

By Fiona Stanley

The comments from many about the lack of evidence of the impact of the Voice on closing the gap needs to be addressed with the best data we have. For many years, our Telethon Institute's First Nations researchers have demonstrated how powerful Aboriginal community controlled services are in providing effective care, particularly in health and early child development. One of the most outstanding pieces of evidence comes from the recent Covid pandemic.

WERE WE WORRIED? There were many reasons why we were concerned about how Coronavirus would impact on the Aboriginal and Torres Strait Islander populations in Australia. Based on known risks and in previous serious flu epidemics, such as H1N1, we knew that many more First Nations people were likely to become infected and to have more serious disease. And Covid 19 was even more contagious, with high illness and death rates. First Nations have higher rates of respiratory, cardiac and diabetic diseases and tend to have them at younger ages, putting them at greater risk. The majority of people with these conditions live in urban centres and regional towns with only 18% in remote communities, hence they were more likely to be exposed.

The structure of households with large, intergenerational groupings and mobile families living together are all risks for virus spread. The homeless Aboriginal population posed a challenge for prevention. How could decades of neglect of Aboriginal housing and lack of care for homeless people suddenly be turned around to prevent a catastrophe?

Covid 19 was a new condition and health literacy about how to prevent and manage it within communities was not available or accessible to Aboriginal groups. The need to educate people about viruses, Covid 19 and how to prevent spread was urgent, with few resources available.

Aboriginal Controlled Medical Services and other important welfare services for First Nations populations have been chronically underfunded for many years. Now they were needed to provide rapidly for potentially a very sick group of people.

HOW MANY CASES? The result has been outstanding and is a model of how, with First Nations leadership, an expected disastrous pandemic result was prevented. Up until January 2021, there were only 148 cases nationwide, 15% hospitalisations, one case in ICU and no deaths. There were no cases in remote communities and no cases associated with the Black Lives Matter marches in major capital cities. As First Nations make up 3% of the population, it was expected that at least 3% (850+) of Australia's 27,701 cases would be in these groups. The rate of infection in the non-Indigenous population was 1.12/1000 people whilst that for First Nations was 0.19/1000 people. Thus, the rate for non-Indigenous Australians was 5.9 times the rate in Indigenous Australians, a dramatic reversal of the gap! Not only did the first Nations save hundreds of cases and deaths, but they also avoided significant hospital and intensive care costs. This response was the best of any in the world with many Indigenous populations in other countries having much worse outcomes.

HOW DID FIRST NATIONS CONQUER COVID 19? This is the best part of the story. As soon as First Nations health leaders realised that there was a possible pandemic they swung into action. In North Queensland, Dr Mark Wenitong, both clinically and public health trained, brought in the measures that started the national response for Aboriginal

and Torres Strait Islander people. NACCHO, with CEO Pat Turner, successfully lobbied Federal and State Governments to enact the National Biosecurity Act to close all remote communities with support organised for their living needs. This was done remarkably quickly in mid-March in 2020. Aboriginal controlled health organisations all around the nation banded together and lobbied for Personal Protective Equipment, increased staff for testing and contract tracing. They set up taskforces with government departments such as health, families and communities and housing to manage social distancing, food deliveries, special care for elders, tele-health and help to house the homeless. A range of brilliant health information videos to educate people about covid 19 were created quickly and distributed widely, with health workers trained to follow up into homes to explain how to avoid infection and what to look for. Many of these were better than any available for the non-indigenous community! Most of this activity was done within the First Nations themselves, with government departments and relevant NGOs responding to the requests of the Aboriginal controlled organisations as to what their needs were. Effective Aboriginal: government partnerships were created to provide resources to combat the disease. Many of the partnerships were with Aboriginal bureaucrats working within governments or brought in to do so for this pandemic. The issue here is that the government responded to First Nations demands and they were in control of their response, the main reason for its success.

Follow up care and responses When vaccines became available throughout 2021/22 there should have been a clear line of provision of these to all First Nations populations in regional and urban centres. This did not happen. And the decision to open remote communities came too soon. Then the numbers of cases and death increased in our First Nations people. This happened despite the Aboriginal leaders warning of the adverse effects.

ISN'T THIS EVIDENCE FOR A VOICE? This First Nations led response to this major health threat which has impacted so negatively on so many populations around the world is a major achievement. We should applaud the wisdom, capacity and responsibility of these leaders. They moved quickly and have averted a catastrophe. They have prevented serious illness and death, avoided costly care and anguish. And they have done it despite their health and welfare services being underfunded for decades, with inappropriate, unwelcome or unavailable mainstream services. How extra-ordinary that in this epidemic, when the gap would have been predicted to be hugely against First Nations, and yet they have much lower rates than the rest of the population!! Why don't we see the headlines "First Nations healthier than the rest of Australia in Covid 19 epidemic"?

This is clear evidence of how effective it is to give power to First Nations populations. If ever there was a time to implement the Uluru Statement from the Heart, particularly the voice to parliament, it is now. What more proof do we need?