Medical Xpress

Whiteness in the time of COVID: Australia's health services still leaving vulnerable communities behind

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Due to the ongoing effects of colonization, First Nations peoples often experience socio-economic disadvantage and health inequality. The

pandemic has no doubt worsened these conditions for some.

In addition, the health of Australia's First Nations peoples is framed in a deficit focus. This means representing First Nations people through a narrative of difference, disparity, disadvantage, dysfunction, and deprivation, what is sometimes referred to as the 5Ds.

Viewing First Nations peoples through a deficit or negative lens is a form of racial segregation. However, this practice of white privilege or "whiteness" in health services can only cause harm to marginalized communities.

For instance, COVID-19 is more common in disadvantaged areas, where people face a triple threat—low vaccination rates, greater likelihood of getting COVID-19, and greater risk of dying.

Though the government has recently boosted efforts to reach vulnerable First Nations communities, there have long been complaints of lack of access to vaccines in high-risk areas.

Therefore, when the federal government speaks of 80% vaccination rate targets, it has somewhat felt like this means 80% of white, middle-class people without disabilities.

Whiteness dominating health services

Whiteness refers to perspectives, practices and policies that enable the dominance of white people and their culture in society and institutions.

Historically, pretty much every political and health system has been under the leadership of white, cis-gendered heterosexual (often middle-aged) men without disabilities. This has resulted in white perspectives being interwoven in health practice and policy development.

White, cis-gendered health is often the norm against which deviation is measured in health practices. This is detrimental to First Nations peoples and other marginalized communities.

For First Nations peoples, good health is holistic and includes physical, social, emotional, cultural, spiritual and ecological wellbeing. This is why First Nations peoples need to be included in health planning, particularly during the global pandemic.

COVID-19 disproportionately impacting First Nations people

First Nations peoples were identified as a priority group early in the vaccine rollout because globally, First Nations peoples are disproportionally more likely to die from COVID-19.

However, until recently First Nations peoples in Australia were six times less likely to contract COVID-19 because communities responded quickly to the first wave in 2020.

Aboriginal organizations came together drawing on experience from the 2009 H1N1 influenza pandemic and implemented culturally appropriate resources to share with the community.

However, there have been further waves of COVID-19 since then and increasingly restricted access to health care in response to lockdowns, border closures and the inadequate vaccine rollout. This has led to over 1,000 COVID cases in First Nations communities, and deaths that could have been avoided.

This is occurring while First Nations peoples and other communities continue to be confronted with racism when trying to access health care.

Misinformation and government negligence

In Australia, First Nations peoples are significantly more likely to have two or more chronic health conditions. This makes us more vulnerable to contracting and dying from COVID-19.

Despite this, health services in regional, rural and remote areas with predominantly Aboriginal populations continue to be under-resourced by state and federal governments.

In addition, many people in western NSW communities are being turned away from health care facilities because they simply lack capacity.

In June, concerns were raised about vaccination rates in First Nations communities in Australia. However, we still have lower vaccination rates than the non-Indigenous NSW population.

There is indeed a level of vaccine hesitancy in the community. Inconsistent and sometimes inaccessible health messaging has contributed to understandable mistrust and fear.

However, First Nations peoples are among the most over-researched groups of people in the world. So, vaccine hesitancy can also be due to the long history in Australia of government trying to control our communities.

It certainly doesn't help when white people continue to interfere with Indigenous health through the spread of false claims about COVID-19.

For instance, a self-proclaimed Indigenous prayer group in Western Australia spread misinformation that God will protect against COVID-19. This group turned out to be a white man from Brisbane.

And in the NSW community in Wilcannia, which has been hard hit by a recent wave of COVID-19 infections, First Nations people have been targeted by a group spruiking the benefits of ivermectin.

Both occurrences feel reminiscent of colonial missionary days, where white people regarded First Nations peoples as barbarian savages who needed controlling (mind and body), civilizing, and educating in white, European ways.

Where to from here

We need to find ways to disrupt health systems currently excluding First Nations people.

Community self-determination is essential and Aboriginal community-controlled responses must remain a priority.

The government has made efforts recently alongside the National Aboriginal Community Controlled Health Organization to increase COVID vaccinations in communities across Australia. This is a positive start, but more must be done.

There is talk of the borders re-opening and the country opening up after vaccination rates exceed 75–80% of the adult population.A Freedom Day, if you will.

So, when is our mob's "Freedom Day?" Besides our ignored cries for sovereignty and self-determination, we cannot be left to die due to low vaccination rates while the rest of the country is deemed "safe."

Whiteness needs to stop being the baseline from which health services originate. Unless there is a move to strengths-based strategies for vaccinating at-risk populations, such as First Nations communities, we

will remain more likely to get sicker and die sooner.

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