Australian election: Labor's micro-promise for dental care

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Professional spin doctors for the Liberal-National Coalition and Labor party have coined the term "micro-policy" to describe the two major parties' main activity in the course of the current Australian election campaign: making pledges that cost next to nothing, but that appeal to the concerns and needs of a carefully targetted group of voters, who could swing the result in certain key electorates.

Labor leader Kim Beazley started the ball rolling with his first campaign promise of $100 million to restore the Commonwealth Dental Health program. The initiative allowed him to chide the Howard government for axing the program in 1996 and, at the same time, to parade as a defender of pensioners, welfare recipients and poorly-paid workers who rely on government-subsidised dental services.

The micro-promise will, however, do nothing to solve the huge and growing problem of dental disease. Neither Labor nor Liberal governments have ever provided free dental care through the national health scheme, Medicare. Despite the debilitating consequences of dental decay, its treatment has always been regarded as an "optional extra" and is categorised as such in private health insurance schemes.

Many ordinary working people have difficulty paying for treatment by a private dentist. The simplest dental procedure, a filling, costs at least $110. Root canal treatment varies between $550 and $850, and to crown a tooth costs at least $950, or more than two weeks' wages for a factory worker. Because of the expense involved, the alternative—tooth extraction—is often resorted to.

Millions cannot afford private dental care at all, and are obliged to queue for the limited public services available. The Howard government's decision to abolish the Commonwealth Dental Health program compounded what was already a serious crisis. Half a million people are now on waiting lists for treatment in the only remaining public facilities, run by state government dental hospitals and clinics. Waiting times range from 23 months in Queensland to 54 months in Tasmania.

According to the National Dental Health Alliance—70 organisations attempting to highlight dental care problems during the election campaign—only 11 percent of patients eligible for dental treatment in public hospitals are treated each year. One-third of those on waiting lists are forced to eat baby food because their teeth are so rotten.

Beazley's pledge was aimed at striking a chord among those affected. But it is pitifully inadequate when measured against the problem it is designed to address. In the first place, like all the promises in this campaign, it will actually be spread out over time—in this case, over four years.

There are approximately four million low-income health cardholders and pensioners, all of whom need assistance with dental care. Beazley's $10 million a year in the first two years amounts to an average of $2.50 per person, while his $40 million a year in the final two years provides $10 a year per person. Even allowing for the fact that service costs are cheaper in the public sector than the exorbitant prices charged by private dentists, these amounts will not cover the cost of a check-up let alone elementary remedial work. Clearly, the waiting lists will only grow.

But there is another, more basic, issue. One of the reasons why there is no money for public dental care is that the Howard government introduced a 30 percent rebate to encourage people to take out private health insurance. In reality, the rebate is a huge subsidy—around $2 billion a year—paid by the government to the private health funds. And it overwhelmingly benefits the better off layers of society. According to a recent report by the Australia Institute, half the rebate goes to the top 20 percent of taxpayers and three quarters to the top 40 percent.

Under the private insurance "extras" schemes, those insured can claim a refund, depending on the type of dental treatment, for a percentage of the costs. Again, the benefits are geared to the wealthier layers—those who can afford to pay the remaining uninsured amount left after the insurance company pays the rebate.

In 1998-99, private health funds paid $603 million in dental benefits. Because of the 30 percent rebate, this was effectively subsidised to the tune of $180 million by the government. In other words, having stripped $100 million

from public dental care for those who could least afford it, the Howard government provided nearly twice that amount to those in the best position to pay.

While claiming to defend public health care, Beazley and the Labor opposition have quietly promised to retain the rebate, thereby underscoring their commitment to the creeping privatisation of the health system at the direct expense of the poor.

In response to Beazley's announcement, Public Health Association of Australia president Dr Peter Sainsbury declared: "The PHA is concerned about the inadequate access to dental health services for people on low incomes. It is disappointing that the amount promised by the ALP will fall far short of what is required—we estimate that an additional $200 million per annum at least, will be necessary to overcome the current crisis."

Speaking to the *World Socialist Web Site*, he added: "There is clear evidence that poorer people have much worse dental health, a greater prevalence of no teeth. People are putting off preventative treatment because they can't afford it, and this worsens the crisis. Dental health is just as important as any other area of health. Bad teeth can exacerbate heart disease. And those who can't get dental treatment when they are in pain, aren't able to eat adequate food.

"By closing down the Commonwealth Dental Program, the government has stopped the subsidy to those who can't afford it, while it subsidises those who have private health cover. Recently I received an e-mail from a man working in a reasonable job, with a mortgage and a family. He pointed out that he couldn't afford dental care for himself or his family. It was a forceful point, well made. Not only impoverished people, but also ordinary families cannot afford dental treatment."

Earlier this year, an Australian Institute of Health and Welfare report, entitled *Oral Health and Access to Dental Care—the gap between the 'deprived' and the 'privileged' in Australia*, found that in households with incomes of less than $20,000 a year, the level of edentulism (complete tooth loss) was 31 percent, compared to 1.3 per cent for those above $40,000 a year.

The result for the "deprived" group was three times above the national average for adults over 18. Less than half its members (46 percent) had visited a dentist in the previous year, compared with almost 70 percent among the "privileged" group. The gap was most pronounced among older people—those in the deprived group were 10 times more likely to face difficulty in paying a $100 dentist bill than the privileged.

Another Health and Welfare Institute report gave some indication of the impact of the abolition of the Commonwealth Dental Health program in 1996. It showed that high costs prevented health cardholders from seeking recommended dental treatment in 40 percent of cases in 1999, compared to 28.2 percent in 1994-96. "Our survey figures show that health cardholders in particular were experiencing more toothache, discomfort with appearance and avoidance of particular foods in 1999 than in 1994-96," Professor John Spencer said. The incidence of extractions had risen from 14 percent to 17 percent.

Conditions are even worse in Aboriginal communities, which have almost twice the level of complete tooth loss as the non-indigenous population. Don Blackman, a nurse at the Imanpa community, 200km east of Alice Springs, said the mobile dental service now visits the community only every 18 months. "They're supposed to come once a year, and that isn't enough."

The slashing of government funds for universities has also hit dentistry education, with staffing often now dependent on honorary part-time lecturers. Australia's supply of dentists is projected to decrease from 43 to 33 per 100,000 population over the next 20 years.

The provision of dental care in primary schools has thus far prevented a calamitous collapse in children's oral health in working class areas, but these services also rely largely on the public clinics. It will not be long before a serious decline emerges among adults—for 35-44 year olds the standards have already plummeted to levels regarded as unacceptable by international standards.

Access to proper dental care based on the latest technical advances should be a right, not a privilege. Under the dictates of the market and the imposition of the "user pays" principle, however, the limited public dental facilities that existed in the past are being rapidly eroded. Beazley's policy will simply ensures that this continues.