

# COVID-19, Black Lives Matter and making a difference

Kristy Crooks learned early that Aboriginal and Torres Strait Islander health care is a battlefield and she's been fighting ever since ...

**A**S years go, 2020 has been memorable so far, to say the least.

For First Nations Australians and their allies the COVID-19 pandemic has not been the only stressor. The death of American black man George Floyd on 25 May at the hands of white Minneapolis police officers, and the subsequent resurgence of the Black Lives Matter movement has again highlighted the ever-present structural and systemic racism across Australia, including in the health system.

Kristy Crooks is an Aboriginal woman of the Euahlayi nation. She has three degrees under her belt and a PhD in progress, and she works every day to improve the health of First Nations people through her role as Aboriginal Program Manager with Hunter New England Population Health.

“What COVID has highlighted — it's further marginalised people who are already disadvantaged, and it's highlighted the structural barriers, including institutional racism,” Ms Crooks tells the *MJA*.

When you're dealing with pressures at work, then leaving work, going home and seeing the structures that go against Aboriginal people and all the Black Lives Matter stuff all over Facebook and on the news — it's just really hard.

“I've had to switch off and not watch the news, and switch off from Facebook and social media so I don't read the racist comments. It's disgusting.

“You've got to come back, you've got to turn up to work the next day and just soldier on. It's really, really challenging as an Aboriginal person to do that, day in, day out.”

Ms Crooks learned early in life about the inequities between First Nations and non-First Nations health. She lost her father, her aunt, a cousin and her grandfather in the space of 2 years. Her father was just 30 when he died, leaving her mother to raise her children alone.

“It was hard, and I've reflected on it a lot in the last couple of months,” she says.

“That was a tough time in our lives, and it's only hitting me hard now because I'm older and I can understand better, but to lose so many family members in such a short time and I was so very young as well — that's probably what instilled in me a desire to work in health at a young age.

“When I was in Year 10, we had a career session every Wednesday and our careers advisor gave us this massive book with all different types of careers mentioned in it. I came across something about an Aboriginal liaison officer, and the description attracted me,” she says.

“I wanted to help people, I knew that our people were vulnerable across all health indicators — comorbidities and high mortality rates. I was pulled to it; it was something I just wanted to aspire to and accomplish.”

A Bachelor degree in Aboriginal studies followed at the University of Newcastle. This was followed by a Master of Education from UTS, and a Master of Public Health from Newcastle, all while working as an Aboriginal Hospital Liaison Trainee, an Aboriginal Health Education Officer and then as an Aboriginal Population Health Trainee with Hunter New England Health.

“When I was working in the professional trainee position, I was working with Dr Susan Thomas [from the Hunter Medical Research Institute], on the Healthy Skin Project,” she says. “We saw lots of bacterial skin infections in one of the communities that we work with and developed a really good program with the community.”

“My supervisor at the time said that there was a position being advertised in their team, so I stuck around and was successful in getting the Aboriginal Program Manager job with communicable disease control.”

Ms Crooks' PhD is part of that work, focused on pandemic planning, and developing a way of engaging Aboriginal and Torres Strait Islander people in making decisions about public health emergencies.

“[First Nations people], we've suffered the most from previous pandemics, so it was really important that we got on the front foot this time, and responded early to set up processes and systems and governance groups that privilege First Nations people, so we could avoid what's happened in the past, like the H1N1 pandemic in 2009,” she says.

“We weren't included in any of the pre-2009 pandemic plans, which meant that strategies to keep families and communities safe weren't Aboriginal-specific or culturally appropriate, or guided or determined by community as to what the response should look like.

“One-size-fits-all approaches to pandemics don't work, so we needed targeted action, that values and centres culture and values, and Aboriginal ways of being and living together.

Ensuring cultural inclusion is embedded in pandemic planning, response and management. Ms Crooks is leading the local COVID-19 Aboriginal public health response, and has worked closely with the Public Health Controller to establish and embed an Aboriginal governance team within the incident command system. The inclusion of Aboriginal cultural governance is novel, and ensures there is a strong Aboriginal voice in public health planning and response to COVID-19 in Aboriginal communities. This approach enables the Aboriginal Team to make decisions about appropriate systems and processes in the response.

In addition, Ms Crooks and the team have implemented the Hunter New England Aboriginal Governance Group on COVID-19. This provides a formal mechanism for Aboriginal leaders and representatives across

various agencies to work in partnership to make decisions about appropriate, safe and effective public health strategies and service delivery for Aboriginal communities in the local health district. The group is co-chaired by Ms Crooks and colleague Ms Kylie Taylor, and has the ability to address, advocate and action local and district wide priority issues.

The Public Health Aboriginal Team, led by Ms Crooks, has also developed an Aboriginal cultural support model in managing confirmed cases of COVID-19 and contacts. This model ensures extra care is offered and provided to Aboriginal and Torres Strait Islander people, in addition to the usual public health welfare support. The process explores with families how best to isolate safely and identify and address barriers and challenges around maintaining safe home isolation. The model is conducted in collaboration with the Hunter New England Aboriginal Health Unit and Integrated Chronic Care for Aboriginal Peoples Program.

Ms Crooks and her colleagues have a Perspective published in this issue of the *MJA* entitled *First Nations people leading the way in COVID-19 pandemic planning, response and management*. It focuses on the new community-driven approach to the pandemic.

“Establishing the national Aboriginal and Torres Strait Islander Advisory Group, which is made up of First Nations and non-First Nations people, has meant that we have more of a voice and are able to participate in equal and active decision making about what's happening, within the states, but more importantly at the national level,” she says.

“It's co-chaired by Dr Dawn Casey, the Deputy CEO of National Aboriginal Controlled Community Health Organisation, and Lucas de Toca from the Australian Department of Health, a non-First Nations man.

“This collaborative approach demonstrates the principles of shared decision making, empowerment, self-determination and respectful two-way communication.

“We can't do it alone. We need the support of other people, so it's a good approach for balancing cultural governance, and ensuring that Aboriginal and Torres Strait Islander voices are privileged.” ■



Kristy Crooks

*“What COVID has highlighted – it's further marginalised people who are already disadvantaged, and it's highlighted the structural barriers, including institutional racism”*

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doi: 10.5694/mja.2.50723