A report on Tuberculosis Allowance

Federal Council for Aboriginal Advancement – Equal Wages for Aborigines Committee

Submitted by the “Equal Wages for Aborigines Committee”

It was recommended at the 6th Annual General Meeting of the F.C.A.A. that the “Equal Wages for Aborigines Committee take responsibility for continuing the campaign to extend full rights to Social Services Benefits to all Aborigines and Torres Strait Islanders.

Section 9 of the Tuberculosis Act 1948 reads:-

1. Subject to the next sub-section, allowances shall be payable to or in respect of, sufferers from tuberculosis and their dependants for the purposes of –
2. Encouraging such sufferers to refrain from working and to undergo treatment;
3. Minimising the spread of tuberculosis; and
4. Promoting the treatment, after care and rehabilitation of sufferers from tuberculosis.
5. Allowances under the last preceding sub-section –
6. Shall be payable to such persons or classes of persons, subject to such conditions and in such manner as the Director General, subject to the direction of the Minister determines;
7. Shall be at such rates (but not exceeding such rates as are prescribed) as the Director General, subject to the direction of the Minister determines.

The Commonwealth Department of Health issued a booklet entitled “Scheme of Tuberculosis Allowances” on April 27th 1961. It states the conditions (determined by Section 9 of the Tuberculosis Act, 1948) for payment of the tuberculosis allowances.

Sections 51, 52 and 53 of these determinations read as follows:-

Minimum age for Allowance

1. Tuberculosis allowance is payable to an eligible applicant who is not less than sixteen years of age.

Eligibility for Allowance

1. Subject to paragraphs 51 and 53, tuberculosis allowance is payable to an eligible applicant, irrespective of nationality or racial origin. In particular it is payable to –
2. Australian citizens;
3. Assisted migrants whose fares to Australia have been borne wholly or in part by the Australian Government;
4. Unassisted migrants (see note page 3) after they have resided continuously in Australia for not less than twelve months, provided they are not specifically excluded from allowance by paragraph 53;
5. Aborigines and people of mixed blood who prior to their illness supported themselves and their dependants (if any) from their earnings.

Exclusion from Tuberculosis Allowance

1. Except to the extent decided by the Director General of Health, in an unusual individual case, tuberculosis allowance is not payable to –
2. Persons admitted to Australia (including those admitted on compassionate grounds) on the express conditions that they will never become a charge on public funds;
3. Unassisted migrants who have not resided in Australia for at least twelve months;
4. Temporary residents of Australia (irrespective of racial origin) including people who have entered Australia illegally e.g. deserters from ships, stowaways;
   1. Seamen landed for treatment, business men and their families, tourists, students, pearl divers;
   2. Migrants who have practiced some deception to gain admission to Australia or who are reasonably suspected of having done so;
5. Non infectious sufferers who are inmates of old people’s homes or similar institutions –  
   see also paragraph 34;
6. Inmates of gaols, mental institutions, or institutions which are benevolent asylums for the purposes of the Social Services Act;
7. Aborigines and people of mixed blood who, prior to their illness, did not support themselves and their dependants (if any) from their earnings.

Apparently those instructions that are quoted are a summarised and generous version of a lengthier instruction in the operating manual entitled – “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 recognises 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 of 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.

N.B. There is no legislative or other formal provision for appeals. Protests by sufferers, dissatisfied with decision of the authorities named will, as far as possible, be determined by those authorities whose decisions will receive the firm backing of the Commonwealth Director General of Health.

As the Director General of Health is statutorily responsible to the Minister for Health, he will, of necessity, be obliged to consider any representations.

… … …

Wages and social services are very closely related. In the Northern Territory an Aboriginal pastoral worker receives £2.0.0. a week plus rations; in Queensland £7.0.0. a week plus 35/- in lieu of food and accommodation. In Western Australia there is no fixed wage and is often lower than those quoted.

The tuberculosis allowance for a married man is £12.2.6 a week (plus allowances for dependants). When this is compared with the wages of Aborigines the rationale of the Act becomes understandable.

Two cases of Aborigines with tuberculosis who are not receiving the tuberculosis allowances are being investigated by the F.C.A.A.

One is that of a Mr. L……… a patient of the Cairns Thoracic Annexe of the Cairns Base Hospital. The Aborigines and Torres Strait Islanders Advancement League of Cairns originally notified this Committee of this case.

The reason given for the refusal in this case namely that “your affairs are under control of the Director of Native Affairs and you are therefore not qualified to receive Tuberculosis Allowance” is not consistent with either of the instructions listed earlier.

The second case c9oncerns that of a Mr. T……. who is a patient of the Chermside Hospital, Brisbane. The Queensland Council for the Advancement of Aborigines and Torres Islanders supplied this Committee with the details of this case.

In this case the Social Services Department pays the Department of Native Affairs of Queensland £13.17.6 a week on behalf of Mr. T………. and Mr. T………. receives £1.0.0. a week as pocket money plus rations to his family.

Mr. H.W.Wade (Minister for Health) in a letter to Mrs. Walker admitted that there were 41 protected Aborigines in Queensland who although medically eligible were not receiving the Tuberculosis Allowance.

To help in this campaign it is suggested:–

1. That protests be sent to as many of the relevant people as possible.
2. Details of cases of Aborigines who are medically eligible for the Tuberculosis Allowance – and who are not receiving this in full be sent to

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366 Church Street,  
RICHMOND. VICTORIA.

Excerpt from *Smoke Signals*

Excerpt from pages 9–10

Discrimination in an Unexpected Quarter by Barry E. Christophers

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 the 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 dependents (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 agree 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 with mixed blood” is not in keeping with modern physiological or anthropological thought. In fact, iif 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 ability 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, 19663, 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.”