31.7.98 pm

WGIP 98/OCE.AUS/20

MEETING OF THE WORKING GROUP ON INDIGENOUS POPULATIONS

SUB COMMISSION ON PREVENTION OF DISCRIMINATION AND PROTECTION OF MINORITIES

UNITED NATIONS COMMISSION ON HUMAN RIGHTS
27-31 JULY 1998

STATEMENT BY THE NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION OF AUSTRALIA.

Delivered by Mr Steve Larkin
Chief Executive Officer

Thank you Madame Chair for providing me with the opportunity to speak before you today.

The National Aboriginal Community Controlled Health Organisation is a non-government organisation which as the national peak body on Aboriginal health, represents over 100 Aboriginal community controlled health services throughout Australia on matters relating Aboriginal health and well-being.

Unfortunately at the present time in Australia, there is no other identifiable group in Australian society which suffers a comparable burden of ill health and socio-economic disadvantage as do Aboriginal people. Aboriginal people are faced with a far shorter life expectancy (e.g. between the ages of 25 and 54, aged standardised death rates for Aboriginal people are 5 to 8 times those of non-Aboriginal Australians), significant higher infant and maternal mortality (e.g. the expectation of life at birth for Aboriginal people is some 18 to 20 years less than that for the general population) and higher rates of chronic and infectious disease and injury.

We are still being deafened by chronic ear infections, blinded by trachoma and are dying in large numbers by diseases which are readily preventable and treatable given adequate resourcing.

The impact of poverty, squalor and overcrowding cannot be underestimated and is reflected in other health conditions. In Australia, rheumatic fever, pneumonia, skin diseases, chronic ear infections, diabetes and renal disease occur in a number of Aboriginal populations in certain regions at rates in incidence that are amongst the worst reported in the world. For example, rheumatic fever and pneumonia occurs in the Northern Territory of Australia at a rate of 650 per 100,000 people. There are currently no higher rate of incidence for this condition being reported anywhere else in the world.

The incidence of eye disease amongst Aboriginal Australians, particularly trachoma, continues to occur at rates far greater than that of the non-Aboriginal population. We know that Trachoma is strongly linked to ready access to water. However, the Federal Race Discrimination Commissioner's 1994 Report on Water found that a total of 54000 Aboriginal people were served by a reticulated water supply system designed to serve a maximum of 1000 people.

It is also strongly linked to the current Aboriginal experience of poor housing, hygiene and squalor. For example, the results of the 1996 national census reported that of all 2-3 bedrooms households surveyed during the census where there were 12 or more people living in the house, 90% of these houses were occupied by Aboriginal people. The census also found that Aboriginal people were 20 times more likely to live in houses in which had an average of 4 or more people per bedroom.

Yet we constitute only 1.6% of the total Australian population.

Disturbingly, mainstream Australia have become well accustomed to hearing the bad news in Aboriginal health. The Australian public has become both blase and indifferent or what my brother Mick Dodson has likened to "industrial deafness", in face of the oft-repeated statistics illustrating the appalling gap between Aboriginal people and the rest of the community such as those I mentioned earlier.

Yet despite this evidence, the Australian Government continues to promote the widely held myth that billions of dollars have been poured into the "black hole" of Aboriginal health to no

avail. In their view, throwing money at the problem is not the answer but further analysis of total Aboriginal health funding effectively makes this argument a complete nonsense. The truth of the matter is that Aboriginal health in Australia is severely under-funded.

The 1998 Commonwealth Government Report on Aboriginal and Torres Strait Islander Health Expenditure found that the Australian Government spends less per head on Aboriginal peoples health than they do on non-Aboriginal people despite the greater burden of ill health suffered by Aboriginal people. Further, the report showed that on the basis average income per head of population, Aboriginal people were placed in the lowest fifth of the total population.

The report further reveals that for each dollar the Australian Government spends on the health of a non-Aboriginal person, only 63 cents are spent on an Aboriginal person. If we examine the two principle mainstream health financing programs, Medicare (MBS) and the Pharmaceutical Benefits Scheme (PBS), the report shows that for each Medicare dollar spent on a non-Aboriginal person, only 27 cents is spent on an Aboriginal person. For each PBS dollar spent on an non-Aboriginal person, only 20 cents is spent on an Aboriginal person.

The money available in the Commonwealth Aboriginal health program is far from sufficient to meet the Aboriginal health needs around the country. Many Aboriginal communities do not have their own health services. Where there are services, they are generally under-funded and this funding gap is increasing as the Australian Government refuses to provide supplementary funding for increased costs such as award wages for doctors and Aboriginal Health Workers.

Health programs are only one part of the health jigsaw in Australia. Environmental and social conditions are at least as important in influencing Aboriginal health status and are not being addressed. In fact they are worsening. For example, the Aboriginal and Torres Strait Islander Commission (ATSIC) has estimated that it would cost approximately $4 billion dollars to bring health infrastructure for Aboriginal people such as housing, water and sewerage up to acceptable levels. Yet ATSIC has suffered funding cuts and this years Federal Budget brought no increased funding for Aboriginal housing, jobs or education.

To conclude Madame Chair, it would be appropriate to describe the present official Aboriginal health policy as "pills for poverty". Global spending in Aboriginal health (ie all source expenditure per capita) is barely equal across Aboriginal and non-Aboriginal people and is certainly not equitable given Aboriginal health need is estimated to be at least 3 times higher than that of the Australian average.

We are encouraged by the commitment of current Federal Health Minister, Dr Wooldridge, who has confirmed his support for Aboriginal community control in health and whose department is working closely with our organisation to develop reforms that would improve Aboriginal access to Medicare and PBS. Extra funds included in the last Federal Budget although far from adequate are also welcomed.

However Madame Chair, there is an urgent need to monitor and enforce the Aboriginal health framework agreements signed between the Federal and provincial governments, NACCHO and ATSIC. Aboriginal people still hold major concerns about how provincial governments discharge their responsibilities in Aboriginal health. We would like to see the Commonwealth Government take the lead role in ensuring provincial governments are held accountable for their performance in Aboriginal health.

Australia is first world country but Aboriginal people continue to live in third world conditions.

Australian Federal and provincial governments remain confused over their respective responsibilities in Aboriginal health and this together with a paucity of resources and lack of political commitment has meant that little if any progress has been made to improve our health. There are no treaties that have been signed between the Australian Government and our people and therefore the Australian Government is under no legal obligation to deal directly with us.

Madame Chair, the pendulum has not swung too far in Aboriginal affairs, rather it has not swung far enough. There has been no apology forthcoming from the Australian Commonwealth Government for the past forced removal of our children from their families despite international precedent. And the Australian Army should not be the body responsible for the delivery of basic citizenship rights through its environmental health program to our people.

We need to see a unwavering political commitment by all Australian Governments to improving Aboriginal health and this would be best manifested by the provision of the critical mass of resources essential to the achievement of inroads into the health problems of our people. We are tired of burying our people and we are sick of living in the gutter. Bad news can be turned into good news but we are going have to work hard in partnership to achieve this. Aboriginal people need to given control of their own health and well being so that future generations do not inherit the current situation where the state of Aboriginal health is a national disgrace.

Thank you Madame Chair.