

Michael Dodson

Aboriginal and Torres Strait Islander Social Justice Commissioner

Thank you Jeannette, ladies and gentlemen. I would also like to thank those responsible for getting me here today. I think Jeannette had something to do with that and I can count her amongst my mates.

When my staff approached me and said "Look, do you want to do this?" I said, "Yeah, Jeannette is one of my mates, I think I should do that."

But it is also an important issue to get on the map, the rights of indigenous consumers and accordingly it gives me great pleasure to talk today at this the Ruby Hutchison Memorial Address.

On the 9th of April 1985, the United Nations General Assembly adopted guidelines for consumer protection. This was the culmination of ten years of lobbying by the International Organisation of Consumer Unions and other consumer organisations.

Today marks the 10th anniversary of the celebration of Consumer Rights Day and this year the theme of these celebrations is the review of those consumer rights endorsed in 1985. This year consumers and consumer groups will be encouraged to assess whether or not the current guidelines are appropriate to consumers in 1995.

Ruby Hutchison was an amazing woman. She was widowed at 30 and alone cared for seven children. She was also a feminist and in 1954 was the first woman to be elected to the Legislative Council in Western Australia. In 1959 she founded the Australian Consumers' Association from which sprang Choice magazine in 1960.

What Ruby pointed out was that although everybody is dependent on the market, few have the opportunity to influence it. As John F. Kennedy stated: "despite making up the largest economic group, affecting and affected by almost every public and private economic decision, consumers are the only group whose views are often not heard".

Our wallets are welcome but not our voices.

When we think of consumer rights in Australia most people think of protecting the foods we eat, the medicines we take or the products we use in our homes.

We think about consumer protection as something you get from laws like the Commonwealth Trade Practices Act. In 1995 it is important that we broaden our understanding of consumer rights because in reality these rights can be applied to almost everything we do in everyday life.

Ruby recognised that consumers are largely powerless. If this is true in general just think how much more marginalised are the indigenous peoples of this country. We are at the bottom rung of the consumer process and the ladder of power. We receive the most inappropriate and poorest quality of goods and services, if we receive them at all, and we have the least opportunity to say something about it.

In fact I'd take JFK's contention that consumers are not often heard one step further. The voices of Aboriginal and Torres Strait Islander consumers are **never heard**. In reality indigenous peoples receive little or no protection of their consumer rights.

You can examine any one of the eight consumer rights adopted by the United Nations in almost any context and show that it is violated in respect of indigenous peoples. Today I would like to consider each of these eight rights in relation to the very topical issue of health care consumption by indigenous communities in Australia.

It is no mystery that indigenous peoples in Australia suffer an appalling standard of health almost unparalleled in the first world. We have all heard the statistics.

My people die at a rate three to six times that of the general population, our life expectancy is 18 to 20 years less than that of non-indigenous Australians.

These statistics are more than figures on a page. For my people these are the statistics of despair and death. They are our mothers and fathers, uncles, aunties and elders who live diminished lives and die before their gifts of knowledge and experience are passed on. My people die silently under these statistics.

I think it is a fine thing that the United Nations has endorsed these consumer rights. But fine words mean little in the face of the reality of health care services afforded to indigenous Australians.

I have no qualms in saying that these rights are at best transgressed through neglect, at worst actively breached.

Start with the right to satisfaction of basic needs. Consumers are entitled under the UN guidelines to have access to basic essential goods and services, adequate food, clothing, shelter, health care, education and sanitation.

Many non-indigenous Australians take this right for granted, we do not have that privilege.

Let me give you a sense on where we stand on the most basic of needs.

Water: in 1994 the Federal Race Discrimination Commissioner found that 45% of our communities have an insufficient water supply to meet our needs over the next five years.

Food: 20% of the Aboriginal kids in the Northern Territory are nourished below World Health Organisation standards.

Electricity: in the Northern Territory and Western Australia local councils refuse to provide Aboriginal communities with basic infrastructure services.

Statistics on education and sanitation in indigenous communities offer few surprises. The status of Australia's first peoples as this nation's most disadvantaged group has a long and predictable history.

Next, a right to a healthy environment. How is a healthy environment possible if you don't have your most basic needs met? And how is a healthy environment possible if you've been forcibly removed from your country and dispossessed of your language, your religion and your cultural integrity? For the vast majority of indigenous peoples the fulfilment of this right is impossible.

In 1985 the UN defined this right as the right to live and work in an environment which is non-threatening to the wellbeing of present and future generations. Ten years later indigenous communities are still without basic infrastructure and are weighed down by crippling levels of unemployment, disease, disability and death. We are desperately far from the kind of environment foreseen and promoted in the UN guidelines.

Under any circumstances this state of affairs is intolerable. It was intolerable 30 years ago. I am dumbfounded that despite all the words it is the same today.

How can we even contemplate the well-being of future generations of indigenous children when our infant and perinatal mortality rates are three times that of the general population and our children are 80 times more likely to be admitted to hospital for x-ray proven pneumonia than non-indigenous children.

The stark reality for many indigenous children is that there is no future.

It's no good talking about it any longer. In 1995 our consumer right to a healthy environment now and in the future must become a social justice priority.

The UN guidelines also endorse a right to safety. Consumers are to be protected against products, production processes and services which are hazardous to health or life.

Again the reality for indigenous Australians stands in sharp contrast to this international standard.

I'd like to tell you about a promotion in Top End aboriginal communities. A free t-shirt with the community name on the back and a leading tobacco company slogan on the front is given away with every two packets of cigarettes. Fifty cents from every four packets of cigarettes sold is also offered back to the community by the tobacco manufacturers.

That's how we enjoy our right to safety.

It is a sad fact that our right to safety rates a poor second to the interests of profit and marketing. Smoking has a deadly impact on Aboriginal and Torres Strait Islander communities. More than three quarters of the men and women living in the Top End smoke.

In Wilcannia in north-west NSW almost three quarters of the Aboriginal residents between the ages of 20 and 70 (and I wouldn't imagine there are many over 70) smoke cigarettes.

The leading specific cause of hospitalisation for Aboriginal males and females is respiratory disease. It is also the major cause of death for Aboriginal people.

The fact that tobacco companies can promote and encourage consumption of their product in indigenous communities with impunity makes a mockery of any right to safety as articulated by the UN.

The UN guidelines also recognise a consumer's right to education and his or her right to be informed. Yet again the reality for indigenous consumers in Australia is a far cry from these international benchmarks.

The poor health status of many Aboriginal and Torres Strait Islander peoples can be directly linked to the lack of even the most basic health information. Let me briefly point to the provision of information about nutrition. Such information is denied or is inaccessible to many indigenous peoples.

In Minjilang on Croker Island indigenous people were found to be consuming the equivalent of 40 teaspoons of sugar daily. Their diet was also high in fat.

As a result most people had, amongst other things, high cholesterol and unacceptable levels of fat which greatly increased the risk of heart disease. Over 10% of the population was suffering from diabetes.

Such a combination is a recipe for disaster and is too often replicated in Aboriginal and Torres Strait Islander communities all over this country. How, in 1995, can such an appalling state of health exist in an Australian community?

The sad and simple fact is that the protection of this right, like all the others I have mentioned, is sadly lacking. The cost is counted in lives.

Bad diet in indigenous communities is not the result of stupidity or of people consciously choosing to eat badly. Bad diet in indigenous communities is born of history as well as of the lack of basic information about nutrition. For as long as many indigenous people can remember they've been eating a lot of sugar and fat.

When the missionaries took us from our country and fed us their god and their food they told us it was for our own good. They failed to tell us about the diabetes, the heart disease and the malnutrition. They removed us from our sources of food and deprived us of information. They are still doing it today.

But now we know the rules I am glad to say that indigenous peoples are beginning to play the game.

Coming back to Minjilang. The community sought nutrition education and went on to negotiate available goods with the store manager. The intake of fruit, vegetables and wholemeal bread more than doubled in the community. Sugar intake was dramatically reduced and the intake of fruit juice and diet soft drink went up.

The related health benefits were enormous. Cholesterol levels fell by 12% and folic acid levels increased three fold. Minjilang is reaping the benefits of consumer education. It wasn't hard.

This community turned bad diet on its head with the most basic of consumer information. They turned around their health status in just twelve months.

When information is supplied to indigenous consumers it is invariably culturally inappropriate. Let me return briefly to the example of smoking. How can a consumer who speaks English as his or her second, third or fourth language and who is probably unable to read or write English read the warnings about lung cancer on cigarette packets?

In Arnhemland people prefer the cigarette packets marked "smoking reduces your fitness" to the packets marked "smoking causes lung cancer".

And do you know why? Because they want the fitness cigarettes not the cancer cigarettes. You may well laugh. A laughable scenario but for its tragedy. The tragedy of disease and death.

For my people the right to be informed as consumers and the right to consumer education are clearly breached. What is more these breaches are the result of ignorance and neglect which would be unacceptable in the non-indigenous community. Let me stress such neglect is also unacceptable in the indigenous community. We will not tolerate this unequal treatment and we will no longer suffer the impacts of neglect. This country must now take up its responsibility to its first peoples.

We will not be silent any longer.

I turn now to the right to choose. The UN guidelines state that a consumer should be able to select from a range of products and services, offered at competitive prices with an assurance of satisfactory quality.

For Aboriginal and Torres Strait Islander peoples this right to choose is a joke. How can someone in a remote Top End community whose food comes infrequently on trucks to the one local store, pick and choose?

Choice may be the right. But this is the reality of living in a remote community: overpriced food of usually poor quality and limited choice.

How can a consumer in the Torres Strait choose fresh fruit and vegetables? Choice is simply not an option. If a Torres Strait Islander is lucky enough to see an apple it will cost him or her as much as \$2. And after fifteen days of pretty hot travel it is likely to be inedible. I'm sure, somebody is making a choice. But it is a central supplier in Cairns who is making choices about profit not the community making choices about health.

A right to choose also presupposes the means to choose. Indigenous people generally do not have those means. It is no mystery that Aboriginal and Torres Strait Islander peoples are Australia's most disadvantaged group in socio-economic terms. We suffer from disproportionate levels of unemployment and many of us live in poverty. This makes us a vulnerable group with little purchasing power. The reality of our socio-economic status makes a mockery of the right to choose.

Choice is a luxury we cannot afford.

The UN guidelines also give consumers a right to be heard. The right endorses a consumer's right to have his or her interest represented in the making and execution of government policy and in the development of products and services.

As I have already said the voices of indigenous consumers are never heard. The provision of health care services to indigenous peoples is a perfect example of the failure of government to listen to or heed the voices of Aboriginal and Torres Strait Islander peoples.

I do not single out any one government all governments have failed including local government.

A multiplicity of health care services shower down on indigenous communities. Our input to those services is restricted to an unending chain of funding applications. "Local planning" turns out to be a letter from a government department asking us to fill out some more forms.

This fragmented and decentralised approach to health care provision is no secret. Its failure is also no secret.

For us the right to be heard is yet another joke. We have talked ourselves stupid. We have said over and over again what it is that we need, how it should be delivered and who should deliver it. But to be heard someone needs to be listening.

If indigenous peoples are to enjoy our right to be heard the Australian government has to bite the bullet. It cannot fiddle around the edges. It has to fundamentally alter the way in which it is providing health care to indigenous communities, and show the way for other governments guilty of the same errors, and the same denial of rights.

If the status of indigenous health is ever to change in this country the government must commit itself to really listening to the voices of Aboriginal and Torres Strait Islander peoples and then acting on our words.

Lip service is no longer enough.

Already tired of waiting many indigenous communities are developing initiatives to give their members better health care. The Government must look to and rely on such community developments in its provision of health care services in the future.

The final consumer right outlined by the guidelines is the right to redress. Consumers are entitled to receive a fair settlement of just claims including compensation for misrepresentation, shoddy goods or unsatisfactory service.

Few would deny that Aboriginal and Torres Strait Islander peoples receive unsatisfactory health care services. I would also go so far as to suggest that the state of indigenous health and the measures being taken to address it are often misrepresented.

How many times in the last few weeks have you read in the newspaper, heard on talkback radio or seen on the news the view that money is thrown at indigenous health in this country? The reality is a very different kettle of fish.

Let me set the record straight. Aboriginal and Torres Strait Islander peoples make up about 1.6% of the Australian population, but in 1993-94 they received only 1.26% of the total Commonwealth spending on health.

Brendan Nelson, President of the AMA, puts the figure at below 1% overall, taking into account the total outlays on health.

The reality is that indigenous Australians actually have less money spent proportionally on health than non-indigenous Australians. The reality is that a section of the Australian population with the worst health is receiving the least money.

What happens when we cry out about that misrepresentation? Nothing. The lie is left a lie to turn people away from addressing the shameful situation in this country.

There has to be a fundamental shift in the way services are provided. We're not talking about one person making one complaint about one doctor. We're talking about whether there are health care workers at all, how they are trained, who they work with and their overall approach.

In closing I want to look to the theme of this year's celebration of Consumer Rights Day.

Almost 40 years ago Ruby Hutchison recognised that as consumers we are without power and without voices. I hope I have made it abundantly clear that the same is particularly true today if you are an indigenous person.

But I don't think we should give up, and I am certainly not in the business of giving up. There is much still to be gained from internationally recognising and protecting our consumer rights.

In 1995 the consumer rights endorsed by the UN are still relevant to indigenous peoples. These eight rights provide, for example, a useful benchmark for the development of indigenous health care policy today.

But benchmarks can only do so much. What is needed now is the political will and the commitment of government to act in keeping with those standards.

The government would do well to listen to the voices of indigenous consumers and to act on what it hears. The government would do well if it protected indigenous consumers in keeping with these international standards.

1995 also marks the beginning of the decade of the world's indigenous peoples. In the wake of the High Court decision on native title and the Federal Government's threefold response to its recognition, a rare opportunity exists to bring about tangible, lasting and acceptable change for Aboriginal and Torres Strait Islander peoples. The time is ripe to act and to make a difference to the health of indigenous peoples.

There is much to be gained in recognising, protecting and promoting the rights of indigenous peoples in this country. Today we represent a black, underprivileged and increasingly restive section of the Australian population. An Australia which continues not to hear us and to pretend that we do not exist is denying a fundamental part of itself.

Australia will only be whole when it accepts and accommodates our indigenous reality as part of itself.

The provision of health care services which are true to the UN guidelines on consumer rights will be one small step towards this new Australian identity.