

How Long Is a Public Purse String?

Immigration policy and health care costs in Australia

by Denis McCormack

Try this from a bygone era of Aussie public health pragmatism. It's an item from Melbourne's *The Age* dated 24 August 1896.

'Leprosy in New South Wales: Chinese patients shipped to Hong Kong'

Arrangements were recently carried out whereby 19 of the 20 Chinese lepers in the Little Bay Lazaretto [hospital in Sydney] were shipped on board a vessel, and they are now on their way to Hong Kong...but one of them managed to hide himself and could not be found in time...Everything has been done to make them comfortable...now in [the] charge of an experienced warden...a small sum of money has been given to each so that on their arrival in Hong Kong they will have means to go to their respective districts. It has been ascertained that no trouble will be experienced in landing the lepers in Hong Kong...Some two years ago a leper was deported from Victoria to China at great expense...

Contrast the above with today's public health/immigration insanity. I'm listening to radio news as I write (6 August 2003) and by coincidence it carries a report of Immigration Minister Philip Ruddock having exercised his lawful but controversial 'discretionary powers' to intervene in a 'humanitarian' case in favour of allowing an African with AIDS to be reunited with family already in Australia. One could be forgiven for thinking this is just a bit of image softening from a

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government lashed for and to its tougher border protection policy of recent times, but the facts would suggest a wider set of problems arriving.

African migrants will double this year with 5206 expected...African refugees will make up 43% of Australia's humanitarian intake¹

It's just this sort of no-brainer from a supposedly conservative government that drives reasonable people nuts in this country. We the reasonable majority who read of police services mobilizing against nascent African gangs² are supposed to continue supporting the "conservative" Government of John Howard because the Labor Party Opposition tells us that they would be even more "compassionate" on refugee/ asylum issues should they take government at the next election. Heads they win, tails we lose, but I digress...

Unraveling immigration's costs to full length, to separate and identify the many strands, to tease them out and run the micrometer over the cascading, inter-twined masses of fibers, is a forensic accounting task which can be accomplished, but only by a willing bureaucracy directed to do so by government at all three levels in a federal, state and local government system.

In 1991, impatient of successive governments ever undertaking such purse string measurement and analysis, Stephen Rimmer, a senior economist knowledgeable on all three levels of administration, wrote a no-nonsense booklet, "The Cost of Multiculturalism" which was briefly reviewed in *The Social Contract* (vol. II, no. 4, Summer 1992, p.251). Having had an arms-length hand in editing, proof reading and funding the first print run of Rimmer's booklet, I wasn't surprised to see the consternation it attracted from all the usual suspects in the mainstream Australian press and the immigration industry at the time. Happily he was given right of reply in the press, nor did he lose his job.

A point he was at pains to make on page one was the difficulty in cost separation when tracking Federal funding of immigration and multiculturalism once those funds are added to, atomized by, and filtered through:

Hidden expenditures by other state and local governments...The control of information is designed to minimize public debate and allow governments to hide from the public the economic costs... In addition the indirect costs...including the growth of organized fraud against governments; organized crime; terrorism; declining community health standards and affirmative action policies.

He even touched taboo topics like migrant workplace accident and motor accident insurance fraud. It was a punch-packed 71-page booklet not since bettered, and for the above good reasons laid no claim to be comprehensive. It begs statistical update and reissue for its shock value alone.

Here is what Rimmer had to say on "Community health and the policy of multiculturalism...Measuring the indirect economic costs" pp. 48, 49, 53, 57 about which little has changed:

*For instance, in the 1980s the Federal government assured the Australian community that all migrants and refugees settling in Australia were medically screened prior to migration (Senate Hansard 22 August 1988). However, throughout the 1980s State governments and medical professionals publicly claimed on numerous occasions that such medical screening of immigrants was ineffective.*³

For example, in 1986 Dr Streeton, Adviser to the Victorian Public Health department, indicated that of the 246 cases of tuberculosis in Victoria, sixty percent were migrants and most had not been effectively screened prior to entering Australia. Professor Boughton, a leading figure in the development of the hepatitis vaccine, claimed in 1988 that approximately 10 percent – or 4000 – of Asian migrants who came to Australia each year carried the hepatitis B virus (Daily Telegraph 1988)⁴. In addition, the incidence of syphilis had increased dramatically in Australia since

the 1960's, when there were tougher health screening procedures for migrants. However, a spokesman for the Minister for Immigration, Mr Holding, said that health screening procedures were considered adequate by the Federal Government (Messina 1988a).

In 1987 the Australian Health and Medical Research Council said that large numbers of immigrants with active cases of leprosy and tuberculosis had passed through Federal Government medical screening tests without their condition being recognized. The Council recommended that the immigrants from high-risk areas be screened prior to reaching

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Australia by the Federal Government, and evaluated again when they reached Australia. (Sun, 1987). This finding was confirmed by the 'Medical Journal of Australia', which expressed alarm about the number of immigrants and refugees entering Australia with infectious diseases (1987).

In 1988 the Victorian Health Minister, Mr White MP, called on the Federal Government to upgrade medical screening of migrants for infectious diseases. He argued that because of the ineffective screening Australia faced the threat of existing and eradicated diseases being reintroduced and Australian children contracting and spreading the diseases further

(Messina 1988b). Consequently, large numbers of migrants with infectious diseases such as hepatitis A and B; AIDS; tuberculosis (TB); leprosy; malaria and syphilis are reported by such authorities to have been allowed into Australia over this period.

However, the Federal Government appears to have ignored these pleas, arguing that only a small number of persons with infectious diseases slip through current screens. By 1989, 238 cases of tuberculosis were reported in Victoria and 73 percent of these were migrants. Dr Jonathon Streeton, who co-authored a National Health and Medical Research Council report on TB, indicated that unless effective screening measures were implemented, TB would be spread throughout the community (Australian 1990b). In addition, in 1989 Dr Rouch, Victoria's Chief Health Officer, claimed that 10 migrants from Africa, who had settled in Victoria, had been found to have AIDS shortly after migrating to Australia. He indicated that both the Victorian and NSW State governments had consistently urged the Federal Government to introduce more widespread medical testing and stated that: 'Its really high time there was an adequate policy for screening migrants' (Allender 1989).

In 1991, the Medical Journal of Australia again expressed concern about inadequate screening of migrants, who were contributing to the spread of TB. While there was an apparent shortage of statistics available to health researchers, some 225 of the reported 290 cases of TB in NSW in 1986 were migrants. While the United States government was campaigning to eradicate this disease by 2010, negligence by Australian governments had seen cases of the disease increase rapidly to the point where it might become common. The journal stated that: 'It would be an indictment of our public health system if a disease of yesteryear, so close to elimination, returned with its resultant human and economic costs' (Canberra Times 1991b). The

Medical Journal of Australia was also reported to have found cases of migrants entering Australia with live roundworms as long as 13cm in their bodies. It was claimed that the worm had infected 1.3 billion people worldwide and that immigrants who tested positive were not routinely treated, as it was felt that the parasite did not pose a significant risk (Canberra Times 1991c).

It has to be taken into account that medical screening of migrants, foreign tourists and students will not be effective in all instances, because of the nature of the diseases and the inexperience of many health professionals in identifying the early signs. However, it is also clear that throughout the 1980s the administration by governments of health screening of migrants has been negligent. Australian governments appear to have displayed an arrogant disregard for the health of current and future generations of Australians, regardless of ethnic background. The policy of multiculturalism has assisted governments to ignore pleas by health professionals over the last decade to implement effective health screening in the national interest...

While the economic cost of ineffective screening of immigrants are unknown, Mr Paul Gross, Director of the 'Institute of Health Economics and Technology Assessment' estimated that in 1987 Hepatitis B, which is far more infectious than AIDS, cost the community over \$50 million per year diagnosis and treatment costs and indirect costs such as lost productivity and premature death. The cost per patient was estimated to be more than \$22 000 (Romei 1987). Given that approximately four thousand migrants are reported to come to Australia each year with this disease alone, the estimated cost to the community of ineffective health screening for Hepatitis B is \$88 million per year, expressed in 1987 dollars. However, the cost of other infectious diseases imported into Australia by legal and illegal immigrants, foreign students and tourists cannot be

ascertained. Nor can the cost of Australians infected with such diseases be ascertained. Clearly, a conservative estimate of these costs would be in the hundreds of millions of dollars each year...the total cost is likely to be several billion dollars higher than the estimate provided here.

It is fair to say that over the last decade or more as increasing numbers of Asian, Sub-continental, and Middle Eastern immigrant doctors have become more established across the Australian medical scene, one sees and hears less of the criticism catalogued by Rimmer above. Can professionally prudent self-censorship in the service of “community harmony and understanding” be more accurately described as institutionalized cowardice leading to abrogation of responsibility and duty of care?

Three years after Rimmer’s booklet, the *Age* of 5 December 1994, carried the article “Migrants more likely on welfare” by Karen Middleton reporting unsurprising but surprisingly-admitted findings of the then Labor Government created and funded pro-immigration think-tank, the Bureau of Immigration and Population Research (now defunct):

A higher proportion of migrants receive age or invalid pensions, sickness benefits, and the dole than do people born in Australia...

According to a report in *The Australian Doctor*, 4 April 1997, “HIC swoops on medicine exports at airports” by Christina Anastasopoulos, a one-day search operation of passengers’ luggage run jointly by the Health Insurance Commission, Federal Police, and Customs Officers at Sydney International Airport in November 1996 resulted in 24 people being charged under the National Health Act for attempting to illegally take medicines overseas which had been obtained through the Pharmaceutical Benefits Scheme (read public purse):

All travelers involved were boarding flights bound for the Middle East or South East Asia.

Multiply by number of international airports, times 365 days, by how many years? ⁵

Most recently a Melbourne University study of increased welfare dependency over the last twenty years reported in the *Australian*, 11 July 2003 by Christine Wallace said:

Most of the increase appears to have occurred

India Revisited

In the Summer 2000 issue of *The Social Contract* (Volume X, Number 4, “Iceland to India”) Australian correspondent Denis McCormack wrote about “the grueling realities of life in India.” McCormack sends along this brief item from *The Times of India* in which Jug Suraiya writes about his homeland’s woes on returning from abroad.

“People [are] reduced to the most basic biological functions: hawking, spitting, crapping, digging their noses, hanging around without goal or intent,” he wrote. The non-human elements of New Delhi were no better. “Nothing works: traffic lights, *bijii* (electricity), water, transport, public toilets. There is an air of unredeemable squalor, an entrenched inertia.” He lamented that “50-odd years after independence we still have to wear our poverty like a martyr’s shirt.” Any complaints were met with the accusation that he was of the “privilegentsia,” had no real problems, and furthermore, if things were so bad why didn’t he go somewhere else? It was not “the fear that elsewhere won’t have me. The fear is that elsewhere might well let me in, and by the same token let in enough of my compatriots to turn elsewhere into here. And then where

after 1989-90 and has been most pronounced among single males, particularly those born outside Australia.

Worry as we should about immigration’s day-to-day public health costs, they are minor in the order of things most concerning about immigration. Think about the mass mental health implications for frustrated dwindling white majority societies whose well-founded and well-documented fears about our ongoing multiracial immigration continue to be flatly ignored by their elected governments, decade after decade. To what degree does the generalized repressed frustration and resentment so generated feed into mass subliminal post-modern apathy and political disengagement? Think about rising levels of despair, depression and dysgenic behavior – conspicuous consumption, substance abuse, below replacement fertility. For too many people who have never considered the culture/history/curricular wars to be their business, life seems naturally disconnected from their past or future. As life’s passengers they work, shop, eat, drink, watch TV, party, and too often holiday right on past family and children, trying to be merry today – for tomorrow, continued bipartisan immigration policy

ensures displacement, and eventual replacement by third world immigration. Although a whole range of demographic and social indicators don't look good at present, these trends need not be terminal – which reminds me of an alternative title I considered for this article, “Immigration Overdose: When tonic turns toxic, STOP!”

For the hyper-informed readership of activist newsletters and journals such as *The Social Contract*, the daily deluge of bad news from the mainstream media continues to confirm our worst fears about where immigration is taking us. We sift and clip, copy and fax, post, email, download and quote, discuss, catalogue, file, and otherwise integrate and incorporate the latest details into a broader more intricate mental landscape of related information. Sometimes for we realists, it may all seem a bit daunting or depressing even, but that's only to be expected:

Indeed some studies have postulated the existence of “depressive realism,” on the basis of evidence which suggests that depressed people have a more realistic assessment of both their level of control over events and their likely future circumstances than the non-depressed... those who are in a condition of mild depression that tend to see themselves and their world with the least amount of cognitive distortion. ⁶

So there you have it – our well-earned excuse to wallow in the occasional downer. Yet, irrepressibly, we are the types who leap at the letterbox on arrival of the latest edition of expert distillations on our collective predicament. We read in wonderment the detailed mirroring of our local immigration-derived problems reflected from around the world. We observe increasing numbers of journalists who are no longer able to so comprehensively avert their gaze from immigration's multifaceted downside. They signal an awakening that is as yet inchoate as it is general among Europeans worldwide: that Third World mass immigration and multiculturalism are unfolding disasters, only brought into sharper focus and magnified since 9/11. As social capital heads south along with social cohesion in increasingly multiracial “western” countries, collective white survival anxiety must eventually rise as a result. But what of the white masses around the world right now? Do they not

fret as we do over the immigration/ multiculturalism/ demographic bad news stories sprinkled throughout the media? Do they not ponder a dim future for them and theirs? As T.S. Elliot observed in his *Four Quartets*, “humankind cannot bear very much reality,” a concept perhaps reflected by some recent research:

Humans possess a psychological immune system that allows negative events to fade from memory much faster than positive ones... Researchers have found the human memory to be heavily biased toward the positive. But far from simply being in denial, the study says our memory systems process pleasant and unpleasant emotions differently. The study to be published in the Review of General Psychology says that the fading of negative memories faster than positive ones should be viewed as a “healthy coping process.” ⁷

“Perhaps that might be one explanation...” –so mused Jean Raspail through his narrator (more than once) in *The Camp of the Saints* when pondering the docility of the “paralyzed west” facing imminent immigration inundation. ⁸

Having blacked out for too long under the accelerating G force of immigration-induced social change, more of our opinion makers and leading writers are awakening in white-knuckled fright to an imminent civilizational psycho-sonic boom-crash scenario. With immigration's reality kicking in so rudely and widely, some of print and TV journalism's long-embedded left are turning right. In Britain especially⁹ they are stimulating the release of more adrenaline fueled “future fear” into the white English-speaking world than has been pumped into its mainstream organs since Australian Prime Minister Billy Hughes, along with President Woodrow Wilson, won their unorthodox tag-team TKO at the post-WWI Paris Peace Conference. Against the odds, and at times each other, these two men prevailed to ensure immigration restriction and regulation remained in the domestic policy domain of sovereign nations. They stopped immigration becoming the plaything of internationalist do-gooders in Paris and thereafter at the soon forthcoming League of Nations.

We live in hope. It's only the end of the beginning. The fat lady is merely clearing her throat. There is every chance that eventually she'll be singing our song, in

harmony with a growing chorus of those who are now hurriedly rehearsing to make the lyrics their own. •

NOTES

1. Melbourne's *Sunday Herald Sun*, 25 May 2003, "African intake to rise."
2. The *West Australian*, 23 July 2003, "Police plan gang squad." "It will respond to the bloody machete and knife fights between the Asian gangs...the unit will also target the predominantly Lebanese gang the Sword Boys and smaller groups including an African gang with the potential to develop into a powerful..."
3. On the Australian Government website covering immigration health clearances updated to 30 June 2003, all the predictably exculpating caveats are cited including:
 - a) Minimize public health and safety risks to the Australian community;
 - b) Contain public expenditure on health and community services including Australian social security benefits, allowances or pensions... No health condition with the exception of tuberculosis automatically precludes the issue of a visa...where signs of earlier infection, however small or old are apparent...you will not be permitted to visit Australia until you have completed recommended treatment and successful re-testing" Needless to say, cases of TB x-ray substitution fraud are not unknown.
4. Australians Against Further Immigration with Graeme Campbell, former Federal MP for Kalgoorlie, expended great effort and attracted much P.C. flack for politicizing the immigration – Hep B connection as spelled out herein by the medical profession heavy-weights. A Federal Government recommendation for childhood Hep B immunization was eventually declared in May 2000 with little fanfare and no public acknowledgement as to Asian immigration being the driver of the belated recommendation.
5. Cited from an Australia First Media Release by Campbell and McCormack, 6 April 1997.
6. *Cultural Pessimism: Narratives of Decline in the Post-modern World* by Oliver Bennett, Edinburgh University Press 2001, pp.194-5.
7. Melbourne *Age*, 10 June 2003 "Bad News? Forget it, we all will."
8. *The Camp of the Saints* is available from The Social Contract Press.
9. There is next to no daylight between what the top end anti-immigration literature has been saying for fifteen years and the recent anti-immigration writings of widely published British journalists like Anthony Browne, Melanie Phillips, Peter Hitchens et al. Sample Anthony Browne in *The Spectator*, 2 August 2003: "Some truths about immigration" (or "Britain is losing Britain" also by Browne in *The Times*, 7 August 2002) in which immigration/public health concerns are worked in well with all the usual themes. British tabloids such as *The Daily Telegraph*, *Daily Express*, and *Daily Mail* have been pounding the Blair Government on immigration's downside, including its impact on the National Health Service. For a good summary see *Spearhead*, September 2003, "The great health scandal" by Rob Smyth. Also a very useful and welcome change has been BBC Radio World Services' frank reportage on immigration. Race demographics, multiculturalism's dilemmas, and mounting asylum problems are now getting something

**General Motors Contributes \$2.5 Million
To National Council of La Raza**

*Funds Devoted to Build National Headquarters for
NCLR, and for Partner Hispanic Organizations*

New York, NY (HISPANIC PR WIRE)

June 27, 2003

The National Council of La Raza and General Motors jointly announced today a \$2.5 million GM contribution to the National Council of La Raza's "Empowering an American Community Campaign." The funds will go specifically to purchase a centrally located building in Washington, D.C. The building will serve as the organization's headquarters. The NCLR will also work to house partner Hispanic organizations in the building, including member organizations of the Hispanic Association on

closer to the coverage they deserve on BBC radio which is in stark contrast to their previous studied neglect of these issues.