

The wretched of the earth

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“There are people so wretched.” wrote the Peruvian poet, Cesar Vallejo,
“They don’t even have a body.” They are the ones in our midst who have had the
guts kicked out of them and who are then left to bleed.

I have respectfully borrowed the name of Frantz Fanon’s classic work as a title on the
following grounds, which are definitional for the scope of this paper:

1 As a psychiatrist working in the context of a colonial war he noted and
analysed the relations between the conditions of life, the causes of ill health and the
social relations of health care. He spoke eloquently of the “systematic negation of the
other person and the furious determination to deny the other person all attributes of
humanity” (Fanon 1967:200).

2 He consciously opted *in* to the struggle for social justice. He did not hide
behind his science. Rather, in fidelity to the pursuit of objective reality, *he took sides*
with the people he understood to be crushed and silenced.

3 As someone who stood in solidarity with people who hoped for and worked for
a more just and compassionate society he identified both the enormity of the problem
and the specificity of the solution. “What counts today,” he wrote, “the question which
is looming on the horizon, is the need for a redistribution of wealth. Humanity must
reply to this question, or be shaken to pieces by it.” (Fanon 1967:78).

The nexus between morbidity and mortality on the one hand and poverty and
marginalisation on the other, is no tragedy.

A phenomenon is not accurately described as a tragedy when it has been structurally
amassed over time. To describe something as a personal or national tragedy invokes
a sense of fate, a sense of powerlessness over the turn of events.

The nexus between poverty and poor health is not a phenomenon over which we, as a society, have no power. Quite the opposite.

But we are faced with two obstacles in the project of analysing the social relations of health and poverty.

In the first place, the people who are in the best position to tell the stories of life on the edge are generally silenced.

Secondly, when their stories are heard they are constructed either as personal tragedy or as individual pathology. The social is overlooked in favour of individual blame or responsibility.

I am reminded of the research of a colleague of mine, Dr Kath McPhillips (1995) into the impact of lead contamination on the community of Boolaroo, a small suburb of Lake Macquarie, dominated by Pasminco Metal Sulphides Pty Ltd. She cited examples of families being given instructions and strategies on how to best protect their children from lead contamination, naming this process as “cultural colonisation”. She described the colonising ideology of the individual as exemplified through the healthism discourse, pointing out that the one thing it could not do was to challenge the source of the pollution itself, the company.

It is, of course, no accident, that the section of the population that is most intensely marginalised and whose standards of health are the most akin to the health standards of a developing nation, are the indigenous peoples of Australia, the people who continue to bear the historical and structural brunt of the original and on-going colonisation.

The members of the St Vincent de Paul Society, the organisation for whom I work, are daily witnesses to the experiences of people who are crushed and colonised by the undiluted messages that they are to blame for having been left out or pushed out of the prosperity afforded by a strong economy and the freedoms afforded by a strong democracy.

The estimated 3.6 million people who are forced onto the margins and then told that they would do well to participate are testimony to a growing divide within Australian society.

Vinnies has long spoken of the responsibility of governments at all levels to not abandon the dispossessed to the whims of the market. We have long maintained that the market is not designed to fairly distribute resources. Among other essentials such as housing, education, transport, childcare and access to real jobs, we have called for a strong, universal, bulk-billing Medicare system that provides health care as a public good and not as a commodity.

As far as poverty and inequality are concerned we have warned against going down the American path, with its near 36 million people living in poverty.

“Nearly 45 million people are without health coverage, around 15.6% of the population...

“The percentage of Americans living in poverty is now at its highest level since 1998.
“ (Teather 2004)

We have warned against following the trend of the US health system, the most expensive in the developed world and the most unequal.

It will not come as a surprise that more and more people are seeking assistance from Vinnies for medical expenses.

We are a charity. We do what we can to plug the gaping holes left by a society that is organised around profits rather than people. Medicine, however, should never become a charitable work in such a highly developed nation. It should be socially organised so as to respect the human dignity of all, especially those who are consigned by our system to the peripheries; the people who are, in the global scheme of things, increasingly akin to the members of the *majority* world, a more accurate term for what has usually been termed the third world. It has been said that this so-called third world, this majority world, is just around the corner.

Listen to the stories of the people who are best qualified to tell us.

People like the Coxes, who appeared before the Senate Inquiry into poverty last year. They courageously bore witness to the truth of their concrete conditions. Here are some excerpts from the Hansard:

CHAIR—Are you happy to speak in public?

Mrs Cox—Yes.

Mr Cox—But nervous. I am married, I have three kids. I hurt myself at work two years ago. I have a spinal injury which is going to result eventually in the loss of my left arm. I currently receive around \$280 a week; out of that I pay tax. I went from a \$45,000 a year job down to \$16,000 a year because the state government is using a wrong award rate. I worked in a rice mill. They class me as a checkout chick because I worked with grocery items, so now it has gone down to \$16,000, that is on the statutory rate. I get no concessions, I get no health care cards. My workers compensation is not indexed to the CPI; over the last two years the basic wage has gone up \$35; I have seen no increase at all. John Howard says he is going to give me \$4 tax back. I have not seen that \$4. The insurance company that looks after me—I don't know if I can say their name but I will, NRMA—are always late with my payments.... Sometimes it can be anything up to four weeks or five weeks late. They blame it on the post.... I asked them for stuff to get me through, like a mattress. I sleep on the floor at the moment. I have a bad neck, a spinal condition; I have to have a good mattress. The only thing we could get was a single mattress so I do not sleep with my wife any more. She sleeps in a separate room and I have to sleep on the floor on this mattress. I asked them for a mattress: they say no. It is hard.

Mrs Cox—...I do have a job, but I earn the minimum wage. I earn \$25,000 a year. Tax comes out of that. I am putting my three kids through school. Rent is \$160 a week. At the end of last year I was forced to go into debt for a car. We could not afford to fix the one we had. Before Chris was injured he used to do all of that for us. I had to get a loan for a \$13,000 car, which we knew we really could not afford but, in order to get him around in his condition, we need a decent car. It has got good seats and stuff like that, specifically for his condition.

We get no help. I have got no health care for my children. I dread every sniffle and cough because I cannot afford to go to the doctor and, if I do go to the doctor, I cannot afford to pay for the prescriptions that they are going to need when I am finished. We may be at the top end of the poverty scale but we are on a downward slide and, if something is not fixed, then that is where we will end up.

Mr Cox—I have no way possible that I can see of returning to the work force, so my wife has taken over that role. It is pretty disheartening; I see psychiatrists and things like that for depression—and I have to pay for that. It is an ongoing cycle. The way that WorkCover, the state and federal governments set this up is that they consider that the injury that I sustained, although I will never work again, is only worth \$26,000 and that is it.

Mrs Cox—For the rest of his life.

Mr Cox— ...How do I tell my little kids that they cannot have a birthday party? How do I tell them I cannot even afford a birthday cake?

Mrs Cox—Or that the tooth fairy only comes on payday....

*Mr Cox—.... I have had notices for eviction for not paying rent. I cannot count how many times I have had to go down there and sweet talk them....
I am a skilled worker. I worked mainly in the heavy labour sector of the steel industry and stuff like that. I have taken time out and I had a lot of tools and a lot of things like that that I pushed towards my wife and said, 'Look, you are going to have to do it now, love. Go, because I can't.'*

Mrs Cox—If I had not secured that employment, we would definitely be living in a caravan park by now. It is as simple as that.

Senator MOORE—If you could find one.

Mrs Cox—If we could find one.

John Osborne, Vinnies member from Raymond Terrace, painted the following picture:

Our conference of the St Vincent de Paul Society is one of the busiest in the Newcastle and Hunter Valley, conducting an average of 83 interviews per week. People interviewed are often families, sole parents with children, and singles. Many have addictive problems. Those with addiction problems—many of whom are on methadone and cannot obtain treatment in Raymond Terrace—must travel daily to Newcastle. This creates further difficulties as the bus fare is \$5.50 each way plus there is the cost of the methadone. We are being increasingly requested to provide bus fares and food for these people. Further difficulties arise regarding medical services as most doctors' books are closed in our area and they do not bulk-bill, causing people to travel to other areas for medical services. This creates further travelling expenses as the nearest public hospitals are at Maitland and Newcastle, and no public transport is available from Raymond Terrace, only private transport. Few of the many people interviewed are employed; most are on welfare support or pensions. Many are breached by Centrelink and have no income at all, and others are unable to obtain any welfare assistance. Many return regularly for assistance to enable them to purchase food, as their debts of overdue rent, phone and electricity have depleted their assistance payments. We are providing \$7,000 worth of Bi-Lo food vouchers per month. Their debt situation often will be impossible to remove in the foreseeable future. We find in an increasing number of cases we are simply helping them to avoid starvation.

Newcastle Vinnies member, Neil McGoldrick noted:

We ...see, with the decline of medical bulk-billing, older people in particular put off visits to the doctor or buying medicine, and their problems become very serious until medical treatment is necessary. Families who earn over \$30,000 per year are charged more for medical care than those who earn less, so in a large family only the very sick members can be attended by a doctor. In my report here, there would be 16 families we know of just in our region who are battling on that wage of \$30,000. Then when we get down to the people who are on Centrelink help, just like me, and on

disability support, we find another big problem is in dental care. It is causing a great burden on many families; it is just out of reach for families to have this help available. We have assisted

families recently, just two children, up to the amount of \$2,000 to help them to have their dental care. I was talking to a man this morning who is in the police force—he is employed—and he told me one of his boys has a front tooth problem, which he lost, and he has to find \$2,500 for this problem. He has five children, and he said that for dental care in particular it is a very awkward position of trying to choose which child should have assistance because of the financial needs.

.... Regarding our public school system, we are finding that in our region we are paying the Red Cross to feed children who come to school hungry and, in the last nine months, we have paid them \$1,243 to assist children in a breakfast club. The unemployed, single parents, the aged and the sick cannot survive without help and the charities themselves are critically undermined and overworked because of this situation, and many people have burn-outs. They are all volunteers and we find it very difficult to handle a lot of this, and our own age and everything like that. It is a serious problem we face of trying to help everybody. We take a lot of criticism from people we just cannot get to. They do not understand our volunteer situation—and it is a volunteer situation. So we are doing our best in that sense but the poverty gap is a problem we face.

East Maitland Vinnies member Pamela French told the Inquiry:

We have one client who has suffered brain damage, which seems to have occurred during a surgical procedure, but as far as I know he does not seem to have had any compensation for that. He has also very bad arthritis in his hands. He lives alone. He is not an old man, probably middle aged you would call him. He can walk a few steps but relies mostly for his transport on a motorised chair which he drives around quite well, but the batteries for this are very expensive.

When they run down and he has bought his batteries, he has to come to us because he cannot get food and so forth, so we have to help him with that. Then we have one lady who has two children who suffer from a very rare skin type allergy disease,

which I think is going to prove fatal in the finish. She has to buy special foods for these children because they are allergic to so many things. She may be able to use the foods that we supply, but the children mostly cannot eat them, so she has to have special help with vouchers and so on. Another one has three children and one of them requires medication which is not on pharmaceutical benefits and costs about \$40 every time she has to buy it, so quite often that is all she asks for. She does her very best to try to keep the children clothed and fed, but when it comes to these extra expenses, this medication that is not on pharmaceutical benefits, she has to come to us....

We find that mental health things quite often are not adequate for the people. We have one client who seldom needs anything—he just wants to talk. He finds that there are always people in his house. Whenever he goes out, he thinks there has been somebody in his house and he tries to tell you what has been done to the house, and there is nothing really, it is perfectly all right. But he really needs some kind of help; he needs someone to make sure he takes his medication because he lives on his own.

As you hear these stories you don't need to be a genius to work out that we do not need a so-called "safety net" that disproportionately benefits the wealthy. Nor do we need to undermine the PBS or to increase the marketisation of health care in general.

If we fail to defend, strengthen and expand Medicare; especially in terms of access to bulk-billing primary care and a well-resourced public hospital system, and if we fail to address both the structural and conjunctural causes of poverty, the Australia at the dawn of the 21st century will be more akin to the Australia at the dawn of the 19th century: a land divided rather than diverse, a land where dispossession and exploitation are the rule, rather than the exception.

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The author takes full responsibility for any opinions expressed in this paper.