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AGENDA ITEM - HEALTH

Statement by ABORIGINAL AND TORRES STRAIT ISLANDER COMMISSION
CHAIRMAN, GEOFF CLARK

Geoff Clark ATSIC (Australia)

geoff.clark@atsic.gov.au

Thank you Chairman,

There is no more damning indictment of the effects of colonisation in our country, Australia, than the appalling health of our Indigenous peoples.

In a nation where the health status of the general population is among the highest levels of any developed country in the world our peoples suffer the worst health of any Indigenous population within any comparably developed country.

At my age of 50, I by no means consider myself an old man, but the reality is only one in every two Indigenous men will reach my age and the mortality rate for our women is little better.

Living in one of the most developed countries in the world, the life expectancy of our Indigenous peoples is comparable with those of Lesotho, Western Sahara or Iraq.

The reality is our life expectancy is 20 years less than anybody else in Australia.

There can be no starker illustration of the levels of disadvantage afflicting our peoples.

To be an Indigenous person in our country is to live a life measured out by funerals.

Too often too soon we lose so many of our family members, friends, leaders and activists.

The cost to our communities is incalculable.

The leading causes of death for Aboriginal and Torres Strait Islanders are circulatory disease, cancer, respiratory disease, endocrine diseases and external causes.

There has been an explosion in diabetes-related deaths; the male death rate is running at 150 per cent higher than the non-Indigenous rate and the female death rate is nearly 400 per cent higher.

Our people are more than twice as likely to die as a result of traffic accidents, suicides and assault.

There is an escalating epidemic of mental illness fuelled by the abuse of alcohol and substances including petrol, marijuana and heroin.

I could relate a long list of mind-numbing statistics but in my country it seems their impact has been diluted by their repetition despite their clear indication of a crisis in Indigenous health.

Perhaps the greatest tragedy of all is that so many of these deaths could have been avoided – through education, employment and access to decent housing, infrastructure and health care.

It is no coincidence that Indigenous access to these rights and services lags far behind that of the non-Indigenous population.

International research shows a correlation between low socio-economic status and higher rates of communicable diseases, mental disorders and chronic diseases such as cardiovascular disease and diabetes.

In Australia the problems are exacerbated by distance, because many of our peoples live in remote areas, and a lack of culturally appropriate services.

During the mid-1990s responsibility for health care was removed from our peak Indigenous agency, ATSIC, and transferred to the mainstream Health department with a significant boost made in funding and human resources.

Unfortunately there have been few signs of any improvements.

In the wake of findings by the Commonwealth Grants Commission that mainstream services, particularly in health, were not reaching their Indigenous targets the current government has recently moved to increase our participation in the national health system, Medicare.

I welcome this initiative but there are clear signs that our nation is tinkering at the edges while failing to address the core issues.

The unpalatable truth for our governments and policy makers is that not enough money is being spent.

While we experience ill health at three times the rate of the non-Indigenous population, spending on Indigenous health is only 22 per cent higher and levels of service delivery varies from adequate to almost non-existent.

The peak doctors' organisation, the Australian Medical Association, has been urging the government for several years to commit an additional \$245 million annually to Indigenous health but their plea has gone unheeded.

There is also a demonstrated \$3.5 billion unmet critical need for housing, infrastructure and clean water in our communities.

We say this should be funded by quarantining a proportion of the Medicare levy but our proposal has fallen upon deaf ears.

It is also time for the government to reconsider its out-of-hand rejection of our organisation, ATSIC's call for negotiation of a Treaty.

We say it is no coincidence that the health status of Indigenous peoples in countries similar to ours – the United States, Canada and New Zealand – is improving more rapidly.

All of these countries have signed Treaties which have given official, legal and constitutional recognition to their first peoples.

As part of the Treaty processes in these countries there has been a sustained commitment to addressing social and cultural needs while ensuring Indigenous peoples have greater control over their own lives.

An Australian Treaty would allow us real self-determination on policy development, service implementation and the allocation of funds for health resources.

A Treaty would enable our peoples to have a fair and equitable share of the vast resources wealth in our lands and seas as enjoyed by our brothers and sisters elsewhere.

It is well past the time for our political leaders to face up to their responsibility to make a fair and just settlement with the dispossessed and rightful owners of our country's lands and seas.

We can break the shackles of welfare and we can pay our own way if only we are given our fair share.
We will never escape our poverty prison being fed a diet of crumbs from the table.
Thank you.