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## CASUALTIES OF THE WORKFORCE RACISM

By S. Moraitis

### Introduction

I am quoted as being an expert on industrial accidents. If I was an expert I would have the expertise to adequately and competently treat injured migrants. My treatment only marginally helps many of these people and often the feeling is one of helplessness and despair.

Conferences and seminars are not going to help these physical and mental cripples because the publicity is ephemeral. In 1971 I participated in an excellent workshop at Royal Park, on the injured migrant. We ignored the results, warnings and solutions put forward and now in 1975 the position has become much worse. The impact it had on the public was negligible and tragically the injured are treated with disdain and derision.

### Poverty and the Migrant

The overwhelming number of Greek migrants to Australia have a rural background. They have no skills, no English language, they are deeply in debt having sold all their possessions in Greece and they have lost the extended family help. They are dumped in an environment which is foreign, **'hostile, urbanised, industrialised, sophisticated and consumer orientated.'** Our society tries to acculturate them. What are the migrants' assets? Strong hands, a strong back and a desire to give their children an opportunity to escape poverty and the factory through education. The consequences of their lack of job skill and lack of English is that they are employed in the most menial, most boring, repetitive, dirtiest, soul destroying work. Any threat to their physical health is a threat to their ability of earning a living. Hence a twinge in the back can forebode a catastrophe.

### The treatment of the injured migrant is a social problem:

Their fear of becoming a cripple and being unable to earn an adequate salary to pay off debts often make migrants apprehensive, aggressive and depressed. If ever a group of people are mismanaged it is the injured worker, and especially the injured migrant worker who also has to contend with the problem of communication. Instead of sympathy they are objects of derision and they are actually discriminated against by the use of racist terms which are freely utilised in every facet of their treatment - from employer to hospital to the courts. It is wrong for words such as "Mediterranean back-ache, Greek back", to be used; don't Australian laborers suffer from back injuries? The injured worker is called a "bludger", that he is suffering from "Compensation-itis", "Litigation neuroses".

Nobody attempts to research the problem and develop solutions. Medico-legal research in the area is virtually non-existent. Nobody attempts to bring about a change in attitude so that the injured can be dynamically treated rather than negatively treated as often occurs in the present time.

Nobody bothers to emphasise that most injured migrant workers resume work. The problem is the small percentage who are mismanaged and involved in litigation in order to obtain their "rights". Does anybody point out this critical fact ?? Following upon an injury, a host of factors come into play and because of lack of sympathy and understanding it may well result in the destruction of the worker and subsequently the destruction of his family life.

Firstly, there is the injured worker whose attitude, fears, anxieties, physical and mental exhaustion will play a major part in the cure.

Secondly, there are the fellow employees, the employer, the insurance company, the doctors, and their paramedical staff, and the unions. The employers often delay sending in the appropriate forms to the insurance company which in turn usually delays the processing of the claim. Pervading everything is the enormous linguistic and cultural communication gap between the migrant and the Anglo-saxon system. Often there is a lack of adequate multi-lingual safety signs in the factories. These should be intelligible and prominently displayed. There is a failure on the part of our system to teach sufficient English to migrants so that they can cope and unfortunately under the present conditions the migrant is often insufficiently motivated or too exhausted to learn English.

There is a failure to teach the migrant how the system works and how they can receive their just "rights". There is a failure on the part of the Professional to understand and sympathetically treat the migrant. It is quite understandable why many professionals do not have adequate understanding and empathy. Their background is different, usually an Anglo-saxon middle class culture. This is compounded by the teaching institutions which give little or no training to undergraduates in migrant languages or culture. The doctors are let loose on an unsuspecting public in the large inner suburban hospitals where a considerable proportion of patients are migrants.

It is so much easier for professionals to assume from the beginning that the injured worker is suffering from 'litigation neurosis' and cease treating the injured in a dynamic and effective manner. The professional does not really have to come to grips with the problem, and of course everyone knows that the patient will make a miraculous recovery after termination of litigation, few bother to research the problem. To my knowledge the only study done was by Balla and myself in 1969. This survey indicated that following upon litigation:

- 25% of patients only return to previous employment.
- 37% return to light duties, with a decreased salary.
- 30% never return to work.

The survey also illustrated that far from becoming millionaires, court payments averaged \$3,500 for motor accidents, \$2,500 for workers' compensation cases after a delay in judgement of 4 to 5 years in which the patients were unable to work!! This survey was meant to stimulate others in the medico-legal branch to think and undertake further research. Yet little has appeared in the medical and legal journals to my knowledge. The apathy is monumental.

Solicitors rarely, adequately explain the system to the injured migrant. They do not explain why it takes years for a claim to reach the courts; they don't explain that a compromise is usually reached between client and insurance company.

Justice is incidental. The Supreme Courts are draughty, frightening places and the clients find themselves in a foreign environment, sometimes without interpreters and opposing barristers who badger them incessantly, and doctors who appear to give conflicting statements. The injured migrant is battered and relatively helpless from the moment he is injured until his court appearance. He has seen endless battery of doctors, lawyers, insurance agents and naturally communication is usually through untrained interpreters. He has had to deal with unsympathetic doctors. One psychiatrist recently wrote to me: "I could not communicate with the patient, however it is clear to me ....."

Medical people do not take into consideration the language difficulties and the unskilled nature of migrants when they issue certificates of fitness; a typical example:

"I have examined Mr. E.K. pursuant to Subsection 2, Section 27 of the Workers Compensation Act and in my opinion he is fit for sedentary work provided he does not have to do any stooping, lifting, bending".

Medical nonsense! What sort of work can the injured migrant worker do ?? Remember - no skill, no language. The injured are attacked in the media: "The Age", 20.3.75:

"Nearly half of all people seeking Workers Compensation or motor accident compensation could be considered dishonest, according to a survey presented by the A.N.A.".

I have been unable to procure a copy of this survey.

The effects of the injury disrupts the family life and especially his relationship with his wife. He is morose, irritable, helpless, he is impotent. The wife bears the brunt of the financial burden and often she too goes under as fits of depression assail her. However all is not lost. Throughout all his trials and tribulations the injured migrant does not lose heart because he knows that he has the active support of the unions!! After all he sees the union representative once a year to collect subscriptions.

As soon as he is injured the union will send out a non-existent bi-lingual union assistant or if he is unavailable they will send out their non-existent interpreter to assist. Generally speaking unions show little interest in injured migrants. I am appalled that unions have been apathetic, inconsiderate and sometimes even exhibited racial discrimination. Union leaders rarely make public statements regarding the plight of migrants and especially the injured ones. I have never heard or read of union leaders attacking the system over the lack of interpreters in the medical, health and welfare fields. They have rarely questioned whether their injured members are receiving adequate treatment although Footscray Trade Union Clinic has been established, does an excellent job and owes its success to the personal efforts of Dr. Moss Cass. This clinic is the exception, not the rule unfortunately.

Unions, despite their protestations of militancy, form part of a system which helps keep the migrant down on the bottom of the socio-economic ladder. The lack of interest by many unions towards the injured migrant worker is rather disheartening, and the injured Greek migrant believes that not only does the employer not care but neither does his union. Unions must become more actively involved in safety

precautions, rehabilitation and job re-training. The most vocal and articulate union members, that is the English speaking ones, are assisted. Union officials are just not trained and cannot cope with the migrants and therefore they tend to ignore them. I believe that insufficient is being done for the injured migrant worker, and that the system discriminates against him. His mental, physical and social well being are inexorably eroded and eventually destroyed by a system which fails to sympathise and understand him and a society which believes in the motto of "Survival of the Fittest".

Too few really care.

Spiro Moraitis, M.B. B.S.

22.11.1975

I am indebted to Dr. Conn Constantinou for assisting and editing this paper.

Reprinted from  
Greek Action Bulletin,  
Vol. 1 No. 10, May, 1976.

Published by the Australian  
Greek Welfare Society,  
168 Lonsdale Street,  
Melbourne, 3000.