

DENISE BLAKE

PREPAREDNESS AND RECOVERY AS A PRIVILEGE IN THE CONTEXT OF COVID-19

Denise Blake, Senior Lecturer in psychology at Massey University, demonstrates that being ‘disaster-ready’ is a discourse for the privileged and a form of structural violence.

COVID-19, as with other disasters, magnifies and exposes inequitable preparedness and recovery practices. Increased directives from agencies of the state, over the past few years, have encouraged the people of Aotearoa New Zealand to be ready for a disaster should one transpire. As such, a plethora of research exists in the disaster management field that talks to the necessity of disaster readiness, reduction, response, and recovery. Drawing from that research and other lived experience, this work explores the justice implications of the COVID-19 pandemic so far. It acknowledges the importance of foregrounding more just responses to deal with the crisis in the here and now and as we emerge from the lockdown. A proliferation of preparedness messages occurred after the 2011 magnitude 6.3 Canterbury earthquake where 185 people lost their lives and numerous buildings and homes were destroyed, and more recently following the 2016 magnitude 7.8 Kaikōura earthquake which disrupted infrastructure and severely damaged

buildings.¹ Being prepared for a disaster requires people to have the ability to mitigate, respond to, and recover from the numerous psychological, social, cultural, physical, and financial effects produced in a disaster context.

Being prepared for hazards such as earthquakes necessitates having access to survival items like torches, masks, blankets, walking shoes, emergency toilet items, sanitary and medical products, camping stoves, or long-lasting food and water. It also involves working and residing in buildings that are safe and secure. Homes need to have furniture affixed and solid foundations. Neighbours should get to know each other in case there is a need for community support; broader community relationships should be fostered and maintained. Further, being prepared consists of having insurance to replace property and assets and admittance to private health care. To be prepared, respond, and recover relies on having the ability to stay informed.

Critical information on hazard risk can be obtained via any of the numerous risk warning software applications.² Examples are GeoNet, a geological hazard monitoring service that communicates hazard information to the public,³ and the MetService weather app which provides real-time weather forecasts.⁴ However, these items and services are accessible for some, while being marginally accessible and inaccessible for others.

While critiquing disaster preparedness messaging in 2017, we argued that being disaster-ready is a discourse for the privileged.⁵ Many people in Aotearoa New Zealand, and of course more globally, are ill-equipped to respond and recover from disasters because of the lack of access to preparedness items and resources. In that work, we identified how stockpiling food and medications was beyond the capabilities of some, such as those caught up in the cycle of poverty or those with inequitable rights to essential resources. We challenged people in a position of power to recognise that structural violence occurs when agency to act is constrained. Structural violence materialises when social and economic systems enforce racism, poverty, and other forms of inequality.⁶ As posited by Kathleen Ho, in this sense institutions inhibit forms of resilience like access to healthcare, which, in turn, negatively affects psychological and emotional responses.⁷ The situation with COVID-19 is no different; in this context critiquing emergency management practices and social responses remains meaningful and relevant.

Mainstream risk management discourses, as with those imposed in the climate of COVID-19, assert that taking precautions, preparing to go into lockdown, and remaining in lockdown,

are necessary for better response, containment, survival, and recovery. And indeed they are—we must prevent the transmission of COVID-19. However, these messages and the associated practices are directed implicitly at the privileged—those with access to social, human, financial, and political capital—those who can afford to ‘purchase’ safety. Throughout the process of containment, the rules and regulations that aim to ‘flatten the curve’ and prevent the virus from spreading appear to neglect the cultural and historical specificity of communities who are at increased risk of harm. As represented by a range of research, disasters magnify and exaggerate social inequalities and precariousness.⁸ Disadvantages (colonisation, poverty, insecure housing, and poor health) make resilient coping in times of extraordinary events more tenuous. Aotearoa New Zealand’s National Disaster Resilience Strategy asserts that these disadvantages are the mechanisms that underlie and reduce wellbeing and resilience to hazards.⁹

Coalesced with material, structural, and cultural disadvantage is ontological insecurity. During times of uncertainty, whether it is an anticipated earthquake with catastrophic outcomes or an ongoing pandemic with far-reaching effects, our ontological security is shaken. A term advanced by Giddens, ontological security represents the human need for stability and ordinariness in a taken-for-granted world.¹⁰ The global terror of COVID-19 has diminished this sense of security, where we are confronted persistently with experiences of human frailty and mortality. People become overwhelmed by the constant reminder of risk, danger, and fear. When we no longer feel safe and are devoid of our usual protective strategies, anxiety responses are increased. What can follow is that our psychological health and wellbeing are compromised.

In the climate of COVID-19, the wide-spread experience of ontological insecurity can be slowed by using personal protective equipment, physical distancing, and remaining at the same physical location, such as a home. Yet this assumes that people have the financial and social means to amass necessary pandemic safety gear including facemasks, sanitisers, and soap, and the wherewithal to purchase large amounts of food and other household items to minimise supermarket visits (even though the official directive states there is enough food). It also assumes that people have safe and secure homes where they can bunker down and reside.

Prior to the lockdown physical distancing was more achievable for people who earned a living via technology, because it is relatively straightforward to shift technology between spaces. For people who worked jobs that required a physical presence (for example cleaning, construction, or service work), physical distancing was not viable because people needed to be on-site and in close proximity to each other to perform required job tasks. Even in the course of the lockdown people working in precarious essential services, such as supermarkets and personal care, continue to work to maintain an income, while also caring for the community that they serve. They are enduring additional stresses (for example, personal health and safety care, public abuse, long hours) that accompany front line work, although they remain poorly remunerated. As such, calls for more just and equitable pay has meant some industries, like supermarkets, will provide a small bonus payment and lockdown pay increases, although it is unclear whether these increases will be sustained after the lockdown.¹¹ In some cases in these professions, taking public transport to

get to work is the only option, although public transport is recognised as a high-risk space.

Risk management discourses posit that dealing with any negative psychological effects of social isolation can be managed by achieving social connection through Internet-based social media sites; however, for some communities access to online social sites is time and resource-limited. The aged, people living rough, and those in poverty might not have access to the Internet or the gadgets required to make meaningful social connections. Narratives around joining Facebook groups and supporting neighbours are important, but not all people use social media or software applications nor reside in neighbourhoods which encourage interaction. It is problematic to assume that we can all go 'online' or that our 'bubbles' are safe and engaging spaces.

For people living precarious lives, the ability to stockpile food and goods is impossible due to the everyday struggle to survive. Our ongoing work exploring single parents and disaster preparedness in Ōtautahi has found that even after enduring the effects of a major disaster, such as the 2011 Canterbury earthquake, single-parent families are still unable to be disaster prepared.¹² Financial and social constraints and dealing with the everyday stress of life, including paying weekly food bills and purchasing critical utilities, were reasons inhibiting preparedness, according to a range of not-for-profit agencies. Relatedly, people who are aged, or with insecure employment or housing, or living in overcrowded or multi-generational homes, struggle to have the ability to store food, to minimise supermarket visits, or create social distancing in a way that is officially advised.

During recent weeks, a raft of agencies have implored local and national governments to consider the care of rough sleepers, renters, and beneficiaries during the pandemic.¹³ The problem of how to protect marginalised communities is significant when figures demonstrate the extent of people at risk. For instance, in 2013 approximately 41,000 people experienced severe housing deprivation; this number is likely to have increased.¹⁴ In 2019, an estimated 148,000 children lived in households that did not have six or more of the essential needs that demarcate an adequate standard of living, while approximately 65,000 children resided in houses with severe material hardship.¹⁵ An ongoing and significant housing problem in Aotearoa New Zealand has caused a shortage of permanent housing, forcing some people to rely on weekly grants for emergency housing. In the same way, welfare benefits remain at poverty levels, meaning some people depend on emergency food grants and food bank services to survive. Food banks have been overrun with the increasing demand for emergency supplies because of the additional financial stress imposed by the COVID-19 lockdown and consequent job losses.¹⁶ Compounding these social stresses is the long waiting times to get through to a call centre representative to access support services for benefits.¹⁷

The specificity of marginalised communities can be overlooked with sweeping statements about the hardship people endure or a 'one size fits all' approach to pandemic planning and response. Of course, communities are not homogenous. Within a disaster context, we need to understand community specificities and how they might matter. Access for health is not equitable for all.¹⁸ For instance, Opioid

Substation Treatment (OST) and Needle Exchange Services are both successful harm reduction strategies which mitigate the adverse effects of illicit opioid use.¹⁹ Following a disaster or during a pandemic, ongoing service provision is vital to ensure the health and wellbeing of people receiving these services. Our research into OST and disasters revealed that continued service provision, preparedness planning, access to stock, and knowledge of dose amounts were potentially problematic. Concern about physical and psychological withdrawal symptoms, access to medications which mostly need to be consumed daily, lack of control over being able to take away doses, doing whatever is required to access medication, and not being prepared for a disaster were expressed by people receiving OST.²⁰ Additionally, stigma when interacting with the public or health professionals for access to medications was also a significant worry.²¹ Responsively, both OST and Needle Exchange Services have been deemed essential services in the lockdown.

In our research investigating sex work following the Canterbury earthquake, we found that sex workers experienced place, social, and income displacement.²² Yet their needs were overlooked as the city was rebuilt. The New Zealand Prostitutes' Collective and allied agencies have long campaigned to have ablution amenities built for street-based workers, but this plea remains ignored. Moreover, in the rebuild, although ongoing consultations with local body government occurred, street-based sex work and zoning of brothels was contentious. Well-known sex work areas were redesigned with reduced parking, which prevents clients from stopping and forces sex workers onto roadways. Rebuilding cities in this way causes increased risk as sex workers are displaced to isolated

areas that have less street light. Sex work, like any work, warrants safe and stigma-free work conditions. COVID-19 is having significant effects on the income of sex workers and, as such, causes additional stress.²³ While OST and Needle Exchange Services are considered essential services, sex work is not; sex workers are required to comply with the Alert Level 4 period of isolation as mandated by the government.²⁴ However due to sex work stigma, accessing assistance from government agencies can be fraught. According to the coordinator of the New Zealand Prostitutes' Collective (personal communication, April 7, 2020), overall support from government agencies has been positive. There has been a range of consultation and sex workers have been able to access wage subsidies and benefits.

While advocating for the rights of tangata whenua during the pandemic, Patrick Thomsen argued profoundly that although the general directive is 'we are all in this together', when people are marginalised, deprived, and living precariously, being locked down with few resources is a very different experience from those with an abundance of privilege.²⁵ The unsatisfactory focus on Māori health is concerning as historically Māori have had poorer outcomes during pandemics and with health generally.²⁶ The effects of colonisation mean Māori are more susceptible to infections and less likely to recover. Māori suffer health disparities compared with non-Māori because of a range of issues, including inequitable access to healthcare, longer waiting times, cost barriers, inadequate health services, poor communication with Māori, and inappropriate prescribing. Without a pandemic, communicable and non-communicable diseases are already higher for Māori.²⁷ As identified astutely by Tina Ngata,

COVID-19 and the surrounding social practices are discriminating.²⁸

We are all in this together as far as flattening the curve; however, we are not experiencing this similarly because of our social positions and the overarching racist and inequitable structures that govern us. During this extraordinary crisis, we need to be doing all we can to protect and support marginalised and displaced people, which will ultimately help our whole nation to recover. This should include overhauling our welfare system. Auckland Action Against Poverty rightly contests the way in which government funding is largely directed toward employers and businesses and does little for people reliant on benefits.²⁹ The burden of unemployment and job losses will be felt more by Māori and Pasifika communities.³⁰ To rectify this, baseline benefits and auxiliary assistance should be increased to a livable amount, while processes to access grants and other support services should be streamlined. Actions for change, directed at the macro-level, involve contesting unjust and racist structural systems that merely serve the needs of dominant groups. As is decreed in the Sustainable Development Goals, all nations must end poverty and other forms of deprivation, in conjunction with increasing health, educational, and economic growth.³¹

Allies, and those with privilege, can support hapū and iwi autonomy and the right to protection, such as preventing non-essential travel through border restrictions and curfews.³² Māori have made tremendous decisions that continue to keep them safe. Allies can advocate for access to everyday basic needs for the complexly disadvantaged or compromised, no matter what the reason. We can donate money

and food to depleted food banks and other community agencies that are assisting people with precarious lives. Financial assistance would enable services to secure safe spaces for the lockdown and provide cell phones so people can stay connected.³³ We can also directly support people.

We can add our support to campaigns for an emergency housing plan that calls for rent and mortgage amnesty, long-term rent caps, government purchase of unoccupied homes for state housing, and an end to obligations and costs for emergency housing.³⁴ Further, we can rally behind calls for no evictions if rent is unpaid, for providing free telecommunications, and instituting a universal wage. These human rights actions will help alleviate ontological insecurity and the increased stress that people who are already disadvantaged are experiencing. An important agenda, that has received little discussion, is the problematic over-representation of Pākehā and privileged COVID-19 experiences across television media. We should also introduce public messages that move beyond simple narratives of kindness, to inclusive anti-racist- and anti-stigma-based messages that promote social capital, the networks of relationships that play a critical role in disaster recovery.³⁵ We need to ensure that the diverse range of experiences is voiced so that more people can feel validated and can connect. People with privilege should draw on a range of 'self-help' initiatives, such as practising the virtue of gratitude and withholding complaints about seemingly banal hardships, like being unable to travel to holiday homes or concern about the condition of the greens on a golf course.³⁶ Gratitude increases health and wellbeing, providing an adaptive mechanism for relationships while also propelling people

to 'pay it forward'.³⁷ We do appreciate that this has disrupted lifestyles for all; however, the disruption is not experienced equally.

Reasonably, some inclusive actions have been taken by the government, such as the National Emergency Management Agency action plan that enabled Civil Defence Emergency Management groups (CDEM) to support access to essential needs (food, medication, cleaning gear) after all other options have been exhausted (neighbours, family, friends, or online shopping).³⁸ From the website, it is not clear who is responsible for the cost of these essential goods. The City Council of Tāmaki-makaurau has instigated targeted support by pou whakarae for Māori that includes supporting Māori leadership, communication, and tikanga processes.³⁹ It is also important to acknowledge the many community groups, essential workers, and others who continue operating to provide important and necessary services to our people with vulnerabilities.

Eventually, as we begin to overcome COVID-19 and the lockdown ends, the recovery phases of this disaster will present other problems, inclusive of a global recession. Our future will be full of difficult times with many unknowns, and as we re-emerge Aotearoa New Zealand needs to be prepared to manage the far-reaching effects of a disrupted neoliberal system that has long been preoccupied with economic outcomes over social wellbeing. Once there, it is important to restore ontological security for all by advocating strongly against colonial driven social barriers to disaster recovery, to ensure that people who already endure the most social harm do not experience even worse outcomes. In promoting community empowerment, we need to dismantle racist and class-based

systems that continue to fail the people they proclaim to serve; this must be done through investing in public services that support the wellbeing of the precarious, and significantly improving our social welfare system. We need to address the ongoing effects of colonisation and engage in Te Tiriti-based relationships to uplift Māori authority and leadership. We need to adequately resource and educate voluntary, unpaid, and paid community services to support all people, especially our most marginalised. By shifting disaster management discourses away from being an economic practice that preserves individualistic and self-centred desires to take care of our 'own', we should encourage people to consider, care, and potentially connect with those outside of their immediate family and community bubble.

As with the identified practical solutions during the lockdown, while we are waiting for government responses just give money to people to access resources and give donations to local community groups, as this will enable those with little financial security to buffer the storm. Collectively, we can talk with communities in need and devise creative and innovative ways to move forward. COVID-19 has enabled our environment to rest and our consciousness about humanity to shift, and in a sense, has torn our artificial boundaries asunder. If Aotearoa New Zealand reimagines itself in the disaster 'rebuild', and continues to champion fair and equitable human rights, we will move through this experience with better health and wellbeing for all.

NOTES

- 1 Ministry of Civil Defence and Emergency Management, *Kaikōura Earthquake and Tsunami: 14 November 2016 Post Event Report (MCDEM response)* (Wellington: Ministry of Civil Defence and Emergency Management, 2017), 22; I. McLean et al., *Review of the Civil Defence Emergency Management Response to the 22 February Christchurch Earthquake* (Wellington: Ministry of Civil Defence and Emergency Management & Ian McLean Consultancy Services, 2012).
- 2 National Emergency Management Agency, 'Get prepared; Me takatū': <https://getready.govt.nz/prepared/>
- 3 <https://www.geonet.org.nz/about>
- 4 <https://www.metservice.com/national>
- 5 See Denise Blake, Jay Marlowe, and David Johnston, 'Get Prepared: Discourse for the Privileged?' *International Journal of Disaster Risk Reduction* 25 (2017): 283–288.
- 6 Paul Farmer, 'An Anthropology of Structural Violence', *Current Anthropology* 45, no. 3 (2004): 305–325.
- 7 Kathleen Ho, 'Structural Violence as a Human Rights Violation', *Essex Human Rights Review* 4 (2007): 2.
- 8 Emily Naser-Hall, 'The Disposable Class: Ensuring Poverty Consciousness in Natural Disaster Preparedness', *DePaul Journal for Social Justice* 7, no. 1 (2013): 55–86; Bob Bolin, 'Race, Class, Ethnicity, and Disaster Vulnerability', in H. Rodriguez, E. Quarantelli, and R. Dynes (eds.), *Handbook of Disaster Research* (New York: Springer Science, 2007): 113–129.
- 9 Ministry of Civil Defence and Emergency Management, *National Disaster Resilience Strategy. Rautaki ā-Motu Manawaroa Aitūā* (Wellington: Ministry of Civil Defence & Emergency Management, 2019).
- 10 Anthony Giddens, *Modernity and Self-identity: Self and Society in the Late Modern Age* (California: Stanford University Press, 1991).
- 11 Jake Bengé, 'To: New Zealand Labour Party: Pay increase for essential workers', *Action Station*: <https://our.actionstation.org.nz/petitions/pay-increase-for-customer-service-employees>; First Union, 'Supermarket pay rises welcomed but all essential workers are worth a living wage', *Scoop Politics*, 30 March 2020: <https://www.scoop.co.nz/stories/PO2003/S00307/supermarket-pay-rises-welcomed-but-all-essential-workers-are-worth-a-living-wage.htm>; One News, 'It took a pandemic' – Union thankful, but sceptical of 10 per cent bonus for some supermarket workers', *One News*, 30 March 2020: <https://www.tvnz.co.nz/one-news/new-zealand/took-pandemic-union-thankful-but-sceptical-10-per-cent-bonus-some-supermarket-workers>
- 12 S. Torstenson and D. Blake, 'Preparedness and Priorities: An Exploration of Disaster Preparedness and Recovery for Single Parents', forthcoming.
- 13 Eva Corlett, 'Homeless particularly vulnerable during Covid-19 pandemic', *Radio New Zealand*, 23 March 2020: <https://www.rnz.co.nz/news/national/412387/homeless-particularly-vulnerable-during-covid-19-pandemic>; Sarah Robson, 'Food banks face Covid-19 lockdown issues – demand high, supplies low', *Radio New Zealand*, 25 March 2020: <https://www.rnz.co.nz/news/national/412593/food-banks-face-covid-19-lockdown-issues-demand-high-supplies-low>
- 14 Kate Amore, *Severe Housing Deprivation in Aotearoa/New Zealand 2001–2013* (Wellington: Department of Public Health, University of Otago, 2016).
- 15 M. Duncanson et al., *Child Poverty Monitor 2019: Technical Report* (Dunedin: NZ Child and Youth Epidemiology Service, University of Otago, 2019).
- 16 Robson, 'Food banks face Covid-19 lockdown issues'.
- 17 Corlett, 'Homeless particularly vulnerable during Covid-19 pandemic'; Auckland Action Against Poverty, 'Not enough left for beneficiaries In COVID-19 govt package', *Scoop Politics*, 17 March 2020: <https://www.scoop.co.nz/stories/PO2003/S00191/not-enough-left-for-beneficiaries-in-covid-19-govt-package.htm>

- 18 Paula King et al., 'COVID-19 and Māori health – when equity is more than a word', *Public Health Expert*, 10 April 2020: <https://blogs.otago.ac.nz/pubhealthexpert/2020/04/10/covid-19-and-maori-health-when-equity-is-more-than-a-word/>
- 19 Raine Berry et al., *National Opioid Substitution Treatment Providers Training Programme* (Wellington: Ministry of Health, 2010); New Zealand Needle Exchange Programme: <https://www.nznep.org.nz/about-us>.
- 20 Denise Blake, 'Access to Healthcare: Opioid Substitution Treatment Following a Disaster in Aotearoa New Zealand', *Australian Community Psychologist* 29, no. 1 (2018); Denise Blake and Antonia Lyons, 'Opioid Substitution Treatment Planning in a Disaster Context: Perspectives From Emergency Management and Health Professionals in Aotearoa/New Zealand', *International Journal of Environmental Research and Public Health* 13, no. 11 (2016): 2–14.
- 21 Denise Blake, Sheridan Pooley, and Antonia Lyons, 'Stigma and Disaster Risk Reduction Among Vulnerable Groups: Considering People Receiving Opioid Substitution Treatment', *International Journal of Disaster Risk Reduction* 48 (2020).
- 22 C. Fraser and D. Blake, *Valuing Voices: Sex Workers' Experiences During and After the Canterbury Earthquakes* (Wellington: New Zealand Prostitutes' Collective & Joint Centre for Disaster Research, Massey University, 2019).
- 23 Ireland Hendry-Tennent, 'Sex workers urged to screen clients for symptoms amid COVID-19 pandemic', *Newshub*, 19 March 2020: <https://www.newshub.co.nz/home/new-zealand/2020/03/sex-workers-urged-to-screen-clients-for-symptoms-amid-covid-19-pandemic.html>
- 24 New Zealand Prostitutes' Collective, 'Covid-19 information: Instructions to stop physical contact sex work by midnight Wednesday 25th March 2020': <https://www.nzpc.org.nz>
- 25 Patrick Thomsen, 'We're all in this together? Yeah, nah', *E-Tangata*, 29 March 2020: <https://e-tangata.co.nz/comment-and-analysis/were-all-in-this-together-yeah-nah/>
- 26 King et al., 'COVID-19 and Māori health – when equity is more than a word'; Geoffrey Rice, *Black Flu 1918: The Story of New Zealand's Worst Public Health Disaster* (Christchurch: Canterbury University Press, 2017).
- 27 Health Quality & Safety Commission, *E matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019: A Window on the Quality of Aotearoa New Zealand's Health Care 2019* (Wellington: Health Quality & Safety Commission, 2019).
- 28 Tina Ngata, 'Coronavirus DOES Discriminate. Here's What We Can Do About That', *The Non-Plastic Maori*, 18 March 2020: <https://thenonplasticmaori.wordpress.com/2020/03/18/coronavirus-does-discriminate-heres-what-we-can-do-about-that/>
- 29 Auckland Action Against Poverty, 'Not enough left for beneficiaries'.
- 30 Michael Fletcher, 'The case for a huge Covid-19 benefit reform', *The Spinoff*, 24 March 2020: <https://thespinoff.co.nz/politics/24-03-2020/the-case-for-a-huge-covid-19-benefit-reform/>
- 31 United Nations, 'Sustainable Development Knowledge Platform: Sustainable Development Goals': <https://sustainabledevelopment.un.org/sdgs>
- 32 Donna-Lee Biddle, 'Iwi enforce "level 5 lockdown" to stop spread of coronavirus in community', *Stuff*, 31 March 2020: <https://www.stuff.co.nz/national/health/coronavirus/120691990/iwi-enforce-level-5-lockdown-to-stop-spread-of-coronavirus-in-community>
- 33 Corlett, 'Homeless particularly vulnerable during Covid-19 pandemic'.
- 34 Team ActionStation, 'Covid-19: Emergency housing plan': <https://our.actionstation.org.nz/petitions/covid-19-emergency-housing-plan>
- 35 Daniel Aldrich, *Building Resilience: Social Capital in Post-disaster Recovery* (Chicago: University of Chicago Press, 2012).
- 36 New Zealand Herald, 'Covid 19 coronavirus: Golf pro concerned about the impact on greens', *New Zealand Herald*, 6 April 2020: https://www.nzherald.co.nz/the-country/news/article.cfm?c_id=16&objectid=12322901
- 37 R. Emmons, J. Froh, and R. Rose, 'Gratitude', in M. Gallagher and S. Lopez (eds.), *Positive Psychological Assessment: A Handbook of Models and Measures* (Washington, D.C.: American Psychological Association, 2019), 317–332.
- 38 National Emergency Management Agency, 'State of national emergency due to COVID-19': <https://www.civildefence.govt.nz/?s=2020-04-02%2010:58:17>
- 39 Radio New Zealand, 'Auckland Council launches effort to co-ordinate Covid-19 support for Māori', *Radio New Zealand*, 2 April 2020: <https://www.rnz.co.nz/news/te-manu-korihi/413296/auckland-council-launches-effort-to-co-ordinate-covid-19-support-for-maori>