

Australian COVID-19 outbreak in Aboriginal communities exposes severe healthcare crisis

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3 September 2021

The spread of COVID-19 from its current epicentre in Sydney, to western parts of the state of New South Wales (NSW), is creating a crisis for rural health care systems, especially those that cover the highly vulnerable populations of Aboriginal communities. Currently, more than 750 indigenous people are infected and one Aboriginal man has died.

The virus is now widespread in rural NSW. In the regional hub of Dubbo, in the state's central west, there are more than 450 active cases. Other rural towns closer to Sydney also have active infections including Orange, Bathurst, Parkes, Forbes and Bourke.

Western Local Health district chief executive Scott McLachlan told the Australian Broadcasting Corporation (ABC) last week that the infection levels were “very concerning” and the “numbers of cases infectious in the community means the potential further spread of this virus across the whole of Western NSW.” Further adding increased pressure to the health care system, 156 health staff were in isolation after being identified as close contacts.

A microcosm of the disaster facing the Aboriginal population is the situation unfolding in the small rural town of Wilcannia, almost 1000 kilometres west of Sydney.

With the announcement of seven new cases today, there are now 85 COVID infections in the town. Given that the population is just 745, more than 11 percent have contracted the virus. This makes it the largest hotspot in the state by per capita infection, with more than double the rate of the worst hotspots in Sydney. Over 60 percent of the population are Aboriginal and Torres Strait Islander people, and at least 62 of the active cases are people who are Indigenous.

The dire social conditions in these rural communities are accelerating the disaster. In a 2017 survey conducted of households in western NSW, the Murdi Paaki Regional

Assembly (MPRA) found that 54 percent of Wilcannia residents lived in properties that were “often or always crowded.” Some 26 percent said their living conditions had affected their health.

In an interview with the ABC, Chloe Quayle, who grew up in the area, said COVID-19 was “ripping through the community like wildfire at the moment, which is really, really scary”. Quayle explained that people were “isolating in tents down on the river and stuff, and sleeping out the front [of their homes] if they tested positive. How are you supposed to isolate when there is so much overcrowding in the homes?”

Catherine Bugmy, interviewed by the *Sydney Morning Herald*, has been forced to wash her clothes in a nearby lagoon, as she is not allowed to use communal washing facilities since testing positive for the virus. She does not have access to a microwave or toaster, and was given stale food by the authorities, which she had to cook with a fire outside. “We’ve been cooking kangaroo tail, and dry curry,” she said, “Government got to put their foot down and help.”

COVID test results are taking up to a week to be reported, leading to infected people spending longer in the community and transmitting the virus. The town's medical centre does not have intensive care or ventilator facilities, and nor do many regional hospitals.

Last week, an Aboriginal woman with COVID-19, who had difficulty breathing, was reportedly turned away from the Wilcannia medical service. Only later was she airlifted to Adelaide Hospital, nearly 600 kilometres away.

In a Facebook video about the incident, indigenous woman Monica Kerwin noted the absence of any ventilators in Wilcannia, commenting: “This woman needs medical treatment right now... she is struggling to breathe.” Kerwin said that when the woman was first at the medical facility, “they wouldn't let her in the front door. They made her sit out in the cold.”

In a chilling warning, Kerwin added that NSW Health does not “have a COVID plan here, they don’t have ventilators. They don’t have anything. I think they’ve just got body bags”.

The NSW Government is acutely aware of the existing healthcare crisis among rural Aboriginal communities. In 2012, the current NSW Health Chief Medical Officer, Dr Kerry Chant, prepared a report into the health problems of Aboriginal people in Western NSW.

Titled “The Health of Aboriginal People of NSW: Report of the Chief Health Officer,” it covered Aboriginal life expectancy and child mortality, the health of mothers and children, risk factors for ill health, as well as delivery of health services to this population.

Now almost a decade old, the report found that hospitalisation rates were 1.7 times higher for Aboriginal people than for the general population. The indigenous were also 2.7 times more likely to be hospitalised for diabetes, and suffered increased rates for cardiovascular disease, stroke and chronic obstructive pulmonary disease. All these underlying conditions heighten the risk factors for COVID-19.

The rates have only increased in the past ten years. According to a 2019 report by the Australian Bureau of Statistics (ABS), more than half of the NSW Aboriginal population had one or more chronic conditions that posed a significant health problem.

Last year, the Maari Ma Aboriginal Health corporation warned federal Indigenous Health Minister Ken Wyatt of “grave fears” that the virus would spread to the vulnerable communities. They outlined the risks caused by high rates of overcrowded and poorly maintained housing, a lack of food security, a highly mobile population and issues with poor health and chronic diseases.

Maari Ma CEO Bob Davis, author of the letter, wrote “the poverty and extreme vulnerability of Aboriginal people and communities in the Murdi Pakki region [which encompasses much of far-western NSW] is a direct result of decades of failed government policies. I’m sure you can understand our anxiety that these failures do not continue, or worsen, throughout the COVID-19 crisis.”

In a letter to Prime Minister Scott Morrison this week, Maari Ma Aboriginal Health stated that a “humanitarian crisis” was unfolding. The official response had been “chaotic,” and the mistakes and problems were mounting...Disappointingly no tangible plan was in place prior to this outbreak that could have been easily implemented. As a result, we’ve been playing catch up

from day one”.

The NSW Liberal-National government has sought to redirect responsibility for this crisis onto the very communities affected. Health Minister Brad Hazzard labelled those who attended a funeral in Wilcannia, on August 13, as “selfish,” stating “if you are actually spreading the virus, you could be responsible for people's deaths.” As family members of the deceased have noted, the funeral was held prior to the announcement of a state-wide lockdown.

In reality, the NSW government is responsible for the crisis occurring in regional communities, as well as in Sydney. With the support of the state Labor opposition, it has refused to implement workplace closures and other measures demanded by epidemiologists to stop the spread, and is instead insisting that the population must “learn to live with the virus.”

Hazzard also insinuated that vaccine hesitancy among indigenous communities was contributing to the outbreaks. Last week, the ABC reported that only 6.3 percent of the Aboriginal population in Western NSW was fully-vaccinated, compared with 26 percent of the non-indigenous population in the region.

Jamie Newman, from Orange Aboriginal Medical services, told the ABC’s 7.30 Report that vaccination rates were low due to reduced supply. “We had overwhelming support for [vaccinations] but when we're having 100 to 200 doses of vaccine delivered a fortnight, you can't maintain connection with communities by offering something that's not there,” he said. The low rates are one expression of a shambolic rollout across the board.

The crisis in Wilcannia, and more broadly, is an indictment of state and federal governments, Labor and Liberal-National alike. For decades they have slashed public healthcare funding in remote areas, regional centres and the major cities alike. Now their homicidal program of letting the virus rip, to ensure corporate profits, is leading to a catastrophe for workers, the vulnerable and the poor.



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