

From Sorcery to Laboratory: Pandemics and Yanyuwa Experiences of Viral Vulnerability

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ABSTRACT

The COVID-19 pandemic has prompted renewed attention among health professionals, Aboriginal community leaders, and social scientists to the need for culturally responsive preventative health measures and strategies. This article, a collaborative effort, involving Yanyuwa families from the remote community of Borroloola and two anthropologists with whom Yanyuwa have long associations, tracks the story of pandemics from the perspective of Aboriginal people in the Gulf region of northern Australia. It specifically orients the discussion of the current predicament of 'viral vulnerability' in the wake of COVID-19, relative to other pandemics, including the Hong Kong flu in 1969 and the Spanish flu decades earlier in 1919. This discussion highlights that culturally nuanced and prescribed responses to illness and threat of illness have a long history for Yanyuwa. Yanyuwa cultural repertoires have assisted in the process of making sense of massive change, in the form of past pandemics and the onset of sickness, the threat of illness with COVID-19 and the attribution of 'viral vulnerability' to this remote Aboriginal community. The aim is to centralise Yanyuwa voices in this story, as an important step in growing understandings of Aboriginal knowledge of pandemics and culturally relevant and controlled health responses and strategies for communal well-being.

Keywords: pandemics, Aboriginal Australia, Yanyuwa, kincentric, viral vulnerability.

INTRODUCTION: TELLING A YANYUWA STORY

This article, a collaborative effort, involving Yanyuwa families from the remote community of Borroloola, south west Gulf of Carpentaria, Northern Australia, and anthropologists Amanda Kearney and John Bradley, tracks the story of pandemics from the perspective of Aboriginal people in the Gulf region. It specifically orients the discussion of the current predicament of 'viral vulnerability' in the wake of COVID-19, relative to other pandemics, including the Hong Kong flu in 1969 and the Spanish flu decades earlier in 1919. The COVID-19 pandemic is one chapter in this history of pandemics.

The aim of this paper is to highlight that culturally nuanced and prescribed responses to illness and threat of illness have a long history in this community. Yanyuwa ways of knowing and being have supported people in making sense of their world in relation to other presences and to be highly adaptive in the face of incoming elements which consequently bring about both threat and change. As is true of other Indigenous Australian lifeworlds, relational ontologies distinguish Yanyuwa ways of being, and characterise personhood through relatedness (see Myers 1986, Peterson 2013). Glaskin (2012:298) notes that this kind of relationality expands the field of relations beyond the individual human, to encompass a vast number of other people, places, species and ancestral beings. The Yanyuwa lifeworld is one distinguished by relationality that is best described as kincentric. This ensures that all aspects of life can be configured through kin-based relations, clan linkages and degrees of closeness for every Yanyuwa person. By canvassing the cultural responsiveness of people, in their remote community, to COVID-19 and other pandemics which brought Yanyuwa into relation with outsiders, new forms of illness and unknown causes of death, it is hoped that a wider audience will appreciate the sophisticated ways in which Indigenous people 'make sense' of massive change, sickness and viral vulnerability.

Sharing this Yanyuwa story injects into the national and international conversation the reality of COVID-19 restrictions and earlier pandemics as a particular and nuanced lived experience in one Indigenous community. This paper strives to complicate assumptions about Aboriginal people's vulnerability and comprehension of illness brought on by pandemics. By keeping this discussion focused on one local setting, we maintain an

anthropological commitment to ethnographically grounding studies of health, resilience and isolation, in the double perspective which encompasses the local, familial and personal, along with the general conditions of the national, historical and human (Jackson 2013:xvi). Localised and culturalised accounts of human responses to pandemics ensure against generalisations and reinstate the bond between the present moment, past events, culturally nuanced intellectualism and different understandings of risk, harm and response.

PHONE LINE FIELDWORK AND CO-AUTHORSHIP

The conversations that have led to the writing of this article, have been carried out over the telephone between March and September 2020, as interviews between Yanyuwa families, Amanda and John. We have spoken regularly and often several times a week, to share updates and concerns on the COVID-19 pandemic. John has worked with Yanyuwa families for over 40 years, while Amanda has worked in Borroloola with Yanyuwa for the last 20 years. Our discussions were supported by our existing friendships and social kinship, and knowledge of each other's lives and circumstances. Funding was received from Flinders University to facilitate these phone interviews and to ensure full recognition for the time and insight given by all Yanyuwa participants and co-authors. Our telephone conversations were prefaced initially on discussions of the origins and first international wave of COVID-19, but as time passed and restrictions have eased in the community, we have conversed on a vast field of topics related to broader health matters, housing and family updates. Our conversations have mirrored the general undertaking of ethnographic fieldwork, where what starts out as a self-conscious agenda for visiting and gathering information gently passes into a less structured event of sharing everyday life. This method of long-distance fieldwork was adopted by necessity, due to biosecurity restrictions which led to the closure of remote Aboriginal communities in the Northern Territory and because of ongoing travel restrictions between the Northern Territory and Victoria where Amanda and John reside.

Telephone calls as a method of communication and knowledge sharing, whilst appearing to be a far cry from modes of engaging that encourage deep listening and attentiveness to the everyday in ethnographic contexts, have proven incredibly valuable. While we expected that these methods of knowledge sharing might have been awkward or untenable across the distance, or given some language barriers, we have found that they have been embraced and easy; that is to say, a reasonable alternative grounded in many years of working together in shared places. They have allowed us to stay engaged with one another over a vast geography and on flexible terms. Unexpected freedoms in timing and location for fieldwork have brought a richness to our conversations, which have allowed for links and sharing when many of us have felt isolated and apart.

In addition to our many telephone conversations, insights that inform this paper also come from an existing ethnographic record of Yanyuwa oral testimonies, as recorded by John Bradley and linguist Jean Kirton, dating back to the 1960s and 1980s. These have offered a time depth to current understandings and the incorporation of stories of those Yanyuwa who have since passed away. By bringing together these earlier oral testimonies with current accounts of the pandemic and the challenges it has brought about, we have been able to co-shape this Yanyuwa story. Our approach has been one of sharing insights and stories over the telephone, discussing and identifying the most important points for inclusion and then Amanda and John have written up the story, including Yanyuwa testimonies throughout and seeking Yanyuwa author commentary. This model of co-authorship has a two-decade long history for this team. Yanyuwa community leader, Graham Friday takes the opportunity to explain this process for the reader:

I'm happy for Amanda and John to write this story up. This is what we do. These are our words from here in Borroloola. But they [Amanda and John] know alright, they've got the ears to listen. Other people they don't even know anything about our life and our story for this corona virus. That's why we write this up, proper story you know. We put the names for family first then this story can be a good education for people. We can tell em what's going on and why. This is our story to save our community. We gotta spread the word and the need for support, and we are the community leaders to do that. This is feelings for the whole family, for the whole community. It's true.

Gloria Friday, another leading contributor on this article, explained the terms for this undertaking when she spoke the following to Amanda and John:

We tell you that story and you write it down and put it in good wording. You get the ok from us first, and we tell you our story, what we know, then you can know. You put it in good wording for us. My husband [Graham] and all these Yanyuwa people are big boss story tellers. We share that story and then you make that other story for us.

We do not seek to disentangle the original sharing of knowledge from the writing up of this paper. Both steps are mutually dependent, and this written contribution is a co-creation born of Yanyuwa generosity to share and Amanda's and John's ability to listen.

Over the last six months of 'phone-line fieldwork' we have swapped stories of city and remote COVID-19 isolation. What is evident throughout these exchanges is that the Yanyuwa experience does not map neatly onto an otherwise quickly mobilised (by politicians and news media, that is) vision of vulnerability, lack of understanding, confusion, and uncertainty. People in Borroloola draw on a long history of knowing the impact of pandemics and know what is going on with the COVID-19 pandemic. People are well informed and in some respects were in control of aspects of the lockdown and isolating strategy in the community. The extent to which this pushes back and disrupts depictions of 'remote and isolated' Aboriginal people, responding only to, not controlling their isolation, is spectacular, and thus warrants attention.

RESPONSES TO CHANGE AND INCOMING SICKNESS

Historical accounts have shown that epidemics have played a major role in shifting the balance of power between human groups. Where cultures have collided on biological and geographical frontiers, the spread of diseases such as measles, smallpox and influenza have marked the medical histories and the narratives of many Indigenous groups. The loss of life as critical mass and presence coupled with the loss of political structure and the transmission of powerful knowledge has a profound effect on all expressions of identity (Kearney 2014:54–5). This creates particular relations on the frontier and often-desperate efforts to make sense of illnesses (see Campbell 2002, Dowling 1997, and Dussart 2010 who gives a contemporary rendering of sense making in relation to diabetes in remote community contexts).

Themes of Indigenous responses to change, and catastrophic events such as colonisation, sickness and pandemics, introduced and destructive species presences, nuclear testing, and threats to lands and waters have been canvassed in the literature (see Austin-Broos 2009; Goodall 1994; Maher 1999; Trigger 2008). Austin Broos (2009:4–5) has written of change in the Central Australian Arrernte context as triggering an 'ontological shift'. She (2009:5) explains that when there is disruption to the relational order of life 'things and strategies

start to lose sense', whilst at the same time 'other phenomena become apparent or "present" waiting to be invested with value as social practice changes course'. This is distinguished by contractions and expansions to the field of ontological possibility, supported by Indigenous knowledges brought to bear upon known and unknown catalysts for change.

Goodall's study of Aboriginal people's responses to catastrophic events offers valuable insight on this condition of ontological shift, by tracking social memories of life in Ernabella where two measles epidemics, one in 1948 and another in 1957, occurred either side of a period of British nuclear testing in South Australia which resulted in widespread regional contamination. In 1953 the Yanykuntjatjara people of Wallatina, Mintabie and Welbourne Hill became the first mainland Aboriginal communities to face contamination from nuclear weapons (Goodall 1994:57). The Aboriginal people of this region refused to be silent on this tragic event and subsequent rendering of it in colonial history (Goodall 1994:59). Goodall's role as a researcher during the course of the *Royal Commission into British Nuclear Testing in Australia*, prompted her to reflect on the processes of remembering and forgetting for Anangu and she (1994:59) explains that Yanykuntjatjara were ready and able to tell their story, initiating their own research to find the causes of their experiences.

Anangu were urgently trying to tell the story of what happened to their ancestors who were alive at the time. The nature of epidemics and also pandemics is that their effects straddle generations, and memories of different kinds prevail. From this, people must rely upon a broad tendency to negotiate meaning socially. As Goodall (1994:66) writes, for Anangu it was the case that, speaking of the measles epidemics and the nuclear contamination, individual recollections were compared with those of others. Over time common versions of past events become widely shared among members of the group. Stories of events relied upon both established cultural resources and new knowledge; sometimes, both were inadequate (Goodall 1994). In translating meaning, Anangu continued the search for answers until they had assembled enough meaningful new information, consistent with an analysis of the whole range of relations between Aboriginal people and colonial presences (Goodall 1994:72–3). The process through which knowledge was shaped and arrived at in this instance was complex, highlighting people's relationships not only to the event, but also with the recollections of those who survived it, and their memories as lived on through descendants.

Trigger (2008) explores parallel themes of 'making sense' in the aftermath or midst of massive change. In this case he writes of the arrival of foreign animal species across Indigenous lands and waters, and examines the ways in which Indigenous Australians have translated into meaningful terms these lingering presences of colonization. Many introduced species have wreaked havoc on Indigenous homelands, an impact that local people have had to process and respond to. This calls for an intellectual flexibility and positions Indigenous ideologies as 'becoming' rather than fixed, thus disrupting visions of Indigenous knowledge as held to a 'natural' master code (Trigger 2008:628). Overly simplistic sets of assumptions concerning the idea of what is naturalised in cultural terms are shaken down, as Trigger (2008) highlights Aboriginal people's intellectual negotiations of new phenomena, ranging from cats, to buffalo, and buffel grass across their homelands. By extension, the same flexibility and becoming is taken to apply also to new forms of disease and illness. In these instances, new aspects of everyday life are engaged through existing frameworks for understanding, and an ever increasingly familiarity with new knowledge as it becomes part of the world in which people live.

YANYUWA EXPERIENCES OF PANDEMICS

The COVID-19 pandemic has prompted renewed attention among health professionals, Aboriginal community leaders and social scientists of the need for culturally responsive

preventative health measures and strategies in light of the ‘deep-seated health, social and economic inequities in Australian society, especially the long-standing inequalities between First Nations people and other Australians’ (Markham et al. 2020; Rallah-Baker 2020; see also Crooks et al. 2020; Massey et al. 2011, Meneses-Navarro et al. 2020; Power et al. 2020; United Nations 2020 for an international commentary on similar themes). What a longer-term focus on Yanyuwa responses to pandemics reveals is that Aboriginal people undertake their own culturally responsive health strategies, irrespective of whether governments commit heavily to an intercultural vision of health and health care (see Dussart 2009 for a similar discussion). In their translative efforts of making sense of incoming illness, today, with the Hong Kong flu and the Spanish flu, Yanyuwa have undergone a process of determining where sickness came from and how it might be resisted. The parties determined to be involved in the causation of illness may be different in each case, but the translative effort and abiding commitment to look for answers and to look after family in culturally prescribed ways remains the same.

For Yanyuwa, the COVID-19 pandemic has been understood primarily as a ‘whitefella virus’, brought to Australia by tourists returning from overseas, spread by travellers and the product of Western science. Graham Friday Mudaji, Yanyuwa community leader, and avid follower of global news, recalled his shock at the potential scientific origin of this virus:

This time you see that thing on the news they talking about. They reckon that thing [virus] started off in a laboratory, in Wuhan. Gammin they been say it’s a man-made thing, yeah, they cooked it up and then it broked out of there. I listen to news every day and can’t believe it. Government wiping out all their own poor people, poor buggars.

The corona virus is also spoken of as ‘everyone’s problem’, but a problem which requires localised actions and solutions specific to the needs of those living in Borroloola, the remote township in which most Yanyuwa live (Fig. 1). The earlier Hong King flu and Spanish flu pandemics were not attributed to ‘whitefella business’, rather they were attributed to sorcery and the desecration of particular sacred sites.

To the north west of Borroloola lies the site of Ngangkarrila, it is called a Flu Dreaming Place (see Figs. 1 and 2). The root word of this place name is *ngangkarr*, the Yanyuwa word for sputum, nasal discharge or snot. Just north from this site is another site called Wurrwurr which literally means ‘cough’ (see Figs. 1 and 2). Linguistically and in accordance with Yanyuwa Law, there is an immensurable time depth to sickness of the cold and flu kind, with both cough and sputum being experienced by old people and the ancestors during the Dreaming, the time from which language and these places emerge.

Old Tim Timothy Rakuwurlma, a now deceased Yanyuwa elder, described these places as, ‘Oh! Too dangerous, don’t go there, don’t touch that place, walk through that place and that sickness will come, just like a flu, people will get really sick, it is place of a terribly bad sickness’ (Bradley ethnographic fieldnotes 1985, see Fig. 2). The sites of Ngakarrdila and Wurrwurr are associated with the Wurdaliya patriclan and in particular the Black-nosed Python Dreaming Ancestor. Both the power songs (*narnu-nyiri*) to spread flu and to heal from the flu are also associated with this Dreaming. In the early 1980s, elder Yanyuwa women and men spoke of the decline in Wurdaliya cultural knowledge due to the death of senior Wurdaliya men because of the Spanish flu and the power of the Dreamings located on their country (see Bradley and Yanyuwa Families 2010, Bradley with Yanyuwa Families 2016 and Yanyuwa families et al. 2003).

The Spanish flu, the earliest pandemic experienced by Aboriginal people in this region, was, according to some Yanyuwa, associated with sorcery enacted at this site. Others

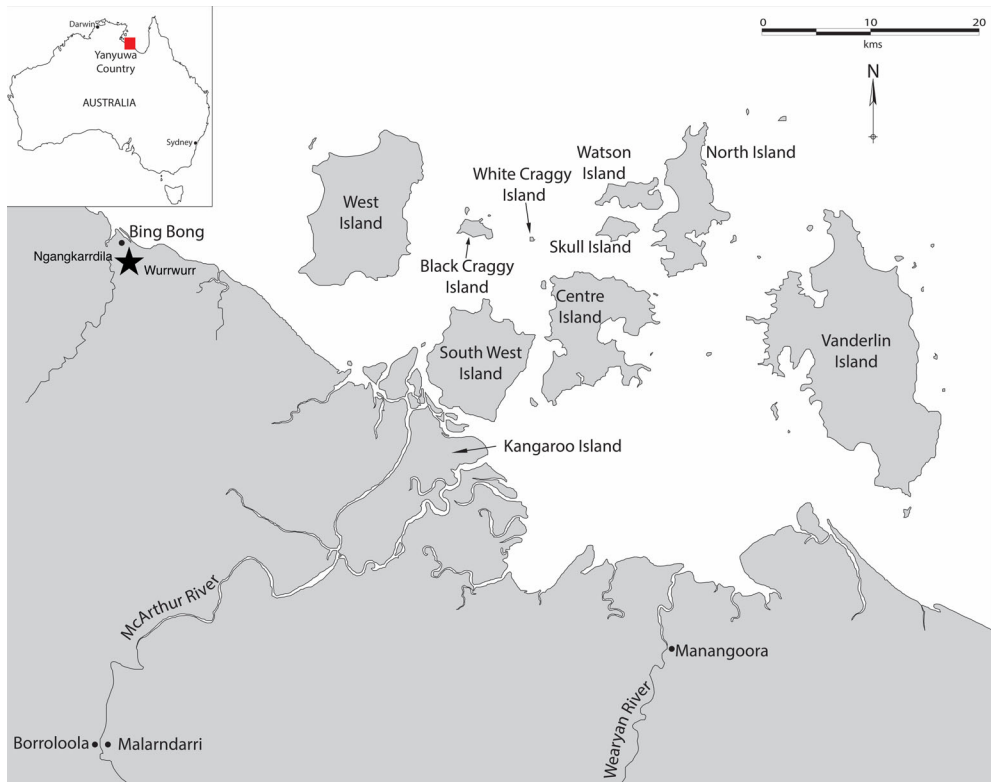


Figure 1: country, Southwest Gulf of Carpentaria, northern Australia, showing approximate location of the flu dreaming sites. [Color figure can be viewed at wileyonlinelibrary.com]

explained it as the result of cattle breaking branches from the ironwood tree associated with the site. The timing of this event can be determined by the stories shared by Old Tim Timothy Rakuwurlma, who said that this flu came ‘just after Bill Harney came back to Borroloola’. William Edward Harney (aka Bill Harney) was an Australian writer who spent much of his life living in remote Australia. Harney had been to France during the First World War and wrote of his experiences in his book, *Bill Harney’s War* (Harney 1983). Yanyuwa old people recalled Harney’s presence in Borroloola at the time of the sickness and Harney himself is said to have come back from the Great War in 1919, a broken man, shattered by what he had witnessed. He recalled years later, ‘I’d never crack on that I’d been to the war. I was somehow or another ashamed of the war...I rode 800 miles to Borroloola on a horse to forget about it’ (War Memorial of Australia n.d).

The Hong Kong flu of 1969, which is discussed below, was also associated with sorcery, however in this instance it was thought to have been brought about by Aboriginal men who had come from the desert for the Borroloola rodeo, and they are said to have ensorcelled the local Yanyuwa, Garrwa and Marra families. Today, people say this sorcery was enacted because of jealousy towards Yanyuwa, as li-Anthawirriyarra – that is, saltwater people and their country. The Hong Kong flu pandemic led to many deaths of elder Yanyuwa, Marra and Garrwa, and caused a dramatic social relocation for many families, the effects of which are still recalled and evidenced today. This time was one of great fear and sadness, and as one elder recalled, ‘There were no more tears left, we couldn’t cry any more’ (Eileen McDinny a-Manankurmara, in Bradley ethnographic fieldnotes 1988).



Figure 2: A satellite image of the two Flu Dreaming sites. It is not possible to visit these due to its highly sensitive and powerful nature and the fear among many Yanyuwa that any kind of site visitation may cause disruption that will in turn cause sickness to befall the community. [Color figure can be viewed at wileyonlinelibrary.com]

SINCE THIS NEW VIRUS CAME AROUND: COVID-19 AND BORROLOOLA

For Yanyuwa, day-to-day life takes place in a communal camp setting, in a remote township with a fluctuating population of around 870 people (with approximately 77% identifying under the ABS demographic category of Aboriginal and/or Torres Strait Islander), the majority being Aboriginal and members of the Yanyuwa, Marra, Garrwa and Gudanji language groups (AUSTRALIAN BUREAU OF STATISTICS, 2016). For people resident in the community, and particularly those living in housing within the local Yanyuwa, Marra and Garrwa camps, isolation and social distancing are out of step with culturally prescribed ontologies of relating. As Yanyuwa woman Adrienne Friday a-Karrakayn explains, ‘We are so used to sitting around in groups, that’s how we work, we don’t sit alone at home, this is Borroloola, this is a small town, and Aboriginal people are used to sitting together. If someone sits off alone at home, we worry about them, and then you got people saying, “Why that person not wanna come sit with us, what’s wrong with him?”’.

In response to the COVID-19 pandemic, the Northern Territory Government rapidly responded by closing its borders and instating the Biosecurity Act — limiting travel to, from and between remote Aboriginal communities. In order to implement travel restrictions road-blocks were put in place on all roads leading out of Borroloola (see Smith et al. 2020). The Biosecurity Act was removed on June 5th 2020, after consultations with land councils and traditional owners throughout the Territory. Power et al. (2020) provide an extensive review of Indigenous people’s experiences of the COVID-19 pandemic, outlining themes of risk and vulnerability, historical pandemics, food security, economic, emotional and physical stressors during lockdown, disruption to cultural practices and existing health and social

justice inequities. Whilst providing an overarching account of the complexities of the COVID-19 pandemic as experienced by Indigenous peoples in Australia and abroad, they do not identify community strengths at this time, nor comment on local responses that have safeguarded communities on cultural terms. This too is an important aspect of remote and Indigenous experience that warrants attention, speaking as it does to historical and contemporary resilience and organisational strength as residing in the commonly held mode of kincentric relational life that defines many remote communities.

Biosecurity restrictions in the Northern Territory meant that all Borroloola residents were put into lockdown and were unable to leave, unless a special permit to exit or enter was issued by the region's representative body, the Northern Land Council, or for emergency healthcare. People who remained in Borroloola, whilst subject to lockdown laws, were able to move freely across their country, taking in the extent of the offshore islands throughout the south west Gulf of Carpentaria, and they were able to visit outstations and travel across the McArthur River to family households in camps to the east of Borroloola. Many chose to do so. For those who stayed in town, there were some changes to the routine of food shopping, with smaller numbers only being allowed into the local Malarndarri Store and restrictions placed on alcohol purchases.

It was community leaders who reached a decision to limit the purchase of alcohol to six cans of beer per person, so as to control against group socialising at this difficult time. Scoped as positives by many older Yanyuwa were the continued provision of food goods in the shops and restrictions on alcohol consumption, despite this being a major physical and emotional adjustment for those who regularly drink. Some felt this change alone was leading to the reintroduction of healthy lifestyles. Graham Friday Mudaji celebrated this, remarking that 'People been ring me up and they said, "Uncle, this alcohol thing that you been do, that's been really good." All these people now they just been some of them been sort of change, getting fat, buying big mob tucker, cause no grog' (Graham Friday Mudaji).

The frequency with which people left the township and travelled back to country to go camping out bush was tenfold. The desire to leave town, for those who could, in extended family groups, was strong and people took the opportunity to visit their island country and family outstations. For many Aboriginal residents in Borroloola, the best form of gathering for preventative health measures has been travelling in extended family groups to parts of country for which they have clan ties. The benefits of being on country, and the role of outstations to provide 'a place for people to be in control of their lives and form hopes and plans for the future', has been documented by Senior et al. (2018:1). They outline the benefits of this experience for Aboriginal people in the neighbouring region around Ngukurr in southern Arnhem Land. The benefits are measured as more than just positive effects on diet and exercise, and as is also the Yanyuwa view, there are clear emotional, ancestral, ecological and psychological benefits that come from being away from the strains of town, and close to one's clan country.

Departing town for time spent on country, at outstations, camped out by the coast or on the islands, is a far more culturally nuanced response than staying locked down in the camp back in town, where living arrangements are often cramped and boredom can set in. No additional supports were put in place for people to do this, which in some cases rendered it impossible for those without cars, boats or the finances to stock up on food or buy petrol. Yet it is clear that this community-driven response to seeking better health and reducing vulnerability from illness, warrants attention and investment in regard to Aboriginal and culturally nuanced health care strategies now and in the future (Dussart 2009). Yanyuwa want to stress that this is where forward-looking health measures more broadly might be focused and invested in. Family is key and support for being on country will help to facilitate people controlling access to healthy lifestyle choices.

Figure 3: COVID-19 Poster translated into Yanyuwa: 'If you are coughing, cover your mouth with your elbow'. [Color figure can be viewed at wileyonlinelibrary.com]



Family has remained a prevailing theme in most stories shared about the current pandemic. Not only have people been able to regroup as multi-generational family groups and visit country, uninterrupted by the demands of school and work, but the orientation of care and concern has been largely focused on caring for family. Peterson (2013:172) writes of Aboriginal relational ontologies as constituted by a moral economy in which people are 'embedded in a universal system of kin classification' which places a high value on relatedness. This enlarges the relational field of everyday life and the capacity to make connections across an entire community and also across the vast expanse of Yanyuwa ancestral lands and waters (see Kearney et al. 2019). It has also been central to how the pandemic has been understood and how people have responded to it, a process which has reinforced the need to think through family (as an extended model of kinship) as the primary site, support and recipient of care and concern.

Mavis Timothy a-Muluwamara, Yanyuwa elder and leader, who is one of the longest serving Aboriginal remote area nurses in the Northern Territory, and who, in conjunction with John Bradley, translated a series of Yanyuwa language COVID-19 health warning posters (see Figs. 3 and 4), was unequivocal in her point of concern and care, when she stated, 'I'm telling all my family follow the rules, they will keep you safe'. Also, during the development of the COVID-19 health posters, with artist Chips Mackinoly and John Bradley, Mavis placed a strong emphasis on the need for one particular poster, stating 'Go back home to country and look after family'. Explaining the importance of family and emphasising the need to stay together during stressful times, Adrienne Friday a-Karrakayn reflected:

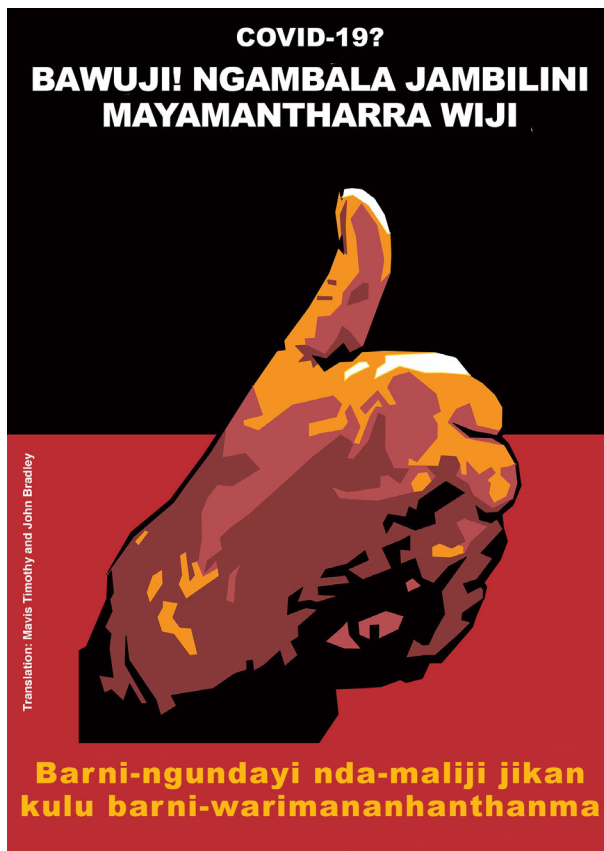


Figure 4: COVID-19 Poster translated into Yanyuwa: 'Don't shake hands and don't hug'. [Color figure can be viewed at wileyonlinelibrary.com]

I would say it's a bit hard, but I don't mind this virus thing too much, it brought together families, because you got families in the city too, and they come back home. They ran away and now they back, usually they come in and just stay for funeral, but now they're back. Some young ones they go to Darwin and they get stuck there. It's number one to be with family.

Family has been at the centre of Yanyuwa responses to the COVID-19 pandemic, a response not only facilitated by the closeness of life in this remote community, but also by the prevailing order of Yanyuwa life, and the role of family as a critical support. It has been the presence of extended kin that has mitigated against loneliness during lockdown, family has been the cohort to travel out bush with, and those going out bush have been able then to bring back bush food for those who had to remain in town as part of sharing and looking after those with less mobility and resources. Caring for elder family members has been the dominant theme in discussions of why social distancing and isolation have been so vital at this time, from the need to designate special shopping hours for the elders, and the need to stay away from the old people's home. Understanding the importance of family as a support during times of stress and strain, has been canvassed by health professionals in relation to other Indigenous health crisis related matters, including cancer diagnosis, treatment and survivorship (Ristevski et al. 2020; see also Cavanagh et al. 2016).

The COVID-19 response has shown that, in the face of possible illness and threat of viral infection, family remains the guiding structure for transmission of information and education (as with Mavis' key role in translating posters and identifying locally specific and relevant messages and with generational knowledge sharing from young [through social media] to old [through social memory and Law] and *vice versa*), responses (such as going out bush in family groups, also in supporting elders with their shopping needs during lockdown) and action (choosing to restrict alcohol, ensuring people eat good food, and are not lonely during lockdown). This highlights the importance of acknowledging and respecting Indigenous family structures as an important cultural resource and key investment for good health in remote communities (see Ristevski et al. 2020). It also identifies kinship styled support as a focus for service improvement that will better enable the key role that family and community play in improving people's lives (see Ristevski et al. 2020). On this matter, Yanyuwa have also reiterated time and again the desperate need for a full-time dialysis nurse to be based in Borrooloola. This would assist local people and their families who depend upon this treatment for survival. There have long been calls for the training up of local people in this health provision skillset and the return of nursing trained family members who are based in Darwin. People want to stay in Borrooloola while they receive their dialysis, and they want the training of local people to provide this. Dussart (2009:204) has canvassed similar opinions and experiences among Warlpiri who also live with the strain of having to move hundreds of kilometres from home in order to receive lifesaving dialysis treatments.

CORONA VIRUS, HONG KONG FLU AND THE SPANISH FLU

Our conversations on the telephone and re-engagement with early ethnographies from the Gulf region have revealed that not all infectious diseases are created equal and not all causation is rendered the same across the community. There are often persistent structural differences in the way that human groups recount events, and this is evidenced by record keeping on prior pandemics in Australian history (see Goodall 1994, also Herring for an account of the 1918/19 influenza pandemic as experienced by Cree and Metis communities in subarctic Canada). Today, in speaking of COVID-19, people have often taken the conversation back to 1969, and the experience of the Hong Kong flu. The 'Western science story' for the Hong Kong flu refers to the sickness as the H3N2 virus. This was first noted in the United States in September 1968, and it is estimated that the number of deaths was one million worldwide. On the Australian Government's History of Pandemics website, it is written that 'Studies show that the virus responsible for this pandemic arose by genetic reassortment' (Australian Government *n.d.*). This is a whitefella translative effort as to where the virus came from.

Dinah Norman a-Marngawi and Mavis Timothy a-Muluwamara, senior Yanyuwa women, have repeatedly framed their discussion of the corona virus through recollections of the Hong Kong flu, an event that both of them lived through. As Dinah explained, 'We have been really careful this time, we follow the rules, we don't want to die, we are helping each other. Maybe if we had of known these rules when that Hong Kong flu came people would have stayed alive' (Dinah Norman a-Marngawi). And for Mavis, 'We don't want to all die like last time' (Mavis Timothy a-Muluwamara). Graham Friday Mudaji also drew a clear line between the current moment and the Hong Kong flu, when he drew on memories of past events: 'We learned our lesson the hard way from that Hong Kong flu, not this time though, this time we are going to be careful' (Graham Friday Mudaji). Graham's daughter Adrienne, aged in her early 40s, also called upon this social memory, in light of conversations with her father:

Speaking of the virus, Dad told me, long time ago there was nother virus, many years ago, and this flu came in and it was called Hong Kong flu and it wiped out all the oldies. And then the other mob of families had to move away from their camp, because all of those old people died, they been too sad and too dangerous to stay that side in the old camp. It is exactly the same as this corona virus (Adrienne Friday a-Karrakayn).

Maria Pyro, Garrwa-Yanyuwa woman, and deputy Principal of the Borroloola High School, was interviewed on CAAMA radio, and relied upon similar memories, taking from them preventative insight on how careful people need to be with the corona virus:

In 1968 we had the Hong Kong flu that came through Borroloola, I guess I was only 1 year old at the time, but I heard stories from my dad and my mum, grandparents, that a lot of people died at that time, I think it was maybe 50 or 60 people, mainly old people...and that was very very sad, we lost a lot of people with cultural knowledge and history and we don't want that to come again (CAAMA Radio Alice Springs 2020).

People across the community have become wired into this social memory, which was also recorded by Jean Kirton and John Bradley in ethnographic accounts in the 1960s and 1980s respectively. This account is shared through oral history and retelling of events, but also features in the Yanyuwa Encyclopaedia (see Bradley with Yanyuwa Families 2016). This book is in wide circulation within the community, often a go-to resource for stories and language. Just as people draw on news and social media reports of the corona virus for their local insight, they have also been digging deep into their own family memories of earlier pandemics and narratives to give voice, meaning and response to current events.

Whilst current news media shapes one way of understanding, the ethnographic record contained in the encyclopaedia shapes another, and both fuel current understandings of the pandemic. Warren Timothy Walala, despite being only a baby at the time of the 1969 pandemic, folds this event into his body of knowledge, as well as his personal biography:

With that Hong Kong Flu, I was only little one, small one then. I was born 1966. But I was born in Tennant [Creek], and then well I went to preschool there and we come over here when I was about 5 or a bit older. By then dad passed away here, my father, in Borroloola. But old Simon been take us to the islands, and grew me up here. I heard about that Hong Kong flu, really sad times just before we got back here. Lucky I been grown up in Tennant Creek and we been safe, but then later, after that flu, I could come back and learn about my country (Warren Timothy Walala).

The first ethnographic account of the Hong Kong flu in Borroloola was created by Jean Kirton and shared with John Bradley in 1988. In 1969, at the time of the local Borroloola rodeo in August, two Yanyuwa people who were resident in Darwin flew out to Borroloola. On the flight, one of them showed the initial symptoms of the virulent Hong Kong flu, and this rapidly spread throughout the camps. Over the next month, there were eight deaths in the area. After the first few, there was a complete abandoning of the Yanyuwa camp, located on the east side of the McArthur River, at Malarndarri (see Figs. 5–7). Yanyuwa families moved across the McArthur River to set up camps along its western banks.

A young boy at the time of the widespread sickness and death, Graham Friday Mudaji, recalls his memory of the Hong Kong flu, and weaves it into the current moment, and the COVID-19 experience.



Figure 5: The cleared road into Malarndarri camp. This photograph was taken some time in the early to mid 1960s and shows a row of Yanyuwa houses in the camp on the eastern bank of the Mc Arthur River (photo by Mervyn Pattemore). [Color figure can be viewed at wileyonlinelibrary.com]

I been tellim this mob [family], I was only 10 years old, just young fella. I still remember because I been see all the old people die. Now that's the reason why we been move this side river, all the way til we come this side la river. That's the thing I been explaining to all my mob this way, that we gotta be careful, cause it's more dangerous this time than that last time. That Hong Kong flu was bad. I seen all my old people die cross the river at that old people camp, Malarndarri camp. I remember I used to go with all them mob to that cemetery and bury all them old people. You know, old people for all families, different families, kudardi [they all went]. Must be they messed around with this Dreaming site, the Abalawiji [Graham is referring to Abalawiji as the general area in which the Flu Dreaming sites are located], that one the Cold Dreaming. This time you see that thing on the news they talking bout, they reckon that thing started off in a laboratory, in Wuhan. Gammin they been say it's a man-made thing, yeah, and then it broked out of there. This thing you know, I listen to news every day ngabuji [kinship term], yeah bout all this thing now. America, make you sorry hey. Wiping out all the poor people, poor buggars (Graham Friday Mudaji).

The death and sickness that came with this flu was explained by Eileen McDinny a-Manankurrmara (see Fig. 8) as follows: 'Rodeo time, a lot of strangers that year, people (Aboriginal) we hadn't seen before, they had come from from down south, they put that flu (through sorcery) in this country, too many people died.'

Eileen (in Bradley with Yanyuwa Families 2016:159–66) continues to explain the event, in a detailed and heart-breaking recollection of this time:



Figure 6: Close up detail of housing within the Malarndarri camp (photo by Mervyn Pattermore, early to mid 1960s). [Color figure can be viewed at wileyonlinelibrary.com]

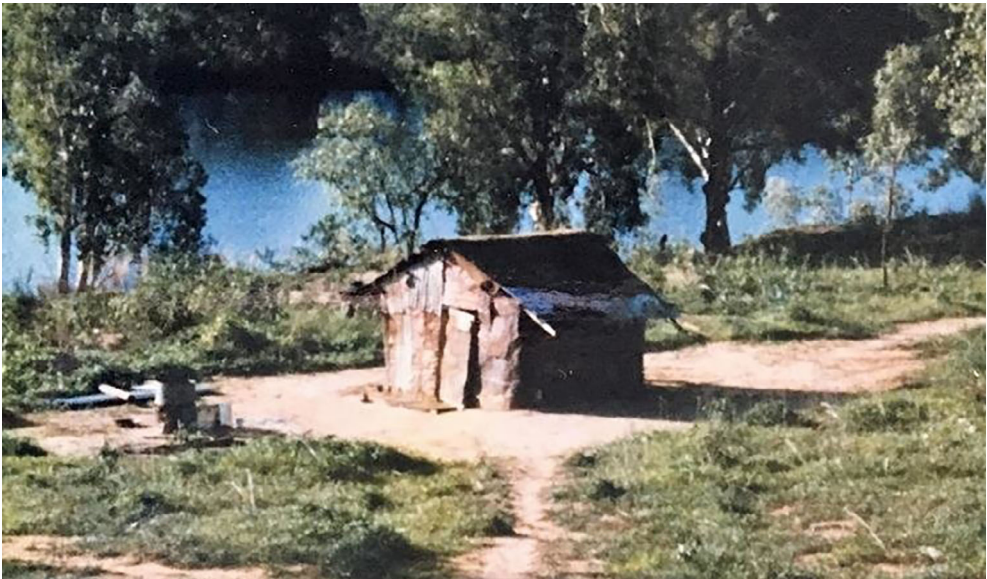


Figure 7: Typical house in the Yanyuwa camp at Malarndarri (photo by Mervyn Pattermore, early to mid 1960s). [Color figure can be viewed at wileyonlinelibrary.com]

They were all there and they all died, the old men and women at camp on the east bank of the river, at Malarndarri. From this place now they died in the north along



Figure 8: Eileen McDinny a-Manankurmara, the key narrator of the Hong Kong flu story (Photo courtesy of Richard Baker).

the riverbank. The mother's father's sister of Elizabeth, a-Muluwamara, she died there on the east side of the river.

It was a long time ago, they were there at the horse races, they died then. We were there cooking bush medicine for them, your sisters also. We were there, Amy, Bella and myself.

We used to lift them up and bathe them, one by one, we would wash them first, after washing them we made their beds for them and then helped them to sleep. We were there with heads bowed, praying for them, and we would sing for them, for those who were very sick.

We washed all the old men and women and then we carried them in dugout canoes to the west bank of the river. Mr Stretton, the missionary, he would wait for us. He would come down [in his truck] to get them. We carried them, we were there working, we used to carry them up to the hospital.

There were now deaths from the great sickness, it was truly very bad.

We carried them up to the white woman, and when they were there, she gave them medicine. Then we returned them to the camp. They all died, those old people. We couldn't cry because too many of them died at once, all of those men and women.

They carried the bodies on beds, carrying them by their sides, to the dugout canoes where they were placed. They carried the bodies north to Wumarawanya. It was there they buried them, on the east side of the river in the north. Upwards they carried them, by their sides, up the steep bank and there far on top they buried them. We did not go to that place, we were alone, only the men, the welfare officer, the missionary and the policeman.

At one time they all died, in the north on the east bank of the river, at the camp, from the great sickness. That's all.

Yanyuwa social memory of this event serves a greater purpose than recalling the past and prevails as an exercise in sense making (Kearney et al. 2018:376). The oral traditions that have held the stories of the Spanish flu and the Hong Kong flu do not necessarily need dates to hold these events as real, in fact that is not the purpose of the way the stories are told. Rather, the stories as they are revealed are used to deepen Yanyuwa understandings. The

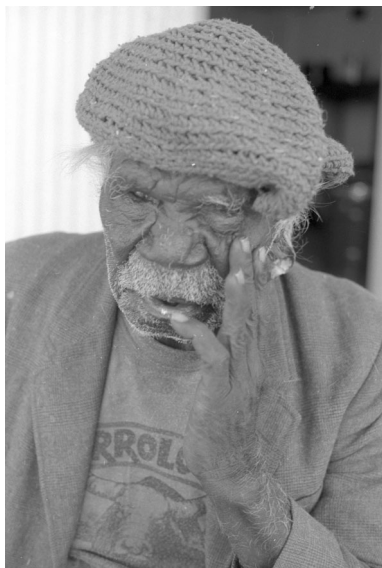


Figure 9: Old Tim Timothy Rakuwurlma, the holder of social memory of the Spanish Flu in 1919 (Photo courtesy of Richard Baker).

COVID-19 narrative differs in one crucial respect, because high rates of literacy and access to media ensure that Yanyuwa family members can access and fold into their understandings other views of pandemics. Yet it remains that those views are always placed into relation with oral traditions of past events that ensure that COVID-19 is figured through a lineage of understanding.

The attribution of blame in the case of the Spanish flu and the Hong Kong flu were both matters of Law and sorcery. In the case of the Spanish flu it was believed to have been either sorcery or the result of stock and cattlemen having damaged the Flu Dreaming site. In Yanyuwa understandings both are perfectly acceptable ways of thinking about this event. Reid (1983) and Maher (1999) also document these kinds of complex and multivocal aspects of Indigenous understandings of health and wellbeing. As Devaneson wrote in 1985 (33), and as Maher (1999:234) reminded readers over a decade later, there are key differences between Indigenous and Western frameworks for diagnosing and understanding illness: ‘Western medicine is primarily interested in the recognition and treatment of disease’, while Indigenous ‘medicine seeks to provide a meaningful explanation for illness and to respond to the personal, family and community issues surrounding illness’ (Devanesen 1985:33). There is a fundamental distinction between a Western explanation of the ‘how’ for all three pandemics to hit this community and the Yanyuwa local explanation of ‘why’ this sickness.

Old Tim Timothy Rakuwurlma, Yanyuwa elder and leader (see Fig. 9), who, in 1985, spoke with John Bradley about the Spanish flu, offered up one of the few ethnographic recordings from the region, pertaining to this earlier pandemic. Old Tim explained that it was

Just after the war [World War I] that Harney [Bill Harney] was here at that time. Old people died from that flu, really bad flu, that flu came from jealous people, they hit that tree, that Flu Dreaming tree. A lot of them old Wurdaliya men died. Too much. That Flu Dreaming was their countryman.

Herring (1993:80–1) paints a vivid image of the kind of sickness that came with the Spanish flu:

Illness came without warning, heralded by a sudden shivering, severe ache in the head and eyeballs, and pain in the legs and kidneys, followed by collapse. High fever set in rapidly, coupled with a hacking cough that no uncommonly produced thin, rusty sputum. This particular flu manifested itself so swiftly and with such consistent symptoms that it was possible for many to pinpoint exactly when they became sick.

Among the tragic few whose symptoms progressed, it was a deadly combination of streptococcal or staphylococcal infections which led to pneumonia and then ‘typhoidal state’ and imminent death (Herring 1993:81). It was a ghastly illness and ending, not like anything Yanyuwa would have experienced before. It would have triggered a profoundly deep search for explanations and meaning. It is, as McGrath (1991:418–19) highlights, that social responses are instrumental in determining an epidemic’s course and hence, its biological impact. It is also cultural responses that galvanise communities emotionally in the face of such rapid onset illness and death.

Old Tim explicitly identified sorcery as the cause of the Spanish flu and its effect on Yanyuwa families. The Flu Dreaming is located on Wurdaliya clan country. Given the close ties between clan groups and their ancestral lands and waters, it is a Yanyuwa understanding that any damage to this part of Wurdaliya country would cause greatest suffering for its human Wurdaliya counterparts. Many Wurdaliya elders died from this flu, leaving an enduring gap in knowledge for Wurdaliya country. In 2015, while doing fieldwork on West Island (Wurdaliya clan country) in the Gulf of Carpentaria, one of us (Amanda) asked a group of senior women about the stories for parts of the island. The answer was that people were not too sure for these stories, because ‘too many old people for West Island were wiped out by that flu’.

The Flu Dreaming, like all Dreaming in Yanyuwa country is kin. It is not a threatening proposition to those who have the Law to stand in the proper relationship to this Dreaming and its associated knowledge. However, there is always a delicate balance in proper relations with country, being such that Dreamings, if left untended to, or uncaringly interacted with, or abused for ensorcelling ends, can bring about harm and suffering in the people who share its Law. This is a reminder of the potent and prevailing bond between people, country and ancestors and a reiteration of the kinship that links everything and everyone in Yanyuwa country.

Kelm (1999) presents a strikingly similar account of the Spanish flu, in the context of British Columbian First Nations, between 1918 and 1919. Relying on a combination of church and government archives, along with ethnographic accounts, what emerges is an account of First Nations responses to the Spanish flu, involving a mixing of medical understandings, in which they drew on both Indigenous and imported understandings of disease, its causes and treatments. Social memories of the influenza become, as Kelm (1999:24) writes, ‘a kind of touchstone to describe the nature of corporeal relations between Aboriginal and non-Aboriginal peoples in British Columbia in the first decades of the twentieth century’. Reminiscent of the Yanyuwa experience of the Spanish flu and Hong Kong flu was an overwhelming sense of having to respond to the number of deaths and the compounding deep existential crisis in trying to cope with the desire to heal the sick through available Aboriginal Law and medicine. As Kelm (1999:30) writes:

The strongest element of all First Nations flu stories involves the ways in which they describe the horror of the epidemic. While mention is often made of the high morbidity and mortality of the epidemic, most striking are the authors’

descriptions of how the disease broke down the boundaries between the living and the dead...The four main causes of disease in Aboriginal aetiology relate directly to the breaching of these limits and involve: soul loss, spirit intrusion, object intrusion, and witchcraft. The breaching of these boundaries, then, denotes not just profound physical distress, but the kind of spiritual disorder that can only lead to continued disarray.

The search for answers is a recurring theme reported by Yanyuwa across three pandemics. This is evident in the intellectual effort dedicated to sourcing information, translating this relative to existing knowledge, and also emerging new understandings of the world around. This is clearly a globally shared experience amongst Indigenous communities and remains so with the current COVID-19 pandemic. As is given priority in the Yanyuwa oral history of the Hong Kong flu, the proper care of the dying and of the dead, as a duty of care bestowed upon kin, also 'functions to bind a community together in times of extreme emotion - times that might otherwise cause ill-feelings and social disarray' (Kelm 1999:30).

REFLECTIONS

Indigenous people have had to make sense of inexplicable happenings time and again, from the 'sight of unfamiliar animals or vehicles through to massacres', and also pandemics and loss of life from virulent forms of influenza (Goodall 1994:67, see also Heil and Macdonald 2008, Saethre 2013). Dussart (2010:77) writes of contemporary sense making as an 'Indigenization of modernity'. She engages this particular framework to explain the ways in which Aboriginal people refashion biomedical notions of chronic and acute illness. In coming to live with and treat illness, specifically diabetes (which has been referred to as a 'silent pandemic' gripping remote Aboriginal communities), Dussart (2010) explains that Aboriginal cultural repertoires exist and are drawn upon. These represent another 'knowledge making institution' and shape the socialities called upon in making sense of sickness.

The COVID-19 pandemic has shown Yanyuwa responses in the form of culturally informed and nuanced preventative health measures and strategies. What a longer-term focus on Yanyuwa responses to pandemics reveals is that Aboriginal people undertake culturally responsive health strategies, that, more often, involve country and kin. As a composite to discussion of illness, Heil (2009:Page Number) also pushes for a more considered and culturally informed approach to what it means for Australian Aboriginal people to experience wellbeing. She makes the distinction that 'Aboriginal people understand wellbeing in response to the quality of their relations with significant, mostly kin-related others'. This is in great contrast to 'the neocolonial Australian nation-state' in which the emphasis is on 'the wellbeing of people as individuals'. Heil (2009:Page Number) further reports that 'being well', in relational terms, is an 'outcome of one's capacity to make and meet the demands and obligations that constitute and reconstitute self-other relationships'. In the Yanyuwa context, this vision of being well is traced to the simultaneous wellness of country, balance in ancestral orders and respect afforded to sacred and powerful sites on country, time spent with family and control over decision making to ensure such aspects of life are tended to.

Yanyuwa explain their own experiences of three pandemics in different ways, through total reference to sorcery and Law, and also through a combination of Yanyuwa and whitefella logic, as with the current COVID-19 pandemic. Sickness has been linked to encounters between local Aboriginal people and those from further afield who were jealous for Yanyuwa country, or between Dreaming sites and cattle (as a proxy for whitefella

culture), or between tourists, return travellers who might come to Borrooloola and laboratories in Wuhan. The COVID-19 pandemic has also led to a relational encounter between Borrooloola, China, Italy, America and beyond, thanks to the flow of information *via* news and social media and the empathic response of many Yanyuwa to those people suffering overseas. As such, the powerful message in how people make sense of health crises that present as pandemics in their remote communities is that they have histories to draw on, intellectual fields to move through as diverse as Aboriginal Law, Dreaming places which speak to balance or disarray in country, news media and social media, and they have knowledge through which to surmise on their own terms risk, harm prevention and action.

Many people, and certainly politicians, imagine remote Aboriginal communities as sites of vulnerability; a perception that collapses these communities and recreates them in the national imagination as isolated places of little hope. This is not the case. While vulnerability is assigned as a global characteristic for Indigenous populations deemed at greater risk of COVID-19 infection, this does not translate to lack of understanding of the current pandemic, nor does it indicate lack of agency in finding pathways to safeguarding communities. Yanyuwa stories of the COVID-19 pandemic show that people have pulled through the most challenging phase of this pandemic, with their families and community intact. This is also what they did in the aftermath of the Spanish flu and Hong Kong flu. Family has always been the means by which to address sickness and change in this community and it is the site of strength and support needed to offset loneliness and isolation. Gloria Friday gathered up her thoughts on her own health concerns, memories of sickness in the Gulf region, the COVID-19 pandemic, and what she draws upon to support her in the hard times, weaving them together in a way that reiterates the overall point of our article:

That terrible Hong Kong flu, that busted everyone up, and meant they had to leave their home, because everyone died. Back then they had Law, and songs for sickness, and family tried to save them all. But maybe they didn't have any immunisation, you know and nourishment, for food and veggies like we have today. It is sad, because today there is only a few old people left and I just feel real broken up because they are special, very special. We've got to have these old people, and family too. I could have died long time ago but I'm a strong person and I've got family. That's where you're going to find your culture and your health, and that's your Law.

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