

## **WS204**

**FORMS OF DISCRIMINATION, SOCIAL EXCLUSION WITH SPECIFIC FOCUS ON  
INEQUITABLE IMPACT OF COVID-19 PANDEMIC**

## | BACKGROUND

Almost everywhere in the world, certain groups of people more than others experience severe forms of deprivation and discrimination, violence, abuse and extortion, and even detention and incarceration (including arbitrary arrest) due to their race, ethnicity, religion, gender, age, citizenship status, or sexual orientation. Human mobility has increased significantly during the last two decades, as internally displaced or international migrants seek to escape wars, conflicts, ethnic persecution, political instability, armed violence, extreme poverty, income inequality, and, increasingly, climate change impacts. Many of these drivers of population movement originate in corporate practices (e.g., the continuing international arms trade), government policies (e.g., a proliferation of trade and investment agreements compromising livelihoods), and national and global failures to deal effectively with climate change. Extractivism has led to forced displacement and dispossession of indigenous communities all over the world. Many of those most affected by displacement or forced migration are women and children. Others face discrimination within their own countries and may seek migration or refugee status to avoid violence, including members of LGBTQ+ communities, or those discriminated against based on race, religion, ethnicity, or other minority differences. Aggravation

The COVID-19 pandemic has exacerbated these existing social exclusion and prejudice. People of color, people in lower-income households, indigenous communities, unauthorized migrants (especially those in detention centers), refugees and asylum seekers, and prisoners (including political prisoners) have experienced a higher burden of the pandemic. These vulnerable populations and socially excluded groups were heavily impacted in terms of higher prevalence of infections, higher severity of the disease, compromised access to healthcare services, and higher rates of deaths. Mental health impacts, and increase in gender-based violence and domestic violence have also been seen.

## | OBJECTIVES

- Describe the forms of discrimination and social exclusion and violence against population groups due to their poverty, race, ethnicity, gender, age, citizenship status, and sexual orientation and the impact on people's health and wellbeing.
- Identify the underlying political, economic, and social drivers of these forms of discrimination, social exclusion, and violence.
- Discuss the role of COVID-19 in exacerbating these forms of discrimination and the socioeconomic determinants that shape the COVID-19 response leading to these inequities.



## Panelist

### Pat Anderson

*Chairperson*

The Lowitja Institute  
Australia

Ms. Pat Anderson is an Alyawarre woman known nationally and internationally as a powerful advocate for the health of Australia's First Peoples. She has extensive experience in Aboriginal health, including community development, policy formation and research ethics.

Ms. Anderson has spoken before the United Nations Working Group on Indigenous People, has been the CEO of Danila Dilba Health Service in Darwin, Chair of the National Aboriginal Community Controlled Health Organisation, Chair of the Aboriginal Medical Services Alliance Northern Territory, and was the Chair of the CRC for Aboriginal Health from 2003 to 2009. She has served as co-chair of the Prime Minister's Referendum Council, is the current Chairperson of the Remote Area Health Corporation, and the Chairperson of the Lowitja Institute. Ms. Anderson is the inaugural Patron of WoSSCA, the Women's Safety Services of Central Australia.

Ms. Anderson has published many essays, papers and articles, including co-authoring with Rex Wild QC of Little Children Are Sacred, a report on the abuse of Aboriginal children in the Northern Territory.

In 2007, Ms. Anderson was awarded the Public Health Association of Australia's Sidney Sax Public Health Medal in recognition of her achievements. She was awarded the Human Rights Community Individual Award (Tony Fitzgerald Memorial Award) in 2012 and the Human Rights Medal in 2016 by the Australian Human Rights Commission. In 2019, Ms Anderson was named a Menzies School of Health Companion in recognition of her exceptional contribution and support to the continued development and success of the Menzies School of Health Research.

Ms. Anderson won the public policy category Australian Financial Review and Westpac 100 Women of Influence Awards in 2015, and in 2018, the National NAIDOC Committee recognised her life-long contribution with the Lifetime Achievement Award.

In 2013, Ms. Anderson received an honorary doctorate from Flinders University. Edith Cowan University conferred on Ms. Anderson a Doctor of Medical Science honoris causa in 2017. The University of New South Wales awarded Ms. Anderson an honorary Doctor of Laws in recognition of her advocacy of social justice and lasting change for Australia's First Peoples. In December 2019, the University of Melbourne admitted Ms. Anderson to the degree of Doctor of Laws honoris causa in recognition of her exemplary, inclusive leadership, her forthright advocacy for the advancement and recognition of Indigenous communities and voices, and her highly distinguished contributions to health research that benefit not just Aboriginal and Torres Strait Islander peoples but the nation at large.

Ms. Anderson was appointed Officer of the Order of Australia (AO) in 2014 for distinguished service to the Indigenous community as a social justice advocate, particularly through promoting improved health, and educational and protection outcomes for children.