The Tale of the Australian Handmaid

The warning signs are there. Surreptitious, like a slow moving, inevitably destructive stream of lava—from the seemingly innocuous court judgements affirming the state's right to interfere in womens' bodies under the guise of honouring technological advances or to save women from their inherently deficient sensibilities, to apparently colourblind legislation introduced to "protect" children from their own mothers, and so-called Ministers for Women actively undermining the reproductive rights of women. It seems we are all caught in it, blithely cooking like frogs in boiling water.

As mothers, we bury our pain, because we have things to do that never seem to end—like raise children, because it just doesn't seem cool to stand up for your rights, because we like to keep things simple, because its not fun, because life just seems to keep on going on. Some of us tell ourselves to let it go, that *all that matters is a healthy baby*. We tell ourselves that they were doing it for our own good. That babies die in other countries, so we should thankful for the nightmares that haunt our sleep and our waking hours. We want to believe that it was done with love. But in our hearts, we know it wasn't for us. And the pain, the realisation that no one cared enough to protect you, or to help—it never leaves you. It breaks your heart for good. A broken heart that flails whenever a baby cries, when our daughters are ready to give birth. We swallow our fears and tell ourselves its going to be ok, except it isn't. It is never going to be ok. Everytime a privileged white woman tells us, on television, that we endured this pain for our own good, we see that line being drawn in the sand—between us and them.

These women are, of course, the legions of true believers—the young, the fair, the rich, the optimistic. Blissfully ignorant, they genuinely believe that it won't happen to them or they insist that

their lucky experiences is true for all. They are, after all, the special ones; they are free, white and 21. It couldn't possibly happen to them. They can outsmart the system, and just rise above it. No one would illtreat them—and they are right. Like anywhere other sphere in the world, being rich and white will guarantee a privileged treatment in pregnancy and childbirth. So special, they don't see the doomed legions standing ahead, of women who tried and failed, and who were being punished for it. They assume that there are no barriers to equal treatment, that discrimination is simply overcome by presenting yourself at your best. Their fall from grace is especially spectacular—that moment of awareness—of realising that they are just vessels, like the rest of us, and that no one really cares enough to protect even the special ones. But many remain in denial—convinced that faith will restore their social standing. In their fervour, they share their personal truths as an universal truth. After all, what applies to a privileged white woman, must apply to all.

Then there are the brave and just—a mere handful, born to fight, but these women are quickly punished and suppressed, and punishment comes from all directions. The most potent will come from the religious fanatics, both male and female, who covertly hide their true motivations behind legal judgements or government policies. When they do, we listen and we tow that line. Bodies of babies and broken hearts make for powerful negative emotions grounded in fear and ignorance. We are so caught up in the tornado of fear and irrationality, that we refuse to hear the mothers weeping, the families begging for help, the men silently turning away in tears. We fight a losing war, seemingly led by "effortless white women" seeking to destroy the lives of fellow women.

These women lead like Aunt Lydia in Margaret Atwood's *The Handmaid's Tale*—with passion, commitment and an unwavering faith in all that is good and right with them—even if it comes at the price of another woman's human dignity. The Lydias of our world lead with their hearts while being led by the

nose. In time, the Lydias will watch their own daughters being violated and abused, in a system larger than any one person can challenge. They will wonder, like the rest of us, just how this came to be, and whether we are ever going to be able to do anything about it.

The fear becomes normal and the normal becomes feared.

THE PROVIDER

Aunt Lydia:
Commander Waterford. Everything looks just marvellous.
Waterford:
A step up from the old place?
Lydia:
Oh, yes. Imagine how many more girls we can process here! We are truly blessed. Oh, and I'm so pleased that your Handmaid is coming home today. She gave us quite a scare.
Waterford:
Yes. Well, the baby's in good health.
Lydia:
That’s all that matters.
Waterford:
Praised be.

[Source: The Handmaid’s Tale TV Script, Season 2, Episode 6]

Maternity healthcare in Australia is an overwhelmingly complex patchwork of interconnecting systems, oddly shaped by an ad hoc mix of vested financial interests, laws, politics, religion, socio-economic bias and misinformation. The resulting glob is then loosely described as maternity health policy and applied to our existing social and gendered hierarchy, at the expense of women’s human and legal rights.

All that matters is a healthy baby…

A dollar for every hospital midwife or obstetrician or journalist who tells me that women need to learn to suck it up and move on. Because, apparently, babies die in childbirth. In other words, we are so ignorant and self-indulgent, that we don't actually understand or know what is happening with our bodies and we need white women who are qualified Disc Jockeys of rubadub radio stations for men or editors of girls' fashion magazines known to contribute to eating disorders to advise us of the same.

Like some creepy Australian version of the Handmaid's Tale, we see hospital midwifes, obstetricians and, of late, white female journalists, unwittingly driving these policies with a Lydia-like fervour, playing deferential roles to a male derived and dominated maternity health culture, and covertly -but proudly—using disrespect, hostility, threats, shame and coercion to control the ungrateful women who resist or express dissatisfaction with the system.

The men, on the other hand, don't need to be covert when asserting their dominance. They are presented as the authority figure—overwhelmingly white, male hospital directors or senior obstetricians effortlessly performing the role of our very own Commander Waterford or the cowardly Commander Warren. Occasionally affected by guilt, but on whole, driven by self-interest and ambition at the expense of the dignity and free will of vulnerable women.

As one Commander tells me with absolute confidence, "You don't get sued for a C-section and nobody wants to be the idiot doctor who foolishly listened to what the woman said she wanted. You just can't trust what they say at the time."

What he really meant was:—"Informed consent?! Who gives a fuck! My income's on the line."

Not only do our 'Commanders" confidently engage in open verbal conflict with 'stupid' labouring women, they are supported in their efforts to do so. Doulas, family members, anyone who has the audacity to stand up to them can either be removed or threatened with removal. Hospital visiting rights for midwives are indefinitely delayed or arbitrarily cancelled. Hospital midwives tasked with punishing the rebels know how to work the system like proud Aunt Lydias. Anonymous reporting to AHPRA and anonymous misreporting to the press has provided an efficient and effective platform for getting rid of the canaries in the coalmine. With images of ignorant or irresponsible midwives going back as far as the 18th century, so deeply embedded in Christian and Catholic history, midwives today readily punish and blame each other for protecting women.

In the resulting mess, pregnant women lose their supporters, and they lose their voice.

Women have described their hospital birth experience to me as feeling like they have been abducted by aliens and tampered with against their will. Women of colour are afraid to even talk about it because the fear of reprisals have already been put to them—Child Protection is just around the corner and is full of equally racist Lydias.

According to the hospitals, women who reject abuse and illtreatment are "acopic"—a term used in hospital medical notes to describe women who are unable to cope with their experiences in a labour ward—as if it is somehow their fault.

The very word encapsulates just how out of sync our careproviders are with understanding the basic, fundamental human rights of birthing women. Somehow, despite the overwhelming evidence that this system is making so many mamas and babies physically and emotionally unwell, or even

causing many of us to take our own lives, the answer is to, once again, blame womens' bodies.

We should not have to cope with a process that dehumanises, debilitates and disrespects our natural functions, abilities and instincts, just for care provider convenience. We should not have to listen to privileged white women telling us how to behave. In any other (normal human) existence, it would be strange if anyone *was* coping in these hostile environments. For migrant and indigenous women, these are openly hostile places indeed. Most are fearful of saying anything for fear of reprisals. We hear a lot of discussions about mental health screening but it is not being used for the purposes of protecting women as you would expect, but so as to assign responsibility for trauma onto the women and even to use it as a mechanism for taking away their infants.

Again, no one stops to ask why we continue to impose a system of care which results in such debilitating and punitive harms on women and babies. Paediatricians, neonatologists, preterm specialists and psychiatrists, who see these postnatal debilitations first hand, have too much vested in the business to speak up. With good reason. In high income countries like Australia and the USA, our institutions will efficiently bring those who buck the trend back to heel. We have journalists and a legal infrastructure dedicated to not only punishing women who resist systemic abuse in childbirth but also, and especially, anyone who dares to support them. *Praised be*.

Outside Australia, the disrespect and abuse of women in rich and poor countries in the provision of maternity healthcare is not news. Disrespect and abuse of women underpinned the findings of the Lancet 2016 global Maternity Health Review, which painted a solemn picture indeed of mainstream obstetric practices around the world. Despite being handed an unfettered platform to globally direct maternity healthcare, with billions of dollars of World Health Organisation and United Nations

funding underpinning that platform, a steeply discriminatory, overwhelmingly entitled and defensive medical profession continue to hand women a lemon with little or no prospects of improvement in sight.

THE PRESS

My conversation with a tabloid journalist usually starts like this.*
"Hi there, I'm Sara Max from the Daily Teleherald and I am doing a story on women's health. I was calling about the baby who died at Hospital X. I was wondering if I could get your views on whether you think the hospital could have prevented the death by intervening sooner."
Me: "I don't think it's as simple as that. There were a lot of issues and, as I understand it, Baby D was stillborn. It really was a question of what prenatal care the mother was getting…"
"Oh so you don't think they would have prevented the death if they had given her a C-section?"
Me: "I don't know that the mother would have agreed…"

It progresses like this.

I hear a loud tap, tap, tapping on a keyboard in the background as the journalist is attempting to selectively record my words. Alarms bells start to ring in my head so I stop speaking. The typing pauses.
"Yes, but let's say the mother did.
Perhaps the midwife wasn't paying attention when the mother was asking, you know. I hear she was very vulnerable. Has that ever happened to you?"

Ah, the trusty fallback. My tabloid journalist knew how to get the job done. She needs a victim, and a coloured one at that.

I take a deep breath and try again to put the question of "consent" back into the conversation.
Me: "Um. The maternity health system is very complicated, you know. It is impossible for anyone to navigate it safely, let alone a woman in labour –"
"So is that what happened to you?"
Me: "It happens to all women—even those who are lucky enough to have a humanised birth in a hospital—if that even happens these days."

There's my hook—I throw it out there, the words "humanised birth". It's not common parlance. It is aficionado language for maternity healthcare providers and human rights advocates. I used the word "human" to gauge her reaction. If she bites, she's been doing her research and she will know what I am talking about. She doesn't. In fact, she doesn't even pick up on the term over the loud tapping of the keyboard.
"Hmm, so Dr Gannon of the AMA has indicated that there are several concerns about the way in which this case was handled…"
Me: "Except that this is not the first time and nor will it be the last time it happens. These are systemic problems and I am not sure I would adopt Dr Gannon's approach to blame in these situations…"
"Ah, so you don't agree with him?"
Me: "I didn't say that, I am just saying it's really not that simple when you are looking at systemic issues like debacles in hospitals…"
"So you agree it was a debacle. OK, so how could this have been prevented, in a sentence?"
Me: "Here's the thing—I am not representing a particular interest group, like Dr Gannon. I am advocating for women as consumers in the system, whose human rights are not being respected. It should start and stop with womens' interests. That's not something we can cover in a sound bite."
"Right…" *The typing stops. I try in vain to keep the conversation going.*

Me: “From a consumer point of view, the system is dysfunctional because it fails to recognise any of the elements that are important to women or the protection of their human rights, but from a healthcare provider’s point of view, it is functioning very well indeed. Every now and again, it doesn’t work according to a careprovider’s plan and we look for individuals to blame. It becomes just another a pointless exercise of protecting the status quo. It doesn’t actually fix anything for women.”
“I see…so do you know any clients who have lost a baby at this hospital?”
Me: “I am very sorry, but I cant share that information with you.”

The line is usually abruptly cut at this point.

*All names changed.

THE PAPER

And that is usually it. The sum total of discussion, analysis and depth of thinking from a white, tabloid journalist tasked with the job of writing about why a coloured woman, neglected in a major city based teaching hospital in a high-income nation with all the benefits of first world, white privilege, has lost her baby. That said, even if she felt the need to understand the issues, my tabloid journalist didn’t really stand a chance.

The response I really want to give her is both simple and complex. The complexity is in the detail. The young woman who lost her baby has been left alone for hours by a midwife who is overwhelmed and under-supported in a busy, distracted, process-driven maternity ward that dehumanised all the women

by stripping them of their clothing, denying them access to natural forms of pain relief, limiting contact with supporters and keeping them strapped to a machine in a bed. The midwife responded to that situation by doing what she did best—spending more time with the mothers who made *her* feel better about her difficult work situation. Those mothers were like her: white Australian, upper middle class, married and, most importantly, doing as they were told. She empathised with them. She understood them and could anticipate their needs. She felt relatively rewarded when caring for them. She minimised conflict by attending to them with care.

The woman who lost her baby was young, poor, distressed and black skinned. She didn't speak English. There were problems with the pregnancy and claims of domestic violence, but the woman was reluctant to seek help. She didn't trust anyone. Needless to say, our stressed, overwhelmed midwife not only didn't empathise with her, she just ignored her. It wasn't intentional or planned. In a world of limited resources, it's just the way the cookie crumbles for coloured, pregnant women. We sit at the bottom of the pecking order. When things go awry, the midwife called a doctor who considers it part of his duty to berate and bully this terrified woman into submission. Which they did with success. But all the bullying in the world didn't help that baby which, once born with forceps that produced a subgaleal haemorrhage in his brain, died quietly in a neglected bassinet. Mum was weeping silently in her bed, alone and unaware of what was happening. The discrimination and neglect had come full circle and achieved its intentions.

How do you explain all this, in five minutes, over the telephone, to a privileged, white princess who has gone from university to tabloid desk, and who probably still lives at home with all the first world benefits to boot? Whose total life experience could not even comprehend the concerns of a poor, disenfranchised coloured woman sitting alone, naked and pregnant, in pain and terror in a cold, bright, unwelcoming, noisy and hostile ward full

of strangers, many of them white men in white coats, interspersed only by visits from a cranky, supercilious midwife who has better things to do with her time? Whose ears are so full of self-entitlement, she can barely envisage let alone understand the hardship of another?

If I were to keep it simple by, say, reducing the analysis to one word: "**racism**", the conversation would not have even progressed past her initial question. White women are uncomfortable with the word, particularly when uttered by another woman. Never mind the many other cases that I have handled which involve abuse, insults, physical and verbal assault, bullying, intimidation, forced treatment and downright disrespect towards coloured women in maternity wards by care providers at all levels of authority. These stories never make the news. Broken women don't make front page news. Broken women are a dime a dozen. Broken coloured women are blotted out of existence in Australia. We just don't sell newspapers. We don't even make the news unless, of course, we neglect or endanger our babies.

The tabloid article was eventually published, front page, with the usual comments about inadequate health resources and the obligatory pollie bash. My tabloid journalist was uncompromising in her task. She has been given a Promotional Line and told to look for saps like me to support her case. She needed to make up the article in time for the next news cycle, in just a couple of hours, without ever leaving her desk.

THE PROMOTIONAL LINE

Everyone is familiar with the Promotional Line these days. They are bounced around like footballs, developing archetypes and

stereotypes that challenge and destroy our sense of belonging. Promotional Lines are the never fail headlines for eliciting judgmental, uninformed, emotional public responses. The "outraged masses" are more likely to buy a paper posting a Promotional Line or to visit a website to express their 'disgust'. Baby deaths and women bashing rank alongside big selling topics like rugby hero worshipping, crocodile attacks, physically fighting females (preferably in mud) and that horrible, terrible runaway train called "political correctness" pursued at the price of 'good ole' free speech.

The zenith of Promotional Lines: combining a baby death *with a* woman bashing. Over the last 5 years, we have seen plenty of publications like these about midwives and the women who dare to assert their reproductive rights. These women are portrayed as victims unless, of course, they choose to stand up for themselves. Those who stand up for themselves are denounced for their foolish and irresponsible behaviour.

Here, the Promotional Line was simple: someone had 'killed' a baby and someone needed to hang for it—preferably the easiest target you can find—the midwife. The person with the least ability to fight back and who plays into our deepset stereotypes, and religiously driven beliefs, about witchesand women.

Midwife/women bashing is an especially lucrative sport.

It makes perfect sense in Western cultures. We don't actually care for those babies, we don't even know them from a bar of soap and, truth be told, most of us resent the responsibility we already face with children from broken homes. If you have a look at the chat pages about our refugee intake on News Limited publications, you will be face a barrage of open resentment expressed over the resources we are "forced", as a nation, to dedicate to supporting refugee children from war-torn

countries. Yes, these are the kinds of people who populate Australia.

But, like all individualistically driven cultures, we need a cheap and effective way in which to socially control and manage those who seemed to have missed the rules for conforming to this society. It remains the only check and balance left in an individualist and commercially driven culture, depleted of any sense of community—to punish those we think could be responsible, even if we dont know the mother or her baby or the circumstances surrounding the tragedy. To disguise a failure of community and the loss of a shared welfare in women as an issue to do with law and order, or the need for coercion.

We make examples of the wrongdoers, even when they did nothing wrong because it sets a strong example for others. Much like the perpetrators publicly lynched and hung from the Great Wall next to which the Handmaids must take their daily walk.

Newspapers get massive returns when they report abusive, stilted, ignorant comments attacking women and their midwives, and zero risk in the form of defamation threats. It's a tabloid win-win. The tabloids know that no midwife will ever earn enough to pursue a defamation claim even if they have a resoundingly good case. I guess it's nothing personal. Tabloids are just making money. It is so easy to tap on the stupidity and fear that has prevailed in our psyche for centuries. Its a bit like 'confirmation bias' candy. We never hear about the midwives or the women who commit suicide after a good tabloid trolling. Broken women don't make front page news. Broken women are a dime a dozen.

The comments used to support a Promotional Line are often reduced to sound bites that claim the moral highground of so-called widespread public opinion. What this means is that my tabloid journalist isn't the only one who plays the tabloid game. Professional bodies, PR consultants, media representatives,

CEOs and politicians know how to play the same game. Our obstetricians know only too well how to play this game. This gaming, at the expense of womens' reproductive health, is now a thriving industry all on its own, an industry that has brought government policy makers and Health Ministers to their knees. No one wants to end up with the claim that they were responsible for that baby death.

THE POLITICIAN

I have yet to meet a politician brave enough to support meaningful discussion on this issue. A policy advisor for former NSW Premier Mike Baird, despite being a rich, young, white lass from the affluent Northern Suburbs with barely any life experience, was visibly disturbed when I described some of the matters I had dealt with on behalf of birthing women and their midwives in recent years. Her solution was simple—"We'll keep your documents on file, but you need to find a baby death, because the chances are much higher that the Premier will want to hear from you." Yes, that conversation actually happened.

We'll keep your documents on file, but you need to find a baby death, because the chances are much higher that the Premier will want to hear from you.

None of our politicians have shown an interest in addressing the needs of birthing women from a human rights point of view. They continue to hand the mantle of control over to the obstetric profession, which has a strong and proud history and culture of narcissistic male leadership and lobbying for vested interest. These male representatives are proudly assigned with

paid roles to lead inquiries, develop professional standards and direct national maternity policy, while the women consumers and human rights lawyers like me, spend our own time and money trying to be heard. Men, who haven't so much as experienced a menstrual period and who are generally disgusted by them, telling us how capable they are at extracting babies from our bodies.

An independent journalist from India told me that, during an interview with a rich and hugely successful obstetrician, the good doctor proudly disclosed that he got around his unwavering disgust of bleeding orifices by learning to focus on the baby, and that he taught all his registrars to do the same. He was an obstetrician trained in Australia. Aside from the deeply problematic concern that this is someone who has not only been embraced into the profession but is also thriving in it, time and again, I see a doctor's failure to understand and value women's bodies being re-defined as a female problem. Worse, it is now being pathologised as an "acopic" problem—an individual female's problem.

While thousands of poorer, white women and coloured women around the world, everyday, describe these hospital interactions as akin to being trapped in a "war zone", the migrant, black, refugee and indigenous women don't bother speaking out any more. Why waste time speaking—no one is actually listening. If you do, however, get to ask any Sudanese refugee woman or Asian mother who has endured our hospital system about how they felt, they will tell you that they would much rather die in childbirth than face the racism, misogyny and abuse that is now so commonplace in Australian hospitals that it is incorporated into everyday practice and embraced with the usual white defensiveness you are witnessing in the USA.

The Australian medical maternity profession has embraced the US style of maternity healthcare with gusto. Yet, in the USA, coloured women and their babies have taken to dying within a

year of childbirth and the cause is now abundantly clear—it can only be attributed to racism. This is only now making mainstream news. What often goes unsaid is the fact that Amnesty International reported this information about the USA in 2010. It took ten years for America, apparently the gold standard in maternity healthcare, to admit that they have created a system of maternity healthcare which kills black women and their babies. It will take another decade, if at all, for the USA to do anything about it.

It really is easier to crack an atom than it is to change a prejudice.

In the UK and Australia, coloured, refugee and indigenous women are the most vulnerable and the least heard in our systems. These women also quietly go away to kill themselves after childbirth. Fortunately for our UK and Australian governments, for as long as the women choose to do it 12 months *after* the birth, our maternity careproviders can simply ignore those deaths as not maternity-related. What a perfect storm from which our governments and doctors can emerge victorious!! So many women try, desperately, to stare down the flashbacks, the horrors of that hospital experience, and the trauma, for the sake of our newborns. We do this despite the limited access to crappy post-natal services, and in the face of acute discrimination by an overwhelmingly white and profoundly incompetent community health nurse population. So many of us hang on for a year or two and try to hide it until it just gets too much—particularly when you have child services telling you what a crap mother you are for not bucking up and "just getting over it for the sake of your baby".

Who would have thought that our survival instincts would work against us? If the evidence in the USA is any indicator of the impact of racism on women, in a decade or so, coloured women in Australia will be dying within a year of childbirth. A decade after that, we could even be statistics in an Amnesty

International report—just in time for my daughter's future pregnancy.

I get why no one wants to touch maternity healthcare. It's the hot potato that no politician wants to hold. It's a mountain of work without sufficient money or reward for compensation lawyers. It's a series of salacious headlines and a selling tool for newspapers and trashy magazines. It's a de-funding risk for NGOs. It's the cake that every obstetric body wants to have, to hold and to eat, all at once. Most significantly, it's a wall of confusion for most women, no matter how skilled they are at memorising acronyms and articulating hospital policies, because they are being forced to have these discussions in the middle of the night with an unfamiliar, overworked, overwhelmed and openly hostile careprovider while they are trying to push out a baby.

The women just don't stand a chance. In a country where women are taught to endure and conceal child abuse, domestic violence, discrimination and disrespect, racism, financial and economic disadvantage, all of which is often supported by strong messages from our religious and political leaders who distract us with big talk about the greater economic good, it is no wonder that women simply adapt and endure in silence, until they can take no more.

THE HOT POTATO

Women desperately need to understand the complex interaction between the administration, regulation, practice and the application of human rights in the provision of maternity healthcare. They don't understand because our governments are invested in not telling them too much. The combination of medical vested interests and government fears about tabloid reporting has led to a ridiculous and all pervasive shroud of secrecy—at the expense of women's health and lives. When the

shadows of hovering stakeholders are swept away, all that is left are simple, basic questions affecting reproductive and gender rights, and the real status of pregnant women in Australia:

What would maternity healthcare look like if it was shaped for the convenience of women rather than doctors or hospitals?

Who has the authority to speak for an unborn baby?

Who decides where and how a woman gives birth?

Are pregnant women subjected to a higher standard of legal and administrative accountability when compared to anyone else?

If doctors are so concerned about the welfare of women in homebirths, why the profession's blanket refusal to attend a woman at home?

Who is pulling the invisible strings behind this vast and complex maternity healthcare system and to what purpose?

If complex, expensive, medically driven and highly interventionist care is what all women want, why is our perinatal depression rate so high?

In high income countries with well-funded maternity healthcare systems, why are we seeing rising suicide rates in the year after birth, a massive disparity in health outcomes for coloured women from CALD backgrounds as compared to their equivalent white counterparts, complaints about abuse, assault and disrespect during pregnancy and childbirth and the rise and rise of unnecessary medical interventions?

What are the long term health implications of putting pregnant women into a dehumanised, fractious and coercive system of healthcare?

Will we ever get a leader with the maturity, intelligence, life experience and human rights skills to stand up **WITH** pregnant and birthing women?

Why do we continue to ignore, dismiss and disrespect the basic requests by indigenous women to take control over their birthing rites and rights?

THE AUSTRALIAN GOVERNMENT'S NATIONAL STRATEGIC APPROACH TO MATERNITY SERVICES (NSAMS)

On 22 September 2017, the Health Ministers in Australia agreed to start a new process to develop the dubiously named "*National Strategic Approach to Maternity Services* (**NSAMS**)". No consumer made that request. In fact, many protested that a proper consumer consultation had taken effect ten years ago, the significance of which has been diminished and derided ever since. Many of the recommendations that were made during that process have been sidelined or simply ignored—perhaps because they came from the voices of the many who told heartbreaking stories of abuse and disrespect at Australian maternity hospitals.

It's (healthcare) business as usual in Australia.