

20 July 2018

Committee Secretary  
Senate Standing Committees on Community Affairs

By email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Committee Secretary,

**NSSRN submission in relation to the Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018**

1. The National Social Security Rights Network (NSSRN) is a peak community organisation in the area of income support law, policy and administration. Our members are community legal centres across the country that provide free and independent legal assistance to people experiencing issues with social security and family assistance payments. The NSSRN draws on this front line experience in developing its submissions and policy positions. NSSRN is also a National Network of the National Association of Community Legal Centres (NACLC). This submission is endorsed by NACLC.
2. The NSSRN does not endorse the Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 ("the Bill"). We refer the Committee to our submission to the defeated Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 that sought to expand the Cashless Debit Card (CDC) to multiple locations and to an unlimited number of individuals. That submission articulated our concerns with the CDC and income management regimes generally. Specifically, it focused on the inadequacy of public consultation with the CDC trial regions of Ceduna (SA) and East Kimberley (WA) and the flaws in the trial evaluation reports commissioned by government. These concerns, combined with what we consider is misguided social policy, outweigh any identifiable benefits.
3. Our concerns with the CDC, as outlined in this submission, remain the same as those in our previous submission. Our view on the inadequacy of the trial evaluation, on which expansion of the trial sites has been based, has been further confirmed by a performance audit by the Australian National Audit Office (ANAO).

**Expansion of CDC trial based on flawed evaluation**

4. This Bill seeks to amend the *Social Security (Administration) Act 1999 (Cth)* to enable the expansion of the current CDC trial to the Federal electorate of Hinkler, an area covering the Bundaberg and Hervey Bay regions in Queensland. The Bill will increase the total number of trial participants from 10,000 to 15,000. The majority of recipients of Newstart Allowance, Youth Allowance and Parenting Payments who are under 35 years old and typically reside within the Bundaberg and Hervey Bay area will become compulsory CDC trial participants.
5. The NSSRN opposes the continuation and expansion of the Cashless Debit Card in any form. In summary, our key concerns with the CDC are that it is:

- Expensive to deliver and administer;
- Failing to achieve its intended outcome;
- Disempowering and demeaning and therefore likely to cause long term damage to those subjected to it;
- Undermines an individual's capacity to learn to manage their finances;
- Embarrassing for many users, leaving them in situations of public humiliation;
- Indirectly racially discriminatory and creates situations of inequality and unfairness in its practical application; and
- Diverting funds away from legitimate purposes such as addressing inadequate levels of income support, or programs and services which, with community consultation, could be used to better help overcome chronic health conditions, accessibility to housing, and underfunded education provision.<sup>1</sup>

6. In introducing this Bill to expand the CDC trial to Hinkler, Minister for Social Services, the Hon Dan Tehan MP, relied on two reports by ORIMA Research that evaluated the first 12 months of the CDC trial in Ceduna and the East Kimberley.<sup>2</sup> These are:

- Wave 1 Interim Evaluation Report - released in March 2017 ("Interim Evaluation Report")<sup>3</sup>, and
- Wave 2 Final Evaluation Report - released in September 2017 ("Final Evaluation Report").<sup>4</sup>

Minister Tehan referred to the "significant positive impact" that the CDC has had since it was imposed in Ceduna, SA in March 2016, and in the East Kimberley, WA in April 2016. However, as outlined in our previous submission and by various commentators, the evaluation processes and published reports by ORIMA Research do not support the conclusive statements made by government that the CDC has met key performance targets or had a positive effect on the trial communities.<sup>5</sup>

7. Additionally, although the government continues to rely on these reports to support the expansion of the CDC trial, the report's account of the adverse consequences of the CDC trial have been ignored by government. The Interim Evaluation Report found that almost half of participants in the first six months of the trial stated the CDC made their lives worse.<sup>6</sup> The Final Evaluation Report found that a combined 32% of surveyed participants found that the CDC trial made their lives "a bit worse" or "a lot worse", and 42% stated the card made no difference to their lives.<sup>7</sup>

8. On 17 July 2018, the ANAO tabled their performance audit report on *The Implementation and Performance of the Cashless Debit Card Trial*.<sup>8</sup> They found that the approach taken by

---

1 National Social Security Rights Network, Submission No 17 to Senate Standing Committees on Community Affairs, Social Security Legislation Amendment (Debit Card Trial) Bill 2015, 18 September 2015, 15.

2 Explanatory Memorandum, Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 (Cth), 4.

3 ORIMA Research, Cashless Debit Card Trial Evaluation: Wave 1 Interim Evaluation Report, released by the Department of Social Services (February 2017).

4 ORIMA Research, Cashless Debit Card Trial Evaluation: Final Evaluation Report, released by the Department of Social Services (August 2017).

5 For detailed analysis, we refer the committee to two reports from the ANU Centre for Aboriginal Economic Policy Research ("CAEPR") that respond to the Interim Evaluation Report and the Final Evaluation Report. See J Hunt, 'The Cashless Debit Card Trial Evaluation: A Short Review' (CAEPR Topical Issues 1, 2017); and J Hunt, 'The Cashless Debit Card Evaluation: Does It Really Prove Success?' (CAEPR Topical Issues 2, 2017).

6 ORIMA Research, Wave 1 Interim Evaluation Report, above n2, 5.

7 ORIMA Research, Final Evaluation Report, above n3, 87.

8 Australian National Audit Office, The Implementation and Performance of the Cashless Debit Card Trial (Performance Audit Report, 1 of 2018-2019), <https://www.anao.gov.au/work/performance-audit/implementation-and-performance-cashless-debit-card-trial>

government in monitoring and evaluating the CDC trials was inadequate. The ANAO stated that *“it is difficult to conclude whether there had been a reduction in social harm and whether the card was a lower cost welfare quarantining approach.”*<sup>9</sup> The Department of Social Services has agreed to the six recommendations of the ANAO. These cover risk management practices, transparency, a cost-benefit analysis and a post-implementation review of the trial, and a broad review of evaluation processes and performance measures. The ANAO findings support our assertion that the ORIMA Research evaluation reports are not a reliable evidence-based resource to argue for the expansion of the CDC.

9. Another recent independent study conducted by ANU’s Centre for Aboriginal Economic Policy Research (CAEPR) on the CDC trial in the East Kimberley region concluded that:

*“the trial was chaotic... its logic is deeply flawed, and disconnected from the relational poverty experienced by people receiving state benefits..... the card has become a symbol of government control and regulation in the study site.”*<sup>10</sup>

In our view, the adverse consequences of the CDC trial far outweigh any purported benefits. The experiences of those on the CDC in Ceduna, the East Kimberley, and the Goldfields region (WA)<sup>11</sup> cannot support an expansion of the CDC to further locations, such as Hinkler. The CDC should be disbanded and removed from government policy.

10. We address some of our key concerns with the proposed extension in the following paragraphs.

### **Rationale and Diversion of Funds**

11. The government’s core rationale of the CDC has most recently been restated by Attorney-General, and former Minister of Social Services, the Hon Christian Porter (“the Attorney-General”). In his second reading speech, the Attorney-General argued that the aim of the CDC is to *“reduce the devastating effects of alcohol, drug and gambling abuse in our communities.”*<sup>12</sup> In the government’s view, restricting social security recipients’ access to cash and their ability to purchase these products, will have an immediate flow on effect at reducing these social issues.
12. Furthermore, the ability to purchase these products has been attributed to “intergenerational welfare dependency” by Minister Tehan. In a media release announcing the introduction of this Bill, the Minister stated that *“intergenerational welfare dependence is ruining families, there are some young people who have never seen their parents, and even their grandparents, hold down a job.”* In making this statement, the Minister generalises the experience of those on long-term income support, and postulates alcohol, drugs and gambling as a primary driver for unemployment. A person’s reliance on social security payments is thus characterised as a consequence of behavioural choices. The Minister fails to acknowledge systematic causes of poverty, including lack of jobs, low wages, precarious work, low unemployment benefits, lack of access to healthcare, lack of educational opportunities and high cost of living, particularly in remote areas of Australia.

---

9 Ibid, Summary and recommendations, para 8.

10 E Klein and S Razi, ‘The Cashless Debit Card trial in the East Kimberley’ (CAEPR Working Paper No. 121/2017) [http://caepr.cass.anu.edu.au/sites/default/files/docs/Working\\_Paper\\_121\\_2017.pdf](http://caepr.cass.anu.edu.au/sites/default/files/docs/Working_Paper_121_2017.pdf)

11 The CDC trial in the Goldfields region commenced in March 2018.

12 Commonwealth, Parliamentary Debates, House of Representatives, 21 June 2018, 33-34 (Christian Porter), p33. See also Commonwealth, Parliamentary Debates, House of Representatives, 17 August 2017, 11-12 (Alan Tudge).

13. The assumption that unemployment is intrinsically linked to alcohol, drugs and gambling runs counter to the government's own commissioned Final Evaluation Report. This report identified that only a small proportion of social security recipients in the trial locations of Ceduna, Kununurra and Wyndham have issues with alcohol, drugs or gambling. The majority of social security recipients experience financial hardship trying to meet basic needs on their social security payments.<sup>13</sup>
14. In the Final Evaluation Report, many surveyed participants did not answer questions assessing their change in alcohol, drug or gambling behaviours because the question was "not applicable" to their circumstances. This was due to these participants not engaging in those behaviours prior to the commencement of the trial.<sup>14</sup> This means that many CDC trial participants fall outside of the targeted cohort of social security recipients who may experience alcohol, drugs or gambling issues. The Final Evaluation report records the percentage figures as follows:
  - Question re change in use of alcohol since becoming participant of CDC– 'not applicable' to 117 of 233 surveyed participants (~50%) in Ceduna, and 100 of 234 surveyed participants (~42%) in East Kimberly.<sup>15</sup>
  - Question re change in use of drugs since becoming participant of CDC – 'not applicable' to 199 of 233 surveyed participants (~85%) in Ceduna, and 187 of 234 surveyed participants (~80%) in East Kimberly.<sup>16</sup>
  - Question re change in level of gambling since becoming participant of CDC – 'not applicable' to 163 of 233 surveyed participants (~70%) in Ceduna, and 176 of 234 surveyed participants (~75%) in East Kimberly.<sup>17</sup>
15. In consideration of these numbers, the CDC clearly places additional burdens on individuals and families already struggling to meet basic needs. In the Final Evaluation Report, many of the surveyed participants disclosed running out of money to buy food, or to pay for items for their children. The report states that 52% of participants ran out of money to buy food at least once in the previous 3 months. Approximately one quarter of surveyed participants reported running out of money to buy food "about once every 2 weeks or more", which is equivalent to the payment frequency of their benefit allowance.<sup>18</sup>
16. The NSSRN recognises that some members of the trial communities have severe and protracted issues with alcohol, drugs and/or gambling, and these impact significantly on their communities. However, we do not support the use of the CDC as a mechanism to address these concerns. Instead, we support holistic support-based services to address the broad social and economic disadvantages in the trial community areas. Any policy or law development impacting on a community must involve extensive consultation and be led by community members, particularly in Indigenous communities. We note that many previous recommendations made to government have not been implemented or have experienced substantial delays in their

---

13 We also note recent published statistics on household expenditure from Australian Bureau of Statistics indicated that social security recipients spend less on alcohol as a portion of their income than all other Australians. See Australian Bureau of Statistics, 2015-16, Household Expenditure Survey, Cat. no. 6530.0, Australian Bureau of Statistics, Canberra, accessed 21 September 2017, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6530.0Main+Features12015-16?OpenDocument>>.

14 ORIMA Research, Final Evaluation Report, above n3, 43.

15 Ibid 44.

16 Ibid 51.

17 Ibid 56.

18 Ibid 72.

commencement.<sup>19</sup> The CDC should not become a fall-back option for failure to act on past proposals.

17. Given the criticisms of ORIMA Research's evaluation reports, we do not accept their conclusions that the CDC led to a reduction in alcohol, drug and gambling practices in the trial communities. The Interim Report did acknowledge that seasonal changes, community events and other factors may have influenced this finding, further weakening this conclusion.
18. The Final Evaluation Report obtained statistics on criminal activity in the trial areas and found that there was no overall reduction in crime, however some criminal activity had increased. Since the publication of that report, crime statistics from the East Kimberley revealed an increase in crime and domestic assaults. Concerning, since the introduction of the CDC trial in the East Kimberleys, domestic assaults in Kununurra have risen by almost 60%.<sup>20</sup>
19. In our view, the CDC program diverts funds away from important and recommended programs and services. We understand that the government has spent \$10,000 per individual throughout the CDC trial process. These funds, with community consultation, could be used to better help overcome chronic health conditions, accessibility to housing, and underfunded education provision.

### **Undue Hardship**

20. The CDC places undue additional hardship on individuals who are struggling to afford basic needs. In August 2017, UNSW's Social Policy Research Centre determined that Newstart Allowance was not sufficient to meet the basic standard of living cost.<sup>21</sup> The CDC removes the option of seeking out cheaper goods and services, and prevents individuals from reducing spending.<sup>22</sup> CDC holders have reported being unable to purchasing second hand goods or buying items collectively in bulk<sup>23</sup>. As food and other goods are typically more expensive in remote locations, this has a devastating effect on the capacity for individuals in the remote CDC locations to meet basic needs.<sup>24</sup> Some trial participants in the Goldfields, WA trial area reported issues with paying bills on time directly through the card, leading to the risk of late payment penalties and further reducing their ability to meet basic living expenses.<sup>25</sup>
21. Additional financial hardship may also be experienced by some CDC holders who require urgent access to cash. For example, a person experiencing domestic violence may face obstacles in attempting to flee. We also remain concerned that the card may enable financial abuse. Both evaluation reports found that since the introduction of the CDC the levels of humbugging, or

---

19 National Social Security Rights Network, Submission No 25 to Senate Standing Committees on Community Affairs, Social Security Legislation Amendment (Cashless Debit Card Trial) Bill 2017, 25 September 2017, para13-14.

20 E Klein, 'The mounting human costs of the Cashless Debit Card', Power To Persuade, 15 March 2018, <<http://www.powertopersuade.org.au/blog/the-mounting-human-costs-of-the-cashless-debit-card/15/3/2018>>

21 Peter Saunders & Megan Bedford, 'New Minimum Income for Healthy Living Budget Standards for Low-Paid and Unemployed Australians' (Report, Social Policy Research Centre, August 2017).

22 The Interim Evaluation Report showed that across the Ceduna and East Kimberly trial sites, 78% of CDC holders had not change "where and how they shopped", however 18% reported constraints on their ability to purchase allowable items, causing an additional burden. ORIMA Research, Wave 1 Interim Evaluation Report, above n2, 3.

23 ORIMA Research, Wave 1 Interim Evaluation Report, above n2, C11. See also: Lucy Cetta, 'Cashless card user not happy with system', West Coast Sentinel (online), 12 May 2017, <[www.westcoastsentinel.com.au/story/4659187/debit-card-has-negative-impact/](http://www.westcoastsentinel.com.au/story/4659187/debit-card-has-negative-impact/)>.

24 Erin Parke, 'Remote food costs soar as wages and freight spiral', ABC News (online), 1 July 2013, <<http://www.abc.net.au/news/2013-07-01/remote-food-costs-soar-as-wages-and-freight-spiral/4791126>>.

25 A Murdoch and J Delalande, 'Cashless card fury heard', The West Australian (Online), 25 June 2018, <<https://thewest.com.au/news/kalgoorlie-miner/cashless-card-fury-heard-ng-b88875124z>>

making persistent demands for money, had considered to have increased from the perspective of participants and family members.<sup>26</sup>

22. Research from the ANU's Centre for Aboriginal Economic Policy Research found that the large majority of interviewed CDC trial participants in East Kimberley found that the card made managing money harder.<sup>27</sup> The proposed trial in Hinkler targets individuals who are under 35 years. For young people, the ability to develop financial management skills is essential to avoid future financial strain and reliance on financial counselling services. Younger people should be supported to make independent financial decisions through training and financial counselling.

### **Lack of consultation and disempowerment of social security recipients**

23. The trials in the three current CDC locations have been criticised for lack of consultation with income support recipients. In the proposed Bundaberg area, reports have stated that only 26% of residents in the council area support the introduction of the card.<sup>28</sup> Jack Dempsey, the mayor of Bundaberg, has cited the high cost of the administering the card as a key reason for not supporting the CDC. In his view, the funds could be more effectively used to assist people into employment.<sup>29</sup>
24. The ANU's Centre for Aboriginal Economic Policy Research found that the CDC trial in the East Kimberley disempowered vulnerable families in the region, with many considering the card akin to "ration days".<sup>30</sup> Dr Elise Klein, the lead researcher, has stated that "community-led development of therapeutic-based services" would lead to greater preventative outcomes compared with the CDC trial.<sup>31</sup>
25. The use of the CDC unnecessarily discloses an individual's status as a social security recipient and the restrictive nature of the card may limit a person's ability to wholly participate in their community. For example, at the 2016 Kununurra Agricultural Show, holders of the CDC were subjected to an ineffective ticketing system and many were turned away from the show. In 2017, the organisers of the show were compelled to provide public reassurance that the CDC holders would be able to access the show in the same manner as other members of the community.<sup>32</sup>

### **Community Panels & restricted cash amounts**

26. Pursuant to s124PE of the *Social Security (Administration) Act 1999*, the Minister may authorise a body to act as a community body, otherwise known as a community panel. This Bill amends the Act to include a further subsection 124PE(2) specifically empowering the Minister to authorise a community body in the Hinkler electorate through a notifiable instrument.<sup>33</sup>

---

26 ORIMA Research, Final Evaluation Report, above n3, 113; & ORIMA Research, Wave 1 Interim Evaluation Report, above n2, 6.

27 E Klein and S Razi, above n10, p7.

28 B Smee, 'Bundaberg mayor turns against high cost of cashless welfare trial', The Guardian (online), 21 May 2018, <<https://www.theguardian.com/australia-news/2018/may/21/bundaberg-mayor-turns-against-high-cost-of-cashless-welfare-trial>>

29 Ibid.

30 E Klein and S Razi, above n10, p7.

31 "Oppressive scheme": WA youth suicide inquest slams cashless welfare card", WA Today (online), 15 August 2017, <<http://www.watoday.com.au/wa-news/oppressive-scheme-wa-youth-suicide-inquest-slams-cashless-welfare-card-20170814-gxw7f9.html>>.

32 Peter de Kruijff, 'Final set-up for ag show', The West (online), 13 July 2017, <https://thewest.com.au/news/the-kimberley-echo/final-set-up-for-ag-show-ng-b88533572z>.

33 Explanatory Memorandum, Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 (Cth), 6.

Individuals subject to the CDC may make application to their community panel seeking a reduction of the percentage of income restricted to the CDC. Currently, participants in the Ceduna and Kununurra communities may apply for a reduction of income restricted on the CDC from 80% to 50%.<sup>34</sup> (This reduction is limited to 70% in Wyndham.)<sup>35</sup>

27. We have previously highlighted concerns with the CDC community panels. In the small trial communities, there is a strong likelihood that an applicant will know members of the Community Panels. This raises issues of bias, conflicts of interest, and discrimination. We have also raised specific concerns about the application process and the evaluation criteria. The application process requires applicants to consent to the release or cross-matching of data from a range of government agencies. This process inevitably involves the disclosure of substantial personal information to people personally known to them. Furthermore, there is no independent review of a percentage decision, either through internal review or review by the Administrative Appeals Tribunal.
28. The Department of Social Services has made Guidelines for the community panels publically available. These outline the criteria which must be assessed in evaluating an application for the percentage reduction. The community panel must be satisfied of a person's compliance with a number of behaviours or indicators. Some concerning evaluation criteria include:
  - Housing issues: The Community Panel will consider whether an applicant's home in good care and whether their rent has been paid. Many of the trial locations have a transient population and many homes experience overcrowding.<sup>36</sup> It is unclear how the Community Panel assesses individuals who are on joint leases with shared rental liability and those living in homes with multiple occupants.
  - Police contact: The Wyndham Community Panel Guidelines state that in addition to assessing whether a person has committed an offence in the preceding 6 months, the Panel will also take into consideration whether a person has been detained by police in the previous 6 months.<sup>37</sup> This apprehension may be in situations where no criminal finding of guilt is established.
29. We note that the Interim Evaluation Report noted that the community panels in Ceduna and East Kimberley had not been established until after the commencement of the trials. The ANU's Centre for Aboriginal Economic Policy Research on the CDC trial in East Kimberley found that very few interviewed CDC participants were aware of the community panels and their function.<sup>38</sup> This lack of awareness and understanding clearly interfered with a person's right and ability to seek a reduction in the amount of payment restricted.
30. We urge reconsideration of these panels with the view to establishing a fairer, discrete and independent assessment, should the expansion of the CDC occur.

---

34 Department of Social Services, Ceduna Region Community Panel Guidelines (May 2016), 3; & Department of Social Services, Kununurra Region Community Panel Guidelines (September 2016), 4.

35 Department of Social Services, Wyndham Region Community Panel Guidelines (September 2016), 4.

36 Overcrowding statistics for Indigenous households in 2011: Kununurra 36.7% of homes; Port Lincoln–Ceduna 15.4% of homes, as reported in Nicholas Biddle, 'Paper 3: Indigenous housing need' (CAEPR Indigenous Population Project, 2011 Census Papers, 2011), 6.

37 Department of Social Services, Wyndham Region Community Panel Guidelines, n31, 9.

38 E Klein and S Razi, above n10, p6.

### Cash-like products

31. The Bill proposes to amend s124PQ(2) of the Act to include specific categories of items that cannot be purchased with a CDC. This will apply to all CDC trials. The subsection will prevent the purchasing of alcohol, gambling or any cash-like product - defined in the newly proposed s124PQA as including a *“gift card, store card, voucher or similar article... a money order, postal order or similar order... and digital currency.”*
32. This amendment will unnecessarily expand the ambit of control exercised over the restricted portion of a CDC. Under this measure, a person will be restricted from buy a gift or store card from a merchant that does not even sell any of the targeted prohibited items. This provision will further act to disempower CDC holders and limit their economic and social participation in their communities.

### Human Rights

33. The NSSRN rejects any assertion that the CDC program furthers a human rights agenda. We view the program to undermine the rights of individuals to social security<sup>39</sup>, privacy<sup>40</sup>, equality and non-discrimination (particularly racial non-discrimination)<sup>41</sup>, and self-determination<sup>42</sup>. The infringements of these rights are not justifiable.
34. In our supplementary submission to the original Bill introducing the CDC trial, we noted that there was an absence of direct consultation with the individuals affected by the trial.<sup>43</sup> Consultation had occurred predominantly with organisations in the area. This is contrary to a human rights model approach where individuals are empowered to participate in decisions affecting their human rights.
35. This submission has also demonstrated that the CDC impinges on the right to an adequate standard of living.<sup>44</sup> The additional burdens placed on individuals and families are not justifiable, particularly in view of the numbers of participants who feel that their lives have worsened since the trial commenced, and those who run out of money to purchase food or pass onto their children.
36. We are particularly concerned that the CDC disproportionately impacts on Indigenous communities. Whilst the expansion of the CDC to the Hinkler electorate will result in reducing the overall percentage of Indigenous participants in the CDC trial, Aboriginal and Torres Strait Islander people will continue to be disproportionately impacted by the policy, making up an estimated 33% of overall participants.
37. We do not regard the indirect discrimination caused by the CDC program to be justifiable. Furthermore, the infringement on the right to culture has not been adequately considered. There has been limited consultation on the effect of the CDC on kinship, sharing and reciprocity arrangements culturally valued in many Indigenous communities.

---

39 International Covenant on Civil and Political Rights, opened for signature 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976) art 9.

40 Ibid art 17.

41 International Convention on the Elimination of All Forms of Racial Discrimination, opened for signature 21 December 1965, 660 UNTS 195 (entered into force 4 January 1969) art 2 and 5.

42 International Covenant on Civil and Political Rights, art 1.

43 National Social Security Rights Network, Supplementary Submission No 17.1 to Senate Standing Committees on Community Affairs, Social Security Legislation Amendment (Debit Card Trial) Bill 2015, 18 September 2015, 2-3.

44 International Covenant on Civil and Political Rights, art 11.1.



**Conclusion**

38. There is no basis for the expansion of the CDC trial and, given the evidence of the harm it causes to individuals and communities impacted by it, the CDC should be abolished.

**Contact for this submission**

The NSSRN would welcome the opportunity to provide further feedback to the Committee on our submission.

Joni Gear, Legal Project Officer  
National Social Security Rights Network