

(1) THE PRESENT SITUATION.

This report can discuss only the organic and physical diseases found among Aborigines, and whether such incidence is greater than among the white community. The nature and extent of the emotional and psychological disturbances deriving from the Aborigines' particular social and health pattern remain largely uninvestigated.

Student Action for Aborigines submitted a questionnaire to eight medical practitioners in north-west and northern N.S.W., in February 1965. Between them they have had personal experience of the majority of Aborigine patients in the region. Tables are included in this report to clarify the findings.

(a) Table 1 shows the number of doctors giving each rating on the relative incidences of some diseases amongst Aborigines as compared to whites.

Comparative Incidence : Aboriginal/White

Disease	Less	Similar	Higher	Much higher	Absent from Area
1. Tuberculosis	1	4	2	-	1
2. Alcoholism	2	4	1	1	-
3. Roundworm	-	1	4	3	-
4. Hookworm	-	-	1	3	4
5. Venereal disease	-	-	4	4	-

Note that Alcoholism and T.B. are rated roughly equal to the white community whereas worm infestation and venereal disease are rated higher to much higher, among Aborigines.

(b) Maternal and Child Care: Aboriginal mothers do not, unless encouraged, attend well for ante-natal care. A N.S.W. Department of Health Survey at Walgett revealed that 21 of 25 white mothers had regular ante-natal care. However, of 30 Aborigine mothers, only 17 had regular care and 5 had no ante-natal care at all.¹ Further,

"In the Western Health District an Aborigine child has about a three times greater chance of dying before its first birthday than an average white child in N.S.W. The infant mortality rate for N.S.W. is about 20:1000 live births For Aborigine babies this figure may be 60 or more. In some localities an Aborigine child at birth has a 1:10 chance, or 100:1000 of dying before its first birthday. Most of these deaths are preventable."

1 Dr. T.F. Rennie, Medical Officer of Health, Western Health District, Public Health, July 1965, p.15.

".... the factor that accounts for most of the difference in the mortality rate between white and Aborigine children in N.S.W. is infection. The infections that kill the young children are the same ones that have been killing the children of the poor for centuries.

- (i) Respiratory infections such as bronchitis and pneumonia.
- (ii) Gastro-intestinal infections such as diarrhoea and vomiting and dysentery."¹

".... deficiencies in obstetric and infant care carry over into the pre-school child (3-5 years). For example it was found in Walgett that whereas 12.5% of white children in this age group had a significant defect, 60% of Aboriginal children had a defect; mainly discharging ears, chest infection, skin infections and infections of the hair."²

Estimates given by doctors to S.A.F.A. of the proportion of Aboriginal children undergoing the full course of immunising injections varied from 5% in one town to 85% in another. The differences were largely attributed by the doctors, to campaigns conducted by the local authorities.

(2) WHY ARE ABORIGINAL HEALTH STANDARDS DEPRESSED?

S.A.F.A. asked the doctors to assess the influence of some factors possibly contributing to the lowering of standards.

Table 2 shows the number of doctors giving each response.

Factor	Degree of Influence		
	Not at all	Slightly	Very Much
1. Poor environmental hygiene	-	2	6
2. Poor personal hygiene due to:			
(i) ignorance of health principles	-	3	5
(ii) apathy	-	4	4
3. Malnutrition	-	5	3
4. Lack of access to medical facilities	6	2	-

Note the high rating for environment and the low rating for lack of access to medical facilities. Most doctors said their Aboriginal patients hardly ever paid their bills, hence treatment was given with little hope of payment. It would seem that except in certain isolated reserves, Aborigines are at little disadvantage in their access to medical facilities.

Dr. Rennie agrees that environment is most to blame.

"On first inspecting all kinds of Aboriginal settlements the extremely poor physical environment is at once apparent.

- (i) Housing. Almost all Aborigines are inadequately housed. They mostly live in ramshackle buildings of temporary construction which are in no way adequate. The buildings are inadequately lit,

1 Ibid., pp.14-15.

2 Ibid., p.15.

drained and ventilated, with no running water, no washing, laundry or cooking facilities. All are overcrowded.

(ii) Sanitation. Standards are very poor and the disposal of potentially harmful wastes such as faeces and putrid garbage is usually unsatisfactory.

(iii) Drinking Water. This is usually drawn from the nearest source, mostly the river. With the exception of some of the larger Stations the water is never treated. As all rivers in N.S.W. are polluted, it follows that polluted water is used for drinking. During times of drought dangers to health are considerably increased.

(iv) Food Handling. The knowledge of the Aborigine about food hygiene is even worse than that of the average Australian."¹

(3) S.A.F.A. SUPPORTS the view that poor education means poor knowledge of the principles of hygiene. For example, the idea that micro-organisms cause infection cannot be arrived at by unaided commonsense. Further, Aborigines as a group are socially depressed, and as individuals, many are despairing. Their old culture is destroyed; they have no real foothold in society; no secure basis on which to build aspirations for a better life. Without motivation, personal circumstances - in education, employment and health - will not improve. The inter-dependence of health with social, economic and educational conditions demands recognition that improvement in each sphere is dependent on the parallel development of all.

(4) RECOMMENDATIONS FOR POLICY.

(a) Increased and substantial aid to reduce the appalling health hazards on existing reserves; more homes to reduce overcrowding, and facilities for the disposal of faeces and garbage; running, non-polluted water in each home.

(b) An intensive and concentrated programme of health education by trained and experienced health educators, such as Public Health Nurses, and Baby Health Centre Sisters. Trained Medical Social Workers, in the first instance, by being on hand to help the Aborigines solve their very pressing health problems, can win the confidence and respect of the Aboriginal community in which they work, and near which they should live, if at all possible. This would be a new approach to the policy of assimilation. The candidates for such a course could be sought from the Department of Social Work at Sydney University. Observation of the work of the Baby Health Centre Sister at Wellington, which followed the social workers' approach of home visits, and non-directive, non-judgmental advice and help, convinced members of

1 Ibid., p.13 & 14.

S.A.F.A. that this was a very positive step to overcoming distrust of the white community in general, and white people in particular.

(c) Investigation of the effects of membership of a depressed group on motivation to improve health standards, and of the possible means of increasing this motivation.