

NSW Aboriginal Land Council

Call For Input: Report of the Special Rapporteur on the rights of Indigenous Peoples Impact of COVID-19 on indigenous peoples

June 2020

RECOMMENDATIONS:

Recommendation 1: States must partner with Indigenous community-controlled organisations and Indigenous Peoples to develop and implement crisis management and health responses.

Recommendation 2: COVID-19 has highlighted the impacts of long term chronic under resourcing and investment in Indigenous communities by States. States must work with Indigenous communities to ensure a reliable supply of affordable, nutritious food (both traditional and contemporary food sources).

Recommendation 3: States must prioritise investment in housing within Indigenous communities. Overcrowded housing increases vulnerabilities to illnesses such as COVID-19.

Introduction

The NSW Aboriginal Land Council (**NSWALC**) is the peak body representing Aboriginal peoples across NSW and with over 23,000 members, is the largest Aboriginal member-based organisation in Australia.

NSWALC is also a member of the NSW Coalition of Aboriginal Peak Organisations (CAPO). CAPO is comprised of peak Aboriginal community controlled organisations, including the NSW Child, Family and Community Peak Aboriginal Corporation, Link-Up NSW, Aboriginal Education Consultative Group NSW, Aboriginal Legal Service NSW/ACT, Aboriginal Health and Medical Research Council and the First Peoples Disability Network.

This submission highlights the importance of Indigenous community controlled organisations and Indigenous peoples in leading and responding to crises such as COVID-19. The COVID-19 pandemic has exacerbated a number of ongoing issues that require urgent responses to be developed in genuine partnership and with the free, prior and informed consent of Indigenous peoples and representative organisations.

The crucial work of Indigenous peoples, and many Indigenous representative organisations in supporting Indigenous communities throughout this critical time must be recognised and acknowledged by States.

The Human Rights Context

The ongoing Covid-19 pandemic presents challenges for the world over. However, it is an unfortunate reality that Covid-19 has disproportionately impacted Indigenous peoples across the globe¹. A comprehensive approach is required to ensure Indigenous peoples can effectively respond in culturally appropriate ways to mitigate the risks and challenges the pandemic presents. Health is often understood to be the absence of physical ailment, however, for Indigenous peoples our health is often holistic and a much broader concept.

We support the definition put forth by the National Aboriginal Community Controlled Health Organisation (NACCHO) who state:

"Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life".²

In addition to this broader understanding of health, NSWALC also provides comments with reference to Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples that states:

- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals.
 Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
- 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

NSWALC further references Article 12 of the International Convention on International Covenant on Economic, Social and Cultural Rights (ICESCR) which requires "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health3."

In responding to the Covid-19 pandemic and many other health disparities, NSWALC encourages all States to acknowledge Indigenous perspectives of health and use such understandings to respect, protect and fulfil the rights within the UNDRIP and the ICESCR. It is only through a human rights-based approach that the dignity, health and wellbeing of Indigenous peoples globally can be achieved.

The New South Wales Aboriginal Land Council 's Covid-19 Response

Since the beginning of the COVID-19 pandemic NSWALC has initiated a range of measures to help and support Indigenous peoples and communities including:

- organising and distributing food and emergency relief packages;
- working to ensure Aboriginal Medical Services have adequate supplies of personal protective equipment and personal hygiene supplies (Aboriginal Medical Services provide a culturally

 $^{^{1}\,\}underline{\text{https://www.weforum.org/agenda/2020/06/covid-19-presents-an-inordinate-threat-to-indigenous-people/}\\$

² https://www.naccho.org.au/about/aboriginal-health-history/definitions/

³ https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

- appropriate alternative to mainstream medical services as a means to address health disparity and also advocate for Indigenous rights and empowerment)⁴;
- working with Local Aboriginal Land Councils and Indigenous communities to help protect from COVID-19, including providing guidance and signage to assist with the voluntary closure of some communities (i.e. the establishment of reverse barriers);
- providing support and guidance to Local Aboriginal Land Councils on how to access State support (including funding and information);
- Working with the State to highlight gaps and ensure appropriate levels of assistance and support were provided to Indigenous communities.

NSWALC's COVID-19 Food Relief Program

Across the lands and waters now known as New South Wales (NSW), there are 63 former missions and reserves (referred to as discrete communities) owned by Local Aboriginal Land Councils. Some discrete communities are located in remote and regional parts of NSW, where food insecurity is an ongoing issue. Panic buying in major cities that accompanied COVID-19, exacerbated existing food insecurity issues and led to food shortages in the supply chain, placing people under immense stress⁵. Following State advice that Indigenous peoples over 50 years of age were at a greater risk of more serious illness if Covid-19 were contracted, some discrete communities chose to establish 'reverse barriers' and voluntarily close. Furthermore, physical distancing measures and the closure of the of an interstate boarder meant some Indigenous peoples were no longer able to travel to nearby towns to shop for food and necessities.

In response, NSWALC purchased food and emergency relief supplies to support Indigenous communities vulnerable to COVID-19 and food insecurity. Both the State and private sector donated 1000 emergency relief packages each.

Whilst the pandemic remains, NSWALC continues to work with the State and corporate partners to source additional food and emergency relief supplies for Indigenous peoples and communities. NSWALC is currently in the process of organising a second round of food and emergency relief supplies to be delivered to those most at risk within selected Indigenous communities.

The COVID-19 pandemic has highlighted the urgent need for culturally based longer-term food security solutions to be developed (i.e. inclusive of traditional foods and medicines).

Impact of State Underinvestment And Resourcing Of Indigenous Peoples, Nations and Communities

The COVID-19 crisis has brought to the fore a number of long terms issues directly caused by under resourcing and investment from States to Indigenous peoples, Nations and communities. These issues include but are not limited to:

Food Insecurity:

The expropriation of lands, territories, waterways and resources from Indigenous peoples has meant many pre-colonial diets are no longer possible for Indigenous peoples. This ongoing dispossession has also meant that traditional economies are no longer viable either. As a direct result of this long-term physical dispossession and economic marginalisation, there are now chronic food insecurity issues impacting Indigenous populations, especially those peoples outside of major cities and towns. The vulnerability of remote populations to unexpected shortages of key products in the supply chain

⁴ Baba, J.T., Brolan, C.E. & Hill, P.S. Aboriginal medical services cure more than illness: a qualitative study of how Indigenous services address the health impacts of discrimination in Brisbane communities. Int J Equity Health 13, 56 (2014). https://doi.org/10.1186/1475-9276-13-56

⁵ Source: https://croakey.org/walgett-community-unites-to-tackle-pandemic-related-food-shortages/

illustrates how precarious the situation is. Some Indigenous communities only have a few (or one) community store. Problems with the supply and affordability of products, particularly fresh produce and meat (which very rarely includes traditional foods), limits the opportunity for residents of these towns and communities to have their nutritional and cultural needs met and eat healthily. A focus on maintaining a primarily colonised diet also denies people the option to reintroduce and/or maintain decolonised diets. States must work in partnership with Indigenous communities to ensure a reliable supply of affordable food (including traditional foods) through transport subsidies and logistic support. Such arrangements must be entered into with the free, prior and informed consent of Indigenous peoples.

Health:

The ongoing vulnerability of Indigenous peoples and communities to major health crises has been highlighted by COVID-19. It would be remiss not to note that Indigenous peoples vulnerability is not due to any inherent genetic disposition, but caused by long term chronic exclusion from culturally appropriate medical systems. This long-term exclusion combined with the ongoing denigration of Indigenous medicines and traditional knowledges, has left Indigenous peoples doubly exposed to ill health (both individually and communally).

During the swine flu pandemic of 2009, Indigenous communities in Australia were severely impacted, with death rates 6 times that of the non-Indigenous population. To date, rates of COVID-19 in Indigenous communities have been limited. However, NSWALC cautions against complacency. States must work in genuine and meaningful partnership with Indigenous organisations and communities to respond to health risks.

Housing:

Housing is a key determinant of health. Poor housing created through chronic under resourcing and funding by States, has negatively affected the physical and mental health and wellbeing of Indigenous peoples. The COVID-19 pandemic has illustrated the ongoing issues of the lack of housing and overcrowding.

Social isolation is key to slowing the spread of COVID-19. However, Indigenous peoples experience overcrowding at 7 times the rate of non-Indigenous people, and much higher levels of homelessness, increasing vulnerability to COVID-19 outbreaks. In NSW, there is currently social housing supply gap for Indigenous families of 11,000 dwellings, which will rise to over 30,000 dwellings by 2031.

Whilst the threat of COVID-19 is currently being minimised, Indigenous communities continue to remain at risk if there is a 'second wave'. States must prioritise investment and resourcing for Indigenous housing and communities and do so, in meaningful partnership with Indigenous community controlled organisations.

Communication and Coordination with Indigenous Organisations:

The COVID-19 crisis has highlighted the need to improve communication and coordination between States and Indigenous community-controlled organisations and communities to reduce duplication and gaps in service delivery. Funding for emergency relief should be directed to Indigenous community-controlled organisations to provide services and supports 'on the ground'.

An Interdisciplinary And Cross Sectorial Approach Is Needed

In closing, we note the words of academic Deanna Davey who asserts:

"Improving food security among Aboriginal and Torres Strait Islander peoples in Australia also requires addressing inequities in social status; focusing on issues related to

employment, income, welfare, and education; improving access to adequate housing; and improving public transportation in remote communities.

The Australian government needs to consider the interrelatedness of key human rights in its attempts to develop policy and build cross-sector collaborations to address food security for Aboriginal and Torres Strait Islander peoples. Coordination across multiple sectors—including health, housing, transportation, education, human services, employment and training, social services, child protection, and food—as well as across all levels of government is necessary to address food insecurity among Aboriginal and Torres Strait Islander peoples in urban, rural, and remote areas of Australia.

Success in improving food security requires a closer adherence to a human rights-based approach that invites the active participation of Aboriginal and Torres Strait Islander [ATSI] peoples in determining solutions to food insecurity and health-related inequities". ⁶

Whilst the proposition put forth, focuses on food insecurity, NSWALC posits that an approach underpinned by human rights and is cross sectorial, is likely to yield the most effective solutions to the interrelated challenges of health, housing and food insecurity. NSWALC also recommends that such approaches can only be strengthened through genuine and meaningful partnership between Indigenous peoples and States.

NSWALC thanks the Special Rapporteur on the Rights of Indigenous Peoples for the opportunity to provide these comments. NSWALC would be happy to provide further information should the need arise. Please contact NSWALC on +61 2 9689 4444 or policy@alc.org.au.

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⁶ Davy D. (2016). Australia's Efforts to Improve Food Security for Aboriginal and Torres Strait Islander Peoples. Health and human rights, 18(2), 209–218.