

Transcript: Day 1, Session 1

MORNING SESSION - DISCS 1

Note: 'W' indicates the speaker is Waymamba
'W|' indicates the speaker is Wayalwaŋa
'D' indicates the speaker is Dhängal
'M' indicates the speaker is Mundhu
'R' indicates the speaker is Rose
'J' indicates the speaker is James
'F' indicates the speaker is Frank
'WW' indicates the speaker is Galathi
'(' indicates partner of above (?)
'R' indicates the speaker is Rob (from Melbourne)
'M' indicates the speaker is Michael Christie, CDU
'JG' indicates the speaker is John
'B' indicates the speaker is Bryce
'C' indicates the speaker is Christian (does not speak)
This is a reasonably accurate representation of the recordings apart from inaudible and Yolngu Matha words (indicated by '…') and partially inaudible words (enclosed in brackets).

DISC: 1

REFERENCE: Healthy Breathing Day 1, Disc 1
Transcribed by: Michael Christie
Note: Disc 1 Transcript not checked by On Time Typing

DISC 1 TRANSCRIPT: THIS IS A VERY ROUGH DRAFT WITH NO YOL|U MATHA INCLUDED . It is more a timecode of what was being said than a transcript.
0100

Michael introduces the Yolngu studies program started with Waymamba then John took over, teaching and research, the idea of Yolŋu consultants, instead of balanda doing the research Yolŋu become involved. We have a whole lot of different projects this one to do with health interpreting. So we're interested in what the they call the methodology, how we go about getting you guys together how we go about talking to you , about coming to some agreement, maybe making a website and getting feedback and getting good Yolŋu perspectives on important questions. Part of it is to do with the health interpreting and it started when Rob here from Uni in Melboure became interested at garma a couple of years ago it talking to people about issues to do with breathing and sleep, and he was from the Institute for Breathing and Sleep. And he was talking about interpreting and multimedia stuff like diagrams and little videos and things like that and we said okay why don't we get some Yolŋu consultants together and have a look at some of those things and talk about the whole business of interpreting using graphics, multimedia and that sort of things maybe some ideas of making future work, and multimedia is anything that moves on a computer like diagrams and things like that and so Rob has these power point presentations organised and I've got them and made those little booklets and I hope that you'll write in the booklets and make notes about particular ideas and feedback we're also interested in your experiences as interpreters and we're also interesting in what they call the biomedical model, the balanda model of the body like a machine, how it works. And that there may be other Yolŋu models of Yolŋu ideas of how it works or the ways in which balanda models are represented in the multimedia and whether that makes sense for Yolŋu patients what sorts of things it would be good to use when you're talking to people abut their disease. A whole lot of general ideas. So now it's 10;30 today, Thursday, have lunch at 12 o'clock go through to 2 o'clock a bit later and then tomorrow at 2:30 there is going to be some people come from ARDS we've invited and from Menzies from the School of Health Research. 0536 they are going to ask for feedback about how the consultancy works, your impressions about health interpreting, and about anything that comes out of this work. Are there any questions? And says he is going to be making notes on his computer.

0.06.15
J
James says he needs to go across the road at 11:15.

M
That's fine. Feel free to come and go, as you need to make tea next door, toilets down there. There will also be some consent forms to fill out later on. Michael then confirms timetable with John.
Talinga bout eh consultancy and the methodology and we want feedback health interpreting int eh general area and the sorts of things we hope people will think about, going through the timetable.

0.08.25
JGr
John asks if we have spoken more specifically about where we are heading now.

M
No. It's you turn now. Michael asks Rob to introduce himself.

0.08.46

R; I'm a chest doctor I work in the Austin hospital in Melbourne and I do a lot of teaching in the university for the respiratory system and

9:05

"Just looking around at some of the education materials that are around and available in respiratory, and I've gathered a whole lot of things, but we'll talk about some of them when we go though. I think that some of them don't explain the concepts of how the lungs and breathing work very well. So one of the things that I'm interested in some of your ideas about the best way to get across some of the concepts about breathing that are very important, I think, for people with disease for understanding what is wrong with them, and for establishing the logic for why particular treatments are useful. So, I think there are some ideas about breathing that I'd be very interested in your, how you thing about them, how you already think about some of them already, and about good ways, the best ways to try and get these across to Yolŋu people and to patients in the hospital. And also to get these across to the Yolŋu public generally because one of the things we might do after this project is make some new videos or educational materials about respiratory problems, about how the lungs work, and diseases that effect the lungs. And, so one of the things I want you to think about what's the best way to get messages across. Some things are better with the video, some things are better with the big chart up on the wall, just going through, some people are better with books, some people, you may have seen the flips charts, you probably used flips charts and things.

Workshop – HEALTHY BREATHING and HEART

INTRODUCTION

Your work: Determine the best ways to communicate health knowledge about breathing and the circulation: - structure, function, disease processes, symptoms, tests, and treatments.

4 Topics : Health messages (existing and new) about:

1. **Healthy Structure/Function of Breathing**
2. **Healthy Structure /Function of Gas Exchange and the Circulation**
3. **Disease Mechanisms and where they cause dysfunction**
4. **How Disease - disrupts Function and causes Symptoms**
   - can be measured with tests
   - how treatments restore normal function

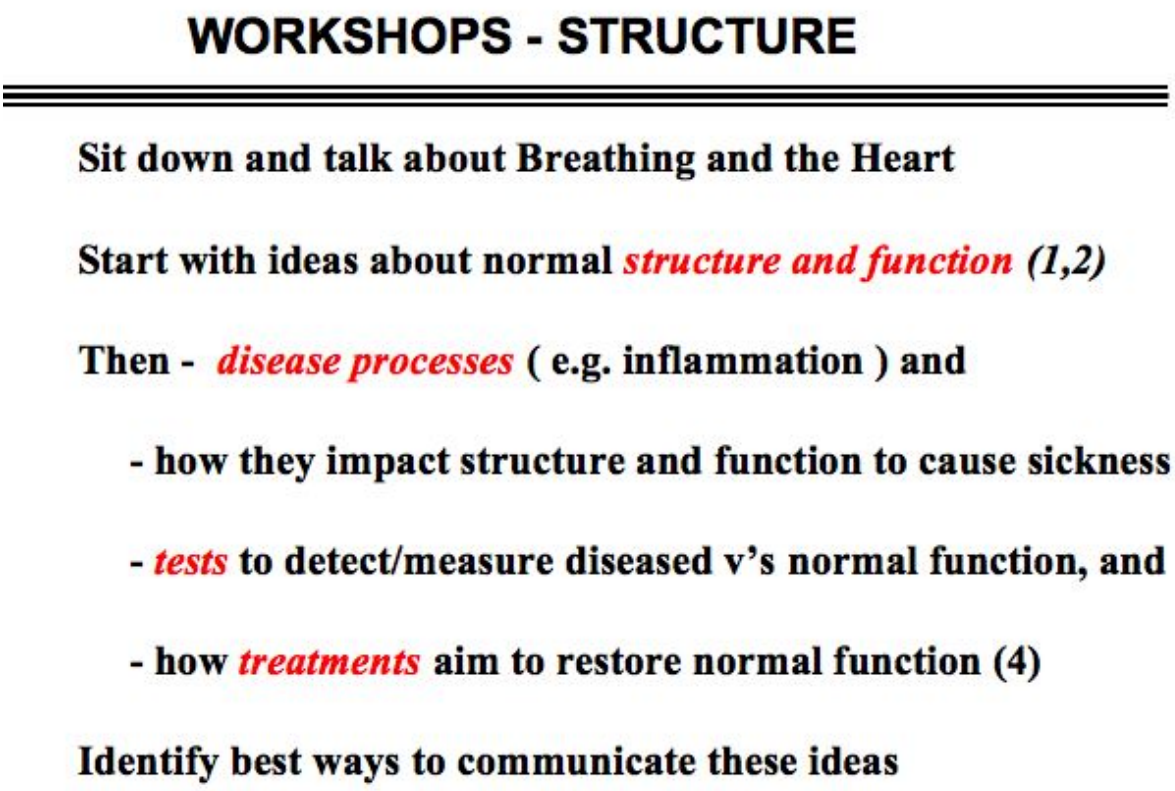
incl. discussion about smoking tobacco

Powerpoint 1 slide 3

Essentially the two ideas are; what do you thing about some of the concepts of respiration/breathing and how you would get them, what's the best way to get them across to people, and then what are the best ways for educating people about respiratory health. So they're the things I'd like you to be thinking about as we go through.

Now the way I have sort of put together some of the existing education materials on the Powerpoint slides and some of the ideas about breathing that I want you to thing about and give me your feed back about. I've made it into four little segments that will take us about half an hour to work through.

The first one is about breathing. The second is about gas exchange and the circulation, because the circulation is very important in relation to oxygen uptake and breathing. Then the third one is about the types of diseases and pathology that effect the respiratory system. Then the fourth one is about, just taking a disease, and we might take asthma, and working right through from the structure of the lungs, the function of the lungs and how asthma interferes with the



Powerpoint 1 slide 5

function and causes symptoms and how the treatments improves the function and fixes the symptoms and how would we do the diagnostic tests and things like that."

Rob quickly repeats the topics of the four presentations and the two things he would like to be thought about before handing it back to Michael.

Rob holds up different resources that are lying on the table.
0.14.00
M
Michael thinks it would be good for the research and the record for everybody to introduce themselves. Have we introduced Christian? There is agreement we had.

Michael also invites any comments on experience on interpreting, the process or what they hope to get from the workshop.

0.15.00
W
Waymamba says she is from Miligimbi really, but she now works at CDU as a lecturer for Y language and culture.

M
Have you had any comments about interpreting and health or hospitals.

W
She has done a little bit in the past.

0.15.30
D
Dhängal is from Yirrkala. She has some experiencing in interpreting. She says she has no problems, she enjoys it, but she says she has something to learn as well, especially about interpreting and health. Really help with people when they get stuck on things especially on the health side that has to do with heart or breathing. I'll learn something from it.
Dhängal is leafing through the print out.
0.16.48
Wayalwaŋa thinks for a while, than begins. She has been interpreting for a while. She has been doing work with the Menzies school of health: "when they come out to the communities, the Yolŋu don't really get a good picture about the effects of scabies. This is really bad in the communities. Because every time we visit the community and ask them how it is, they just think that 'oh we know that now but we don't know' because all the books that are written nhawi English and the concepts. So I think this workshop here will help me and give me more ideas about how to help."

0.18.40
M
You are here to help us rather than us here to help you on this one.

W\
Really?

M
Yeah. We're both here to help each other.

W\
That's what I was saying.

0.18.55
R
Rob asks about materials on scabies.

0.19.15
"My name is Mundhu. I'm from Milingimbi. I'm just an interested person to come here and learn so so I can help you and when I go back I can help my own families that are stuck in this health problem in Milingimbi."

0.19.46
Rose introduces herself by name. What should I say ngapipi? Have you had any experience with health interpreting in the hospital?

Last time I thought about it we need more health courses like for interpreting. We are doing work in the court case and sometimes we are getting difficulty in the health problems, because these organs here, we don't know about them, what's inside.

Michael: so most of your interpreting work has been done with legal rather than health,

Rose: yes and health too me and James.

MC: And there's a problem with what they call the biomedical body as what is being found difficult.

0.21.20
R
Yes and also the names, of the stomach and things, inside, we don't know. Trying to explain that to a patient is very difficult because we can't see inside.

M
A general problem? People don't' know enough about bodies to be able to do the interpreting.

0.21.40

0.23.00
J
"My name is James James G from Miligimbi, but I work in Darwin. I have been involved for nearly 6 years in interpreting service. I work in medical and legal interpreting a lot. I work a lot with problems, heart problems and

breathing problems. I have been helping in medical interpreting for people, what not to… for example like being affected by cigarettes, alcohol, kava and even petrol sniffing things that effect our heart problems and how to do that medical terms and help them survive, or fix that problem."

If there's any difficulties they can fix in Adelaide – bypass, or (mobile phone goes off)
"Yes, sorry, I have been working a lot with the medical terminology in the hospital. And on that heart problems with our people. I try to explain. As I was saying earlier, about problems with kava and eating too much fat food and bad food, that that affects your hearth and blocks/stops your arteries. That's what I have been doing. And it's good that we need to work this together and somehow put into Yol\u terminology. And both Balanda term and Yol\u term work together, assisting one another, like the problem with heart disease, how it affects, how to solve the problem."

0.24.25
M
If you have comments to make about interpreter training you need to make that too.

0.26.40

0.26.50
J
"That's what Rose was trying to saying. We wrote of a lot of letters to AIS. When an interpreter asked to go to court, to do court interpreting, and other interpreters stay at home. They are doing nothing. They should be doing training. You know, to follow up because every time people do a court case or sitting down in homes they should be doing training, to keep them focused on issues like the medical. For example, if Rose is doing a course, and doing work, interpreting work in the court, I must be in training for health. And if I am doing health then Rose could be doing court training. There is a lack of training elsewhere, everywhere. Honestly, there is a vacancy in the hospital area. I don't know, we may cause bias for the interview, (you know like favouritism in the workplace) you can't see indigenous people across the board. In a government department there is a few, you know, one or two. That's why it's been so hard for indigenous people to work with, to integrate any problems. For example, now we are doing work on heart problems. To integrate Yol\u perspectives and Balanda perspectives, how people see it, why it happened, how it happened and how to stop the problem. There is not Yol\u working across the board (-)
(sound failure here)
… and our issues, so we need to make it equal across the board. (we say as a Territorian, they could put everybody into the workplace) So it's that situation now for training.

But even Indigenous people across the board, most coming from remote, most remote people coming to Darwin apply for a position or training and then at the end of the day, what they were training for, these jobs don't exist. They don't put them in the work force. That's why everybody is sitting on the council or government. People like us have to do training again, and training and training again and nothing happens. And now we see government talk about training. They waste a lot of money on training in the mission days (and we didn't get across to bring our society in the mainstream society. " That's why there's been, they employ people on merit, and it's too hard for Indigenous people to stand up and face the world, to be equalised existence, in the sector after the training.

R
Rob responds by asking about the quality of teaching of body systems in interpreting training programs.

0.28.40
J
Actually we, us two and others who have been doing training BIITE training Australian (School of) Linguistics and then through NAATI and then we try for our paraprofessional interpreter we need to do a professional interpreting but there's something going on with NAATI and we've tried I've asked, I've talked to Michael and these two, to set up a professional examination for that professional interpreting service in Darwin. I came across these two Michael and John, that's how they were inviting me to come and see them and we will even have a meeting with NAATI last year or the beginning of the year they came in from Sydney finding information trying to set up that exam to be professional interpreters,

0.30.05
R
Rob asks again about the training in the health area for people going to do interpreting.

0.31.40
J
Yes, What we do at the AIS, we get someone from the legal to do the legal interpreting, We have two experienced nurse who work now in AIS. So for NE Arnhem Land, we are asked to go and do some interpreting work in the hospital then two of our experienced nurses some with us and train us and teach us with what is happening here, what the problem is and go through it, with them. Then, I am given a job to be a mentor in training, and then I can show new interpreters what they do in hospitals. (each department and section, operations anywhere want they do in the ward, what the ward's for, but we So we really need more training in health aspects.

If the Balanda who know, we didn't know we were gatherers. We ate good food before, we were gathering, we had bush tuckers, there was not much in the mission days. There was tb and a few leprosies, in those mission days. Then the century came forth, and now a lot of people are sick because of smoke, marijuana, grog, kava, petrol sniffing, too much take away food, too much meat with fat. That's what will block an artery, you slowly, slowly and in the end it will be the whole problem really.

R
Rob now asks about what resources are used in the training, say about the heart for example, such as the ARDS heart book.

J
Yes we have those in the hospital and those people fron ARDS who are coming at 2:30 they are there. They train us.

R
Rob notes that there is not many books on the lungs compared to the heart.

0.33.30
J
James points out that for all the different books they are on things that are related.
James has to leave.

R and J talking about books on skin etc, not so much about the lungs and heart.

0.34.25
JGr
John took this opportunity to respond to Rob's queries regarding interpreter training and the paraprofessinals. "There are no courses in Australia whereby people here (indicating to the Yolŋu in the room) can become professional." However, Rotary in Melbourne (Colleen was saying on the weekend) is pushing for this to be changed, professional level training, leaving for the time being all health training to be undertaken at the general level with people like ARDS as an adjunct to assist them but its not part of the formal training.
Rose and Mundhu talk in back ground.

Rob talks about ARDS training on body systems, most is picked up on the job,

John asks Dhäŋgal which course she has been involved in.

0.35.30
D
"Mainly ARDS, but anything like the hospital uses me for the anaesthetic clinics. Yow. I explain that to them. Once in a while I receive a call from Adelaide hospital, when that person is going through heart surgery.

R
So you do some work on the telephone?

D
Yes. At the moments I have been helping ARDS interpreting the (strongaloides)." John adds it is Nightcliff Gardeners' disease.

J
"So it is mainly casual. You pick it up while you are doing on the job. It's not part of the formal training."

Dhäŋgal, "Yo."

John adds that "many people become interpreters by sitting an exam only because they have sufficient skills to pass at a para-professional level." People agree. So often there's no formal training to get to that, but on the job training, not training, doing the work, pick up things.
3711
R
Rob asks if people have seen the new ARDS video on the heart, and if it is useful for explaining coronary heart disease or heart surgery for valves?

M
Yes. And that is in Yolŋu language?

0.37.40
W\
It's in Yol\u language, it's only a new one – is it the iron one or the heart one?

0.38.00

R
Rob asks about its usefulness in the context of a patient about to receive surgery, and people nod in support.

Would you just give it to them to look at? Or sit with them?

Mundhu: sit with the patient and view the video together so it can be explained,

W: Before the operation?

J: so that video would need explanation, they couldn't just watch it and understand they need explanation from the educators,

M: Yes from the patient educator…

Rose: patient educator Kate Porter and Roz Marshall, they are patient educators,

JG And the Yolŋu are there too and interpreter,

W And the Yolŋu is there too. .

Rose: Yes they get the DVD and show it to us in the office, they will see it, not in the wards in the office.

0.38.50
W
"The medical terms are very complex very difficult to understand by a Yolŋu. If a Yolŋu is going through that situation, they need to have interpreter there as a guide for them so they can have a little bit understanding of what they are going through and what the structure will be, basically surgery or what ever.

R
Have you seen that ARDS one about the heart story? Rob explains a little bit of the ARDS video for those who have not seen it. There is a Yolŋu woman and Richard is doing a drawing of the artery showing it's blocked.

W asks J if we have a copy? No.
Discussions spreads around the room as to who has seen and not and whether a copy is available.

0.40.00
M
Mundhu tells everyone it was made by Richard Trudgen's people, that she saw it yesterday in Darwin hospital where her husband was viewing it. He has a heart problem. She says he found it very hard to understand, and that she and a Gamanydjan (balanda worker) had to explain it. Her husband is an ex-ARDS educator he helps ARDS. and has some knowledge already.

R
So in that video there is someone drawing and talkigna bout how the arteries get narrowed that's Richard, in that one, there is a Yolŋu woman who is speaking in Yolŋ language to explain what he is saying to her, talking backwards and forwards, the expert and the patient in fairly simple yolŋu language, so It should be possible for a Yolŋu person who doesn't have any experience to learn just from that by themselves, but it would be better to have a interpreter there?" Yes, from everyone.

0.41.46
J
So you think that if a person comes from Galiwin'ku he would understand what it was all about? No need for an interpreter?
M: an interpreter would need to be there to explain.
JG Using the video?
M Yes using video
WG: That's one of the things that we have to push. So they could back there look at those videos and listen throughout the community
M: I think that's the latest on of the ARDs videos,
R: yes, very recent

0.42.25
R
Rod highlights that the problem with the ARDS video is that lady in it now deceased and so it cannot be used.

WG Yes the family has to say.

? Yes but the family might agree to it being shown.

Rob They could make another one but they are very expensive to make, about $80,000 to produce.

There is surprise at this.

R
Rob talks about his experience in communities and explains that there is often an opportunity for these videos to be shown in the health clinic. As doctors only come for one day or so there is a lot of people waiting to see the doctor, and this is a good opportunity to show videos – is this a good way? "Is this a useful way to try to get health messages across?"

0.44.00
W
In communities? WG Can I ask the girls (in YM)? In communities in health centres, do they show these things or talk to the patients or anyone who's interested? Before they get their heart attack and just send them to Gove or here. Straight away that person has a sickness and they don't know where in the body they are sick. They need to have some kind of information to themselves,

R
I understand that, that if a person is sick they need to have good materials to show them to explain their disease. But do you think there is a place for this health education for the general population of people? Maybe in the clinic waiting rooms, community meetings, do they have video nights or meetings where they show entertainment type videos. Do you think there's a role, would people be interested/

Dh: Some would some wouldn't

He has misunderstood WG who has said they ought to have knowledge of the body before they get sick.

4550

Are they ever used in those ways?
DH: Some would some wouldn't
Maybe some communities, some people, some people work in the clinic and people who can let the public come in and just sit around in the area where there is a television and DVD let people walk in and let them.

R: Is it only the sick people or others?

Dh: Others, especially kids, and the kids come around for something to do and watch
A good opportunity.

R So this heart video, heart disease is very common 4717 many families have people with heart disease, rheumatic or primary artery disease, so would it be of general interest to the whole community to show it? On a film evening?

MC they don't have community movie shows any longer. Like on the wall of the school.

M: There's equipment at the BRACS but there's no funding, there's equipment for broadcasting, no longer going, only BRACS is there for doing that.

M: Bracs is run by people like Binalany, my husband. 48:23

R do people have tvs?

WG: Yes every household has DVDs,

Dh: Every household.

R if he clinic had lots of copies of the heart story, would the people take it home and use it?
4857

Dh just make copies and give it to each household and whenever someone's sitting around not doing anything they would just pick it up and put it in.

If we had 50 copies of the heart story, would people be interested?

DH yes they would be interested in what the information is all about, and start explaining to the elders.

WG people just go to the clinic and get treated and then just go home, nothing else, but maybe somehow if anybody or something going to happen like some kind of a place where people go in as you were saying, waiting for the doctor maybe there's a place they could watch videos waiting.

R: like in Torres Strait,

Dhäŋgal: There's a program on he tv called the RPA?

R: yes, very dramatic,

Dh: I watch that, it's interesting and kids that come in, they see me looking at it an it's some kind of operation people with an illness you know, and they sit down and ask questions, even teenage boys, and some just come and tell me, What do you think you're watching, aren't you sick of sitting there watching someone cutting up a person?

WG: Long time ago when Michael and me was back at Milingimbi there would be someone from the health coming to school and talking about all the health issues to the children in the school I don't know, Maybe they don't do that anymore.

R: I asked kids at garma do you learn about the lungs in school? And they said 'a little bit' but they didn't know much detail, these were youths, adolescents, seventeen or eighteen, going to school for a long time but at garma. They didn't seem to have a lot of knowledge about health issues. What do you think? Is that right generally? Is there much teaching in the school about health.

Dh; I Don't think so. I don't go to school and watch what they teach, I just watch the kids reacting to certain diseases they don't know what it is… 5300

5313
J: As a teacher I can say that health is rarely taught in schools.

R would it be better if there were really good materials? Good Simple videos, appropriate for peopl would people

Dh: yes if they were in the libraries, they can watch it if they cdon't like it take it out and put another one in…

R: Talking about smoking when the kids are young. 5340 impoertant to get the message across when they are young. Then the issue becomes would it be successful to have videos about smoking –

WG what is the cause of the smoking that kind of, what it does to the heart to the lungs, to the breathing, because some kids pick up smoking when they're young. And when they get older they still smoking and get heart attack or something.

Dh: Marijuana is starting up,

WG: And they don't know the heart attack or the stroke caused by the smoking people still in the cloud of not knowing what's the cause of it.

R: so there's a lack of basic knowledge from the beginning.

WG: Yow Because what nonIndigenous people have been teaching Yolŋu for last maybe fifty years about health problems but Yolŋu have never, sometimes Yolngu listen, sometimes it's not because the medical term that are using are very difficult for understanding in a Yolŋu understanding. 5539 But maybe in a way working together in this group maybe we can come up with something that can help the community.

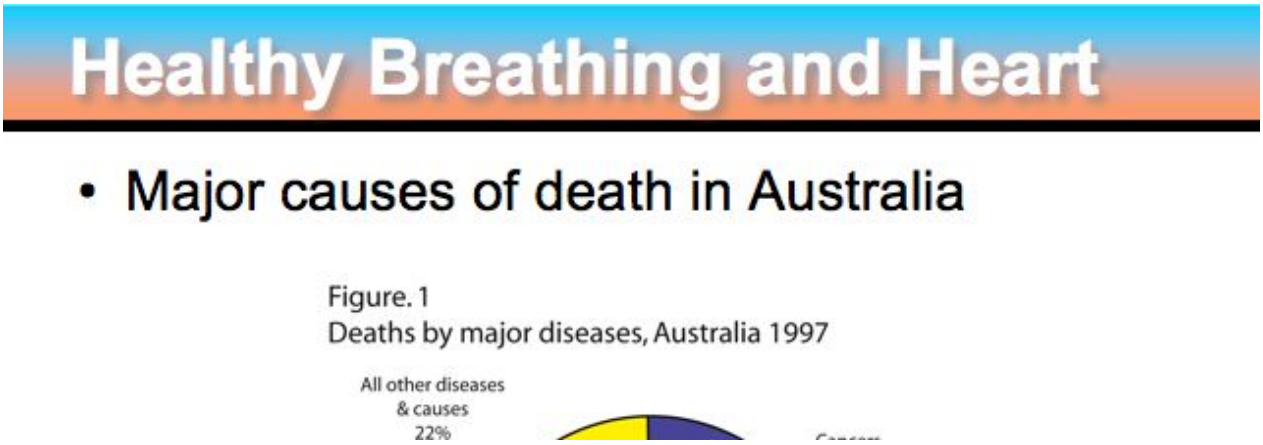
R So I have here a whole lot of different ways of talking about breathing so is it appropriate for me to.. just to… start looking at some of those Michael ?

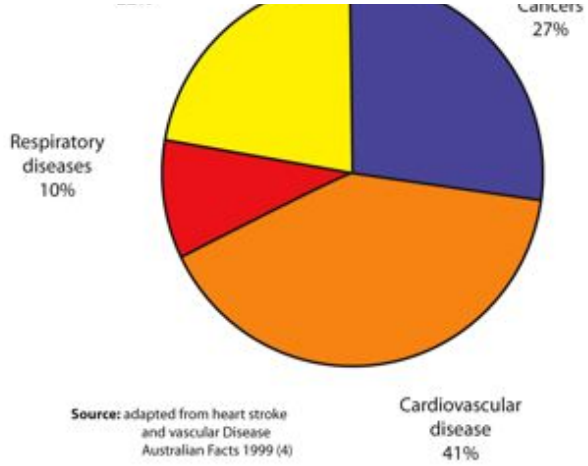
M I think so yeah

J, is everyone happy about that

Yes yes

5613
R; What I want you to do is tell me which ones you think are the best, just to start this is why I think it is important for breathing to be much better known about.



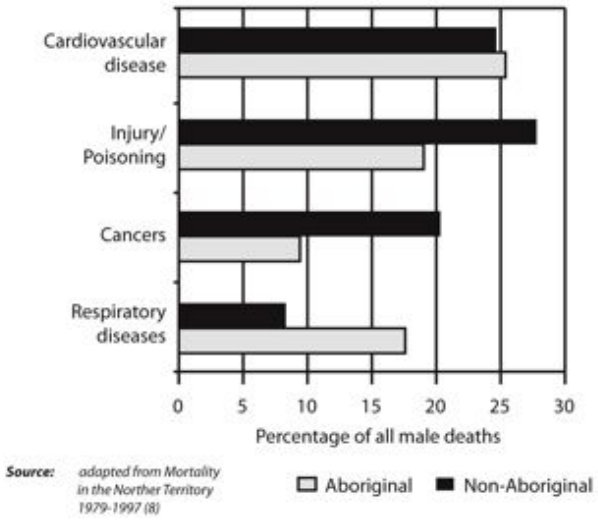


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This is one of those pie chart things, and one of the major causes of death in Australia this part respiratory diseases and this part cardiovascular. Diseases of the heart and the lungs are responsible for 50 percent of deaths. Half of us will die for all Australia from heart disease or lung disease, now, this is for all Australians Indigenous and nonIndigenous okay,

Healthy Breathing and Heart

Figure. 2
Top four causes of death - NT Males

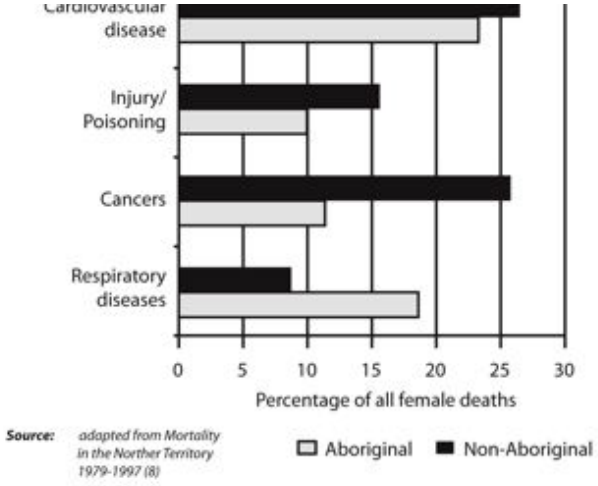


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Healthy Breathing and Heart

Figure. 3
Top four causes of death - NT Females



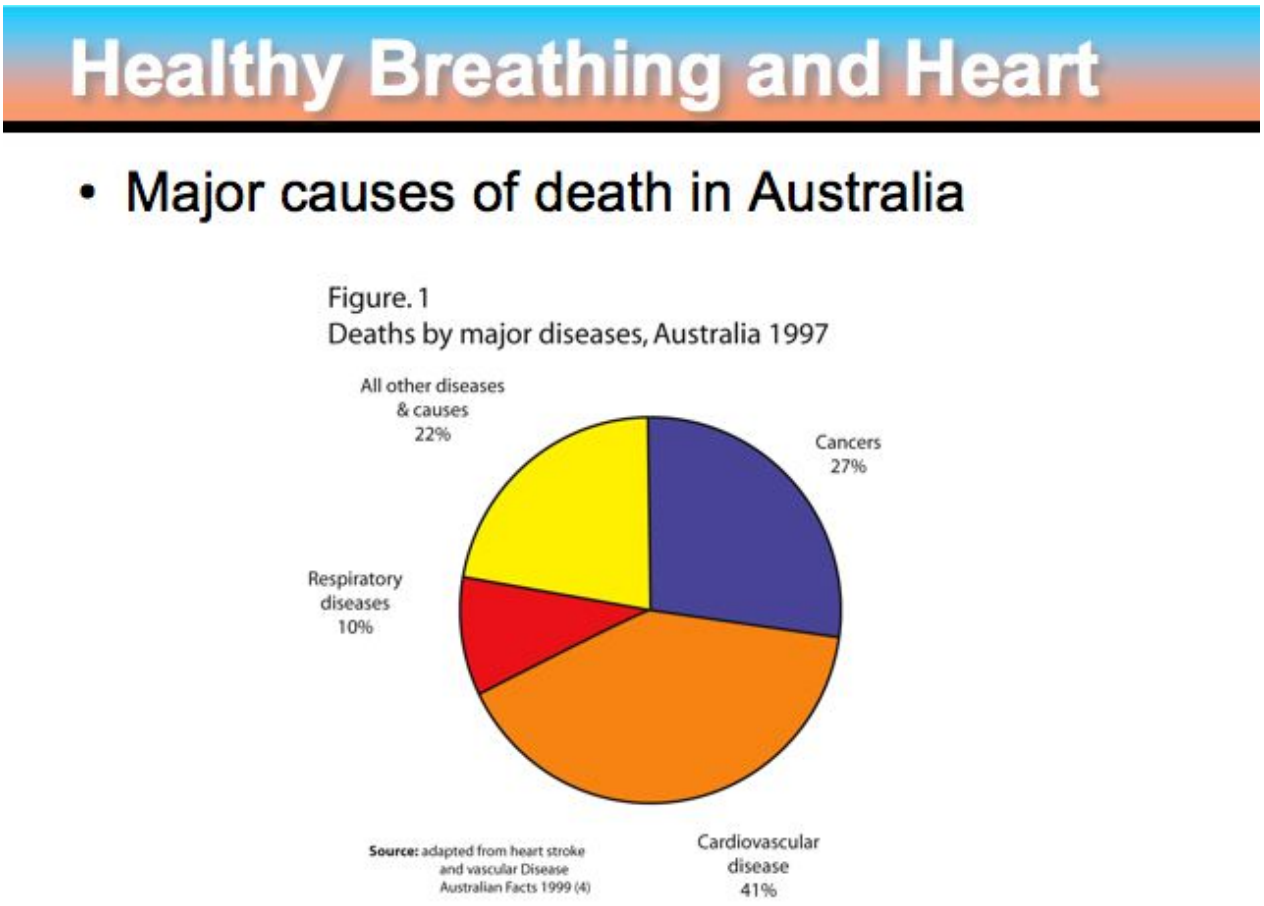


Powerpoint 1 slide 9

now if we look separately, these are the top four causes of death for men in the NT. The Aboriginal is the white and the black is the nonAboriginal heart disease you see about a quarter of NT males will die of heart disease and it's about the same in the Aboriginal and nonAboriginal. For the respiratory the Aboriginal is more than the nonAboriginal.

WG they have a higher risk than the balanda?

R, yes higher risk in the indigenous nearly 20% of Ind people men die of respiratory disease and for women 5027 in the NT again much more common in Indigenous nearly twice as often and nearly one in 5 Aboriginal women in the NT will die of respiratory disease, so it's v common, partly related to smoking and partly to recurrent chest infections particularly in the children, infections in the sinuses, in the lungs and the ?bronchiectisus so it's very common in Aboriginal people and many Aboriginals have chronic respiratory conditions, now this is just talking about deaths and if we go back to



this we see that heart disease is more common than respiratory 5928 as the cause of death, but if you think about the causes of being sick and disabled, if this were a chance for disability and chronic symptoms, then respiratory is bigger because respiratory disease, particularly chronic obstructive lung disease, bronchitis and emphysema, causes people to be very disabled and breathless and symptomatic, also cardiovascular disease, sometimes you feel well, then you have heart attack and die, not a long illness, but with respiratory disease, chronic breathlessness, short of breath short of wind, can't walk. People very disabled with it. CRD is a huge issue, probably about one third of medical admissions to hsptial are due to COLD so it's a huge problem, that's why I think that education about it is very important so now I'm gong to show you some of the things about some of the existing educational material.

END OF DISC 1

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