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Transcript: Day 2, Session 5

MORNING SESSION

DISCS 5

Note 1: This transcript represents the English language spoken. Spoken Yolngu Matha is indicated by '(YM)...'

Note 2: The Audio Recording of Day 2 recording is of lesser quality than Day 1, and therefore there may be a number of inaccuracies in this 1st Draft Transcript of Day 2.

Note: 'W' indicates the speaker is Waymamba

'W|' indicates the speaker is Wayalwa|a

'D' indicates the speaker is Dhnngal

'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: 5

RECORDED MINUTES: 59:30 (59 ½ minutes)

REFERENCE: Healthy Breathing Day 2, Disc 5

(Audio Time Disc 5: 00.00.00)

(Some very quiet conversation in YM) ...

(People arriving.)

R: 158 See, because of the tracking of the gas, it's pushing on and squashing one another and they can't expand properly and because the hole where the air goes out is narrow, it takes a long time to breathe out. You see. In fairly quick, out slowly. And because this takes a lot of time there's no time for a rest. In a normal person you breathe in about one second, out about one second, and then stop. So the diaphragm only has to contract for the breathing in one second and the other two seconds are just resting. In this, there's no time for a rest. It takes so long because the air ways are narrow, it takes so long to breathe out that, it's resting a little bit but it stays partly contracted to hold the lungs at a big volume because that holds the air ways wider open by stretching the air ways open. So the diaphragm has to do more work both in breathing, and it doesn't relax as much during breathing out, and there is no rest time. So it's working the whole time and it's very hard work for the diaphragm and when it gets fatigued or tired then you get respiratory failure, and the carbon dioxide builds up in the blood because you're not breathing enough to get it all out of your body, and that high carbon dioxide makes people sleepy. So when people with chronic refractive lung disease get pneumonia, they come into hospital and they're blue because they've got low oxygen, they're sleepy because their carbon dioxide level is so high, and you have to intubate them, put them in intensive care and put them on a ventilator, to take over the work that their diaphragm is failing to do. So then the ventilator does the work in breathing and gives the diaphragm a rest. That's what happens in intensive care unit until the infection gets better and then you wean them back onto breathing without the ventilator. 423

(Some very quiet conversation in English and YM.)

R: This one here's the air way and this one here's the other model, that's for the air way... That's severe, this one's normal. This one has a bigger hole so more room for breathing and also the alveolar wall is stronger to hold it and support keeping the air way open. See, one of the things in emphysema is that these air ways, these get destroyed and then there's no support to hold the air way open so it can collapse down. That's what emphysema is. This is normal, that's normal. They don't have equal ... It would be better if it was (called) 'normal'.

Mun: This is not working

Dh: The air is moving this way (

Dh: The tubes are red are wider, and narrower with moderate (damage),

(Long period of very quiet conversation in English and YM while people are looking at the multimedia).

Mu: it's best to show to Yolŋu, like that,

W: talk about kidneys, smoking,

Mundhu and Dhanjal James joining in... 1004 gurrkurr waripu

R: 10:50 Do you think this way is helpful?

Dhanjal: Yeah.

R: The way it changes when you go on exercise. Did you look at that one?

dhanjal: Yes it's helpful because...

R: Because one of the tests that you can do is called, have you seen people doing spirometry where you blow really hard.

Dhanjal : Yo.

R: And we can practise this one today, how you do spirometry. But where a person with asthma gets a bad attack, then the amount of air that they can blow out goes down a lot and then with treatment they get better. For a person with chronic obstructive lung disease due to smoking, that measurement of FEV1 or the amount of air they can blow out in one second doesn't change very much when they get sick. But what changes when they get sick is when they get an infection in the lungs, the part where they're breathing moves higher, moves up, and that's the gas trapping, okay. The body in the there underneath where they're breathing is called the trapped gas body, the residual body. So what happens is their breathing is like this and when they get crook they..., breathing up here with their chest bigger. That means that their diaphragm is contracting and will hold it at that high lung volume now they stay at the high lung volume because that high lung volume springs a hole in their air ways, open wider, so it's easier for them to breathe. But the diaphragm has to do work to hold them at high lung volume, And the extent to which their lung volumes are increased correlates with how breathless you'd be. Having to breathe up here makes you feel breathless because they think, I can't breathe in, I can't breathe in. They've already breathed in, that's why they can't breathe in; because they're already, instead of breathing in and out here, they're breathing in and out way up here, at the absolute top, and it makes them feel very uncomfortable. This explains the symptoms of why they feel so breathless. When they're having what they call acute exacerbation of COPD they get acute chest infection and go into hospital. 1337

Dhanjal on the phone.

R: You've seen this one? This one.

Dhanjal on the phone. Who was that? Amy?

R: I'll show you how you do the breathing test. 1445

(Rob blows and Dhanjal laughs)

1506 Okay. Now in the first second I am blowing out 5.1 litres of air, comes out in one second, and then all the way out is 6.2 litres, okay. So I can blow out, so my lungs, I can blow out 6 and I can blow out 5 in the first second because there's no obstruction. Now a person with COPD, maybe they could blow out say 4 litres, not as much as me, but it takes a long time so they can maybe only blow out one litre in the first second, another litre in the second second, it takes a long time. So you measure how much comes out in the first second divided by a whole

breath as a measure of how obstructed the air ways are. So what this 5.1, I can blow out in one second. Now, you can look up in the book, for males, FEV1, I can blow forced expired volume in one second and I have 5.1 litres, okay. Now, FEV, yes, now, I am sixty years old, this is what your age is, and I am 1.60 m tall, nearly six feet, so we have one sixty at sixty years old, normal would be anything more than two and a half litres. But I can blow out five so I am very normal, okay, but if a person had bad asthma, or COPD, I might only be able to blow out one litre in one second and then that would be less than the predicted normal value. So if I knew your age and your height I could look up the table for women, females, and say if you were normal you could blow whatever, so three litres or something like that, then we test you and we can tell if your lungs are normal or if they're not, if you might have lung disease. So this spirometry is a good test because it's an easy test to do and you can tell straight away if the person has lung disease or not. You can give it to children, children five years old can do this test, and you have age, you have separate tables for children, this one only goes down to 10, 11 and 12 but there are other tables that go right down to five for the children. You can have your own mouthpiece here so you don't get infections. 1829

(Some quiet conversation in Yolngu and English).

Dh: What? I want to do (the test) it by myself. Michael's watching.

M: I'm just waiting to see, I blow late to see how I go.

R: Are you looking up normal for you? 1922 Do you want the male table? Which age are you? This is males...This is females, So you should be able to blow nearly 2.5 litres. If you blow 2.5, maybe you can't. If you can't blow 2.5 maybe it's because smoking has ?? your lungs 1954 We can test you. I'll show you how you do it. (demonstrates) and then seal your lips tight as hard as you can, right out, right out, okay. 2017

Dhan: Okay, I'm waiting for everybody so I don't laugh

R: Yeah, just hold it like that, okay. Deep breath in, you're going to stand up, yeah. Seal tight, blow. Keep going, more, more, more. Good. It's my one still, member I got 5.1 and 6.2, I think this is still my results. We'll do one more. (The machine hasn't worked)

Dhan: (Laughing) Getting dizzy.

R: Yeah, it makes people dizzy, it does. Deep breath in.

Dhan: Why is that thing still there?

R: Because I think we have to push this until it shows naught 2149 So hold it down maybe...it'll go back to naught in a minute. 2244

Mun: Is that a CD?

MC: DVD, yeah...

R: In, seal your lips,
(big wheeze)

R: you have to be quick while it's still flashing (still not working) You get ready so you can do it quicker. (lots of beeping and laughing)

M: Have you seen those ones? 2314

James: Yes I've seen them, I was working with, (not clear) are these copies for you or for me.

M? I think that if you were going to use them for education we could get you copies.

James: Yes, (can't hear clearly)

R: Ready, go. Good. Good. (Rob sighs with disappointment) It's still going the same numbers as before.

M: Is it broken?

R: It seems to be but I'll get it working don't worry.

M: Better get it before Dhanjal gets exhausted, and her breath runs out

James asking when he might be able to get copies of the STTS books?

MC: Well I think I could get them right now.

James: Please, I work at the hospital for every second week.

MC: to Rob – can we get copies of the CD;s

Rob: Yeah, provided ... just used for educational purposes otherwise it would be copyright

M: So if you have been doing hospital interpreting... or would you have to set up ...?

2447

DONE UP TO HERE

(Some very quiet conversation in English and Yolngu)

R: Okay, I can leave one copy. So that the timetable ...or you can duplicate the cd

James: (Some very quiet conversation).

M: Yeah, okay. For particular occasions, yeah.

(Some very quiet conversation in English and YM).

M: And maybe on Monday if you got the chance to come in we could have a bit of a ...

R: debrief? that would be great.

M: Morning or afternoon. Morning is free for me...

R: 11 am or earlier, 10 o'clock.

M: 10 o'clock Monday morning.

R: Did you do better that time?

M: I don't know.

R: 3. That's good, that's normal. Because it's very mildly ..., the fact that that ratio is low is just ...

WG: (to MC) grandfather, have you received the money (from a research prize we won)

James: 2500. talking about working at RDH

(Some conversation in YM WG talking about professional researchers...)

R: We have to think of something to spend it on.

(Some conversation in YM)...

WG Asking Michael about what she should do with the money

R?: You could go to Melbourne and look at all those old Donald Thompson photos, and take someone with you. You could go to Sydney.

R: (To John) I have to get away by about 10.30 would be better. I've got to be downtown but it's only half an hour so get away by 12.30.

2815 (Some conversation in YM)...talk about licences

M: I think we should try and talk to James about what happened yesterday afternoon, as a way of getting back into the discussion again.

Rose: Say it again? sorry, but I've got the 'flu

James: 2920 A reminder

Mun: Instead of just sitting down wasting time...

James: Yes, what did you do?

M?: I was just saying we could talk about what happened yesterday afternoon, to get you back our perspective.

2934

James; Yes when I went off to work yesterday, and you had more discussion. When I was in court. 2951

JG: What did you see yesterday and what did Frank and the others say?

Mun talking about going into the community telling stories

Dhan watching dvds to find out about the body parts name from elders, finding the real names of things
3055talking to the old people and find out making resources ... for teaching 3110 and use them to tell Yolngu through

the DVD the names, animated ones would be good, easy to do and show the body really works truly 3147 so they can see how circulation works, how medicine works, 3242 finding out access easy at school, and 3250 what about in the homelands where the Yolŋu are living, the older people have clever heads in the homelands, however many a families are there in the Laynha side and 3321 just give them the resources and explain to them. They will look at them and see what it's about, and there's a teacher in every homeland 3342

James: So that was your discussion yesterday 3350, when I told you about the circulation story and I'd get more information for you. 3411 what you were talking about – working in three areas through council, through health, and through the school. 3425

Mun: show pictures to the kids in the school

James and all those names, they will list all the medical terms, 3443 and they will explain them make small, like simple English. It's hard for the children to understand and the older people 3450 so we'll got those medical terms and make it simply explain in simple plain language so in that way we could do the research and they could easily follow that. from the beginning to the end, stories. But this one is the same we can see, what happens, why it happens. How it is affected the Yolngu will know properly and this could be the first time that they get the information. 3602 I said, if you Witiŋj (he calling Dhāŋgal witiŋj) or you two, be the contact point, Talking how it could be organized in groups... travelling from group to group homeland communities, 3650

JG: Lots of people at Galiwin'ku, Yirrkala. Yilpara Milŋinbi, where do we start, I'm just asking where do we need to start in terms of developing resources? 3733

James: The first thing would be when it's normal, 3739 when we're born it's normal. Normal people. Organs in our body, there's a normal. If we can show them that then it would be just normal. Travelling through our life line, then something happens. You see From normal. Why that thing, why that organ happens, especially heart. What makes the heart stop... 3812 how that sickness starts, whether from tobacco, dust, breathing dust kava, blocking the arteries, stopping, maybe alcohol, those are the things where well will move from the normal 3842 to what it is that affects the normal heart and makes it sick, okay and when it affects then step three, how to treat that thing, that's the next one..

Dhā: (YM)... The right track, the point. (YM)... The point... (YM)... make into small pieces, first show how we breather normally and how oxygen moves around our body, this we can't see, and then

Dhaŋ : 3940 by the time oxygen swallowed, air breathes and by the time we swallow it, it is called oxygen, invisible and then that oxygen goes along, goes in, comes out as carbon dioxide. Teach them what's working within our system. 4017 So operate that – first breathing how it goes in, and how it goes out, and the second step is when the Yolŋu gets sick, what happens,

J: ???The focus here is...breathing in particular. Yo. And concentrate on the lungs, what happens with the air drawn in, 4053 and then evolve that into, oxygen and ... carbon dioxide

WG when it goes in and when it goes out

MC: And then the second step is the disease which is ... there.4113

WG: Maybe the second part maybe is doing what happens. Second ... sickness. 4119 For the ... sickness,

Dhaŋ how sickness affects those organs wherever they're breathing now.

R: That's the next one for now.

WG; The story Rob is telling, That's the next step. Number three.

R: This is how the sickness affects the lungs. And then the next step is how the sickness in the lungs causes people to feel unwell and sick. 4151 And the next step is the treatment when they're sick.

WG: Yes, so this is what I was thinking this morning, and yesterday I was thinking about the words or stories, from Milingimbi, outstation, Ramingining outstation, Galiwin'ku outstation, Yirrkala Laynha, Gapuwiyak, outstation, we have to find what words we need to use to make the DVD – what language which everyone can understand.

M?: But you couldn't just get one for everybody could you?

WG: No. that's what Im saying...

M? You want one Dhuwayakurr, or dhanjukurr, one of them with all the different languages mixed together?

WG: Yukka, yukka. That's not the point. I'm talking about the one language Just one language Somehow we've got to choose one language Otherwise we'll have some in Gupapunyu, some in Djambarrupyu, some in

Gumatj, some in whatever, Burrada, some in whatever. Gunavidji, Whatever.

R: One of the resources that the arts did for the iron story, this is a new one that they've done in the last year, is mainly visual, and I think the language is in Yolŋu, but they are now producing another voiceover for Elcho Island, and what language is Elcho Island?

JG: It's ... Yolngu yeah. It's one of the languages.

R: If you have lots of visual images, animations and things, it's not very much more expensive to put a different language on top.

WG: Do you people understand what I'm saying??

Dhaŋ Yeah, we know what you're talking about, yeah.

R: So you can make many versions in different languages.

WG : Many ... or use only one language so everybody can understand across, you know, if you wanted to do it all for Yolngu people then I think somehow, one only Yolŋu language or two of the Yolngu languages or three.

R: How many languages are there?

WG: Plenty. Plenty, there could be 40, 60 languages and we can't make one language each. 60 languages. It would take millions and millions of money Where will we get that from. money, money.

M: That's what you have to ask Menzies people this afternoon.

R: This afternoon we're going to be talking to the Menzies people and the ARDS people and we will ask them if they will put in their program for next year to develop a respiratory DVD, or whatever you think is the best way to, the best type of, you must tell us what you think is the best type of resource. 4525

James: Asking about the languages of the resources

M Gupapuyŋu and Djambarrpuyŋu, sometimes, Dhaŋu

James: Make one, for example on the legal side (of interpreting)... they just recommend Djambarrpuyŋu for legal and medical, because Djambarrpuyŋu ?? recently, 4606 and Gupaupyngu they wrote from the beginning but the others (languages) nothing, at the beginning in Gupapuyŋu, and Djambarrpuyŋu more recently went into court (use) they are the recommendations, approved language, you see, because we all understand it, even the Gupapuyŋu Djambarrpuyŋu, Wangurri, Warramiri, Liya-galawumirr, ???? Djinaŋ, Ganalbiŋu even though they're different languages people understand them, but over in the east they don't understand Djinaŋ, if they use Yolŋu they will understand 4716, so those are the two recommended languages.. in the Balanda side, because there are already translations done, you see, Gupapuyŋu and Djambarrpuyŋu. So when I talk, I don't talk Djambarrpuyŋu language, I talk my mother's language Liya-galawumirr 4740 if you were to listen to how I speak, and Djambarrpuyŋu, you would hear a different sound, you see.

M: One of the things that we did a few years ago, I can't quite remember how it went now, but there were maybe four or five different interpreters, Yolngu, each one speaking their own language but all having a conversation together so you would listen, and you could hear different points of view, and different languages, but everybody could understand what everybody else was saying. That might be one way to do it too, 4814 if we had the different languages mixed together, conversations; and that's partly a good way of making sure people understand because they're not just having someone talking at them, they are listening to a conversation of people sharing ideas and helping each other and pushing new ideas through. Remember that?

James; there's no differences, Dhuwal say dhuwal, Gupapuyŋu say dhuwala, Ganalbiŋu saty djini, Everyone can understand 4914

JG: Asking about the best resources, books?

Dhaŋ: not books, the DVDs are better 4952 using a computer

M: Can you imagine using the computer when you are doing interpreting in the hospital?

Dhaŋ: No. In school.

M: But what about in hospital. Could you use it too? Take the computer along and say to somebody yeah...

Mun: A DVD in the resting areas

M: Or even on beds if you used a little laptop.

JG: Or tablets..

R: Do interpreters have laptops?

M: No they don't.

R: They are the resources, right.

M ARDS

Dhaṅ: DVDs are good, at schools, because computers are there. DVDs just play.

M: No, you can make them back and forth and ...

JG: No, DVD has a ... Do you mean just put them in and watch them?

Dhaṅ: A DVD with a story 5041 It's a good one, when he said, like, three people talking in a DVD, asking questions finding an answer...

WG ... like, in a workshop situation, 5101 when people talk first and then they make a copy of the DVD

Dhaṅ: use a dvd so they can see how it works and .. answer

Bryce: What about like on the news on TV where they have the weather map. ... talking about it in the background.

Dhaṅ: Like a picture of these things with the sound, Yolngu talking among themselves.

R: Sound is good

Dhaṅ: Yow. Four languages in one. 5138

M?: Just like in the ceremonial situation, you've got Gupapuyngu and Gumatj

Dhaṅ: Make it interesting, one will be asking the question and another will give the answer...

WG: Because if you just talk talk, talk it will be boring, won't it?

Dhṅ: Unless there's a conversation that will make it more interesting... Make it a bit pleasureable, because we would include older people in it 5211

Dh: for the children

JG: So what you saw yesterday, the different things, which ones occurred to you as being good? (YM)... ... Unless there's a conversation. That will make it more interesting. (YM)... Yo. Even, because we're full of (YM)...

Dhaṅ: We were learning yesterday)... People could recognise, understand how everything goes, how our things work inside.

R?: So you mean, it looks realistic?

James: Yo, yo, yo. Realistic ... step by step.

JG: When you say looks real, there was the lung one here you saw this morning. And there was the one over there you were using. Are they both the same?

Dhaṅ: Yo. It looks real, to us and now let's gets our mind functioning how it works. You see. 5314

JG: Like when he will breathe,

DH: Yes.. at the same time we'll like for kids, they will be seeing that thing, on that thing ... and they can practice their own breathing techniques or whatever. Yo.

M: What about the lungs and the heart? Do they come separate or together or one first?

JG: Did you hear that, what do you think, mum, daughter... 5347

WG; Ask us again, ṅathiwalkur,

M: Now, if we're just talking here about the lungs,5354 talking about the lungs and the breathing What about the heart the heart and the blood system there? All at the same time?

(People talking in YM)

M?: So do them together at the same time?

James: NO , no, ... Everything goes where it. we'll put The headings (YM).....

James: Michael. 5422

JG First look at the lungs and then the heart and then put them together...

James: Don't worry about that question... So that's the story in between. We need to put a heading. A heading from the beginning to the end. For example, healthy breathing and heart. Okay that's the first heading... That's number one. When I said earlier, we're all born good (healthy) normal people, that's first heading we'll show that heart breathing now, eh, okay, we'll show this is the normal, okay. Next step just how disease processes disrupt. 5506 how is that we get sick. The heart Why. Got to know why. okay? Then we will healthy breathing heart, healthy function and so that's number one, step one that is, how healthy breathing functions. That's the structure of them now, eh, like the first thing, that's number one. Then how it disrupts, how cause heart, why too much problem for the heart, how, okay we need to, 5550 that's step two. And go around, (get three pictures here, yesterday we were talking about snoring, snoring, (Snoring sound) that thing. Okay, Those three, first normal, number two , healthy people, number three little ones, skinny ones, how that problems, especially the second one, and the third one goes to how to solve the problem. Because format the beginning it's normal, we all know that it's a normal, and why that disruption comes, and and people sleep like that (snoring sound) then stop. And if they explain that to the people, why it creates problems.

M: And how to treat it..

James: Yo, and then number three, how to now correct that sickness, if it's starting from treatment to go back to normal. 5705 you see,

R: Yes, to make the function come back to normal.

James: Exactly. So we need to work from normal, to interruption, to process, interruption, disease, then how to treat, who to treat, how to treat, how long for, it is permanent, is it just a little bit

R: What is the outcome. 5723

James: Yeah, the outcome.

R: What is the outcome of the treatment.

James: Yo, so that's now, those ones, those stories that you have been writing about , in between those headings, you see, where the heading is, we need to put that okay then at the end, the last, our recommendation, if you're talking about a recommendation, we need to recommend how to show, how to take that information to the people, and we've got the recommendation. And whatever that recommendation, a DVD workshop, what sort of a situation, try to talk to people, you see, okay so if you are going to make a recommendation 5800 and we tell them we would be teaching so they are the students they would be learning from us. And you see, we are learning from him. you see,. We will pass information and what all that information will get, collect all that information and take back to you guys. you see,. To you guys, and you will work here to make the thing happen. With you. 5833 Those are the in between those, start with the normal organs, and the story this is the normal organ in the picture. And then and the second one the same organ but a little bit sick now, he's going into you see, start sickness And we are going to show why is maybe dust blew in, maybe cigarette, and we need to put that with all those things affecting the hearts, the lungs, what. 5906 What Maybe draw alcohol, or kava or cigarette, or dust blowing, show them so then people will understand and maybe later on there'll be caution, take caution to live longer. you see, Is that okay. Step by step?

(Audio Time Disc 5: 0:59:30)

END OF DISC 5