

NATIONAL WINNER INDIGENOUS HISTORY



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CAUSES AND CONSEQUENCES OF
PANDEMICS ON INDIGENOUS POPULATIONS

Pandemics and their Causes and Consequences relating to the Indigenous Peoples of Australia

ABSTRACT

The COVID-19 pandemic offers an opportunity to revisit Australia's response to past outbreaks. Using Smallpox and the Spanish flu as case studies, this essay argues that racism caused Indigenous people to suffer more from these diseases, a tragic failure in policy that had wide-reaching consequences.

COVID-19 is an ongoing pandemic that has been affecting the everyday lives of citizens for the past three years. Child has argued the pandemic has been a unifying force in Australia as the nation confronts long lockdowns, and changing rules and regulations around quarantine, testing and masks.¹ But the pandemic has also exposed and deepened preexisting divisions and differences in Australian society. COVID-19 has had a devastating impact on different groups based on age, disability status and location.² Although there is a tendency to assume that pandemics are natural phenomena and their consequences are inevitable and we cannot prevent all consequences of contagious disease, many of the most significant and enduring impacts of pandemics are also caused by complex human factors. Hence, history shows us that disease can intersect with discrimination and disadvantage.

¹ Jenny Child, et.al, "Collaboration in crisis: Reflecting on Australia's COVID-19 response," *McKinsey & Company*, 15 December 2020, <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/collaboration-in-crisis-reflecting-on-australias-covid-19-response> [Accessed 24 August 2022]

² Department of Health and Aged Care, "About the COVID-19 pandemic," *DAHC*, 8 June 2022, <https://www.health.gov.au/health-alerts/covid-19/about> [Accessed 1 August 2022]

This essay explores the disproportionate impact on Indigenous groups during three major health crises in Australian history: the smallpox epidemic in the late 18th century, the Spanish flu in the early 20th century and the current COVID-19 pandemic. Furthermore, it will critically analyse how the actions of the elite and the general public played a role in causing the unnecessary numbers of deaths in Aboriginal communities. By comparing the experience of the smallpox and Spanish flu epidemics, we can see that between the early colony and the post-Federation period, Australian society made little improvements in its treatment of Indigenous people from a public health perspective. Therefore, pandemics should not just be viewed as medical events, but also as political and social phenomena.

First, this essay will turn to the experience of Indigenous Australians during the smallpox outbreaks. Although there were three distinct Smallpox epidemics in total within Australia, it is usually collectively referred to as the “Smallpox Epidemic”.³ In April 1789, smallpox broke out in Sydney, significantly affecting the Indigenous Australian population. The introduction of smallpox to Australia was aboard the First Fleet from the United Kingdom (where smallpox had become common), and basic remedies had been developed by Edward Jenner due to awareness of the symptoms and consequences.⁴ However, Aboriginal populations had no knowledge of the disease, or developed immunity to the virus, leading to the epidemic largely affecting the Indigenous community.⁵ The unique situation for the Indigenous population was completely ignored by the colonial authorities leading to up to 70% of First Nations

³ “The history of smallpox in Australia 1788-1908”, *JAMA*, vol. LXIV(1915): 1784-1785

⁴ National Museum Australia, “Smallpox epidemic,” *NMA*, 13 July 2022, <https://www.nma.gov.au/defining-moments/resources/smallpox-epidemic> [Accessed 1 August 2022]

⁵ Ibid.

Peoples' deaths, affecting more than half the population, causing many structures and institutions of Aboriginal society to collapse.⁶ For instance, the 1789 outbreak wiped out the Gadigal people in the Sydney area with historian Craig Mear stating that it “would have been a 50 to 90 percent death rate”.⁷ This in turn caused colonists to assume that Aboriginal societies were innately vulnerable and at risk of collapse.⁸ The epidemic which was caused by European racism and apathy therefore had the consequence of reinforcing colonial hierarchies of race.



⁶ Kris Rallah-Baker, “We should have learned from past epidemics that the only way through this crisis is together”, *The Guardian*, 26 March 2020, <https://www.theguardian.com/commentisfree/2020/mar/26/we-should-have-learned-from-past-epidemics-that-the-only-way-through-this-crisis-is-together> [Accessed 1 August 2022]

⁷ Craig Mear, “The origin of the smallpox outbreak in Sydney in 1789”, *Journal of the Royal Australian Historical Society*, 94(June 2008): 1-22

⁸ Peter J. Dowling, “A great deal of sickness”, *Australian National University*, January 1997, https://openresearch-repository.anu.edu.au/bitstream/1885/7529/2/01Front_Dowling.pdf [Accessed 1 August 2022]

William Bradley's painting of early Australian Colonists meeting Indigenous peoples. Depicted from the European perspective, this image highlights the differential in power. It shows the kind of meeting where Smallpox may have spread, whether intentionally or otherwise. (State Library of NSW)

Although historians agree on the horrific consequences of the smallpox epidemic, they disagree about its causes. Christopher Warren proposed that smallpox could have been a method of biological warfare with the colonists deliberately introducing the disease to control Aboriginal population.⁹ This motive would explain why mostly only Aboriginal people were significantly affected, as data modelling suggests that even immunity cannot explain the overwhelming ratio of smallpox impacting Indigenous communities compared to colonisers. There are some problems in this argument as addressed by Dr John Carmody. While he concedes that the smallpox was carried on the First Fleet to help with variolation (an early form of vaccination), he argues it would not have survived the long journey from Europe to Australia.¹⁰ Carmody claims, therefore, the outbreak was likely caused by chickenpox. For doctors at the time, chickenpox and smallpox were almost indistinguishable.¹¹ However, Warren in turn rebuts Carmody's theory by highlighting that a later outbreak of smallpox in the 1820s did not impact the Indigenous population.¹² This later outbreak was definitively established as smallpox

⁹ Chris Warren, "Was Sydney's smallpox outbreak of 1789 an act of biological warfare against Aboriginal tribes?", *Australian Broadcasting Corporation*, 17 April 2014, <https://www.abc.net.au/radionational/programs/ockhamsrazor/was-sydneys-smallpox-outbreak-an-act-of-biological-warfare/5395050> [Accessed 1 August 2022]

¹⁰ *Chicken pox or smallpox in the colony at Sydney Cove in April, 1789* 2010, audio podcast, ABC Radio National, 19 September, <https://www.abc.net.au/radionational/programs/ockhamsrazor/chicken-pox-or-smallpox-in-the-colony-at-sydney/2972652> [Accessed 1 August 2022]

¹¹ John Carmody, "The 'myth' of smallpox at Sydney Cove in April 1789", *Australian National University*, 13 August 2013, <https://caepr.cass.anu.edu.au/events/myth-smallpox-sydney-cove-april-1789> [Accessed 1 August 2022]

¹² Chris Warren, "Was Sydney's smallpox outbreak of 1789 an act of biological warfare against Aboriginal tribes?", *Australian Broadcasting Corporation*, 17 April 2014, <https://www.abc.net.au/radionational/programs/ockhamsrazor/was-sydneys-smallpox-outbreak-an-act-of-biological-warfare/5395050> [Accessed 1 August 2022]

and, as such, the earlier epidemic must have been smallpox as well: nothing else would explain the improved immunity among Indigenous people. The smallpox outbreak also had unexpected consequences for Indigenous communities. Historians Carey and Robertson argue that it led to one of the first movements to revive and restore Indigenous culture.¹³ In the early 19th century, a community in Victoria attributed the outbreaks of smallpox to a decline in traditional ceremonies and restored and reconstructed practices of dance and storytelling. This is a positive consequence of a horrible event, but also speaks to the lack of information and resources Indigenous people had to protect themselves against this deadly disease.

Although the causes of the Spanish Flu in Australia were not attributable to racism, the consequences impacted the Indigenous population more significantly due to a discriminatory public health response. The Spanish Flu outbreak only reinforced the cruel differential in Australian health outcomes on the basis of race and Indigeneity. The Spanish Flu was a pandemic that spread due to the masses of soldiers returning from the battlefields of World War I.¹⁴ The Spanish Flu was less deadly in Australia, compared to Europe and America. In comparison to the Smallpox epidemic there were quite effective quarantine controls imposed by Australia in response to the threat of the Spanish Flu which delayed its arrival in Australia until such a time that the virus had mutated into a less deadly version.¹⁵ In comparison to the Smallpox epidemics, there

¹³ Waziyatawin Angela Wilson, "Introduction: Indigenous knowledge recovery is indigenous empowerment", *American Indian Quarterly*, 28(2004): 359-372

¹⁴ Carol R. Byerly, "The U.S. Military and the influenza pandemic of 1918-1919", *Public Health Rep*, 125(2010): 82-91

¹⁵ Cara Downes & Simon Mitchell, "Closed borders and broken agreements: Spanish flu in Australia", *National Archives of Australia*, 30 March 2021, <https://www.naa.gov.au/blog/closed-borders-and-broken-agreements-spanish-flu-australia> [Accessed 1 August 2022]

was more action because the State and Federal Governments of Australia also needed to protect the majority. Although the pandemic was relevant to the citizens of Australia, it was not a priority; the white Australian majority was mostly concerned with tending to injured soldiers and developing a post-war society.¹⁶ The Aboriginal population were more acutely affected due to their lack of immunity and vulnerability to Western diseases but their socio-political marginalisation exacerbated the situation.¹⁷ There were two waves of the Spanish Flu during 1919 which likely killed over 12,500 people in Australia.¹⁸ Briscoe states that at least 30% of the Queensland death toll were known to be Aboriginals.¹⁹ During the Spanish Flu, Australia's overall death rate was 0.27 percent, one of the lowest in the world, but more than 10% of the Indigenous population were killed and some communities had a mortality rate of 50 percent.²⁰ Aboriginal people were not considered in the public health response, and case numbers were not counted in the Indigenous community during the Spanish flu epidemic (which gives a sense of state government priorities).²¹

¹⁶ University of Newcastle Australia, "Historians reveal little known histories of the Spanish flu", *University of Newcastle Australia*, 29 June 2020, <https://www.newcastle.edu.au/newsroom/faculty-of-education-and-arts/historians-reveal-little-known-histories-of-the-spanish-flu> [Accessed 1 August 2022]

¹⁷ Ibid.

¹⁸ State Library of Queensland, "Queensland Aborigines and the Spanish Flu pandemic 1918-19", *SLQ*, 8 January 2019, <https://www.slq.qld.gov.au/blog/queensland-aborigines-and-spanish-flu-pandemic-1918-19> [Accessed 1 August 2022]

¹⁹ Ibid.

²⁰ Ibid.

²¹ Tom Gara, "The 1918-19 influenza pandemic and its impact on Aboriginal people in South Australia", *Aboriginal History*, 43(9 April 2021): 3-32



This photograph depicts inner-Sydney nurses and hospital staff in specially designed uniforms for the Spanish Flu. The limited resources that existed at the time were not distributed to Indigenous communities, which had terrible consequences. For example, at the Barambah government Aboriginal reserve, 590 Indigenous people contracting the Spanish Flu and 90 of them dying within 3 weeks. (NSW State Archives)

Racism caused a poor public health response during the Spanish Flu, which led to the dire consequences for the Indigenous peoples. The state 'Protection' Boards, which were meant to improve the welfare of the Aboriginal population only patronised them whilst creating no policies in order to support their needs.²² Instead, newspaper articles were published in order to blame the Indigenous people for their suffering. For instance, a 1919 article in the Perth based *Sunday Times* argues, paradoxically, that Indigenous deaths were due to the fact the community was more "fatalistic" and "frightened" about influenza.²³ The unnamed editor argues that "fright kills more people than does the flu",

²² National Museum Australia, "Aborigines Protection Act", NMA, 21 March 2022, <https://www.nma.gov.au/defining-moments/resources/aborigines-protection-act>

²³ TO-DAY'S BULLETIN. (1919, June 22). *Sunday Times* (Perth, WA : 1902 - 1954), p. 13. Retrieved June 13, 2022, from <http://nla.gov.au/nla.news-article58003909>

and uses the recent devastation of an Indigenous community in Queensland to warn his readers against hysteria.²⁴ Interpreting data from Queensland that showed a racial disparity in deaths, he argues that was due to white settlers not being “panic-stricken” as “they had greater powers of resistance to disease than the scared natives.”²⁵ The editor argues, shockingly, that a “great many” of the Indigenous patients died of simple “funk”, or a lack of energy and drive.²⁶ Not only is this position unscientific, it also encourages values of Social Darwinism. In actuality, many indigenous populations had not been exposed to a pandemic before the Spanish flu and hence were uninformed of the potential dangers.²⁷ Communities in the far North of Australia had not been contacted by Europeans during the earlier smallpox outbreaks, and so this was an entirely new experience. As Norman et. al. argues, the Yanyuwa people in Northern Australia “thought that the Spanish flu was ‘associated with sorcery’²⁸ whilst other groups explained the phenomena “as the result of cattle breaking branches from the ironwood tree.”²⁹ Indigenous spirituality was therefore relied upon by these groups to make sense of a disease in the absence of official information and resources.

These historical pandemics can be compared to the ongoing COVID-19 outbreak to evince continuities and changes in the treatment of Indigenous peoples. Although the Australian healthcare system has celebrated its relative success during the COVID-19

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Adrian Miller, & David N Durrheim, “Aboriginal and Torres Strait communities forgotten in new Australian national action plan for human influenza pandemic: ‘Ask us, listen to us, share with us’”, *Med J Aust*, 193(20 September 2010): 316-317

²⁸

Dinah Norman *et al*, “From sorcery to laboratory: pandemics and yanyuwa experiences of viral vulnerability”, *Oceania*, 91(28 March 2021): 64-85

²⁹ Ibid.

pandemic for the low rates of infection within the Aboriginal population in comparison to other countries,³⁰ researchers and Indigenous activists contend that this may not be fully accurate.³¹ In other similarly highly developed countries such as Canada and the United States, Indigenous groups have the highest rates of infection and death in the community.³² In Brazil, COVID is severe enough among Indigenous groups that the British medical journal *Lancet* published accusations that the state is using the disease as a weapon against its population.³³ Indeed, the UN encouraged countries to be more attentive to Indigenous groups during the pandemic.³⁴

To make amends for past mistakes, Australia has tried to prioritise immunisation for Indigenous groups.³⁵ However, this is not enough to close the vaccination gap with 92.3%³⁶ of the general Australian population, but only 73.2%³⁷ Aboriginal and Torres Strait Islanders over 16 being fully vaccinated. Although as of January 2022, no

³⁰ Ibid.

³¹ Myles Houlbrook-Walk, "Grieving family and Aboriginal health organisation accuse the NT government of under-reporting Indigenous COVID-19 deaths", *Australian Broadcasting Corporation*, 12 February 2022, <https://www.abc.net.au/news/2022-02-12/nt-covid-related-deaths-concerns-aboriginal-health/100822238> [Accessed 1 August 2022]

³² Tamara Power *et al*, "COVID-19 and Indigenous peoples: an imperative for action", *J Clin Nurs*, 29(August 2020): 2737-2741

³³ Phillipe Charlier & Leandro Varison. "Is COVID-19 being used as a weapon against Indigenous peoples in Brazil?", *The Lancet*, 396(10 October 2020): 1069-1070

³⁴ United Nations Department of Economic and Social Affairs. "COVID-19 and Indigenous peoples", *United Nations*, n.d., <https://www.un.org/development/desa/indigenouspeoples/covid-19.html> [Accessed 1 August 2022]

³⁵ Department of Health and Aged Care. "Update for Aboriginal and Torres Islander peoples about Australia's COVID-19 vaccines", *DHAC*, 17 February 2022, <https://www.health.gov.au/news/update-for-aboriginal-and-torres-strait-islander-peoples-about-australia-as-covid-19-vaccines#:~:text=As%20you%20may%20know%2C%20Aboriginal.to%20a%20number%20of%20factors>. [Accessed 1 August 2022]

³⁶ Matt Woodley. "Vaccination gap: vulnerable communities left exposed as Omicron threatens", *RACGP*, 14 January 2022, <https://www1.racgp.org.au/newsgp/clinical/vaccination-gap-vulnerable-communities-left-expose> [Accessed 1 August 2022]

³⁷ Aaron Bunch. "Indigenous COVID response, 'moral failure'", *Lismore City News*, January 15 2022, <https://www.lismorecitynews.com.au/story/7582071/indigenous-covid-response-moral-failure/> [Accessed 1 August 2022]

indigenous deaths were recorded, Indigenous activists and politicians are contesting how death tolls have been recorded for Indigenous people. For instance Indigenous politician Jacinda Price argued, “When Jungarrayi died aged 54 on Monday — four days after being diagnosed with COVID-19 his death wasn't included in the Northern Territory's COVID death toll.”³⁸ This was despite the fact that his given relatives were unable to attend his funeral for COVID safety reasons. In terms of COVID reduction mechanisms such as quarantines, Indigenous communities can suffer more during the pandemic due to intersectional disadvantages such as immunity, poverty, rurality and government discrimination and negligence.³⁹ Even setting aside COVID, the Australian Government is aware that massive infection events are more likely in coming decades,⁴⁰ and they will continue to disproportionately affect Indigenous people. Our healthcare systems are still affected by the same discriminatory factors as the past: intergenerational racism has led to poorer health outcomes for Aboriginal and Torres Strait Islander peoples due to “poorer-self reported health status, lower perceived quality of care, underutilisation of services, delays in seeking care, failure to follow recommendations, distrust, interruptions in care, and avoidance.”⁴¹

It is not a coincidence that the Aboriginal population was impacted more in both of these historical pandemics. The cause of these outbreaks is not just viral, it is also due to human factors such as negligence and discrimination against First Nations people. As

³⁸ Ibid.

³⁹ Stephanie Russo Carrol *et al*, “Indigenous peoples’ data during COVID-19: from external to internal”, *Front. Social*, 6 (29 March 2021)

⁴⁰ Michael Penn, “Statistics Say Large Pandemics Are More Likely Than We Thought”, *Duke*, 23 August 2021,

<https://globalhealth.duke.edu/news/statistics-say-large-pandemics-are-more-likely-we-thought#:~:text=Using%20this%20increased%20risk%20factor,a%20pandemic%20capable%20of%20eliminating>

[Accessed 24 August 2022]

⁴¹ *ibid*

we stand on land which rightfully belongs to the Aboriginal and Torre Strait Islander Communities, we have an especial moral obligation to extend care. Systemic racism, however, is not just a historical event. The ongoing impacts of COVID-19 on Aboriginal communities stems from the same causes even though we have improved.⁴² Aboriginal people have been neglected in the responses which leads to a higher likelihood of severe illness or death.⁴³ Indigenous communities need more focus and support in pandemics: we must recognise that different communities require different resources and policies in order to be one step closer to equity.

⁴² Rachel Pannett. "Australia made a plan to protect Indigenous elders from covid-19. It worked", *The Washington Post*, April 9 2021, https://www.washingtonpost.com/world/asia_pacific/australia-coronavirus-aboriginal-indigenous/2021/04/09/7acd4d56-96a4-11eb-8foa-3384cf4fb399_story.html [Accessed 1 August 2022]

⁴³ Alison Markwick *et al*, "Inequalities in the social determinants of health of Aboriginal and Torres Strait Islander people: a cross-sectional population-based study in the Australian state of Victoria", *Int J Equity Health*, 13(2014)

REFERENCE LIST

“The history of smallpox in Australia 1788-1908”, 1915, *JAMA*, vol. LXIV, no. 21, pp. 1784-1785, viewed 1 August 2022, doi:10.1001/jama.1915.02570470068033

AnTAR 2022, “Racism in healthcare”, *AnTAR*, viewed 1 August 2022, <https://antar.org.au/racism-healthcare>

Barnard R & Sellec P 2020, “The 1918 Spanish influenza pandemic: plus ça change, plus c’est la même chose”, *Microbiology Australia*, vol 41, no. 4, pp. 177-182, viewed 1 August 2022, <https://doi.org/10.1071/MA20049>

Bunch, A 2022, “Indigenous COVID response, ‘moral failure’”, *Lismore City News*, viewed 1 August 2022, <https://www.lismorecitynews.com.au/story/7582071/indigenous-covid-response-moral-failure/>

Byerly C R 2010, “The U.S. Military and the influenza pandemic of 1918-1919”, *Public Health Rep*, vol. 125, Suppl 3, pp. 82-91

Carmody, J 2013, “The ‘myth’ of smallpox at Sydney Cove in April 1789”, *Australian National University*, viewed 1 August 2022, <https://caepr.cass.anu.edu.au/events/myth-smallpox-sydney-cove-april-1789>

Charlier, P & Varison, L 2020, “Is COVID-19 being used as a weapon against Indigenous peoples in Brazil?”, *The Lancet*, vol. 396, no. 10257, pp. 1069-1070, viewed 1 August 2022, [https://doi.org/10.1016/S0140-6736\(20\)32068-7](https://doi.org/10.1016/S0140-6736(20)32068-7)

Chicken pox or smallpox in the colony at Sydney Cove in April, 1789 2010, audio podcast, ABC Radio National, 19 September, accessed 1 August 2022, <https://www.abc.net.au/radionational/programs/ockhamsrazor/chicken-pox-or-smallpox-in-the-colony-at-sydney/2972652>

Child, J, et.al, 2020, “Collaboration in crisis: Reflecting on Australia’s COVID-19 response,” viewed 24 August 2022.

<https://www.mckinsey.com/industries/public-and-social-sector/our-insights/collaboration-in-crisis-reflecting-on-australias-covid-19-response>

Crosby, A W, 2002, “[Review of invisible invaders: smallpox and other diseases in Aboriginal Australia, 1780-1880, by J. Campbell]”, *Health and History*, vol. 4, no. 2, pp. 125-127. <https://doi.org/10.2307/40111443>

Daley, P, 2020, “How Spanish flu nearly ripped apart Australia’s fledgling federation”, *The Guardian*, viewed 1 August 2022,
<https://www.theguardian.com/world/postcolonial-blog/2020/mar/13/how-spanish-flu-nearly-ripped-apart-australias-fledgling-federation>

Deacon, B 2020, “The cause of Australia’s first pandemic is still a controversial mystery 231 years on”, *Australian Broadcasting Corporation*, viewed 1 August 2022.
<https://www.abc.net.au/news/2020-03-29/coronavirus-and-australias-first-pandemic-caused-by-smallpox/12099430>

Department of Health and Aged Care 2021, “Update for Aboriginal and Torres Islander peoples about Australia’s COVID-19 vaccines”, *DHAC*, viewed 1 August 2022.
<https://www.health.gov.au/news/update-for-aboriginal-and-torres-strait-islander-peoples-about-australias-covid-19-vaccines#:~:text=As%20you%20may%20know%2C%20Aboriginal,to%20a%20number%20of%20factors.>

Dowling, P J January 1997, “A great deal of sickness”, *Australian National University*, viewed 1 August 2022,
https://openresearch-repository.anu.edu.au/bitstream/1885/7529/2/01Front_Dowling.pdf

Downes, C & Mitchell, S 2021, "Closed borders and broken agreements: Spanish flu in Australia", *National Archives of Australia*, viewed 1 August 2022, <https://www.naa.gov.au/blog/closed-borders-and-broken-agreements-spanish-flu-australia>

Follent, D, Paulson, C, Orcher, P, O'Neill, B, Lee, D, Briscoe, K & Dimopoulos-Bick T 2021, "The indirect impacts of COVID-19 on Aboriginal communities across New South Wales", *MJA*, vol. 214, no. 5, pp. 199-200, viewed 1 August 2022, doi: 10.5694/mja2.50948

Gara, T, 2019, "The 1918-19 influenza pandemic and its impact on Aboriginal people in South Australia", *Aboriginal History*, vol. 43, pp. 3-32, viewed 1 August 2022, <https://search.informit.org/doi/10.3316/informit.665420688199290>

Hobbins, P, McWhinney, G & Wishart, A 2019 "An intimate pandemic", *Royal Australian Historical Society*, viewed 1 August 2022, <https://www.rahs.org.au/wp-content/uploads/2019/01/Research-guide-final-version.pdf>

Houlbrook-Walk, M 2022, "Grieving family and Aboriginal health organisation accuse the NT government of under-reporting Indigenous COVID-19 deaths", *Australian Broadcasting Corporation*, viewed 1 August 2022, <https://www.abc.net.au/news/2022-02-12/nt-covid-related-deaths-concerns-aboriginal-health/100822238>

Jackson, P, 2020, "AMS says, 'keep our mob safe'", *The South Sydney Herald*, viewed 1 August 2022, <https://southsydneyherald.com.au/ams-says-keep-our-mob-safe/>

Maclean, H 2021, "In 1913 the Commonwealth quarantined Sydney for 145 days", *Parliament of Australia*, viewed 1 August 2022, https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2021/July/1913_Smallpox_Epidemic

Marckwick, A, Ansari, Z, Sullivan, M, Parsons, L & McNeil, J 2014, "Inequalities in the social determinants of health of Aboriginal and Torres Strait Islander people: a cross-sectional population-based study in the Australian state of Victoria", *Int J Equity Health*, vol. 13, no. 91, <https://doi.org/10.1186/s12939-014-0091-5>

Mear, C 2008, "The origin of the smallpox outbreak in Sydney in 1789", *Journal of the Royal Australian Historical Society*, vol. 94, no. 1, pp. 1-22, <https://search.informit.org/doi/10.3316/jelapa.200806636>

Miller, A & Durrheim, D N 2010, "Aboriginal and Torres Strait communities forgotten in new Australian national action plan for human influenza pandemic: 'Ask us, listen to us, share with us'", *Med J Aust*, vol. 193, no. 6, pp. 316-317, doi: 10.5694/j.1326-5377.2010.tb03939.x

National Museum Australia 2022, "Aborigines Protection Act", *NMA*, viewed 1 August 2022, <https://www.nma.gov.au/defining-moments/resources/aborigines-protection-act>

National Museum Australia 2022, "Influenza pandemic", *NMA*, viewed 1 August 2022, <https://www.nma.gov.au/defining-moments/resources/influenza-pandemic#:~:text=Australia's%20death%20rate%20of%202.7,rate%20of%2050%20per%20cent.>

Norman, D, Miller, J, Timothy, M, Friday, G, Norman, L, Friday, G, Friday, A, Timothy, W, Miller, J, Norman, L, Raggett, N, Charlie, C, Hammer, R, Timothy, M, Mawson, P, Kearney, A & Bradley, J 2021, "From sorcery to laboratory: pandemics and yanyuwa experiences of viral vulnerability", *Oceania*, vol. 91, no. 1, pp. 64-85, viewed 1 August, 2022, DOI:10.1002/ocea.5294

Penn, Michael, 2021, "Statistics Say Large Pandemics Are More Likely Than We Thought", *Duke*, viewed 24 August 2022,

<https://globalhealth.duke.edu/news/statistics-say-large-pandemics-are-more-likely-we-thought#:~:text=Using%20this%20increased%20risk%20factor,a%20pandemic%20capable%20of%20eliminating>

Power, T, Wilson, D, Best, O, Brockie, T, Bourque Bearskin, L, Millender, E & Lowe, J 2020, "COVID-19 and Indigenous peoples: an imperative for action", *J Clin Nurs*, vol. 29 no. 15-16, pp. 2737-2741, viewed 1 August 2022, DOI:10.1111/jocn.15320

TO-DAY'S BULLETIN. (1919, June 22). *Sunday Times (Perth, WA : 1902 - 1954)*, p. 13. Retrieved June 13, 2022, from <http://nla.gov.au/nla.news-article58003909>

Warren, C 2014, "Was Sydney's smallpox outbreak of 1789 an act of biological warfare against Aboriginal tribes?", *Australian Broadcasting Corporation*, viewed 1 August 2022, <https://www.abc.net.au/radionational/programs/ockhamsrazor/was-sydneys-smallpox-outbreak-an-act-of-biological-warfare/5395050>,

Waziyatawin Angela Wilson 2004, "Introduction: Indigenous knowledge recovery is indigenous empowerment", *American Indian Quarterly*, vol. 28, no. 3/4, pp. 359-372, viewed 1 August 2022, <https://www.jstor.org/stable/4138922>

Woodley, M 2022, "Vaccination gap: vulnerable communities left exposed as Omicron threatens", *RACGP*, viewed 1 August 2022, <https://www1.racgp.org.au/newsgp/clinical/vaccination-gap-vulnerable-communities-left-expose>

Power, T, Wilson, D, Best, O, Brockie, T, Bourque Bearskin, L, Millender, E & Lowe, J 2020, "COVID-19 and Indigenous peoples: an imperative for action", *J Clin Nurs*, vol. 29, no. 15-16, pp. 2737-2741, viewed 1 August 2022, doi: 10.1111/jocn.15320

Pannett, R 2021, "Australia made a plan to protect Indigenous elders from covid-19. It worked", *The Washington Post*, viewed 1 August 2022,

https://www.washingtonpost.com/world/asia_pacific/australia-coronavirus-aboriginal-indigenous/2021/04/09/7acd4d56-96a4-11eb-8foa-3384cf4fb399_story.html

Raeburn, T, Doyle, K & Saunders, P 2022, "How the kidnapping of a first nations man on new year's eve in 1788 may have led to a smallpox epidemic", *The Conversation*, viewed 1 August 2022,

<https://theconversation.com/how-the-kidnapping-of-a-first-nations-man-on-new-years-eve-in-1788-may-have-led-to-a-smallpox-epidemic-173732>

Rallah-Baker, K, 2020, "We should have learned from past epidemics that the only way through this crisis is together", *The Guardian*, viewed 1 August 2022,

<https://www.theguardian.com/commentisfree/2020/mar/26/we-should-have-learned-from-past-epidemics-that-the-only-way-through-this-crisis-is-together>

Russo Carrol, S, Akee, R, Chung, P, Cormack, D, Kukutai, T, Lovett, R, Suina, M & Rowe, R 2021, "Indigenous peoples' data during COVID-19: from external to internal", *Front. Social*, vol. 6, no. 617895, doi: 10.3389/fsoc.2021.617895

State Library of Queensland 2019, "Queensland Aborigines and the Spanish Flu pandemic 1918-19", *SLQ*, viewed 1 August 2022,

<https://www.slq.qld.gov.au/blog/queensland-aborigines-and-spanish-flu-pandemic-1918-19>

United Nations 2021, "Indigenous peoples have been disproportionately affected by COVID-19 - senior united nations official tells human rights council", *UN*, viewed 1 August 2022,

<https://www.ohchr.org/en/press-releases/2021/09/indigenous-peoples-have-been-disproportionately-affected-covid-19-senior>

United Nations Department of Economic and Social Affairs n.d., "COVID-19 and Indigenous peoples", *United Nations*, viewed 1 August 2022,

<https://www.un.org/development/desa/indigenouspeoples/covid-19.html>

University of Newcastle Australia 2020, “Historians reveal little known histories of the Spanish flu”, *University of Newcastle Australia*, viewed 1 August 2022

<https://www.newcastle.edu.au/newsroom/faculty-of-education-and-arts/historians-reveal-little-known-histories-of-the-spanish-flu>

SOURCE ANALYSIS

Woodley, M 2022, "Vaccination gap: vulnerable communities left exposed as Omicron threatens", *RACGP*, viewed 1 August 2022, <https://www1.racgp.org.au/news/gp/clinical/vaccination-gap-vulnerable-communities-left-expose>

"Vaccination gap: vulnerable communities left exposed as Omicron threatens," an informative article written around discriminatory statistics against Aboriginal individuals is published by the Royal Australian College of General Practitioners (RACGP), an organisation run by multiple experienced members in the medical field makes the article credible. It explores the vaccination rates of Aboriginal individuals compared to non-Aboriginal individuals to demonstrate the clear gap whether it be accessibility or beliefs. The article is written by one of the editors of the RACGP, Matthew Woodley, an individual who has a bachelor's degree in journalism and broadcasting and he also has been working in journalism for over 7 years, with almost 4 of those years being in reporting about the medical field. Although he is credible with his experience and education, as a journalist, there are limitations to this source due to potential bias in this article arguing that discrimination against the First Nations groups is prevalent in our society. The limitations are clearly seen through his emotive language used throughout the article in order to persuade the audience to take action. However, the statistics within the article is extremely useful and credible especially as the article was written this year (2022). Being a recent article helps reliability by preventing the article from only focusing on a biased sample space as well as providing more accuracy in results. Therefore, although there are limitations of bias, avoiding the opinions within the article and utilising the reliable statistics was beneficial in the production of the essay.

Raeburn, T, Doyle, K & Saunders, P 2022, "How the kidnapping of a first nations man on new year's eve in 1788 may have led to a smallpox epidemic", *The Conversation*, viewed 1 August 2022,

<https://theconversation.com/how-the-kidnapping-of-a-first-nations-man-on-new-years-eve-in-1788-may-have-led-to-a-smallpox-epidemic-173732>

As a secondary source, the opinion article, "How the kidnapping of a first nations man on new year's eve in 1788 may have led to a smallpox epidemic", explores a unique history that is not explored in the status quo and only often found in primary sources and was used to add depth into a more historically accurate account and analysis in this essay. Although most of the article is recounting historical facts making it not biased, the theory that is proposed by the authors was not included within the essay although it was insightful due to the unreliability and potential misinformation. The three authors Raeburn, Doyle and Saunders are a Professor in Health, an individual with 8 university degrees including Medical Science and an individual with a Masters in Public Health respectively. Through their combined experience and expertise the historical recount from a medical perspective may not be entirely reliable as they may not have the experience in history much like a historian. However, their knowledge in the medical field allows their view on the recounted events to be minimally biased hence helping the essay be directed in an analytical manner and it reinforces the lack of historical information regarding how the smallpox epidemic was introduced.

Maclean, H 2021, "In 1913 the Commonwealth quarantined Sydney for 145 days", *Parliament of Australia*, viewed 1 August 2022, https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2021/July/1913_Smallpox_Epidemic

This historical article published by the Parliament of Australia is a secondary website with primary evidence. It is mostly a historical recount and due to being published by the government website, it can be assumed that it has little to no bias within the writing. This is further proven by factual language with no personal pronouns. It recounts the quarantine measures that were taken during the Spanish flu and the relevant legal measures that were taken by the Australian federal government in order to protect citizens. Written by Howard Maclean, a researcher at the Parliamentary Library and with a degree in law, politics, philosophy and economics, he is a credible source. However, limitations can be seen through his lack of expertise in history. Further limitations are due to the fact that it is published by a government website which could lower the reliability of the source as it paints the government in a positive light. Although all the information in the source is accurate as its information can be fact checked with other credible sources, it has one major flaw- it excludes information. The lack of information on casualties and failures of the quarantine system leading to further deaths than necessary cannot be ignored. Overall, the source is reliable and credible, however, other sources must be used as it does not account for all historical events.