



## A Conversation About... Aboriginal and Torres Strait Islander People, Climate Change and Covid 19 – Part 3

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### **Host (00:01):**

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental healthcare.

### **Prof. Alan Rosen (00:18):**

Oh, hi, I'm Alan Rosen, and welcome to the third episode of a four-part podcast series from MHPN Presents, which is a conversation about the impact of climate change on the mental health and wellbeing of Aboriginal communities. And that includes both the things that we usually associated with climate change, like drought and flood and fire, but also the pandemic, which was clearly a climate change event. Before we go further, I would like to make an Acknowledgement of Country. I acknowledge the Aboriginal owners of custodians of the Lands and Waters from where I speak today, the Wangal of the Eora nation and from wherever you are today, there's sovereignty and their Elders past and present. We offer thanks for many key learnings from Aboriginal and Torres Strait Islander, Māori Pacifica, and other Indigenous peoples, and their contributions to the wellbeing of our planet, its peoples, its climate, and all its life forms. Now, just in terms of introductions, again, I'm Alan Rosen and I'm a community psychiatrist who has been working with remote Aboriginal communities for more than 37 years. And I'd also like to introduce Pat Dudgeon and Stewart Sutherland. And over to you. First of all, Pat.

### **Prof. Pat Dudgeon (01:38):**

Thanks Alan. My name's Pat Dudgeon. I'm a research professor with the University of Western Australia. I live and work on beautiful Nyoongar Boodja that's in Perth and Western Australia. My people are from the Kimberley, I'm from the Bardi people. And my background is that I'm a psychologist, but I'm interested in decolonizing research. I'm interested in suicide prevention as well as mental health and social emotional wellbeing but done in ways that empower our Aboriginal and Torres Strait Islander community. So, this conversation about climate change and the impacts on Indigenous community and



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their wellbeing is really important. I think climate change is a big issue that we are going to grapple with. It's, it's here and I think that it's a very serious and scary concern, but I think that there's hope for us as well.

### **Dr Stewart Sutherland (02:36):**

Thank you, Pat. Stewart Sutherland, I come to you from Wanguul, which is on Wiradjuri land and work at ANU, which is on Ngunnawal Ngambri land. I'm a Wiradjuri man and been working in well mental health and addiction medicine for a lot of years, last 25 now. It seems like every year it just gets added to, and my research interest and passions is really culture and how that affects identity and mental health. And of course, our culture and environment are linked. So how does the environment change, or the changing environment affect both our culture and our mental health?

### **Prof. Alan Rosen (03:11):**

Thanks Stewart. Now we're going to get into the issue for today, which is first of all about Aboriginal communities. Why are they priority populations? And having talked about that a little will go to why Aboriginal and Torres Strait Islanders what strengths and achievements they've made in the face of COVID-19, which is a prime example of a climate change event and other climate change crises as well as COVID and why Aboriginal communities are prominent among priority populations, as we've been saying. So, let's start with why Aboriginal communities should be thought of as priority populations. I think it's important to acknowledge the well documented risks and existential threats of the pandemic and other, often domino climate change related events to all priority individuals and communities that are sometimes defined in terms of those who are living in fire and flood zones, unstable housing, overcrowding, which have also will affect COVID, et cetera and living in poverty. But Aboriginal communities must be a priority on these grounds alone, apart from these disasters, retriggering or rekindling transgenerational trauma. But I think rather than going further into that detail, it's also worth pointing out that Aboriginal communities also have much to contribute to the solutions. So, this makes them a priority population in this sense as well.

### **Prof. Pat Dudgeon (04:45):**

Yeah, look, I absolutely agree with you Alan. I think that Aboriginal and Torres Strait Islander people would have to be considered a priority population. I think we've spoken about this in the earlier podcast, certainly that history of colonisation that occurred in a systemic racism and exclusion have not enabled our people to engage and to be equal citizens. You know, there's been many things that have excluded them and now we see the consequence of that, and we know we have those great, you know, understanding Indigenous disadvantage reports that show that we do very poorly of all the indicators, particularly health. So, for us too, there's more Aboriginal people living in non-urban situations. So that's an added disadvantage. So, when we are looking at COVID or any issue that comes, there needs to be a special consideration for Aboriginal and Torres Strait Islander people.

### **Dr Stewart Sutherland (05:46):**

Thank you, Alan, and Pat. And look, I think if we work with current situation, the reason that Aboriginal and Torres Strait Islander people are a priority is on one of the last points that Pat said is the way that Aboriginal and Torres Strait Islander people live. We mentioned in episode one where as a chain of a group of islands are in threat of being swamped. So that's gotta make Torres Strait a priority. But you know, if central Australia gets hotter, how are people gonna remain on their homelands? And how's our



culture gonna remain if we are forced off because we just can't live there because the climate is so poor and it's against human habitat. So that in of itself makes Aboriginal and Torres Strait Islander people priority within climate change. And of course, through COVID you both talked about the health of Aboriginal and Torres Strait Islander people and how that needed to be taken into consideration. But for Aboriginal and Torres Strait Islanders, our elders are our libraries and our knowledge keepers and are very important to us. And so, to ensure that our eldership remained healthy, we have to make that a priority group in terms of stopping COVID or any other illness, getting into our community and taking our most vulnerable people. So, for all those reasons, we should be considered a priority group.

**Prof. Alan Rosen (07:05):**

I would agree with that. And also add that there are strengths in Aboriginal communities that we particularly need in the wider community too. So there's some examples of how Aboriginal communities have responded to these things that we'll come to later, including the pandemic. But other climate change challenges are great examples of, of what all of us can do and how all of us can have hope in these situations. But I think also we need to consider complexity factors and I sometimes think of the quintuple of factors which cause complexity, particularly in mental health. And that is if you have a severe or complex mental health disorder or psychiatric condition, which is severe or enduring, could be psychotic, could be a mood disorder, can be other, other forms of disorders. And Indigenous people with a psychiatric diagnosis may sometimes feel that they've been colonised twice. I think we've touched on that previously.

**(07:56):**

First they were colonised by the invader culture and secondly by the psychiatric system who take control of their lives. So that's an issue there. The other is if you also have part of the quintuple whammy, also a drug and alcohol dependency or other addictive behaviours. Thirdly, if you have a physical disability, ongoing illness or physical neglect or reduced life expectancy through that. And then the social determinants that Stewart and Pat have alluded to and the disadvantage, the Indigenous disadvantage that Pat was alluding to. And then lastly, any populations or cultures that are disaffected, marginalised, alienated, or have traumatised existences and Aboriginal people qualify in all those terms of being marginalised, alienated and traumatised. So, thinking about Aboriginal communities with the pandemic and other climate change type challenges like the drought and fire and flood that we've faced, can we talk about some of the ways that Aboriginal communities have approached them and I think some global achievements that Aboriginal and Torres Strait Islander people have made during the period of this pandemic?

**Prof. Pat Dudgeon (09:06):**

Absolutely. I think that the COVID-19 example is the one we always refer to and hold up because usually in an epidemic or a pandemic, Indigenous people do poorly given their exclusion to resources. You know, poor health, that certainly isn't their fault. It's that Indigenous people are, are colonised and excluded from services and live in very poor circumstances, and the fact that we've survived sometimes amazes me. So, we've always done badly, we are much more vulnerable than other groups of people and I think that there was a fear that we'd see that play out again with COVID-19. And we know that's happened in, in other epidemics like the Spanish flu and so on. You know, there were a high number of infections and death. However, with COVID-19, it was a different situation. First of all, the Aboriginal Community Controlled Sector took control. So, they were going into planning.



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(10:10):

I remember ringing a person up in the Kimberley and he actually said to me, he said, you know, you're not gonna hear too much of me, which we are getting ready for COVID-19. And at that time we'd heard a little bit about it, but you know, we didn't think it was gonna be a great threat. And he said, no, no, we're, we're actually, I think of closing communities thinking of having quarantine beds and so on. And it sounded fantastic, like science fiction to me, you know, like one of those apocalypse movies or something. And I was absolutely surprised and in awe of it all. And I asked, so I said, the other Community Controlled Health, Health Sectors doing this as well? I thought maybe it was just for that particular region. And he said, yes, it's happening all over the nation. And it wasn't until about two, three weeks later then everyone knew we were in a pandemic situation and the government started taking action.

(11:03):

But I think the forward thinking that Aboriginal Community Controlled Health Sector took, they went into action, into planning. They didn't hesitate. I think had I been in charge, there would've been this, you know, is it going to be dangerous or not? But they took action when there was a threat, which turned out to be a very serious threat. Some communities were closed down, there was a messaging going out to people. We didn't have a vaccination then. Don't forget that. So it was really a scary time. Later when vaccinations came in, the health sector again promoted vaccinations for Aboriginal people. I got phone calls saying that it was time to come in to have my next vaccination and so on. Not to mention all the other activities. This is just part of the whole range of activities that each Aboriginal Community Controlled Health Organisation did. They were also meeting nationally, they also sat on the Australian government's COVID-19 response group.

(12:04):

So there was a great degree of Indigenous decision making that was happening, a great degree of engagement. And we've done really well. Our death rates have been quite small in comparison. So I think to me that was a story of self-determination of Aboriginal leadership being supported to do what it could do. And it did brilliantly. And also coping with odd things that happened like the anti-vaxxers who had infiltrated some of the Aboriginal communities and our leadership came out and did a lot of messaging to community not to listen to those people that they, you know, they weren't backed by evidence or science and that they were using our people to get their own agendas through. And that's just one take on it. I know that Stewie's got his stories about how communities tried to stop people going into their communities in New South Wales, how they took charge of going and starting a traditional food gathering and hunting and food gathering activity to feed communities.

(13:09):

So there's all these great stories all around Australia, you know, we only know some of them, but I think the big message and that became one that probably isn't as promoted or well-known as it should be, was a great success that we had in Australia with our own Indigenous people, which was not the situation for the Indigenous people in Canada or the states or People of Colour in England. So it is about poverty, but it's also about the lack of encouragement for people to take charge of their own groups and to make some decisions about that and to do the right thing. So that was a success story to me.

**Prof. Alan Rosen (13:48):**



And I think this was a success story that was a world-beater in many senses that cause it was so well organised by centrally by NACCHO and then by the ACHHOS, the Aboriginal Community Controlled Health Organisations at the regional and local level as well, as Pat was saying. But the other issue was, was that those numbers were very low. There were only 148 Aboriginal cases in the first 16 to 18 months. And of those only one in ICU and no deaths in that first half of the pandemic. And you compare that say with Brazil, the Amazon basin or Indigenous people like the Navajo Nation in New Mexico, Arizona, and Utah of the states, well their COVID case numbers doubled. You know, they were double the wider communities and so they went in a completely different direction while Aboriginal and Torres Strait Islander statistics that I just mentioned were six times lower than the general population in Australia.

**Prof. Pat Dudgeon (14:47):**

You're right Alan, we have this really strong central hub called the National Aboriginal Community Controlled Health Organisation. And there's state affiliates, so they're state coordinating bodies, if you like, in each state. And then locally there's a bunch of Aboriginal Medical Services. So we've got I think 144 different Aboriginal Medical Services across the country. So we had the infrastructure and they put that into action. So we were lucky to have that infrastructure in place, but it was the efforts of our Indigenous leadership that has led to that outcome.

**Dr Stewart Sutherland (15:27):**

Can I just throw in that while the ACCHOS need to be praised and they did an awful lot of work, our Aboriginal Land Service is also with the ACCHOS to provide support. I know in New South Wales there was a hotline where you were COVID positive, you could ring the land council and they would organise all of your needs to be met. So food and any, anything you needed the hotline would organise. So that was at the beginning of the pandemic. And then as it rolled out, the ACCHOS obviously with their health credentials worked with the various land councils to make sure that their members were safe. And then I think the other thing that's understated in this conversation, apart from you know, the pickup of media of just how well our leaders did is that for most areas I know of at least and that's not all the ACCHOS provided for non-Indigenous people.

**(16:20):**

So if, if non-Indigenous people were isolating and we knew the ACCHOS knew that, then they would ensure that all their health needs were met and so forth as well. Because the general health system was just not coping in some areas. So, while their Aboriginal Health Organisations or ACCHOS, they picked up where others had gaps. And so, you know, we need to acknowledge that there was a huge responsibility placed on our leadership and organisations to meet the needs of the Australian public and our Aboriginal and Torres Strait honour people within that as well. And I think that's often forgotten just about how important it was to the whole of this country in this effort.

**Prof. Alan Rosen (17:01):**

And Stewart, could you say something about what happened with the communities themselves in terms of taking responsibility for closing communities and how they managed that and also the issues around keeping people supplied with food. How were they isolated if they did get COVID, et cetera?

**Dr Stewart Sutherland (17:18):**



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Yeah, so I mean, once again, I can't talk for every community, but certainly some, I mean, legislation had to be changed to allow communities to close because if you've got a road through a community that's actually not managed by community. So I've forgotten the actual legislation that was adapted to allow communities to shut roads that went through them or supplied them. But once that was done, communities could close, you know, and we think of some communities as being isolated and that would be fairly easy to do. But other communities are not isolated and still managed to do it. You know, communities on the south coast of New South Wales that are very close to other urban communities, you know, they're just part of the makeup of society. So, when we say close, that might not have been a mission community or a remote community that's just got Aboriginal people, people looked after themselves and we, you know, we're still calling that closed.

(18:10):

So for those communities, you know, households got ready to look after themselves. So, we often call it overcrowding, I call it cultural housing because Aboriginal and Torres Strait have lived in groups like this for a long time. And just because we build three bedroom houses now doesn't mean that that's what Aboriginal people want to live in. So cultural housing where you've got more than the capacity of the house, people set up ways of looking after each other and ensuring that one person would go to the shop to get food instead of two or three houses would go to the shop and get the food for them. And that helped in not only supplying the house with food, but also limiting the amount of food that people were hoarding, which we know was an issue. Funnily enough for toilet paper I think. But anyway, for a number of other things, <laugh> did laugh at it. Now it wasn't quite as easy to laugh at it when it was happening. <Laugh>.

**Prof. Pat Dudgeon (19:01):**

You really couldn't get any toilet paper.

**Prof. Alan Rosen (19:04):**

Yeah, that's right. Okay. And one of the things that happened was that the message about what leadership this took, you know, a number of people tried to put this out. Sandra Eades and Nick Talley and, and Fiona Stanley and all tried to get out the message that Australians First Nations people provided exceptional leadership in response to COVID-19. It got picked up by the Washington Post who said the government did this. We had to correct them and say the government didn't do this. It was the Aboriginal communities and the Aboriginal organisation all the way down from national to local that did this. And the government's followed in many ways, but at least the government sort of allowed this to happen and supported it when it started happening. But it wasn't their initiative. But the other thing is, it was really hard to get that good news out there in the media and in government. You could only tell bad news stories.

**Prof. Pat Dudgeon (19:56):**

Absolutely. Yeah. I think that for people to do well, people who have been oppressed and you know, white Australia's used to that for Aboriginal and Torres Strait Islander people to stand up in their organisations, to stand up and do something extraordinary and well is probably not as palatable. Whether, you know, we have made these great strides forward in our society. I've seen a lot of change in my time. You know, if I was to publish a, an article just about, you know, Indigenising psychology curriculum in one of the mainstream publications, there will inevitably be racist comments. So I think it's



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gonna be interesting with the referendum forthcoming, but I think we're gonna see more racism come out of the woodwork. And I think it is deep and it's sort of, Australia doesn't, well, certainly the media don't necessarily want to listen to the good news stories at that level. I think they're, they're happy with the odd, the little good news stories, but not a big good news story that challenges the existing system. That's too much. So that's my feeling.

**Prof. Alan Rosen (21:08):**

Thanks Pat. And Stewart, I also wanted to ask you about how the good news also had ripples into other arenas before the pandemic, the fires, the awful fires that we face and the floods and in the droughts. There are good news stories out of that too.

**Dr Stewart Sutherland (21:22):**

There certainly are. And I think just on your point about getting those out, I agree with Pat, you know, apart from what ACCHOS did leadership within in the ACCHOS and within the academy. So researchers all came together and did an enormous amount of work in that backend to policy and to distribute the findings of various little bits of research that had occurred and all sorts of things. And that had very little take up within the media. You know, it's usually 12 to 18 month lag, that's for a quick article, but you know, that never got picked up in, in the media the way that other things that were negative do. So we still have that issue in Australia and you know, when it's a sporting star, it gets picked up very easy, it's a good story. But when it's about mass leadership, it's less likely to get picked up.

**(22:10):**

And then the same with the fires and the droughts and the floods. One thing I, I want the world to know is the biggest rescue of in Australia's history was from a flood in the Tumut area. And now it goes back, I think it's 19, 1920 sometime there was this massive flood and two Aboriginal men, Yarri and Jacky Jacky took their bark canoe and rescued 129 people from the floods. Now, statues now erected in Tumut for that, but that should be an Australian good story about Aboriginal people. And I challenge the people that I work with to know that history, you know, and we could talk about our heroes across Australia, couldn't we Pat and, make a whole podcast on the heroes of Aboriginal Australia? So if you're listening, we're up for that challenge. But <laugh>

**Prof. Pat Dudgeon (23:05):**

The ongoing heroes, it's starting to come about. Yeah, but they've been ignored.

**Dr Stewart Sutherland (23:10):**

You know, I think we sort of talked a little bit about in the last podcast, but fire stick management and I've heard it being called and I was really disappointed to read this, that they're now calling it "cool fire burning". That's not what we call it. It's our way of doing business and we call it fire stick management. And so why are people now calling it something different? Because that's what policymakers are talking, get off my soap box there. But they've found that with fire stick burning or cultural burning, that the fire doesn't actually disrupt the soil biomes. And so that's why regeneration, all those new shoots that we keep talking about come through so quickly. And so, you know, I looked on the web quickly to make sure that I was right on this, but the federal government now has a policy on it and you can go and look on their policies on fire stick burning and they are encouraging all sorts of landholders to pick it up. The Tasmanian government now has resources on it and so does the South Australian and Queensland



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government. So the governments are actually picking it up and writing on it and advising on cultural burning and fire stick management. So that's real positive that our cultural ways can actually help with environment management. And so I think these are the things that we can actually learn that we don't know yet. I mean, Aboriginal people know their culture, but how does that culture influence the management of Australia and affect climate change? Yeah.

**Prof. Alan Rosen (24:37):**

That's right. And also affects the ultimate solutions cuz I understand that fire stick burning also contributes to carbon capture, to retain carbon in grasses and trees and in burnt-

**Dr Stewart Sutherland (24:50):**

Because there's, I've forgotten the actual tonnage of carbon captured in the soil. So we don't really think about soil as capturing carbon, but it has more carbon in it than grass in the trees and so forth. So when you suck that out, that contributes to it.

**Prof. Alan Rosen (25:06):**

And similarly, we could talk about flood too in the Tumut example and we could also talk about drought where a number of communities were getting very isolated cuz people were losing jobs and they were losing the petrol money to, to get to cultural events like funerals and like football matches that we talked about in a previous session. And that getting people to be able to collectively get to these things, but also to have other gatherings that dealt with how to deal with the drought as well as dealing with it culturally by finding somewhere if you have a dried up river and there was nowhere to meet, to find places to meet the land councils to buy up what they called "shit land" and then also be able to then provide for people to do their custodial duties. So, there were upsides that were opportunistic in these things, but they also reminded people of their cultural solidarity.

**(26:03):**

Okay, so we should head into the other side of this coin. What happened after the governments dropped the ball? And maybe talk about how governments then dropped the ball after about 16 to 18 months of the first part of the pandemic. And particularly when they opened up and allowed other people to go into Aboriginal communities that weren't ready to open up. And before the government had done what they were supposed to do, the federal government had put a 1B very high priority on getting Aboriginal communities vaccinated, but didn't actually do it. And so the Aboriginal communities were 20 to 25% behind other communities in getting vaccinated cuz they didn't realise what you had to do to get people vaccinated. You could get it done, but you need to know what you were doing. If you left it to the Aboriginal communities to do it and gave them the wherewithal to do it, it would've been done.

**Dr Stewart Sutherland (26:56):**

I'll just pick up your point about knowing what it's done. Once again, this is an example of positive, not the negative is that the AMS in Wellington, New South Wales was the vaccination hub, not the hospital, not the area health service, but the medical, the Aboriginal Medical Service. And so if you wanted to be vaccinated, you went to the Aboriginal Medical Service. I think that just is a beacon of light to show how prepared our communities are to be vaccinated and that the messaging from the anti-vaxxers infiltrated people, not the other way around. It's just not innate that Aboriginal people don't want to be vaccinated



and therefore healthier. It's, that's actually a mis-rumour. It's the information we're given, which is the health promotion and all that which changed after that. But in the beginning it was all targeted to non-Indigenous people. And when the government, or, or actually I'm not even sure we can credit the government, but maybe it was the ACCHOS then started doing individual health promotion campaigns in language. The vaccination rate climbed dramatically. But I'm not sure who drove that. I'm pretty sure it was the Peaks, but I'm, I'm not sure I can't really talk to that. But I do know that once communities were consulted and, and the messaging was in language the way that it was supposed to be accepted by that community, that changed the ballgame significantly.

**Prof. Alan Rosen (28:25):**

Yes. But I think you also mentioned a bit before it was not just where the vaccination hubs were, but who were doing the food drops in those circumstances, who was actually organising families to be able to do social distancing when somebody in the, in an overcrowded household was COVID positive?

**Dr Stewart Sutherland (28:45):**

Once again in a lot of rural communities that was the AMS, you know, so it's difficult to say that one line of government dropped the ball. It seemed like it was a cascading effect and too many different fingers in the pie and I'm not sure where that responsibility lies. But I do know that in filling those gaps, AMS's rose to the occasion and health services not so much. And while in the second wave, and I think that's got something to do with not actually knowing the virus as well as we do now. And, and while I think people predicted a second wave wasn't with a strain that was more virulent, even in the second wave when more Aboriginal people came down with virus and even in Kenya where 80 something, nearly 90% of the community came down with COVID were COVID positive. That community had no deaths. There was a death later, but not in that wave. We don't understand that yet, you know, but I would hypothesise that it's to the community stepping in and making sure that community needs were met or individual needs were met within the community that not only food, but you know, you know, at one point there were people camping in front yards to ensure that they were isolating. Now when that hit the news, the government stepped in and sent transportable homes out. But what didn't actually hit the paper is that there was a whole heap of houses that were vacant because they, they're owned by housing

**Prof. Alan Rosen (30:17):**

And they found some of the huts on the caravan sites were available too. So basically by the time those motor homes arrived, that whole fleet of motor homes arrived. You know, they were trying to close the door after the virus had bolted and, and everybody had already made their a adaptations. But the other issue was also the importance of people learning that you have to have someone Aboriginal and hopefully from their tribal group talking to them and going to have a yarn on their doorstep or in on their front veranda or whatever. And rather than asking, you know, expecting people just to come in and just to understand, so the way education was done and would've been done if the resources had been put there ahead, if they really were gonna treated as a priority population, I agree with you that were many factors involved, but it seemed like the Aboriginal communities themselves tried to integrate it and often succeeded.

(31:18):



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Now, I think the figures now are much more, particularly after the omicron wave suggest that until the end of 2022, the figures of, of much more similar to the general population, but not much above the general population. Whereas those trends in the communities we talked about overseas with Indigenous communities really went way above the general population. So even holding it to that and knowing that most of the people who were tested by RAT tests out in rural settings if they were tested at all. So these are rubbery figures for both the, the wider population and the, the general population. But I think there are some communities that are real stars in terms of trying to get their vaccination rates over 90% of their communities, whereas some are lagging behind.

**Prof. Pat Dudgeon (32:07):**

Just going back to the New South Wales example, you were talking about Stewie, when those low rates were happening, did we have vaccinations at that point, and did we have antivirals? Was that a contributing factor or not at all?

**Dr Stewart Sutherland (32:20):**

So, the virus hit Wilcannia in the second wave. So we would've had vaccines by then. I don't know the answer to your second question about antivirals, whether they were used or not. I know that Alan has some dealings with that part of the world as well. I'm not sure whether you know the answer to the antivirals,

**Prof. Alan Rosen (32:36):**

I don't wanna speak about the community I have clinical involvement with. But generally around the time the government opened up, there was vaccination available, but the antivirals weren't widely available. So I'm talking more generally about the Australian situation then. And in fact, I think the Australian governments were so keen at that time to open up to save the economy. Don't realise you save your economy if you save the people and you know, and all the people they're worried about in their families and communities. Yes.

**Prof. Pat Dudgeon (33:08):**

Yes, Stewie.

**Dr Stewart Sutherland (33:08):**

Well, I mean 90% vaccination rate for Aboriginal people, you know, while some communities haven't reached that mark, there's an awful lot that have both urban and remote. You know, I know that in Victoria they actually did a campaign for vaccination in the park and that worked really well. And in some more remote areas, the Elders Health Committee organised vaccines to come in for, for vaccine days and that was picked up by community really well. So there are a lot of communities that have over, I mean there's some communities that have 90 odd percent vaccination rates and they outweigh, I dunno the percentage of communities that have that versus the communities that are less. But they, although I certainly know that they outweigh the communities that have less than that. And so most people have picked that up. I'm not sure about how many vaccinations communities have had, whether they've, you know, got four or just stayed at the three. But you know, the recommendation for three is what we're saying that 90% have reached. So there's a lot of variables and across Australia, there's a lot of communities that information is, is not readily available. But, you know, we do know that the majority of communities have good vaccination rates versus what we hear about Aboriginal people not wanting



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to be vaccinated, which I think is an, an interesting conundrum about what we know versus what we hear.

**Prof. Alan Rosen (34:32):**

Stewart, you also mentioned the issue about the communities being assailed and exploited by some anti-vax campaigners and political aspirants, usually from the far right or peddlers of fake remedies for COVID infection and unorthodox anti-vax preachers who are seeking to build up their protest crowds or their congregants or their constituents or their customers. Is there an element of racism in that, that people think that if they go to the outback and go to an Aboriginal community, they're gonna find a suggestive crowd or a people who are particularly open to being misled?

**Dr Stewart Sutherland (35:12):**

I look, I, I think so, and I think in many respects they're right. Pat can talk to some of this as well, but I think for a number of Aboriginal and Torres Strait Islander people, and I would bet that's quite high, the distrust of government and health services is a, is a real thing. It doesn't take much to scratch below the surface for that to come up. And, you know, there's good reason for that historically and contemporary, you know, and, and as we talked about, you know, lockup hospitals and experimentations, Aboriginal people didn't want to be experimented on again. And that's fair. And so to exploit all of those things, white supremacist groups did actually, you know, it wasn't for, in the best interest of Aboriginal people. White supremacist group went in there to keep Aboriginal people from being vaxxed in the hope, I can only guesstimate what the hope is, but it doesn't take much reading between the lines to see what white supremacist group were after. But we know that happened. You know, the, the white supremacist group were in Canberra, for example, protesting with Aboriginal people on the lawns of Parliament House.

**Prof. Alan Rosen (36:16):**

Which makes you think that we need Aboriginal health workers with scientific knowledge and good ability to engage other people in the Aboriginal community on the ground all the time to keep talking to people. It's not just a once off strategy, it's something that you need to continually do, cuz otherwise there are these people who are gonna try it on over and over.

**Prof. Pat Dudgeon (36:36):**

Yeah. And our, our leaders, I think, you know, there was a bit of that hoo-ha happening in the Kimberley and Pat Dodson came out and did a big public announcement and said, you know, don't be fooled by people who speak rubbish, go get a vaccination and so on. So I think if we have our trusted people in the front lines need to be knowledgeable, but our leaders need to also stand up and point in the right direction as well.

**Prof. Alan Rosen (37:02):**

Yeah, that's, that's fantastic. There are a lot of good things came out of that, particularly that local and regional leadership. And when the ball was dropped, it sounds like the Aboriginal Community Controlled Health Organisations caught the ball and started kicking a few goals. Okay, so we are getting to the end of this time, <laugh>, we're actually over time, I think I've got a few tasks to do. And one of those is to say to everybody that there are some resources that will go with this podcast that you can read. There are also that we'll continue the next podcast with some of the solutions that Aboriginal people have



# Podcast Transcript

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contributed to their own communities, but also to the wider community and to what we can do as health service professionals and providers as well. So I'd like to say goodbye from me, Alan, and

**Prof. Pat Dudgeon (37:59):**

From Pat

**Dr Stewart Sutherland (38:00):**

And goodbye from Stewart. Thank you Alan.

**Prof. Alan Rosen (38:02):**

And we'll see you next time.

**Host (38:05):**

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