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THE UNIVERSITY
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AUSTRALIA



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SUBMISSION TO

The Joint Standing Committee on Migration

Inquiry into immigration treatment of disability

The focus of our submission is on the healthcare of people with intellectual disability although we will make reference to people with disabilities in general.

Healthcare

People with intellectual disability are largely ignored by researchers and policy makers in public health. Their poor health status is only beginning to be acknowledged in health literature despite the fact that they have a life expectancy up to 20 years less than the general population, have very high rates of dental disease and obesity, malnutrition, and only a small percentage of their health conditions are diagnosed and treated appropriately. Whilst people with intellectual disability face significant discrimination across all aspects of life including healthcare, education, housing and employment, their current poor health status is a result of poor healthcare delivery. Healthcare discrimination in Australia is systemic. People with intellectual disability experience many barriers to health care with general practitioners and other health professionals preferring not to treat this group [1, 2].

As a nation, we need to focus on the healthcare of Australians with intellectual disability. Rather than restricting immigration of individuals with intellectual disability, we need to ensure that our nation appropriately invests in quality health care for all.

If appropriate healthcare delivery is a distant wish for many Australians with intellectual disabilities, it may be even further for people with intellectual disability who come from other cultural backgrounds or indeed who speak languages other than English. Dual disadvantage is

evident from the added barrier of inaccessibility of information and services based on language and cultural differences. For people with intellectual disability who wish to immigrate to Australia for whatever reason, they face significant systemic barriers before they arrive.

Cultural understanding within the context of disability and health care is essential both to the success of an intervention and its delivery [3]. Barriers arising from misunderstanding of cultures and beliefs present significant barriers to health services and interventions for people with disabilities globally. Early diagnosis of Autism Spectrum Disorders for example can be delayed by the cultural incompetency of health practitioners and the process of diagnosis is dependent upon the understanding of the disorder according to each cultural group [4]. In many countries, traditional medicine is often the first contact that people with disabilities and chronic diseases have, and traditional and modern medicines work in tandem [5], and we find some examples of this occurring slowly in Australia.

We recommend that all commonwealth legislation is subject to the Disability Discrimination Act which aligns with the UN Convention on the Rights of Persons with Disabilities. Currently the Commonwealth Migration Act 1958 is exempt from the provisions of the Disability Discrimination Act 1992. Discrimination against the immigration of people with intellectual disabilities was starkly evident in the recent case of Dr Moeller and his family who were initially refused residency on the basis of his son Lukas having Down syndrome. In spite of the current rule of law, these governing attitudes to people with intellectual disability placed Australia in the unenviable position of outmoded and objectionable views on disability, and in direct conflict with the recently ratified International Conventions on the Rights of Persons with Disabilities.

Economic contributions

Cost-benefit analyses of disability are problematic because they often rely on outdated cost formulas which presume institutional care and loss of family productivity[6]. They are selectively applied to people with disability, reflecting a negative bias against people with disability. Their validity is also questionable because insufficient attention has been paid to the contributions of people with disability, as Rioux argues:

The contributions of people with disabilities have been unjustly undervalued, or worse, have gone unnoticed because of their traditional segregation. People with disabilities have, consequently, had difficulty justifying their claim to the rights normally accorded with citizenship (7)

In implementing the UN Convention on the Rights of Disabled Persons, Australia must embrace a different understanding of the presumed burdens of disability and the costs of accommodations. The UN Convention reflects a shift in thinking which acknowledges the role that societal barriers and prejudices play in creating the “problems” of disability. Rather than working on the presumed costs of disability, it is important that Australia works on an understanding of the benefits of universal design principles and see how society wide change to better accommodate and support people with disability is an investment in our communities as a whole, as suggested below:

“Making changes in line with the Convention benefits not only persons with disabilities, but other people as well. Elevators and ramps, for example, provide more options for everyone.

Design changes to that are needed to accommodate the Convention will, over time, generate new ideas and innovations that will improve life for all people, not only persons with disabilities" (<http://www.un.org/disabilities/convention/questions.shtml>)

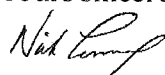
This understanding of disability also challenges the idea that we can neatly assess the costs of health care for prospective migrants with disability without also recognizing that discriminatory policies at any level of government, including immigration, impact negatively on the social status and rights of people with disability.

Final Statement

Australia should be in the enviable position of global leadership on the rights of people with intellectual disabilities to live regular and productive lives, regardless of their country of origin.

QCIDD applauds your efforts to review Australian policy on the value of people with intellectual disability to our community.

Yours sincerely,



Associate Professor, Dr Nicholas Lennox

Director

1st November 2009

The Queensland Centre for Intellectual and Developmental Disability (QCIDD) supports people with intellectual disability through research, teaching and clinical services. The centre is headed by Associate Professor Nicholas Lennox. QCIDD is part of the School of Medicine at the University of Queensland. It is located at the Mater Misericordiae Public Hospitals in South Brisbane, Australia.

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