

Submission prepared by Professor Françoise Dussart (University of Connecticut, USA).
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Dear Parliamentary Committee,

The research I have been conducted on chronic illnesses, specifically diabetes type 2, at Yuendumu (Northern Territory) among Warlpiri speakers since 2000 has shown that communication between patients and healthcare providers is rather difficult at the Yuendumu health clinic. This is by all means not unique to Yuendumu, but rather common in remote settlements and rural towns. Taking in consideration the importance of local indigenous languages and cultural perceptions of health and illnesses will improve communication between patients and care-providers, and the health of Aboriginal and Torres Strait Islanders.

I will address succinctly how and why we need to pay attention and recognize the importance of Indigenous languages to reduce the health gap between indigenous peoples and mainstream Australia. I would be glad to expand on any of the points and findings discussed below if necessary.

My findings (2000-2010) show that Indigenous speakers see their “health” and measure their illnesses through different cultural lenses, which are often at odds with bio-medical visions and diagnoses presented to them by non-indigenous health-care providers. As communication among health care providers, patients and their family is challenging, shared decision-making, empowerment and choice are severely affected.

There is considerable pressure on patients to switch to using English as the main language of communication placing patients in cultural situations where they get extremely shy and recoil. The end result is that patients reinterpret treatment protocols advanced by doctors and nurses who are perceived as “uncaring individuals” as they do not listen to what indigenous patients have to say about their health and illnesses. All parties become extremely frustrated and enter in what I call a “blaming game”: “it is impossible for them to understand...”, “it is difficult to treat these people...” or “it is

because of the way they live that they are sick”. All rather unproductive interactions, which could often be remedied with linguistically and culturally appropriate protocols and training sessions for doctors, nurses and patients and their families.

There is an urgent need to train medical staff and patients alike in their different languages about the different regimes of care culturally and linguistically relevant if we want the health of indigenous people to improve. To be successful any culturally and linguistically sensitive health initiative needs to weave, for example, Warlpiri notions of autonomy and experiences of relatedness. The imperative form and associated perceived threats from a Warlpiri perspective, so pervasive in bio-medical diagnosis and recommendations, is an anathema to Warlpiri people at Yuendumu.

Recruiting assiduously and offering culturally and linguistically appropriate training for both indigenous health-workers and indigenous health interpreters would help improve the health situation dramatically. The roles played by both health interpreters and health care worker are perceived as different and complementary by indigenous patients. Over 90% of the patients I interviewed hoped that more indigenous health workers and interpreters would be trained to assist patients, doctors and nurses. They believe that an indigenous healthcare worker should be trained to deal with medical issues (diagnoses and treatments), and that an indigenous health interpreter should translate pains and worries of the patients rather than concentrate on bio-medically constructed diagnoses and treatments. Linguistically and cross-culturally trained health care workers and interpreters would greatly contribute to making Aboriginal people and Torres Strait Islanders healthier.