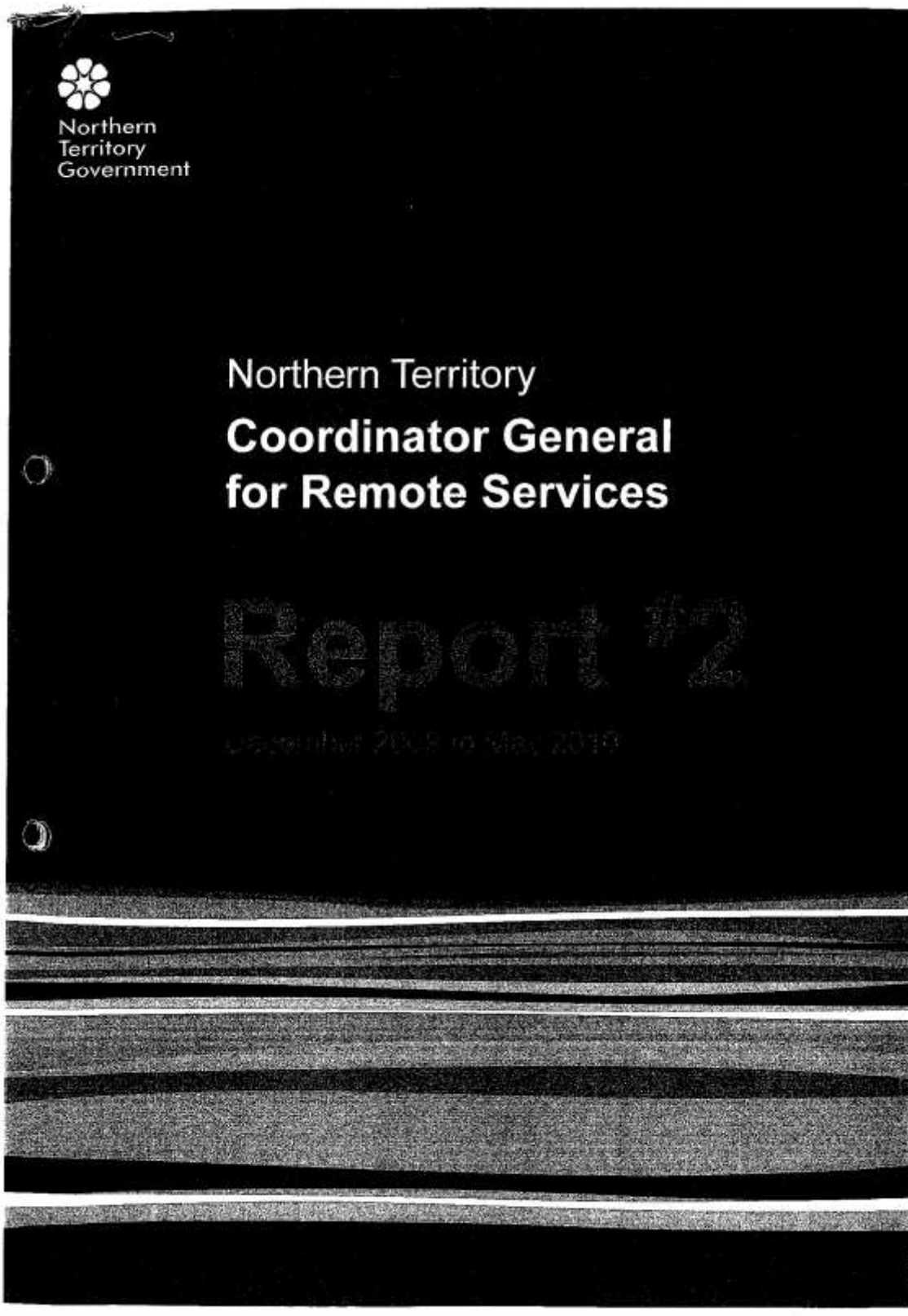
⁹ Source: NT Coordinator General for Remote Services Report #4 December 2010 to May 2011

**ANNEXURE 2 - WADEYE MORGUE MANAGEMENT PLAN AND AGENCY AGREEMENT
- MAY 2011**

Roles	Who is Responsible?	“How does this happen”? AND “How do the community access this”?
Holding of the access Keys (if there needs to be keys).	Keys are held by: Police, Shire, Elders (Thamarrurr Inc), The Church, The Clinic.	The shire has offered to provide a set of keys to each of those listed and that they shall retain a master key.
Turning on the freezer/fridge unit.	Whoever places a body in the morgue is to turn the unit on.	The Clinic will provide training to all involved.
Placing the body in the unit.	Death in the health centre then the health centre staff will place the body. Coroner’s case with direct police intervention then police will arrange placing of the body. All other situations will be managed by the community elders via Thamarrurr Inc.	Clinic contact xxx. Police contact xxx. Thamarrurr Inc. Contact xxx.
Checking the freezer unit daily to make sure it is working.	Thamarrurr Inc.	The shire is arranging for a temperature warning device to be fitted to the fridge unit to provide a light and siren warning in the event that the unit fails. The clinic will be able to monitor the light and siren alerts during normal business hours and X (from the church) has been involved in discussions and due to his proximity will be in a position to alert the relevant party in the event of a warning.
Security of the Morgue facility during use.	The morgue will be locked at all times. (See key distribution as above).	This is the responsibility of all key holders.
Turning the freezer unit from freeze to chill 48 hours before the funeral.	Thamarrurr Inc.	Families of the deceased will need to communicate with Thamarrurr Inc. to inform them when the funeral is to take place so that the temperature of the unit can be adjusted.
Providing access to the morgue for the viewing of bodies by family or for ritual/ceremony (in and out of hours).	Thamarrurr Inc.	Requests that are reasonable in time, nature and notice will be directed to the members of Thamarrurr Inc.
Supply of the coffins.	Victoria Daly Shire.	Requests are to be made directly to the VicDaly shire office. They will be collected from the VicDaly Housing Office.
Placing the body in the coffin.	Thamarrurr Inc.	Family to make arrangements directly with Thamarrurr Inc members.
Digging of the graves.	Family to contact Thamarrurr Development Corporation (TDC) directly to arrange.	Family is to make arrangements with Thamarrurr Development Corporation (TDC) office.
Transport of the coffin to the cemetery.	Thamarrurr Inc.	The family is to make direct contact with Thamarrurr Inc. members. X has agreed to provide a dedicated 4 wheel drive vehicle (troopy) for use as a hearse. This will be funded from the Pt Keats Store.
Cleaning of the mortuary freezer/fridge unit after use.	Thamarrurr Inc.	Mortuary Management training to be arranged and funded by the Health Centre. Training will include: -Universal Precautions. -Operation of the Mortuary Unit.

		-Cleaning of the Mortuary Unit. -Positioning of a body in the Mortuary Unit.
Routine maintenance of the freezer/fridge unit.	Department of Health through the local health centre.	The Area Services Manager will arrange, using locally available people where possible, Department of Health will cover the expenses.
Payment of power bills for the mortuary.	Department of health through the local health centre.	The Area Services Manager will arrange payment and Department of Health will cover the expenses.

Issues that could arise/	Who is responsible?	Actions to remedy the situation.
Freezer/fridge unit stops functioning.	Whoever is alerted is to contact VicDaly Housing Department directly.	VicDaly Shire and arrange for electrician to repair and the cost of this will be covered by the Department of Health.
Unit is full and extra space is required.	Thamarrurr Inc. need to consult with VicDaly Shire and make arrangements around possibly using the unit at the old health centre.	It may be necessary for the body to be flown to Darwin or Katherine for storage in a private mortuary facility.
Unit has a major failure and will be out of action for an extended period of time.	The family will have to decide.	The families need to arrange for quick burial or private mortuary facilities in Darwin or Katherine.



Continued:

8. Morgues and Cemeteries

Morgues

Working Future – Territory Growth Towns has a noble vision. It foretells of 'proper towns, with services, buildings and facilities like any other country town in Australia'.

It says:

A proper town has a proper plan. A town plan has land for living. Land for schools and clinics, land for workshops and warehouses and land for recreation and culture'. And 'people from the surrounding region will access schools, police stations, courts, health services, aged care and disability facilities, the internet and good transport options in their regional town'.

Just like anywhere else in the world, our towns and communities need private investment to work properly. This includes local people owning their own businesses and homes to build up their wealth. And if we want private investment, we need to make sure that people and companies can get a long-term, secure lease for their shop, office, workshop or house. With this lease they can borrow money, build their businesses and sell their assets to make a profit'.

The government will help local people plan for the future of their local economy and put in place strategies to attract and support new businesses. A long-term Indigenous Economic Development Strategy will help provide the right pathway.

Not surprisingly, the documents skirt the inevitable consequences of life, which is death. Or more precisely how we deal with human remains during that time between the moment of death, and eventual burial or cremation. Nor is it clear from the Administrative Arrangements Orders, that authoritative document that spells out which department is responsible for what. The Department of Health and Families pointed out, when it was being hammered by the media on this issue in January 2010 over the handling of a deceased person, that its work was with the living.

A quick look at impacting legislation shows that the Department of Justice administers the *Births, Deaths, Marriages Registration Act*, and the *Coroners Act*. The Department of Housing, Local Government and Regional Services administers the *Cemeteries Act*. Each of these pieces of legislation can impact on the timing, means or location of handling the human remains. But it seems that the issue of how the remains are handled is not otherwise regulated.

Well before the unfortunate turn of events in January 2010 in the Top End that refocused people on morgues, or the lack of them, in remote communities, the issue had been wending its way around public policy makers for some time. Views on how the matter should be handled differ widely. There are those who point out, quite correctly, that nowhere else in Australia do you find governments involved in any way with the costs of management of the corpse, the morgue or funerals; that all of these matters are properly the responsibility of the family, using and paying for the services of the private sector. But nowhere else would

Continued:

Morgues and cemeteries

you find that the private sector has been nudged out like on Aboriginal land here in the Northern Territory.

Aboriginal peoples have managed funerals since time immemorial. What has changed is that governments have created a legislative framework that can contribute to delays and increased costs for the family of the deceased. Governments have also provided a land rights framework that has militated against private investors establishing businesses for managing funerals. And the installation of the few morgues available have allowed for the advent of delayed burials, and more extensive ceremonies.

Now we are talking about *Territory Growth Towns* with town planning, economic development, and private sector investment. It is a small step to take to factor in morgues here. Notwithstanding that we have got by in the past, recent experience shows that there is also a social imperative to clarify roles and responsibilities for the future.

Anyone who has had their arrival by air in a remote community mistaken for the return of a body for a funeral ceremony would be sensitive to the need to handle such matters in a more dignified way. As a consequence of the patchy arrangements in relation to morgues, and the emerging preference for delayed, extensive funerals, the previously adequate small morgues have proven inadequate. Often now, even when there is a local morgue, bodies have to be flown to a morgue in a major town, later to be returned for burial. This cost, for example, could be avoided with better facilities in the bush, or quicker funerals.

This paper does not attempt to be the last word on what needs to be done, or claim to be a fully researched chapter. There are full time experts in the public service for that. Rather, it seeks to prod and poke, and to stimulate another approach to this sensitive matter. Start with a stocktake of which towns have morgues, how they are managed, and the source of funds. Research the various types of morgue facilities that could cope with the need within towns, and the possibility of creating small businesses, probably part-time, to manage them. Be wary of assuming that this is another function to load onto shires. Work has started on ways to manage the convergence of issues that created so much anxiety in January, but which occur only too regularly. This airing here should help keep the focus until resolution.

As for governments getting involved in an area of activity that is unprecedented, aren't we doing that already on a score of fronts in remote Australia all designed to *Close the Gap in Indigenous Disadvantage*? Some seed funding on this initiative would be a decent thing to do.

Continued:

Morgues and cemeteries

Cemeteries

It is worth flagging now another difficult issue that will arise as we bring regional *Growth Towns* into reality.

It is perfectly understandable why the Northern Territory Government side-stepped the difficult issue of cemeteries in remote communities by not applying the *Cemeteries Act* to Aboriginal land controlled by the Commonwealth's *Aboriginal Land Rights (Northern Territory) Act*. But as both governments are now pushing on with properly planned towns, then the question of setting aside land for a cemetery looms large. And with it the practice that has emerged in recent times of burying loved ones in the front yard of houses in residential areas when there is a designated cemetery nearby.

The first Act is Northern Territory legislation, and the next a Commonwealth enactment. Territory law cannot override Commonwealth law, but it can operate concurrently if the purposes are not inconsistent. So there is a question as to why the *Cemeteries Act* is worded so as to not apply to Aboriginal land.

When governments have secured long term leases over Aboriginal townships, Town Plans are in place, and Territory Housing has taken over management of the public housing stock, it is inconceivable that in the long term government can continue to permit the frequent practice of burying loved ones in the front garden of the household allotment.

Recommendations

The Northern Territory Government:

- 8.1 Clarify with all parties the roles and responsibilities of the Police, Coroner, Department of Health and Families, Land Councils, funeral directors, shires, and families of the deceased, on the management of the remains of a deceased person.
- 8.2 Install unambiguous arrangements for the onwards management of morgues, with appropriate funding arrangements to ensure that no cost shifting is occurring.
- 8.3 Explore business models for funeral services in *Growth Towns* (most likely in conjunction with morgue management).
- 8.4 Make the *Cemeteries Act* applicable to Aboriginal Land. This will be especially important as towns are gazetted, and town plans are adopted.

ANNEXURE 4 - MORGUES – ARNHEM AND WESTERN DIVISION

Provided by the Deputy Chief Executive, Strategic Policy and Governance DHLRGS

Station	Location	Controlling Agency	Capacity	Comments
Alyangula	Behind Health Clinic	Health hold key unless Police place body in it and then Police retain the key	3	Morgue appears to be in good working order. Bodies that require autopsies are flown out on charter planes. No issues reported.
Borroloola	Borroloola Health Clinic	Department of Health	3	Nil reported issues
Bulman	Nil			The GBM has been trying since March to get Sunrise Health to apply to the Aboriginal Benefits Account to get a grant of 40K for a refrigerated shipping container to place on the Health Precinct's property. In March (which was what triggered the discussions between the GBM and Health) a body was returned from town to be buried. However, because the equipment to dig the hole was broken and the ceremony seemed to be extended the body sat in the family's house for about 9 days before she was buried. This caused a lot of unrest. GBM states that another issue had been that Sunrise did not want to pay the bill to run the Morgue if it was put on their property.
Daly River	Nil			
Kalkaringi	Open land opposite the Police Station	Vic Daly Shire (although the OIC reports that there appears to be ongoing discussions in stakeholder circles about who should foot the maintenance bill).	5	Since the incident in January the morgue has been used at least 4 to 5 times since with no issues. The local electrician has had a look at it and it is operational. There are 5 units in the Kalk morgue (2 doubles and 1 single). The middle double does not appear to be operational (when turned on does not cool). The unit that Police utilize is the single right hand unit and it appears to be ok. The room itself has an air conditioner that is operational and it cools the room down. The OIC regularly checks the morgue to see if it is operational.
Lajamanu	Situated near the power plant approx. 1km North of the community	Vic Daly Shire (although the OIC reports that there appears to be ongoing discussions in stakeholder circles about who should foot the maintenance bill).		Nil reported issues

Maranboy	Nil			No morgue facilities at Barunga, Beswick or Eva Valley communities - they utilise Katherine's facilities
Minyerri	Nil			The coldest, airconditioned office room within the Sunrise Health Clinic at Minyerri is used to store the bodies of deceased until Katherine Funeral Service is available to collect by road. Historically, the longest a body has been in the clinic is six hours. If road extraction is prevented by flooding (hasn't occurred yet) air extraction would be required. Minyerri Clinic has stand alone power and clinic staff are willing to, and have stored, bodies of deceased in their cold office room prior to extraction to Katherine or Darwin via Katherine. There is potential that during the wet season, if air extraction was required but delayed, decomposition of bodies stored at Minyerri Clinic may occur.
Ngukurr	Ngukurr Health Clinic	Sunrise Health	3	The current Sunrise manager is more than obliging in allowing Police to use the morgue. It is an old building however there are nil problems identified with power, etc.
Numbulwar	Next to Health Clinic	The morgue itself is run by the shire although, in reality, it is really operated by Health	2	Normal procedures are that when a person dies they are placed in the morgue until such time as community members for outstations / Groote Eylandt, etc arrive in town, a funeral is then held and the deceased is buried locally in a coffin which is brought in. Should a reportable death occur the body would obviously have to be flown to Darwin. Nil issues with facilities - morgue power is attached to the Health Clinic power so in the event of a power failure the generator covers the morgue
Peppimenarti	Nil			Bodies are conveyed to the Wadeye morgue
Timber Creek	Nil			No morgue facilities
Wadeye	Health Clinic	Department of Health	3	There are actually two morgues. One is a stand alone building and is the newer of the two. It has capacity for two bodies. The other is in the old clinic and has capacity for one body.
Yarralin	Nil			Would need to be flown out if required

ANNEXURE 5 – DECEASED BODIES MANAGEMENT IN REMOTE COMMUNITIES

Provided by the Department of Health

2. HEALTH AND WELLBEING SERVICES 2.1 COMMUNITY HEALTH SERVICES

Item 8: DECEASED BODIES MANAGEMENT IN REMOTE COMMUNITIES

Issue: Responsibility for and establishing private morgue services in remote communities

Key Points:

- The management of bodies of deceased persons anywhere in the Northern Territory is the responsibility of either:
 - the Coroner for reportable deaths (when the attending doctor is unable to write a death certificate); or
 - the immediate family for non-reportable or expected deaths (when the attending doctor is able to write a death certificate).
- However, bodies determined initially as reportable deaths become the responsibility of the family once forensic processes have been completed.
- The Department of Health has no legal responsibility for managing bodies. Staff may provide assistance and allow temporary holding of a body in a health centre pending collection by the Coroner or family, but this is a short term goodwill arrangement that cannot be allowed to interfere with normal health work.
- Although some community government councils previously managed refrigerated mortuary facilities, the new Shire Councils are choosing not to be involved because they are not funded to provide this service.
- Most remote communities have no morgue facility. Where there is a morgue, from time to time it is full, particularly in the Wet season when funerals may be on hold. It is then necessary to transport bodies, often by air, to and from a regional centre for storage, pending funeral arrangements.
- Transporting bodies can cost between \$1000 and \$5000. There are various funding sources available to assist families who have difficulty covering this cost.
- In contrast to urban centres, remote communities have no local private funeral operators and diseconomy of scale hampers their set up.
- The cost of building a purpose-built eight-body mortuary in remote areas with an appropriate viewing room is estimated at between \$300 000 and \$500 000 and would cost approximately \$50 000 per annum to operate.
- Privatisation of morgue and funeral services in remote communities is currently being explored as a long term solution, but this is unlikely to become a commercially attractive investment proposition without significant Government support to get these enterprises off the ground.
- The Department of Business and Employment (DBE) has developed a business model to foster improved morgue and funeral services in Territory Growth Towns (TGT). This is contingent upon moving services to private or non-Government sectors by encouraging private enterprise.
- Morgue capacity issues that arise in remote communities are sometimes caused by unnecessarily prolonged body storage. If a body is held in a freezer for 6 months or longer this obviously creates capacity issues.

- The West Arnhem Interim Health Board (Red Lily) has addressed this problem in its information leaflet for families in the West Arnhem region that puts a two-week limit on body storage.
- A new morgue facility was constructed at Wadeye at the time of construction of the new Health Centre and is located in a stand-alone building within the grounds of the Health Centre precinct.
- Following consultation with key stakeholders, agreement has been reached as to the ongoing management of the new Wadeye facility and a Morgue Management Plan and Agency Agreement developed.
- The development of the Wadeye Morgue Management Plan and Agency Agreement and its endorsement by the key stakeholders is a positive step forward in what has been a contentious issue.
- DBE has recently identified funding for two mobile morgues, and the Arnhem Land Progress Association has agreed to administer these as a short-term measure for Gapuwiyak on a goodwill basis.

Division: Health Services

Contact Officer: Tricia Wake Telephone: 8985 8001

Division Head: Jenny Cleary Telephone: 8985 8052

**ANNEXURE 6 – AMSANT UNDATED ONE PAGE SPREADSHEET CONTAINING
INFORMATION ABOUT MORGUE FACILITIES ON REMOTE COMMUNITIES**

Reproduced from original to fit page

AMS clinics		Morgue Type	Located	Managed	Resident Population	TGTs	Notes
Top End							
Sunrise clinics							
	Ngukkur	Refrigeration	?0	?			
	Mataranka	None					All clinic need 2 Drawer fridge Morgue with Operating costs
	Jikiminginn	None					
	Manyalluk	None					
	Barangu	None					
	Bulman	None					
	Minyerri	None					
	Wulgalaparr	None					
	Urapanga	None					
Katherine West Communities							
Marthakal							
Lhanapuy							
Galawinku		NO (need to check)				Community want 2 morgues for cultural security. Partnership with ALPA may be possible.	
CA							
Utopia		Disused needs repair, two door fridge type	200metres	Health service		Health Service have put in for repairs	
Kintore		Refrigeration (open air room)	Health service	PHHS	384	Board wants morgue moved away from health service and 2 door refrigeration facility with adjacent cool room in case of multiple deaths MCA. PHSS also provides funeral support, funeral costs, coffin, food support, etc	
Ampilawatja		No					
Mutijulu							

ANNEXURE 7 - RED LILY – SORRY SOMEONE HAS PASSED AWAY BROCHURE

SORRY SOMEONE HAS PASSED AWAY



INFORMATION FOR FAMILIES IN THE WEST ARNHEM AREA

MARCH 2010

Assistance for Families

Families can get advice and apply for assistance with funeral costs from:

Northern Land Council (Jabiru office) Phone: 89383000

Health Centre staff acknowledge any cultural practices associated with death and funerals and will offer respect and emotional support to families when required

Funeral Directors

Darwin Funeral Services; Phone: 89452222

Simplicity Funerals, Darwin; Phone: 89411633

Katherine Funeral Services; Phone: 89721186

If a Funeral Director is not arranging the burial, the family will need to complete a "Death Registration Statement" when the body is buried. This form is available from the Health Centre. Families may require assistance with completing this form.



The information in this brochure is to assist families in the West Arnhem area to make decisions about transporting and storage of a family member's body when they have died. If you have any suggestions for improving or adding to this information please contact the local NLC office in Jabiru (Phone 89383000), your local Health Centre or the Area Service Manager for Health Services in West Arnhem (Phone 89793460).

Expected Death

An expected death is when someone dies of natural causes such as old age or from a known medical condition. This means that the doctor can write a death certificate and the death does not have to be reported to police.

Sometimes the doctor may request an autopsy before they will sign the death certificate. This is to confirm the reason why the person died and involves a detailed medical examination of the body. The family have to agree before an autopsy can be performed. If the body is to have an autopsy it is the Health Department's responsibility to arrange for the transfer and storage of the body while the autopsy is being done.

If the body is an "expected death", and doesn't require an autopsy, it is the families' responsibility to make arrangements for transfer of the body to a mortuary if the funeral is not going to be held straight away.

The Health Centre is not responsible for transporting bodies to Funeral Parlours or for Funerals.

The cost of the coffin and the funeral is the responsibility of the family.

Health Centre staff are able to assist by offering the use of Health Centre telephones so that families are able to make arrangements with Funeral Directors themselves.

If the body is to be transferred to a Funeral Parlour, or the community morgue, it is important to place the body in a body bag (provided by the Health Centre) as soon as possible, and keep the body in a

cool area - such as a room with a fan or air conditioner. The body must get to the Funeral Parlour or community morgue within 24 hours of death.

Reportable Death

A reportable death is when someone dies suddenly or unexpectedly from an accident or injury, or if the person is unknown.

It is the responsibility of the Coroner, Police and Health Staff to organise the transport and storage of the body if the person has died from a "Reportable Death".

The cost of the coffin and the funeral is the responsibility of the family.



When Someone Dies In Hospital

If someone dies in hospital after they have been transferred there from the community the Health Department is responsible for storing the body in the hospital morgue, and for transferring the body back to the community. The cost of the coffin and the funeral expenses are the responsibility of the family.

If someone dies in hospital after they have been admitted from Darwin the Health Department is responsible for storing the body in the hospital morgue. The cost of the coffin, transport of the

body back to the community and the funeral expenses are the responsibility of the family.

Morgues In The West Arnhem Area

The morgue in **Gumbalanya** is attached to the Health Centre & is for people who pass away in the Gumbalanya area. It has the capacity to hold 2 bodies. It is a freezer and bodies will be frozen to prevent deterioration.

The morgue is kept unlocked to allow family members access to the body after hours if necessary.

There is no charge for storing bodies here.

Families can keep the body of their family member here for a maximum of **2 weeks only** before burial or before transporting the body to Darwin if the funeral has not been arranged.

It is requested that families show respect for the morgue by keeping it clean & tidy and disposing of any rubbish.

If the morgue is full bodies will have to be transported to a Funeral Parlour in Darwin or Katherine within 24 hours of death. There is a charge for storing bodies at Funeral Parlours.

The morgue in **Jabiru** is attached to the Health Centre and is for people who pass away in the Jabiru/Kakadu area. It has the capacity to hold 2 bodies. It is a fridge and the temperature is similar to a fridge at home. It does not freeze the bodies. It is safe to keep bodies here for **2 - 3 days only**.

There is no charge for keeping bodies here.

ANNEXURE 8 - 52 DHF HEALTH CENTRES

As at 1/02/2010

DHF Health Centre	Morgue Type	Located	Managed by	Resident Population	TGTs
Adelaide River	No Morgue			556	
Alyangula	Three Bay Fridge	Health Centre Grounds side of HC	DHF	1917	
Angurupu	Use Alyangula			1174	Yes
Balcheter	No Morgue			823	
Belyuen	No Morgue			186	
Borroloola	3 bay fridge 5 degrees (bodies can be kept for 2 weeks only)	Within the Health Centre Grounds	DHF	1555	Yes
Bickerton	Use Alyangula			157	
Daly River	No Morgue			608	
Gapuwiyak	Portable morgue - very unreliable (free one body and heated another) - it is not used now - bodies are kept at the HC in air con room until retrieval			1396	Yes
Jabiru	Three Bay Fridge	Located in a wing of KHS end of building, besides the air control room	Community	1670	
Marionada	No Morgue			3011	Yes
Milingimbi	No Morgue			1742	Yes
Milikap	No Morgue			527	
Mirjanang	No Morgue			318	
Nguku	No Morgue			1588	Yes
Numbulwar	Fridge - very old with no side tray - bodies have to be lifted	Separate building next to Health Centre	DHF	807	Yes
Oenpelli	Two Tray Freezer Morgue not operational	Out of Health Centre Grounds - Council now control	Council	1356	Yes
Palumpa	No Morgue			447	
Pine Creek	No Morgue			422	
Pitangipi	No Morgue			459	
Ramichiling	No Morgue			1272	Yes
Robinson River	No Morgue			326	
Umkakumba	No Morgue			453	Yes
Wadaya	Two Bay Freezer		Council	2300	Yes
Yankala	No Morgue			1013	Yes
Yamuwai	No Morgue			398	
Yepanmarra	No Morgue			962	
Central Australia					
Lake Nash	1 drawer fridge	Behind Health Centre	Council	830	
Elliot	2 drawer fridge	Behind Health Centre	DHF	851	Yes
Papalya	2 drawer fridge	Behind Health Centre	DHF	573	Yes
All Garung	2 drawer fridge	Behind Health Centre	DHF	821	Yes
Docker River	1 drawer fridge	At the old community	Council	835	
Yuendumu	3 drawer fridge	Near Air strip	Council	1185	Yes
Alcoota	No Morgue			157	
Aparula	No Morgue			199	
Bonye	No Morgue			122	
Carteen Creek	No Morgue			77	
Epanera	No Morgue			116	
Haads Bluff	No Morgue			186	
Harts Range	No Morgue			294	
Hermannsburg	No Morgue			824	Yes
Imanpa	No Morgue			194	
Kings Canyon	No Morgue			171	
Maryvale	No Morgue			258	
Mt Leibig	No Morgue			328	
Napperby	No Morgue			274	
Nyhiru	No Morgue			218	
Ti Tree	No Morgue			495	
Willac	No Morgue			45	
Wallace Rocknote	No Morgue			121	
Willowra	No Morgue			292	
Yulara	No Morgue			281	
Hospitals					
RDH	32 bodies on racks				
ASH	16 but this is likely to be temporarily reduced due to a faulty refrigerator				
TCH	3 but by May 2010 will have capacity for 5 with an upgrade that is about to occur				
KDH	4 degree morgue 30 spaces				
	-20 degree freezer morgue 10 spaces				
	Mobile 4 degree refrigerated morgue for emergencies only 18 spaces				
GDN	8 in total, 4 in the fridge and 4 in the freezer				

ANNEXURE 9 – DoH SURVEY OF MORGUES

Department of Health, Survey of morgues - as at 1/02/2010

DHF Health Centre	Morgue Type	Located	Managed by	Resident Population	TGTs
Adelaide River	No Morgue			595	
Aiyangula	Three Bay Fridge	Health Centre Grounds - side of HC	DHF	1917	
Aygunugul	Use Aiyangula			1174	Yes
Batohekr	No Morgue			823	
Belyuen	No Morgue			189	
Bonkokola	3 bay fridge 5 degree (bodies can be kept for 2 weeks only)	Within the Health Centre Grounds	DHF	1655	Yes
Bokerion	Use Aiyangula			157	
Daly River	No Morgue			505	
Gapunyak	Portable morgue - very unreliable - it is not used now - bodies are kept in the HC in air con room until retrieval			1359	Yes
Jabiru	Three Bay Fridge	Located in a wing of KHS end of building, besides the a/c control room	Community	1670	
Meningrids	No Morgue			921	Yes
Milingimbi	No Morgue			1742	Yes
Mikkapi	No Morgue			527	
Mirilang	No Morgue			318	
Ngulu	No Morgue			1566	Yes
Numbulwar	Fridge - very old with no side trolley	Separate building next to Health Centre	DHF	907	Yes
Oenpelli	Two Tray Freezer Morgue not airconditioned	Out on Health Centre Ground - Council now control	Council	1366	Yes
Palumpa	No Morgue			447	
Pine Creek	No Morgue			422	
Pirlangimpi	No Morgue			450	
Raminning	No Morgue			1202	Yes
Robinson River	No Morgue			528	
Umpakumba	No Morgue			453	Yes
Wadeye	Two Bay Freezer		Council	2300	Yes
Yirrkala	No Morgue			1413	Yes
Warruwi	No Morgue			396	
Wepmenarsi	No Morgue			362	
Central Australia					
Lake Nash	1 drawer fridge	Behind Health Centre	Council	690	
Elliot	2 drawer fridge	Behind Health Centre	DHF	851	Yes
Papunya	2 drawer fridge	Behind Health Centre	DHF	573	Yes
Al Curung	2 drawer fridge	Behind Health Centre	DHF	927	Yes
Docker River	1 drawer fridge	At the old community	Council	336	
Yandjumu	3 drawer fridge	Near Air strip	Council	1185	Yes
Alcocka	No Morgue			157	
Apatula	No Morgue			199	
Bonya	No Morgue			122	
Carteen Creek	No Morgue			77	
Epenara	No Morgue			116	
Haasts Bluff	No Morgue			196	
Harts Range	No Morgue			294	
Hermannsburg	No Morgue			824	Yes
Imanpa	No Morgue			184	
Kings Canyon	No Morgue			171	
Maryvale	No Morgue			298	
Mi Lebig	No Morgue			326	
Napperby	No Morgue			274	
Nyirripi	No Morgue			216	
Ti Tree	No Morgue			485	
Wilcra	No Morgue			49	
Wallace Rockhole	No Morgue			121	
Willowra	No Morgue			292	
Yuelamu	No Morgue			261	
Hospitals					
RDH	32 bodies on racks				
ASH	18 but this is likely to be temporarily reduced due to a faulty refrigerator				
TGH	3 but by May 2010 will have capacity for 5 with an upgrade that is about to occur				
KDH	4 degree morgue 30 spaces				
	-20 degree freezer morgue 10 spaces				
	Mobile 4 degree refrigerated morgue for emergencies only 18 spaces				
GDH	8 in total, 4 in the fridge and 4 in the freezer				

ANNEXURE 10 – DHLGRS SURVEY OF MORGUES

ATTACHMENT 4

Department of Housing, Local government and Regional Services, Survey of morgues - as at February 2010

Community	Storage	Capacity	Location
Nguiu	Nil		
Pirlangimpi	Nil		
Milikapiti	Nil		
Daly River	Nil		
Adelaide River	Nil		
Batchelor	Yes		4 Outdoor Education Centre
Port Keats	Yes		2 Council Office
Kalkaringi	Yes		2 Council Office
Timber Creek	Nil		
Pine Creek	Nil		
Oenpelli	Yes		2 Clinic
Groote Eylandt	Yes		3 Clinic
Nhulunbuy	Yes	3 x Fridge 3 x Freeze	Hospital
Manningrida	No		
Jabiru	Yes		2 Clinic
Lajamanu	Yes		4 Power Station
Maranboy	Nil		
Ngukurr	Yes		3 Clinic
Mataranka	Nil		
Katherine	Yes	24 x Fridge 6 x Freeze	Hospital