

The Social Determinants of Health and a Treaty or Treaties

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I want to begin by acknowledging the dedication, commitment and tireless effort of the many who have devoted their lives to improving the state of Indigenous health.

It would be unfair to say that nothing has changed - of course there have been some positive changes - and yes, there has been increased funding and resources - but it is still not enough.

We can all readily quote the too familiar statistics - the gap between Indigenous and non-Indigenous life expectancy and chronic diseases.

Not a year passes when yet again, another report reveals once more the appalling state of Indigenous health. Somehow it has become accepted by most Australians - including Indigenous people, that this is the norm.

We are the world record holders in some of the most preventable, treatable illnesses - rheumatic heart disease, strep infections, end stage renal failure - yet the meaning of these statistics seems not to be heard or felt.

The human face of such illness and misery is not recognised.

We are facing the greatest threat to our very survival as a people since the arrival of the First Fleet.

We have a health emergency that demands immediate action.

Overall, Australians enjoy amongst the highest standard of health and life expectancy in the world. By comparison, Indigenous Australians have a life expectancy less than that of many developing countries.

- *Power point 1 - life expectancy Indigenous /other developing countries*

The health emergency in Indigenous Australia is not confined to remote communities - neither is it confined to areas outside the major cities.

Sure, on some indicators people living in remote communities are definitely worse, but overall, regardless of where Indigenous people live - it is uniformly poor and unacceptable.

What are the underlying causes of poor health ?

Why do we suffer such poor health?

Is it that we lack knowledge about how to take care of ourselves and our families?

Are we simply to blame for poor lifestyle choices?

The appalling health of Indigenous Australians is not some kind of medical mystery yet to be solved.

The causes and treatment of illness and chronic diseases which ravage our peoples are within the grasp of medical science.

We know what the underlying causes are and there is a wealth of knowledge of the effective intervention and prevention of these diseases.

The health and well being of all people, wherever they live, is affected by their living circumstances and quality of life - the social determinants of health:

World Health Organisation

- *PPT2 - Social determinants of health*

Social gradient - a person's social and economic circumstances strongly affect their health throughout life. People who are the poorest, least educated, living in poor housing, unemployed are more likely to suffer poor health.

Early life - research suggests that children born with low birth weights and who experience poor growth in early childhood are much more likely to be predisposed to suffer from chronic diseases such as diabetes, ischaemic heart disease etc as adults.

- *PPT 3 - % infants with low birth weight*

Social exclusion - is hurtful and harmful. People who are socially excluded, marginalised and who experience racism and discrimination - the poor, homeless, minority groups, people are more likely to experience poor health.

Unemployment - job insecurity and unemployment is a chronic stress which increases the longer the person is out of work

There should be no mistake that the state of Indigenous health in this country is an abuse of human rights.

A decent standard of health and life expectancy equivalent to that of other Australians is not a favour asked by our peoples. It is our right - simply because we too are human.

So what are human rights?

- *PPT 4 - Human rights*

Human rights are legally guaranteed by international law, protecting individuals and groups against actions that interfere with fundamental freedoms and human dignity.

They encompass what are known as civil, cultural, economic, political and social rights.

Human rights are principally concerned with the relationship between the individual and the state. Governmental obligations with regard to human rights broadly fall under the principles of *respect, protection and fulfillment*

- *PPT 5 - Treaties ratified by Australia*

What is the link between health and human rights ?

There are complex linkages between health and human rights. Examples of the language used in various human rights instruments to articulate the normative content of some of the key human rights relevant to health include:

- *PPT 6, 7 & 8 - right to health*

The right to health does not mean just the right to be healthy.

It requires governments to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time - and to ensure equitable access to resources and health services where they are most needed.

Making this happen in practice is the challenge facing both the human rights community and public health professionals.

In May 2000 the Committee on Economic Social and Cultural Rights adopted a General Comment on the right to health.

The General Comment recognised that the right to health is closely related to and dependent on the realisation of other human rights, including the right to food, housing, work, education, participation, non-discrimination and equality.

For many of our people these basic human needs - adequate nutrition, primary health care, housing, decent water remain woefully inadequate.

The General Comment sets out four criteria by which to evaluate the right to health:

- *PPT 9 & 10 - Availability, accessibility ..*

International research shows that vulnerable and marginalised groups in any society tend to bear an undue proportion of health problems.

Marginalised people are those who are powerless and who suffer discrimination.

Overt or implicit discrimination violates a fundamental human rights principle and often lies at the root of poor health status.

In practice, discrimination can manifest itself in inadequately targeted health programs and restricted access to health services.

The prohibition of discrimination does not mean that differences should not be acknowledged, only that different treatment - and the failure to treat equal cases equally - must be based on objective and reasonable criteria intended to rectify imbalances within a society.

This is particularly so for Indigenous Australians who, by far, suffer a disproportionate burden of ill health and premature death and yet continue to have less access to GPs, MBS, PBS and primary health care services.

Spending on Indigenous health is increasing, but incredibly, the Commonwealth Government, through its programs still spends less per capita on Indigenous people than it does for the rest of the community - 74c on Indigenous Australians for every \$1 spent on the rest the population.

It is estimated that an additional \$300m per year is needed to provide an equitable allocation of health care resources to Indigenous people.

Clearly the lack of equity and access to public health care funding and programs can only be described as discriminatory.

Such disparity is so prevalent across the health sector that all public health policies and programs should be considered discriminatory until proven otherwise.

The onus should be placed on public health to affirm and ensure its respect for the rights of Indigenous Australians.

Recognition and protection of human rights must become an integral dimension of the design, implementation, monitoring and evaluation of health-related policies and programs in all spheres including political, economic and social.

Central to bringing about improvement in the health of our peoples is the inherent right of self-determination and our capacity to exercise that right.

If Indigenous Australians are not actively engaged as the primary agents of change then the root causes of our ill-health will not be addressed.

In the area of health, as in so many aspects of our lives, self-determination is essential - not merely as a matter of right, but as a matter of practicality.

Good health cannot be simply 'delivered' to our communities - it must be developed and sustained from within. Experienced practitioners in development can attest that nothing else will work.

Past and present policy paradigms have failed us miserably.

Current administrative arrangements and the constant cost-shifting between Commonwealth and state governments is both inefficient and inequitable.

If we are to get Indigenous affairs beyond the political fray then there has to be a fundamental change in the nature of the politico-legal relationships between Indigenous peoples and other Australians.

Contrary to the views of some, I would argue that recognition of Indigenous rights in law does not threaten the fabric of our society - it poses no threat to national sovereignty.

Negotiated arrangements or treaties have the potential to play a constructive and useful role in addressing the substantive issues which underpin Indigenous socio-economic disadvantage and powerlessness.

With the gap in life expectancy between Indigenous and non-Indigenous people continuing to widen and a median age of death of just 47 years in the East Kimberley we cannot afford to allow the status quo to prevail.

By providing new institutional arrangements together with adequate resources to ensure the provision of health and other services, we just might begin to make a real, and sustainable difference.