

# Western Australia Labor government dismisses water contamination risks in indigenous communities

By Margaret Rees  
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Like its Liberal Party predecessors, the state Labor government in Western Australia has contemptuously denied damning evidence of water contamination in largely indigenous rural towns and communities.

In office since 2017, Labor has continued to dismiss the findings of 10 years of research by the Western Desert Kidney Health Project (WDKHP), showing a potential correlation between poor water quality and elevated levels of kidney disease and type-2 diabetes.

These diseases are one of the reasons that Aboriginal people nationally have life expectancies of up to 20 years less than the non-Aboriginal population. Indigenous people suffer type-2 diabetes at four times the non-Aboriginal rate and have the fourth highest rates of diabetes in the world.

Dr Christine Jeffries-Stokes, a paediatrician based in the city of Kalgoorlie, probed further into the origin of these problems. The project conducted investigations in five rural towns and five remote Aboriginal communities of Western Desert language groups. It found that the biggest health risk factor was not ethnicity, but environment, leading to an investigation of contaminated water supplies.

The research found no difference between Aboriginal and non-Aboriginal children for the risk factors for kidney disease and diabetes, and the differences between Aboriginal and non-Aboriginal adults were much less than expected.

For example, the WDKHP found one or more renal markers—indicators of potential problems with kidney functions—in 58.5 percent of Aboriginal women, 33 percent of non-Aboriginal women, 27.8 percent of Aboriginal men and 22.4 percent of non-Aboriginal men. All the levels were well above the overall figure

of Australian adults of 18 percent.

The 2018 paper “Unsafe drinking water quality in remote Western Australian Aboriginal communities” noted “CKDu (Chronic Kidney Disease of unknown causes) is a multi-factored health problem and one suspected causal factor is contaminated drinking water... Most of these communities rely on raw groundwater to supply their domestic needs, and it is very likely that the people are unwittingly ingesting high levels of nitrates and uranium, probably including uranyl nitrates.”

Jeffries-Stokes addressed a Safe Water Summit at the University of Queensland last November, alongside her sister-in-law Annette Stokes, an Aboriginal woman. Jeffries-Stokes said the non-Aboriginal residents, such as nurses, teachers and police officers were “changing their risk from an urban risk to an Aboriginal risk in a very short time.”

The WDKHP team had searched for “some kind of universal exposure. So we started to look at the water. We were shocked.”

Jeffries-Stokes recently told the *World Socialist Web Site*: “We’d always thought that there were differences based on ethnicity, but in fact our research suggested that ethnicity wasn’t the most significant factor, but that it seems to be more about where you lived.”

After looking at all the possible relevant factors, including poor access to decent food, “we found that the water is contaminated all across the region, particularly with nitrates, and the fact there is nitrates suggests that the water is not being properly filtered.

“Nitrates are enough to contribute to higher rates of disease such as type-2 diabetes and kidney disease, but also cancer and possibly thyroid disease, birth defects,

learning problems and mood problems.” The presence of uranium added to the dangers of kidney disease.

When these concerns have been raised with successive state governments, both Liberal and Labor, officials declared their confidence in the Australian Drinking Water Guidelines (ADWG), which set the permitted level of nitrates at 50 mg per litre for infants up to the three months old and 100 mg per litre for adults and older children. However, 11 communities have exemptions from the 50mg/L requirement.

The Western Australian (WA) Health Department said that where nitrate levels exceeded 50mg/L, community health staff must provide bottled water for the preparation of babies’ bottles.

Jeffries Stokes said that in more than 25 years’ experience as a paediatrician in the region she had never heard of the practice of providing bottled water. “I have never even been notified that there is a problem with the water and that I should even be recommending bottled water to my patients with bottle-fed babies.”

Questions were raised in the WA parliament concerning uranyl nitrates in water in remote communities in November 2017 and again in June 2018. In 2017, Alanna Clohesy, Labor’s parliamentary secretary representing the health minister, stated: “There is no health issue posed by uranyl nitrate to community members.... Both the Department of Communities and the Water Corporation continually monitor drinking water supplies to their respective communities to ensure that drinking water is safe to consume.”

In 2018, Clohesy said: “It is not necessary to include uranyl nitrate in the ADWG, as the maximum recommended levels prescribed by the ADWG for uranium and nitrate provide sufficient protection and take account of their interaction.”

Yet the 2018 WDKHP paper noted that “in all the communities examined as case studies, uranium and nitrate levels greatly exceed officially recommended levels. Thus, uranium and nitrate levels above health guideline values in drinking water supplies may be additional causal factors in the occurrence of CKD in remote Western Australian Aboriginal communities.”

At the Safe Water Summit, Jeffries-Stokes pointed out in relation to uranium: “In the last two years, three remote Aboriginal communities in WA have exceeded the safe limit of 0.017 mg/L about half the time, while

Tjuntjuntjara in the Goldfields failed 18 out of 22 tests. Some of these results were up to double the safe level.”

Jeffries-Stokes added that the WDKHP also tested children’s urine for exposure to another heavy metal, arsenic. At Mount Margaret community, the 12 children aged 6 to 11 years all tested positive.

The doctor was scornful about the role of governments, both Liberal and Labor. “We are scientists, and we need a rational approach to this, and to produce evidence, but it is a personal and political issue as well. Our governments in Western Australia believe it is not a problem and are not going to do anything about it... Their response is actually we should just close the Aboriginal communities...”

“There are problems with the water, not just in our area with nitrates and uranium and other contaminants, but there are also places where there has been mining activity such as Borroloola and the MacArthur mine [in the Northern Territory] which has contaminated a lot of the bore water.”

Access to clean drinking water is a basic social right. The Labor government’s response underlines its indifference to the wellbeing and health of remote community inhabitants, even though modern technology means water purification processes are readily available.

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