

More deaths of people waiting for essential disability services in Australia

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Australians with a disability continue to die while waiting for urgent support services from the National Disability Insurance Scheme (NDIS). The deaths further expose the fraud of the claims, particularly by the Labor Party and the trade unions, that the NDIS represents a progressive social reform.

Legislated in 2012 by the last Labor government and nationally rolled out in July 2016 by the current Liberal-National Coalition government, the fundamental premise of the scheme is the removal of governmental responsibility for the provision of care for people with a disability.

Previous state-run services and institutions, while always poorly-funded and inadequate, have been largely dismantled and all services outsourced to corporate and non-government organisations that tender for government contracts.

The latest victim is 23-year-old Liam Danher from Cairns in northern Queensland. Last July, Danher's mother and father began to worry that he was having dangerous night-time seizures. A request was made to the National Disability Insurance Agency (NDIA), which oversees the provision of the NDIS, for the purchase of a \$2,500 mat that could detect seizures and sound an alarm.

The family could not afford the mat themselves and had to rely on government funding for the equipment. For more than six months they waited, but received nothing. On February 5, Danher died in his sleep. He suffered a seizure overnight, causing him to suffocate face down on his bed.

A week after his passing, the Danher family received an email from his support coordinator telling them an "urgent" quote was being obtained for the mat. Liam's mother, Tracy Danher, told the *Australian*: "It was just so distressing to receive that email, we had been

waiting every day for that mat to be delivered.

"It would have saved Liam's life, no question, alerted us within seconds if he was having a seizure and we could have put him into the recovery position like we'd always done, and he'd be fine."

Danher's death occurred nearly 18 months after a report was released whitewashing the government's responsibility for the deaths of more than 1,200 people with a disability between July 2016 and September 2019. They all died while waiting for NDIS support. The toll equals roughly one death a day.

Danher's death was similar to that of 32-year-old Tasmanian man, Tim Rubenach, who died of pneumonia in May 2018. He had severe epilepsy, suffered from bleeding stomach ulcers and had been approved by the NDIS for a tilt bed he urgently required. It was delayed for months, only arriving on the day he was to be buried.

It is also a little more than a year since the horrific death of 54-year-old Ann Marie Smith, who died in April 2020 in South Australia (SA). Smith, who had cerebral palsy, died from septic shock, multi-organ failure, severe pressure sores and malnutrition after being confined to a cane chair for more than a year. She had funding from the NDIS for six hours of care a day. Her carers are currently under investigation for manslaughter, but the root causes of such tragedies are systemic.

Smith's death triggered the establishment of a "Safeguarding Task Force" to investigate gaps in disability care in SA. Its final report, handed down last July, absolved the state and federal governments of direct responsibility, yet revealed significant gaps in the oversight of care for people with a disability.

The report noted that the NDIA had no system of external checks for the health of people on the scheme,

and no adequate safeguards to vet the quality of services. Moreover, the SA state government lacked adequate “mechanisms for people to access regular health checks, the ASU [Adult Safeguarding Unit] or community visitors and advocacy.”

In a rare, revealing characterisation of the NDIS, the report concluded: “In a nutshell, the NDIS is an insurance-based arrangement whereby the NDIS is responsible for funding and broad system parameters but does not take responsibility when things go wrong for the individual. The risk and the responsibility is deemed to lie with the individual participant.”

As the WSWs warned in 2013, the removal of government services would mean that care would be “left up to the market, with corporate entities vying for a share of the lump sum awarded to those eligible for disability ‘insurance.’ The inevitable outcome will be a race by businesses in the ‘disabled market’ to maximise their profits by cutting costs at the expense of services.”

In addition, thousands of people are potentially locked out of the scheme, with the number of participants capped at 475,000 nationally and strict eligibility criteria imposed, particularly for those with severe mental health issues or psychosocial disabilities.

One Sydney man, David Harris, was kicked off the scheme after failing to turn up to his mandatory annual review. He suffered from acute schizophrenia and diabetes. Last July, two months after being cut off from the NDIS, he was found dead in his house by his sister, Leanne Longfellow. “No one thought to check,” she told the media. “My brother was very isolated and alone.”

The Labor Party claims the NDIS has been “mismanaged” by the current Coalition government. At its recently concluded two-day “Special Platform Conference,” speakers asserted that “only Labor” could deliver an NDIS that “Australians desperately need.”

This is a sham. The NDIS was always designed to further privatise the disability and health industry. The Greens-backed Gillard Labor government received full bipartisan support from the Coalition when the scheme was unveiled in 2012. The NDIS was based on recommendations by the Productivity Commission, a pro-business think tank that specialises in the slashing of government social spending.

Another federal Labor government would only

deepen the outsourcing of health services. Labor’s national conference overwhelmingly rejected a commitment to not privatise or outsource public health departments, institutions or services, and a proposal that opposed Labor governments subcontracting public health services unless employees were guaranteed equal or better pay.

The provision of care for those with a disability cannot be left in the hands of the financial elite and their political representatives. As the catastrophe of the COVID-19 pandemic continues to prove, the ruling class always places profits before lives. Free and guaranteed access to high-quality healthcare for all—a basic social right—requires the overthrow of the capitalist profit system.



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