

# Australian Aboriginal man died of treatable ear infection in prison

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3 August 2022

A coroner's report released last month revealed that the death of Aboriginal man Douglas "Mootijah" Shillingsworth was entirely preventable. The 44-year-old died on February 15, 2018 in Sydney's Silverwater prison.

He had a chronic middle ear infection, known as otitis media, which spread to his brain, causing sepsis and neurological damage. Deputy State Coroner Joan Baptie said the death would have been preventable if proper detection procedures were put in place.

"Mootijah's death was the result of the systemic failures prevalent in the public health system, the custodial health system in NSW [New South Wales] and the lack of identification and appreciation of this silent killer, otitis media," Baptie said.

Shillingsworth had experienced reoccurring middle ear infections, along with other health issues, all his life, resulting in hearing impairment. The rates of middle ear infections in Aboriginal and Torres Strait Islander people are far higher than the rest of the population.

Days before he died, Shillingsworth went to the medical centre at the Metropolitan Remand and Reception Centre. He had toilet paper in his ear as a result of leakage due to the infection. The paper had been reduced to a paste-like consistency.

His treating doctor believed the problem was caused by the paper and gave him drops to dissolve it. Only later was the infection acknowledged and Shillingsworth taken to the hospital for a CT scan, which revealed an abscess on his left frontal lobe. Despite surgery and a stay in intensive care, he died the following month.

Shillingsworth had been jailed 13 times between 1997 and 2017, but at the time of his last arrest in March 2017 his ear infections had not been identified

as a "significant health issue," according to Baptie's report.

"While his manner of death was from natural causes, this was clearly precipitated by the failure to identify and treat his ear disease while in custody," Baptie stated.

Shillingsworth's family wrote: "Although there will be no justice, we sincerely hope that his death in custody will bring about change. His death has left his family devastated to the core in all forms of incapacity."

Four recommendations emerged from the inquest, including the trialling of Medicare, the public health insurance system, for Aboriginal inmates. Due to rules around state and federal funding, an inmate in NSW cannot access Medicare, which includes an annual health check-up for Aboriginal people.

The recommendations offer no solutions for the thousands of incarcerated Aboriginal people. Indigenous people make up 28 percent of prisoners, while only being 3 percent of the national population. In youth detention, they represent 48 percent of the inmates.

Moreover, by all social indices—poverty, overcrowding, joblessness, mental and physical health issues—Aboriginal working-class people are the most disadvantaged. Ear infections are widespread, particularly among children, as a result of horrendous living and social conditions.

Acute otitis media (AOM), the main form of infections, causes a bulging of the eardrum. The middle ear canal fills with fluids, commonly referred to as "glue ear." Chronic suppurative otitis media, typically the result of persistent AOM, is described as "runny ear" because pus, discharged from the burst eardrum, leaks out of the ear.

Lifelong hearing loss can develop and impede cognitive development in children. According to reports from the World Health Organisation (WHO) Aboriginal children have some of the highest rates of AOM of any groups in the world, at around 12 to 46 percent. The condition is more prevalent in remote communities. The WHO considers a prevalence of 4 percent a public health problem that requires urgent action.

Shillingsworth's death occurred amid a continuing string of Aboriginal deaths in custody, generally at the hands of the police, as well as fatalities from COVID-19, which has been allowed to spread unchecked in remote communities after Labor and Liberal governments removed safety restrictions.

On July 6, another NSW coroner's report into the death of 57-year-old Kevin Bugmy ruled it was the result of inadequate care he received for chronic solvent inhalant use over many years in jail. Bugmy died in April 2019 from severe coronary artery disease. He was part of the "stolen generation" of Aboriginal children forcibly removed from their families, a practice still ongoing.

Last year marked 30 years since the publication of the Royal Commission into Aboriginal Deaths in Custody report. Despite two-thirds of the commission's recommendations being carried out, annual Aboriginal deaths in custody have increased by 50 percent.

This cannot be explained as simply the product of racism from the police and court system. The number of deaths in custody for non-Aboriginal inmates is also high. Of 2,608 deaths analysed by the Australian Institute of Criminology in 2018, 2,104 were of non-Indigenous people.

Aboriginal people are the most oppressed layer of the working class. They are often used as guinea pigs for the implementation of draconian programs such as compulsory "welfare quarantining" through cashless cards. This was trialed in Indigenous communities before being imposed more broadly.



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