This article presents a dialogue about the COVID-19 pandemic with Yanyuwa families from the remote community of Borroloola, southwest Gulf of Carpentaria, Northern Australia. As we examine in a longer work, the coronavirus pandemic is one chapter in the history of pandemics in the region, from which Yanyuwa have born social and cultural consciousness around the threat and actuality of incoming sickness and loss of life, translating meaning and launching actions to safeguard their kin and the health of their community.

Gloria Friday: My feeling was it was scary when this virus hit, and then again, we as people we have to help ourselves and abide by the rules, and we have to listen. It’s a miracle nobody got that virus in the community, but we followed all the rules. From my side of the story this virus is scary. Ever since they told us about this I never been walk away [walking around visiting people]. We pray for everyone. The good thing, only thing, is that we abide by the rule, you know, we didn’t go run around, we keep an eye out. We just have to have patience and wait, take time and just wait. But for now, we can tell this story, share it with you, and show people; we Aboriginal people in Borroloola are strong, we follow the rules, and we look after our families. That’s our story, you can tell that.

For Yanyuwa, the current 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. It is also spoken of as ‘everyone’s problem’, but a problem which requires localized actions and solutions specific to the needs of those living in Borroloola, the remote township in which most Yanyuwa live (Fig. 1).

Graham Friday Mudaji: Well I tell you this, we’ve got our story, we’ve always got our own story for families. This lockdown has been a headache for me, for everyone here. But we gotta get down with the government and support our community, I tell them that, all these families, all these young people, grandkids even. We have meetings with welfare mob, policeman, community council, and all the mob from Darwin, the big high people, you know, for what happens to our community, what we think about this restriction area and, you know, for restriction opening. They have to listen to us; this is our town.
Day-to-day life takes place in a communal camp setting in the township, with a fluctuating population of around 870 people (with approximately 77% identifying as Aboriginal and/or Torres Strait Islander, Australian Bureau of Statistics, 2016), the majority being Indigenous to the region, including members of the Yanyuwa, Marra, Garrwa and Gudanji language groups. Particularly for those living in housing within the local Yanyuwa, Marra and Garrwa camps, isolation and social distancing are completely out of step with culturally prescribed ontologies of relating.

Adrianne Friday a-Karrakayn: We are so used to sitting around in groups, that ‘show 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?’

Reflecting on his own personal experience of being unwell, and recovering from cancer treatment at home during the lockdown period, while having his wife away in Darwin for her own hospital treatment, Leonard Norman Wungunya, explained that despite the risk of being lonely during this time, ‘no one ever has to sit down alone in this place, always someone there to look after you. Even now with this lockdown and virus, I got mum across the camp, my son there, my daughter, and big family, all here’.

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. The intention was to safeguard Aboriginal communities, in light of an exponential viral vulnerability. In doing so, the Territory and

Figure 1: Yanyuwa country, southwest Gulf of Carpentaria, northern Australia.
Federal governments acknowledged a national crisis in Aboriginal health, by publically declaring that COVID-19 risks were/are magnified for Aboriginal people in remote communities, due to higher rates of other health issues, limited access to healthcare, and great reliance on outreach services (see Smith et al. 2020). The Biosecurity Act was removed on June 5th 2020, 2 weeks ahead of the original date, after consultations with land councils and traditional owners throughout the Territory. In order to implement these travel restrictions road blocks were put in place on all roads leading out of Borroloola.

**Warren Timothy Walala:** My family is all ok. When it [coronavirus] first came out, we was getting worried that if it comes out in the community, because most of the white people that live in the community they go overseas for their holidays. When they finish work, at Mabunji [Resource Centre] or teacher, when they get holiday they take off. What if they get it, bring here and it spreads here. Because us mob, Aboriginal people we kinda sit down in group, always together, all together, our lifestyle is sit down together. Here this policeman come through, tell him “Ah, only few people that you know can be together”, but you know countryman, when that policeman gone they come back together! [laughs].

All Borroloola residents were put into lockdown and were unable to leave, unless a special permit to exit or enter was issued by the Northern Land Council, or a person was unwell or needed medical assistance, in which case they were flown out and back on a charter flight to Darwin.

Those in the latter group primarily included pregnant women and those with ongoing health conditions that required check-ups, such as those receiving post cancer treatment, those with heart conditions or sudden onset illnesses. One challenge that came to pass with medical travel was that people were not able to take a customary support person with them, instead having to travel out and undergo a hospital stay alone. People explained this as ‘truly no good; having no company and being alone, with no family in Darwin’ (Noelene Raggett). 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.

**Warren Timothy Walala:** In the shop we gotta be 1.5m apart, you know. Sort of they let not a lot of people to go in. But when the old people go to the shop, we just step back and they close the shop and let all the old ladies do their shopping. Gotta look after the old people, because ‘re the ones get sick with this virus.

It was community leaders who reached a decision to limit the purchase of alcohol to 6 beer cans 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 bodily and emotional adjustment for those who regularly drink. Some felt this change alone was leading to the reintroduction of healthy lifestyles.

**Graham Friday Mudaji:** The shops are ok, trucks still comin, we never been short of tucker, also got bush tucker too. Also, we been put in place restriction for limit alcohol, only 6 can. They [local Aboriginal people] all inside, some here, some stressing out for alcohol. They just gotta put up with it. Maybe they just gotta get healthy. That’s what everyone says, ‘Look at all these people now, buying food, and buying food like they never seen some people buying tucker before, and some of them put on weight’. [Laughs]...They get all fat! 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.

Those who remained in Borroloola, whilst subject to lockdown laws, were however able to move freely across their country, taking in the extent of the offshore islands throughout the southwest Gulf of Carpentaria (the Pellew Islands), 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. 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. Family groups were extended by the fact that many of the young people
who usually attend boarding school in Alice Springs, or Darwin, were required to stay home,
as schools have been closed. They were able to extend their time at home, and many used the
opportunity to go out on country and spend more time with loved ones.

**Lettie Norman a-Wuwalu:** We heard all about it at school in Alice Springs
[at boarding school], you know teachers tell us about the virus. So, we were happy to come
home, be able to come home before holidays and stay here. We get our homework sent here
and we can just sit down with family and do our homework. It’s really nice here, all my little
brothers, mum, dad, old people, all my friends, it’s good cause it’s my home.

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. This 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 was setting in.

**Graham Friday Mudaji:** Lotta people gone out bush, most of my family out on the
island. Some of them never been out there before. Well that little coronavirus made every-
one move out here. Really nice, we get out of town, relaxing out there. Camped out with
family, on Kangaroo island. I stayed back resting at the camp and all them boys went for
turtle, all the young fellas, make them work, become good turtle hunters. Me and them old
fellas just stay back, and wait for them to come back with turtle, and next day we went
down the river and cook it at the jetty. It was just too good.

**Joanne Miller a-Yulama:** Big mob family been going out bush every weekend, all
week even. They just pack up, roll their swag and go. I wish I could go, but I’ve got big
mob of kids and it’s too hard. I got no car too. But it’s nice, families together, kids run
around, eat good, sleep good.

Mavis Timothy a-Muluwamara, Yanyuwa elder and leader, who is one of the longest
serving Aboriginal remote area nurses in the Northern Territory, translated in conjunction
with John Bradley a series of Yanyuwa worded COVID-19 health warning posters (see
Figs. 2 and 3). She placed a strong emphasis on the need for one particular poster, stating
‘Go back home to country and look after family’.

Reflecting on family and health, Warren Timothy Walala shared his thoughts and wider
field of concern, on what it must have been like for families overseas who had lost loved ones.

**Warren Timothy Walala:** Like most of that mob [at the time we were talking about
Italy and China] that was in hospital, their family can’t even visit them. Some of them
people dying with no one to see em, nothing to say goodbye. You know baba [kinship term
for sister] I heard it on the news last week, or week before, that mob when they was in
lockdown, some of them go crazy, for stress. Depressed, you know, for being inside locked
up too long, no family, nothing. No one here sad like that though, the people here not alone.
I’ve got everyone here, my family is everywhere here.

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). Speaking of her mum, away in Darwin, on dialysis,
Adrianne Friday a-Karrakayn makes it plainly clear why kinship is key to health in her
community,

**Adrianne Friday a-Karrakayn:** My mum, all she wants is to come home, but they can
never do it properly, to support her here. She’s amazing, she’s strong and just wants to be back

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in her home. It is so unfair, she wants to come home, to family. How come they can’t set up a dialysis nurse in Borroloola. I mean, yeah, how hard is it to get a dialysis nurse here. They can shut the whole Territory for this virus but they can’t get us just one nurse. Yeah, why don’t they just get some funding to support someone from the community to study and train up and bring them back here for dialysis nurse job. People would trust them because they’re family.

Current news media shapes one way of understanding the pandemic.

Warren Timothy Walala: I been watch the news, and I heard about it come from China, from Wuhan, in the fish market. Maybe it is man-made. We just heard, when we first heard it came out, we was at work, and they were talking at work about the Chinese government didn’t want the world to know, and one Chinese man, maybe a doctor he was, he posted on the internet about it to let people know. They didn’t want him to talk and now he’s disappeared.

Joanne Miller a-Yulama: Yeah, we seen on the news two woman was fightin over toilet paper. What’s wrong with people in the city? We never ran out of toilet paper here. My son put me on Facebook now [laughing], so now I see everything story for this virus, all kinda story, true one and lie. The young ones are murdu [crazy] for it, but now I’m on there, it’s too much.

FINAL THOUGHTS

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 by the
prevailing order of Yanyuwa life, and the role of family as a critical support. 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, and seeking bush foods, 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 once again the importance of acknowledging and respecting Indigenous family structures as a major cultural resource and key investment for good health in remote communities.

Many people, and certainly politicians, imagine remote Aboriginal communities as sites of vulnerability; isolated places of little hope. This is not the case. 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. They know what is going on and have drawn on their cultural strength, that is kinship and a kin-centric focus for life, in dealing with the challenges everyone has faced during lockdown and isolation.

Gloria Friday: There’s no cure, and if people like me get it we won’t be able to pull through. I have to be careful. Now I sit down in Darwin, but I just want to get home, be with my husband, in my house. My family are all round, Doomadgee, Normanton, Mt Isa, Townsville, Borroloola, and I worry for all of them. But we are all the same, everybody
was quarantine all over the world, from Burketown, Mt Isa, Mornington Island, Italy, even America…the lot, everyone. Me, I just pray for everyone.

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NOTE

1. The conversations that have led to the writing of this article have been carried out over the telephone, as interviews between Amanda, John, and the Yanyuwa residents of Borroloola. In our phone calls, we have discussed sharing Yanyuwa experiences with a wider audience, growing as all of us were, ever curious with how differently people were experiencing isolation. People spoke of their feelings at the moment, and about the community experience in Borroloola, located approximately 1100km to the southeast of Darwin.

AUTHOR BIOGRAPHIES

John Bradley is an anthropologist who has worked for 40 years in the southwest Gulf of Carpentaria. He is a speaker of Yanyuwa, Garrwa and Kriol languages. Working with Yanyuwa elders, he has produced a two volume Yanyuwa encyclopedic dictionary as well as a Yanyuwa atlas and the award-winning Singing Saltwater Country. He is the founder of Wunungu Awara: Animating Indigenous Knowledges that is a part of the Monash Indigenous Studies Centre.

Yanyuwa families are a cross generational group of men and women, the Aboriginal owners and bosses for saltwater country in the southwest Gulf of Carpentaria, including the Sir Edward Pellew Islands. Residing in Borroloola, in the Northern Territory they have undertaken academic and cultural collaborations with many researchers, including Amanda and John at Flinders and Monash University. They hold vast knowledge of their country.

Amanda Kearney is an anthropologist, whose academic career has been informed by collaborations with Yanyuwa families, as well as the disciplines of cultural geography and ethnic studies. Drawing on a 20-year commitment to ethnographic fieldwork and collaborative research with Aboriginal communities in northern Australia and African descendant communities in northern Brazil she writes to themes of cultural wounding and healing, kincentricity and an anthropology of being in relation.

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