Transcript: Day 2, Session 8

DISC: 8

RECORDED MINUTES: 19:36 (19 ½ minutes)
REFERENCE: Healthy Breathing Day 2, Disc 8

(Audio Time Disc …: 00.00.00)

M: For such and such and then Dhaŋgal was saying yeah, but what about the kids, just because you've got old people that have got the language it doesn't mean to say it's what the kids will understand. So they started talking about a whole lot of ways of making conversations and people talking backwards and forwards, that's what Terry was talking about. So it's including the old people's words their way to learn but it's also making sure that kids know what's going on and as Dhaŋgal was saying before, asking questions, so that if you have a video and a sound track, the sound track wouldn't be just somebody talking and talking and talking because Waymamba would say they'd go to sleep. It's actually a conversation with old people, young people, all talking and using different forms of language just to be inclusive.

?Roz: I guess I'm thinking though instead of having the two different videos or whatever it is you're going to have, couldn't you just have one, because then.

Several people: Yeah, just one. Not to have two separate videos.

Roz: So addressing the two groups in …

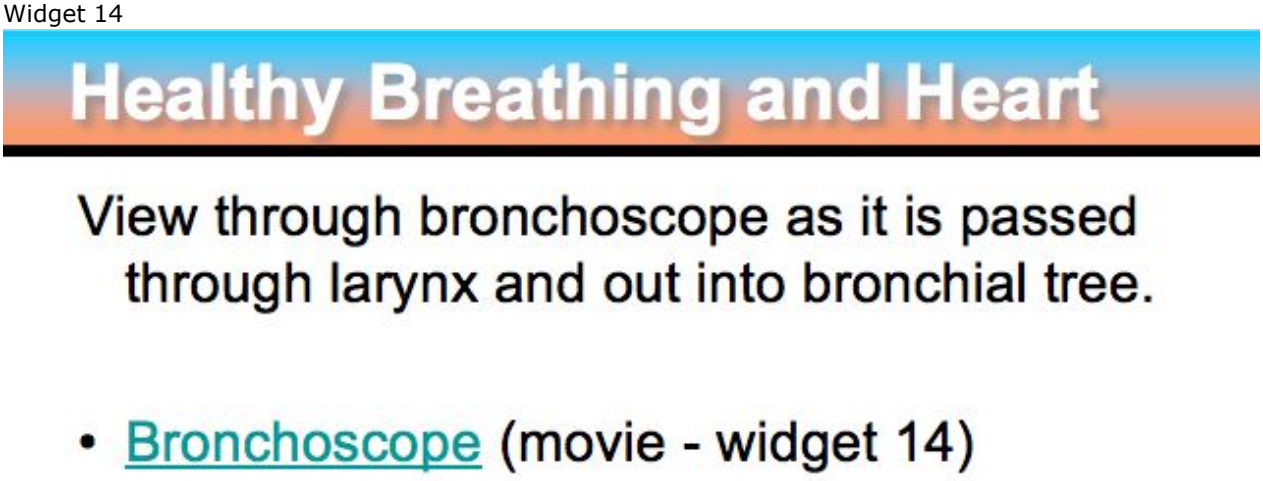
R: Integrating them into one resource.

Roz: Okay that's what I was trying to work out.

James: What we have done on this work for two days, Rob can you put that … in the …

R: The one you've got?

Widget 14

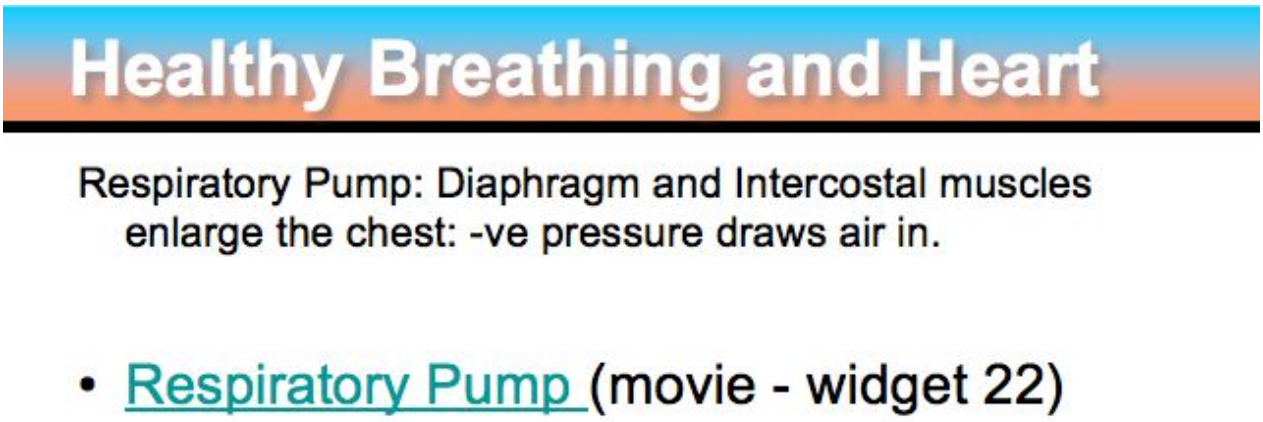


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James: Yo. Not the animation thing but the … on that one. Healthy breathing and heart. Okay, that's where we will start it from the beginning, okay. So we need regularly healthy breathing and heart, it's a normal, it's looking at normal. We're looking at normal, normal organs. On that reading. Now, that's step one, okay. Then going down, going down, going down how, healthy breathing and heart, we will have our own story too. We'll add our own story to it because that's the normal, and when we are born we are normally normal. And the story will be told for everybody, the kids and the adults in the community, you know, patients. Okay, we were all just born as a normal people. And then the second step.

R: Is the function?

James: For the function. You've got that thing?



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(Attributable to Rob Pierce and Andrew Bonomo (BMU, Unimelb), 2007)

R: This is the interactive animation, the diaphragm contracting down and creating a negative pressure to expand the lungs.

James: Yeah. I would start from that.

R: This particular thing can be, this is an interactive thing made by Bariga and Fyser and it can be made to demonstrate the increase of ventilation and with exercise.

(Laughing)

James: Yeah, we're looking at that, that's the normal people do that, normal people. And when it comes something, you know between the beginning and somewhere along the life system, when we travel in our lives, if something happens to our body, okay, and why we need to ask the questions, and we will ask the question of why, how it affected that lung or heart. And how it affected it and what happened. So we need to go through that, and explain it to people too. o335 An example of that is if something happened with breathing, when we walked through the plain and there's a wind blowing and we can breathe that dust, and it goes into our body, then it causes infection; and then also another thing is people smoke, people drink kava and all those, they affect our organs, our lungs and heart, and so we need to put that into thing. And also into that, if the … 0407 on that normal life and what has happened, and everything goes to, if someone gets sick ???…, get a medical check up, x-ray whatever, then testing, then the test will tell how it's functioning from the normal. If the person got sick they can, it will be told what is happening to the body.

R: So we've been doing spiromatory, finding out with spiromators and things in the workshop.

Patient doing SPIROMETRY (Breathing Test)

James: 0441 Yeah. So respiratory, it is the first time we've got anyone supporting this issue. Other medical issues have been developed for Yolŋu people right across the board, assisting with the medical health, but on the heart disease this is the first time, and we're interested to do that. We were questioning between the wind and the oxygen, and the difference, which we learned, and we need to get everybody talking about, we breathe wind from our nose, in it goes in, it goes spread through the body, you know, to the blood ??? 0524 What we're learning is different. It's oxygen inside, and so that will be explainable to the community elsewhere, that we will be working with your support. And we are here just doing a consultative of work, and us mob and you guys from the each

department, from Menzies School, from ARDS, from health, we are here together as a team to give contribution to this task.

WG: And that's what we mean by if you want to put it into the level where both children and adults can understand words like 'gulaŋ ga marrtji raki'kurr', 'raki' is the vein that carries the blood. In balanda language it's the vein that carries the blood but in Yolŋu it's a 'gulaŋ ga marrtji raki'kurr' So the 'gulaŋ'is carrying, marrtji marrtji, through the veins, raki'kurr. So that's the sort of language that we're going to use if we want to make the DVDs, of the healthy breathing and heart, if we want to make a DVD, and put Yolŋu names there too.

Dhaŋ: The production of the DVDs, the books come after.

James: The other resources apart from DVDs to make people understand how they can learn, like, small books, like Galitju was doing, you know. You talk here, it's a similar situation, on DVD. So things like ARDS been doing, that iron issue thing, 0713 this one will be a similar type thing on respiratory.

Raz: What about radio and MP3s, if we can just have a radio program and you can listen to it on radio. Maybe an ipod which can…

Dhaŋ: Yo, with ARDS.

WG: We could see another option for radio programs.

James: We have a radio program already, Yolŋu radio in Nhulunbuy, so we can try pass that message to them via Richard and Djiniyini could tell them on the radio or whatever one of you guys or one of us guys, will go and tell that story on radio.

M: I have been talking a bit with Jenny, with Alice Mitchell, possibly doing some radio stuff on respiratory … 0803

Roz: I have to say though that having a DVD, being able to take them to people at the bedside, you know, people's lights just go on.

R: Right, on a laptop?

Roz: It's fantastic. On a small DVD. Absolutely, absorbed in watching these DVDs in Yolŋu Matha and you can see the understanding, and then the wanting to discuss it afterwards, in detail, it's fantastic really isn't it. We've had an exciting…

WG: Yeah, it's a fantastic idea but who can help us? Where are we going to go from here, and you know, find out where. Where will we get the fundings from, rrupiya rrupiya. We want it to go through so.

BAK: A lot of money would be… if you need say five people to make a conversation and they're all speaking their own languages, then it really means that five people need to spend a lot of time understanding the stories so that they can get it together, it might be .. anyone else need to go for a year or so to medical school because I don't see why this would be any different to anyone else not take a year..

WG: And that's what, we're planning another thing. If we are the Yolŋu consultants, we have got to know more about this before we can teach Yolŋu.

M: We've got a few more minutes. Do any of the other Yolŋu want to say something? Who else is going to talk?

JG: Sister

?: My understanding is my liya? Idea 0956 is going to. When I grew up, all I heard was this level we're getting … for us to make us move, active, and ŋir', to us was a term as in walking, alive, so it had to, yindi had to do something about breathing and the heart. So now we're learning how it's done. Because what we heard was just here ??? 1031 look through it and see if we can understand it. …??? Heart problems? … people and other friends, (YM)…

Man from ARDS: That ŋir' term is not just about breathing is it, it's about the pulse that you give, that ŋir', it's all together.

?: ŋir' is life giving whatever it is, that you have to move, to do your work, run around.

?: And this is the evidence of that. That's what we feel because we know that we have life.

?: Yeah. Yow.

?: And so that's called 'ŋir'' isn't it.

?: Yeah. It has to do something with breathing and the heart so now, we are just finding it out. So we are

altogether trying to help each other chop that down into small ones.

M: Just getting to the bottom of that term, you know, it's breathing but it's also oxygen in the blood, going to the heart.

(Lots of people talking at the same time).

WG: Yeah, breath, and breathing, but it's also called wata, the wind.

R: We've spent a lot of time dissecting ŋir' and it's respiration, gas exchange, the circulation and oxidating metabolism, all combined in together, I would have thought. And in some ways, it's lovely to have one term that describes that whole process but on the other hand, you have to sort of break things down into the lung part is a little different from, a separate concept from the heart part, because of the different disease processes in them, and the different pathologies and the different treatment approaches and so forth which go with each one. 1224 On the other hand, a lot of the symptoms are common aren't they, breathlessness is common to respiratory and cardiac disease, so I mean we as doctors spend a lot of time trying to differentiate the cause of breathlessness in individual patients whether it's their heart or their lungs that's causing the symptoms. There are advantages and difficulties associated with one global term like 'ŋir''.

M: We've just got a couple more minutes. Do you… (asking other Yolngu to speak)

Dhaŋ: 1312 … it's not up there, the words… Shown at the last lot the big words, can you show that?

	Infection	allergy
Upper airway	rhinitis, sinusitis	hayfever
Lower airway	bronchitis	asthma
Alveoli	pneumonia, T.B.	
Pleura	pleurisy	
Heart	myocarditis	
Heart sack	pericarditis	
Blood vessels	vasculitis	angio-oedema

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R: All the itises?

Dhaŋ: Yo.

WG: Or the name of all those allergies and all that.

(All talking together).

M: Then one more question. 1327

Dhaŋ: ????????? 1352 Yeah, those words, where we tried to go through that before, like the heart. What's 'myo'?

R: 'Myo' is the muscle and 'cardiac' is the heart, and 'itis' is the inflammation.

Dhaŋ: Yeah. So even though the words are there that can be cut up into the words, like what Rob said now, and we could cut that into Yolngu Matha.

Roz: Yo.

James: … the word. Balanda words you see, balanda medical terminology, we'll put it into our language, the first one is yindi, yindi is the word, big word, Yolŋu doesn't know about it. 1450 Dhorru, or dhuyu, that's the heavy long word and we'll break it into small, all those small or all those three, behind to make it into simple Yolŋu understand it.

Man from ARDS: Yeah, the other thing you have to do 1503 have to go to do the root meanings of those words as well, like, if you get a meaning dictionary it's different from a non-dictionary … that goes into. Like say for example, where diabetes, you taste the sugar in the blood and you go back to the root meaning of it which gives you a picture of how that word came about. And that's the sort of pictures you need to convey that information of how that word came about initially, then you can translate that to.

BAK: What's diabetes?

MfA: Taste of sugar in the blood.

BAK: And so ??? sweet. Beetroot? Is it the same thing?

(Laughing)

MfA: I'm not sure 1542

BAK: Beetroot, is it sweet?

R: There's a story at Melbourne Uni when the professor had some urine and you went like this, and you went like this, and everybody thought he was actually tasting his finger but he wasn't doing that, it was the other finger. ??Until diabetes.

M: Okay, have we got one more question.

Suzy: It sounds okay. I'm from Menzies. And we're often trying to communicate what we do and the health story but within different teams often, so we're starting to try and put a bit more thought into how we do that well. I guess it's difficult question. I think the answer is complicated but maybe you can help me understand, if we don't have all the time we would like to discuss all the concepts, all these ideas in lots of different languages, and we have the, we can show pictures with the animation, like the complex multi-media pictures, and then we have the books, which are a lot cheaper to produce and the money and the time is an issue. So I'm just wondering like, do you get a lot more from these pictures, if these pictures had the right words that you could understand without the complex medical words, do they tell the story a lot better than the books?

Dhaŋ: Mmm. Mmm.

S: A lot better?

S: Mmm.

BAK: Sorry Suzy but you've just asked something there. We've just done a print out of four DVDs and the three books of Sharing True Stories and the DVDs were half the price of the books to produce, once they're made.

S: Right, once they're made. Okay.

M: Okay, thanks everybody for coming. One more point. Have you got something more to say, sorry?

James: I was just going to say thank you for your…

M: Okay, well, I'll say thank you first then you can say thank you. Yolŋu consultants, you have to stick around for this forms to sign and stuff to do with money and addresses and things like that, and we will make sure that you get the draft report and we won't do anything until you've seen it and acted on it somehow. All you other people thank you very much for coming along. Take a copy of our brochure, send us an email if you want to know some more. We almost certainly will have a little website put up with some details about exactly what people were saying and what people were suggesting so watch this space. And thank you very much for coming. Was that all I was going to say?

JG: I think so.

James: I'll be taking over. You All I wanted to say was on behalf of the Yolŋu consultancy thank you Rob, Christian, John, Michael, my cousin, people representing Menzies school, people representing ARDS,

WG; people from the hospital.

James: the hospital. Thank you for coming.

(Applause).

M: Feel free to go around and chat, have another cup of tea, have a look at any of the resources and ask people …

(Audio Time Disc 8: 0:19:34).

END OF DISC 8

END OF 2 DAY WORKSHOP

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