Australia to shut northern TB clinics

John Mackay
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The Australian federal government of Prime Minister Julia Gillard and the Queensland state Labor government are shutting two desperately needed medical clinics located on Saibai and Boigu islands in the Torres Straits, in far-north Australia. The decision is part of the austerity measures now being implemented by both governments to slash social spending.

Total annual funding for the clinics, which are a few kilometres from the Papua New Guinea (PNG) mainland, is just $18 million—$14 million from the Queensland government with the remainder provided by the federal government. The facilities provide medical services and tuberculosis (TB) treatment for PNG nationals, who have one of the highest TB infection rates in the world.

The Queensland government claimed it could not continue funding the clinics, declaring it was a federal responsibility and the Gillard administration refused to increase its $4 million contribution. The Labor governments then collaborated to develop a so-called "exit plan" to shut the clinics by the end of 2011.

Under a deal finalised this month between the PNG and Queensland governments, 60 current TB patients from the Torres Strait clinics, many of them with the drug-resistant diseases, will be transferred back to PNG during the next few months. The Gillard government announced that it would provide $1.1 million to "assist PNG respond more effectively to tuberculosis." The media falsely reported the federal money as a new initiative in an attempt to cover up the consequences of this dangerous and deeply regressive attack on public health.

The planned clinic closures have been strongly condemned by Australian health professionals and the World Health Organisation (WHO). Doctors have raised serious concerns about the immediate fate of the patients and issued warnings about the spread of TB. There are real fears that shutting down the facilities will lead to an increase in multi-drug resistant or MDR-TB, already prevalent in PNG.

These concerns, including from national TB advisory council member Dr Justin Warning, have been ignored. Warning told the media that the closures would increase "the escalation of drug resistance and ultimately potentially putting Australian residents at risk." Dr Graham Simpson, another respiratory specialist, was asked to oversee the transfer of services from Torres Strait to PNG. He refused, stating that it was unethical and an attempt by government authorities to give the closures a "cosmetic gloss ... a sort of spurious credibility."

The nearest hospital to the Torres Strait clinics is the 90-bed Daru General Hospital in PNG's impoverished Western Province. A recent article in the *Age* newspaper described the facility as "one of the worst in the nation's failing government health system."

The hospital, which was overwhelmed by a major cholera epidemic last year, is grossly under-staffed and under-equipped, and has major problems accessing clean water, sanitation and the correct TB medication. Buildings and equipment are "dilapidated and broken" and when reporters recently visited, the hospital had not received deliveries of basic medical supplies for months. There were no anaesthetics and antibiotics and its X-ray machine and small pathology unit were not working.

In 2009, 1.7 million people worldwide died from TB, which is caused by strains of mycobacteria and transmitted by coughing, sneezing or saliva. If left untreated, anyone with active TB can infect on average between 10-15 people each year.

According to the WHO, South East Asia and the Western Pacific regions are among the highest TB regions in the world and account for 35 and 21 percent of the world prevalence of TB, respectively. PNG has one of the highest rates with an estimated annual incidence of 233 per 100,000 residents.

Mining and energy multi-national corporations are gouging massive profits from PNG while an estimated 40 percent of the population lives on less than a $1 per day. According to the WHO, PNG's total health expenditure per capita in 2006 was only 1.8 percent of Australian per capita health spending.

High MDR-TB rates in PNG add to the complexity of both the control and treatment of the disease, which depends on a broad array of anti-biotics, as well as access to proper diagnostic testing. These strategies are not widely available

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in PNG and so Western Province residents with TB have relied on the Torres Strait Island clinics. Closure of the Torres Strait clinics by Australia's federal and Queensland governments has placed a death sentence on thousands of Western Province PNG citizens suffering from the disease.

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Dr Graham Simpson, who works in the Torres Strait clinics, recently spoke with the World Socialist Web Site *about the disastrous impact of the government cuts.*

JM: What's the history of the clinics, when did they open?

GS: We run the TB control service for the whole of north Queensland and that includes the Torres Strait. About 10 years ago we started to notice increasing numbers of PNG nationals on [nearby] Thursday Island. It rapidly became apparent that there were a lot of people with TB in the coastal villages who were not getting adequate treatment there.

Thursday Island is outside the free-movement treaty zones [between PNG and Australia] and technically they weren't allowed to come down there for treatment. We took the view that we should treat these people and stop the infection spreading into northern Australia and so we established the clinics on Saibai and Boigu and started treating them as outpatients.

JM: How often are the clinics open?

GS: Doctors attend every two months and the nurses come up every two weeks to check the patients and deliver drugs. These clinics have been going now for six years. They have x-ray facilities and apart from that not much, but they do the job. They're functional.

JM: When were you informed of the planned closures?

GS: It happened very suddenly. The news came out of the blue. We were told in April or May formally, however, we heard some rumours prior to this.

JM: What was your response?

GS: I was very, very, very upset and so were the nurses [who attend the clinics every two weeks]. We were all devastated.

JM: How many patients do you treat there?

GS: Today we saw 60—it's a very busy clinic—and most of them have got multi-drug resistant TB. They all have advanced disease, so they are very sick. If they don't get proper treatment the majority of them will die.

JM: What will be their fate once the clinics close?

GS: Leaving these patients to get sicker in PNG means that they'll have a more advanced disease and harder to treat. If they're shipped to Australia they are going to be complicated cases and that will cost more money. It's ludicrous.

JM: What's the extent of drug resistant TB in the region?

GS: No one really knows but more than a quarter of those we see have MDR-TB. Health people in PNG say MDR-TB prevalence is only about 6 percent but they don't really know because they don't have any facilities to test MDR-TB. The only information available is the studies we've published.

JM: How do you treat MDR-TB?

GS: You need a proper mycobacteria culture laboratory. WHO say that before they will allow a country to have subsidised second-line drugs to treat MDR-TB there has to be a Green Light Program and one of the requirements is a properly accredited laboratory for drug resistance testing. PNG hasn't got one and is not likely to get one in the near future.

So what do they do? They can't identify MDR-TB because they don't have a laboratory. They can guess and start giving ordinary treatment and watch the patients get sicker. Managing MDR-TB is quite a technical exercise and PNG has no expertise or experience. They're "flying by the seat of their pants", using whatever drugs they can get on the open market.

JM: How serious is the threat of the spread of TB in the region and into Australia?

GS: There are three aspects that need to be considered. Firstly, inadequate care means patients will get worse and there's the risk of Extra-Drug Resistant TB, which is basically untreatable. They will then infect the people who live in the free-movement treaty zones. Finally, we won't be there to detect these people and treat them effectively to make them non-infectious. Further, this will take away our ability to provide adequate surveillance of the disease.

JM: Did you ever expect to see such an irresponsible public health decision in your career?

GS: Absolutely not. It's quite extraordinary that they have done this and against the express advice of professionals they employ on these topics. Tom Konstantinos, who is the director of the Queensland Tuberculosis Control Centre, is employed to advise them on how to control TB but they've done a 180-degree turn against their own experts.

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