

DISCRIMINATION IN AN UNEXPECTED QUARTER

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The title may be construed as arising from a deference to the medical profession. However, it is surprising to find discrimination against Aborigines in the determinations of the Tuberculosis Act 1948.

One of the determinations (viz. 53(f)) under this Act reads as follows:—

“the tuberculosis allowance is not payable to . . . aborigines and people of mixed blood who, prior to their illness, did not support themselves and their dependants (if any) from their earnings.”

The reality of this determination is confirmed by an instruction in the operating manual, “Instructions, Pensions and Associated Payments”, issued by the Department of Social Services. This instruction reads as follows:—

“The tuberculosis allowance is not payable to . . . aboriginal natives of Australia whatever their caste or whether they are under the control of the appropriate authorities and otherwise if—

- (1) they are unable to manage money or likely to waste it;
- (2) they cannot be said to have reached an appropriate degree of social development in such things as character, intelligence, living conditions, needs, past earnings and discharge of family responsibilities, etc.

This is in no sense a reflection upon the class intended to be covered. It merely recognizes the fact that their backgrounds, training and experience is not such as to enable them to manage their own financial affairs. The provision of free treatment, care and maintenance is the appropriate course in these cases. Should any individual case arise in which some relaxation in the principle set out in sub-para. (1) of this instruction is considered desirable, the papers should be referable to the Director-General to obtain a ruling from the Director-General of Health.

It must be noted that this instruction applies to all aboriginal natives whether they are full, part or lesser caste. The fact that an aboriginal native is in possession of a certificate of exemption does not necessarily qualify him for payment of tuberculosis allowance”.

Determination 53(f) of the Tuberculosis Act already quoted should be invalid because it contravenes the preamble of Section 52 of the same determinations. The preamble states:—

“Tuberculosis allowance is payable to an eligible applicant irrespective of nationality or racial origin.”

These determinations and instructions violate a basic medical ethic — namely, that medical practice in its widest sense should not discriminate on questions of race, creed or colour.)

The phraseology and opinions expressed in these instructions and determinations are offensive and scientifically incorrect.

Aborigines is spelt with a small “a”—the accepted anthropological terminology, as with all

other races, is to use the capital letter.

The phrase “people of mixed blood” is not in keeping with modern physiological or anthropological thought. In fact, if this instruction were to be interpreted literally, then all those individuals who have had blood transfusions could be denied the tuberculosis allowance. The correct and dignified terminology is people of Aboriginal descent or inheritance. The part of the instruction in the operating manual of the Department of Social Services reading — “they cannot be said to have reached an appropriate degree of social development in such things as character, intelligence . . .”, is not scientifically correct and is directly contradicted by a report of a committee of experts who carried out an extensive investigation on the race question under the auspices of U.N.E.S.C.O. in 1949.

The non-payment of the tuberculosis allowance to many Aborigines in Queensland (41, in fact) has resulted in such impecuniosity that it has made it impossible for their families to visit them during their hospitalization, and the therapeutic value that would have resulted from these visits was lacking.

A cause for concern in these instructions and determinations is that with this disease ill-health may precede the diagnosis by an interval of time.

The patient's inability to support himself could be the result of his illness.

Aborigines who are not eligible for the tuberculosis allowance are eligible for sickness benefits. With sickness benefits, the Department of Social Services cannot pay more than the loss of wages. If the Aborigine has been unemployed, or is receiving low wages, he may not feel inclined to accept hospitalization and have his family on a low rate of sickness benefits. The acceptance of future seasonal work may have greater appeal.

This could not only jeopardize his own personal chance of recovery, but his refusal of hospitalization could be a health hazard to the rest of the community if he be an infectious case. Such a situation could negate the whole purpose of the Tuberculosis Act.

Discrimination can inflict psychological trauma on the victim—and if this victim be suffering from tuberculosis, then additional trauma could delay the recovery of the patient.

At the management committee meeting of the A.A.L., held on November 13th, 1963, the following resolution was passed:—

“A letter be sent to the Minister for Health asking him to delete determinations 52(d) and 53(f) of the Tuberculosis Act 1948. A letter be sent to the Minister for Social Services asking him to delete the instructions relating to Aborigines and the payment of the tuberculosis allowance contained in the operating manual of the Department of Social Services.”

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