

Indigenous people in Australia twice as likely to be infected with COVID-19

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A third wave of COVID-19 infections in Australia has seen a 45-fold increase in the spread of the virus among Aboriginal and Torres Strait Islander people. Even before the arrival of the Omicron variant, they were being infected with the Delta strain at twice the rate of non-indigenous people.

By last week, some 7,000 infections had been reported among indigenous people, with 14 recorded deaths, 700 hospitalised and 80 in intensive care units. Most of the deaths were under the age of 60. Until mid-June, only 153 indigenous people had been infected, with no deaths.

Just half of indigenous people over the age of 16 are double vaccinated, compared with around 80 percent across the population nationally.

The increasing number of COVID-19 cases and deaths in indigenous communities was both predicted and preventable. The warnings of health experts and community leaders were ignored, resulting in the failure to protect these populations from the pandemic.

Indigenous people have a high prevalence of chronic health conditions as a result of widespread poverty-level living conditions, which include overcrowded housing, poor access to quality food and limited access to medical care. Prevalent health conditions, such as diabetes, obesity, cardiovascular and depression and other mental health disorders, are also known to increase the risk of hospitalisation or death due to COVID-19.

With the spread of the virus from Sydney to rural and remote New South Wales in August, the town of Wilcannia in the state's west was among the first communities put at risk. Some 152 people were infected—more than 20 percent of the town's total population and almost 40 percent of the indigenous community.

At that time, Wilcannia had the highest transmission rate in the country. The town's hospital had one ventilator and the nearest intensive care unit was approximately 200 kilometres away in Broken Hill. The life expectancy for an indigenous man and woman in Wilcannia is 37 and 42 years respectively, more than 40 years less than their city and non-indigenous counterparts.

Repeated warnings about the catastrophic impact that the pandemic would have if it was allowed to reach indigenous communities were ignored by federal and state governments.

In March 2020, the Maari Ma Aboriginal Health Corporation wrote to the federal Indigenous Affairs Minister Ken Wyatt expressing “grave fears” if the pandemic reached far western NSW. The letter, leaked to the *Guardian*, stated: “Basic mathematics says that by the time our first hospital patient presents, around 100 cases will already exist in the community, and this based on best case modelling.”

This October, leaked minutes from an emergency meeting one year before the outbreak and reported by *New Matilda*, revealed that the NSW Liberal-National Coalition government ignored pleas from the Wilcannia community about the state of overcrowding. The government dismissed the proposals to prepare for the spread of the virus.

The government refused to lock down the town before the virus arrived, or to purchase tents and sleeping bags to address chronic housing shortages. Overcrowding was deemed “not the issue” by the NSW Department of Health and the Department of Family and Community Services, which were meant to be in charge of the safety of the community during the pandemic.

It was not until the community in Wilcannia was

infected that roadblocks were imposed, and lockdown measures implemented. This left the locked-down community in overcrowded housing, thus accelerating the spread of the virus throughout the town.

Contrary to the state and federal governments' declaration that the transmissibility of the Delta variant made zero-COVID outcomes unattainable, Wilcannia declared the last two infected people free of the virus in October. That was a testament to the effectiveness of lockdowns and public health measures in preventing the spread of infections.

The ending of lockdown restrictions through the state and the opening up of regional travel now risks the virus again spreading to Wilcannia and other indigenous communities.

The contemptuous lack of planning continued as infections hit elsewhere in NSW, causing unnecessary death and suffering. Rural and Remote Medical Services in the Walgett region in the state's northwest was forced to cancel its first vaccination clinic for 60 patients because its Pfizer vaccine doses were sent to the wrong place. The rollout was described as chaotic. Many Walgett residents could have had at least the first vaccination before the outbreak in the town occurred.

Late last month cases in the NSW central northern town of Moree rapidly increased to 70 during the course of a week following an indigenous man's funeral. Some 20 percent of the 13,000 Moree Plains population is indigenous. The region's double vaccination rate of 83.5 percent is far lower than the state average of 92.5 percent, and the indigenous rate is far lower again. Moree Hospital has a COVID-19 ward with just eight beds available.

The Northern Territory (NT) in northern central Australia has the highest proportion of indigenous residents in its population. The NT Chief Health Officer Dr Hugh Heggie has blamed anti-vaccine and religious groups for significant vaccine refusal. He warned of the potential need for mass mortuaries in the form of "shipping containers and even meatworks" if the virus spreads into rural regions with low vaccination rates. These regions, which include 72 remote communities, are grossly ill-equipped to handle COVID-19 patients, increasing the risk of mortality.

Rural NT nurse Stacey Niarchos told the Australian Broadcasting Corporation: "The risk is we are not going to have the resources to adequately look after the

amount of acutely unwell people we're possibly facing." The only hospital in her region of East Arnhem is the 30-bed Gove District Hospital. For some people, that is 300 kilometres away, with roads that are often dirt tracks, inaccessible for large parts of the year due to bad weather.

Niarchos said she was worried the virus would spread like "wildfire." There are no permanent clinical staff in remote communities other than Aboriginal health workers. Remote nurses attend outreach clinics, spending a few days in each area. Bad weather can prevent planes from landing to medically evacuate people and cannot land at night.

The nurse's warnings have come to pass, with more than 50 infections being recorded in recent days, predominately in Aboriginal communities. This is the largest outbreak of COVID-19 in the NT since the beginning of the pandemic.

The rapid lifting of already limited lockdown measures across the country, by Labor and Liberal-National governments alike, risks a massive public health catastrophe, with deaths rising in an overburdened healthcare system. These reopening measures mirror the "let it rip" or "herd immunity" policies being imposed in most countries around the world.



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