

# Creating Cultural Empathy and Challenging Attitudes through Indigenous Narratives:

## Narrative transcripts



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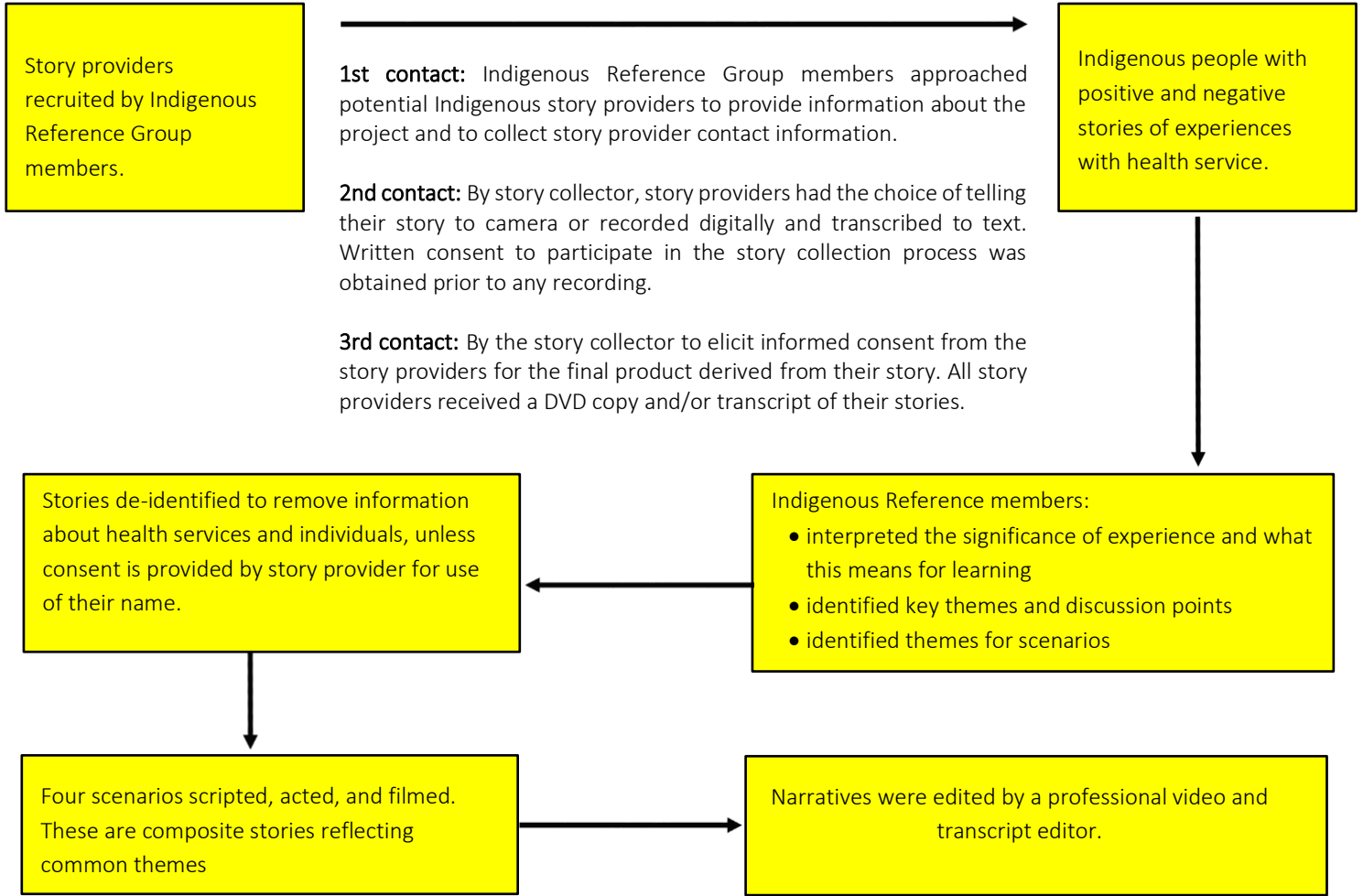
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# Methodology for story collection

## Methodology

Project leaders	Project team	Reference group
- 1 Indigenous member - 3 non-Indigenous members	6 Indigenous members 2 non-Indigenous members	9 Indigenous members



### Story provider choice:

- to relate their story to a male or female story collector.
- for use of their name. If story providers did not consent to use of their name, a pseudonym was created.
- to tell their story direct to camera or recorded digitally and transcribed to text. If participants had concerns about the persistence of their images, then participants were advised to have their story digitally recorded. Digital recordings were transcribed to text, after which the recording was destroyed.
- to take their story further to assist in system change. The story collectors advised story providers of options if they wished to take their experience further.
- to access counselling services. Story providers were offered free face-to-face or telephone counselling.

## Narrative transcripts

### Artist's story

Previously, I had the five kids over here at the hospital. Old hospital, yes. We had a doctor up here in those early days when I had the babies. He was pretty well good. Yeah, but then the mine sort of closed down at that time and that's why they had to close the hospital.

In those days, back in the early 70s and late 60s, I had to go down to Perth to have... One baby I had there. I had to go three weeks before, but I got sick of waiting up there, so I came back. Then they had to fly me up there on the day. But it is very hard for family, coz I had all these little ones, see? And I had to go away and have him down there. But then, it was right when I had him. I came back a couple of weeks after.

It's a lonely trip, you know. Even when my husband had to go to Royal Perth for... Oh, he must have went about five times in 2009. He had to fly down himself and stay there. But, like, we went down during the week, whenever, to go down and see him.

And now, nowadays the mothers have to go away from here. I've got a young granddaughter, she's going away to King Edward to have her baby. But it's really good down there, because everything is there.

Family is going with her. Mother and father and family is going down there with her. And her man going with her.

The health service is pretty well good here. I've had no problems with them, but from hearing other people saying this and that, I just say, 'Oh, I got no problems with the Nursing Post up here and the AMS is pretty well good. They come in once a month, bring all our tablets.'

They do a wonderful job. We've got a lady, she deals with women. Then I got me nephew, he's over from Geraldton, he deals with the men. They weigh the men, do their blood pressure, do their hearing, and everything like that.

And if you have to go and get your eyes done, they make appointments... Or ultrasounds or anything, they make all the appointments to go to Geraldton or to Perth.

And then we got the foot doctor. He comes once a month and does our toenails, because most of our people are all diabetes, as you know. It runs all through the Aboriginal communities.

They're looking after us really well.

## Christine's story 1

[Aunty] had to go down [to Perth] to see the doctors coz they were gonna get her ready to go on a dialysis machine. I call her aunty coz she's one of the elders, that is, she's not really a blood relative but through respect for our elders we call her 'aunty'.

She's one of the local elders from here and not very familiar with the city. You know, Mullewa is just the confined environment where she has been most of all her life.

[She was] put in a taxi [by hospital staff], in a place where she is not familiar with, especially the city. I think it was a bit of a shell shock, for the whole family was at a panic mode up here, as well as in the city. So that was a bit of a scare tactic. Her daughter came in panicking... And that's the reason why I know that it had happened, coz they were ringing up their children in Perth to go and look for Nanna.

Some of the family members lived down there... You know, this is the younger generation... But for a lady at this age, she wouldn't even know how to get on a train let alone put her in a taxi to go to a place.

So they really need to consider before they act. How old are you? Is it right to put an aged care lady in their taxi? They got to make sure that they got their address and that they are fine and safe.

*Interviewer:* She probably knew that her family lived in Belmont, but where?

Apparently, they took her to the Belmont shopping centre. That's where the kids found her.

## Christine's story 2

[Mum] was in Perth at the aged care... Mental health unit aged care. My visit to there was... I cried, I was in tears, and even my mum [was in tears] because it's the first time she went into an institution like that. But because of her severe depression, which came on the suicide of my second brother, it put her into like a mental breakdown state.

I found that there was nice staff and that, but there's no Indigenous staff that's... You know, really there as a cultural person that they can relate to, if you understand? Or even if they had got them involved in doing activities that relate to their own culture, you know? Because that's good therapy. Even if it's scrapbooking with photos or painting... However way they want to do it. But it's good to get them... You know, ask them what would be good, rather than you making the choices for them. And find out a bit of history, not just think that going in there, you know, and you give them this bandaid solution... But then they go home and there's no long term process of follow up.

[Mum is] home, but she's still not the same, still have her downs. She still says that being there she should have had more support, and they just more or less hushed her up... Well, not hushed her, but pushed her out the door.

Coz she was confused she just... Well, 'I don't know where to go and what to do.'

She's seeing [doctors]... Now this is another thing, all her life she only had one doctor, now in the past say four years or three years, she's seen maybe ten doctors.

We got Dr L that comes regularly. I think Dr T would be more Mum's... That Mum felt more comfortable with. Coz Dr... The male doctor... To be honest I don't think he is really very caring or supportive. He's always, 'Well you don't need this, you don't need that. It's all in your mind. You got to get over it.' More or less.

And you can't tell an Aboriginal person that, or any person that has been through that trauma... Twice! Well, actually three times. She's been robbed of a child and through her experience of the stolen generation... Now that's history there. You can't just... You know, you gotta think what's going on in her mind too.

She stays over there [regional town] for the time being. My house is getting renovated at the moment and would be ready in the next say four weeks. So I'm going to get her back home and get her into gardening and, coz I do art, I get her back into art, coz she likes art. Scrapbooking, coz I'm doing family albums for each family member and my dad, so I'll get Mum to be part of that... A lot of history research. Getting her to do a video recording of her connection to country and her life. Just positive things she can relate to, coz that's good therapy within itself too.

I think... Like they say when you're going down south to Perth... It's just a different world, you know? It's a different world. And they not even allowed to have a cigarette and what do you think is going to calm them down when they are having days like that? A cigarette, you know... But they don't understand.

I go to my daughter [in Perth] now... I've been up and down to Perth in the last couple of weeks. The death of my brother had really impacted her, like Mum, and now she's in and out of the... Now she's under [metropolitan area] Mental Health.

I said to them... I had a meeting with the psychiatrist and I said... 'Look,' I said, 'Are you culturally aware of Aboriginal people and our ways of living and our lives and understand our people?' And he said, 'No.'

And I said, 'Do you have any Indigenous workers here?'

And he said, 'No.'

And I said, 'Well, you [are] actually Indigenous, but from another country.' I said, 'How do you feel when you got selected to be in this position and you walk in a room and sit at a table full of non-Indigenous people sitting there, how do you feel?'

He said, 'Oh no.'

I said, 'Well, now you know how it feels for an Aboriginal girl, and the same way all these nurses and doctors having control and she's got no control. You know, you need to listen and understand and support properly.'

So he's actually written a good comment letter, positive and supportive, and he was taking it back to the Board.

So I said, 'Just really consider, there are other options that you can use and alternatives. When they are on a [drug] high you have to restrain them straight away, but after that three day period you need to start adapting them back and bringing them back to the reality of life. And if it's where they need to have counselling, anger management, you know, get all those things in place other than just pushing them out the door. Because once you let them go out that door they are gonna be back again, but if you show them that there's education on drugs... On whatever it is, on depression, how to control it and that...' 'No good giving them a paper because when you're depressed, you don't want to read. Show them visual stuff and even talk to them about things.'

He said that he would take it all back to the Board.

And I said that it would be a good thing if he did, because if I didn't come here... Because I think about other parents that just give up on their children while they are right there in hospital... But I'm not one of those mothers. I love my daughter and I love all my family and if I can be there, I get up. If I have to be there in the morning or at night or whatever, I'm there. I don't care if it's a five hour trip, a four hour trip, whatever. But I'd like to know that I'm getting support at the other end too.

When they get them onto therapy programs and things, you know, in the first couple of months, it's best if you pick them up and take them, not expect them to find their own way there. They get distracted in that process of going, leaving the house, and if they're not in the right frame of mind they can be easily lead too... So these are things that you have to really consider too.



It's good to have an Indigenous Liaison Officer that can come in, talk to you, talk to the family, and just support. Explain at our level of understanding... Because if you are coming out with words that they don't understand, it just goes in one ear and out the other.

I was actually there, I was very persistent about getting the search for my brother. And the police ruled that out and said that he wasn't in the bush, where they [eventually] found him. And I went through to the Ombudsman and the Minister and everything and they ended up... They started the search about a week into it... And that's when they found his body.

So that's been a big impact on me as well as my family, but painting is my therapy. I just love painting. It release a lot in my heart, even though I am painting about something else, but I'm still releasing all that pressure, build-up of that stress. I have the old antidepressant, which helps me get through the day. But, you know, coming in here to these women [community group] and that is a big thing too, because we're a good close little support... Strong little network we got happening. And you know, we were all born and raised here. They are a lot older than me but I look up to them as they're my role models and just love to continue to do what they did when they were my age. And now I am here for them.

I live in a house now with my partner until my house is finished renovating. And his son got burnt from head practically to toe, third degree burns, and all he's doing is drinking. He said he went to the doctor and talked to the doctor about it and the doctor was no help. So I don't know what to do, because he's 24, but he does need some help... To help him mentally.

He has his dad there but he needs someone else, not his dad. I been talking to him a little bit coz I organised counselling and everything with him, but he didn't go through it all.

He nearly had his first anxiety attack last night because he was panicking. So I give him one of them [medication] just to calm him down, but I think he's got a mental problem where he needs support and help. You know how they got all them branches in Perth? Why don't they have something in the [regional area]? Because they're getting taken away from their own country and the best medicine is your own ground.

[Health professionals] really need to do their cultural awareness training, to understand our people, the way we are, and the history of our families as well. You don't have to go into the depth of it, but it's just about understanding our culture and how we live.

You know, we have different rules and regulations to other non-Indigenous families. I'm not saying that we allow certain things to happen but what I'm saying is, we Indigenous people tend to... Your aunty is like your mum, you know? Like, we're family orientated. Very strong support network with families. So I think they need to be aware of all this too.

[We have a] circle of care. Like, if you can't get any family members, like the mother or the father or the brother or the sister, always ask, 'Is there any other close families around that we can contact that can help us with this patient?'

## Clarrie's story 1

Another big problem I found is, um, medical students. They read up about Aboriginal people, written by white anthropologists, and the assumption is that Aboriginal people are... Their children are under-nourished. Now you can look at my fridge and I had three different wives, but they all said I had a full fridge. I'm a good provider and my kids are well provided.

I had a son who had a... Stomach swelling up. And he had an infection in there that was very bad. Only the fact that flew him to Perth that found the infection. But in the town I was in, the doctor and them looked... 'Oh, that's normal build for an Aboriginal.' Well, my surname is Cameron, it's not 'Normal Build'. Our Cameron kid was a pot guts. Might be in South Africa, yes... The starving mob. But some anthropologist or somebody in the government department wrote that and expected that to be in [regional town], and treated my kid like a third world child.

No! That's... I nearly lost a son because the medical professional... The doctor found out what was wrong with him, instead of sitting back having a look at him and say, 'He's alright.'

I haven't had all that much trouble except this putting everybody in the same categories. When you have a look at somebody, find out what's wrong with him. See, my son had an infection, a pretty bad infection in the stomach. He could have died. It wasn't just malnutrition with a protruding stomach, and things like that. Find out what's wrong.

I seen this too many times. Because I'm supposed to be some sort of a... Well now, I can talk loud, now that I'm over 70 they can call me an elder. When I shout, somebody listens. Prior to that, if I shout at somebody, I'm creating a disturbance, I go to jail whether I'm in the right or wrong. I'm black skin, I go to jail if I make a noise. Now I'm an elder... Yeah, they listen to me.

## Clarrie's story 2

My first dealings with what you call racism, prejudice, was around about 1944, during the war. On the train was an old Jew, and the conductor threw him out in the cold winter on one of the sidings. And, ah, Dad told me, 'They white fellow, don't trust him. Look at him, prejudice against the Jews.'

That's the first thing I learnt about prejudice. And Dad had to tell me, 'Look out, they prejudice about black fellow too.' But this was an extreme case, where the old Jewish chap was kicked off the train. This is in Australia, it wasn't in Hitler's... It was in Hitler's time, but it wasn't in Germany. He was kicked off the train by an Australian, a white Australian, so that's blatant racism. My first introduction to it. And I was about five and I've been experiencing it, seeing it, time and time again.

Now the point is, because of that... I'm an Aboriginal and I'm old, I'm an expert on white Australians. I've studied them for 70 years. Aboriginal people are the experts on white people, coz I learned to live with white people from kindy upwards. Look out for white fellow, he'll kick you in the ass... You're always in the wrong.

But a lot of white fellows, they don't deal with Aborigines. And they go to Uni, they get their PhD, then they go and study... They in their late 20s when they meet their first black fellow. Well I didn't... From kindy up, I been dealing with white fellows. So Aboriginal people are the experts on white fellows. White fellows... I don't care how much PhD you got, he's not an expert on blacks.

The professional has read all about Aborigines written by somebody... And my main trouble is, well, where do you fit me on what I call continuum of Aboriginality? I mean, you got the Aboriginal people, the tribal people from the bush country here. You get the half-cast in the middle, he been to school and things like that. And you get the other fellow, he got a decent job. Then right on the end, you get Aboriginal doctors and lawyers. And they're still Aboriginal. Now, from here to there, on the continuum of Aboriginality, along that line, where would you put me?

I was born in Wiluna. I couldn't talk English till I was six. I've been a lecturer at Adelaide University, I got my degree and I've been a university lecturer. I've been a legal service lawyer... All that, right along. I've been an underground miner. Where do you put that? They want to pigeonhole people. You can't.

### Clarrie's story 3

I've had a friend of mine stuck in [psychiatric hospital] by the mental professionals.

And he didn't understand English to understand the question, so he was there for six months. We had to go and get him out, because the mental health professionals were asking the wrong questions and he didn't have the ability to answer. That was dangerous. This was the mental health professionals. Whereas I had to go down and just about interpret for him. Got him out of there. And you ask him a question, he shrugs his shoulders.

Because he couldn't answer the intellectual white fellows jargon, he was in [psychiatric hospital]. And they kept him there. And he would have still been there, because the white mental professional was thinking on a different wave length as [him] who is a tribal Aboriginal, recently come in from the bush.

A legal service lawyer was asking an Aboriginal chap why he hit somebody. Well, look... Provocation. He says, 'Did he provoke you? Did he provoke you?'

'No he didn't.'

Alright. Then I was walking past and I heard him, I said, 'Hey, mate, did he make you wild?'

'He made me fucking wild, alright. He was teasing me.'

I said, 'Yes, he was provoked.' And the white fellow said to me, 'Keep out of my conversation, I'm asking a question.'

I said, 'You're not asking a question. You're using a word that the man doesn't understand.'

He didn't provoke him, but he made him bloody wild, he made him bloody angry... So this is why we have an Aboriginal Legal Service, this is why you have an Aboriginal Medical Service.

There was a lacking in legal service, the Aboriginal Legal Service... Even the white lawyers could see black fellows going to jail mainly because they couldn't answer in English.

## Clarrie's story 4

Aboriginal people don't like asking for help. This is why you have Aboriginal Medical Services, so the staff at the counter can do an Aboriginal service. Person to person... Uncle and Aunty, and things like that. They provide a service.

You go to the AMS, you, um... You wait your turn. If you're sick, tell them how bad you are and one of your cousins will step back and let you go in first... Doesn't matter whether he got there before you.

White fellow, they'll make you wait your turn. You can be bleeding to death and the other fellow, he's only got an imaginary toothache or something, they see him first. Now it's the service, not the medical professional... The doctor, as you walk in the door, he will see you.

No Aboriginal people going into a hospital... A waiting room... Half the trouble is in the waiting room. The receptionist, who doesn't even open the door for you... And don't swear at her, she ring the cops and you go to jail... And you can die in jail... Get your sickness and you can die in jail.

Now I've also... I had pneumonia in [regional town]. I went in and said, 'I've got pneumonia. I can feel it coming on.'

'Oh look, you're not to say what you've got. Wait till the doctor tells you what you've got.' And, 'Now will you sit over there and wait your turn.'

So I just said to her, 'Listen here, you little white slut...' I lay right down on her desk... I laid back on her desk and I says, 'I've got pneumonia and it's serious. Get me a doctor, get me seen now.' And start kicking the computer and things off. 'I want service now, coz I know I've got pneumonia. I've had pneumonia before.' And the fellow that rung the next morning... When I woke up... I had pneumonia. Two hours I'd of been dead.

The medical professional, he sees you when you walk into his clinic door. Aboriginal problem is you can't get from the front door to his clinic door. There's all that rigmarole you got to go through... Paperwork and everything. And if you can't read and write in the first place...

I seen Aboriginal people get up, sick as they are, go home and die, rather than put up with that. It's the receptionist makes a difference. Yeah, people will go home and die. And that goes for the social service, anybody. You've got to have that cultural... Feel welcome, yeah.

## Clarrie's story 5

One of the best doctors I know was Latvian. And he didn't care what breed you was. If you were sick, he fixed you. And because he didn't worry about your skin, you got good service... Ah, he saw a sick person, not a sick Aboriginal person. And that's the two things.

A person is a person. He's a sick person. He's a hungry person. The person is hungry. Use the word person, and then for some special reason, then you can refer to their nationality. And there are reasons for that too.

If I tell you about an old fellow sitting in the side of the road... Anybody can be an old fellow. But if I told you there was an old white fellow on the side of the road, or an old black fellow on the side of the road, you got a picture of somebody on the side of the road. But I use the description to make the story right, and you got to use the racial term sometimes to get your story properly. Otherwise... I mean, if you're talking about old somebody in the Bondini Reserve or something, if I said it was an old Jew, first thing you... Old Jewish chap... You'll say, 'Well, what's he doing there?' But if I said it's an old black fellow and the Bondini Reserve, you... Expect you get the picture.

With some of the professionals, especially the anthropologist anyway, he's got to stress the Aboriginality... That's where he gets his PhD, that's where he gets his specialty from. But the same fellow, with the fingernail, you know... If he's a white skin, doesn't mean to say his finger is not sore... A black fellow's sore finger is the same as a white fellow's sore finger.

I'm talking to a doctor who is a professional, so to him... Racism or race shouldn't be a problem to him. He's like a motorcar, all motorcars are the same. You can either fix it, or you can't. Health is health. You're a health professional, you fix peoples bodies up.

## Clarrie's story 6

Two brothers sitting down doing a deal, two white brothers. Each one got his own lawyer... And you want to see white fellows that don't trust each other? Have a look when old boy died. Have a look at the will... It's all gotta be laid out and everything.

So if I don't trust white fellow, you don't blame me, because white fellow don't trust his own brother. White fellow don't trust the other white fellow unless he got a lawyer to support him. So white fellow taught me well.

I been here with a lot of white fellows and I tell them, you know, 'White fellow can't be trusted.' And they look at me and say, 'What, you don't trust me?' I say, 'You blokes don't trust yourselves.'

Black fellow don't travel like that. The community keeps him honest, or if he is dishonest, the community knows he's dishonest. He's allowed to be dishonest. Then they know, don't trust him. And he knows not to ask, coz he knows he's not trusted.

## Des's story 1

I'll tell you a story about when I was at the [regional hospital] working. They had an Aboriginal elder, he was a traditional Aboriginal... He was more like a chief sort of person. He suffered a stroke and all the complications that go with it. They sent him down to Royal Perth and he spent some time down there.

This old chap... He wasn't old, he was a lot more younger than me... But he was bedridden, disabled, and he was confined to a wheelchair and he was put into the hospital.

They brought him back to [regional hospital]. But while he was in there, they had this young medical nurse looking after him. She was, oh I don't know how old, but in her 20s. She'd obviously had no interaction with Aboriginal people before... You know, from my estimation... She had no idea about cultural awareness. She treated this old man with contempt.

She sort of stood over him and demanded that he do this... Things that he couldn't do. Obviously he was bedridden and he sort of wet himself and that sort of thing and which annoyed her. She wanted him to do things like change himself, which he couldn't do coz he couldn't move.

And this sort of upset him and really disturbed him... And he sent a message to me, as the Aboriginal Health Worker in the region or in the hospital, to go see him, which I did. I went and seen him and he explained all this to me. And I could see, you know, when the nurse came in... She was very abrupt and rude. She wasn't the person that should have been there. Coz, you know, I had a bit of authority in the hospital like, as a health worker, so I asked the medical staff if we can discuss this. Which we did.

And I suggested, because he was getting into a state where he was getting very stressed and it wasn't doing him any good if it was affecting him... I asked if we could send him back home to Wiluna to spend a week with his family. Even though he was handicapped and that, but the family wanted him. So we took him back there and he spent a week with them. And after a week they brought him back to the hospital and put him in the aged care centre.

And it wasn't long after that he passed away.

But just the fact that he'd been... I don't know, ridiculed or, you know, been tormented by this young nurse... I think, you know, sort of aggravated a lot of his... Himself. I used to go and see him after, but he was never the same man. But somehow or another I think it sort of affected him and he passed away.

That's a story which I experienced and I'm always keen to tell, because there was a confrontation between two different cultures and it was just that one culture was overpowering or more demanding than the other.



## Des's story 2

When I was working up in the Murchison, part of my job was to visit the communities. And there's a community north of Meekatharra where I used to very regularly visit as part of my working. And I became good friends with the old traditional elder for many years and we got on extremely well.

He sort of showed me around, introduced me to his culture and his country. And, of course, eventually he got sick. And he was a diabetic and being an old traditional person, he wasn't very compliant with his medication. His diabetes got on top of him to the extent where they had to amputate.

He was then confined to a wheelchair. But all the while he was in hospital down in Perth, he was under the care of the physiotherapist. And they looked after him extremely well. They provided him with all the equipment and the instruments that he needed, and they took a very keen interest in him and really, you know, helped him.

While he was in Perth, he had a prolapse and he went into a coma and they thought... Everyone thought that probably could be the end of it. But being traditional Aboriginal people, with a strong fighting spirit, he came out of the coma. And to the extent that he was well enough to be sent back to the community.

They provided him... The Health Department provided him with a wheelchair where he can go around the community and visit all his people, plus the fact they also used to take him out to the bush, you know, and he could drive around in his wheelchair.

I'm very proud of what they done for him, you know, they basically brought him back from the dead and gave him the last few... 12 months of his life back in the community. And to me, that's a very wonderful achievement.

### Des's story 3

I had no prior training or knowledge about, you know, health and that. And I'd never ever worked, you know... Or never ever sat in the room with a woman, more so a white woman. When I got the job they said, 'Well, this is your desk here.' And across the room was another desk, where the nurse was sitting. And the first time I've ever been in a room with a white woman, you know, for so long.

And it sort of... It was a bit of a culture shock to me, I suppose, because I had to change my ways from being a man, or rough man, to being a polite man. And one of them... The main thing was to control my language and, you know, talk appropriately. And not to stare at the lady, and you know, which was normal, coz women can be so different in their body language.

But this woman, this nurse who I was working with, she's a fabulous woman. I admire her even today. She sort of took me under her wings, helped me a hell of a lot. And she was a single young woman. She was a child health nurse... Community health nurse. And, yeah, we got on very well you know. And coz I... After a couple of years I suppose... I became a different man, you know. I was more... More sociable, I suppose. I taught myself, not to say stupid things, not to swear.

And, of course, we had arguments and that. And if we had an argument, I'd have to go outside and then say those few magic words that help you to settle down. I won't tell you those magic words but!

I think the first thing was trust. She had trust in me and which sort of built up, um... Made me build up my own trust. And she sort of made me understand about Aboriginal culture... More so, about the problems that are out there in the community and that I was in a position to go out and help them. And she sort of helped me to go out there, to mix with the people, to talk to them, and showed me what I had to do, how I had to do it. And she built up the confidence in me.

And aside from being a good friend, I think she was the first white woman who I sort of really could respond to or relate to. And I think the fact that she and I got on so well together... I mean, she told me when I was doing things wrong, you know? She certainly got stuck into me.

In the Health Department... That is one of the most difficult jobs I would have ever done. But you look at the good stories and compare to the bad stories... You know, the good stories, you helped someone to get better, you looked after someone. And that person might have deteriorated and died, but I sort of kept in contact with that person and looked after them.

When I say 'looked after', it's not only being there and providing medication, but it's being a friend. It's... You're there to comfort them. You're a jack of all trades, you know? They want to tell you their stories and you sit down and we talk. If it's an old person, we sit down and we talk about the old days. And that way, he's hearing my story and I'm hearing something different from him, and it makes him feel good and it makes me feel good and, yes... I've worked with people who became very sick, until they were taken away for better treatment, into a bigger hospital sort of thing. And it always saddened me when someone I worked with had died. I mean, that sort of makes me want to get involved a lot more.

## Des's story 4

Unfortunately, I do have a medical problem and... A pretty serious medical problem. And I am sort of under the doctor and I have to live in Geraldton. The doctor believes it is more better for me. And I agree with that, yes.

But I also miss my home, you know, which is Mt Magnet and the surrounding district. Because I've always worked throughout that region and my life was about going out in the bush with my family, living off the land, living with bush tucker. And go out and the kids enjoy it, I teach them a lot about what's out there in the bush, I teach them about the country, and I teach them about our culture.

I enjoy taking my grannies [grandchildren] out to the bush and showing them... I suppose it takes my mind back to when I was a kid and Mum and Dad used to take me out bush. But even so, you know, when I was young we lived out bush, that was part of my lifestyle. But, you know, for me to go back out to the bush with my grannies and talk to them about the bushland, the culture, and all them sort of things, it's something... Obviously I'm passing the culture onto my family.

There's nothing better than coming to a spot and remembering something about it, like you said, and talking about it. Some of the things that I've done... If I don't go back there, I'll forget them. It's a story about something that's happened a long time ago and I think it's good for people to hear about how different it was many years ago.

Now that I'm older and experiencing this type of lifestyle, I can understand. Throughout my years I've worked with the Health Department, and I've seen a lot of the old people taken away from their homeland, sent down to Perth, and, you know... Obviously they had to be sent down there for a reason, but a lot of them don't make it back but. And even myself, you know, I don't like to go down to Perth. Because, you know, it's just that when you're sick and you've gotta go to hospital... Yes. And Perth is the only option I've got, but... I think to myself, 'Oh, why can't I stay home?' And being a heart patient, I know it's pretty hard, but my needs and my... The longing for my family and my country is very strong.

And I know I have to live by the rules of what the Health Department is saying, because I can live a few more years and spend a few more years with my little grandchildren... And I think that's one of the most important things, a lot of older people is their young families.

And when I go back home, I feel more contented and I don't think about my health, because I can walk out of the house, look up at the hills, see all the trees, and I know where I am. And all these thoughts come back to me...

## George's story 1

I am actually telling a story about what happened to my extended family at the [regional hospital] approximately three to four weeks ago.

The situation sort of started when one of my older sisters was very, very ill, and in the regional hospital. Apparently she broke her hip. And at this stage the lady was 88 at the time.

She was in hospital at the time she fell over and broke her hip, while she went to the toilet. And according to the family, she shouldn't have been up and about walking herself, so it's probably one of the reasons why maybe she fell over and broke her hip.

But to cut a long story short... I mean from all this, I mean, she actually had a stroke while being in hospital.

The family rung us. My family is actually from Merredin in the Wheatbelt but I live in Perth, and the family from [regional area] rang us to say she wasn't expected to live too much longer. So as a family, we decided to go up and actually see my sister before she passed away. This is what we sort of do in our Aboriginal culture side of things.

So yeah, we went up, went up and saw her and, yeah, she wasn't the best. And I mean it was just a matter of time before she actually, you know, passed away.

And I mean, just sitting there and listening to her and looking at her, she knew she was about to go, coz she... Our way, she could see her family, family members around calling her, but no one else could see who the family was. But it was like the spirits of the family members were around, you know, calling her, saying, you know, 'We need you to come with us, it's your time to go.'

We actually went up on a Wednesday, but she sort of hung on, hung on until most of the family went up and seen her from our side of the family. And she actually passed away on the following Monday.

And the situation that arose was when... Aboriginal people and extended families actually all congregate together and, you know, just talk about family stuff and all this stuff. So we were outside the regional hospital talking as a family and one of the local... It was a local Nursing Coordinator in the Palliative Care section, actually sent out the security officer to tell us to all move on, because apparently they saw someone drinking.

But little did they know... There was an esky there, but it was full of water and cool drinks, coz in [regional area] at the time it was couple of days where it was the 45 degrees, so it was stinking hot. And, you know, she made the assumption that we were all sitting around drinking.

So the security guard come out and told us, you know, we actually we need to move on. He was given the directive from the Coordinator of Nursing to tell us to move on, otherwise they're gonna call the police and we were gonna get a move on notice.

So the family got quite angry about what happened there and myself and another family member

said there's nothing, you know, we can't do nothing at the moment, you know. But we told the security guard we're not moving on. We are here as a family and we come here to show our, pay our respects to the old lady that was passing.

So the very next day myself and one of her daughters teed up a meeting with the, I think it was the Director of Nursing at the time, and her manager, and we spoke about what did happen. And they were quite shocked at what happened and I said well, you know, you've gotta realise, in our culture it doesn't matter... One or two people... We come as a big extended family when things like this happen.

Yeah, they were worried about people walking in and out, in and out, you know. Large extended families going in and out and see the old girl before she passed, but we tried to say 'this is our culture, this is what we do in our culture,' because she hasn't got long to live. But, yeah, then both the Director of Nursing and also the manager decided to... 'Okay, how can we fix the problem?'

Coz at this stage, there were both her daughter and her granddaughter, were actually staying in the room at the same time, coz they wanted to make sure everything was alright. Just wanted to keep an eye on her and look after her, like in her last days. And one of my sisters went up there on the same, on the Wednesday we travelled up, and she actually stayed the night too. And they sort of kicked up a ruckus about that as well, having an extra person stay in the room. But little do they know, they don't realise our culture, what it says.

A few strategies were put in place for us, to make things a bit more comfortable between the nursing staff and our family, you know, walking in and out all the time. So we sat down and worked out a few strategies. Saying okay, there's going to be three people in the room with the old girl that's going to pass on, so we want three people in the room. But it was only for one night, because my sister didn't want to stay the next night because of the trouble they were sort of creating.

And we sort of made arrangements where family members that did come after the hospital closed, they go to the front where the Palliative Care was, saying, 'This who I am, if you can call in and let the daughter know that we are here and we're family members that wanna come and see her.' Because some of these family members actually travel from South Australia, so it's a long way for them to come over and not get a chance to see the old girl before she passed.

But in the meantime, yeah, it caused a lot of friction between the family... The family sort of started calling the hospital racist, not the hospital itself, but the people who worked in the Palliative Care section, racist. They didn't know what our culture was about.

From there, a complaint book went down to one of the country services in Perth here. And they actually sent up an Indigenous Liaison Officer to find out what was going on. So, yeah.

So it just sort of blew out a little bit. But I mean, all it was, was a little bit of understanding on the Aboriginal cultural side of things and what's going on in terms of someone passing and with the family obligations, coming to see her from all over. And you know, like I say, family members did come from South Australia, did come to see the old girl, and it was well after the hospital closing.

It was lucky that we, myself and the daughter, knew the process of what's going on and say, 'No, you can't discriminate against us of who we are. And you can't say, you know, tell the police to give us a move on notice.' And we... Some of the families we never seen for a couple of years, so of course, you understand, you sit there and start talking around each other and yarning and you know, just talk about the old days and stories about the mum.

She passed away peacefully and I think all the family that went up and seen her, had seen her. And I mean, when we actually... Myself and my family actually went and saw her, she sort of sat up. Sort of recognised who we were and, you know, that we come to see her. And hopefully you will get better, but unfortunately she didn't. But she sort of got strong enough to actually get up and see family who came and visited her and then she must have realised, 'I've seen them all and it's time for me to go now.'

The women, and also like her son and her husband, you know, they were sort of... She was saying, 'They're calling me, they're calling me.' And she was getting upset by them calling her and she probably fought as long as she could, because she didn't really want to go when she started seeing them at that stage, but in the end she just, it probably got too much for her and she just passed on.

They need to respect the family wishes of doing it [staying in the hospital room overnight], because they wanted to be with her and had to make sure she was alright before she passed on, and make sure she was comfortable and all that sort of stuff. It's not just Indigenous people, everyone should be treated the same. Give the respect to that person and respect their wishes for having someone with them before they pass on.

I'm glad she didn't pass away down here at [Perth hospital], she actually went back home and she died in her own country. It's quite important to a lot of Aboriginal people. If they pass away somewhere else, they want to be buried back home in their own country, and for that to happen to her it certainly was great for her. She's certainly with her other family members up there looking after her, and she's looking down on us and making sure we're doing the right thing too. That's what we believe in our culture, she's up there looking down on us and making sure everything's right.

She does come back in dreams to certain family members, just come back and make sure the family's alright, and everyone's doing alright. If somebody does get sick in the immediate family, they'll see the spirit come back and see her. She'll be encouraging them, you know, 'Get up and get better.'

That's one of our things about our culture, it's very spiritual and we as Aboriginal people treasure, and we will certainly pass it on to our younger generations in regards to that spirituality side of things.

## George's story 2

There was at least 20 to 30 people outside, standing around and just talking about the old days and catching up with family and friends from over in South Australia coming over. And we just laughed and joked and talked. I suppose we were probably laughing a bit too loud, to maybe upset the hospital staff, and they thought, 'They must be drinking.'

This one woman had the assumption that group of Aboriginal people sitting under a tree, esky there, and she presumed that we were all drinking alcohol. But it wasn't alcohol. You know, it was soft drinks and water because it was over 45 degrees heat that day in [regional area] so that one assumption can lead to a big problem.

I mean, they need to understand it and say they just can't treat them not like human beings. Because I suppose the local non-Aboriginal people in [regional area] see groups sitting around drinking in the parks or on the railway station or on the bush... You know, drinking and carrying on.

But they sort of paint everyone with the same brush but, I mean, everyone's not the same. So, yeah. It's just a minority of people who do it. I mean, I just... It's not all the Wangai people in the region that do it, it's just isolated people that do it. It's probably from the Wangai people that come into and haven't got nowhere to live or stay, so you know the next best thing for them to do is to sit under the tree and sleep out in the bush. And this is what they normally do around that area.

Some of the staff sort of, from different nationalities, said, 'We can relate to how you feel.' But you can't. I mean, you might be from a different nationality, but being an Aboriginal Indigenous person living in Australia, it's not the same. You can't relate and say, 'Oh look, we know how you feel because we're from a different culture as well.' But it's not the same as being part of the Aboriginal culture and what we face growing up, since we're this size [indicating a small height] until the very day we die. Our kids are gonna face racism from the first day they're born to the last day they die. They will face some form of racism in some area, be it health, education, dealing with the police, Justice Department or whoever. They will face some form of racism right across the board.

Don't treat us any different, because we're all Australians. Just because the colour of our skin says we're brown and non-Aboriginal person are white, but just treat us the same. I mean, you cut us we bleed red. Our blood's red the same as yours.

## Glenda's story 1

It's been recognised that the Aboriginal people are different people, and especially the really remote people. They're a different people and they have different issues. And the biggest issue that they face when they do come into hospital is isolation and being away from family.

For example, maternal health... Still, even though they've got the diabetic machine here they... People are still deterred from coming in to have maternal checks and things early, because they still feel that they will be sent to Perth. And, you know, being sent to Perth when you got four other children at home can be difficult.

I once looked after a lady and she needed to go to the city... This in the Northern Territory, and she needed to be flown down to Adelaide because her condition was so severe. But she had other children and she'd organised for them to stay with grandma. But she wasn't really worried about the children, she was worried about the husband, who had alcoholic problems. And she knew that when she was not there he would indulge in his alcoholism more. So that was that problem. But having the services out of the hospital system visit that man, you know... She was quite happy.

There are other services you can use and a lot of nurses in the hospital system don't really think about those other services that they can use.

There's always other issues, especially when it's a young family with many children. And a lot of people with parents going through dialysis too... I've seen them taken away from their community and bought into the urban areas and they just... Their treatment is to standard, but their healing is not changed, and it's still slow. And that person is maybe depressed or, you know, feeling lonely and isolated because she's not at home.

Aboriginal families are very close knit and everything goes by what the elders usually say. And being away from home... Isolation sort of deters their healing, and it takes longer for them to get better.

There's a lot of people who don't like to leave home and to come into town. Because, you know, town's too busy, too fast, and they can't just walk over to the clinic, they have to get a taxi or something. It gets expensive and they really can't afford it most times, because a lot of people, they're only on the Centrelink payments and it's not very much at all really. So you do have financial difficulties as well as social difficulties.

There are a lot of things like, in your training, that you feel you don't use. But as you get more experience, you recognise those modules that you've learnt and you recognise the importance of those insignificances, as you get more experience. But when you're just starting off, you're just looking more or less on clinical care rather than the whole holistic care what you've, you know... Everybody's taught in Nursing that health is holistic, but when you're training and when you're first graduated... You don't recognise that until you've gained like four-five years' experience. And then you recognise that.



## Glenda's story 2

With a lot of medical issues or conditions... Doctors and nurses tend to use medical dialogue. Aboriginal people don't understand that, so they have difficulties understanding and they are saying, 'Yes,' to consent to do things where it's not necessary. And, you know, because they're not fully understanding what the doctor's saying.

Easier for people to understand, just the everyday people. And using basic English, and drawing lots of diagrams and things so that people can understand.

Plus, sometimes it takes spending one-on-one time with nurses to gain this. And a lot of nurses, because of the hospital system today... They're short staffed as well... They haven't got time to sit down to do one-on-one a lot of the time. So this is where the areas of Aboriginal Liaison or Aboriginal Health Workers within a hospital system can sort of help that.

Now, when a nurse is rude or abrupt or... She might not mean to be rude or abrupt, but it's just that she's got limited time to spend with a person so... It comes across to the patient that she's rude and abrupt and... 'I don't want to go back there anymore.'

You've heard the expression, 'Broome Time'? [laugh] Where nothing's rushed [laugh]. We've always said that with our Aboriginal people too... 'Nothing's rushed.'

## Gloria's story 1

I was in a relationship of domestic violence for 10 years and my only escape was to play sports on the weekend, where I wouldn't be beaten up. So on Friday I'd go to... Friday night I'd play basketball. Saturday all day I'd play netball and umpire and coach. Sunday I'd play softball all day and coach and umpire and work in the kitchens, work in the canteen. I just put my whole self into the whole lot. I committed myself to my sports. I also worked.

I had to find some way of beating the odds and getting out of being beaten up myself.

Because I was so good at my sports... A lot of my team mates, other players of the games and coaches, they all used to ask me if you're too sore. Coz they'd see the bruising on my face, my black eyes, my split lips, and they'd know that I'd been beaten up. They would ask me, you know, if you're too sore and you're too ashamed to come down, don't bother. But there was no way for Friday, Saturday, and Sunday I was going to stay home and go through it all again, when it's happening four other days, five other days of the week.

I never understood why there was domestic violence in the first place. Coz I never drank a drop of alcohol till I turned 21. And even then, after there, I was always really not interested in alcohol. It didn't have no effect on me. And the drunker you got, the stupider you got. And I found with myself... I loved dancing so I'd spend more time dancing I think than arguing!

The first husband and the domestic violence, he broke my jaw in two places and I had a plate put in. I just said, 'Enough is enough, I can't take this anymore, and upsetting the children.'

And I've since asked the kids, since they've grown up, whether it was my fault of staying, putting up with that, and for them to be witness to him. And they've all agreed that yes, it was your fault. Because knowing now what they know, you can walk away from.

Because two of my kids just been through domestic violence, including this one. But she hasn't realised the reality of it, what it can do, how it can harm your children. Like my kids, the eldest one is 42, 41, and 40 years of age, and the baby is 22. And these three children have all told me it was because... 'Now we think that we can do that to our partners and get away with it.' But getting out of that situation was the best thing that I ever done.

One of the things that the medical profession needs to know is that a lot of people like myself have been through trauma. So when we go into those places, the first thing that I think medical professionals need to do is find out a little bit of the background history, even if it's over six months.

## Gloria's story 2

I bought up some children from Geraldton for a holiday, the long weekend that's just gone by. And we went out to [Station]. There were a lot of flies out there, mozzies and midgies, whatever. My daughter got bitten quite severely by the midgies and sand flies, and she had an allergic reaction. With that allergic reaction, we had to come straight back into town to try and find somebody to help her out with it, because I don't understand the allergies.

We got back into town and we rang the Nursing Post. There was nobody there. They sent the ambulance. The ambulance took approximately four hours to get to us. It was quite dark when they left here. The ambulance driver, I guess she's a senior officer, suggested that we go to Meekatharra. And I told the ambulance officer that I am going back to Geraldton, would it not be better for her to travel with me to Geraldton?

She said that wasn't a good idea, that there may be complication on the road. And in the meantime, the daughter was suffering with a lot of itching and still swelling from her face all over her body, her legs, arms, chest. And the ambulance officer insisted she goes to Meekatharra.

When Karis left here in the ambulance, she was in front with the nurse and baby [7 months old] was in the back with the other nurse. The baby started crying and got really quite upset. Karis and the baby are very close. And Karis insisted and asked several times to stop on the road and give the baby a feed. The nurse wouldn't stop. Karis got quite upset with that.

When I spoke to Karis, she said that she wanted to go up here and punch into this woman who's the ambulance driver. I really think that she should of... She's doing her job, yes, with the ambulance driving. But she should have taken into consideration the fact the baby was upset and she wanted to have a feed. She's only seven months old and she can't tell them, 'Can you pull up please? I need some titty.'

When the baby was sitting in the back of the van, Karis was in the front, and the baby was crying pretty severely from what Karis tells me. And the ambulance driver wouldn't pull over to the side of the road so Karis could get in the back and feed baby. For safety reasons, true, as well. But I beg to differ, where do you draw the safety line when child's hungry? Like it wasn't... Didn't seem to Karis that it was so essential to get to the doctor where there may be the case that the doctor would say, 'Oh, just allergic reaction. Take a pill or two and you'll be right, Jack.'

When she got up there to Meekatharra, she saw a doctor and all they gave her was some cream and Panadol to ease the itching sensation. And her partner, who followed the ambulance up, bought her back.

She doesn't ever want to get into another ambulance, and I can't blame her for that. But then, if it's life or death, when and if the occasion ever arises again, she'd have to go by ambulance because there would be no other way.

### Gloria's story 3

I had to have knee replacements between year 2000 and 2005. Before I had the knee replacements, I suffered a lot with hypertrophic osteoarthritis, which is the knees not having any cartilage and then it just grinds, because there's no cartilage your knees just grind together, bone on bone. Which makes it very difficult to walk and stretch, raise your leg up steps... And very, very painful.

I'd go to the doctor with the complaints of it and the only thing he would give me is a cortisone injection, some Panadeine Forte, and go home and rest, and you'll be right, Jack. Doesn't work like that, it's continuous. I suffered with my knees from 1985 to year 2000 and in that time they did... There was a doctor in Geraldton that wanted to... He wanted to fuse my knees. And I had a bad reaction to that idea. And I thought, if I have my knees fused I'm going to be walking stiff as, I don't know what.

I imagined myself on those long wooden things... Stilts is it? That circus people use. I imagined myself on that and how stiff I'd look and walk... And I sort of, I backed out of it.

But in the meantime, I did a bit of research on my own and found that there could be a knee replacement. I managed to get to a specialist, an Orthopaedic Surgeon, and he said that it was possible to do knee replacement.

I had the first done in 2000, which was the right leg. And then in 2005, I had the left leg done. Since I've had the knee replacements, I've had no pain. No pain at all.

And with my knees now, when I go through the airport, you've gotta go through the security gateway, my knees go off! I get security coming at me everywhere. Quite shame [laugh]. But it's come to the point where I stand there and laugh now, because they're searching me, they're trying to find where this gun is [laugh], 'What knife have you got?'

I had five operations, three on the left knee and two on the right knee, even before I had the knee replacements. And the specialist that did my knee replacements, he was devastated at what he saw. He said that it should have been done in the first instance rather than prolong...I ended up being addicted to pethidine. It was just like I couldn't even lay down and think about a sleep without calling the doctor, 'I'm in pain.' And I found even though I was in a slight pain, I was starting to put on an act of pain. And that was very scary. And it was a good doctor who told me that. It was a doctor from Mt Magnet, he was there, he said to me, 'Do you realise...' He showed me all the medication of pethidine that I'd gotten a week, and it was scary. I was drunk on that than what I would be on a carton of beer.

He turned around and he said to me, 'If you don't stop it, you will die, because the pethidine is going to kill you.'

So I did a bit of reading up on pethidine... I did health working in 1985... And I read quite a bit. I went to a medical professional lady, she works in the [regional hospital], and I asked her to give me some information and where I could get further support. And with her help, the only thing I have is couple

of panadol. Otherwise I just knock myself out with working and get myself tired. And I keep pretty busy otherwise.

But yeah, if I hadn't had that doctor there to tell me that I was gonna kill myself, not because of my legs, but because of pethidine, I wouldn't... I know that I wouldn't be here today.

Coz I was having two, three shots of pethidine a day and I did that... My husband, he started to get concerned about it, because he couldn't get a decent conversation out of me. He'd come to the point where, 'Shut up. Leave me alone. I wanna have a sleep.'

'You wanna have a sleep because you're doped up to the max.'

Coz every day I thought I was Jackie Boy, just getting stoned and... Well, I don't know about stoned but, you know, whacked out of it with pethidine. So now, whenever I have an operation or anything, I'm not allowed to have any pethidine.

When I go to hospital, I've got a little jar of the sand... It's called wandarri sand, but I've powdered it down. I sifted and sifted until I got the fine powder. And if I have an injury, if I'm having an operation, a couple of days after I get out of hospital I just put the powder on and it heals just as good as Betadine. It heals better than all the creams that you can come across. So I found my own self a little bit of extra medicine. Been there all the time, we're walking on it.

I got my kids into the way... I noticed with Penny, I was over at my second youngest baby's house a few days ago and I said, 'What the hell is this, Penny?'

And she said to me, 'Mum, that's sand. Don't you recognise your own wandarri do?'

And I was, 'Sand? What are you carting sand around for?'

'Well, you've got it in your bag.'

And I said, 'Yeah, I have too.'

So even a little knapsack that I carry, I got a little mixed container of sand. It connects me back home. If you can't get better in hospital, get out and get better at home.

## Gloria's story 4

The connection for myself to the land is really, really important. I need to get in touch... I need to always be in touch with myself and just not by alcohol, drugs, drink... You know, all that kind of stuff. It doesn't appeal to me.

I play the spoons. So whenever we travel, the spoons come with me. Always travel with my spoons or clapping sticks. I make my own clapping sticks.

I teach the kids all about the bush and that is really, really important. I gotta keep the connection. And there's a saying that I always use for myself, 'You can take a Bardimia away from country, but you can't take country out of Bardimia.' And I guess that would be for the Australian people maybe how they feel, I don't know.

That's a little motto of mine I keep for myself, and my family has all developed the same motto.

I use bush medicines. I teach the kids about the culture, about the animals, what you can get from them.

Every year, black fellows see a lot of bungarra's... That's a medicine. And the fat, you can use the fat for painting. You can use the fat to help you better yourself. You get the fat, rub it on your skin, and it keeps the skin nice. Things like that.

I'm just learning about... There's three different kind of little shrubs here in the area where I live, probably all around actually, but I've noticed here. One that's medicine bush. Because they're all really closely related, there's one particular part on the bush that you have to look for... You know that's the medicine bush. So I'm still getting a little bit of confusing with it, so I got to get it right. I wouldn't like to teach somebody and they get sick. Oh goodness me, I don't think I'd ever live it down.

And the waterholes, waterholes are important to know.

I get my kids to study the birds when we're out in the bush. I've taught them that if you haven't got water around and you need water, you watch for the birds. When the birds fly up off the ground and go straight up and then down, you know there's water there, because they're not going away. You can hear the cackle and the play from them. Those kind of things for me is really important.

Teach all the kids to track. They know how to track. They know how to find their way North, South, East, and West. Tell the time from the sun from the ground. Just basic simple things, but other people don't think it's simple [laugh].

I find that with people who get sick and... Like, really sick. Diseases like kidney disease and alcoholism, domestic violence... Coming back to country may be a healing. When the oldies know that they're not gonna last forever in the city, they insist on coming back home. But I find with the medical profession, they don't want to know about it. They don't understand that they're our last days, we gotta go home.

And it's like the same with people in jail, the law doesn't understand that... If there was someone put in jail for a serious crime like murder or something... The law doesn't understand that these people have to go back home and face disciplinary reaction from our elders. It has to be so, because otherwise it goes on and on and on. And maybe next time you do another one, and next time you do something else wrong.

Discipline is really important, and the understanding. Medical people need to understand that Aboriginal people got to go back home. They have to go back home. As soon as they're asking, 'Let me go home.'

They should really have somebody there that knows of these situations, know how they feel. White fellows just don't understand. One of our elders now, in [regional hospital], she wants to come home and they won't let her home. They reckon that we haven't got the qualifications to bring them home.

We might not have the qualifications, but we've got the home environment and without asking them, we know that it's their time to pass on. That's why they want to come home. They want to be in their country, not in foreign country.

I wouldn't like to be down there... When it's time for me, I'm going to be in the bush. I don't care if I dig my own hole to be in the bush, but I'm going to be in the bush. I'm not gonna listen to no doctors. As long as I live, I am going to be in the bush. If I had my way, I'd be buried out on [Rock], coz that's where we all originated from.

You have to come back home, then our spirits are free, we know that we've seen justice for our land and we've done the right thing on it. Make the old ancestors happy. We come back home. That's the main thing.

I wouldn't change my culture in myself for anybody. Too important to me.

## Gloria's story 5

Aboriginal people go to a doctor and the first thing the doctor says is, 'How can we help you?'

Well, sounds strange to me for a doctor to say that, coz I'm sick. Could you not ask me, 'Hello, my name is whatever...' Get a bit of trust between a doctor and patient and, 'What can I help you with? How are you feeling today?'

They never ask you straight away what the problem is. They go into a lot of detail, or sign your name here, sign your name there. You gotta fill out papers and everything. Black fellows don't like filling paper out. We like to just go in and say, 'Well, today, I feel like not wanting to live, not wanting to be healthy. I don't feel healthy and I don't feel well.'

They need to know how to build up a trust and get an understanding of Aboriginal people's language. Aboriginal people are not that educated. You got people from the desert, they can hardly talk, but if you point to parts of your body and maybe even draw a picture, pictures talk... They can tell you exactly what's going on.

It's coming down to the basics, with black fellows study, being on the ground, straight. Don't talk around the bush. You gotta straight talk.

Honesty, building up a trust, learning to know the sign language... If they got a sore eye or... My ears sore and my heart... You know, that kind of thing. Pointing, drawing a picture.

Explaining to them what can happen, what can go wrong. Black fellows don't understand with when you get sugar diabetes. If you happen to know something's wrong with your toe, you go to the doctor. They tell you your toes got to go off and in a year their leg's missing. After when it gets to the knee point... And I seen this in Cue three times since I've been here... When that knee is missing they give up, they die. And they're only young fellows. When I say young, they're around my age 65, 67.

We don't understand. I don't really understand.

If I kick my toe, I've gone to the doctor, I hope he's fixed it up... With me helping to fix it with sugar diabetes. And sugar diabetes patients go through this all the time. 'Why do I have to cut off my ankle now?' And then two years later, 'Why I gotta cut off my knee?'

It's because the disease has travelled up our body, not down our body, around, and gone out other areas. See that's the big misunderstanding with black fellows. And a lot of them are... Only a little few are taking care of their feet now.

The first thing doctors have to learn to understand, that black fellow not always gonna talk to him in his language. They gotta talk down to black fellow language.



## Heart story 1

I'm from the Kimberleys, from around the Broome, Dampier Peninsula area. Grew up in Broome but my father and my grandmother on my paternal side are from the Bard language group, which is up on the Dampier Peninsula. But my mum is from the Pilbara and from her side we're Injibandi, but don't know too much about that because her great grandmother was removed and so we know that... We know that we are Injibandi, but haven't really followed that story up.

But I've been living in Perth for the last 30 years... And looks like, you know, I'll pretty much spend my retirement in Perth because my family's here and they're growing up in Perth so, you know, home is where the heart is and Perth is kind of my home at this point in time.

Broome will always be country and Perth will never be my country, but it's a place where I now live. And I must say that when I do go back to Broome, and not so much Broome these days, but when I go up to the Peninsula and go out to country it's a wonderful feeling of just... In terms of your lian, of just being back home. Like going out to the beach and particular places and sitting down and just sitting in country, you just... I don't know... It's so healing and it's so grounding. So I think with Perth, it's me having to learn a new relationship with country and I haven't quite done that because I've been so busy working.

Lian is sort of like your spirit, your soul... It's sort of in this heart area, so yeah, it's more like your spirit. And, you know, some of the Elders will say the lian is sick or your lian is not quite well, so it's around... Yeah, your spirit.

When you're in country your lian is happy but when you're not in country and you're in places where perhaps it's foreign to you, or you are not feeling a connection, your lian can be sad or not well.

Perth is Noongar country and there are different spirits here and different stories and different relationships, which I'm not a part of because that's not something that I've grown up with. It's something that I've learnt through the generosity of the Noongar colleagues and friends that I have who have taught me about Noongar country and have accepted my presence in Noongar country. But in terms of knowing places we can go, that's something I'm still learning.

## Heart story 2

I experienced the story first hand but it was through a relative that I experienced this story. And the relative was my brother, who'd come down to Perth for a heart operation and he went into a private hospital. The people in Broome sent him down and booked him into a private hospital.

And it was just a series of little things that happened which really highlight, I think, service delivery and how sometimes it is just the little things which can create anxiety for Aboriginal people... But also anxiety... When an Aboriginal person you know is quite ill in terms of a heart problem you don't need anxiety because anxiety is what can bring on a heart attack! [Laugh]

I guess maybe I should just give you the context. He went into hospital and I didn't see him when he got admitted because he flew down with PATS [Patient Assistance Travel Scheme] and they booked him into the hospital. And then he went to the hospital and booked in, had his operation.

I called him and said, 'How are you going?'

And he was pretty... Still under. And he said, 'Well, I'm not feeling the best, but don't come yet.'

So I said, 'Alright. Look, I'll wait for you to, you know... Get out of your... To come down off the anesthetic and to recover.' Coz he just had triple bypass which is quite a serious operation. And I said, 'When you're feeling better I'll come out and see you.'

So that was fine, we agreed on that. Then a couple of days later I rang him again and he said... He was sounding a lot better, he'd come out from under the anesthetic. He was recovering and able to receive visitors.

So I came out to the hospital to see him and, you know, he was lying in bed and getting quite anxious.

And I said, 'Well what's the problem?'

And he was saying, 'Well, I'm in a lot of pain and I keep talking to the nurses, but I don't think that nurse likes me.'

And I said, 'Why?'

And he said, 'Well, you know, she just doesn't listen to me.' And he said, 'I keep telling her that I've got, you know... Can I have some more painkillers because this pain is really hurting?'

And I said, 'So what have you said to her?'

And he said, 'I keep telling her that I'm hurting and I'm in pain and she just kind of looks at me and says "oh, you're already on painkillers".'

I said, 'But has she sort of asked you about what you are taking and how often you're taking them?'

He says, 'No, she just tells me "you're already on painkillers" and walks out the door.' And then he says, 'The nurse, the staff, keeps changing.'

I said, 'Well that's what happens.'

So anyway we were sitting and having a bit of a yarn and then the nurse came in again, but it was a different nurse. This time it was a male nurse, which makes me wonder too whether the gender difference made [a difference]... But the previous nurse, she was female and... Anyway, so the male nurse came in and my brother said to him, 'Look, I'm having trouble with the pain. Can I get some more painkillers?'

And the male nurse stopped and said, 'Oh, okay.' Went to the end of the bed, picked up the chart and said, 'Oh, well I see that you're actually already on aspirin.' Or something like that... Can't remember what he said... But he said, 'We can give you an increased dosage. Would you like to have an increased dosage?'

And my brother said, 'Yeah, that's what I've been asking for.'

The male nurse said, 'Okay. Well look, when it's time for your next dosage we'll just up the dosage a little bit and we'll see how you go.'

And he [my brother] said, 'Oh, that's great.' He said, 'This other nurse, she just hasn't been listening, you know? She just hasn't been paying attention.'

But it was interesting how the male nurse responded.

Now, I don't know whether it's a gender thing and whether that's what was happening there, or whether the other nurse had decided that he didn't need the painkillers, or she just wasn't hearing what he was saying. But that tended to settle him down a bit.

And then the male nurse went out then he came back in and he said... Which is another thing, I think, around language... And my brother's not a stupid person, you know, he's educated... But it just shows how sometimes when you use particular terms, how it can throw people. Coz he came in and he said to my brother, 'Okay, so you're on... When was the last time you took your paracetamol?'

And my brother was like... I could see the look on his face... Was like, what? And he was... It threw him.

And then I said, 'Aspirin. What you been taking, you know? The pain tablet.'

He went, 'Ohhhh.'

So I think that the nurse meant well, but didn't clarify it with something... And then they were able to have a conversation.

So that was fine, he got the increase in the painkillers and that settled him down a lot.

The next episode or incident happened when he was discharged and I went to pick him up from the hospital. I was up in his room and he said to me, 'Oh, I can't find my wallet. You didn't take it home the other day with you, did you? When you took my shirts and my clothes home with you in that plastic bag?'

And I said, 'No. Didn't you give your personal belongings to the staff to put into security before you went into the operation?'

And he said, 'Well I thought I did, but I can't find my wallet.'

So then he went to check out and they brought him his stuff and he said, 'My wallet?'

They said, 'This is all that's down there in the checkout.'

And he was getting really anxious.

And I said to him, 'You got to settle down, brother. You've just come through a triple bypass and if you start getting upset and anxious and worked up your blood pressure's gonna go through the roof, and you got to keep your blood pressure at a normal level.'

And he said, 'Oh, well, I need my credit card, I need all my bank cards.'

And we went downstairs and we went to the counter and said, 'My brother handed stuff in.'

And they said, 'Oh, well this is all that was in the safe.' And, 'We don't have anything.' And, 'You sure you didn't leave it at home?'

And I said, 'Alright, look, we'll go back and we'll have a look.'

Now, I live in Port Kennedy, so we drove all the way back to Port Kennedy from Perth [one hour's drive], coz the hospital was, you know, in Perth. And checked the bags out at Port Kennedy and there was nothing there. And by this time he was starting to get quite upset.

We rang the hospital and said, 'There's nothing here. Can you go back and check and talk to the people who...'

'Oh no, no, no, no. We don't have it.'

And the implication was... And he was still coming down off the drugs, you know? So he wasn't thinking that clearly, and he was still pretty heavily sedated.

So I said to him, 'Look, we'll hop in the car, we'll go back to the hospital rather than trying to negotiate this over the phone.'

Because he was getting upset, they were telling him that it wasn't there and maybe he'd forgotten and he'd left it somewhere. So the whole onus was 'It's your fault, you've mislaid it' and they weren't taking any part of it.

And on the way back to the hospital I said to him, 'Didn't you sign when you handed over your stuff? Didn't they have a process where when they receive your bags, you sign, and they sign to say that they've received off you, this bag, that bag?'

And he went, 'Oh, yeah. Actually, you just reminded me. They did sign something. They signed what they got them off me. I forgot about that.'

And I said, 'Where is it?'

He goes, 'It's on that medical slip thing in my bag.'

I said, 'Alright.'

And he said, 'Oh, it's in the back seat.'

So I said, 'Alright.'

So he leant over in the back seat as we were driving and pulled the bag forward and fumbled around [and] brought it out. And he goes, 'Yeah. Look... Wallet, bag... Three items. And it's signed and dated.'

And I said, 'Okay. Well now we've got proof. So your wallet was handed in to them and you've only got two items back and your wallet wasn't one of them.' And I said, 'It's a pity you didn't tell me that when we were at the hospital.'

He said, 'Well I completely forgot, it wasn't until you were talking to me...'

We got back to the hospital and the girl at the reception took his, you know, thing. And then she started getting really, really nasty, you know? 'We don't have it.'

And I said, 'Excuse me, my brother's got a form here.'

And she goes, 'Well I don't know who the nurse is.' She said to my brother, 'You go upstairs, back to the ward, and talk to the hospital staff up there.'

Now he's just had a triple bypass, you know... He's under sedation. He needed to actually... What they'd said to him was, 'you need to go home and rest'. [Now] They had him walking up, you know, catching the lift up to the third floor rather than... [It should have been] 'Well you wait here and we'll go up and talk to the staff.' No, she said, 'You go up.'

Anyway, he went off, because he was really anxious about his wallet. Hopped in the lift and went up.

And then I got really angry with her and said, 'Excuse me, I think this service is not good enough. My brother's just come through a triple bypass. You're sending him running around the hospital looking for a nurse, when in fact you should have some systems in place to track down this person and someone from here should have gone up.'

And she started getting quite loud with me, so I got louder. Coz I looked around and I did it deliberately, coz I looked around and I thought, 'I'm going to embarrass her, because she was trying to shut me up.'

And [she] say, 'We can't be responsible.'

And I said, 'Excuse me, you took my brother's wallet, you signed for it, you guys should have a system in place where you can track down who it was that took the goods and put it into the safe and what happened to it.'

It was only because I started to raise my voice, and said, 'This is his card, his credit card his... Everything that he needs to live while he's in Perth.'

Anyway there were two blokes there and they sort of came in and they had hospital uniforms on, not medical staff... Workers... And the guy said, 'What's going on?'

And I said, 'Oh, this is what's happened.'

And he kind of stepped in and said, 'Look, we'll go up and check out.' So he was defusing and, you know, actually playing the role that the person at the counter should have done.

But it was because I raised my voice that another staff member behind her said, 'A wallet? It's not a small black wallet is it, that you're looking for?'

And I said, 'Yes it is.'

And she goes, 'Oh, well there is a black wallet in the safe. What happened was it fell down the side of the shelf. It's in the safe there.'

And I said to this woman, 'Don't youse talk to each other?'

All it would have involved was actually questioning... Speaking to the rest of the people behind the counter and it could have been resolved really easily.

So then she went came back and I said, 'Yes, that's it.' I said, 'Look, I got to go back up to the third floor.' Because my brother still hadn't come down and I thought, you know, he's disappeared into the bowels of the hospital.

So the other fellow said, 'Look, we'll come up with you.' And he was being very nice.

And we went up to the third floor and as we were about to get out of the lift my brother was waiting there, and he had a really distressed look on his face.

And I said, 'We found the wallet. It was in the safe, it had fallen down the side.'

And he went, 'Ohhhh.' [Relief].

And then we went back down to the floor, we went to the counter. And there was no apology, there was nothing from the reception staff.

And I just said to her, 'Look, I don't think this is a very good service that you're providing here, because my brother was really distressed, you made out that it was his fault, that he lost the wallet.'

### Heart Story 3: Reflections on the Story

So I guess for me, when I thought about it, the issue here was that there were a number of things in my brother's favour. One was that he had me and I am fairly articulate. I also have some resources, so I was able to drive back and forth to the hospital to find out whether the wallet was there. And I was able to pick him up.

But what would have happened if my brother didn't have me with a vehicle to pick him up? And [what if] it was an Aboriginal person from a remote community who'd come down for a triple bypass, didn't have family in Perth, was booked in at a hotel or where they usually book them in, and couldn't get back to the hospital, and didn't have a wallet?

There would have been nothing, no follow up, because they have this wallet in the safe, but there was no way to find out... Who did this wallet belong to? I mean, they could have opened it up and looked at the name I suppose, but there was no contact because at that point in time the woman who'd found it down the side of the safe didn't know that someone had been looking for it. So there wasn't even any record that there was a query about... The patient had queried about their wallet.

When you are working [with someone who has] a particularly serious chronic condition such as a heart problem, there could have been a whole range of... He could have gone back into another heart attack about... Worrying, 'Where's my wallet?' So, I mean, that's the story that I have, because I think that it has a significance around listening and hearing and process, hospital process.

So there seemed to be a culture in the hospital of not listening. You had the nurse upstairs who didn't listen when he was asking for more painkillers and was starting to get upset. And then you had downstairs where the reception wasn't listening about the wallet.

So, a number of things, other family members may not have asked those questions. It's just because that's what I do. I was able to just go through a checklist with him and then that triggered it. So a number of things in place which assumes that people come with resources and people come with family. And, you know, and the fact of the matter was he was a regional patient. He had come down from Broome. So I'd hate to think what could've happened to someone who was less literate, less assertive, less confident, [less] able to negotiate their way around a hospital system and... Feel so alienated when they get into the Perth hospital system.

So, yeah, I think that there are a number of key things there that health professionals need to be aware of. And also, it's not just about the delivery of the health service but it's around the administration and the actual structure within a health service, how that can impede people and contribute to a poor experience of health care. So it's not just about the actual medical delivery, it's also starting right from admission through to exit.

I know Gardias, or white people, get really embarrassed when you start raising your voice in a public place. It's a bit of a shame thing, you know? They don't like you raising your voice. And I've seen it happen when I worked behind a counter, people start to raise their voice and the policy is [to] try and settle the client, the customer, down. So I thought, 'Well, she's not hearing me, maybe she'll



hear it if I raise my voice a notch.' Yeah, so it was controlled sort of anger. But I thought, 'Well, why do I have to resort to this to get a response?' I'm not saying that was the right thing to do or whether that would work in every case. She might have called security and got me carted out of there, I mean, who knows? Maybe she was having a hard day, but still the job is at the front reception which is a public... She's the first face that people see when you come into that hospital. And I think that what's really important is if that first face is not a welcoming face and it's not a supportive face, then it sets the tone for a person's either entry into a hospital and/or exit. And in this case... Yeah, the exit was not a good one.

I think my brother is aware of racism. He's aware, but because he's also fair skinned like myself, and he's a bit fairer than I am, I think that perhaps the difference around skin colour is probably not as obvious. However, they would've known that he was Aboriginal from his form, where he probably would've ticked the box. So whether that could have been... But whether the reception knew, that I don't know.

But the way in which she dealt with him was very disrespectful and I did wonder, 'Do you treat all your customers like this, or is it just this particular one?'

That was going through my mind, but whether they do or they don't, for me as an Indigenous person and for my brother, this would've consolidated, you know, any thought around... 'Oh well, it's just racism.' When in fact, I don't know whether it was or it wasn't, but you see what I'm saying? It kind of goes to that default position and you got no other explanation for it. And when you look at Aboriginal people who are darker skinned, then it starts to create this whole story of its own.

There are a number of things that probably are key themes. One is about listening and hearing what someone is asking. So with the nurse upstairs, I think that even if you decided, or someone has decided, that the patient can't have any more painkillers, it's important to have a conversation with the patient. Not to say, 'Well, you're already on painkillers,' and walk out the room. And then the next time you come back in and the patient asks again, you just ignore that and, like... 'I don't hear you, because I've already spoken to you.'

To me, that's poor communication, because you leave the patient then to draw their own conclusions. Some people, if they could... I'm sure if my brother could have voted with his feet he would have gone, but he couldn't because he was linked up to tubes and stuff, like the bed. He couldn't just get up and go out. But some people might have pulled the stuff out and said, 'I'm out of here.'

And there were a few things that I didn't say, but he got so angry at one point when this nurse wasn't listening, that he actually did swear. And she kind of was like, 'Oh, you swore at me.'

And he said, 'Well, because you're not listening to me.'

Now, you know, that could very easily have gone into, well... Your 'Aboriginal person swearing' and into, you know, a whole other thing around antisocial behaviour stuff. Rather than... 'Why is this patient getting upset with me?'

So I think the key thing is that you should always listen and hear what someone is saying and then respond to that... And Aboriginal people, even more importantly if they're from the regions and English is not their first language, or if they are a bit disoriented, or they're in a place which they're not comfortable with... It's all part of ensuring that they have a good hospital experience and you're wanting to keep them in the hospital until they're ready for discharge.

But if you're not listening to what they say, then it very quickly can move into another space where the person becomes distressed, anxious, or angry. Or family members may not be so patient and start to get angry. And their anger kind of precedes the way in which they engage with the hospital staff. And then it goes to that default position of the person just... 'You swore at me, you are a bad person.'

Not, 'Well jeez, what did I do that you had to swear at me?' Or, 'I heard you swearing at me, but I didn't hear you asking for painkillers.' Does that make sense?

And it wasn't until the male nurse did hear what he said and went and checked his chart, didn't say, 'Well, you're already on painkillers.'

Because under that, if you actually go underneath that, there's almost assumption of, 'You want some more, what are you doing here? You're double dipping.' Or whatever.

He actually did go look at his chart and say, 'Well yes, I see you are already on painkillers. So you're still feeling pain? Well, we actually can up the dosage a little bit more and then we'll see how it goes.' So he was talking and that was good, I thought that was good health practice.

So I think it's around how you engage with the patient and it just comes down to good communication and not so good communication, really.

And I've been in a hospital for heart care and had a completely different experience, where they were very respectful. But they also were mindful why the person was in hospital, you know. Like, you're in for heart, you're in the actually ICU... Intensive Care Unit... We need to be sure that you're kept calm and that your recovery is good.

But [laugh] there just didn't seem to be this same type of duty of care and respect towards the patient. So yeah, it's only a few little things but it can make a person's journey in hospital a hell of a lot better than it being conflictual.

I think process is important and if a patient is asking about their items which have gone missing, not to assume that, well... 'It's your fault.'

Listen to the story. And the story he was saying was, 'Well, I handed it over.'

'Okay, well someone would have had to been the recipient of that stuff. Let's see if we can track down the person. Who was on duty?'

They've got records of who were on duty so, you know, it's about a process of just finding out who was on duty. Not to just say to the patient, 'Well, it's your responsibility. You lost it, you find it. You sort it out.'

Well, there could have been people who could have played a number of roles and at anytime any of the staff up there could have said, 'Look, we'll follow it up for you. You just stay calm.' I mean, I know that staff are under lots of pressure at the moment coz they're short staffed and all of that, but I still think that you do have a duty of care to the patient.

I think it also talks about power and control. You know, this person has a lot of power and control and to say, 'You go up to the third floor.' [Laugh] [So] you go up to the third floor.

I just think that there are some key points in there which are often at the base of misunderstandings and people's experience of the healthcare and what can sometimes decide a patient to come back or not to come back. I know my brother certainly said, 'I'll never come to this hospital again. Next time if I got to go to hospital, I'll be asking to go to another hospital, not this one.'

But, you know, in Perth you're lucky. You've got choice. You may not be so lucky if you go to a regional hospital, you've only got one hospital to go to. You don't have the choice. So that's the other point.

## Hospital story 1

I was at work one day and my daughter rang me and said, 'K's been put in hospital. I just took him up there.'

And I said, 'Well, what's wrong with him?'

And she said, 'Well, his blood pressure was huge.' He suffers from it anyway and he's been diagnosed with high blood pressure since he was 17.

I got home from work and they were there. And his eyes were still bloodshot, and he obviously didn't look well, and he still had a splitting headache.

And I said, 'What did they do when you went to the hospital?'

And he said, 'They kept me there for a couple of hours, done some tests and that, and just let me go.'

I was concerned because he still had the headache and, you know, the potential of a stroke... He could have been history. So I got him in the car and went back up there.

When he got there, I just said to the lady, 'He's back here. I wanted to bring him in because I think he needs to be monitored. I don't want him home having a heart attack.'

What did she say to me... 'Well, he's already been in once today.'

I said, 'Well, I understand that fully, but I don't think that they did an exit blood pressure with him. His eyes are still bloodshot. He shouldn't be home with us, I can't take responsibility for him if he gets sick, like, has a heart attack at home.' Coz he had that history. I said, 'I would prefer if you could make sure that he sees a doctor, please, rather than a RN [registered nurse], coz I think this warrants it.'

And they said, 'Well, we will see if we got one available.'

And I said, 'Well, I demand that you get him to see a doctor.' Basically...And then he went in... The doctor did see him... But, yeah, it turned out [that when he came into the hospital earlier that day] they just let him out the door, basically, and didn't do any meds on exit.

## Hospital story 2

My daughter, she had a heart palpitation or something more with her chest. He [the doctor] said to her, 'Are you sure your partner hasn't been beating you up?'

I stood up and I said, 'I refuse to listen to this diatribe.'

And he looked at me, and I said, 'Keep to what you are supposed to be treating her for, don't make value judgments. I don't condone domestic violence. My daughter would not be in a domestic violence relationship, because I'm her mother, and I don't agree with that sort of stuff.'

That's what we were brought up, you know... I been there and witnessed people being treated really... In undignified ways.

And now, with all the COAG [Council of Australian Governments] funding coming through, there's a lot more people working there that, you know... Aboriginal faces in the service. I'm happy about that, because I used to work in the same hospital when I was younger, in Emergency. I could see people coming through and they felt really comfortable when they seen an Aboriginal face at the counter. And they'd tell you things that they normally wouldn't disclose to someone else, coz it was that shame factor.

I just think they need to be aware of the other person's values. Really important. And no assumptions being made about, you know, all Aboriginal people drink and take drugs. And when you present an Emergency and you're limping and the assumption straight away... 'Oh, they must be drunk.' But people do have epilepsy and other conditions, you know.

I just think the story from our side of it is, we're sitting there being judged, and all we want is medical treatment. Nothing else. Nothing more, nothing less, than access to a doctor.

I think the staff need to be aware at the hospital, that Aboriginal people do have rights in terms of access to service and the quality of care that they get. But Aboriginal people themselves don't feel confident to challenge that, which is disconcerting, given that it's about health. And it's scary. And they don't seem to follow things up, or just accept that that's the way it is. It's not the way it is. If you're worried about your health, you should be able to get help and get your health checked. But they just disengage.

## Jennifer's story

I used to go to the diabetic clinic, but every time you went you always seen a different doctor. It was hard with the doctor... Seeing a different doctor and constantly repeating yourself every time you seen a doctor. Then something happened, there was a bit of a shake up there... And Dr B she started being the diabetic doctor. And that's when things changed with me there.

She pulled us all in and did a Care Plan. And that was really good because, like, it felt really good that someone took the time out and sat with us. And we went through everything, the way we were looking after ourself – eating, drinking, smoking – and she gathered all our test results and put it in a graph and showed us.

She got everything, what we were doing and what we are aiming for. It was quite surprising, first time ever got my belly measured [laugh], and I thought, 'Wow, getting the works here.' And the aim was to reduce your belly size and do all this.

So having a doctor that, you know, for her to do that she would have had to be happy to go along and say, 'Well okay, I'll fix them all up.'

So we had all that and I was happy, because then we went over everything that was wrong with me... We went through and reorganised my medication. She said, 'Oh no, we'll update this diabetic tablet... No, no we'll check that...' And just went through the whole thing.

She's very good because she won't see you if you don't do your three monthly blood checks. Very strict, but very good. Like, 'Don't come to me unless you've done all that.' Very firm. 'No, no. Go along, go and get those tests. Come back, I'll see you.' [Laugh].

That was really good, everyone who hasn't done their tests go, 'Ooh, we better go and do it.' And away they go.

And they know now that she's like, 'I can't work with you. You've been told. You got to do your test.' She printed it all out, so I've got it in a file now. So if I go anywhere, travel anywhere, I've got my medical file. And if I'm sick, I'll go and show whichever medical place I'm in, or hospital, I show them that. And they can read up and know everything about me and what's going on with me and I like that, I got very happy about that.

Then she's, 'What about your smoking?'

I said, 'Oh, can't give it up. I'm too stressed. I look after all the grandchildren.' And, you know, most Aboriginal grandparents are.

I thought, 'Oh, no. Can't give up smoking and this and that.' And she started on me, you know, about it's all to do within your... In your head. And I said, 'No, I can't do it.' I was smoking pretty badly.

And she said, 'Well, when you're ready.'

So every time I went back, we did a catch up on the Care Plan, she said, 'How are you going with the smoking? Have you cut down?'

I said, 'Really, for a while I been thinking of stopping smoking.'

And she said, 'Well, you know, I'm not into giving you any drugs or anything. You got to do it by yourself.'

I said 'I can't do it by myself, I need help.'

'No, no,' she said. 'You can do it.'

I said, 'No I can't.'

Then my other half started getting sick and I said, 'Come on, you haven't been in to do your Care Plan and all that.' So I dragged him in. He had to do some tests and this and that, and I said, 'He won't go and do the test. He won't do anything. He's drinking too much. He's doing all this and that...' And then he said, 'Oh, no. But she's doing too much smoking and she's doing too much this and that.'

So the doctor ended up being in the middle. And when you go to the diabetic clinic, a lot of the Aboriginal old couples all go in together. And they all go in at the same time and all that, you know. And sometimes all the family does. If I go in there, I take all the grandchildren. I need to see the doctor and we all go in. And some of the new doctors are not used to it and they go, 'Um, um...' I said, 'Oh, this is Aboriginal Medical Centre.' And they sitting there and there's only an appointment for one person [laugh] but we're all squeezing there.

So anyway... He said, 'She needs something to give up smoking.' He said, 'What about those chem sticks?'

She said, 'Oh, she don't need.'

He said, 'Yes, she does. She needs something.'

So she said, 'Okay then. You come, make an appointment, come back in. I will see Wayne, you can go out now. I'll just talk to Wayne.'

And I said, 'Okay then.' Went out.

And when I come back in she said, 'Well, I have to give you some counselling first, before you even attempt that.'

I said, 'Fine.'

She said, 'Do you really wanna give up smoking?'

I said, 'Yes.'

She said, 'When is the worst time you smoke?'

I said, 'Uh... in the morning. I get up while everyone's sleeping and make a cup of tea and I'm puffing away and having that cup of tea. And that's my time.'

She said, 'Okay. So you can just get a mug and put on it "No Smoking". And when you get up in the morning, you grab that cup of tea, sit out in the yard, and you got your "No Smoking" cup. Okay? And we'll write down what triggers you, what triggers you off, all your triggers. And then we'll write down what to do for those triggers.'

That sound alright, so I said, 'Well, in the morning I'm stressed before I get up. I'm stressed about the beginning of the day, so I get up and I just...'

So she said, 'Okay, well when you get up try not to have your cup of tea straight away, because that will stop you from smoking.'

So I did that. And she said, 'Right, pick a date you're gonna give up.'

I said, 'Right, I'm gonna give up on the 19th...' Something last year, I remember it was the 19th. I gave the date to her.

She said, 'Right.' Rang up, got permission for the chem sticks.

I went down and got it. Come home out of there. Showed everybody. I'm giving up smoking on the 19th, it's a Monday, my last smoke will be a Sunday.

The kids... They helped me design the mug and, 'Right, Nanna. That's your "No Smoking" ...' Everybody got in on the act [laugh].

Before I went to bed Sunday night, I said, 'Here, who wants the smokes? Because that's it now, I've had my last smoke. When I get up in the morning, I'm not touching another smoke.'

I got up in the morning and I took the tablet but I didn't make myself a cup of tea, I thought I'd drink water. And then I walked around, did this and that, and then got that cup and had something. And I went all day without a smoke, went to bed and I thought, 'Wow, and everybody is waiting for me to light up.'

I got up the next morning, took my tablet, the chem sticks. A bit later had something to eat and took me other medication. Waited till later. I didn't have a cup of tea straight away, I waited till later, grabbed the "No Smoking" mug. And I went like that for a week. And I said, 'Jesus. A week and I haven't had a smoke!'

I got so excited and proud of myself, and at that moment I realised that a good doctor can make a



difference in a person's life. Because she took the time to go through everything, to help me, and here I am. Went a week without smoking!

I just couldn't believe it. I was so happy and that was the happiest thing I ever did... Having a doctor in my life that helped me to get through all those obstacles.

And then I took them for four weeks and I had to go back and see her, and then she gave me another lot and they were a bit stronger than the first lot. And she said, 'Right, you on the second stage, you take these for eight weeks.'

And so away I went.

At the time, I said to my other half, 'Give up drinking.' And he wouldn't give up drinking. So the deal was, you know, you give up drinking, I give up smoking. And he did. And that was Dr B too. So now we don't smoke... I don't smoke, he doesn't drink. We are a lot healthier and our life is a lot better.

It's going on for nearly 12 months, a year, since I've stopped smoking. And I went and seen her the other day and she said, 'Oh, I need to hug you, because you know you're one of my successes, you're still not smoking.'

And I said, 'No, I'm glad that you've helped me because I'm never gonna touch it again and I just think you're excellent.'

I told her that, and she said, 'What?'

I said, 'I just think you are so excellent, you have really made a difference in my life, so I am pretty happy.'

And they go, the rest of the family, go, 'Oh, did religion get you? Church get you?'

And I said, 'What do you mean?'

'Well, you stopped smoking and drinking. Did the Lord..?'

I said, 'No, a good doctor! No. A good doctor. Medical reasons, and a good doctor.'

They say, 'No, you gone back to church, you gone to church.'

Every time Aboriginal people give up drinking or smoking, the rest of the community go, 'Oh gee, religion got you. You turned Christian. Those Jehovah Witnesses got you.' [Laugh].

And you say, 'No, a doctor helped me through all this. A doctor helped ease my fears, showed me how these things can get done.'

So, I am so happy for that. So happy to have that diabetic clinic.

When we were seeing the different doctors it was like, oh yeah, in and out. That doctor would growl

and say, you know, 'Don't smoke.' And we go, 'Yeah, okay...who cares.' You know? Come back tomorrow and I'll see another doctor.

I would be repeating myself and that doctor would be repeating themselves and it was continuous. And a lot of the Aboriginal patients go, 'We're always seeing a different doctor.' But I've seen a lot of other patients that just got that one diabetic doctor that it does make a lot of difference.

### **Dr B**

Sometimes you go in there and there's that many people, because she's so good at communicating with everybody and she knows how to talk.... But she'll also tell you how it is, you know.

I was supposed to have my heart done, you know, cardiograph, eco. I went over for a holiday and I couldn't get in. So I went back and she said, 'Did you go?'

And I said, 'Look, I couldn't get in. It was full till I come back.'

She said, 'Well don't come in here and see me. You make that appointment and you go and see that before you come back in and see me... Don't come and see me unless that's done. Then I can look at your results.'

My sister was huge and she's lost her stomach ever since she started measuring it. And it's dropped from 126 down to 113. So it takes a very good doctor.

And everyone says, 'Oh, oh, Dr B is always growling.'

And she does, because she's been there for that long she knows how to deal. But, you know, I suppose if you want results you got to put that effort in. And yes, a lot of people I see are looking really well besides us and besides me.

And if your weight is going this way and that way on the graph, she shows you the graph and how it works. She shows you the test results and what is what. She gets a piece of paper and do a diagram.

The other day, she did a diagram for me yesterday actually, I was in there. I had rheumatic fever, so I had to get the heart checked, had to get me kidney, had to go to go down to the specialist two weeks ago at [hospital] to see the Rheumatologist. The doctor made me do that much tests, coz I swelled up.

And they tell me that's more common in Aboriginal families, Aboriginal people. Rheumatic fever.

My feet swelled up. I swelled up. And I couldn't move for two days. And after the third day I kind of come good, but I didn't go to... I had no waterworks for two days. And she told me my kidneys had shut down for two days. She said I'm lucky to be alive. She jumped up and said, 'Don't lay in bed again! Get up to the hospital. You could of died!' She said, 'Right, we are doing this and this.'

So I went through it all and I'm very lucky that it didn't affect my kidney or my heart. They're going good. And just... All my joints... I was walking like I needed one of those walking sticks or A-frame. So

I'm on my medication now.

I got a surprise because he [the Rheumatologist] touched me and I screamed and yelled. And he said, 'I don't think you got any vitamin D.' And I'm looking at him like... But he's a specialist, anyway. And he said, 'Go and do blood tests. When you get home, get some vitamin D and wait a week, and come back.'

No vitamin D in my body... And I said, 'I sit in the sun all day.'

They said, 'No, coz you're dark skinned the sun is hard to penetrate.'

I'm recovering now and I'm just happy and I said to her [Dr B], 'Well, you know what is the cause?'

'Because you get sore throats constantly.' And she said it doesn't happen in a European family home anymore, because they don't overcrowd like an Aboriginal family. It's all about overcrowding, too many... Well I did have, I had 10 grannies, 12 grannies here at the time, and it hit me like a tonne of bricks.

And that's what she told me. Said, 'I don't want to be rude, but that's it. Doesn't happen in a European community or home anymore because there's no overcrowding.' She told me it's just got to be me and Wayne in a little small house.

I said, 'Okay.' [Laugh].

I think a lot of Aboriginal people think that you're... They just put up a wall anyway. And you may notice, they just put that wall up, they just say, 'Oh, we're gonna get treated badly so we're not gonna...' And sometimes they don't answer you properly, they don't come out with what's really happening with them. They'll just only let you know a bit. So you really have to build up that friendship with them. It takes a while, you know. They go, 'That woman, she alright...' After a while.

We all got this thing of, we all go to hospital and never come out. We go in one door and we go out the other door. A lot don't speak as good as I do. A lot just... A lot are very angry too. But if you just sit down and talk, talk to them first, and then get around to it... Get around to it.

I can go to a doctor and I'll go in and just tell him what I want to know, this and this, but I won't tell him the rest. With Dr B, we just went in there and told her a bit, and then slowly, next time we went in we just told her a bit more, and then we told a bit more, and we built that rapport up.

When you start slowly building that up and then they start being more free.

I've seen a few doctors, but I've held back on a lot of stuff. I've never been straight out honest. I'd go, 'Oh yes, smoke, just smoke.' I'd answer them back just like that, 'Oh yeah, have a few drinks, yeah. Yeah.' And then leave it at that.

But when you got a good doctor you say, 'Yes, I did... I've drunk too much. I drunk till I was

senseless. I smoke too much and I'm not looking after myself.'

An Aboriginal person will pick up if you know a bit about us. Knowing a bit about us... We can say, oh yeah, we kind of sense that you know a bit about us and which is... Like with any nationality I suppose.

Seeing something, you know... You hear all the bad things, but seeing something good...I said to Dr B, 'Quite a few of us drink.'

She said, 'Not really. I've been in this community and there's a lot of non-drinking Aboriginal people. So don't...'She mixes. She comes to our NAIDOC ball. She gets a good drink [laugh].

I said to her, 'I've been praising you up.'

She nearly choked up and she said, 'What?'

I said, 'You know, because you came into my life and made a difference. Because you stopped and you really listened to me and you understood me.'

## Kevin's wife's story 1

He did see the doctor. They told him about he had that gallstone and had to come out. But because everyone, you know... They all, you know... Doctors tell them and then it goes away, kind of thing. They think it goes away. They don't go further. So this is how he acted.

Then he said, 'We going up to Karalundi for this meeting.'

Got ready. We went along early. Then he vomited. Stopped the car and vomited. And it suddenly hit me, I thought, 'How come he's vomiting?' And I said to him when he came in and drove along, 'Shouldn't you go to the doctor for that?' I said, 'How long you've had that sick?'

He said, 'A few days.'

We kept going. Got there. And Friday night they had a meeting and through the meeting he came out and he was feeling sick. So he said, 'Oh, I'll have a rest.'

And, like, everyone else was in the meeting. And, I thought, 'He's never usually like this.'

He slept for a long time. He got up and he said, 'Oh... This is bad. I got to go to the doctors.'

So I said, 'Oh, okay. We'll get the girls...' His nieces were working there at the time, and I said, 'Well, we'll take you in.'

So we took him in and they kept him in. And this was Saturday morning. They said they'll send him down [to Perth] some time in the afternoon. So when they said that, we went in to see him before he went. And when I went in there, he didn't look too good.

I said, 'Well, I'll catch you back in Geraldton. Coz I'll get a ride back with one of the girls and you probably have the gallstone out and back home by then.'

I rang the next day to see how he was in Perth. The doctor, he said, 'Are you Mrs M?'

'Yes.'

And he said, 'What's the matter with your husband? Can you tell me what you think is wrong with him and, you know, how he was when he left Meekatharra?'

I said, 'He was having pains, very bad pains and, um, for a good while.' I said, 'Oh it's that pain... He had that pain.'

And the doctor said, 'No, I think it's more than that. You better come down. We give him 12 hours to live.'

Well, I went limp on the phone. I had to ring my daughter and tell them, and then they all panicked,

and we all went to Perth then. We drove from Meekatharra to Perth, and I thought I wouldn't make it... Wouldn't make it to see him. And the nieces... We all drove... His brother and his wife... And we got to Perth.

They said 12 hours. Well, we got to Perth early hours of the morning and, um, it was about two o'clock. So we went, he was still in Intensive Care, went in and saw him. He was just lying there, but I sang out to him... Sang out to his name and that, he knew who I was then.

I had our Pastors all there and they... Oh, there was a crowd about 40 people there... Family. Doctors got worried, 'What are they all doing in Intensive Care?' [Laugh].

So we sat there and our Pastor come up and he... They went in and they anointed him and... The family, they all wanted to have a little bible study. Half of them don't go to church [laugh], but here they was, they wanted the... Then I went into the doctors and he explained what's going to happen then. So I said, 'Oh, well, all I can do is let you do it... Do the operation and see how we go.' And I wasn't thinking any better. After seeing him, you know, I thought... I don't know if the old boy laying in there... He went in and he come out of it. So that was good, but then he was very, very sick.

I stayed. I went to see the social worker and they put me in that [hostel] place. I had a daughter there [in Perth], but she has nine children. I said I'd never be able to get her to bring me in, coz she's too busy with the kids.

It's, um... It sort of... Changes everything. Changes your thinking, your life... Well, just going into another kind of a life now. Thinking, 'I have to be with him.' So I stayed there and see what would happen, you see. Didn't know how I'd take it.

Everybody left and I was on my own, so... Had lots of time. But I had one of the Pastors of ours, he rang every morning. So that gave me a bit of confidence. And the nurses were very good as well. They used to say, 'Go home and don't worry. Just have a sleep.'

He was having lots of operations and all I was doing was going in to sign, sign... Sign for him to have all these operations. I said, 'Oh... Doing a lot of cutting and things around here.'

The doctor, he did [explain things]. Coz I went in there once after the operation and he was just all blown up like a big balloon... All his body. I said, 'What's going on here?' So they explained that it's something to do with the medication.

The worst I hated was going into the Intensive Care... Oh, so long... Three months in Intensive Care. I didn't go anywhere much. My son was there and, like, he'd come in. He'd come in for a little while. I don't think, you know, they liked seeing him like how he was, so they didn't go in as much.

And then you had all those helping you, around. But none of them understood how very sick... He wasn't just sick... Nothing worked, everything stopped. And I signed for him to have the kidney machine... The dialysis, it was a brand new one. So every day I went in, to check if any of the kidneys was moving... Nothing, every day. Nothing.

Then one day she said, 'We've got a little bit of movement there. I won't say, you know, that it's working, but there was a bit of movement.'

So we let that go for a couple of days and it started working then... The whole dialysis.

One other daughter come in to ask him if she could go ahead with her pregnancy, coz she was having twins... He didn't know anything, he was just laying there. But he remembered it.

I enjoyed staying and probably being on my own, but I was... Like, I wouldn't of been able to sit with someone and talk about things. So I never went to his sister's, or brother-in-law's, or anywhere. I just stayed there, and went every morning, sat at the hospital all day.

[At one stage] he looked terrible, he was down to 57 his weight. So everything looked like... Like a dying person. I used to get him in the wheelchair and take him down the bottom for a walk and try and get the sun.

I started walking, it was good for myself. The more I walked... I'd walk downtown and I'd walk back. Coz it was hard to sleep. There was no tiredness. I'd go back to the... It was a bit boring too, coz I had no one there to talk to or anything.

He's well now, but I say to him, 'You made us all cry and everything.'

I think I was a bit... I had that little bit of strength because of what you are taught religiously, and that was a big help.

## Kevin's wife story 2

[Doctors and nurses] could have explained things better, could have been better, I thought. Well, it was sort of... Now for someone, like Aboriginal people, who haven't done much schooling... I think they wouldn't understand. So they should of written down, so they take it home and the daughters or someone, they'll read it to them and explain to them. And it's good for them to know as well what's happening.

Or explain it better. Not in short sentences, like most of the thing was. 'Oh, we just doing this today and doing that today.' There was no outcome, like what would happen if it was worse, you know? That's what I found.

We've heard of Aboriginal people, younger people, being down to Perth and sick, and asked them, 'What's the matter, what happened?' They can't explain, can't tell you.

The wives, you know... We'll ring the wives and say... Like a lot of heart attacks or something at the... What are they going to do and this and that... They don't know.

So it's not explained properly.

One thing about the doctors, when he explained what was wrong, I did question them things. And he was a bit surprised about me asking the questions. So, um, some people can understand and that. I think it could of come from a nurse, or someone there explained it even better.



### Kevin's wife story 3

In Perth, now, they got a few hostels for Aboriginal people, but I reckon they should have one, like, in the hospital, or accommodation in the hospital. Um, you know, about four or five, or something, just to cater for the very ill patients.

And if you're staying that long, because of the accommodation fees that you pay... The money is too much for anyone to pay, especially if they're pensioners. And we were pensioners and couldn't afford to stay, like, in Kings Hotel or anything like that that's close around there. It would be too expensive for the meals.

Then I went out to the women's refuge. Well, they all get up in the morning and go as well, and I'd be sitting on my own watching TV and things. So there wasn't very many people around, which is what Perth is like.

## Kevin's Story

I was diagnosed with having a gallstone in my gall bladder. The doctors advised me to have it removed but I hesitated, because a lady that we knew had the same problem with a gallstone. She had the operation, but the doctors cut one of her blood veins and she bled to death.

So I hesitated, thinking I'd rather have the gallstone, rather than going through that operation.

What happened when I was up at Karalundi... The gallstone it come out previously... I felt a little bit sick going up on the Friday and I vomited. But after I vomited, we kept going. But on the Saturday afternoon I felt really... Very, very sick. I was really sick and as the afternoon wore on, I said to myself, 'I'm in trouble. I need to go see the doctor.'

I remember driving to the hospital, my niece drove me and my wife to the hospital, and arriving at the hospital. I don't remember anything after that for three months. And they transferred me to Perth by the Royal Flying Doctor Service and that's where I remained for five months. And the first three months I was in a coma, while they did all the operations and made me well again... Yes.

On reaching the hospital, the doctors examined me and they had their conference about what to do with me...And as they all do... The surgeons and the doctors. And they came to the conclusion that, because of my age and the extent of the damage caused by this gallstone, that had come out and blocked the ducts between my pancreas and the bowel, there was nothing much they could do.

One doctor decided... He told me later that he decided to have a go. He said he had nothing to lose, but I had everything to gain. And I thank him for that, because I'm here today because someone decided that they will try to save my life.

My wife rang up the next day, a Sunday, and expecting me to be, you know, pretty well and okay. They told her that she'd better come down, because they'd given me 12 hours to live... So phone was ringing everywhere, and by the time she got down there all my family were down there, and my friends. And they came down to Perth expecting me to die any time.

She wasn't there for the first operation. My second youngest daughter came to the hospital and she had to sign the consent form for them to operate.

After the first operation they gave me 24 hours, but I started to deteriorate again and all my vital organs closed down... My kidneys, my liver... Everything closed except my heart which was just going beep... Beep... Not very fast [laugh]. And so they kept me alive and did more operations.

I did die twice on two different occasions on the operating table but they revived me.

I was put in the normal wards but, because my stomach had been cut open and left open for six weeks, a super bug got into my stomach. One of the golden staphs. And so I shifted to my own isolation ward on my own, for some reason or other. They got rid of that golden staph. And I ended up getting three altogether, one after the other, so they were pushing all the drugs into me to get

me out of that hospital... But it took about another two months for them to get me finally up and out of the hospital.

It was a very traumatic experience for my wife and my family and... But I thank that doctor who said he decided to have a go to try and fix me up.

She went to the hospital every day. Everyday it was a different day, she said that when she'd go in she would go in and expect them to give her the worst news and... So they assured her that I was starting to improve, and she knew that I was going to pull through... In a way that she knew the doctors would heal me. She had quite a traumatic experience herself... Yes, and my family.

Lots of Aboriginal people that go to Perth, they think that when they go to Perth, if you're a patient, that you won't come back to your own town or wherever you come from. And they'd like to have their families down there to be with them all the time, to give them support and to be with them. Because of the close connection with families, they just want that to happen.

## Neil and Raelene's Story

*Raelene:* What happened is, Junior [Bud, son, 10 years old] had an appointment at [the children's hospital]. I couldn't find a park, so I dropped Neil, Bud [Junior], and his nephew off at reception. And he [Neil] wasn't feeling too good. So I dropped them off and went to find a park. When I came back, I found him laying on one of the couches.

*Neil:* No, I was sitting.

*Raelene:* No, you were sort of leaning, like that [slouching]. And I said, 'What's wrong?'

And he said, 'I don't feel so good.'

I thought his blood sugar had dropped, so I said, coz we were running late for his [Junior's] appointment, 'I'll go and get you some juice or something to drink.' So I went and got him a juice and a water and I put it there. And I said, 'I'll take Bud through.'

So anyway, I took him through and the next thing I heard was there was a 'Code Blue' in reception. And I thought... My heart sank... And I felt no good, you know. So I ran to the front and I found this guy on top of Neil doing CPR.

And then the next thing I know, there was this lady rushing us off to the... To a room, myself. They left the nephew there, but I grabbed the nephew, because he was standing at the foot watching everything happen. And I grabbed the nephew and Bud and we went into a room.

And they just kept coming back saying, 'No heartbeat, no heartbeat'.

And then they finally got a heartbeat. And then they were transporting him to [the adult hospital]. So we got into the car... And then we all went to [the adult hospital] and he had already got there before us in an ambulance.

But what happened was, he was sitting on the bench and then he started to feel funny. And the security guards walked up to him... A security guard... And told him, 'I'm sorry, but drunk people aren't allowed to be here.' And, you know, he was trying to basically chase him out of the hospital.

And he [Neil] was trying to say, 'I'm not drunk, I'm waiting. I'm trying to get to the doctor to...'

*Neil:* 'My son's got an appointment here.' Yeah. Hassling me. I still can't remember what...

*Raelene:* The nephew filled in some of that, said that... Basically... Just kept hassling him. And Neil just said, 'Look, I'm not drunk, I'm waiting for my son.'

And then this Liaison Officer saw what happened and walked over. And just as he walked over, Neil collapsed. They took a pulse and that's when they found that he had no pulse, so he told the nephew to call a Code Blue. He put him on the ground and started doing CPR. And that's when the security guard took off.

So, had the security guard been successful and kicked him out of the hospital, there would have been no one around to initiate CPR, and he would have died, because the heart attack was that bad. Even the doctor today can't believe that he's alive.

### ***More to the story***

#### **Aboriginal Liaison Officer [also a nurse]**

*Raelene:* The Liaison Officer was walking past and he heard the security guard 'getting really rough with blackfellas', that's how he put it. He said, 'I saw this security guard getting rough with blackfellas, so I went over to investigate. And that's when I looked at Neil. I looked at your husband and he didn't look right, he looked sick. And when I went to ask him if he was alright he said, "No, I'm not well." And then he collapsed.'

So he felt his pulse and there was no pulse. And that's when he put him on the ground and started doing CPR and told the nephew to go and call a Code Blue.

The security guards were gone. He reckons he can't remember. All he remembers was that the security guard was there initially, but once Neil collapsed they were off... Nowhere to be seen.

#### **Hospital**

*Raelene:* The volunteers... They took us aside and put us in a room. So they took me and I grabbed Bud and Lyle, his name is, the nephew. And I said, 'No, they can't stay here and watch what's happening. You can't just take me, you know.' Coz he, the nephew, was standing at his feet and watching it all happen.

*Neil:* And screaming.

*Raelene:* So I grabbed him and then we all went into another room.

And then they had this lady that was coming back and saying, 'No heartbeat. There's no heartbeat.' I can just remember her saying that.

And then the last time she came back was, 'There's heartbeat and they put him in an ambulance and they're taking him to [the adult hospital].'

*Interviewer:* How did you get to [the adult hospital], did they transport you?

*Raelene:* No, I rung my sister-in-law and she came and got me.

*Interviewer:* So they told you, 'He's gone.' And then you basically had to find your own way there?

*Raelene:* Yeah, 'See you later.' I think they were all in shock too. Everyone was in shock, coz they've never seen anything like that happen, not there. And I think they were concerned, coz he was a

really big man. They were concerned that they wouldn't have tubes and stuff there at the hospital, being a children's hospital. But because they have big kids they had one that fit him, so they were able to tube him, and the ICU team came down and they shocked him about five times... They defibbed him... And they inserted a needle.

### ***Taking it further with the hospital***

*Raelene:* We did go to the hospital. We went to the hospital and their media people came and spoke to us and their Human Resources people. And they all said, you know, 'What would you like?'

And we said, 'For starters, they need cultural awareness.'

But we have no proof that that's been done.

They apologised, the Executive. But we don't want an apology from them, they didn't do anything wrong, it was the security guard. You know, apparently he apologised through them, but we don't know that. They might just be saying that, you know, there was no proof.

We've had no follow up, no one has rung us and said, 'Look, the security guard has been fired...' Or that they have been made to do cultural awareness, or that they are going to write you a letter of apology, or nothing. We've had nothing.

*Interviewer:* So you feel that that would have at least made a bit of a difference?

*Raelene:* Definitely

*Neil:* And that he would have apologised to me in person or given me a decent letter to say...

*Raelene:* 'I'm sorry, what I did was wrong. I shouldn't have done that and I did judge you and I shouldn't have.' You know? Something along those lines. And we're still left in limbo. We still don't know... For all we know, he has still got a job and he's still treating blackfellas the same, you know? And the next time... The next person might not be so lucky. He [Neil] was lucky. Coz he [the Liaison Officer] was a nurse, he was a registered nurse.

The thing is, what if something again happens? We're not reassured that it's not ever going to happen again to someone else. At least if they would have said, 'The security guards have had cultural awareness training. He's going to write you a letter of apology or if you'd prefer...' But it probably wouldn't be a good idea to meet him you'd probably want to still punch him, so that might not be a good idea [laugh].

But at least something.

### ***Taking it further***

*Raelene:* We went to the Health Consumer Council and we've complained about it. Coz we've said, 'That's not good enough.'

Just coz you're black and you might be laying down or you might be sitting... Do you not have the right to sit in the hospital? Just coz he is a man, that doesn't mean that he can't sit there. He's got a child there as well, you know, but you're made to feel like that you weren't supposed to be there. Just coz you're black and you're a man... And they were accusing him of being drunk, coz he was sloped.

*Neil:* I was having a heart attack.

*Raelene:* He was having a heart attack, so he doesn't looking too good. So they thought that he was... Drunk. He didn't even smell of alcohol. Just coz he was black and he was a male and it was just him and his nephew, and the nephew's, you know, black as well.

### **Impact on nephew [20 years old]**

*Interviewer:* How did your nephew react, coz it must have been a shock for him?

*Raelene:* He's still having a hard time dealing with it. He won't talk about it. He can't even talk about it. The only thing he ever said to me was, 'No one has ever experienced what I experienced.'

I said, 'What's that?'

And he said, 'I saw my uncle dead in front of me, and then he came back to life. And I can't deal with that.'

And he went off the rails.

We tried to tell him, we tried to get him some help, hey? But he doesn't want it. He reckons, 'Ah no, I'm dealing with it.' But he's bad on the alcohol and drugs, mainly the alcohol. He just doesn't want anyone to help him. He got worse on the alcohol after it happened. He used to always drink but not half as bad as what he does now, but he won't go for counselling.

*Interviewer:* Not even talk to you guys about it?

*Raelene:* He talks to Neil, but he's angry. That should not have happened.

*Neil:* He doesn't like security guards.

### **Reflections on the story**

*Raelene:* We're funny towards security guards now too, hey. I took Bud back there on Tuesday. Neil, walking into the hospital, was looking around. And like, just the feeling of just going back into that hospital...

*Neil:* I'm the strong one, not my son. I'm the strong one, that's how I felt. That's how I feel every time I go there to [the children's hospital]. I'm scared that I might have another heart attack in there. It mightn't be the same security guard, it might be someone else.

*Raelene:* And you might not be so lucky, hey.

*Neil:* Hmm, I might not be so lucky. What would have happened if I had walked outside and collapsed outside on the road, on the sidewalk?

*Raelene:* They wouldn't have cared.

*Neil:* Would anybody stop and help me?

*Raelene:* No, they wouldn't have. They wouldn't have. That's the reality, unfortunately, today.

*Interviewer:* And that feels scary?

*Raelene:* It does feel scary. And I mean, sometimes you're even too frightened to say you're Aboriginal because people... Soon as you say you're Aboriginal, they put you in another category, you know? They put you in a totally different category. You're so stereotyped. You know that you fit this little category: that you're a drunk, that you're a no hoper, that you're violent. You know, that you fit all this and it's so horrible.

So when people say, 'Oh, are you Indian?' Or, 'Are you Maori?' We go, 'Yeah, whatever.' We just let them think whatever they want to think because it's safer, hey. For us.

Sad... In our own country. Okay we're not from Perth, we're from up North, we're from the Kimberleys, but that's not the point. The point is, we are not like every other people. And the race shouldn't matter, but you're automatically judged, in every hospital, as soon as you say you are Aboriginal.

They see the colour of your skin and they ask you... They don't even ask, 'Do you have...? No, you don't have private health insurance.' Even before we can finish saying it yourself. They automatically just judge you.

It is very frustrating. And then they wonder why we get... It's not so much abusive, it's angry and aggressive. You try to let it go, but it gets too much sometimes, hey?

It's not their fault, it's just that it's been building up, building up, building up...



## Phil's story 1

Coz I know that Aboriginals, most of them in town, wouldn't go there. That would be their last resort, going to the hospital.

It's a shame factor. That's why a lot of them don't go to the hospital, coz they're ashamed and frightened what the doctor or nurse gonna say to them. Then they tend to talk them down too, because they, you know, don't understand some of the Aboriginal lifestyle or the predicament the Aboriginal people live in.

The one's who'll go there and tell the doctor firmly what they need. And then there's other ones, that go there with their heads down and, you know, just haven't got the confidence... And shame factor, because they just got belted over the head with something, you know? All that sort of pressure they've got in their lives. It's just understanding the background of a lot of the Aboriginal people up in the bush here.

I guess the most important thing for doctors and that, is to be understanding and show a little bit of compassion for Aboriginal clients when they come through. And that might be a way of turning things around, in terms of getting them to come to hospital. Encourage them and that. And also, when they do come to hospital, don't send them home with a Panadol, really assess them, you know. Check out what their sickness is, instead of just giving them a Panadol.

I mean, even in mainstream hospitals they just looking at the front of the sick person instead of, you know, saying, 'Okay, this guy's got fever, maybe we should be looking for meningitis or something.' That's really the baddest thing, or double pneumonia or something... Instead of just giving them Panadol, instead of checking for the serious illness of the patients I think, then work their way down instead of... 'Oh look, it's just a common cold,' and nodded off. And it turns out to be a double pneumonia and the person goes home and all his lungs and liver collapse and they got to fly him to Perth. And that individual end up dying, which has happened on a couple of occasions.

And compassion, I think. Respect for the Aboriginal clients when they come in. If they sick, they should be seriously looked at, not just brushed off. Give them the opportunity to express themselves too.

Respect, tolerance, a bit of compassion. I'm not talking about hugs and cuddles and things just, you know, they're sick.

Even though there's quite a bit of antisocial behaviour amongst the Aboriginals amongst themselves in town... They're still sick, they come to the hospital, and they should be looked at accordingly, you know?

You got a job to do. You made an oath, I think, so look after everyone the same as you would want someone to look after your mum, dad, and brother and sister.

I think it's about tolerance and really understanding the Aboriginal problems at home, you know, the underlining issues.

A lot of the families within these small country towns, they've got some form of oppressed lifestyle. So they're gonna be verbally loud and abusive and that. And there's other families that doesn't have that problem, you know. There's all different up bringing in society in general and majority of the Aboriginal people do have problems and it's always down the bottom of the scale in the community in terms of wealth and jobs and all the things that bring an oppressed lifestyle.

So the understanding for the young nurses and doctors... Whoever come through here to be medical, to understand that there's a lot of oppressed lifestyle that Aboriginal people live out here... And in cities as well, I guess. Not only out the bush here, but... And they are gonna say things and be verbal, because they have always been pushed in the corner and got their back against the wall, so to speak. And they wouldn't go to the hospital. I know that if... I understand that a lot of them wouldn't go to the hospital unless they were sick at all, you know?

You can't lump everyone in the same basket, that's the problem. Especially on health term, if they come up there, good or bad, and they seek... Treat them accordingly. Do your duty of care for them. That's all you can do.

## Phil's story 2

Oh, I'd be driving along, I'd just burst out crying. I don't know why. I knew I was... I went and worked with DCP [Department for Child Protection]. I was in there for 17 months or two years and a bit, yeah, I think. And I was going to save the world. But I had 68 clients... I used to ring up my regional manager, I think he still is in Geraldton, and get some debriefing and stuff, but it was so sad to see.

That's where I really learnt that there's a lot of underlining issues about Aboriginal people out there in the community, and them gaps were just getting further and further apart. Working with people with problems at home with their kids and abuse of every form... When you see that sort of stuff, you really come to light to hear what struggle is out there amongst Aboriginal people. It's something that's hard to forget about when you look at your kids and that.

I been through the depression on two occasions in my life and it's a real horrible thing to get through, take you a while to get over it. I used the 1800 line to help me get through a lot of stuff, personal stuff, work related, and it can get you if you don't look after yourself. Times you need to back off. That's why I think bush is important.

Coz a lot of this Aboriginal stuff, you get down. Sometimes you think it's not worth it, but then you think about... Oh, I think about my grandmother, Ava Curley, Charlie Perks, Charlie Perkins, Rob Riley... All these guys just fought and fought and never stopped fighting for the Aboriginal people. So that's why I think it's important that I don't give up either, but do have a bit of a break for myself and come back in again. Because I think people like Ava Curley, Charlie Perks, Rob Riley, and the older people, you know, that some I don't know... But even Eddie Mabo to an extent for land rights, they paved a path for us for a better life. And we're to keep fighting that fight, to make sure that our kids and our future are up there with health and education and the rights of people in general, just human rights.

[When I was depressed I] Actually spoke to my aunty and the rest in Perth and rang 1800 numbers that I found in the phone book, had a talk to them.

The second one, I done the same thing, coz I found it easier to listen to someone else at the end of the phone on issues like that. Because I think if I was face to face, either with yourself or mental health doctor or whatever you wanna call them, I think... I don't know how I would handle it, but I felt good about handling it... Especially in a little town, I felt if I was to go up there and... I see them every day in the street, I don't know how I fitted in with that, if I felt uncomfortable or not.

I decided to use the 1800 line because the first time I felt good about... Even I did the 1800 line about for my... Quite a few of my personal issues... Also with my children, how to be a parent, coz we're not born parents so we need some knowledge about bringing up our kids. Especially when they got older. When they were little, they were good to cuddle and kiss and hold and clout around now and then. But as they got older, I found it difficult, coz my young bloke walked out of our home when he was 14. And I thought I had everything worked out for him, but it doesn't happen like that sometimes. So, yeah.

I think Mental Health has broken down a lot of stuff here. They have broken down a lot of barriers I believe, Mental Health. Aboriginal staff they got up there. I hear a lot of good stuff about Mental Health. But I think community health is gotta be more out in the field. Like, we got a little community health across from the main part of the hospital, I think we need to put Aboriginal staff back in there.

I just heard that a lot of people are going there [to Mental Health] and it might be the staff there, better staff. A lot of these health issues, or any of the government agencies... It's about trust, you know? They build a relationship and I think some of that stuff is there.

### Phil's story 3

I think the bush is the most important part about it for me, because it's a place where you can reflect. Coz when I'm detecting, I just got my head down and walking around with the machine, my mind's gone somewhere else. Till the 'boop', she goes off. And then I'm on track again. But yeah, I go there. It's a good place to relax, think. Especially in the winter and spring, listening to all the birds, especially now it's all green and stuff. It's beautiful out there.

The bush is unreal. I mean, everyone should get out there now and then. I mean, I don't only look for gold for the money of it, it's the challenge as well. And getting out there with mates and that, sit down and talk. Coz some of us don't think we're mates when we get into the boat out there. And anyone coming into the camp think we're having a big blue there [laugh]. But, especially Sandy and Kevin and us, when we get out the scrub, a couple of friends of mine, we talk about things... We don't actually agree on a lot of stuff... Which is good for the old mind as well. But it's a good place to relax.

But it is good out in the bush. Prospecting is a good way of letting go of a lot of stuff, just exercising, walking around. And gold is a challenge. When you find a piece it, sort of, whatever feeling you got then... It's all happy straight after you find a nugget. It just blows you away. Especially if it's a good size, an ounce or plus... Making everyone cups of tea, you're full of laugh and jokes [laugh]. Sort of get's you going. We call them the 'motivator'. Find a motivator, so they can motivate us more. So, yeah, the bush is good. But I'm not going to take swags anymore, I'm getting sick of rolling out swags, so I bought a little caravan... Getting a bit soft.

## Pregnancy story

We did present at the Emergency Department and my daughter was pregnant.

The Emergency Department were aware of her being pregnant because there was three times or twice previously that we had taken her there with pain and stuff in the couple of weeks previous to that. I took her in on a Saturday morning and she was having like... Seizure like things were happening to her. And I explained to them that it might have been an ectopic pregnancy with twins and one in the tube.

She was in horrific pain. They were giving her Mylanta and morphine, and in absolute and total horrific pain, and they put the heart machine on her. That was clear the Mylanta wasn't working, the pain was above the morphine dose that they were giving her, so they should have done further tests and they didn't. They did not do any further tests, they were just going to keep her in hospital to observe her.

They wanted me to take her home, they took the drip off her and I dressed her, and then she had another pain and they said, 'No. I think we might leave you in and check you.'

If they hadn't, she would have died in my car.

I believe it was incompetent staff that just would not listen. The only reason the other doctor listened was he was in there to check someone else for reflux. When he heard that they were going to put her... To keep her in overnight, he said, 'If she's going in for reflux, I will check her.'

He came over and when he was asking her questions, I said to him, 'Look, I'm sorry, but I'm sure this is an ectopic pregnancy with twins.'

He said, 'Well, where's the scan? I'll have a look at it.'

I said, 'They haven't scanned her.'

He said, 'Do you mean to tell me she's been here seven hours and nobody's scanned her?'

I said, 'Yes.'

He was absolutely furious and ordered the scan straight away, and she was taken right into surgery. It took them seven hours and another doctor to present to take any notice of me. Finally give her a scan and it was revealed that there was three pregnancies, I guess is what you'd call them... Now, one was outside the tube, one was in the tube, and the other one was in the womb. They saved the one that was in the womb.

The pain in her chest and why she couldn't lie down was a massive blood clot sitting on her liver from the burst tube.

We were suspicious of an ectopic pregnancy two weeks before, so we brought her to the hospital. They did the scan, but they only picked up one, so they told her there was nothing wrong with her.

The following week, I took her down to her doctor, her GP. I said to him, 'Could this be an ectopic pregnancy?'

And look, the reason I thought the ectopic pregnancy is because she said she had pressure down below, and I knew that pressure had to be more than one baby.

And he said, 'I don't know.' He said, 'I would like to give her a full body scan, but I'll ring my friend up at radiology.'

So he rang him and he came back and said, 'Look that happens 1 in every 30,000. We've had our one for the year and that can't possibly be it.'

And he left it at that.

So, all the way along it was incompetence. All the way along. Even with that pain then, they never scanned her. And I actually wheeled her out of his surgery in his wheelchair coz she couldn't walk with that pain. And this all happened the following week, so nobody took her serious.

I do believe, I couldn't prove it, but I do believe that when I took her into hospital at 7 o'clock in the morning that because of her reaction and how she was, that the staff did believe that she was either on alcohol or drugs or coming down off something.

It just was not a good experience. She nearly died.

Look at the whole picture instead of just assuming that you know what is wrong with a person. And never assume first up, and especially being a Saturday morning, that the person is obviously on drugs or alcohol or coming off something. Not everybody does that.

Whatever you do, listen to the patient. Check them. See, if they are obviously a young person... The person is pregnant, you know that from the file. The mother is there with her, the mother is very concerned and the girl is stressed.

Show a bit more bedside manner, a little bit more concern and a little bit more... Investigate, even if you can't come up with anything.

Even after that, there was no counselling for her, there was not nothing. The only thing she got was, as far as counselling goes, was that, 'She was a very lucky girl and if her mother wasn't there she'd be dead.' That's all she got. If I hadn't of been there, or if I had of been out of town, that girl would of died.

She ended up with one healthy baby. She's good now, but the emotional stress is very evident. And lucky she's strong enough not to turn to drugs and alcohol to deal with it.

We are going through the process of putting the work together to take it forward and she just gets a big lump in her throat. But she sits there, quite strong, and speaks about it. But she has told me that every time she talks about it, it really stresses her.

On the anniversary the other day, she actually let a couple of balloons off for the other two, because their little souls somewhere. But the emotional stress is really, really evident. And it's 12 months later and none of us have really healed through it, and we're not going to heal until such time as we do take it that step further.

The main reason I want to take it further is that hopefully this won't happen to anybody else. It just seems like it was all for nothing if we don't do it.



## Remote Story 1

[My six year old grandson,] I think he was playing with a lighter. There was an old car out the back of my sister's house. He jumped down there and lit the fire and then couldn't get out.

Lucky my granddaughter was there and seen the fire... Smoke in the car there. Was a lot of other people out the front and they run down and got him out. I don't know if he just kicked the door open or if he just fell out.

One of the boys, they called the police. They took him up there and the boys jumped in the shower with him, took the cold shower and put him in the cold shower. Then they stripped him and bandaged him all over.

I had to go with him, coz my daughter was pregnant, seven months, and nearly ready to have that other one. And I had to sit with him in the ambulance and have hold of him all the way. And then was at the hospital with him in [regional hospital], in the bed with him, until they put him to sleep. He was only a little boy and we was there to support him and with him at the hospital and things.

Went to Perth with him for about two weeks. When we got to Perth they reckon that the hospital staff up at that end [regional hospital] did a good job and all.

He's good now. He goes to school and plays football [smiling].

## Remote Story 2

I went to [regional hospital] when they first found out [about breast cancer] and had the operation there. Had to stay there for a month I think, and started chemo there and then finished the rest of the chemo in Perth and the radiation.

When I had my treatment I had to stay at [accommodation near hospital]. My partner, he come to Perth with me and stay there with me.

I just have check-ups every two years, I think. [The doctor in remote area] he's really good, yeah, coz he knows and yeah do the appointments and things. And now he do the diabetic too [laugh]. [Treatment] just tablets and he did a check and everything. We just have to go in and get it all checked and everything.

[Remote health centre], if you need any help, just go up there.

There's another little girl, my little granddaughter, she had that... She had cancer in her eye. Yeah, she's only two and she got her eye taken out. She's just finished her treatment with her mum and dad and needs to stay in Perth for about six months.

She's still down there but she be back. She had something where they pull the tube out from the thing... She had an abscess there, so they sent her straight back down to Perth.

[Health professionals need] to listen to the people and explain things more, so that they can understand more about it.

## Valerie's story 1

In 2005, when I was living back here [in regional area], my son D or he's better known as C, had a bike accident. He had traumatic head injuries.

Here, the ambulance drivers and the registered nurse were very good. We had to wait for about two hours before the Royal Flying Doctor could come. And with the Royal Flying Doctor, they were in Tom Price or somewhere, they had pick up the doctor from Meekatharra and refuel there.

It was like forever for me at that time, waiting for a doctor and not knowing whether my son that was laying there on the table... Whether he was gonna... Whether I was gonna lose him there, whether he was going to die or what.

When they came, the doctor was really good and thorough. And he worked on D for about three to four hours before they could stabilise him, coz his brain was already swollen. And they had to stabilise him to get him on the Royal Flying Doctor to fly him down to [Perth hospital].

Well, it was a very tearful drive. And praying whether I... Sorry [getting emotional]... Will make it there in time, you know? I didn't know what was happening with my son that... You know, if... Why I got to Perth, whether he'd be still alive or I've lost him, you know. And it's an eight hour drive and the speed limit is only 110 and I don't exceed that, but... And I had my two daughters with me, and it was a hurtful time for them too, you know. Trying to calm them and tell them to think positive, where I was trying to be positive myself. It was really traumatic, yeah.

And when in [Perth hospital] there... I drove down with my two daughters and by the time I got there, they already operated on him coz his brain was swollen that much.

They wanted me to turn the machine off, but I couldn't do it.

I had rang my oldest son, who lives in Kwinana. I asked him to meet me there, plus I had my other sisters and brothers that lived in surrounding areas of Perth, they were there. So I had a lot of support from my family, but it was really... I mean to say, it was really hard for me to make a decision whether or not to turn that machine off.

You know, I think it'd be for any parent to make that decision, to whether to turn the machine off or not. But I had faith in my son, you know, like I didn't think he was ready to go. But it was a hard struggle for him.

It kept me going and the support of my family... I mean to say, when the doctor did ask me to turn the machine off... I mean to say, I felt that they weren't allowing him enough time to see whether there was any activity in his brain to, you know, give some hope. And that was only on the first day after the accident.

On the second day, another doctor came in who specialised in the head injuries department and all that there. He assured me that D had some activities in his brain. Well, that was enough for me to

say, 'No, I will not turn that machine off. I will take the consequences of whatever happens, whether he'd be in a wheelchair or whatever.' I was willing to take that on.

My son, he had healed well within a year, and after 18 months he started to... He was released from hospital. But the encouragement and the love for the bush out here that he wanted to come back home... And I kept on, I used to use that with him because he, how would I put it? He was a bit lazy and he would get angry with the physiotherapists and that.

And I'd say to him, 'Well, if you want to get out of this place, I can't bath you. You're a man and you're too big for me. I'm your mum.' I said, 'You will have to learn to go to the toilet by yourself and learn to wash yourself. And most of all, you have to learn to walk. Stop getting angry with the physiotherapist.'

And with those words... And saying that, well, I can't bring him back here to [regional area] unless he can do all them things himself. And that, you know, [regional area] hasn't got the facilities where they've got like the Silver Chain or the Mobile Therapist and all that can come out and visit you... Well, I think that there encouraged him a lot more to get out of that hospital quicker. Yeah.

I reckon they were [very patient] and very lovely people, in the [rehabilitation hospital]. I've met a lot of... Even the social worker was very lovely and, you know, very helpful. And had a lot of understanding what it was like for me, what I was going through, and D's frustration and wanting to get out... Coz he's always been an impatient boy and want things to happen within a click of a finger. Yeah, it was a long process, but they were very loving and very encouraging to him.

After a couple of years in rehab, D is walking, he's very independent now. He's not the same person, but he is really doing well and every year goes by he's really coming good at everything he does.

## Valerie's story 2

I came back to Perth, I went and done my Health Worker's course in Marr Mooditj.

My key learning was that the different cultures and the different tradition around the state and all of Australia, that they are not all the same.

With my health work, I done about three months in Newman, and that was an experience. Every day I would do a dressing on some person, you know, one of the Aboriginal people. They used to come in from [remote] community. They used to have cuts in their heads or legs or arms, or they'd broken limbs. And, yeah, every day I was sort of doing a dressing on somebody. And it was hard for me to understand their culture, because it's completely different to mine.

I mean to say, I didn't know whether... My understanding was... Was it cultural for them to be fighting every night? But the longer I stayed there, I got to understand it wasn't their culture, it was the alcohol that was induced to make them get violent towards one another and, you know. But I mean to say, they just wouldn't fight fist fight, they would fight with anything they could pick up. And some of the injuries were just really bad. And some of them wouldn't even attend to it straight away, they'd leave it to a couple of days down the track and then decide to come into the clinic to get attended to.

I mean to say, you get the Kimberley women and they are completely different to the Pilbara women, and the Pilbara women are completely different to us Gascoyne mob. And then you go down to the South and that and it is all different. And the diversity of the women that used to come in to [women's shelter], weren't just all for the same tribe, they were from different backgrounds and that there... And you had to have the understanding of where they come from. And some of them could not speak English very well and it was very hard to understand.

But with their health issues, I found the best part of it is illustrating to them is drawing a picture for them. With that picture, I used to say our body is like a motor car. If this thing didn't work on the car, it wouldn't start. And I use the battery on the car as for the heart. If that didn't work, the car would close down. And I used to say to them, 'Well, that's just the same as your heart. Your heart will stop if you don't look after it.'

And it's the same as explaining diabetes and the pancreas. I used to say, 'Like a filter. It's filtering and it's pushing all this sugar out, you know? When that shuts down, that's when you got to be on dialysis and then you got to be on injections.'

I explained it to them and I used to draw the pictures, because as I said, some of the women from the Kimberleys and that, they could not speak English very properly and it was very hard to communicate with them.

Some Aboriginal people who are on medication, got no idea what that medication for. The doctor can write a prescription out and say, 'Okay, take this here. This is for your diabetes.' Or, 'You have this injection. This is for your diabetes.'

It's not actually telling them how that medication is gonna help them, you know? And it's just hard for some of them. Some of them might just go back to the community and just chuck that medication away, coz they got no understanding that's gonna help them. Yeah. So it's really good to give them the understanding of that medication and what's it used for and what will it do for you. Well some non-Aboriginal people... I mean to say, it's not only in health it's a broader area... They haven't got the cultural awareness and the understanding that not all Aboriginals are the same. They're all from different cultures.

To work in Aboriginal health, they need to build a trust of that Aboriginal person, and also to give them the understanding what's really happening to their body, you know, their health. Also, understanding of the different tradition and cultures. See, like some old lawman, you mightn't be able to touch him, you know? There's different ways.

But my main key would be don't just give them medicine and a piece of paper, explain to them what that medication is about, because they might just take it home and throw it away I think the best way for any person to speak to an Aboriginal person is to have a yarn with them first, you know? Like, as you came to me and we sat down and had a yarn.

I reckon, get their trust first and then explain what's all the medication about, because they haven't got enough... Like, the older generation they haven't got enough understanding what the medication is about. You put them on dialysis, they know it's got to do with the kidneys, but they don't really know what's happening to them. What's it all about? It's not saying, 'Oh, it's filtering your kidneys to cleanse your kidneys. The kidneys that helps to get the blood to go around your body...' They don't really know that, it's the education. They need to be educated.

It's the language barrier too, between Aboriginals and non-Aboriginals. Because the non-Aboriginals think that the Aboriginals can understand some of my words that the medical professions that they use, you know, their term of language. Some Aboriginal people, even myself, can't even understand what they're talking about. Coz the English language change all the time, you know?

I found that even in the refuge, going out the back and having a yarn with them while they're sitting down having a smoke... Just sitting there and yarning with them, because a lot of them wouldn't tell you what's really going on in their life.

You know, as an Aboriginal person, you know the non-Aboriginal workers used to say, 'You should go out there and talk to them.'

And I used to try and explain to those workers that I'm not from their country, they're just as shy of me as they are of the non-Aboriginal worker, as you know. So the best way to get them to open up and talk to me was just to sit down and yarn with them.

And it was like when you're yarning with them, it's like a big gate that opens and everything just bursts. They'll tell you all about their medical problems, if they're down for medical reasons. Or they'll tell you whatever happened with them and their partners. Or family feuding, who they are feuding with, all that. Yeah. It was the best way to go about it I reckon.