Worsening health inequality in Australia

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After an unexplained delay of many months, the Howard government earlier this year finally released two reports on health inequalities. They show that mortality rates in 1998-2000 for the poorest Australians remained significantly higher than for the wealthy, with the gap increasing substantially over a 15-year period.

The government's response to the findings exhibited the cynicism and deceit that has become its standard mode of operation. After withholding the findings until well after the October 2004 federal election, the first report, *Health Inequalities in Australia: Mortality*, was finally released on March 7 through a press release entitled "Research finds fewer inequalities in Australia".

The mainstream media obligingly focussed on a general decline in mortality rates over a 20-year period throughout the population. This result reflects underlying improvements in medical knowledge and technology. But the report's alarming statistics highlight the appalling social conditions suffered by millions of working people, as well as the damage being inflicted by the sustained running down of the public health system.

Produced by the government-funded Australian Institute of Health and Welfare (AIHW), the report found that more than 23,000 lives could have been saved in 1998-2000 if the poorest 80 percent of the population had access to the same living conditions and quality of care as the wealthiest 20 percent.

In 1998-2000, the richest males and females lived 3.9 years and 2 years longer respectively than the poorest. This health gap began at birth and lasted throughout people's lifetimes: "Socio-economically disadvantaged areas experienced significantly higher mortality rates for most major causes of death, and these differences were evident for males and females at every stage of the lifecourse: in infancy and childhood, adolescence and young adulthood, among the working aged, and well into late adulthood."

Even more significant was the backward step in health inequalities, which reflects the widening of the overall gulf between rich and poor. Data from 1985-87 and 1998-2000 revealed that relative mortality inequality between the least (top 20 percent) and most disadvantaged (bottom 20 percent), aged 25-64, increased for all causes, and almost doubled for cancers and cardiovascular disease.

In 1985-87, general death rates for the poorest males aged 25-64 were 68 percent higher than for the richest. By 1998-2000 this inequality had increased to 75 percent. Inequalities in male deaths from cancer rose from 28 percent to 45 percent, and for deaths from cardiovascular disease, from 65 percent to 110 percent. Although general death rates were lower for females, the overall pattern of widening inequalities was virtually the same as for males.

For specific causes of death in 1998-2000, the most disadvantaged experienced markedly higher mortality rates for: Sudden Infant Death Syndrome (SIDS); conditions arising from the perinatal period; congenital malformations, deformations, and chromosomal abnormalities in newborn babies; accidents and injury; suicide; cancers; diseases of the respiratory, digestive and circulatory systems in the aged (65 years and over); and diabetes mellitus in the aged.

The report also found substantially higher death rates for those living in remote and very remote regions. The gap arose in the same specific causes of death (apart from SIDS) that were markedly higher for the most socio-economically disadvantaged.

According to the report, the greatest factor in the remote/very remote areas was that Aborigines comprised 49.3 percent of the population. Rural Aborigines are among the most oppressed groups in Australia, suffering from state-entrenched isolation and poverty, often with little or no access to basic services such as health care and education.

The report also found that blue-collar workers, compared to those employed in managerial, administrative and professional areas, "experienced significantly higher death rates for all causes and for most specific causes". The gap was especially marked for deaths due to lung cancer; behavioural disorders resulting from psychoactive substance use; circulatory, respiratory and digestive diseases; accidents and injury; and suicide.

When Health Minister Tony Abbott released the report he attributed the gulf to factors such as substance abuse and over-eating, in a crude bid to blame the victims for their own ill-health. "I have to say that while it is genuinely disturbing

that these gaps should exist, it is not all that surprising because unfortunately we do know that high rates of smoking, use of drugs and alcohol, obesity and other factors tend to correlate with socio-economic status."

This claim is belied by the second AIHW report, *Child and Youth Health Inequalities in Australia*, which revealed that social deprivation begins to damage children's health from birth. The report found that: "Up to 25 percent of all Australian children and young people ... experience social and economic circumstances that place them at risk of poor health."

It cited disturbing statistics on death rates in the early years of life. "Disadvantaged life circumstances as measured by area-level socio-economic status are associated with a one to three-fold increased risk of early life mortality. Indigenous ethnicity and geographic remoteness are associated with a two- to four-fold increased risk of early life mortality."

The *Child and Youth Health Inequalities* report combined statistics from the main *Health Inequalities* report with data and analyses from previous studies to conclude: "[T]he majority of research confirmed the adverse impact of socially and economically disadvantaged circumstances on the health of Australian children and young people."

The data presented in both reports show that the fundamental inequality is that of class. All the identified inequalities point to material and social conditions that substantially favour the wealthy and subordinate social needs to the interests of increasing capitalist wealth.

For all Abbott's blame-shifting, the low-paid or unemployed who are forced to live in substandard housing with poor access to basic medical services and a decent education are inevitably more exposed to general physical and psychological health problems, accidents and injury and higher suicide rates. When the social conditions of Aborigines and their history of dispossession are analysed, it is not surprising that youth suicide of males in remote regions is 280 percent higher than in the major cities.

Despite the wealth of statistical data they present, the authors of the AIHW reports are careful not point to the connections between the increasing health inequalities and the government's persistent attacks on the public health system, education and social welfare.

Abbott chose to highlight the *Health Inequalities* report's passing mention of the overall decline in death rates, which was not even part of the report's brief. He then asserted the "quality of Australia's health system," which he claimed had been enhanced though government measures such as the so-called Rural Health Strategy and Medicare Safety Net.

The truth is that both the present government and its Labor predecessors have made it increasingly difficult for poorer patients to obtain medical care. Many people can no longer find doctors who will "bulk bill", that is, not charge upfront fees, because of the continual erosion of the Medicare health insurance system. At the same time, prices of essential medicines have soared under the subsidised Pharmaceutical Benefits Scheme (PBS).

Many patients have attempted to find alternative care by turning to over-crowded hospital casualty units for free treatment. But for two decades the public hospital systems have been hit by constant ward closures, deteriorating equipment and staff shortages, designed to force people into buying private health insurance.

Numbers of surveys have shown that people have been delaying visits to doctors for financial reasons, with one study discovering that one in five adults had failed to purchase medicine prescribed by a doctor due to the cost. Another report found that the poorest patients suffering from chronic illnesses, those who earned under $13,000 per year, spent 27.5 per cent of their income on health-related costs.

That was before the Howard government last year approved a 21 percent rise in the prices of PBS scripts, with Labor's support. This added up to $50 per month to the medical bills of people suffering serious illnesses such as cancer, heart disease, diabetes, asthma, hepatitis, cystic fibrosis and HIV. (See "Australian Labor's u-turn on pharmaceutical benefits".)

Things will only worsen as a consequence of the 2005 budget, which reduced the Medicare "safety net" and made further cuts to the PBS, so that general patients will have to spend an extra $228.80 per year and pensioners $36.80 more to get free or cheap medicines. (See "Australian budget bonanza for the wealthy")

In addition, as part of the government's "welfare to work" measures, at least 190,000 sole parents and disabled and mature-aged jobless people will be pushed off welfare and into low-paid work. Working-class sole parents, whose children are most vulnerable to health problems, will be forced to look for work and leave their children alone at home before and after school.