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COVID and Colonialism

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Let's start this off properly so you understand where I am coming from. Indigenous Australia is no stranger to apocalyptic diseases. Smallpox arrived with the Colonisers on the First Fleet in 1788. Back then, that disease travelled through Country, from mob to mob across the continent, faster than rumour. There are scant if any records but it is not difficult to imagine what must have occurred.

Whole family groups fell sick. They might not have understood the origins of this disease; perhaps they imagined it was caused by the presence of the white people. Then, with an inexplicable, invisible death stalking the community, messengers who were unaware they were carrying the disease would have ran across Country to warn others of an impending contagion.

We will never really know how many people died from smallpox during the first spasms of colonisation because numbers were not recorded, but it is certain that deaths from diseases helped the invaders destroy the Indigenous population.

This new disease, COVID-19, has travelled across the world faster than rumour, but it is not messengers, runners afraid of the disease, that are carrying and spreading it. Rather, it is the privileged who have spread this disease on a global scale: people who can afford to fly for fun; people enjoying their recreation time on cruise ships.

The Ruby Princess is just the latest in a long line of plague ships arriving in Sydney. The First Fleet carried smallpox and it is well known that Lieutenant Cook's crew carried venereal diseases on their journeys. Fortunately, Cook's crew did not land long enough on our continent to infect anybody.

The Hawaiians and other Pacific Islander communities were not so lucky.

It seems self-evident to me that COVID-19 is a disease carried across the world by the affluent. A disease with an approximate 14-day incubation





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period would probably not have become a pandemic, a truly global disease, without the assistance of regular air travel. It is not the poor who travel the world for pleasure, it is not the colonised, it is not the Aboriginal Australian, but the affluent who travel and have spread the pandemic, and in Australia the affluent are mostly white

On the other hand, it seems to me, Aboriginal Australia is suffering worse than most. We are already disproportionately poor and have a disproportionate tendency towards poor health.

In addition, a high proportion of Indigenous people work in arts and culture, which is pretty much the only industry that has not received a support package from the government.

Medical conditions that are considered to increase the risk of dying from COVID-19, such as high blood pressure, heart and lung conditions, kidney disease and diabetes, are far more prevalent among Aboriginal people than the wider community. This is one of the reasons why the government advises Indigenous people over 50 to self-isolate, yet by comparison it is only advisable for non-Indigenous people over 60.

Let us not forget that many Indigenous people, especially those living on community, are in the most remote of places, often tiny communities with limited access to medical help. If there was an outbreak within these communities, it seems unlikely that there would be many survivors because there is virtually no prospect of medical intervention. There are simply not enough choppers to air-lift the number of people who would need hospitalisation and the distances and quality of the roads render the communities almost inaccessible by ambulance.

If community transmission of COVID-19 occurs in an Indigenous community, the death toll will be unimaginable.

Medical infrastructure problems are exacerbated by a related problem: there is only one shop in most remote Indigenous communities, and unless a truck arrives on a regular basis small outback stores will often not have enough to feed everybody. As fear of COVID-19 hit the Northern Territory, the community of Barunga ran out of food after one day of panic-buying. When a disease hits an Indigenous community the people are far more at risk than when the same occurs in cities or suburbs.

Even at the best of times there is often a lack of good quality, healthy food in remote communities.

Up until the point of writing, there have been very few COVID-19 infections in the Northern Territory, and none have been so-called community



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transmissions. Everybody with the virus has caught it before travelling to the Northern Territory or has been in close contact with an infected recent traveller. The Indigenous people of the Territory have not been travelling and, therefore, are not putting their communities at risk; other people are.

So, again, like many times in history, a killer virus is endangering Indigenous Australians and again it has been brought here by travellers from across the ocean and again it is human movement risking people's lives. It all feels painfully familiar to anybody who knows anything about Indigenous history. History repeats if we don't prevent it.

Claire is a Noongar woman whose family have belonged to the south coast of Western Australia since long before history started being recorded. Born in Perth, Claire has lived most of her life in Victoria, and most of that in and around Melbourne. Claire writes fiction, essays and poetry. Claire has won a Black&Write! Indigenous Writing Fellowship for her novel Terra Nullius.