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Indigenous health problems dire long before Covid hit

SONIA HENRY

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The recent headlines about the northwest of NSW have been clear in their message. Here are two: “Australia’s failure to vaccinate Indigenous Australians” and “Funeral in Wilcannia leads to Covid spread”. Anyone who has lived or worked in remote Australia with Indigenous populations knows the real headline should be: “Australia’s failure of its Indigenous people – full stop”.

The reason Indigenous populations are so “vulnerable”, as we say, is that we effectively have created a two-tiered health system where this is inevitable, long before Covid-19 and long after.

Brewarrina, where I work as a GP, is about 500km from Wilcannia, where Covid is spreading through the Indigenous population. Yet we share many similarities. We all know if Covid were to explode here, not only would issues such as overcrowding and food be problematic (we have two tiny shops, both of which would be forced to close if there were a big outbreak), but also what is always an issue – how to get decent medical care.

In one week alone I have dealt with osteomyelitis, high-grade melanoma, fulminant diabetes and suspected pulmonary embolism – none of which would be a surprise to any doctor or nurse who has worked in these parts.

Getting care in pre-Covid times was hard enough. Waiting lists in Dubbo, our closest regional centre (about 400km away), are lengthy. Transport means time and money. Medicine or surgery beyond the scope of Dubbo needs to go to Sydney, which is nearly impossible, particularly now as the entire state is in lockdown and all services are already stretched.

Elective surgery is a misnomer – serious diagnoses can be missed and result in more untimely deaths if many elective operations are not performed.

Indigenous people on average die 15 years before their white counterparts. Funerals in Brewarrina take place routinely for people under the age of 50.

To blame the spread of Covid in Wilcannia on people attending a funeral is grossly unfair. Covid is a virus that inevitably would have spread through Australia's regions, and the response has been sub par to say the least, but this is not a surprise to any of us who live and work here – Australia's response to matters of remote and Indigenous health has always been sub par. It is a national open secret and one that needs urgent addressing. But people have been saying this for years, yet the statistics only worsen.

Because of Covid-19, specialist services have been cut off for fear of bringing the virus into the communities, which left us Covid-free (this didn't last) but also with no podiatrist, physiotherapist, paediatrician, cardiologist, endocrinologist – the list goes on.

The media waxes indignant about poor uptake of the vaccine in Indigenous populations without addressing the reasons behind the outrageous health disparities between Indigenous and white people, a healthcare system that is tailored for white people, and the paternalistic and dangerous attitude of not taking into consideration distrust after years of abuse, displacement and dispossession.

It would be a mistake to think that it is only because of their remote location that Indigenous people receive worse healthcare. Our healthcare system assumes lots of things: that people have mobile phones to make appointments or look up health apps; that there is a baseline level of health. For lots of reasons, probably largely removal from country and a sudden change in diet in the early days of white settlement, Indigenous people are far more prone to develop diabetes, heart disease, strokes and mental health comorbidity.

Certainly, we need more vaccines and vaccine uptake in the central northwest. We need to protect the people who live and breathe this land and river. But what we need most of all is understanding and acknowledgment that Covid is not the first or only insult or risk to Indigenous patients, and that vaccination is one issue. Access to social and health equity is the real underlying issue.

When I queried a patient in another remote town I worked in as to their main concerns regarding the vaccines and any questions they had, the response was short but succinct. “Whitefellas have been lying to us for years, doc, why do you think we don’t trust them?” I had no response because deep down I knew what my patient was saying was the truth. That we have been making promises about improvements to health and service access for as long as anyone can remember. If a system continuously lets you down you start to give up on it.

Brewarrina is a beautiful town by a beautiful river. Our patients here admirably have come forth to be vaccinated to protect themselves and their home. Our little Aboriginal Medical Service and colleagues have been doing a sterling job with the resources we have, but we all know what is happening in our neighbouring town of Wilcannia is not just about Covid but about what has been happening almost silently for decades. We know because it happens in Brewarrina and in all small towns with high Indigenous populations across Australia.

Until we as a country acknowledge the widening chasm we so blithely term “the gap”, just as we say “the jab”, Covid will come and go, health of communities will worsen, and the next disease will hit with exactly the same outcome: ongoing suffering, burgeoning inequality and, as far as I am concerned, a perpetual state of ignored national shame.

Sonia Henry is a general practitioner in Brewarrina, NSW.

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