

A damning report on Australian Aboriginal health and welfare

Linda Tenenbaum
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More than half the Australian Aboriginal male population and 40 percent of females die before reaching the age of 50, according to a new report entitled the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

Aboriginal life expectancy for males is around 56.9 years, compared with 75.2 years for the rest of the population, and 61.7 years for females, as compared to 81.1 years. The death rates for Aborigines aged 35-54 are, comparatively, the worst—around 6-8 times higher than for their non-Aboriginal counterparts.

The comprehensive report, released jointly last Tuesday by the Australian Bureau of Statistics and the Australian Institute of Health and Welfare, paints a bleak and damning picture of poverty, ill-health and social deprivation suffered by the majority of Australia's indigenous people.

“As a group, Indigenous people are disadvantaged relative to other Australians with respect to a number of socioeconomic factors and these disadvantages place them at greater risk of ill health and reduced wellbeing,” the report concludes.

The disadvantage begins at birth and continues through childhood, adolescence and adulthood to old age.

Comprising just two percent of the population, Aborigines make up an estimated 12 percent of the homeless, 19 percent of the prison population, 31 percent of people living in “improvised dwellings”, 41 percent of child abuse and neglect cases and 50 percent of inhabitants of dwellings with 10 or more people.

On average, Aboriginal babies are more than twice as likely to be of low birth weight and to die at birth than babies born to non-Aboriginal mothers. Aboriginal children are massively over-represented in the juvenile justice system, with 40 percent of all children in “corrective institutions” being of Aboriginal descent. They are also less likely to finish school or find a job.

The imprisonment rate for adults is 14 times higher than it is for the non-Indigenous population, while the unemployment rate is nearly three times higher, around 23 percent, compared to 8 percent in the general population.

The report points out that the lack of rigorous protocols for data collection from medical centres, hospitals, nursing homes and clinics presents ongoing difficulties for consistent research. While the exact extent of indigenous health problems remains

unclear, it concludes that Aborigines “are more likely to be hospitalised for and/or die from conditions which are indicators of mental illness, such as self-harm, substance misuse and suicidal behaviour. They are more likely to be at risk of reduced mental and emotional wellbeing due to such factors as violence, removal from family, poverty and racism.”

On the available evidence, rates of cancer and communicable diseases, as well as asthma, diabetes and kidney disease are also significantly higher than in the non-Aboriginal population.

Despite the overwhelming character of these problems, just over two percent of the Federal government's annual health expenditure is allocated to Aboriginal health services—the same level of funding per capita as is allocated to the rest of the population.

Even this statistic, however, masks the real level of inequity in Aboriginal health funding. According to the report, indigenous people “have a greater reliance on public hospitals and community health services and less on private hospitals, Medicare, the Pharmaceutical Benefits Scheme (PBS) and nursing homes than the non-Indigenous population. Medicare and the PBS accounted for over a third (36 percent) of government expenditure on non-Indigenous people, but just 5 percent of expenditure on Indigenous people.”

This is a particularly significant statistic, because it indicates that many Aboriginal people are effectively barred from access to subsidised medicines (through the PBS) and to GPs (through Medicare).

A study carried out by the Health Insurance Commission in 1997 found that between 15 and 20 percent of indigenous people in urban areas, and up to 40 percent in remote areas had no access to the PBS or Medicare, because they were not in possession of the relevant documents. With no proof of identity, they had never been enrolled, or were not effectively enrolled, in government health schemes. Moreover government regulations prohibit the provision of the necessary information to a third party. This means that GPs or pharmacists confronted with needy patients who lack documentation cannot obtain permission from the appropriate government authority to treat such patients. So, due to a lack of English-language proficiency, or ignorance of official procedures, or insufficient Aboriginal community workers employed to assist them, large

numbers of Aboriginal people are simply denied access to the most basic health facilities.

Speaking on ABC radio, following the release of the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* report, Sol Bellear, chairman of the New South Wales Aboriginal Reference Group, laid the blame squarely at the feet of the Federal government: "If these statistics were for white Australia, not only would there be more money thrown at it, but Australia by the World Health standards would be declared a disaster area, an absolute disaster area. And I think that's what the Federal Government has to do, declare Aboriginal health in this country a disaster area."

Professor Jan Reid, from the Australian Institute of Health and Welfare said that the report revealed nothing new. "What we've known for a long time is that Aboriginal health is much worse along all dimensions than non-Aboriginal health. But I think that what this report does is to flesh out the dimensions of that.

"What [the figures] really show is that governments are not spending enough money."

No official government response has been forthcoming, and press reactions have generally been cursory and desultory. Most daily papers only managed a few paragraphs. Murdoch's the *Australian*, on the contrary, dedicated two commentaries—an editorial, and a piece by international editor, Paul Kelly—both arguing that the report vindicated the position recently taken by Aboriginal leader and corporate lawyer Noel Pearson, that Aboriginal health and welfare funding should largely be scrapped.

Pearson is one of a small layer of privileged Aboriginal entrepreneurs and "community leaders" whose living standards bear no comparison to those of the impoverished majority.

Under the title "Old policies produce a national disgrace", the *Australian* editorial declared: "[H]undreds of millions of dollars", have been administered "on a system of health care delivery that is failing the people it was supposed to help. Mr Pearson promote[s] self-empowerment and individual responsibility and call[s] for a reinvigoration of communities based on real jobs, leadership and entrepreneurial spirit..."

According to Murdoch, the "disgraceful" state of Aboriginal health is a direct product of the allocation of government funding, not the paucity of that funding.

Kelly, in his article, approvingly described Pearson's recent speech to the Brisbane Institute as "an assault on 'progressive' Aboriginal orthodoxy, an attack on the urban-based political culture that has shaped policy..."

He went on to quote liberally from Pearson's speech. "The welfare economy," stated Pearson, "is not a real economy. It is a completely artificial means of living. Our traditional economy was a real economy. If you did not hunt and gather, you starved. The whitefella market economy is also a real economy. If you do not work, you starve. The market comes bearing down on people, demanding work."

The assumption behind Pearson's attack on the right to welfare is that the high level of Aboriginal unemployment—and thus the dependence of large numbers on welfare—is the fault of Aborigines themselves. They have simply chosen not to work. They are therefore also to blame for the conditions they confront.

The facts speak otherwise. Not only are many Aborigines denied access to basic health services, they are denied the right to a job. According to the Aboriginal and Torres Strait Islander Commission, a government body, one fifth of all indigenous workers are engaged in work-for-dole schemes, under the auspices of Community Development Employment Projects (CDEP). Workers involved in these schemes are obliged to labour at least three days per week on "community projects", receiving no more than the standard poverty-level unemployment benefit in return. If these workers were counted among the unemployed, the real unemployment rate among Aborigines would be 41 percent—not the officially-recognised 23 percent.

Of those who are employed, relatively few work full-time—only 60 percent, compared with 72 percent of non-indigenous workers. The average income for all Aboriginal workers (including those who work part-time) is some 24 percent less than for non-Aboriginal employees.

Moreover, the future outlook is even worse. Many Aboriginal workers have been employed in the Federal or State public sectors or in Aboriginal community services. These are the areas being targetted by state and federal governments for downsizing and "restructuring".

While private business ventures, such as those proposed by Pearson, have seen a few aspiring Aboriginal capitalists prosper, the Aboriginal workers they employ have suffered declining wages, working conditions and job prospects, mirroring processes underway in Australian society as a whole.

Asked by the *World Socialist Web Site* to comment on the *Australian's* response to the report, Australian Bureau of Statistics author, Dr Joan Cunningham remarked:

"All I can say is that this report shows a lifetime of disadvantage over a range of areas. I hope policy makers and decision makers take a look at what the evidence actually is. In the past, statistical evidence has not been available. Now I hope that this book will lead to a debate, that is an informed debate—one not just with heat but with light."



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